

Evidence Briefing #16



Supporting staff following a difficult event

The Issue

Adult Social Care practitioners work closely with people who may be experiencing trauma or grief, and they may not always have the resources they need to effectively support people. This may lead to frustration and feelings of helplessness, while high workloads mean there may be little time for practitioners to notice and look after their own emotional wellbeing. Within this context, staff may encounter unexpected situations or events which may be particularly significant, including violence or aggression, or the death of someone they support.

Managers in Bristol wanted to know how they can best support staff after they have experienced an incident which is likely to be distressing or difficult. They wondered if “debriefing” is an effective model to support staff wellbeing.

What we wanted to find out

Is “debriefing” an effective model to support staff following a difficult event?

What we did

We searched for Reviews or Guidance about the effectiveness of debriefing, issued since 2002.

What we found

We found a 2002 Cochrane Review which assessed the effectiveness of brief psychological debriefing for the management of psychological distress after trauma, and the prevention of post-traumatic stress disorder (PTSD). We also found a 2022 NICE Guideline on Mental Wellbeing at Work.

Definitions

The term ‘Debriefing’ has been used to refer to range of interventions, which means studies on this topic can be difficult to compare to each other. The Cochrane Review included Randomised Controlled Trials that evaluated the effectiveness of single session of “debriefing” for people who had been exposed to a traumatic event in the immediate past (one month or less). In the session the person was helped to process their emotional response by revisiting the event and normalising the emotional reaction.

What the evidence suggests

There is no evidence that debriefing is effective, or that it has a positive effect on outcomes such as depression and anxiety. There is some evidence that people who may be at the highest risk of poor psychological outcomes (including PTSD) are unlikely to be helped by debriefing, and it may in fact increase their long-term distress. Debriefing does not reduce the risk of people who have been exposed to trauma developing PTSD.

Debriefing has been widely used in some settings (particularly in the military and the police) so these findings may be surprising. The review authors suggest that debriefing may not be effective because talking through the traumatic event may result in re-traumatisation and

intensify distress or shame. It may medicalise normal distress, and cause people to expect further psychological symptoms. It may also assume people will all respond the same way, overlooking their unique identities and other factors which shape how we each respond to difficult events.

Broader evidence about interventions that support mental wellbeing at work may therefore be useful for decision-makers. NICE make a wide range of recommendations about how organisations can create the right conditions for mental wellbeing, including strategies which are preventive and which support psychological safety for staff. Organisations should have a plan for unexpected traumatic events affecting employees, which should include supporting people socially and with their mental wellbeing. Psychological First Aid is suggested as a framework, which includes caring for people's immediate needs, offering comfort, and connecting people with social support (not requiring people to talk through the event).

The NICE Guideline suggests that managers should have systematic support to ensure that they have the knowledge, skills, and resources to promote mental wellbeing. They recommend that managers should receive training that includes communication skills: the ability to listen, communicate clearly, understand, and empathise. Training should include how to have conversations about mental wellbeing with employees, including at times of crisis.

Quality and Completeness of the evidence

The studies in the Cochrane review were mostly with people who needed health treatment following a traumatic event, and were judged to be of low quality by the review authors. We did not find studies which looked at debriefing adult social care staff. The NICE Guideline is based on multiple evidence reviews of studies looking at interventions which promote wellbeing at work in different settings.

Resources for further support

- UK Health Security Agency [Psychological First Aid course](#)
- [Social Work Organisational Resilience Diagnostic Tool Workbook](#)
- [Resisting retraumatisation | Research in Practice](#)

Contacts for Further Information

Kate Harris (Bristol City Council Evidence Champion): kate.harris@bristol.gov.uk

Lisa Dibsdall (Bristol City Council Researcher-in-Residence): Lisa.dibsdall@bristol.ac.uk

References

¹ Rose SC, Bisson J, Churchill R, Wessely S. Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews 2002, Issue 2. Art. No.: CD000560. DOI: 10.1002/14651858.CD000560. Accessed 30th January 2024.

² [Mental Wellbeing at Work](#) (2022) NICE Guideline NG212