

Chapter 4

CRITICAL INCIDENT STRESS DEBRIEFING

(Powerful Event Group Support)

At the time this Training Guide was rewritten, the International Critical Incident Stress Foundation (ICISF) had recently been endorsed by the United Nations and asked to develop common international language which will be used for previously known tools used in Critical Incident Stress Management (CISM). Two changes to the terminology include Powerful Event Group Support (PEGS) which replaces what was commonly and formerly referred to as CISD (Critical Incident Stress Debriefing) and Immediate Small Group Support (ISGS) which replaces what was commonly and formerly referred to as Defusing. This manual will be updated for these changes during the next rewrite, however, it should be noted that it will likely take several years for this change to be realized at the local levels where CISM defusings and debriefings are currently being conducted.

Debriefing is a specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing allows those involved with the incident to process the event and reflect on its impact.

"Caught off guard and "numb" from the impact of a critical incident, individuals and communities are often ill-equipped to handle the chaos of such a catastrophic situation. Consequently, survivors often struggle to regain control of their lives as friends, family, and loved ones may be unaccounted for or are found critically injured, lay dying or are already dead. Additionally, the countless others who have been traumatized by the critical event may eventually need professional attention and care for weeks, months and possibly years to come. The final extent of any traumatic situation may never be known or realistically estimated in terms of trauma, loss and grief. In the aftermath of any critical incident, psychological reactions are quite common and are fairly predictable. Critical Incident Stress Debriefing (CISD) can be a valuable tool following a traumatic event."¹

WHAT IS A CRITICAL INCIDENT?

A "critical incident" is any event that has significant emotional power to overwhelm usual coping methods. These include a sudden death in the line of duty, serious injury from a shooting, a physical or psychological threat to the safety or well being of an individual or community regardless of the type of incident. Moreover, a critical incident can involve any situation or events faced by emergency or public safety personnel (responders) or individual that causes a distressing, dramatic or profound change or disruption in their physical (physiological) or psychological functioning. There are oftentimes, unusually strong emotions attached to the event which have the potential to interfere with that person's ability to function either at the crisis scene or away from it

Symptoms of Critical Incident Stress

¹ Joseph A. Davis, Ph.D., *Providing Critical Incident Stress Debriefing (CISD) to Individuals and Communities*. © 1998 by The American Academy of Experts in Traumatic Stress, Inc. Used by permission.

Critical incidents produce characteristic sets of psychological and physiological reactions or symptoms (thus the term syndrome) in all people, including emergency service personnel. Typical symptoms of Critical Incident Stress include:

- Restlessness
- Irritability
- Excessive Fatigue
- Sleep Disturbances
- Anxiety
- Startle Reactions
- Depression
- Moodiness
- Muscle Tremors
- Difficulties Concentrating
- Nightmares
- Vomiting
- Diarrhea
- Suspiciousness

The physical and emotional symptoms, which develop as part of a stress response, are normal but have the potential to become dangerous to the responder if symptoms become prolonged. Researchers have also concluded that future incidents (even those that are more “normal”) can be enough to trigger a stress response. Prolonged stress saps energy and leaves the person vulnerable to illness. Under certain conditions, they may have the potential for life-long after effects. They are especially destructive when a person denies their presence or misinterprets the stress responses as something going wrong with him.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

Critical Incident Stress Management (CISM) is a comprehensive, integrated, systematic, and multi-component approach to managing traumatic events.² Four group tools used in CISM are identified by the chart on the following page.

The following is a brief description of the four tools used in group CISM:

1. Demobilization – a one time (end of shift/end of deployment), large group information process usually used for emergency services, military or other operational staff who have been exposed to a significant traumatic event such as a disaster or terrorist event.

² Mitchell, PhD, Jeffrey T. *Critical Incident Stress Management (CISM) Group Crisis Intervention*. 4th Edition. © 2006 by the International Critical Incident Stress Foundation, Inc. Note: The information presented on CISM in this training guide is taken from several sources written by Jeffrey T. Mitchell, PhD, including *When Disaster Strikes* and *Critical Incident Stress Management (CISM), Group Intervention*. Reprinted here by permission.

Caution must be given to individuals who have never been formally trained in CISM. It is important to note that the information presented in this manual is for the purpose of introducing/educating the reader at a very minimal level. We encourage any reader who is working with first responders, or the local community, affected by a traumatic event, to obtain formalized training in CISM. Good intentions of untrained individuals can cause more harm than if you were to simply comfort them and do nothing else.

2. Crisis Management Briefings – this is a structured “town meeting” style focusing on large community or organizational groups. It is designed to provide information about the incident, control rumors, educate about symptoms of distress, inform about basic stress management, and identify resources available for continued support, if desired. This may be especially useful in response to community violence / terrorism and can be tailored to smaller group applications.
3. Defusing – is a shortened version of the debriefing (3 phases) focused on small homogeneous groups within 8 hours of the conclusion of an event. If a delay beyond 8 hours occurs, it is best not to defuse but plan for a debriefing. It is best to provide separate defusing for each homogeneous group involved in the event.
4. Debriefing – a structured GROUP discussion concerning the critical incident which follows a CISD structure of 7 phases. Common ground rules of a CISD include:
 - A. Voluntary participation
 - B. No note taking or recording devices
 - C. Not used as an operational critique or investigation of events
 - D. Not a “blame” session

Type	Demobilization	Crisis Mgmt Briefing (CMB)	Defusing	Debriefing (CISD)
When	After Shift	Anytime post-crisis	Within 12 hours	24 hours – 10 days*
Who	Large number of responders	Organizations, Communities, Schools	Small Groups	Small Groups
Format	Passive – Information and rest if the focus	Semi-Active – Info plus short Q&A, Resources	Active, Loosely guided. Three stages	Very Active – Structured team, guided discussion through seven stages
Leader	Peer, Chaplain, or Mental Health Professional	Peer, Chaplain, and/or Mental Health Professional	Peer, Chaplain, or Mental Health Professional	Trained Leader and one Mental Health Professional
Length	½ hour	1 – 1 ½ hour	20-45 minutes	1 ½ - 3 hours
Follow-Up**	CISD	Assess need for CISD	Assess need for CISD	Closure or referral

*Debriefings for disasters may not be appropriate until 2-4 weeks (and sometimes longer) following the disaster.

**During any CISM, the team members should be watching for individuals who might need 1:1 follow-up or referral for additional support.

Formal Critical Incident Stress Debriefing (CISD)

The formal Debriefing is a psychological and educational Support Group discussion that utilizes specially trained individuals, mental-health professionals, and peer support personnel. The

main objectives of a debriefing is to mitigate the impact of a critical incident and assist the personnel involved in returning to routine functions after the incident. Events that require a Critical Incident Stress Debriefing include:

- Line of Duty Deaths (LODD)
- Serious Line of Duty injuries
- Emergency workers suicide
- Disasters
- Unusually tragic deaths of children
- Significant events where the victims are relatives or friends of emergency personnel.
- Events that attract excessive medial attention.
- Events that seriously threaten the lives of the responders
- Any event that has significant emotional power to overwhelm usual coping mechanisms.

Because overuse of CISDs dilutes their effectiveness, they are reserved for only those events that overwhelm the usual coping methods of emergency personnel. Before a debriefing is held, all of the coordination associated with the debriefing is done, including the announcement to those involved and the setup of the room.

In the majority of cases, a formal CISD is generally not organized for the first 24 hours because the responders are still too worked up to be able to deal appropriately with an in-depth group discussion of the incident, especially as it relates to their inner feelings. They are trained to suppress emotional reactions during and for a brief time after an incident. Natural feelings of denial and avoidance predominate during the first 24 hours. However, the one-day time limit is only a guide. In some situations it may be desirable to conduct a formal CISD earlier than 24 hours.

Often emergency personnel attempt to intellectualize about the incident, and they run it through their minds over and over as they try to make sure that they handled their part correctly. Several hours after the incident their cognitive activities decrease and fairly intense feelings may then come to the surface. This is the time for a CISD.

Ideally, the formal CISD should be mandatory for all personnel involved in the scene. At times a joint debriefing between police, fire and EMS personnel is extremely beneficial. The tone must be positive and understanding. Everyone has feelings which need to be shared and accepted. The main rules are - no one critiques or criticizes another participant and all listen to what was, or is, going on inside each other.

Research on the effectiveness of applied critical incident debriefing techniques has demonstrated that individuals who are provided CISD within a 24-72 hour period after the initial critical incident experience less short-term and long-term crisis reactions or psychological trauma. Subsequently, emergency service workers, rescue workers, police and fire personnel as well as the trauma survivors themselves who do not receive CISD, are at greater risk of developing many of the clinical symptoms mentioned in this chapter.

Who serves on a CISD Team?

During the past two decades, mental-health professionals have gradually become aware of the stresses that negatively affect emergency personnel. As a result of this increased awareness, several *general classifications* of mental-health professionals have developed interests in emergency workers. For example:

The "entrepreneurs" who see emergency personnel as just another business deal. They generally have little understanding of the population they serve and make no special provisions for the emergency worker. A main concern is to cultivate a positive impression with administrators so they have the best potential to develop a lucrative contract.

The "glory seekers" they are nowhere to be found unless an event that attracts the media occurs. They suddenly appear as "experts" and lap up as much exposure as possible during the incident, then quickly fade away when the excitement dies down.

The "number crunchers" that do not see genuine research as a tool to help emergency service workers, but instead as a way to complete a degree, get published or draw attention to themselves. They usually appear suddenly, demand a lot of survey data from emergency workers, and disappear without a trace of feedback to those who have spent their time working on the surveys.

The "well-meaning but unknowing" who have not taken time to learn that emergency personnel are normal people reacting to abnormal events. They use non-directive or "psychiatric" interventions on emergency people which will not work. They are generally clumsy in their approach to emergency response personnel and unable to establish a connection because they failed to learn about their special personalities and needs.

The "dedicated and trained" professional who understands the unique personalities of emergency personnel and the special jobs they perform. **They take the time to go through special training**, read about emergency personnel and ride along with them on calls. They keep a low profile, are not primarily motivated by money and perform careful research that aims at bettering emergency workers. Most emergency personnel have encountered these types of mental-health professionals in the course of their career. They will agree that the dedicated and trained type is the very best for service on a critical incident stress debriefing (CISD) team and that the wrong type of mental-health professional is usually worse than no help at all!

It is important to note that the Chaplain's role is not that of a mental health professional. When a CISD team is put together, it is always advisable to request a mental-health professional trained in CISM to serve on the team. Chaplains fill a much needed role assisting responders of traumatic events, however no Chaplain should advise or counsel in the area of mental health unless they are trained/qualified counselors (formal training recognized by the state in which they operate) but should refer the individual(s) to their Employee Assistance Program (EAP), Peer Support Group or a Mental Health Professional trained in CISM.

Conducting a CISD

The following outline bullet points the important things to think about as you prepare for a formal debriefing. This section is not intended to be a "teaching" chapter, as only trained individuals should initiate a CISD. The goal of a debriefing is to help normal people deal with abnormal situations. Untrained individuals, though well-intended, can cause more harm than good if they

do not understand the reasons behind the methods and steps involved in a Critical Incident Stress Debriefing.

Preliminary/Prep Work

1. Facilitator
 - A. Someone trained in CISM.
 - B. Good people skills, ability to read the room and know how to keep the process moving forward.
 - C. More skilled facilitators may be required for incidents that are particularly intense.
2. Time Frame
 - A. Optimally within 24-48 hours
 - B. Effectiveness diminishes when the time between the incident and CISD is offered. There is minimal effectiveness after six weeks.
3. Ground Rules
 - A. Absolute confidentiality
 - B. Only people impacted by the traumatic event. No management or supervisory staff should be present. If a supervisory person was part of the traumatic event, consideration should be given to conducting an individual CISD as oppose to a group CISD. In some cases, they might be included – but this should be the exception, not the norm. (my wording and perception stated here)
 - C. No comments or criticisms regarding other's feelings or reactions (this is not the time to assess performance – its about what did happen and how they felt about it)
 - D. Positive, supportive, understanding atmosphere, based on concern
 - E. Active listening
 - F. Providing Structure
4. Establish Guidelines for expected of all participants
 - A. Clarify reason for the Debriefing (if you are the Facilitator)
 - B. Identify the event or time period the group will be discussing. Example, if PCLEC conducted a debriefing with the first responders on the Roseville helicopter accident, the facilitator would instruct that the debriefing would focus on the first phase of the event (for example) – not on day two or day three of the event. Therefore only those who had responded within the first phase would be present at the debriefing. For group debriefings, assure the group that each person involved will have an opportunity to “tell their story”. Reassure the group that each person's viewpoint and contribution is important.
 - i. Each person speaks for them selves, no “I heard so-and-so say, “bla, bla, bla”.
 - Keep things in the first person.
 - ii. Important that each person talk about the crisis event.
 - C. Location
 - i. Private
 - ii. Comfortable
 - D. Systematic Approach (as outlined in the formal CISM training)

The CISD Structure

Once the debriefing begins, it follows a carefully designed structure that progresses through seven phases and provides important stress-reduction information. While participants are not required to speak, they are encouraged to discuss various aspects of the incident that distressed them. The whole process usually takes two to three hours to complete.

During the debriefing, personnel should not be required to respond to calls; others in the system need to fill in for them. Also, only those involved in the incident should attend, including command officers. If the critical incident affected various types of emergency personnel at the scene, a joint multi-agency debriefing is often held. It is important then to pick peer-support personnel from each of the agencies for the CISD team. If an incident involves only law enforcement personnel, it is important to choose law enforcement peers since law enforcement are more likely to trust fellow officers. The same concept holds true for other agency personnel.

Phase 1: Introduction Phase

The CISD begins with an introduction from the CISD team members at which point they state that the material to be discussed is strictly confidential. It should also be emphasized that the CISD is not an operation critique. Attendees are then told what to expect during the debriefing and assured that the major concern of the CISD team is to restore people to their routine lives as soon as possible with minimal personal damage to the individual. The basic rules of the debriefing are explained before the team members move into the next phase.

Phase 2: Fact Phase

The second phase of the CISD is the fact phase in which people are asked to describe what happened at the scene. This is a relatively easy phase for law enforcement and emergency personnel who are used to talking about the operational aspects of an incident. Once the incident is described, the debriefing team leader will lead the discussion into the thought phase of the process.

Phase 3: Thought Phase

The usual question asked in this phase is, "Can you recall your first thought once you stopped functioning in an automatic mode at the scene?" This helps people to "personalize" their experiences. The events are no longer a collection of facts but an individual, meaningful recollection of how they personally experienced the incident.

Phase 4: Reaction Phase

The fourth phase of a debriefing is the reaction phase, the point at which people can describe the worst part of the event for them and why it bothered them. If a critical incident has any significant emotional content attached to it, it will usually be discussed during this phase. It can occasionally become a heavy emotional phase of the debriefing but is not necessarily intense.

It is not the objective of a CISD team to promote emotional behavior but, instead, to foster discussion so that recovery is as rapid as possible. The reaction phase allows people to discuss the worst parts of an incident in a controlled environment that enhances venting thoughts and feelings associated with the event and prepare them for useful stress reduction information.

Phase 5: Symptom Phase

The fifth phase of the CISD process is the symptom phase. The group is asked to describe stress symptoms felt at three different times: The first being those symptoms experienced during the incident; the second are those that appeared three to five days after the incident; and the last being symptoms that might still remain at the time of the debriefing. Changes, increases and decreases of symptoms are good indicators for the mental-health person of the need for additional help for some attendees.

Phase 6: Teaching Phase

The next phase of the CISD process is the teaching phase. The CISD team members furnish a great deal of useful stress-reduction information to the group. They also incorporate other information, such as the grief process, promoting communication with spouses and suggesting how to help one another through the stress.

Phase 7: Re-Entry Phase

The seventh phase of the debriefing process is called the re-entry phase, when personnel may ask whatever questions they have. A summary is given by the team and the CISD is concluded.

After the debriefing, the CISD team remains at the debriefing center to talk with those needing additional individual assistance. Referrals are made for counseling if necessary. Finally, the CISD team holds a post debriefing meeting to quickly review the debriefing and discuss ways to improve their functions for future debriefings. However, the main reason for meeting is to make sure that everyone on the team is okay before going home – hearing the pain that others experience may bring about some pain for the debriefers.

CISD FUNCTIONS DURING AN INCIDENT

On-scene support services

During an incident, a debriefing team may be involved with providing on-scene support services that assist obviously distressed personnel. The team advises and counsels responders and gives direct and indirect support to the victims and agencies present.

Defusings are shorter, unstructured debriefings that encourage a brief discussion of the events which can reduce acute stress. Defusings can be done anywhere from one to three hours following the incident, often at the station, and generally last from 30 minutes to an hour. Only those crews most affected are involved; not all workers from the scene attend, as would be the case in debriefings.

If the defusing is not accomplished within 12 hours, a full formal debriefing is what should occur next. A well-run defusing can often eliminate the need for full formal debriefing. If both are necessary, a debriefing should be held three to seven days after the defusing.

Establishing a Critical Incident Stress Debriefing Team

Some regional CISM teams have been established and may be available if a local CISD team cannot be pulled together. Formalized CISM teams are made up of personnel who have met nationally recognized requirements and are usually registered with the agency or locale in which they serve.

Utilizing a regional CISM team is not always an option, nor is it always desirable. The Placer County Law Enforcement Chaplaincy has a list of qualified personnel who have met the training requirements to serve on a Critical Incident Stress Debriefing Team. This list identifies personnel by training, experience, profession, and "normal" availability. Since there is generally one day to pull together a team, the more preliminary information available to the facilitator will assist in the rapid deployment of the team.

When pulling a team together, keep the following things in mind:

- Mental Health professionals who possess the diagnostic skills to help recognize issues more serious than stress alone.
- Peer professionals who understand the day-to-day stresses of the responders.
- Support personnel (Chaplains) who have on-going relationships with the first responders and can observe behavior change which could lead to a referral to a mental health professional (something most first responders are less likely to do).

To obtain formalized training in Critical Incident Stress Debriefing, check the courses offered through any of the reputable organizations specializing in Critical Incident Stress Management.

The simplicity of the critical incident stress debriefing should not cause one to underestimate its value. Well-executed CISDs have an enormous potential to alleviate overwhelming emotional feelings and potentially dangerous physical symptoms. When used properly, they can extend the careers of personnel, thus saving great outlays of resources to replace perfectly good men and women who have seen too many broken bodies and too much human misery.

POST TRAUMATIC STRESS DISORDER

Recognizing It, Treating It

Post Traumatic Stress Disorder (“PTSD”) is the usual diagnosis that Mental Health Professionals apply to persons who have suffered severe trauma in their lives and develop certain symptoms as a result of that traumatic event.

PTSD is characterized by psychologically re-experiencing the event through nightmares, daydreams, flashbacks and/or intense distress when reminded of the original event. There may be symptoms of avoiding things that remind one of the traumas, social isolation, a feeling of being different from other people and a general lack of interest in the world. Other symptoms include tension and anxiety, such as difficulty falling asleep, irritability, and outbursts of anger, trouble concentrating or being exceptionally jumpy.

Any individual who has experienced trauma may suffer from these symptoms. Being in crisis, however, doesn't mean the individual will develop Post Traumatic Stress Disorder. PTSD may occur if the victim hasn't had the opportunity to work through their crisis.

There are three distinct phases of acute post-trauma reactions: the shock phase, the impact phase and the recovery phase. Following, is a short description of each phase:

1. The Shock Phase

A. Can last a few days or several weeks

B. Common emotional responses

i. Immobilization – confusion, disorganization, and inability to perform simple, routine tasks. (Example, during an armed robbery, the store clerk may have difficulty following the direction to open the cash register – almost feeling like everything is happening in slow motion. Tunnel vision, which causes the victim to focus on one area of the trauma, is also not uncommon. In the store clerk example, the clerk may focus on the weapon to the point that they do not know what the robber looked like or anything else going on in the store.

ii. Denial – refusing to believe that the trauma is actually happening.

C. Not all victims experience the shock phase. People trained to deal with trauma on a regular basis, such as police, military, medical emergency workers, may initially bypass the shock phase, though elements of the shock phase may be evident.

2. The Impact Phase

A. Anger and/or extreme anxiety

i. Trembling

ii. Crying

iii. Subjective feelings of tension

iv. Anxiety

v. Outrage

vi. Displacement (Store clerk example – may become extremely angry with the store owner or the police as oppose to the perpetrator).

B. “What-if-and-maybe” stage

i. Self Doubt

a. Invents different scenarios – ignoring the actual fact and outcome of the trauma.

b. “If only I'd been five minutes earlier”

c. “If only I had reacted more quickly”

ii. Self Blame (Common in police and ambulance crews)

d. Guilt can last indefinitely if not dealt with

C. Depression

i. Irritable

- ii. Misunderstood
 - iii. Helpless
 - iv. Isolation which leads to a loss of hope for the future
 - v. Prevailing attitude: "Leave me alone, there's nothing wrong with me."
- D. "Mad/Sad" Cycle. If the victim fails to face the trauma at this point, they will continue in an anger/anxiety and depression cycle and will be unable to progress to the recovery phase. PTSD becomes chronic.
3. The Recovery Phase
- A. If the trauma is dealt with right away, the chances of getting stuck in the Impact Stage are slim. If a victim sees a crisis counselor at the scene or soon afterward, and the counselor explains what they're experiencing, why they are experiencing it, and what to expect next, the victim will feel reassured that what they are feeling is "normal".
 - B. Once the person resolves the guilt and returns to a relatively symptom-free mode of functioning, they may remain there for sometime. A new disturbance or a reminder of the original trauma can cause recurring symptoms.
 - C. Similarly, an accumulation of the stresses of daily life, such as financial problems, employment difficulties, or ill health, may also cause the trauma survivor to regress.

With effective treatment, survivors can learn to control many of the symptoms of anxiety and depression which will allow them to function more productively. Victims who haven't worked through their trauma and don't understand what they are experiencing may become trapped in the anxiety / depression cycle.

Those subject to constant high levels of stress, such as police or emergency response workers, are often unable to remain in a symptom-free mode because of constant immersion in trauma. It is important that first responders continually work through their trauma by taking advantage of programs offered through their agencies like, peer counseling, formal debriefings, the Employee Assistance Program (EAP) or the Chaplaincy.

People experiencing the anxiety / depression cycle tend to self-medicate in an attempt to alleviate their symptoms; with alcohol and drugs being the "drug of choice" abuse in these areas can become a severe problem.

A less obvious form of self-medication is sensation seeking is to get symptom relief through an adrenaline rush. Some people suffering chronic post traumatic stress disorder take a sudden interest in high risk activities like sky diving, motorcycles riding or rock climbing. Some will also seek out excitement through numerous sexual encounters.

Survival Guilt

When a victim suffering PTSD becomes trapped in the anxiety/depression cycle, their guilt overwhelms them. They feel guilty for surviving and responsible for the fate of others or for the event having happened in the first place.

Existential Guilt

Existential guilt is characterized by the survivor's confusion over having lived and the meaning of this survival. For instance, if the trauma includes death of other individuals we sometimes see variations on this theme: the survivor wishes to change places with the person who died, and the guilt is expressed as "I should have died, and they should have lived." Because their

own lives have been so chaotic since the trauma, they feel that the person who died would have had a better life with more to live for, failing to recognize that it's likely this person would be struggling with similar emotions.

After hearing about the trauma during an interview, counselors may ask, "How come you lived through that?" A common response is, "I don't know, I ask myself that question all the time," or, on a more positive note, the victim may see a new purpose for their life after facing the probability of death.

Content Guilt

Content guilt, as opposed to existential guilt, is a result of a person's having done something to ensure their survival, such as hiding under a table during a shooting. This is a much easier form of survivor guilt to recover from because there are actual behaviors to talk about and understand.

Because survivor guilt has both emotional and intellectual components, a major goal in counseling is to separate the feeling and thinking elements. The survivor must learn that it is okay to feel sad about someone's having died or been injured in a traumatic situation, but it is neither rational nor appropriate to feel totally responsible for the person's death. The situation or perpetrator should be blamed, not the survivor.

Formal Counseling

To keep the victim accessible to counseling, however, the counselor cannot say "You have nothing to feel guilty about," because victims often cling to their guilt for comfort. The counselor should attack the guilt through the issue or responsibility. Getting survivors to share responsibility for what happened starts with pointing out other factors involved in the incident. One of the factors may be time and space; they may have been in the wrong place at the wrong time. They may have been the victim of a random act.

Survivors of trauma tend to remember the traumatic situation in an unchanged way; their initial perception of the event is the way they continue to view it, as if the traumatic event were frozen in their memories. The healing process involves looking at and discussing those memories realistically. Because the memories have a negative focus, the goal of re-thinking is simply to look at the original trauma in a different light.

Sometimes when victims have intrusive thoughts about the traumatic incident, the original thought may be followed by a host of "what-if" and "maybe" versions of the event. To help victims stop this negative thought process, the victim might find it helpful to physically rebuke the thought. Simply shaking their head and saying "no" or "no, this is what happened", has the effect of training themselves to separate the intellectual from the emotional and deal only with the reality of the situation.

They may also set a time limit, allowing themselves a certain amount of time to think about the incident (maybe five minutes) Then, at the end of the five minutes, they can tell themselves, "Okay, that is all".

It is important to know that a victim may become confused when they begin to ponder the facts of the traumatic event. This confusion is a positive sign that indicates they are beginning to question their original perception. There is usually a realization that the traumatic event had other facets that may have been overlooked, ignored, forgotten, or devalued. Finally, if the

victim has religious beliefs, those beliefs may need to be addressed. It is not uncommon for someone's beliefs to either be strengthened or weakened by their experience. It is recommended that trauma counselors be in contact with the clergy in their community, as talking to clergy can do much to alleviate individual guilt.