

## Chapter 5

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# Low-Impact Debriefing: How to Stop Sliming Each Other

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Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

—Karen Saakvitne and Laurie Anne Pearlman

*Transforming the Pain*, p. 49

In this chapter, you are invited to:

- Read the following article and discuss it with your supervision group and/or work colleagues
- See whether there are ways for you to use Low-Impact Debriefing in your personal and professional life

### After a Difficult Session ...

Are you debriefing *all over* your colleagues? Do your colleagues share graphic details of their days with you?

Can you still properly debrief if you don't give all the graphic details of the trauma story you have just heard from a client? Would you like to have a strategy to gently prevent your colleagues from telling you too much information about their trauma exposure?

When helpers hear and see difficult things in the course of their work, the most normal reaction in the world is to want to debrief with someone, to alleviate a little bit of the burden that they are carrying. It is healthy to turn to others for support and validation. One problem is that we are often not doing it properly. Another problem is that colleagues don't always ask us for permission before debriefing their stories with us.<sup>1</sup>

### **RESPECTING PATIENT AND CLIENT CONFIDENTIALITY**

In some helping professions, patients and clients must sign a consent form indicating whether you have permission to discuss their clinical issues or any content of their file before you discuss their particular case with anyone else. Clients can also clearly specify with whom you are allowed to discuss their case. Respecting client confidentiality is paramount. Even if you have consent, make sure that you are not releasing identifying information unnecessarily. If you live in a small community, it can sometimes be very easy for your colleagues to identify the client you are speaking of. Ask yourself: "how much information do I need to share in order to debrief? Is it really necessary to mention the client's name in this instance, or his occupation?" Taking these extra steps will protect your clients' paramount right to privacy and confidentiality.

## **Two Kinds of Debriefing**

Many helpers acknowledge that they occasionally share sordid and sometimes graphic details of the difficult stories they have heard with one another in formal and less formal debriefing situations. Debriefing is an important part of the work that we do: it is a natural and important process in dealing with disturbing material.

There are two kinds of debriefing that occur among helpers: (1) the informal debriefing, which often takes place in a rather ad hoc manner, whether it be in a colleague's office at the end of a long day, in the staff lunchroom, in the police cruiser, or during the drive home; and (2) the debriefing that is a more formal process and is normally scheduled ahead of time and referred to as peer consultations, supervision, or critical incident stress debriefing.

Part of the problem with formal debriefing or scheduled peer supervision is the lack of immediacy. When a helper has heard something disturbing during a clinical day, they usually need to talk about it to someone then and there or at least during the same day. I used to work at an agency where peer supervision took place once a month. Given that I was working as a crisis counselor, I almost never made use of this time for debriefing (or much of anything else) because my work was very live and immediate. A month was a lifetime for the crises I witnessed. This is one of the main reasons why helpers take part in informal debriefing instead. They grab the closest trusted colleague and unload on them.

A second problem for some of us is the lack of satisfactory supervision. If I administered a satisfaction scale right after you left your supervisor's office, I am sure that you would be able to give me a rating on how useful that process was for you. Sadly, for many helpers, the score they would give their supervisor is often rather low for a variety of reasons (having insufficient time, skill level of the supervisor, the quality of your relationship with them, trust, etc.).

## Are You Being Slimed During Informal Debriefs?

The main problem with informal debriefs is that the listener, the recipient of the traumatic details, rarely has a choice in receiving this information. Therefore, they are being *slimed* rather than taking part in a debriefing process. Therein lies the problem and the solution.

## Contagion

Sharing graphic details of trauma stories can actually spread vicarious trauma to other helpers and perpetuate a climate of cynicism and hopelessness in the workplace. Helpers often admit that they don't always think of the secondary trauma they may be unwittingly causing the recipient of their stories. Some helpers (particularly trauma workers, police, and fire and ambulance workers) tell me this is a "normal" part of their work and that they are desensitized to it, but the data on vicarious trauma (VT) show otherwise.

## Four Key Strategies to Avoid Retraumatizing Our Colleagues and Loved Ones

In their book *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy With Incest Survivors*, Laurie Anne Pearlman and Karen Saakvitne put forward the concept of "limited disclosure," which is a strategy to mitigate the contamination of helpers informally debriefing one another during the normal course of a day.<sup>2</sup>

I have had the opportunity to present this strategy to hundreds of helping professionals over the past decade, and the response has been overwhelmingly positive. Almost all helpers acknowledge that they have, in the past, knowingly and unknowingly traumatized their colleagues, friends, and families with stories that were probably unnecessarily graphic. Over time, we started referring to the strategy of limited disclosure as low-impact disclosure (LID) or low-impact debriefing. What exactly does LID look like?

Think of the traumatic stories you hear in your work as being contained behind a tap. I invite you to decide, via the process described below, how much information you will release and at what pace.

Let's walk through the process of the LID strategy. It involves four key steps: self-awareness, fair warning, consent, and low-impact debriefing.

### ***Increased Self Awareness***

How do you debrief when you have heard or seen hard things?

Take a survey of a typical workweek and note all of the ways in which you formally and informally debrief with your colleagues. Note the amount of detail you provide them with (and the amount of detail they share with you), and the manner in which this is done: do you do it in a formal way, at a peer supervision meeting, or by the water cooler? What is most helpful to you in dealing with difficult stories?

### ***Fair Warning***

Before you tell anyone a difficult story, you must give them fair warning. This is the key difference between formal debriefs and ad hoc ones: If I am your supervisor and I know that you are coming to tell me a traumatic story, I will be prepared to hear this information and it will be less traumatic for me to hear.<sup>3</sup> If I am casually chatting with a colleague about their weekend plans and you barge in and tell us graphic details of a sexual abuse story you just heard, we will be more negatively impacted by the details. In fact, we use fair warning in everyday life: If you had to call your sister and tell her that your uncle has passed away, you would likely start the phone call with “I have some bad news” or “You’d better sit down.” This allows the listener to brace themselves to hear the story.

### ***Consent***

After you have given warning to the listener, you need to ask for consent. This can be as simple as saying, “I need to debrief something with you; is this a good time?” or “I heard something really hard today, and I could really use a debrief; could I talk to you about it?” The listener then has a chance to decline or to qualify what they are able and ready to hear. For example, if you are my work colleague, I may say to you: “I have 15 minutes and I can hear some of your story, but would you be able to tell me what happened without any of the gory details?” or “Is this about children [or whatever your trigger is]? If it’s about children, I’m probably the wrong person to talk to; but otherwise I’m fine to hear it.”

### ***Limited Disclosure***

Now that you have received consent from your colleague, you can decide how much of the tap to turn on. I suggest imagining that you are telling the story starting on the outer circle of the story (i.e., the least traumatic information) and slowly moving in toward the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

### QUESTIONS TO ASK YOURSELF BEFORE YOU SHARE GRAPHIC DETAILS

Is this conversation a:

- Debriefing?
- Case consultation?
- Fireside chat?
- Work lunch?
- Parking lot catch-up?
- Children's soccer game (Sadly, I have seen this.)
- Christmas party?
- Pillow talk?
- Other ...

Is the listener:

- Aware that you are about to share graphic details?
- Able to control the flow of what you are about to share with them?

If it is a case consultation or a debriefing:

- Has the listener been informed that it is a debriefing, or are you sitting in their office chatting about your day?
- Have you given them fair warning?

### How Much Detail Is Enough? How Much Is Too Much?

Are you participating in a staff meeting or a case conference? Is sharing the graphic details necessary to the discussion? Sometimes it is, but often it is not. For example, when discussing a child being removed from the home, you may need to say, "the child suffered severe neglect and some physical abuse at the hands of his mother," and that may be enough, or you may in certain instances need to give more detail for the purpose of the clinical discussion. Don't assume you need to disclose all the details right away.

I would recommend applying this approach to all conversations you have. Ask yourself: Is this too much trauma information to share?

Low-impact debriefing is a simple and easy VT protection strategy. It aims to sensitize helpers to the impact that sharing graphic details can have on themselves and on their colleagues.

### **SOME ADDITIONAL SUGGESTIONS**

- Experiment with low-impact debriefing and see whether you can still feel properly debriefed without giving all the gory details. You may find that at times you do need to disclose all the information; this is often an important process in staying healthy as helpers. At other times, however, you may find that you did not need to disclose all the details.
- Organize an educational session followed by a discussion at your workplace about the concept of low-impact debriefing.

### **MAKING IT PERSONAL HOMEWORK**

Consider bringing this chapter on low-impact debriefing to work and discussing it with your colleagues. Failing that, discuss it with your peer support group. How might low-impact debriefing be received in your respective places of work? Could you identify two or three colleagues who might be willing to adopt LID?

If you wish to provide your colleagues with more information, you can download and print copies of an article that outlines the steps to LID by visiting my Web site: <http://compassionfatigue.ca/category/resources/articles-to-download/>

## **What to Expect**

Like any other boundary-setting, not everyone will welcome this strategy. All those of you who are social workers, psychologists, and mental health counselors, return to your Family Therapy 101 course. Remember what Minuchin and his friends said about family systems? That systems like status quo and that most systems are highly resistant to change, even if this change is for the better in the long term. The same applies to this new strategy. Expect some resistance among your co-workers, but don't give up.

## **Endnotes**

1. Mathieu, F. (2008). Adapted from a post on my blog <http://compassionfatigue.ca/low-impact-debriefing-how-to-stop-sliming-each-other/>
2. Pearlman, L.A., & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: W.W. Norton.
3. Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York: W.W. Norton.