

PSYCHOLOGICAL DEBRIEFING MODEL: POST-DISASTER INTERVENTION

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Abstract

Efforts to minimize long-term psychological morbidity following natural disaster have resulted in calls for the psychological interventions for survivors. These calls are based on the assumption that the earlier intervention occurs, the less opportunity for maladaptive and disruptive cognitive and behavioral patterns. In response to these calls, many disaster's first responders have used Psychological Debriefing (PD) intervention following this traumatic event. Even though PD is frequently discussed in Western studies, yet, it is not deliberately explain in Malaysian disaster literature. Therefore, the purpose of this study is to discuss the importance of Psychological Debriefing Intervention and its implications on post disaster management in Malaysia. Different types of PD models are presented and several components that influence the process of psychological debriefing are discussed with emphasis on Malaysian cultural perspective. It is suggested that the continued exploration and discussion is critical in developing Psychological Debriefing Model that suitable for Malaysian culture.

Keywords: Psychological debriefing, crisis intervention, post-disaster management, debriefing model.

Introduction

Natural disaster occurs in all part of the world and it is almost impossible to be avoided even though some of it may be predicted. Malaysia is one of the countries that has experienced different types of natural disasters. In 2014, for example, the East Coast of Malaysia was seriously affected by flood disaster where 200,000 people lost their homes while 21 were killed (National Security Council, 2015). This 2014 flood has been described as the worst flood in decades. Besides flood, Malaysia also experienced other types of natural disaster such as earth quake, tsunami, landslides, and flood disaster. All these types of natural disasters affect different groups of people especially those who have directly affected by the disaster. Besides losses, natural disasters also cause psychological affect towards disaster survivors (Varker, 2009).

Natural disasters have significantly affected the mental health and stability of the primary victims. Numerous researches have stated that people exposed to this traumatic event mostly experienced intense fear, numbness, helplessness, or horror (Talbot, 2009). They are often ill-equipped to handle the chaos due to the numbness feeling that came from the impact of the natural disasters. Consequently, disaster survivors often struggle to regain control of their lives. In a worst scenario, disaster survivors may develop more prevalent disaster-related-disorders such as major depressive disorder, social anxiety disorder, and Post-Traumatic Stress Disorder (PTSD) (Vernberg, Steinberg, Jacobs, Brymer, Watson, Osofsky, & Ruzek, 2008).

Efforts to minimize long-term psychological morbidity following traumatic events have resulted in calls for the psychological interventions for the survivors of trauma. These calls are based on the assumption that the earlier intervention occurs, the less opportunity there is for maladaptive and disruptive cognitive and behavioral patterns to become established (Talbot, 2009). In response to these calls, many volunteers (i.e. counselors, social workers, NGOs officers) have used psychological interventions following the traumatic event. While some level of discomfort can be expected, the goal of most psychological interventions is to minimize the distress and support the flood survivors to deal with their trauma. It also aims to help them putting their traumatic experiences into a life view perspective, allow for thoughts and feelings to be vented, increase coping strategies, educate, prevent posttraumatic stress, and return the individuals to pre-trauma level of functioning. One of the psychological interventions that has been widely used in a disaster crisis intervention to provide support for the disaster survivors is psychological debriefing intervention.

What is Psychological Debriefing?

Psychological debriefing packages differ, and have gone by various names such as crisis intervention approaches, group psychological debriefing, critical incident stress debriefing, and process debriefing, to name a few. In the earlier crisis intervention literature, psychological debriefing is broadly defined as a set of procedures that include some part of counseling skills and information giving that aims to prevent the psychological morbidity associated with disaster event (Mitchell, 1983).

The key elements of psychology debriefing are ventilating emotions about the trauma, while discussing one's thoughts and feelings, and reactions with a trained professional, who in turn, provides psycho-education about traumatic stress responses and attempts to normalise these reactions (McNally, Bryant & Ehlers, 2003). Most psychological debriefing interventions involve a single session, which might last between one and three hours, in the days immediately following a traumatic event (Cooper, 2003).

Psychological Debriefing Model

The basic conceptual framework of psychological debriefing was drawn from crisis intervention theories, and has significantly influence the later development of psychological debriefing model. The following discussion will touch on the development of debriefing model that served as a main conceptual framework for the current psychological debriefing interventions.

Mitchell's Critical Incident Stress Debriefing Model

Mitchell's model is the initiator of the first psychological debriefing model. This model was developed by by Jeffrey T. Mitchell in 1983. This model was known as the Critical Incident Stress Management (CISM) model (Mitchell & Everly, 2001). The CISM model comprised of many elements including pre-crisis education, assessment, defusing, and specialist follow up. Part of the CISM programme was a model called Critical Incident Stress Debriefing (CISD). It is just one of the many crisis intervention techniques which is included under the umbrella of a CISM programme. The CISD was developed exclusively for small, homogeneous groups who have encountered a powerful traumatic event (Van Dyk & Van Dyk, 2010).

The CISD is led by a specially trained team of 2 to 4 people depending on the size of the group. The typical formula is one team member for every 5 to 7 group participants. A minimal team is two people, even with the smallest of groups. One of the team members is a mental health professional and the others are "peer support personnel." A CISD has three main objectives. They are: 1) to reduce the impact of traumatic incident, 2) to facilitate normal recovery processes and to restore adaptive functions in psychologically healthy people who are distressed by an unusually disturbing event, and 3) to identify group members who might benefit from additional support services or a referral for professional care. CISD is a structured approach that consists of seven phases. These phases include the following: 1) the introductory phase, 2) the fact phase, 3) the thoughts phase, 4) the reaction phase, 5) the symptom assessment phase, 6) the information phase and 7) the re-entry phase (Van Dyk & Van Dyk, 2010).

Dyregrov's Psychological Debriefing Model

The second model in psychological debriefing is a Dyregrov's model. Atle Dyregrov is the director of the Center of Crisis Psychology in Bergen, Norway. Much of his work has been focused on children and families. The Dyregrov model of PD is based on Mitchell's work, although there are a number of significant differences. His debriefing model is a little more detailed than Mitchell's model and perhaps shows his different psychological background. There are three main differences between the two models. Firstly, where Mitchell's model starts the discussion with where the traumatic event started, Dyregrov starts his discussion of the event at what happened before the event occurred. He does this by asking questions such as 'How did you find out about this event?' (Rose, & Tehrani, 2002). Secondly, Dyregrov also focused on the cognitive decision making process of the individual during the event. This is done by asking questions such as 'Why did you decide to do that?' It is suggested that these questions reduce the tendency of individuals to blame themselves for what has happened. A third difference between the two models is that Dyregrov also focused on sensory information by asking questions such as 'What did you hear, smell, taste and see?' Dyregrov's model placed more emphasis on the reaction and responses of the individuals than Mitchell's model does and it is therefore suggested to be safer for the participants (Rose, & Tehrani, 2002).

Raphael's Debriefing Model

Raphael's model is again quite similar although perhaps not as prescriptive as that of Mitchell and Dyregrov. Like Dyregrov, Raphael (1986) begins the debriefing before the incident and asks participants about the level of preparation or training that they had received prior to this experience. Raphael (1986) starts the debriefing process by focusing on factors prior to the traumatic event. Raphael model also suggested some areas that may be useful during the intervention. Raphael is much more direct in her questioning. She also emphasizes positive aspects of being involved with the catastrophe and asks questions such as 'Did you feel good about anything you did' and 'Did you have a sense of fulfillment?' Raphael (1986) also suggests looking at the feelings of other victims; this idea is not found in either of the other two models. In the final stage Raphael (1986) focuses on what has been learnt from the experience and discusses transferring back to working in a non-disaster setting, including problems that this can create. This aspect is not apparent in the other models discussed previously.

The Importance of Psychological Debriefing Intervention

For number of years, psychological debriefing (PD) has been used as a technique to minimize the negative effects of traumatic events on disaster survivors (Mitchell & Everly, 2001; Raphael, Wilson, Meldrum, & McFarlane, 1995). Psychological debriefing may answer the need of mental health workers to make an immediate response to suffering and help revive a sense of omnipotence in mental health professionals. The aim of psychological debriefing is also to provide education about common reactions to traumatic events, to indicate resources for further help and support where necessary, and to begin to facilitate the process of accepting and dealing with a traumatic incident. Most importantly, it was designed to facilitate early help-seeking, though it also aims to facilitate normal recovery, resilience and personal development. In addition, the psychological debriefing has been widely used with individual and as a stand-alone intervention (Tehrani & Westlake, 1994). Through this intervention the disaster survivors were usually given psychosocial support, opportunities to express thoughts and emotions related to trauma, and guides on coping with stress and symptoms related to disaster (McNally, Bryant & Ehlers, 2003).

More recently, psychological debriefing has been used as a form of early intervention for individuals exposed to a wider range of potentially traumatic events including the natural disaster survivors (Pfefferbaum, Newman, & Nelson, 2014). Preventive intervention after exposure to traumatic events is a subject of increasing interest among mental health professionals. According to Kaplan, Iancu and Bodner (2014), psychological debriefing, which aims to reduce the risk of post - traumatic stress disorder and other psychopathological sequelae of traumatic experience, is an example of such intervention.

Psychological debriefing has been used with individuals as well as with groups. The group setting is considered to be the preferred strategy, not only for its economic and technical advantages but also because it recreates a maternal environment. At the same time, the group becomes a place to communicate and to reestablish order, trust, and a feeling of safety (Kaplan, Iancu & Bodner, 2014). Chemtob, Tomas, Law and Cremniter (1997) has conducted a study on the influence of debriefing on psychological distress. Chemtob and his colleagues (1997) stated how victims of a hurricane had their problems reduced compared to a group who only later received the same type of intervention and who then, after debriefing, report the same reduction in problems. In this research, the effectiveness of the intervention was evaluated by the use of the Impact of Event scale used before and following the intervention. In addition to lack of data regarding the participants ahead of the debriefing, the participating group was very heterogeneous.

Besides, this study confirms that psychological debriefing can be effective a long time after the time period recommended for debriefing.

Besides disaster survivors, psychological debriefing has also been used with disaster volunteers. This psychological intervention has been used for people whose work involves a risk of exposure to trauma, such as law enforcement, emergency medical technicians, fire fighters, soldiers and disaster workers (Mitchell, 1983).

The Implication on Disaster Management Plan in Malaysia

Currently, so many volunteers in Malaysia formally or informally used psychological debriefing in approaching disaster survivors by asking them to express their feelings and sharing traumatic stories, but little is known on the effectiveness of their approaches. It is imperative to find out because volunteers who use psychological debriefing without proper guidelines may potentially likely to create harm to the flood survivors (Deahl and Bisson, 1995)

A debate has emerged concerning the service quality of the professionals or paraprofessional volunteers that use psychological debriefing to support survivors after potentially traumatic events. Even though the primary purpose of psychological debriefing is the prevention of disorders that may come about in the wake of traumatic stress. However, aspects of psychological debriefing are associated to the fact that this method is not considered psychotherapy (Arendt & Elklit, 2001). It is very important to note that psychological debriefing is not a cure for PTSD nor a tool to reduce the development of disaster-related disorders. It is just a simple first-aid technique that if carry out properly and ethically would help disaster survivors to reduce the risks of experiencing the symptoms of PTSD.

The timing of the treatment, the psychological model used, the qualifications of the personnel who deliver psychological debriefing, and the context of where and how it is being conducted according to the culture of survivors can influence the effectiveness of psychological debriefing intervention on disaster survivors. Therefore, it is very important for future researcher in Malaysia to develop a culturally fit model for the professionals and paraprofessional volunteers in order to maximize the benefit of this intervention to the Malaysian disaster survivors.

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