

DEBRIEFING CHECKLIST & PROTOCOL

CHECKLIST

	Private onsite location (put closed sign on door for duration of debriefing to avoid interruption) Water Kleenex Circle seating (if possible)	0	FORM: Debriefing Intake & Tracking FORM: Sample script HANDOUT: Resilience Rx: Debriefing Support HANDOUT: Anonymous Post-Debriefing Survey
PROTOCOL		SYMF	TOMS & STRESS EDUCATION:
			Distribute Resilience Rx: Debriefing Support
INTRODUCTION			What aftershock symptoms have you
Introduce yourself and co-facilitator (if you have one)			experienced? Have they improved?
and verbalize the ground rules.			Physical
	How debriefing lessens the impact		Cognitive
	Eat/sleep/work better		□ Behavioral
	Not a critique/investigation No rank		□ Emotional
	No pagers/radios		Spiritual
	Confidential: no notes or recordings		What has life been like since this happened?
	Speak only for yourself		What emotions are hardest to deal with?
	Not required to speak		Review triggers and self-care tips:
			 Normal reactions to an abnormal event
PROCESS			☑ Give it time
Going around the circle in a clockwise fashion, ask the following questions [in blue] one at a time. Allow each participant to answer before moving on to the next.			✓ Importance of self-care
			✓ Talk with others✓ Support one another
			✓ Maintain routine
FACTS:			✓ Seek help if needed
	State your name, the role you played in the event, and a brief description of what happened from your viewpoint.	RE-EN	·
			Are there any final questions?
THOUGHTS:			Reiterate confidentiality
	What were your first or most prominent thought as this unfolded?		Distribute anonymous debriefing survey
REACTIONS:		POST	-DEBRIEFING

☐ What was the worst or hardest part for you?

☐ What reactions were most painful?

Complete paperwork if needed

☐ CISM Hotline: 410-313-2473