

Psychological debriefing: pros and cons essay sample

[Health & Medicine](#), [Stress](#)



Psychological debriefing (PD), is an intervention process in which trauma survivors are urged to recount and relive the incident in order to avoid long-term consequences and traumatic stress responses (Halgin, 2009, p. 59). The method used in this process is Critical Incident Stress Debriefing (CISD) and more recently, Critical Incident Stress Management (CISM). However, there are those who oppose the use of psychological debriefing, stating that it can be more harmful than helpful to individuals who have faced a traumatic event.

Proponents for psychological debriefing believe that, "...psychological debriefing will help mitigate poor long-term functioning, which otherwise may occur, or even worse is "likely" to occur, and is a "foreseeable" consequence of the event" (p. 66). However, the opposition found evidence that a small percentage of individuals, who experienced traumatic events, were found to develop posttraumatic stress disorder (PTSD) a year following their traumatic incident. Further, the opposition argues that PD directs the process of intervention to help prevent PTSD but disregards other psychological issues, such as depression, resulting from trauma. They argue that while instances of PTSD are low among trauma survivors, the prevalence of depression is high. One noted study reported that 71% of rape victims develop depression whereas only 37.5% developed chronic PTSD lasting 1-3 years (p. 66).

Proponents for psychological debriefing believe that those opposed to PD misrepresent the terminology and understanding of the purpose of PD. They state that PD is a method of screening to determine if individuals who have

experienced a traumatic incident are in need of psychological treatment (p. 78). Further, the opposition makes the claim that Critical Incident Stress Debriefing (CISD) is the same as a comprehensive, systematic and multi-component program called Critical Incident Stress Management (CISM) (p. 77). Proponent's state and show evidence that the two programs are not identical.

Those in the opposing camp claim that the business of psychological debriefing is a multi-million dollar industry. However, the proponents argue that services provided are often free of charge and that the opposition cannot show evidence for their claim. The opposition also believes that the practice of psychological debriefing is too young to be considered a trusted method in treating individuals of traumatic events. Proponents believe that the opposition has not read all the literature and research concerning PD and are ill prepared to present evidence.

Proponents make a strong case for PD by the length of time it has been successfully used in the aid of providing psychological help to those who have faced and lived through trauma. After the attack on the World Trade Center towers, the New York police department requested the help from trained individuals to perform psychological debriefings. However, there is some evidence that other psychological issues, such as depression, are not getting enough attention through the CISD or CISM method.

The opposition makes a good case concerning the prevalence of PTSD among victims of trauma stating that only a small percentage of these

individuals develop PTSD after the traumatic event. This claim is supported by recent research that shows that CISD interventions are not only ineffective, but also harmful. However, the lack of understanding concerning the differences between CISD and CISM weakens their opposing argument.

After reading the Taking Sides article, *Is Psychological Debriefing a Harmful Intervention for Survivors of Trauma?*, I believe the author on the proponent side to be less than credible. There was a lack of research evidence to support his claims where as the opposing camp provided a great deal of research supporting their claims. In science, research and data speak louder than opinions. In choosing a side, I would stand with the opposition. After reviewing more recent research, I have found the opposition's argument to be credible and valid.

Psychological debriefing has been used since WWI. It was an intervention tool used to help relieve the distress soldiers felt from fighting on the front lines (Wei, Szumilas, & Kutcher, 2010, p. 340). Today, CISD/CISM is the most commonly used method of psychological debriefing. It is used by mental health professionals in first response situations in cases of suicides or community disasters (p. 340). However, just because something is widely used, that does not mean it is effective.

Recent research shows that PD is ineffective and possibly harmful. Results from research showed, " Two Cochrane reviews of PD interventions for the prevention of PTSD indicate that they neither prevent the onset of PTSD, nor reduce psychological distress compared to control treatments in adults (p.

341). In another analysis of seven studies pertaining to single-session psychological debriefing, results showed that CISD interventions did not reduce or prevent the onset of PTSD. The analysis also noted that there tended to be a detrimental effect upon trauma victims who received CISD as compared to those who did not.

Clearly, psychological debriefing is the typical protocol in times of trauma. However, evidence supports the arguments against PD in showing that it is ineffective and possibly harmful. Although PD has been used since WWI, it is hard to ignore recent research that clearly shows that PD seems to be a waste of time.

References

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