

Blindsided is the authoritative guide to crisis management. This "how to" handbook gives essential advice that every manager needs to know when a crisis hits. Written by CMI Founder/CEO Bruce Blythe, it's a fascinating, easy-to-read guide that draws on Blythe's 20+ years of experience as a pioneer in crisis management.

Traumatic Event Debriefings Getting Second Thoughts

By Rudy M. Yandrick

Following the World Trade Center attack on September 11, 2001, scores of counseling firms dispatched critical incident stress debriefing (CISD) specialists to New York to aid survivors and emergency workers. Among the firms was Atlanta-based Crisis Management International (CMI), whose task was to provide trauma relief to workers or 204 employees in the vicinity of Ground Zero.

Like other debriefing firms, CMI's interventions provided immediate stress relief, attested to by a satisfaction rate of 99.7 percent that also fostered the belief that the interventions has diminished the participant's potential for post-traumatic stress disorder (PTSD). But critics of CISD, mainly researchers armed with empirical studies, are now arguing against a particular practice they call "rehashing," during which participants are encouraged to share their thoughts, reactions and symptoms of distress that they experienced wither during or after the incident.

"Now we are seeing evidence that debriefing – which always seem like the right things to do at the time – can cause eventful harm for some, and we've had to reassess some of our basic assumptions about the practice," said CMI Chief Executive Officer Bruce T. Blythe, author of **Blindsided: A Managers Guide to Catastrophic Incidents in the Workplace**.

"While CISD ostensibly is practiced to help survivors of critical events purges themselves of emotional trauma, for some people it may seal in the very demons that later morph into PTSD – the same illness that plagued legions of Vietnam veterans during the 1970s," said Richard Gist, a community psychologist and associate professor at the University of Missouri-Kansas City.

The controversy has been fueled by finding from a study led by Israeli researcher Karni Ginzburg, who examined the occurrence of PTSD in people having different coping styles. Studying people who had suffered myocardial infarctions, she found that people with a "repressive" coping style – who ignore or divert their attention from a potentially traumatizing event – fared far better in the onset of PTSD and its earlier form, acute stress disorder, than did other personality types, such as high-anxious" copers. For example, seven months after the event, while 19 percent of the high-anxious group had clinical PTSD and another 44 percent had subclinical symptoms, the repressors had only 7 percent and 11 percent, respectively.

"Encouraging natural repressors to bare their souls in a debriefing, or even requiring them to be in a room as others do, may interfere with their natural coping process," Gist explained. Debriefers, rather than helping survivors to distance themselves from an event, may tend to rush in a pry open vivid recollections that people are trying to exorcise.

Misuse by Businesses

After a critical incident, the priority for many employers is to rapidly normalize operations, leading to a classic mistake: After an initial debriefing, there is no follow-up with employees. This can have profound organizational repercussions, leading to prolonged workers' compensation episodes and high turnover.

According to Philip Deming, President of King of Prussia, PA-based Deming & Associates and a member of the Society for Human Resource Management's Workplace Health, Safety and Security Committee, "Many companies act passive-aggressively, rushing to the rescue of employees right away, then burying the event as though it never happened," he said. At one financial firm where a shooting occurred after an initial debriefing the event was swept under the rug. "They lost every employee to turnover within six months because management didn't want to deal with the 'post' piece of it," Deming said.

Still, debriefings are standard policy these days for many businesses, which may handle them like a mandatory staff meeting. "The one-size-fits-all method of herding traumatized people into a room and doctoring them is both

disrespectful and discounts their own ability to process events," said E. Larry Newton, a psychologist with Peter Rock Consulting in Charlotte, NC

Further, while studies show that a person's lifetime risk of exposure to an event that could give rise to post-traumatic reactions is between 60 percent and 90 percent, the proportion of individuals who actually reported PTSD was only 8 percent, according to the federal government's National Comorbidity Survey released in 1995. "The challenge is in determining who the 8 percent are and when they need help," adds Newton. "You won't find that out by putting everyone through the same process. So why add insult to stress?"

Debriefing firms are stating to get the message. Today, Blythe, who considers himself a "recovering debriefer," has reformatted his employer services accordingly. CMI's newly minted "Resiliency Management Program" includes a crisis preparedness process that results in a business response plan; a post-crisis management consultation to address organizational needs; resiliency debriefings, in which participants learn methods for personal recovery; a web site with the theme "Bouncing Back" that offers individual education and research; and more specialized therapy to those exhibiting signs of PTSD. "We don't do any more 'rehashing,'" he said.

Rebutting the Critics

The debriefing debate is not without its own controversy, though. According to Jeffrey T. Mitchell, clinical associates professor in the department of emergency health services at the University of Maryland-Baltimore County, many of the conclusions drawn by the debriefing research are invalid due to false assumptions and poor methodologies.

In many studies, "Inadequately trained personnel were misapplying a group of individuals for whom the process was never designed and under circumstances in which the intervention would be considered inappropriate," said Mitchell, who founded the CISD movement and who submitted a 59-page rebuttal to the research claims of critics.

Lawyers To Get The Final Say?

It may be the courts that get the last word in the debate. Employers failure to plan for traumatic workplace events, as well as harmful outcomes from CISD interventions, will be scrutinized as never before, according to Terri Stivarius, a partner in the San Francisco-based labor and employment law firm Littler Mendelson. She said she believes that the cumulative body of research on CISD and PTSD will spur a new breed of lawsuit.

"It could develop into the scenario in the 1980s movie *Silkwood*, where employees were exposed to contaminations at an Oklahoma plutonium plant, but now with physical injuries being substituted with mental and emotional ones," she said.

Stivarius speculated that litigation worries will have the greatest impact on employee assistance programs (EAPs), which commonly play matchmaker between staff or third-party debriefers and client organizations requesting CISD services. By limiting their purview to generalized workplace problems, she said EAPs may escape being sued by an employee alleging medical malpractice. Additionally, they will need to more carefully screen service providers who come to them claiming to be CISD specialists. "Most EAPs today offer debriefings as part of their standard service delivery package. But if an EAP's screening process investigates only whether the person has had any debriefing training and, if they have then counted them as qualified, that EAP is going to be increasingly vulnerable."

"HR professional will eventually be held accountable for screening, too." She adds. "There doesn't right now exist a standard instrument that employers can use to screen critical incident specialists, but there needs to be one."

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The Debriefing Debate: One Popular Therapy Is Called Into Question By DAVID GLENN

One night in November 1988, the Kansas City fire department responded to a report of a small pickup truck burning at a highway construction site. By the time the first company arrived at the scene, the fire had spread to a trailer that

housed ammonium nitrate and other explosives. The trailer detonated, forming a crater 8 feet deep and 80 feet across. Six firefighters died.

The next day, the department flew in Jeffrey T. Mitchell, a former paramedic who had developed a technique called "critical-incident stress debriefing" to provide counseling to the survivors.

Mr. Mitchell's system "intuitively seemed to make sense," says Richard Gist, the academic director of the social-sciences and social-services program at Johnson County Community College, and an assistant to the director of the Kansas City fire department.

In a stress debriefing, survivors of a traumatic event are brought together in a group between 2 and 10 days after the incident. They are asked to recall the details of the trauma and to discuss their emotional reactions. The counselor offers stress-management tips and assures the survivors that their reactions to trauma are not signs of psychopathology.

Despite his initial optimism, Mr. Gist says that he "came away with a sense of gnawing discomfort" after he witnessed Mr. Mitchell's sessions with the Kansas City survivors. Was it really a good idea to encourage firefighters to relive the trauma in such grisly detail so soon after the fact?

Fifteen years later, thanks in part to studies conducted by Mr. Gist and his colleagues, enormous controversy surrounds stress debriefing and a related set of practices, collectively known as critical-incident stress management. At least two controlled studies suggest that debriefing may delay some people's recovery from trauma -- perhaps because it promotes the habit of ruminating over painful images and memories before a wounded psyche is ready to do so. In 2001, Britain's National Health Service listed stress debriefing as "contraindicated."

Developing Alternatives

Crisis Management International, a psychological-services company based in Atlanta, recently abandoned critical-incident stress management and is developing an alternative technique.

"I realized that there are all these wannabe counselors running around out there who don't even know the criteria for post-traumatic stress disorder if you ask them," says Bruce T. Blythe, the company's chief executive officer. "I started talking to some of the researchers, to see about how to provide better training. But after speaking with [them], I realized that the problem was deeper than training. We needed to look at changing the model itself."

The evidence against critical-incident stress management is far from cut and dried, however. Several of the most frequently cited studies that found negative outcomes from the system were based on one-on-one debriefings of civilians. The technique was designed for firefighters and other emergency workers, and it is meant to be administered in group settings.

George S. Everly Jr., a close colleague of Mr. Mitchell's and the former chairman of the board of the International Critical Incident Stress Foundation, says, "We need more tests -- but tests that validly represent the independent variables." He would like to see tests that more closely match his own treatment design, with groups of physically healthy firefighters rather than (as one study had it) individual crime victims with broken limbs. (Mr. Everly concedes that many of the *positive* studies about debriefing are also based on tests that poorly mirror the actual technique.)

The debate over stress debriefing is emblematic of a broader concern that psychology does a weak job of establishing the safety and efficacy of new therapies. If this were a drug treatment, the Food and Drug Administration would require a series of carefully structured trials to settle the question. Some researchers argue that a central body -- the American Psychological Association or the National Institute of Mental Health -- should step in to resolve the debriefing debate. Others say that the responsibility lies with the therapists who create new techniques. Mr. Everly says that he would be happy to work together with the scholarly critics of critical-incident stress debriefing to design and conduct studies that might shed new light on this vexing question.