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Correspondence

Contents: Psychological debriefing/Psychiatric morbidity in rural *v.* urban regions/ Lithium revisited/ Minor physical and factual anomalies/Reporting of psychosocial distress/Prenatal exposure to the 1957 influenza epidemic/Likelihood of hospital discharge.

Psychological debriefing

SIR: The term psychological debriefing (PD) was employed to describe the techniques used in the RAF for dealing with both short and long-term effects of traumatic stress. These techniques were derived from the methods described by Mitchell and Dyregrov with some cognitive-behavioural elaboration.

The term psychological debriefing was originally retained in order to emphasise that the process was limited to a recapitulation of the original stressful events and an attempt to deal with direct consequences of that experience. Such PD has been applied in a wide range of situations sometimes during the immediate aftermath but also after more prolonged experiences such as hostages or prisoners of war. It is clear that the scientific status of these interventions is still in doubt but the response of those involved and their subsequent reports indicate that those who participated felt that the experience was beneficial and their coping strategies were improved.

The paper by Busuttil *et al* (1995) describes a further elaboration of these techniques as a 'treatment' of established PTSD and the term PD was retained as a natural extension in which the basic principles were retained. Although an uncontrolled open outcome study, their results do suggest a marked beneficial effect which justifies further objective study. Until such scientifically impeccable studies have shown whether or not these methods are effective or some alternative efficacious remedy is identified it seems justifiable to continue the use of these methods after major trauma.

Whether or not the term Psychological Debriefing is appropriate (Leigh-Howarth & Baggaley, 1996) is open for debate but it matters little provided that the methods used are clearly stated. Although masterly inactivity can have its place in obstetrics it is rarely appropriate where emotional distress is concerned. Since many of us are convinced that intervention of the type described is beneficial following trauma and no clear alternative exists it would be difficult to justify in ethical terms the use of an untreated or placebo group.

BUSUTTIL, W., TURNBULL, L., NEAL, L. A., *et al* (1995) Incorporating psychological debriefing techniques within a brief group psychotherapy programme for the treatment of post-traumatic stress disorder. *British Journal of Psychiatry*, **167**, 495–502.

LEIGH-HOWARTH, M. & BAGGALEY, M. R. (1996) Psychological debriefing techniques (letter). *British Journal of Psychiatry*, **168**, 383–384.

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SIR: I am writing as co-developer of the in-patient treatment programme for post-traumatic stress disorder (PTSD) which incorporates psychological debriefing techniques described by Busuttil *et al* (1995). I would defend their use of the term 'psychological debriefing' robustly. The fundamental components of psychological debriefing as described by Mitchell (Critical Incident Stress Debriefing) and Dyregov (Psychological Debriefing) are used in the initial phase of the treatment programme. The purpose is to bring to the surface the fullest possible recollection of the traumatic experiences of all of the participant group members. Our experience is that in all cases so far treated in this way a full description of the traumatic experience in both factual and emotional terms has never been achieved. The group format appears to grant mutual permission and to engender a situation of unprecedented safety for this to be the reality. The psychological debriefing is followed by cognitive-behavioural phases ('lines' and 'ladders') in a highly-structured manner which permit the processing of the traumatic memories, assimilation and the development of a planned progress into the future. None of this could be achieved without full exploration of the traumatic imprint in the spirit of Mitchell and Dyregov.