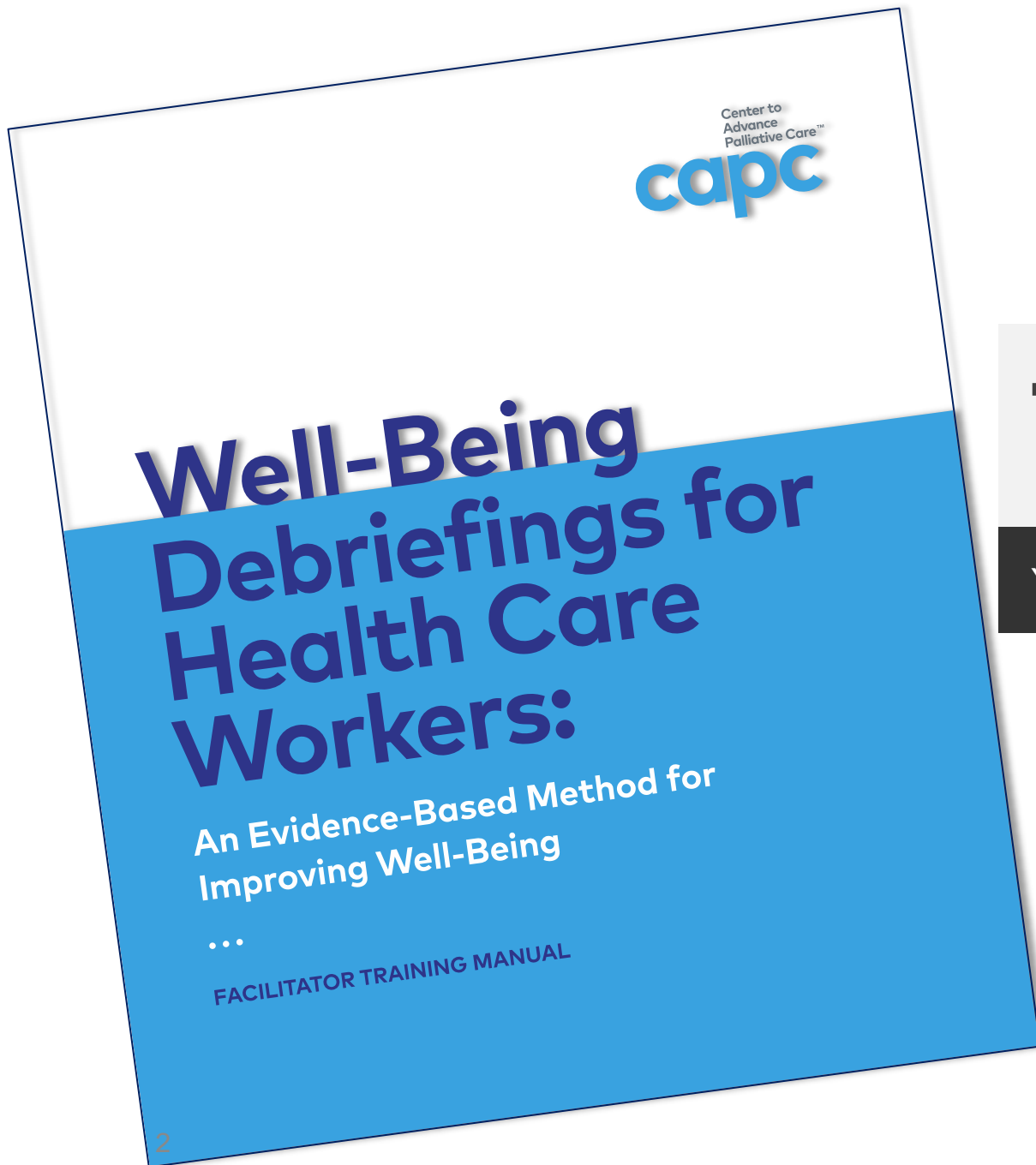


# Well-Being Debriefings for Healthcare Workers:

## Part Two: Into The Weeds

Vickie Leff, LCSW, APHSW-C



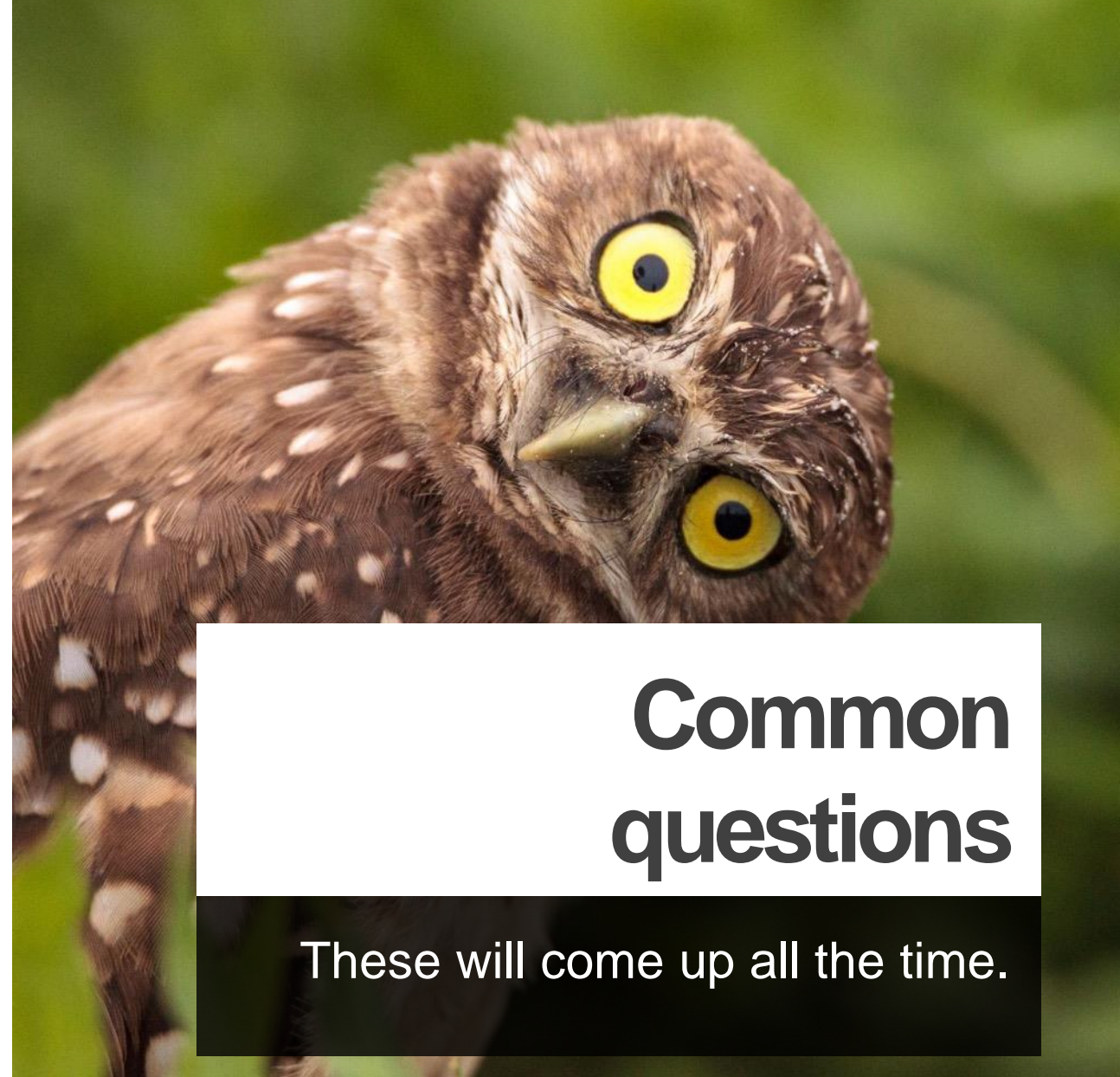


# The Manual

Your Reference Guide

Use as reference & to train  
your facilitators.

- Will it be a complaint session?
  - Set expectations clearly.
- Can you facilitate & participate?
  - One or the other.
- How to find time?
  - Setting the time depends on each location – ask them first, then adjust!
- How to dealing with reluctance?
  - Personal conversations; identifying a champion
  - Addressing concerns directly (why are they hesitant?)
  - Use evidence
  - Present at staff meetings, send out information



## Common questions

These will come up all the time.

# Quick Reminder: Healthcare Debriefings Are Not...

- **Critical Incident Debriefings** — meant for a specific incident, event, occurrence that needs immediate attention.
- **Psychotherapy support groups** — feel free to refer to your EAP.
- **Related to simulation activity for students** — not a test or graded.
- **Crisis intervention** — Not meant to provide psychological first aid, secondary trauma assistance.
- **Trauma care** — see above. Refer to ER.



# Quick Review: Underlying Goals

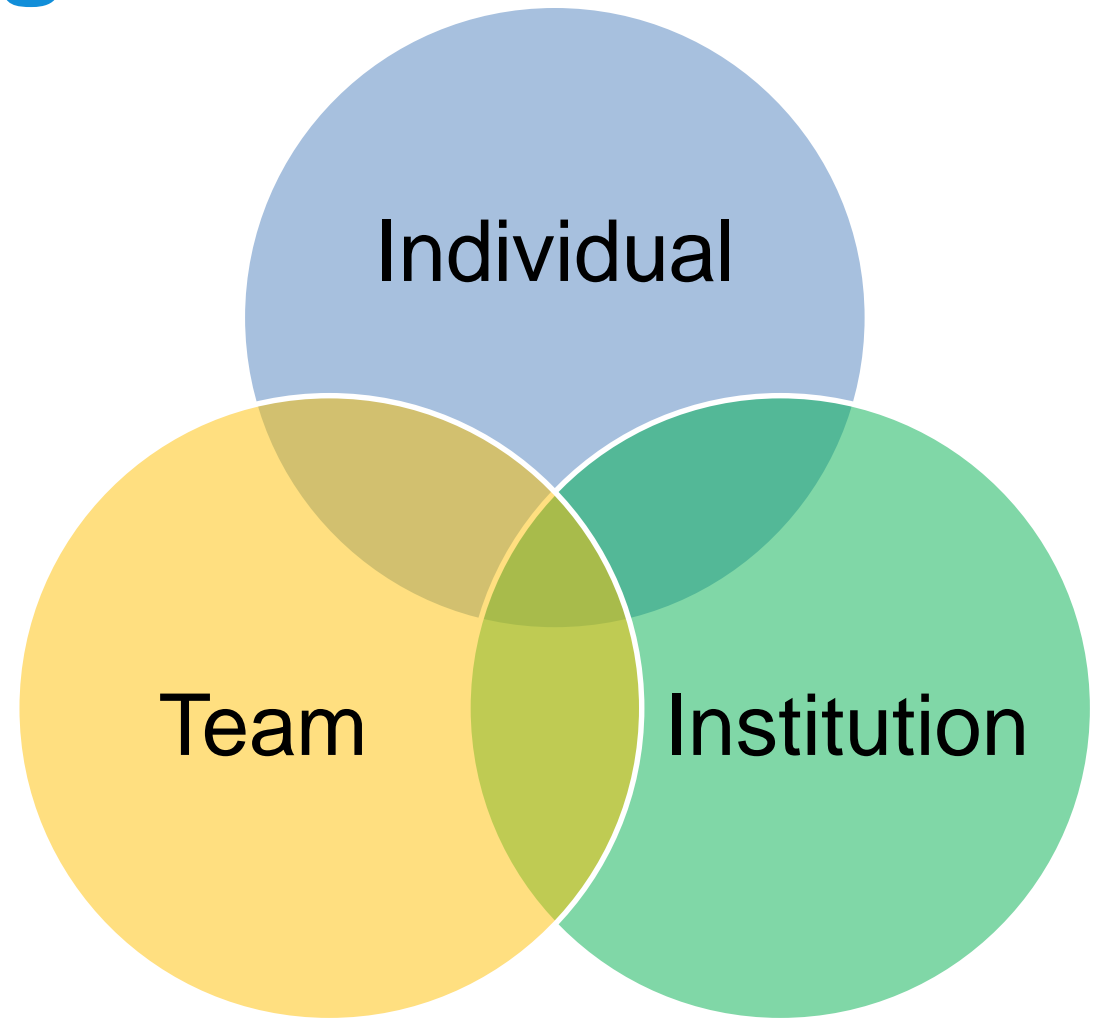
Will you meet these goals every time:  
NO.

- Build self awareness
- Identify self-care strategies
- Involve the individual, team & institution in solution
- Increase team support
- Identify barriers
- Identify solutions
- Provide opportunity to grieve
- Encourage finding meaning
- Model support and communication techniques
- Identify when things are getting difficult (red zone), secondary trauma (education)
- Learn self-reflection skills
- Create, develop and nurture supportive culture

# Well-Being Debriefings

Uses micro, mezzo and macro level.

Need all three levels of engagement for success.





# Overture: Build the Case

- Quick facts and data to support organizations investing in staff wellness.
- Explain the purpose, often.
- Don't assume people are familiar with this structure.
- Ask about hesitation. Why?



# Let's get into the weeds!

Specific strategies, problem solving, tips and suggestions.



# Step One: Who & When

## Who are your participants?

- Limited to a category (i.e. nurses)?
- Open to team?
- What binds them together?
- What are the natural groupings?
- **Dig where the ground is soft** (i.e. don't work to change the culture putting groups together that may be challenging, at first).

## When will you meet?

- Ask.
- Get leadership approval.
- **Make the space.**
  - Remind of cost effectiveness.
  - Reduces turnover.
  - Obligation: tend to staff. (*i.e. moral community. Epstein, 2020*)



# Make the space.

This should be a priority, not an “extra”.

- Instead of trying to fit the Debriefings into schedules: **Make the space** for the Debriefings!
- Change the narrative.

# Step Two: Structure of the Well-Being Debriefs

## What they look can like:

- 3-10 people (in person/zoom)
- 30-50. min (usually no less than 20 min)
- Weekly; monthly; separate or part of staff meeting, etc.
- Open or topic focused? (be flexible)



# Deciding

## → Open vs topic related debriefings



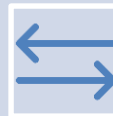
assess group



concerns, if any



hesitancy or confusion



alternate

# Suggestions



- Moral Distress
- Empathic strain
- Grief & Loss

- ✓ 5 minutes overview
- ✓ Prompt Questions for group
- ✓ Available resources/articles



# Let's Problem Solve!

## Throw out a question – use chat

What do you imagine your management, or leadership **push back** might be as you try and get debriefings started???

# Ongoing challenges

- We don't have time
- People won't attend off hours
- Too threatening
- Talking won't help
- We already have an EAP, people can ask for help
- Docs will want another doc to facilitate
- Managers will want to know the content
- Too busy

# Peer Facilitation

Who? How?





**Not here to fix it.**

You will want to.

# The Facilitator: Their Role?



Not the Therapist

Not the Fixer

Not a Participant

Not the Manager/Supervisor





# What do they do?

- Guide
- Driver
- Safety Patrol
- Model
- Normalizer
- Verifier
- **Able to be PRESENT**
- Witness

- Teachable skills
- Facilitator will need support also
- Belief in the structure and goals
- No hidden agendas (perceived or real)

# Facilitator Skills and Responsibilities

- Recognize limitations of the group (not therapy)
- Set realistic goals for the group
- Normalize reactions and emotions
- Encourage participation
- Encourage peer support
- Redirect away from complaining  
("What CAN we do?")
- Listen for themes (summarize at the end)
- Keep ears open for distress



# Key Attributes

## Facilitators:

- \* Understand the medical setting/system
- \* Know the staff, a familiar face
- \* Engender trust
- \* NOT in a managerial/supervisory position to any attendees
- \* Strong emotional intelligence (i.e. able to use insight into their own reactions)

Not sure where  
to start? Ask  
your HPC  
social worker  
to be a  
Facilitator.

# Training the Facilitators

Workshop format

Use CAPC Guide

Shadow facilitator

**Practice**

Watch/Teach/Do

Ongoing Support



# The Debrief

## Techniques





# Start: Opening the Meeting

Open the meeting with a clear expectation and time frame:

**“This meeting is an opportunity to give voice to the difficult nature of the work you do everyday.**

**Everything we say here is confidential. We will end the meeting at \_\_\_\_.”**

# Virtual Debriefings



Introductions are important.  
Turn on video  
Turn on audio

## They Work.

# Keep Things on Track

As group gets going, facilitate reflection to keep things on track.

Use **basic reflection** techniques to empower group members to add their own experience.

*This helps to normalize emotions and encourages support of each other.*

“Have others had similar experiences or reactions?”

“What did YOU do?”

**Redirecting,**

**Modeling &**

**Normalizing.**

“Sue said she can’t talk to her partner about stuff at work, they get really sad hearing the stories. What do others of you do? Who do you talk to?”  
(redirecting)

”I know that I have trouble talking with my spouse about work; he says it’s just too intense. What do others do?” (use of self as model)

“I think it’s pretty normal to feel that way. I know I have.” (normalizing)

One strategy is re-directing the conversation, gently;

“Wow, thanks so much for sharing that story. I’m wondering if others here have stories they’d like to share as well?”

Or, you may need to be a bit more direct,

“Thanks, Cheryl, for your insight. I’m going to switch gears a bit and ask if there are others who want to tell us about how they cope with this work.”



**Re-Direct  
when needed**

**Invite group participation**



# Facilitator Technique - Invite solutions:

**“What did you do that helped? Anything?”**

*(Acknowledging that sometimes nothing helps)*

**“Who do you talk to? Each other? Spouses,  
partners?”**

*(suggestions that may help)*

Steering, not  
leading, the  
conversation.  
Keeping on  
track.

**Enable & reflect  
comments**

Listening for themes.

# Checking in During Meeting

→ **“What was it like for you?”**

*(getting more detail to further discussion)*

→ **“What surprised you?”**

*(modeling self reflection)*

→ **“How did others feel?”**

*(getting validation from others, social support)*

→ **“Who supports you?”**

## Purpose:

- Opportunity to voice distress
- Get validation from peers and mentors
- Reduce intensity of emotion
- Re-focus for next tasks

# Tips

- Someone interrupts
- Cutting others off
- Finding systemic issues
- Emotionally provocative

- “I want to make sure everyone has an opportunity to join in.”
- “Could you repeat what you were saying?”
- “Is that something that can be brought to leadership, or perhaps a QI project?”
- “I can hear that was very difficult”

Sitting with discomfort, tolerating ambivalence

# What If...

... no one says anything:

You can use a recent experience to get the conversation started:

**“Yesterday, I experienced some pretty serious distress when I spoke with a patient, they were so sad. I felt helpless, it was overwhelming for me.”**

**“Have others ever felt this way?”**

# Let's Problem Solve!

- \* Type in the chat a response someone may have during a group that would be challenging for you!

*You can use this practice model to help your facilitator prepare.*



# Be Careful

Easy to want to add your own experience.

**Be careful and aware of using your experience to open discussion not to focus on you or your own need to debrief.**

**Ask yourself first: Why am I offering this experience or anecdote?**

**Not sure? Wait.**

# Ending Debrief

**“We have about 5 minutes left.”**

**“You talked about a lot of important things today, including how critical it is to have peers to talk to about stuff...”**

**“I really appreciate you being so open today, we can learn a lot from each other, together.”**

## Opening & closing

Setting expectations provides safety & predictability.



# Support for Facilitators

They will also need to debrief.

### Evaluating the Debriefing:

- Notes on themes
- Noted barriers, hesitation
- Checking in with management

### Sharing Results:

- How it was helpful
- Not breaking confidence
- The process takes time – **this is a culture shift, not one-time fix.**

### Identifying barriers, finding alternatives:

- Group make-up
- Time
- Location
- Hesitancy
- Worry



**Evaluation  
Measurement  
Flexibility**

**Ongoing.**

# Your Debriefing Toolkit

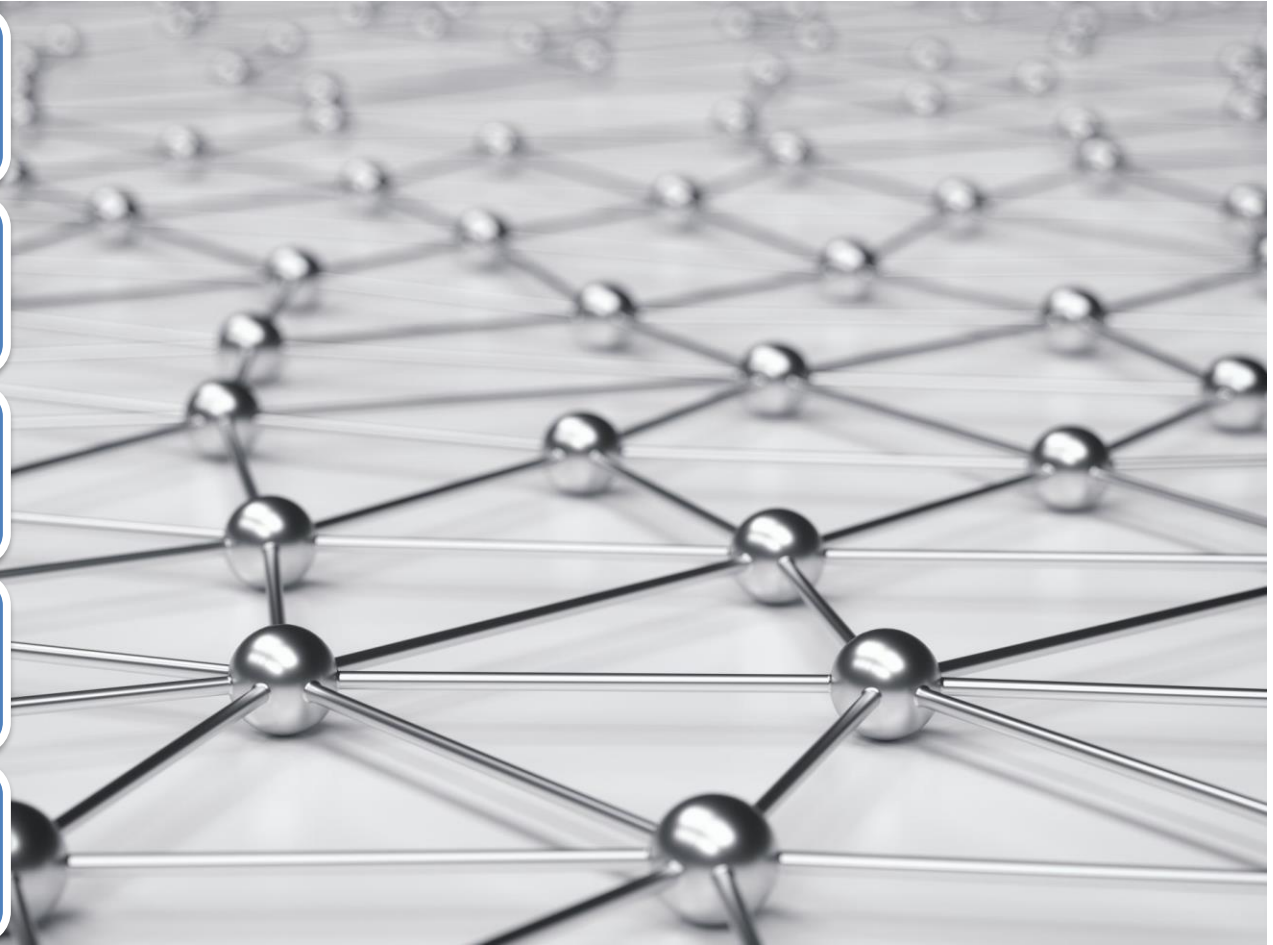
The Manual

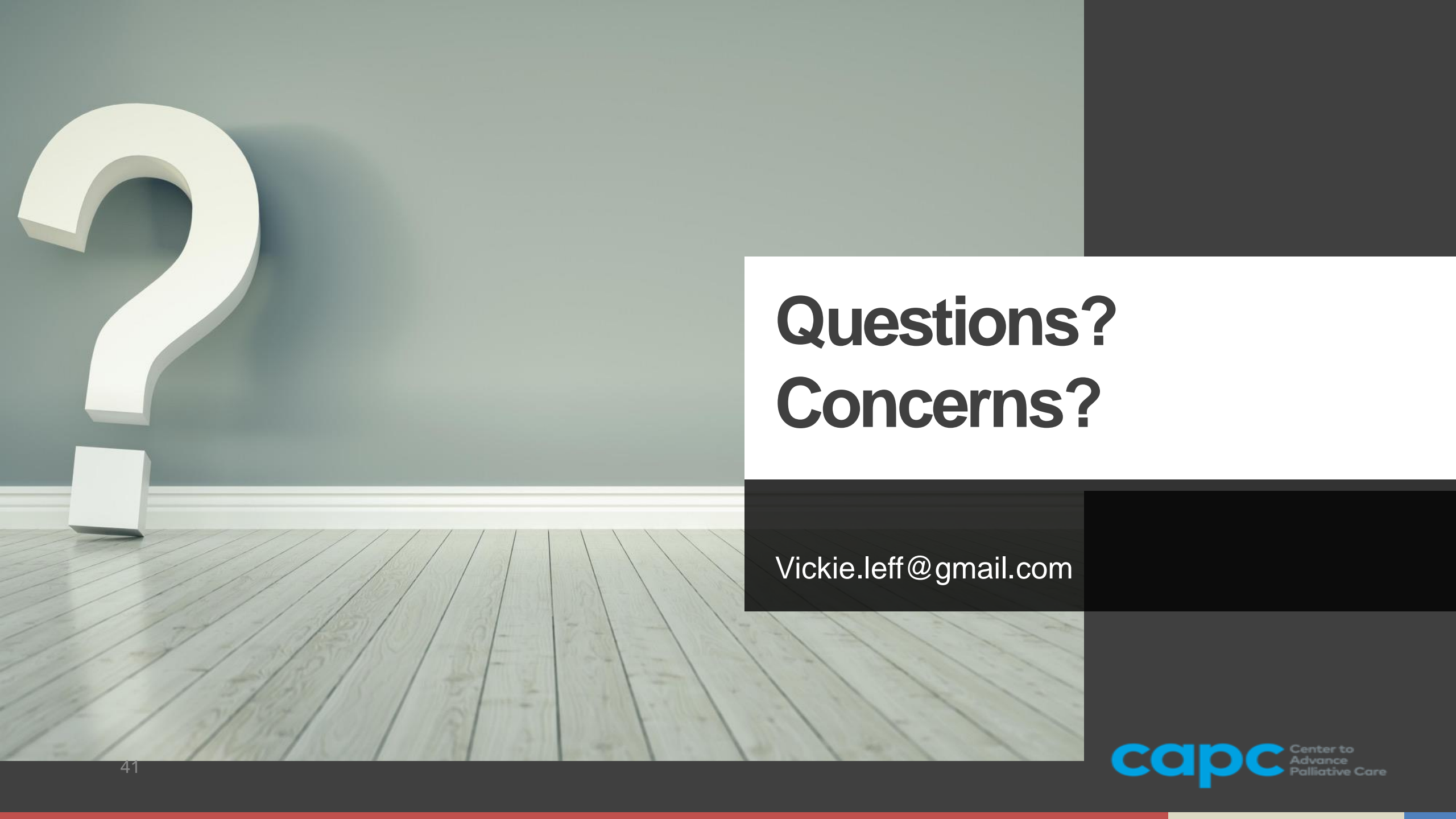
Recorded Webinars

List of helpful resources available  
(ongoing!)

Check back with CAPC Calendar for  
ways to connect about debriefs!

Email me: [Vickie.leff@gmail.com](mailto:Vickie.leff@gmail.com)





# Questions? Concerns?

[Vickie.leff@gmail.com](mailto:Vickie.leff@gmail.com)



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