



# Does Debriefing Help Prevent PTSD?



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Our common sense tells us that the quicker we can intervene with someone who experienced trauma, the better the results will be. After the terrorist attacks on the World Trade Center on September 11, 2001, more than 9,000 counselors went to New York City (McNally, Bryant, & Ehlers, 2003). These mental health professionals assumed that those who experienced the attack, including rescue workers, would be at high risk for developing PTSD. Although sites for this help were set up around the city, few people actually sought the help. In fact, around 650,000 individuals sought help, whereas they expected to treat 2.5 million. Some professionals said that New Yorkers were in denial. Others said that there would be a delayed reaction and PTSD would come later. One survey followed up on a sample of New Yorkers at 1 month, 4 months, and 6 months

following 9/11 (Galea et al., 2003). This study found the relative prevalence of PTSD to be 7.5% at 1 month, 1.7% at 4 months, and .06% at 6 months. This suggests a rapid recovery in terms of PTSD following 9/11. Other studies have also shown a steep decline in PTSD symptoms after a traumatic event or serving in a war zone around a year later (North et al., 1999).

This raised the question of whether psychological interventions directed at everyone following a traumatic event were necessary. Since the 1980s, one common form of intervention was a *critical incident stress debriefing* (Mitchell, 1983). It was initially introduced as a single-session technique to help rescue workers and has since been used throughout the world. The basic procedure was to discuss the rescue worker's psychological, cognitive, and emotional reactions to the event. This session was conducted within a few days of the exposure. Although well received by most workers, the overall evidence suggests that it is not effective in reducing future PTSD (Rose, Bisson, Churchill, & Wessely, 2002; see also <http://www.ptsd.va.gov/professional/trauma/disaster-terrorism/debriefing-after-disasters.asp>). Thus, many international organizations such as the Red Cross no longer require debriefing for all workers. However, they offer services for those who seek them.

The current approach is to offer information and coping skills to those rescue workers who seek help. The emphasis is on helping the person to cope rather than reexperience the situation. However, services are offered to those who show signs of trauma-related disorders. Those in distress are treated by professional mental health workers. We will explore their experience in the treatment section of this chapter.

**Thought Question:** What services are offered at your college for students who have experienced trauma?