Section VII

Trauma Debriefing
* VII. Trauma Debriefing

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DEBRIEFING MODELS

DEBRIEFING             CLASSROOM PRESENTATION
FOR WHO
- crisis team members, debriefers
- appropriate for entire staff

WHEN
- end of first day or as soon as possible after debriefing process
- initiate immediately – within first week

SIZE
- limit to no more than 10
- entire classroom participation

CONDUCTED BY
- outside consultant
- crisis team

DURATION
- one to two hours
- 30 – 45 minutes
- one time presentation

PURPOSES
- to help process difficult personal reactions
- to identify procedural systematic issues supportive of or barriers of effective intervention
- to evaluate each debriefers performance and overall team performance
- prepare for future debriefings
- to gather information on students reactions, questions, concerns, information about event and victim(s)
- to provide factual information to minimize rumors, misperceptions
- to normalize current reactions
- to educate as to possible future reactions and what students can do and where they can go for help
- to identify appropriate behavior in the midst of such crisis
- to encourage students to ask for help if needed/referral
- to inform of upcoming related activities e.g. memorial services

FORMAT
- question, answer, exploratory, problem solving
- question, answer, inform, problem solve

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## Trauma Debriefing

<table>
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<tr>
<th>Debriefing Models</th>
<th>Defusing</th>
<th>Operational</th>
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</thead>
<tbody>
<tr>
<td><strong>FOR WHO</strong></td>
<td>reserved for most exposed children K-5th grade</td>
<td>appropriate for entire staff</td>
</tr>
<tr>
<td><strong>WHEN</strong></td>
<td>Initiative three days to one week after the event</td>
<td>Initiative first day, follow up in three to five days, thereafter as determined by duration of event</td>
</tr>
<tr>
<td><strong>SIZE</strong></td>
<td>can be conducted with most exposed class (limit 30 students)</td>
<td>any number</td>
</tr>
<tr>
<td><strong>CONDUCTED BY</strong></td>
<td>two or four debriefers depending upon size of group and age</td>
<td>outside consultant</td>
</tr>
<tr>
<td><strong>DURATION</strong></td>
<td>30 minutes to one hour follow up two weeks after initial debriefing</td>
<td>one hour</td>
</tr>
<tr>
<td><strong>PURPOSES</strong></td>
<td>includes all the purposes of debriefing</td>
<td>includes all the purposes of debriefing</td>
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- to mitigate impact of event
- to accelerate hearing
- to identify what happened
- to share new information and clarify rumors
- what role participant played
- what cognitive behavioral & emotional reactions were experienced
- to educate about signs and symptoms
- to normalize
- to identify related issues, support needed
- to summarize and prepare for next several days, weeks, months
- to refer as needed
- to evaluate current status of staff and student/clients
- to share new information and clarify rumors
- to determine additional needs for immediate resource and support
- to prepare staff for possible upcoming problems
- to reinforce positive aspects emerging from this event
- to help staff care for themselves

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LEVELS OF INTERVENTION
FOLLOWING VIOLENT/NON-VIOLENT CRITICAL INCIDENTS

TLC highly recommends the following resources for detailed descriptions of protocols, debriefing/defusing models and trauma interventions: *Trauma Response Protocol Manual*, *Debriefing Handbook for Schools and Agencies*, *Structural sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP)*, and *Helping Children Feel Safe*.

FIVE MAJOR LEVELS of INTERVENTION

A. Crisis Intervention – Organized Response
B. Classroom Presentations
C. Debriefing- Operational, Crisis Team, Defusing, Formal Debriefing
D. Trauma Intervention
E. Referral

There are five major levels of intervention. Not all survivors will need all levels of intervention. Debriefing, for example is reserved for only the most exposed. Those who complete debriefing may do quite well. Debriefing is designed to accelerate healing and prevent posttraumatic stress disorder. However, some will need additional intervention designed for provision within the school environment over an eight session or eight-week period. Still others, although far fewer, will need intervention beyond that able to be provided in the school environment. These are frequent students emotionally vulnerable prior to the incident.

It is very important to give students time to heal. Too frequently well meaning professionals want to provide a more intense intervention than is needed. Trauma is different than grief. Its reactions are different from and in addition to any grief reaction that might occur. Trauma dictates very specific, structured intervention that moves slowly and supports a process that keeps the students safe. To move too quickly into more intense forms of intervention can place survivors at risk.

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INTERVENTION- TIMING

A. Crisis Intervention-Organized Response

In the first two to three days following a trauma-inducing incident students and staff will be in crisis. Crisis intervention is appropriate. Students need to feel protected, listened to, nurtured, and supported. Organized response such as those detailed in TLC’s *Trauma Response Protocol Manual* are designed to keep students safe, to immediately provide crisis intervention, to meet the emotional and physical needs of students but also to contain and minimize the hysteria, the acting out behavior, the chaos, the need to gather information as well as disseminate information.

This structural, management, direction is just as healing and necessary as crisis intervention. In fact, the organized responses support the initiation of and effectiveness of crisis intervention. The purpose of this text is to focus on intervention, not the protocol supporting the intervention and system response. Those protocols are critical to containing the chaos and the contagion as well as preventing additional trauma. We strongly recommend the use of *Trauma Response Protocol Manual*. In this text, however, we detail the intervention process.

Crisis intervention refers to basic attending, acknowledging the provision of support and protection of students during the chaos of the first few days following a critical incident.

Most school social workers, counselors and psychologist, school nurses have been trained in crisis intervention and are flexible enough to do crisis intervention the first few days. The organized protocol gives direction to this process as well.

More often team members have more difficult time dealing with their own physical and emotional reactions. These reactions can be delayed because of the intense focus and preoccupation with helping students. Debriefing becomes a critical component to helping team members find relief but also learn from their experience.

The following are some basic crisis intervention guidelines for team members to follow:

CRISIS INTERVENTION GUIDELINES-
FIRST LEVEL OF INTERVENTION

- Invite students to talk.
- Listen for fact, fantasy, feelings.
- Summarize and reflect.
- Communicate seriousness of situation, concern, empathy for the victim(s).
- Ask about past events that the current event may trigger memories and feelings about.

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- Ask about the current support students have available to them over the next few days.
- Ask/help with plans for the evening, the following day, etc.
- Attempt to help students to view the situation differently if their current view is self-defeating, destructive.
- Normalize grief/trauma reactions and prepare students for reactions they may yet experience.
- Arrange for another “check – in” meeting that day if needed or the following day.

Normalize grief and trauma reactions and prepare students for reactions they may yet experience.

TEACHER GUIDELINES

Pre-school

- Provide extra amounts of small portions of “munchies.”
- Use butcher paper or mural paper to have children draw a picture of what happened (use colored pencils, fine color felt point pens).
- Use structural games that involve touching such as Ring Around the Rosie (these offer a sense of safety and security).

Elementary

- Munchies also helpful.
- Share your own feelings about what happened.
- Give children the facts of what happened as you know them.
- Have children brainstorm what they would do in a crisis.

Adolescent

- Group discussion directed at listing questions and concerns they have.

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Have students develop a crisis plan.

Discuss how they could best help the most exposed victims/survivors.

Write a story about what happened.

Write about their own experience during the incident.

Normalize grief/trauma reactions they may yet experience.

Use art activities to express what the experience was like.

Discuss similar events that have happened.

Identify what worries them most and what they might do about the different worries.

Share your own experiences and how you helped yourself get through similar difficult times.

**B. CLASSROOM PRESENTATIONS-SECOND LEVEL**

Classroom presentations can begin the first day, certainly no later than the second day. The objective and purposes of the classroom presentation were detailed in the discussion on suicide. The outline of the presentation remains the same. The only difference will be the information that is provided when normalizing the reactions students and staff may experience. Additional information can be found in the *Trauma Response Protocol Manual* as well as obtained through TLC’s Certification Program for Trauma and Loss School Specialist.

**Classroom Presentations**

**Outline**

The following outline can be used regardless of the type of incident. We strongly recommend that a core group of staff be trained to assist team members in conducting classroom presentations so all students can be reached within the first two days. Immediate presentations help diffuse unwanted students responses. A core group of twelve staff (2 per class) can cover most classes in two days.

This outline does not include the different reactions survivors may have following different types of incidents such as: suicide, murder, non-violent trauma, grief, etc. Each situation will dictate a change in content presented. We recommend several TLC resources for this information: *Trauma Response Protocol Manual for Schools, KIDS: On the inside Looking after Loss*.

**1. INTRODUCTION**

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This is very difficult for us. It is not easy to know what to say or how to act. Sometimes our own reactions frighten us because they are so new to us or seem so strong.

We are here with your teacher to talk about ________________, to answer your questions if we can and to tell you of some of the reactions you may have that are very normal.

2. BEGINNING

This is what we know so far _________________________________.

Have any of you heard anything different about (the way he/she died, was killed, injured, kidnapped, etc.)?

Did any of you play/spend with or have conversations with ___________ in the past couple of weeks? Tell us about that. What do you remember?

Have any of you had similar incident happened to a family member or friend?

What upsets you the most __________’s (death, murder, injury, etc.)?

What questions do you have about what happened or even about what will be happening over the next few days?

3. NORMALIZE

Let us describe the kind of reactions that most people have following this kind of situation. (Use appropriate survivor reactions i.e. suicide, homicide, trauma. Briefly identify and explain the possible reactions and then relate the following.)

You may already have experience some of these reactions or you may experience them weeks, even months, from now. They are very normal reactions so do not be alarmed. It will help, however, if you can talk to someone about them.

4. IDENTIFY APPROPRIATE BEHAVIOR

This will vary somewhat depending upon the incident. If the incident is suicide; the students need to clearly hear what they are to do if a friend talks about ending his/her life. (For specific content, Trauma Response Protocol Manual for Schools is recommended.)

If the incident is murder, then messages about revenge are critical, and so on…

**Basic Expectations Students Need to Hear**

This is a time when it is not unusual for us to look for reasons why this happened. A lot of rumors can get started that are not at all that helpful to the family or to close friends. If William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
you hear stories that are different from the information we give you, please let us know so we can check them out, correct them, or confirm them.

Sometimes we want to blame others. This is normal but not sometimes we want to do. It simply doesn’t help and can, in fact, cause the person or person being blamed to retaliate (want to fight back) and that doesn’t help anyone.

Although it is very normal to be angry, it is not acceptable to seek revenge on those we think may be the cause of __________’s death. We simply will not accept anyone going after anyone else.

Sometimes situations like this cause us to ask many questions we never thought of before. It is important that you ask the questions. Some of your questions may be personal. You can certainly feel free to ask any one of us or your teacher. This is how you can reach us...

Add additional issues specific to your situation as needed. (Again, Trauma Response Protocol for Schools is recommended for its varied content.)

5. CONCLUSION

Ask, “Are there any other questions before we end? If at any time over the next several days you want to talk with someone, let your teacher know and we’ll be contacted – or come and see us directly. Here are the names of the other staff on the Trauma Response Team who can help…”

NOTE: Be prepared for silence. Students may not always know what to say or ask. They may not initially give your credibility or simply be so overwhelmed they can only listen.

If students do not respond to your initial questions ask and then answer the questions you anticipated students might have asked.

You may wish to express some of your own personal reactions initially, this sometimes give students “permission” to open up also.

Inform students of the related activities which are planned over the next several days, that they will be kept informed of new information and upcoming activities.

This classroom presentation may be as short as 25 minutes or last the entire class period with very vocal students. The important fact is that you are there trying to help. That makes you human and can help diffuse student anger and acting out when staff do not sit down with students face to face. (The assembly method simply is not as effective as smaller classroom presentations.)

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NOTE: If you are responding to a suicide it will be critical to be very direct with students about suicide being an unacceptable choice, what they might do if they have friends who are talking about it, etc. (The Trauma Response Protocol Manual for Schools text is highly recommended for its detailed descriptions of what students need to hear.)

We also recommend that classroom presentations be conducted by your own staff. Children in crisis look to their counselors, teachers, administrators for protection and help. Using outside sources frequently angers students, distance them from staff, “chips away” at their trust in staff.

C. DEBRIEFING – THIRD LEVEL

Debriefing is to be initiated the third day following the critical incident with the most exposed. The one exception is Operational Debriefing, described in the section on suicide. This is conducted with all staff at the end of the first day and once or twice within the week. This is dictated by the direction of teachers, whether additional situations occur or the need to pull staff together. By the third day, most will feel less chaotic, more secure, if organized responses have been initiated, and able to better process the experience cognitively. Debriefing is a very cognitive process for adolescents and adults. For younger children there needs to be less focus on cognitive processing and more on sensory processing.

The purposes of debriefing differ according to the ages of the victims and roles of staff and crisis team members. There are five Debriefing Models described in detail in TLC’s Debriefing Handbook for Schools and Agencies. This handbook formats each debriefing model, its stages, the questions for each stage, and the appropriate resource material to provide participants.

This text provides the operational debriefing model and classroom presentation model. Debriefing is a process that must be learned. The Institute requires debriefing training to complete certification as a Trauma and Loss School Specialist. Debriefing is not counseling nor are its processes similar to counseling. Debriefing has, however, been shown to be beneficial for survivors by helping them better manage their reactions and understand them as well. It has been shown to accelerate healing and assist most recover from their experience in the four to six weeks (acute stress stage) following exposure.

Operational Debriefing covers the needs of all staff. It does not cover the needs of Crisis Team members. Debriefing of Team members is critical to their all being but also to improving effectiveness and increasing preparedness for future situations.

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Child Intervention Questions

- What was happening when you found out ________________?
- What were you doing? Sounds, sights, smells, etc.
- Who else was there?
- What was the first thing you thought? What did you do?
- I’ll bet you wish that you could have ________________. 
- It must have felt really bad; point to the part of your body that hurt the most.
- You didn’t say anything about this part of the drawing.
- Anyone not in the drawing?
- Can you draw me a picture of what the body looked like?
- What was the worst for you?
- What made you the most afraid?
- Sometimes, later, after a long time, other things scare us. What scares you now?
- What scares you about this person?
- Why do you think this happened?
- What would make someone do this?
- Can you imagine what else could have happened?
- Is there anything you wish you would have said, done ____________?
- Is there anything you wish you would not have said, done?
- What would you like to see happen to the person who did this?
- What do you do now when you get mad?
- What scares you now when you think about it?
- Tell me about your dreams? How often? Different than before it happened?
- Has anything happened to you before like this? Since?
- What do you think will happen to you now?
- What would you like to happen?
- What do you dream about doing when you get older?
- Is that different than what you dreamed about before?
- What other things worry you?

You’ve been very brave.

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Defusing Model

Defusing relies on process activities which give younger children the opportunity to tell of the details of their experience in a medium they feel safe using. Drawing and story telling aided by trauma-specific questions provide both the medium and focus needed to help them find relief from the terror of their experience. (We also recommend Helping Children Feel Safe, which provides a variety of activities to help children reestablish a sense of safety and find relief from their fears without actively talking about what happened.)

Space does not permit a detailed discussion of the value and necessity of defusing. The process is based upon extensive field-testing in schools and agency staff. It is part of the foundation supporting several trauma-specific TLC programs: What Color Is Your Hurt? For traumatized pre-schoolers, I Feel Better Now! - a group program for traumatized children 6-12 years old, the Trauma Intervention Program – short-term intervention model for children and adolescents 6-18 years old and for adult, Adults and Parents in Trauma Intervention, and Helping Children Feel Safe.

The differences in cognitive development between younger children and adolescents necessitate more of the process oriented approach. The ability to communicate at the child’s level is essential. Experience working with children in groups will also be beneficial.

Stages

Introduction, Generalization, Specification, Externalization, Summary

The examples used are to provide a framework. Use those words and examples, which are age appropriate, but also cover the themes presented in this outline.

NOTE: When working with younger children, flexibility is critical. Keep in mind that you may need to meet with some younger children several times because their exposure has triggered numerous issues. Helping Children Feel Safe activities can be used immediately with the younger children and may, in some cases, minimize the need for additional debriefing. Remember to begin with the least intrusive. Helping Children Feel Safe is excellent for this reason.
Introduction

This time is to explain to children who you are, why are you there, and what you will be doing, what they will be doing, and how they will be asked to do it. (ground rules)

Hello, our names are ____________ and ____________. We are here because of (event). When these kinds of things happen to us and people we know, all kinds of feelings and thoughts can also happen inside us, which never happened before. Maybe we have bad dreams or feel sad. Maybe we feel mad or afraid, or we just don’t want to think about what happened. You probably have questions about what happened, too.

We have met with other children who had the same kind of thing happen as your school/or special group. They talked with us about what happened, drew pictures and helped us understand how things like this made them think and feel. They told us they felt much better and not so scared afterwards.

We want to know what this has been like for you. Telling us how you feel now because this happened, might help other children who we work with.

We are going to start know. First, we are going to ask you to follow these simple rules:

☐ When you want to say or ask something, raise your hand just like you do for your teacher or group leader.

☐ When one of you is talking, all of us will listen. No one else will start talking or interrupt.

☐ It is okay in here to be sad, cry, be afraid, and talk about what happened. Talking will help all of us feel better. It is not okay to make fun of anyone who is sad, scared or cries. Even ______________ and I are sad about what happened.

Add additional rules if deemed necessary, but keep to a minimum. You can add rules related to activities when you get to that stage.

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**Generalization**

At this point you are to provide a generalized definition and/or description of the nature of the incident followed by questions as to previous experiences the children may have had with 1.) The type of incident that occurred (accident), 2) generalized nature of the incident (violent) or 3) generalized reaction it may have created (really scared).

Example 1: (Accident) What happened to Mrs. Jones was an accident. Accidents do not always kill people. People do not always die from accidents. Some accidents hurt really bad and other accidents are real small and don’t hurt much at all. Some accidents are as small as falling off our bikes or spilling our milk, and others are real big like when a home catches fire and burns down or when someone is in a car and gets hit by another car. Sometimes accidents just happen. It is nobody’s fault. Sometimes people aren’t careful or paying attention and cause accidents to happen. We can’t tell when an accident is going to happen, it just happens real quick. (Words will change depending upon age level of children)

How many of you have had a small or big accident? (Ask for their examples)

“Other than what happened to (incident) how many knows someone who has had a bad accident?” (Ask for their examples).

**NOTE:** It is far easier for children to initially talk and respond to questions about similar types of situations than to begin talking immediately about recent trauma. As they answer just a few of your questions in the initial stage, it helps to release the tension and makes it much easier for them to move directly to talking and asking questions about the specific incident.

Another example for using generalized nature of incident.

Example 2: Murder (typically violent in nature) What happened to __________ was very violent. Violence is what happens when someone gets so mad or so upset they don’t care who they hurt or even kill.

Violent people don’t always kill people, sometimes they just hurt them real bad. Sometimes mean people yell and scream and call people bad names and make them feel real bad. It’s okay to get mad sometimes isn’t it? But it is not okay to be violent and call people bad names or try to hurt people, is it?

In the last week what is the most violent thing you have seen on television or at the movies? (Ask for their examples). How many of you know of someone who had something very violent happen to them? (Ask for their examples).

Example 3: (Reaction; example is fear.) “What happened to (incident) what happened yesterday when (incident) was very scary. Sometimes when scary things happen people get hurt really, really bad or sometimes people don’t get hurt at all. Sometimes we stayed scared for a long time.

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Other than what happened…what is the scariest thing that ever happened to you…someone you know…? (Ask for their examples)

**Specification/Factual**

Once children have shared their experiences related to the generalized components of the incident move directly to the specific incident.

Now it is time to talk about (incident). What have you been told happened? (Get their responses. There is no need to correct misperceptions, false information at this time. It will impede the process of externalization of their fantasies, fears, and reactions. Simply listen and acknowledge by eye contact. Correction of misinformation and fantasies can be done during summarization).

**The phrasing of questions**

Questions at this point will differ based upon their exposure. If they were actual witnesses question will be directed to, “what did you see, hear, or remember happening? If they were not actual witnesses then questions will be directed to, “What do you might know or have you heard about what happened?” (Allow children to respond)

**Factual**

**Questions for Non-Witnesses:**

When you were first told what happened, what did you do? Who did you tell? What did you think? Did you know victim(s) really well?

**Question for Witnesses:**

When this happened what did you see? What did you hear? What did you do? What happened to you? Did you know the victim(s) really well? What do you think about what happened?
Personal

At this time you will be allowing an opportunity for children to express personal reactions. Not all children will have a response that is healthy and is to be normalized that, “Not all of you may be ready to talk about what happened and is okay.”

Questions:
What scares you the most about what happened?
What is the hardest (worst) part of what happened?
How many of you have had bad, scary dreams since this happened?
During the day how many of you see pictures of what happened in you mind?
During the day, how many of you think about the things that happened?

To ask additional questions within the group will make it far too cognitive. Depending upon age level of some children may not have the words to describe their reactions and will not be able to do so unless provided an opportunity to use metaphors, which the next stage provides. In addition, you want to provide each child the opportunity to participate actively. Asking too many questions will prolong the duration of the process beyond a manageable and productive period.

Remember this is not group treatment, but simply an opportunity for them to communicate to us how they have been impacted by the trauma and for us to teach them that what they are experiencing is quite normal given their experience.

Externalization

NOTE: This model is designed as an initial, one-time defusing for young children. However, some children will need more or you may need to engage the original group in several activities to find relief. Not every child will respond to drawing in a way that is helpful to them. There are actually a variety of trauma specific activities that can be used during this stage and/or follow up sessions. We recommend TLC’s program, Helping Children Feel Safe, to engage in a variety of activities for the children. If one activity is not bringing them relief, another one may help them find relief from the terror and anxiety they are experiencing.

At this point you will be asking them to draw. Have 8 ½” x 11” sheets of plain paper and either colored pencils or markers available for everyone. Give each child one sheet of paper: A detailed step-by-step description of this process is found in Structured Sensory Intervention for Traumatized Children, Adolescents and Parents (Steele and Raider, 2001). This textbook is available through TLC, in addition to Children of Trauma: Tools to Help the Helper, a 50 minute video, which demonstrates this process on an individual basis.
Why is drawing effective?
Muteness, non-responsiveness, numbness and detachment are common reactions when interviewing traumatized children, adolescents or even adults. Steele (1997), Hafern and Peterson (1982), Pynoos (1986), Malchiodi (1990), and others concur that trauma produces such severe reactions that it often needs an indirect, yet focused, response to overcome the inability to talk about what happened. Drawing provides this indirect approach, while your questions about their drawings provide the trauma focus.

Drawing:
- Is a psychomotor activity that takes a person from the passive stance of a victim to the stance of a survivor
- Provides a safe, non-threatening vehicle of communication to tell the details of the trauma
- Provides a sense of control and empowerment; as drawings can be changed, erased, or thrown away
- Provides a stimulus for storytelling

Instructions for this drawing activity:
1. I want you to draw a picture of what happened that you can then tell us a story about. You can draw what ever you like.

2. Follow this by giving each child an opportunity to tell the story about their drawing.

3. If they have trouble telling their story, ask questions about the components of their drawing: each person in it, inanimate objects, what is happening, where they are in there drawing, what they are doing, and so on.

   There is no need to offer reflections or normalize at this point. They are externalizing their experience by drawing and by telling their story, as brief or as long as it may be. Once it is “outside” them, it becomes more manageable and less frightening. The process allows movement from the passive stance of victim (helpless) to the active stance of survivor (taking control, participating in their own recovery). It also now makes you a visual witness to its impact on them.

   Once a child has told his story, move to the final stage. If time permits, we suggest the Worry Activity (pages 125&126) also found in all TLC’s intervention program.

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Summary

After each child has completed his story it is time to normalize all the reactions they have experienced – the fear, the hurt, the worry, the sadness, and the anger.

Example

☐ When something like this happens, you sometimes are afraid to go to sleep because you have terrible nightmares.

☐ Sometimes things like this make you worry that something bad will happen to you or someone you really love, even during the day.

☐ Sometimes it makes you really mad. You want to do something bad to the person who did this.

☐ Having nightmares, being worried and mad, is normal after a trauma.

☐ You are not alone. Some of you may have these reactions. It’s okay. What happened was very…

☐ We would like to read you a story…

RECOMMENDATIONS: Working with the younger children can be more difficult than working with adolescents and adults. Younger children do not have the words to describe what happened, are not able to understand as much, and are far more vulnerable because they must rely on the adult world to support them.

It is not always easy to find the words and ways to help younger children reestablish trust and sense of safety, following the impact of a traumatic event. We strongly recommend Brave Bart, the story of a kitten who is traumatized and helped to become a survivor by a neighborhood cat. It contains the metaphors, normalizations, labeling of feelings, and cognitive reframing needed to help younger children move from victim to survivor. Brave Bart, is an excellent tool to use during the summary stage. It will make your efforts far more effective and will reinforce how courageous they have been in the face of terror.

You may need to spend additional sessions and activities related to fear and worry with younger children. The I Feel Better Now program is an eight session program which has been field-tested and is beneficial for children 6-12 years old. What Color Is Your Heart? is designed for the traumatized preschooler.

You will probably want to return for a follow-up session with the group 4-6 weeks after the incident when additional issues can be addressed and you can better evaluate those children.

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who are still struggling beyond the acute stress stage and in need of individual attention and/or trauma-specific group intervention.

Ending the Session

It is important to follow up the summary stage with something fun. You can have refreshments, play a game, we have groups do a mural (3’x4’ sheet of paper, pastels, colored pencils, etc.). Give the children the option of displaying their drawings in the room.

We do not recommend sending drawings home as parents will not understand that the purpose of the drawing was not an artistic one but simply to give children the opportunity to make us a witness to their experience. On the following page is the Worry Activity and several reflective statements.

When finished with “My biggest worry is…” the following reflection can be used to help children be less anxious with their worry.

Reflections:

☐ When it rains it doesn’t rain forever, does it? NO. Worries don’t last forever either.

☐ Some worries seem like there is nothing we can do to change or stop them.

☐ But we can’t do anything to stop the rain either, but it stops, doesn’t it? YES.

☐ And when it rains, don’t we usually find something to do until it stops? Sure we do.

When we have a really big worry, there are things we can do until the worry goes away, too. What kind of things can we do? We can…

When finished, close engaging the children in a fun activity, snacks.

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
My Biggest worry is ________________________________.

This is how big or little my worry is today:
Color the box that best shows how little or big your worry is today.

[Boxes for different levels of worry]

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
Debriefing Model for Adults and Adolescents

**Group Size:**
Eight to ten participants.

**Group Membership:**
Debrief adolescents separate from adults. Debrief agency administrators, managers, and supervisors separate from line staff. Debrief crisis team members, including administrators of team separately from other staff. (The exception is schools, as detailed earlier.)

**Session Length:**
Recommend maximum two hour duration.

**Resource Materials:**
Name tags, felt marker, Kleenex, hand outs and reference materials.

**Location:**
In house but in an area not to be utilized by others during the session.

**Room Set up:**
Debriefing can be conducted around a table or in a circle without a table. One is not more beneficial than the other.

**Seating Arrangement:**
Debriefers are to sit among participants rather than together so as to minimize an “Us – Them” perception.

**Special Considerations:**
Coffee, tea, pop, water is permissible.
Phone needs to be disconnected or the ringer turned off.
Beeper are to be put on vibration and/or turned off.
It is understood that no one is to have access to the participants except for extreme emergency. Back up personnel can assist unless the emergency is one of a personal issue for the participant.

**Administrative Responsibility:**
The Chief Administrator and/or designee must be present at the facility and immediately accessible during the debriefing process and following the process. The administrator’s presence is necessary for three reasons: 1) A participant leaves during the session because it has become too difficult; 2) problems arise which need immediate resolution; 3) requests for additional support and resources are made which can only be addressed by the administrator. (It is not the role of the debriefer to engage in problem solving system or personal issues.)

**Number of Debriefers:**
Three debriefers are recommended – one to lead each of the three stages of this model.

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Debriefing Stages

☐ Introductory Story Stage
This stage includes the introduction by the leader of the debriefers, the goals of debriefing, an orientation to its process, the ground rules, details of the participant’s exposure to the incident and their cognitive reactions to it.

☐ Personal Reaction Stage
This stage includes the sharing of physical and emotional reactions experienced at the time of the incident up to this point in the session.

☐ Summary Stage
This stage includes a review of information shared, normalization of reactions, education as to what additional reactions and issues may yet emerge, identification of problems specific to the response of others and/or need for additional support and resources, review of ways to care for self including referral information.

☐ Stage Assignment
Prior to beginning the session, one debriefer experienced in crisis intervention, must be assigned the role of following and intervening with any participant who leaves the session prematurely. A leader of the debriefing team must be determined and is responsible for consulting with the designated person administratively responsible for attending participants. The consultation involves site arrangement, participant back up coverage, supporting non-access to participants, faculty response to participant requests for possible additional support and/or need for immediate resolution of a problem area, the securing of incident detail which is then provided other debriefers prior to initiating the session.

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
The Script

Introductory Story Stage

The statements and questions detailed for each stage have been field-tested for clarity and for their ability to assist participants in the reconstruction of the information specific to the incident, the externalization of specific trauma reactions and the presentation of information critical to healing.

**NOTE:** For your convenience the following script is laid out so you can copy it and cut and paste it on 5” x 8” index cards. It may make it easier to use in this form.

The narrative portions may be adjusted to fit your style but must clearly communicate the intended message. **Do not alter the questions.** Altering the questions will minimize their impact, over generalize the focus and lead to responses not specific to posttraumatic stress reactions.

**To Start**

Have participants take their seats. Arrange yourselves among participants. Complete name tags if not already completed. The leader of the debriefing teams begins.

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
Introduction
It is unfortunate that such a traumatic incident had brought us together. I’m sorry you have had to experience such a difficult thing.

Team Member Introductions
My name is ___________. These are my colleagues ________ and ________. (You may provide a very brief statement about your experiences with debriefing.

☐ We have been asked to meet with you to give you some information about trauma and all its possible reactions which are very likely new for you, but very normal reactions following these kinds of situations. We are here to pass on to you what others have experienced following similar events.

☐ We are also here to help you describe your experiences to one another. Even though some of you may not want to be here right now, we think you’ll find that this will help you with what you have experienced, and help you see that you are probably sharing some similar reactions.

☐ This is not about how well you responded. It is about looking at all the kinds of reactions you are experiencing and may yet experience in the weeks to come. There is no right or wrong reaction. This is not about blaming; about what was done right or wrong. It is about learning what you need to know about trauma that can help you to recover.

This session must be confidential. This means no one is to talk to anyone about anything that is said here today. You may tell others of your reactions but not what others talk about today. Do we all agree?

☐ We will start by asking you about your relationship to ___________ (or what happened). Each of you will have an opportunity to respond as we go around the group. You may pass on a question but we will come back to you later. We will go in the same order for each question. After spending time on factual information and details, we will look at personal reactions. The last stage is the summary stage where we will give you some information, ways to help yourself. We will also give you the opportunity to talk a little about what you have heard, make some recommendations as to what might be helpful for you in your workplace and to ask us questions.

☐ Listening to what another has to say will be very helpful to healing and feeling better. We must ask that you not interrupt while one of the other participants is talking. Initially you will have many personal reactions that will cause you to want to say things in response to what you hear. What you feel is important. We will talk about personal reactions later in the meeting but until we get to that part we want to be talking about factual information.

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You may notice that we have index cards. As you begin to tell your stories you will be making us, in a way, witnesses. It is sometimes difficult for us to listen to the details of such tragic situations. It is not easy for anyone. These cards list the questions we want to ask you so we can make sure we cover all the critical issues and give you the best help possible.

Also __________ will be taking some notes to help when we get to the point where we give a review and summary of all we have learned. There will be a lot said and we want to be sure to capture as much as we can. No records will be kept, but if taking notes is a problem, just let us know and we’ll put the note pad away. When finished, we will rip up our notes.

Just one last issue. If you have beepers/phones, could you please turn them off or place them on silent mode. Back up staff have been assigned to cover for you, so there is no reason for interruption during this meeting. Is everyone okay with that…

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The questioning begins now.
Let us begin with the factual information and details.

1. First can you please tell us who you are and what your relationship is to __________ (victim). Allow each one to answer in order then continue.

2. Where were you when this happened or when you first found out and what did you do?

3. What stands out most in your mind as to what you might have seen, or heard when you arrived or when you first found out about it?

4. Are there details about what happened that you have heard since it happened, other than what others here have told us?

5. Was there anything that others have said that was supposed to happen but you know did not happen?

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Okay. Let me shift focus.

6. What was the first thought you can recall having at the time it happened, or when you first found out about it?

7. As you think about it now, what one thought stands out the most in your mind?

8. Of all the thoughts you had, the things you did, or the reactions you experienced, which one thought or reaction are you most surprised you even had? (What surprised you the most about you?)

9. Was there anything you thought you wished you would have done or said differently?

10. Is there anything you did that left you second guessing yourself or not quite sure you handled as effectively as you could have with some preparation?

11. If something similar were to happen again how do you think you might react differently?

Thank you. At this point, I’m going to let _______ continue.

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**Personal Reaction Stage**

We are going to look at personal reactions now. Let me ask:

1. What was the worst moment for you?

2. Where did you feel the hurt or the fear the most in your body/?

3. What scared you the most then?

4. What scares you now?

5. What reactions are you having that might be afraid to let others know about because you think these reactions are not normal?

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6. What other reactions are you having that are new to you, persistent, seem strange, or are worrisome to you? Are there any traumatic dreams, flashbacks, intrusive thoughts, etc.?

7. What worries you now that did not worry you before?

8. Is there anything you think might have been done that wasn’t done or was done that didn’t need to be done?

9. How has this incident changed your view of your life right now?

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Summary Signs

Well, we are now at the final stage (debriefer can refer to notes). I am going to turn it over to _____________.

Let me first summarize the main issues that came up today.

1. Normalize the reactions they identified during the session… “The reactions you described are not all unusual…feeling responsible, having dreams, being easily startled, wanting it to be over, (be sure to address shame as common reaction), etc.”

2. Prepare them for ongoing reactions by using the handout… “Do not be surprised if weeks, even months, from now you experience…”

3. Use the additional handout to encourage them to take very good care of themselves physically.

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4. Discuss the fact that current reactions may continue or new reactions may yet emerge. This is normal during the first four weeks or so. Encourage them to call for assistance, however, if the reactions go beyond 4-8 weeks or are causing them to perform or function poorly. **(Important exception:** Reactions may extend beyond the four week acute stress period when a person is involved in disasters or other external events where physical reminders cannot be avoided. The same may occur when the details of an incident are kept alive in the media for an extended period of time. Such events often necessitate follow-up debriefing sessions.)

5. Ask: “Do you have any final questions?” Also ask: “What at this point in time might help you get through the next several days?”

**NOTE:** If such suggestions are forthcoming or problems related to management arise, ask if you might have a minute before they leave to talk with the administrator. Have the administrator sit with them briefly to decide what things can be done immediately and what will take more time to implement. **Do this following your closure.**

6. *(Closure)* Thank you very much…I know how difficult it can be to revisit such a traumatic incident, but I think you’ll find this will be helpful to you. You have our phone numbers. Please call anytime. (If you know you will be returning in four weeks for a follow up session, notify the group)

* Mingle for a few minutes after to answer personal questions and/or discreetly recommend to a participant that additional assistance might be helpful.

* Remember: Do not get into your car and drive away immediately. Wait at least 15 minutes before leaving. Talk with the other debriefers, take a short walk, and take some deep breaths before starting back home.

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When to Call for Help

Should you experience any of these reactions beyond the initial four week period following the incident, please call us immediately.

The traumatic event is persistently reexperienced in at least one of the following ways:

☐ Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

☐ Recurrent distressing dreams of the event.

☐ Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated).

☐ Intense psychological distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event. (Fear, anxiety and anger are possible examples.)

☐ Physiological reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. (Nausea, difficulty breathing and faintness are a few examples.)

Numbing and Avoidance

Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma).

☐ Efforts to avoid thoughts, feelings, or conversations associated with the trauma.

☐ Efforts to avoid activities, places, or people that arouse recollections of the trauma.

☐ Inability to recall an important aspect of the trauma.

☐ Markedly diminished interest or participation in significant activities.

☐ Feeling of detachment or estrangement from others.

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
Taking Care of Yourself

- It is very important to your recovery to get enough rest, especially the first 4 – 6 weeks following the trauma.

  - If you cannot sleep at night, take “cat” naps of 15 minutes – ½ hour during the day.

  - If waking up during the night because of traumatic dreams, know they will pass in time. Do what comforts you. Read a good book until you become sleepy again. Snack, watch television, listen to music, write, do some housework. Remember, this will be a temporary change.

- Exercise of some kind is important to help relieve you of the tension that traumatic experiences create. Even if you have not been exercising, go for a short walk. Walk the dog an extra time. Do housework or add a few minutes to your usual exercise routine.

- Avoid too much caffeine, alcohol, or other stimulants. Do not self medicate.

  NOTE: if you are having difficulties with relaxing or sleeping following the trauma, then call for a temporary prescription to help you sleep but if this persists beyond 4-6 weeks consult with a trauma specialist immediately.

- Pull back on making a commitment to additional responsibilities for the first four weeks. The tendency for some is to take on additional responsibilities thinking it will help them forget. In reality, it frequently drains them of energy, delays the healing process and intensifies future reactions when they finally emerge.

- Be protective and nurturing of yourself. It’s okay to want to be by yourself, or just stay around home with the family. Eat whatever your comfort foods are, as frequently as you need. Let family, friends know that they can best help by taking care of themselves over the next several days while you do what helps you feel a bit better.

- Expect during the 4 – 6 weeks following the event that new memories of and reactions to your experience are likely to emerge. This does not mean things are getting worse. Generally, these newer memories and reactions mean you are, in fact, feeling more protected, safer, and rested enough to now deal with them.

- Understand that your trauma reactions need to be expressed and experienced by you in order for you to heal. Kids, for example, go to the same horror movie, like *Nightmare On Elm Street*, four, five, six times, so they can master their fear, the terror they experience when seeing the movie for the first time.

- Traumatic dreams, intrusive thoughts, images and other trauma-specific reactions repeat themselves in much the same way. In most cases, they will become less upsetting and frightening to you and, after 4 – 6 weeks occur less and less frequently.

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If any trauma reaction continues beyond six weeks from when the trauma occurred, you really do need to talk with a trauma consultant. If you do not, such reactions can become chronic as well as create additional problems for you.

We all have different reactions. What scares you may not scare someone else. If you are experiencing reactions after the six week period, it does not mean something is terribly wrong with you. It means your past experiences are such that they just don’t know how to respond to what happened. Generally, talking to a trauma specialist a few times will resolve the problem.

A traumatic experience can, however, terrorize the strongest and healthiest. It can induce such terror that our lives become disorganized or disoriented. We become someone strange or act in ways we have never acted before. This can panic us.

Trauma is not an experience we want to keep to ourselves. It is, in fact, an experience we want to resolve as quickly as possible. Do not hesitate to consult with a trauma specialist when your reactions are overwhelming or interfere with normal functioning. The specialist can help you sort out which reactions are normal and can help you prepare for possible future reactions.

Finally, traumatic experiences tend to change the way we look at life, our behaviors, activities, relationships and our future. Expect in the weeks to come to see the world differently, your friends, loved ones, work relationships. In time, you will redefine what you want for yourself.

The first 4 – 6 weeks therefore is not a time to be making any major decisions. Put what you can on hold. During recovery from a trauma everything is a bit distorted. You want to wait whenever possible to deal with major decisions until after you have had time (4 – 6 weeks) to reorder your life and feel stable once again.

Should you need further assistance call the National Institute for Trauma and Loss in Children (TLC) at (313) 885-0390.

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org
D. TRAUMA INTERVENTION – FOURTH LEVEL

The final level in intervention is reviewed for those who at six-eight weeks, six months or later following the trauma are continuing to have trauma-specific reactions.

Perry (2000) has clearly documented how trauma impacts learning function. Mentioned earlier was the inability to process verbal information and the arousal state which can weaken the ability to attend, focus, retain, and recall all critical learning functions. From a learning perspective, therefore, trauma intervention becomes a necessity. The National Institute for Trauma and Loss in Children (TLC) developed, field-tested, and researched school-based trauma-specific intervention programs for children and adolescents three through eighteen years of age. Intervention also exists for the parents of traumatized children.

The intervention programs making up TLC’s Structured Sensory Intervention for Traumatized Children, Adolescents, and Parents (SITCAP) program consist of four separate intervention programs designed for different age levels. What Color is Your Hurt? (3-6 years old), I Feel Better Now! (group program for 6-12-year-olds), Trauma Response Intervention (individual program for 6-12-year-olds; 13-18-year-olds), Adults and Parents in Trauma: Learning to Survive. These programs are 8-10 sessions with each session 30-50 minutes in duration. The attention of pre-school aged children varies from fifteen to twenty-five minutes. It therefore takes ten sessions to cover the major themes of trauma for that age group. Children, adolescents, and adult/parent intervention involves eight structured sessions which address the major themes of trauma in a sequential manner. Activities vary to some degree with different age levels, but the primary intervention processes and focus on major trauma sensations and themes are used with all age levels.

William Steele, The Institute for Trauma and Loss in Children (TLC): www.tlcinstitute.org