WHITE PAPER

Rethinking Post-Incident Support

The case for moving from mandatory group debriefing to Psychological First Aid

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How an organization responds in the immediate aftermath of a critical incident can shape both individual recovery and team functioning.

While contemporary Critical Incident Stress Management (CISM) frameworks call for flexible, person-centered care, adoption of this approach has been fragmented. Across many healthcare, public safety, and social service organizations, earlier, more rigid debriefing protocols remain the default response, even where they no longer align with current best practices.

The most troubling manifestation of this gap is the continued use of mandatory group-based chronological reviews: sessions in which staff are asked to collectively recount an incident in sequence, regardless of their individual needs or readiness.

These interventions often come from a genuine concern for staff well-being. However, as our understanding of trauma and acute stress responses has evolved, the field has increasingly moved toward approaches that better reflect how people actually process critical incidents.

In response to emerging evidence questioning the effectiveness of these debriefing practices, occupational trauma researcher Neil Greenberg and colleagues at King's College London developed peer-led alternatives including Trauma Risk Management (TRiM), a model specifically designed for high-exposure occupational settings (Greenberg et al., 2015; Hunt et al., 2013). Other sectors, including child advocacy, have adopted approaches such as Psychological First Aid (PFA) to guide post-incident support (Miller et al., 2024).

These developments reflect a broader shift away from mandatory, one-size-fits-all group interventions and toward more flexible, voluntary, and occupation-specific approaches to post-incident support.

The risks of detailed, chronological reviews within group settings

A detailed, chronological review is an intervention that requires staff to collectively reconstruct a traumatic event step by step, often within a group setting. Participants are expected to describe what they saw, heard, or experienced.

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The goal of this intervention is to provide support to staff following a potentially traumatic event (PTE), the term used throughout this paper to reflect current shared standards for describing psychological trauma (Heber et al., 2023).

However, recent research shows that forcing or pressuring staff to recount details of a PTE in front of an audience of peers is clinically counterproductive: it can disrupt individual coping processes and unnecessarily expose colleagues to graphic material. Guidance from the National Child Traumatic Stress Network (NCTSN) notes that convening a group debriefing session immediately after a critical incident may not be helpful and could even be harmful (Miller et al., 2024).

Clinical models of acute stress response suggest that pressure to verbally detail traumatic events in the immediate aftermath of a crisis can work against natural stabilization. At this stage, the nervous system is often still in high autonomic arousal, and asking staff to process potentially traumatic experiences while the body is still in survival mode carries real risks including:

- Escalating physiological arousal rather than settling the nervous system.
- Reinforcing vivid sensory recall (images, sounds, smells) through repetitive verbal detailing.
- Risking secondary trauma exposure for peers who were not directly involved in the event.

Importantly, this risk is not a function of group size. A five-person team debrief has the same core problem as a fifty-person session: staff are told to show up (or "voluntold," as many put it) and expected to recount the PTE in front of colleagues without an opportunity to opt out of sharing or hearing graphic details.

Instead of mandatory, narrative-driven group debriefs, organizations need an immediate response system that is timely, practical, strictly voluntary, and focused on biological stabilization.

What the research shows

The shift away from mandatory group chronological reviews is grounded in two core principles of trauma-informed, post-incident support:

1. Immediate stabilization must take priority over detailed chronological recall.
2. Participation in emotional processing must be strictly voluntary.

Fundamental principle #1: Prioritize stabilization over detailed chronological recall

The primary goal of early post-incident intervention is to provide immediate physical safety, practical assistance, and biological stabilization (Brymer et al., 2006).

This approach is supported by the Canadian Institute for Public Safety Research and Treatment (CIPSRT) and research led by Dr. Nicholas Carleton on Post-Traumatic Stress Injuries (PTSI). In a national survey of Canadian public safety personnel, Carleton et al. (2018) found that 44.5% of respondents screened positive for symptoms consistent with one or more mental disorders, a rate substantially higher than estimates for the general population.

These findings underscore the considerable mental health burden facing this workforce and reinforce the need for post-incident support that is carefully timed and delivered.

To facilitate stabilization, organizations must shift the fundamental questions asked following a PTE from "*what happened?*" or "*walk us through what you saw*" to a stabilization-first approach that asks, "*what do you need right now?*"

This shifts the focus away from recall, which may be re-traumatizing or destabilizing, toward what staff need right now. Depending on the individual, this may mean practical assistance, accurate information, physical rest, social connection, quiet, privacy, food, transportation, temporary workload adjustments, or access to clinical care.

Fundamental principle #2: Shift participation from mandatory to voluntary

There is no universal response to acute stress. Some individuals, often those who are more extraverted, process best through immediate verbal engagement and social connection. Others may be more likely to withdraw and process best through quiet reflection or private support. These patterns are consistent with decades of research on personality and coping styles (Connor-Smith & Flachsbart, 2007; Eysenck, 1963).

In our work with organizations and helping professionals, we have also observed a third pattern: delayed processors, who show minimal immediate reaction and only begin processing an incident's impact hours, days, or weeks later.

As such, engaging in emotional processing must always be a personal choice. Enforcing mandatory attendance undermines individual autonomy, turning an intervention intended to help into an experience over which the person has no control.

Siegel's (1999) concept of the "window of tolerance" further illustrates how an individual's preferred coping style impacts post-incident support. People differ in the level of emotional and physiological arousal they can tolerate while still remaining regulated. An intervention that feels supportive to one person may push another person past their emotional threshold, particularly if it requires immediate recall or emotional disclosure. When arousal exceeds an individual's tolerable range, reflective thinking, reasoning, and decision-making become more difficult.

A trauma-informed model respects these natural variations rather than enforcing a uniform group processing model. To operationalize this, organizations must establish a strict, uncompromised boundary between two distinct post-incident functions:

- Operational debriefings: Procedural, safety-focused reviews that analyze factual timelines, equipment, and system breakdowns. These reviews may be mandatory.
- Human-centric supportive interventions: Opportunities to focus on emotional processing, coping, and psychological well-being. These interventions must remain voluntary.

In practice, some workplaces blur the boundary between these two functions, unintentionally transforming routine operational reviews into situations in which staff feel expected to disclose personal reactions. Maintaining a clear distinction is essential to both operational effectiveness and psychological safety: the shared belief that it is safe to speak up, ask questions, or admit a mistake without fear of embarrassment or punishment (Edmondson, 1999).

When these boundaries are unclear, trust can erode in both directions. Staff may be less willing to speak candidly about what happened during an incident for fear that their comments will be interpreted as evidence that they are not coping well. At the same time, they may be more hesitant to seek support if they are concerned that doing so could influence perceptions of their fitness-for-duty.

When the two functions remain separated, trust is maintained. During operational reviews, staff can speak openly about what went wrong, such as a missed step, equipment failure, or communication breakdown, without fear that their comments will be interpreted as an emotional disclosure. During supportive interventions, staff retain control over whether, when, and how they discuss their personal reactions.

Overall, maintaining a clear separation between these two debriefing functions establishes expectations about what is mandatory and what remains voluntary, protecting both the integrity of operational learning and staff autonomy.

Practicing containment without shutting down connection

A common misinterpretation of this research is that we should stop people from talking altogether after a PTE. That is not the goal. We do not want organizations to conclude that they should shut down, discourage, or censor peer conversations. Staff are going to talk to each other regardless of what any policy says; that instinct cannot and should not be regulated away.

For many individuals, particularly those who process best through social connection, talking through a difficult event is precisely how they settle their nervous system.

At the same time, spontaneous and unregulated sharing of graphic details and traumatic imagery can lead to harmful effects such as secondary traumatic stress (Mathieu, 2012, 2023).

The goal, therefore, is not silence but intentional containment: making it possible for staff to support each other without inadvertently harming themselves or their colleagues in the process.

This is where practical boundaries, what we at TEND call **Low Impact Debriefing (LID)**, become essential. LID provides a four-step framework for peer support that can reduce secondary traumatization:

- Self-awareness. Pause and notice what you are about to share. Ask yourself if telling a colleague the graphic details is necessary, or if you simply need to process how the event impacted you.
- Fair warning. Give the listener a heads-up that you need to discuss a difficult event rather than diving right into the story.
- Consent. Check the listener's emotional bandwidth before sharing any details: *"I had a really tough day. Do you have a few minutes for me to process, or is your cup full right now?"*
- Limited disclosure. Keep "the lid" on explicit sensory details. You can discuss your stress, your fatigue, and the emotional toll without walking someone through step-by-step graphic imagery. If the listener tells you that they are able to hear more details, start with the least disturbing details and gradually add more info as needed.

Low Impact Debriefing allows the person reaching out to receive genuine, timely support while also protecting the listener.

Transitioning to Psychological First Aid (PFA)

At TEND, we recommend organizations adopt the principles of Psychological First Aid (PFA) as their standard framework for post-incident support. PFA is not professional therapy, clinical assessment, or detailed emotional debriefing. It is an evidence-informed framework designed to reduce immediate distress, foster safety and stabilization, and connect individuals with practical resources (Brymer et al., 2006).

Described as a "common sense model," PFA is organized around "those activities that sensible, caring human beings would do for each other anyway" (Shultz & Forbes, 2013, p. 3).

PFA is operationalized through eight core actions that are applied flexibly in response to an individual's immediate needs, rather than implemented as a fixed, step-by-step checklist. The essence of the model is simple: make calm contact, ensure immediate physical and emotional safety, gather information on current practical needs, and link people to social and collaborative support.

The full framework is described in detail in the **Psychological First Aid: Field Operations Guide 2nd Edition** published by the National Child Traumatic Stress Network and the National Center for PTSD (Brymer et al., 2006).

Resources for implementation

PFA is most effective when embedded within a broader culture of organizational psychological safety. To begin this transition:

- Establish policy boundaries. Define clear institutional policies that formally separate mandatory operational reviews from voluntary supportive care.
- Equip supervisors. Use practical tools such as the **Psychological First Aid Guide for Children's Advocacy Center Supervisors** (Miller et al., 2024), a free resource offering actionable tools for leadership to integrate PFA principles within peer teams.
- Create space and time. Build in relief time and informal opportunities for staff to gather, decompress, or simply step away, rather than mandating attendance at a formal debrief. Adults are best equipped to determine what they need and when; the organization's role is to make that possible, not to prescribe it.

Conclusion

Many leaders who deploy CISM or mandatory group debriefs do so out of deep care for their staff. They genuinely want to create connection, reduce isolation, and offer support after a painful event.

The transition toward Psychological First Aid is not a critique of that intent. It is an evolution driven by updated occupational research and clinical evidence. By moving from mandatory participation to voluntary engagement, from detailed chronological accounts to immediate stabilization, and from rigid protocols to person-centered care, organizations can build post-incident systems that genuinely protect, support, and sustain their teams.

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