

## **TRAUMA SUPPORT** **DEBRIEFING - DEFUSING**

In today's world we are confronted by traumatic incidents. When a group of young people are involved or witness events such as someone dying, terrible car and other accidents there is always a need to offer support, but what type can we as Leaders offer?

Over the years 'debriefings' (which are held over a number of sessions which include various techniques which, beside discussing one's feelings, look at other details) have been shown not to be as effective as first thought. In many cases the ongoing 'debriefings', that were used in the past, have gone out of favour as it was found they offer little ongoing help and on occasions exacerbate the situation. There has been a shift to more modern techniques.

In Scouting, particularly for those of us without specialist training and skills, the following points will produce the most caring and productive form of help.

### **At first 'defusing' type techniques are best.**

- i. They are mostly only one session held as soon after the incident as possible.
- ii. Being encouraged to speak about how one felt and now feels, as a result of the incident, with empathetic people.
- iii. Non-judgmental, no comments about right or wrong, simply a recognition of feelings.
- iv. Research shows that in these cases young people of the same age or about two years older (big brother/sister) are very effective. Even more than professionals.
- v. Debriefing is not considered appropriate at this time.
- vi. This is NOT counselling it is **SUPPORT**.

### **Don't push or force counselling/support.**

- i. If you do, it can build up a resistance to seeking or accepting support.
- ii. Mention it, offer to take them anywhere they want.
- iii. Try not to criticise the choice of person they want to talk to, just as long as you feel comfortable and feel they can help.
- iv. There is a time and place, they will know when. If 24 to 72 hours after the incident or its TV/media exposure they are showing marked changes (mood behaviour), in this case it is time to be proactive.
- v. Reassure them that any symptoms, sadness they might have will diminish over time.
- vi. Don't keep asking "How are you" Again at this age it can bring a degree of resistance. Terms such as "How are you travelling" appears more acceptable.
- vii. We never offer counselling the most we do is **SUPPORT** those in need.

### **Independent counselling is best.**

- i. Counsellors from the same organisation can often invoke some caution on the part of the victims. Whose side are they on...I already trusted someone like this and have possibly been let down... they aren't of my religion...
- ii. Someone they can identify with. (Medical Practitioner, Minister of Religion, School Counsellor or Local Community Health Centre.)
- iii. Anyone the young person feels they can talk to.

### **Why can't they talk to me, their parent?**

- i. Most likely they can. However, like you when young, there were some things you felt more comfortable talking about to friends than your parents.
- ii. They might not want to upset you or cause you worry or concern. Like you find it is sometimes better to talk to another mother (or father), it's often better for them to talk to one of their peers.

**REMEMBER TO DAYS YOUTH SEEM TO COPE WELL UNDER STRESS BECAUSE  
THEY ARE MORE ADAPTABLE AND RESILIENT  
THAN IN THE PAST**

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**DEFUSING.**

The word ‘debriefing’ is commonly heard after an incident but today it is more likely to be ‘defusing’ with the more common word ‘debriefing’ being substituted by the media or those who don’t know the difference.

The authorities prefer the use of defusing as research has shown that debriefings often exacerbate the problems. In fact in the Port Arthur Massacre some years ago there were more ‘counsellors’ on the ground than victims

In similar conditions traumatic situations overseas with shootings in schools etc. it was found recovery and adjustment to the situation was quicker and simpler with defusing. The older technique tended to leave people with the idea they should be more effected than they are.

The idea of a defusing is to simply have a one off meeting of those effected where they can sit quietly remote from others ( who were not directly exposed to the situation) and discuss how they felt **AT THE TIME**. Then set up a buddy system if they would like to talk further, or come and see the person who ran the defusing.

If there is going to be a negative response it normally shows up within 24 to 72 hours and can last up to a week. If very worrying or longer lasting the symptoms persist then the person should consult their medical advisor. (Typical symptoms can be nightmares, difficulty in sleeping, tearful, withdrawn.)

**EVERYTHING AND EVERYONE SHOULD RETURN TO THE NORMAL PROGRAMME AND  
KEPT ACTIVE AS SOON AS POSSIBLE.**

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***AN EXAMPLE OF AN ACTUAL DEFUSING  
AT A JAMBOREE***

**INCIDENT**

The death of an elderly leader whilst on duty at a vehicle gate for entry into a sub-camp.

**ACTION**

Even before the ambulance had left WB (the person to be responsible for the defusing) started to assemble all those who had been involved or watched the finding of the deceased, resuscitation methods and attending to the body until help arrived. There was insistence that they stay and participate despite the “I’m OK mate”

If there had been more than 12 persons involved WB would have run two separate sessions, one after the other, with the more closely involved in the first session.

The moment the defusing started the deceased’s mates turned up and all wanted to be involved in the defusing. **THIS WAS REFUSED** and a separate meeting held for them.

- a) Defusing sessions are about how someone felt at the time, and is restricted to those involved or directly viewing the incident.
- b) The meeting of ‘Mates’ are along the same lines but usually and quickly shift from their reactions and focus of the defusing to how a great a person the deceased was, how family will be effected etc. etc.

Both types of meetings are important but the ‘mates’ one devalues and decreases the effectiveness of the defusing if they are held together.

The defusing should simply focus on how those involved felt at the time and how they feel now. Only after everyone (this means everyone) has had a say then,ask “ how do you feel you are going to feel?” and “how will you deal with it?”(TALK TO SOMEONE – encourage them to develop a buddy system, to share and talk

to if worried or unhappy. Ideally they should have also been involved in the session).

Occasionally you will find someone (*I'm a tough Aussie, or I'm used to this*) who claims he is OK. WB had two of these a St Johns and a nurse. When he asked the St Johns “when was the last death?”, it turned out to have only been days before. The question was asked “were you debriefed?” “No all too busy I went home and had ½ bottle of scotch”. Next question “how did they feel?” brought on tearful look. WB just said no more but let the group do the support/talking, its important for the participants to do most of the talking/supporting of each other. Then WB just looked at the nurse and she became teary. Both of them had years of stored up feelings, which they had been unable to talk about. Usually people just make a joke of it.

Finally ask if there are any final things they would like to say. Ask them to pause and look around and decide, in their mind, if there are one or two people in the group that they could talk to if necessary ( The buddy system). Don't forget they can always talk to their Chaplain -Doctor etc, WB or anyone else they feel comfortable with, just as long as they talk IF they feel they need to.

Over the next day or so WB just walked through the site without actually seeking them out or asking them “how are they travelling”. Just being there and available if needed was enough. Also check with their leaders on how they are going.

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**AT THE NEXT MEEETING AFTER A DEATH OF A MEMBER.**

**Do not allow specualtion or rumour. NEVER use the word ‘suicide’ suggest the death is an ‘unfortunate death’.**

**Never say the deceased has ‘Gone to Sleep’ as you could cause sleep disturbances in the young.**

With young groups one way is to use the distraction method. Keep them busy all meeting, and at the end hold a short remembrance time. Some choose to sit in a darkened room with a candle in the centre each member in turn saying something nice they remember about the deceased; others to plant something in the hall grounds again all helping to put earth into the hole - there are many variations, that help them say goodbye.

With older members a slightly different approach is more appropriate. Still use the distraction method for the meeting but preface it by suggesting that at the end of the night “we will all sit around and decide how we can remember XXX so that their time with us doesn't get forgotten”.

This could be a similar activity to that for the younger members with everyone lighting a taper in memory and sitting around a larger candle and then, in turn, saying what they remembered about the person, finally each in turn blowing out their taper and going quietly home. Could be asking each Patrol to prepare something they would lke to say at a service; making a plaque or planting a small tree. Basically it's the members that must be given the opportunity to decide, the talking and contibuting ideas assists them.

**Scouts Prayer**

She/he hiked along life's Pathway, her/his pack upon her/his back  
 She/he pitched her/his tent and rested here and there along the tracks  
 She/he used her/his compass wisely to guide her/his on her/his way  
 And hoped to reach the campsite of our Great Chief Scout some day.

She/he tried to be trustworthy, kept her/his honor high and clean.  
 She/he was loyal as any to her/his country and her/his queen  
 She/he did her/his best at all times, kept her/his promise – been prepared  
 And hoped her/his Good Deeds pleased him when at last her/his soul was bared.

She/he lightened other's burdens with her/his smile along her/his way  
 She/he kept her/his hand in God's hand – walked beside him day by day.  
 And now her/his span of life's run out  
 We make this gentle plea –  
 May (name) sit around your campfire, at her/his final Jamboree.

*(Adapted from a well known prayer by Jan Carter , CMC Members Support. GWS)*

*For further assitance talk to your Regional Members Support person .Their contact details can be obtained through the Region Office.*

## Managing traumatic stress symptoms and stressful events

*An Australian Psychological Society*

### Tip Sheet

Traumatic events are unexpected and negative incidents that suddenly and unexpectedly intrude on our daily lives.

Traumatic events are usually defined as situations that are life threatening, or where there is a significant threat to one's physical and psychological integrity. For example, being present during an armed robbery, car accidents, natural disasters, workplace accidents, unprovoked human aggression and assault can trigger traumatic stress reactions. Other less severe but still stressful situations can also trigger traumatic reactions in some people.

The severity of the trauma experienced varies across individuals and situations, and is influenced by such factors as the nature of the traumatic event, available support, concurrent stresses, personality and coping resources. An event that one person may find mildly traumatic may be experienced as severely traumatic by someone else.

### Common reactions to trauma

When you experience a traumatic event it is quite normal to have strong emotional or physical reactions. These reactions often remain after the traumatic event has ceased and can take days or weeks to subside.

Sometimes the symptoms of a stress reaction may last longer than days or weeks, depending on the severity and circumstances of the trauma and available follow-up support. Common physical, cognitive (thinking) and emotional reactions indicative of traumatic stress are outlined below:

#### Physical

- Fatigue/exhaustion
- Disturbed sleep
- Nausea
- Nightmares
- Restlessness
- Headaches
- Excessive alertness and being easily startled

#### Cognitive (thinking)

- Poor concentration
- Poor attention and memory
- Visual images of the event
- Intrusive thoughts
- Disorientation
- Confusion

### Emotional

- Fear
- Numbness and detachment
- Avoidance
- Depression
- Guilt
- Over-sensitivity
- Anxiety and panic
- Withdrawal and tearfulness

These are normal reactions. Although these symptoms can be distressing, they are part of the natural healing process that a person goes through as the mind and body readjust and come to terms with what has occurred. The underlying psychological process is similar to 'digestion': A person has an overwhelming experience that the mind needs to take time to digest, to make some sense out of the event and put it into perspective.

It is quite normal to have strong emotional or physical reactions to traumatic events. These reactions often remain after the traumatic event has ceased and can take days or weeks to subside. With understanding and support from family, friends and colleagues the stress symptoms usually resolve more rapidly. However, sometimes a traumatic event can be so distressing and the ensuing distress so severe that professional assistance may be needed.

There are several things you can do to look after yourself and promote recovery from stressful events. The following points provide some general advice:

- Recognise that you have been through a distressing experience and acknowledge that you will experience some reaction to it. Excessive denial, or refusal to accept your feelings, can delay the recovery process.
- Remind yourself daily that you are not abnormal and that you can and are coping; don't be angry with yourself for being upset.
- Avoid overuse of alcohol or other drugs to cope.
- Also avoid making any major decisions or big life changes.
- Do not try to block out thoughts of what has happened; gradually confronting what has happened will assist in coming to terms with the traumatic experience.
- Don't 'bottle up' your feelings; talk to people and share your experiences with others when opportunities arise. This may feel uncomfortable at times,

but talking to understanding people is helpful in dealing with trauma. Your APS Psychologist is highly trained and supportive of your need to talk things through and can be an extra support if needed.

- Try to maintain a normal routine; keep busy and structure your day.
- Make sure you do not unnecessarily avoid certain activities or places.
- Allow yourself time to rest if experiencing fatigue, and remember that regular exercise is important.
- Let your friends and family know of your needs and the normality of your reactions; help them to help you by letting them know when you are tired, need time out, or need a chance to talk or just be with someone.
- Make time to practise relaxation; you can use a formal technique such as progressive muscle relaxation, or just make time to absorb yourself in a relaxing activity such as gardening or listening to music – this helps your body and nervous system to settle and readjust.
- If the trauma that you experience stirs up other memories or feelings from a past unrelated stressful occurrence, or even childhood experiences, try not to let them all blur together; keep them separate and deal with them separately.
- Express your feelings as they arise; whether you discuss them with someone else, or write them down in a diary – expressing them in some way helps the healing process.

### **When to seek professional assistance**

Traumatic stress often leads to sudden changes in our patterns of daily living and the experience of unusually strong emotional reactions. You should seek professional assistance if you:

- are unable to handle the intense feelings or physical sensations
- continue to feel numb and empty and do not have normal feelings

- feel your emotions are not returning to normal after approximately three to four weeks following the incident
- continue to have physical symptoms
- continue to have disturbed sleep and/or nightmares
- have no person or group with whom you can share your feelings and emotions
- find relationships with friends, family and colleagues seem to be suffering as a result of the trauma
- are becoming accident prone and are increasing the use of alcohol or drugs.

### **Post-traumatic stress disorder (PTSD)**

Post-Traumatic Stress Disorder is a clinical condition that may develop in some people following exposure to a traumatic event. After an incident, even very major incidents, most people involved find that their stress gradually subsides. A few people may develop more serious ongoing trauma reactions that require more specific professional assistance and treatment. The natural psychological digestion process, referred to above, does not seem to work, or becomes blocked. These more prolonged reactions, which can be disabling and interfere with work and relationships, may warrant a diagnosis of Post-Traumatic Stress Disorder.

These more serious ongoing problems definitely require professional assistance as they do not tend to resolve by themselves with the passage of time.

There are several effective psychological treatments that assist people in resolving post-trauma problems. For some people, medication may help to reduce the physiological arousal and strong emotions that can be stirred up by a critical incident. Your own doctor can advise on treatment options and referral for assessment and/or treatment of trauma reactions.

### **Where to go for help**

To talk to an APS Psychologist today, ask your GP for a referral or phone the APS Psychologist Referral Service on 1800 333 497. View details of the [APS Psychologist Referral Service](#) .

