

5. World Health Organization. Psychological debriefing in people exposed to a recent traumatic event. [https://www.who.int/mental\\_health/mhgap/evidence/resource/other\\_complaints\\_q5.pdf?ua=1](https://www.who.int/mental_health/mhgap/evidence/resource/other_complaints_q5.pdf?ua=1). Accessed August 15, 2019.
6. Adler AB, Litz BT, Castro CA, et al. A group randomized trial of critical incident stress debriefing provided to U.S. peacekeepers. *J Trauma Stress*. 2008;21(3):253-263. <https://doi.org/10.1002/jts.20342>.
7. Tarquinio C, Rotonda C, Houllé WA, et al. Early psychological preventive intervention for workplace violence: A randomized controlled explorative and comparative study between EMDR-Recent Event and Critical Incident Stress Debriefing. *Issues Ment Health Nurs*. 2016;37(11):787-799. <https://doi.org/10.1080/01612840.2016.1224282>.
8. Wesemann U, Mahnke M, Polk S, Bühler A, Willmund G. Impact of crisis intervention on the mental health status of emergency responders following the Berlin terrorist attack in 2016. *Disaster Med Public Health Prep*. In press. <https://doi.org/10.1017/dmp.2019.60>.

## Response to Burchill Letter



Dear Editor:

Thank you for this opportunity to reply to the letter, “Critical incident stress debriefing: Helpful, harmful, or neither?” based on our manuscript, “Pediatric emergency department staff preferences for a critical incident stress debriefing.”<sup>1</sup> We are grateful to the author of this letter for their valuable feedback.

We were approached by the management of this particular site to assist emergency nurses and staff in dealing with tremendous stress after a critical event such as a pediatric death or severe injury and illness. To provide nurses and staff relief from deep psychological pain and to prevent attrition after these critical events, we proposed a post-critical event debriefing. Surveys of emergency nurses indicate debriefings are desired by nurses and could be beneficial,<sup>2,3</sup> could reduce turnover,<sup>2</sup> and must follow or use debriefing guidelines or tools.<sup>4</sup> Research articles indicate debriefings after critical incidents could improve retention and need to be tailored to institutional needs,<sup>5</sup> are desired,<sup>6</sup> and should not include those who feel debriefing is not needed.<sup>7</sup>

For a variety of reasons outlined in our manuscript, we arrived at an “à la carte” debriefing process that did not include the seven steps of formal critical incident stress debriefing (CISD) proposed by Mitchell<sup>8</sup> but did include ways for staff to decompress or discuss team and individual performance. Staff participation in the

proposed process is voluntary, and counseling resources from the facility’s Employee Assistance Program were offered.<sup>1</sup> The literature indicated that CISD might provide a framework that could be adopted to achieve our goals. We used qualitative methods to arrive at staff preferences for a debriefing that might use the CISD framework. We did not specifically intend to reduce or prevent the incidence of posttraumatic stress disorder (a CISD outcome) nor to undertake psychological debriefing. Our participants notably indicated that they did not want psychological debriefing, in terms of discussing their feelings surrounding the event, so that they can maintain their professional ability to care for subsequent patients.<sup>1</sup>

We would not support CISD as outlined by Mitchell and Everly<sup>8</sup> as the exclusive method for debriefing nurses and staff. Data generated from this study are novel and support both the case for debriefing as a coping mechanism for emergency nurses and other staff when they help develop guidelines for their own debriefing process as well as the options presented in the “à la carte” debriefing template. Debriefing includes allowing staff access to broader resources such as counseling offered by Employee Assistance Programs.—*Paul Clark, PhD, MA, RN, University of Louisville School of Nursing and Norton Healthcare Institute for Nursing, Louisville, KY, E-mail: prclar01@louisville.edu; and Barbara Polivka, PhD, RN, FAAN, University of Louisville School of Nursing and Norton Healthcare Institute for Nursing, Louisville, KY.*

<https://doi.org/10.1016/j.jen.2019.09.003>

## REFERENCES

1. Clark P, Polivka B, Zwart M, Sanders R. Pediatric emergency department staff preferences for a critical incident stress debriefing. *J Emerg Nurs*. 2019;45(4):403-410. <https://doi.org/10.1016/j.jen.2018.11.009>.
2. Healy S, Tyrrell M. Importance of debriefing following critical incidents. *Emerg Nurse*. 2013;20(10):32-37. <https://doi.org/10.7748/en2013.03.20.10.32.s8>.
3. Theophilos T, Magyar J, Babl FE. Paediatric Research in Emergency Departments International Collaborative (PREDICT). Debriefing critical incidents in the paediatric emergency department: current practice and perceived needs in Australia and New Zealand. *Emerg Med Australas*. 2009;21(6):479-483. <https://doi.org/10.1111/j.1742-6723.2009.01231.x>.
4. Sandhu N, Eppich W, Mikrogianakis A, et al. Postresuscitation debriefing in the pediatric emergency department: A national needs assessment.

- CJEM*. 2014;16(05):383-392. <https://doi.org/10.2310/8000.2013.131136>.
5. Blacklock E. Interventions following a critical incident: developing a critical incident stress management team. *Arch Psychiatr Nurs*. 2012;26(1):2-8. <https://doi.org/10.1016/j.apnu.2011.04.006>.
  6. Mayer DM, Hamilton M. Critical incidents in health care. *Medsurg Nurs*. 2018;27(4):231-237.
  7. Mullan PC, Wuestner E, Kerr TD, Christopher DP, Patel B. Implementation of an in situ qualitative debriefing tool for resuscitations. *Resuscitation*. 2013;84(7):946-951. <https://doi.org/10.1016/j.resuscitation.2012.12.005>.
  8. Mitchell JT, Everly GS. *Critical Incident Stress Debriefing (CISD): An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services*. Columbia, MD: Chevron Publication Corporation; 2001.