



It Happened Here: Debriefing Groups to Help Psychiatry Residents Process Traumatic Community Events

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To the Editor:

Community trauma happens everywhere. When these events occur, one challenge is helping your trainees take care of their patients when they also suffered—when they have lost their home, their community, or their sense of safety.

Several traumatic community events happened in the summer of 2016 in our community. Alton Sterling, an African American man, was killed by a police officer. Videos brought national attention to the case, leading to citywide protests. Less than 2 weeks later, a man shot and killed three police officers, and wounded three others. The next month, catastrophic flooding affected our area, damaging 110,000 homes and closing many businesses and schools. Throughout this time, our hospital was treating those affected, and our trainees remained at the forefront. Knowing the potential impact of compassion fatigue, we wanted to address the effect the community events had on our trainees.

Compassion Fatigue is “the profound emotional and physical exhaustion that helping professionals can develop over the course of their career” [1]. We wanted our residents to have tools for compassion fatigue. We hosted two debriefing sessions a few days after the events. While there has been considerable variation in the literature on the effectiveness, or lack thereof, of debriefing sessions, a recent meta-analysis of 46 studies ($N = 2136$) showed that debriefing improved individual and team performance by 20–25% over control groups [2].

A debriefing group is a voluntary, active process. We had a faculty facilitator begin by reviewing the events and providing education on compassion fatigue. It was key to establish this as a non-judgmental environment, not an evaluation, and that

everything said was confidential. Next, the group discussed how they were doing, how their patients were affected, and responded to each other. The facilitator concluded by reflecting the group’s thoughts and emotions and normalizing their reactions.

In our sessions, residents discussed themes of racism and discrimination and feelings of anger and fear. Residents said the groups helped them consider how trauma affected people in our community and helped them process their own strong feelings. We held another debriefing several months later to assess compassion fatigue using the Professional Quality of Life Scale, encourage self-care, and discuss how to support patients [3].

Group debriefings may be an effective way to help trainees begin to heal from community trauma so they can be prepared to help their community do the same [4] [5]. We, the authors, provide these vignettes describing our own personal experiences as residents.

Vignette 1

Surrounding the death of Alton Sterling, there was a feeling of fear hanging in the air. There was also a giant anchor sitting in my stomach; my husband is a police officer.

One Sunday morning shortly after the Alton Sterling shooting, my husband called and said, “I want you to know that I’m ok.” He told me that police officers had been shot by a vigilante. He *did not* tell me that he was on the scene and helping to secure the suspect. When he came home 12 hours later, he was emotionally and physically exhausted. He continued on emergency 12-hour shifts daily. He went on pretending that everything was ok, and I pretended when he left for work each morning that I knew he was coming home that night.

The debriefing session was a few days after the police shootings. Residents were invited to share their thoughts and fears. I was nonchalant at the start because I had spent a

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lifetime in control of my emotions and I assumed this would be the same. I was wrong.

When I spoke, I was overcome with fear and sadness. I had not allowed myself to express these feelings, but once I began, I could no longer hold them in. My initial reaction was embarrassment, but my colleagues received me with empathy. If it were not for the debriefing session, I am not sure I ever would have faced those feelings and fears head on. It opened up a dialog at home between me and my husband about the events, which we had been avoiding.

The debriefing session provided an opportunity to be heard and supported. It helped me see my colleagues in a new light, and affected the way they view me. This was a valuable tool for healing in a professional setting.

Vignette 2

On July 17, 2016, my husband and I had a rare day off together when we learned that several police officers had been shot. The assailant described as “a black man dressed in all black” was on the loose. Time stopped, and I was reminded that we, merely by the color of our skin, are different. The thought that my husband, who is for all intent and purposes, “a big black man,” could be taken from me in an instant was numbing. My husband is not an American native, and he never planned on being in the USA partially due to what he calls our “gun violence plight.”

We went to a restaurant that day and were the only minorities there. I wondered if customers viewed my 6-ft-tall, African husband as the assailant...if they felt threatened by him, and whether anyone would decide to eliminate that threat.

As the week progressed, I would text my husband, reminding him not to call attention to himself. “Don’t take the back roads.” “Don’t play your music too loud.”

I was living in fear. I am supposed to help lead patients out of turmoil, which did not leave much time for my own. When told of the upcoming forum, I met it with reservation. There were only two African-Americans in my class, and I was one. Sure, we got each other, but could anyone else?

I am happy to say I was wrong. My colleague is married to a police officer—I heard her anguish knowing he could be targeted simply for doing his job, and empathized with her fears. It seemed, in this climate, worry was a bitter pill we all had to swallow.

Being vulnerable in a nonjudgmental space was cathartic. Implementing such forums fosters better communication, wellness, peer relationships, and serves a unifying purpose which enable residents to be better physicians.

Compliance with Ethical Standards

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

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