



Second Victim Support Intervention Case Study

Title: Critical Incident Stress De-Briefing Team at Bradford District Care NHS Foundation Trust

Rationale:

Bradford District Care NHS Foundation Trust (BDCT) is committed to providing a timely and supportive response in the aftermath of serious incidents. The World Health Organization et al (2011) developed [guidance](#) on psychological first aid and the structured debriefing of those affected by stress situations and symptoms in the workplace. Critical Incident Stress Debriefing (CISD) is a recommended approach for supporting teams to have space to process their experience of the impact of serious incidents ([Harrison and Wu, 2017](#)) and particularly focusses on how people are coping and can support one another to cope with that impact. It consists of two elements:

Psychological first aid (PFA): Humane, supportive response to a fellow human being who is suffering and who may need support. It focuses on listening but not forcing talk, assessing needs and concerns, ensuring that basic needs are met, encouraging social support from significant others and protecting from further harm (WHO, 2010).

Psychological debriefing: The promotion of ventilation by encouraging the person to briefly but systematically recount perceptions, thoughts and emotional reactions experienced during a recent, stressful event (WHO, 2010).

Debriefing sessions have been held in the aftermath of serious incidents variably across BDCT for a number of years. However, historically these have been facilitated by experienced clinicians rather than people trained in CISD and have sometimes involved unnecessary delay to identify a suitable and available facilitator.

BDCT have supported 12 members of staff to complete required training to receive accreditation as stress debriefers. These staff will, via a rota system, liaise with staff teams and their managers to provide a timely and consistent response following a serious incident, aware of their responsibilities to create space to do so.

Aims:

- To provide a safe space to consider the impact of serious incidents on staff directly and indirectly involved.
- To provide containment and emotional and/or practical support.
- Acknowledge, validate and normalise as appropriate the psychological impact of the incident on the people affected and where possible seek to ameliorate that impact.

Service Description/Model:

The CISD team will focus on offering a debriefing space in the aftermath of events such as a suspected suicide, suicide attempts resulting in significant harm, death suspected to be caused by a service user, essentially sudden and unexpected incidents or sequence of events which have the potential to cause trauma to those directly or indirectly involved.



The CISD team are committed to providing staff teams a space to consider the incident, how it is impacting them as individuals and as a group and what they might do to support themselves, one another and need of the organisation.

The aim is to offer a 1-2 hour session within 72 hours of an incident at a mutually convenient time. The lead facilitator will take responsibility for liaising with the manager of the team(s) primarily involved to arrange a suitable time for the debrief and collating some understanding of the incident that has taken place and who was involved/impacted by the incident. The team manager will be asked to take responsibility for identifying and inviting key people involved in a service users treatment/care to the debrief (ideally number of participants would be 9 people with 2 facilitators).

Information about stress and stress management and the range of support systems and health and wellbeing offers available to staff will be made available at the end of the session so individuals can consider what other support if any they might benefit from. Ideally the session will be followed by an informal tea and coffee session that will allow facilitators to speak to individual participants and follow up on any concerns and actions discussed in the CISD session on a 1-1 basis.

The CISD team can also be called upon to support a staff team following other incidents that are impacting staff adversely, for example after attending an inquest. The CISD team will meet on a monthly basis for peer supervision to share learning, good practice and dilemmas to ensure all have space for reflection and development of their debriefing skills.

Barriers:

1. CISD is ideally offered to a group of people face to face. COVID19 requires services to adhere to social distancing guidance and will only be offered if there is a big enough space available to accommodate the number of people attending (likely groups of 10-12, including facilitators). Alternatively CISD can be offered virtually.

Enablers:

1. CISD sessions are evidence based in their design and content, following a structure consistent with Jeffrey Mitchell's 7 stage model (Mitchell, 1983; cited in Dyregrov, 1989) which focusses on the impact of events and offering psychological first aid to people affected.
2. CISD sessions will be routinely offered to staff teams. CISD sessions are confidential within the group, however, it is an individual staff member's choice to attend or not.

Story so far/Successes:

The CISD team is a new and developing service and therefore, to support evaluation the team will keep basic information about CISD sessions for audit and evaluation purposes. This will include; serious incident reference number, CISD session details (date, time, duration, facilitators, number of participants), anonymized key themes arising during the session and actions agreed with the group/information shared with the group.

Session participants and team leaders will be asked to evaluate the debriefing process and session, considering the benefits and development/learning points at the end of the session. This information will be triangulated and the service reviewed on an annual basis to ensure that it is a helpful component of the Trust's response to serious incidents.

Testimonials: *Pending.*

Who to contact for more information:

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References:

Dyregrov, A. (1989). Caring for helpers in disaster situations: Psychological debriefing. Disaster Management, 2, 25–30.

Harrison, R. Wu, A. (2017). Critical incident stress debriefing after adverse patient safety events. The American Journal of Managed Care 23(5): 310-312.

World Health Organisation, War Trauma Foundation, & World Vision International. (2011). Psychological first aid: Guide for field workers.