

EFFECTS OF THE DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT'S CRITICAL INCIDENT STRESS DEBRIEFING (CISD)

1. Introduction

The Philippines has been experiencing various types of critical incidents such as natural and man-made disasters including armed conflicts, which cause physical destruction to properties, crops and infrastructure, injuries and death. These incidents more often lead to psychosocial disturbances that could eventually affect the social functioning and deteriorate the capabilities of individuals and families who are victims/survivors of such adversities.

In order to address the needs of the victims/survivors of these critical incidents, the Department of Social Welfare and Development (DSWD) developed the Critical Incident Stress Debriefing (CISD) service/strategy at the then Bureau of Emergency Assistance. Department Order no. 33, series of 1996 or the *Implementing Guidelines in the Conduct of Critical Incident Stress Debriefing (CISD) as a Disaster Management Strategy* was subsequently issued. CISD is a preventive stress management strategy designed to assist affected people in handling severe stresses. Since then, CISD has been utilized by DSWD as one the strategies in disaster management.

In 2005, DSWD continued its effort to enhance the provision of CISD service as a tool for group crisis intervention and stress management by developing the *CISD Primer* in consultation with Dr. Andres Sotto. This highlighted CISD as a sub-component of the comprehensive Critical Incident Stress Management (CISM).

Given the updated CISD primer, the DSWD conducted series of basic training programs for CISD implementers as well as training of trainers. In line with this, the Critical Incident Stress Management (CISM) and Critical Incident Stress Debriefing (CISD) Training of Implementers for Luzon Cluster was organized in 2005 which was held in Tagaytay City and was attended by thirty five (35) participants from the Central Office (CO) and Field Offices (FOs) in Luzon. It was also in 2005 when DSWD staff from Field Offices in Visayas and Mindanao Clusters were trained on CISM-CISD. However, based on submissions of DSWD FOs, only six (6) regions

have conducted trainings on CISD from CY 2006-2010 with participants coming from the FOs and local government units (LGUs) (*Annex A*).

Curiously, through years of service implementation, DSWD has yet to study the effects of CISD to the victims of critical incidents especially natural disasters. In view of the need to assess the service, the Department proposes this study which attempts to determine the effects of the CISD in order to eventually draw necessary recommendations concerning the provision of CISD. Further, this also supports the issuance and implementation of the National Disaster Coordinating Council (NDCC) Resolution No. 1, Series of 2008, *“Joint Resolution for the Adoption of the Guidelines of the International Agency Standing Committee (IASC) on Mental Health and Psychosocial Support in Emergency Settings as Applicable in the Philippine Context”* (*Annex B*).

1.1. Objectives of the Study

The study aims to determine the effects of the CISD as a stress management strategy under the CISM used by DSWD in helping individuals and families who experienced stresses from critical incidents/situations.

Specifically, the study attempts to:

1. Identify critical incidents and stresses experienced by the victims of natural disaster.
2. Determine how the victims were assisted by DSWD CISD debriefers to deal/cope with the stresses from the critical incident.
3. Identify the effects of CISD session to the victims in terms of the following:
 - a. Actions taken by the victims to deal with effects of critical situation
 - b. Support systems they have developed and mobilized for stress management
 - c. Plans for managing future stresses

4. Identify facilitating and hindering factors in the conduct of CISD in relation to:
 - a. CISD participants
 - b. CISD debriefers
 - c. CISD sessions
5. Come up with recommendations in line with the implementation of the CISD service.

1.2. Review of Related Literature

CISD is one of the components of CISM. According to Everly, it is considered a complex process and an innovation in applying crisis intervention and educational processes to the context of a group. CISD was originally designed by Jeffrey T. Mitchell and his colleagues to reduce stress among emergency service personnel who have been directly exposed to extremely traumatic incidents. CISD has been applied in schools, industries, commercial operations and community groups (Mitchell, 1988).

According to Mitchell and Everly (1997), CISD is applicable only when there are three or more individuals needing the briefing. They also believe that any number of individuals/victims less than three, who needs intervention, could use approaches as “defusing” or “individual” consults. CISD was originally developed for secondary victims (emergency workers and other personnel involved in disaster management). However, in the case of DSWD, the service has also been applied to deal with primary victims of disaster and other critical incidents.

The DSWD CISD Primer 2005 states that CISD is a group process that is applied to reduce the potential of Post-Traumatic Stress Disorder (PTSD). It gives people the opportunity to verbalize their distress and form appropriate concepts about stress reaction before false interpretations of the experience are fixed in their minds. CISD as a preventive program is designed to reduce stress and/or enhance recovery on the part of the participants.

The primary goals and objectives of CISD are to (1) mitigate the impact of the critical incident on those who were victims of the event, be they primary victims, secondary victims, or tertiary victims; (2) accelerate normal recovery processes in normal people who are experiencing normal stress reactions to abnormal traumatic events; and (3) facilitate the identification of individuals within the group who might be in need of additional CISM services or a referral for therapy.

The secondary goals and objectives of CISD may not always be achieved in every CISD session but they should always be the goals. These are: (1) education about stress, stress reactions and survival techniques; (2) emotional ventilation (3) reassurance that the stress response is controllable and that recovery is likely; (4) forewarning of signs and symptoms which might show up in the near future; (5) reduction of fallacy of uniqueness (or the feeling that one has been singled out to be a victim); (6) reduction of the fallacy of abnormality; (7) establishment of a positive contact with mental health professionals; (8) enhancement of group cohesiveness; (9) enhancement of inter-agency cooperation; (10) prevention of mitigation of post-trauma syndromes and PTSD; (11) screening for people who need additional assessment or therapy; and (12) referral for counseling or other services as necessary.

The CISD as a group process/intervention involves seven important phases (*CISD Primer, 2005*):

1. Introduction – the first phase sets the stage for all of the other phases of the debriefing. The team members and the participants introduce themselves. The debriefing team then explains the purpose of the session to the participants.
2. Fact – the easiest portion of the CISD. The participants describe what happened, in a very objective way. Facts are a collection of items outside of oneself. Facts are impersonal. Discussions of facts are not as distressing as personal discussions.
3. Thought – the thought phase begins when the team leader asks the participants to state their first thought or most prominent thought once

they got off an “auto pilot” mode of operating. The facts are outside of the person while the thoughts are internal and part of the person. The thought phase represents a transitional phase from the cognitive domain to the affective (emotional) domain.

4. Reaction (Emotional) – This phase is typically the most emotionally powerful of all CISD phases. The question which triggers most of the discussion in the reaction phase is: *“What was the worst thing about this situation for you personally?”* Variations on the question can also be made to elicit a discussion of emotions.
5. Symptoms – The objective of this transitional phase is to begin to move the group back from the emotionally laden content of the reaction phase toward the more cognitively oriented material. The symptom phase is a natural part of the overall process from the cognitive domain to the emotional and then back to the cognitive domain.

The CISD debriefers ask the participants to describe any cognitive, physical, emotional or behavioral experiences they may have encountered during the critical incident. The debriefers may give several examples of stress related symptoms (trembling hands, inability to make decisions, feelings of anger, etc.

After this, the CISD debriefers will ask the group if they have any leftover symptoms of distress from the time of the incident right up to and during the debriefing.

6. Teaching – The teaching phase begins with the pointing out of several symptoms just described in the symptoms phase and letting the group know that these symptoms are normal, typical or to be expected after the type of critical incident they had experienced.

During this phase, the debriefing team reinforces the message that the stresses experienced and shared by the participants in the session are

“normal reactions to an abnormal situation.” This phase leads quite naturally into the re-entry phase.

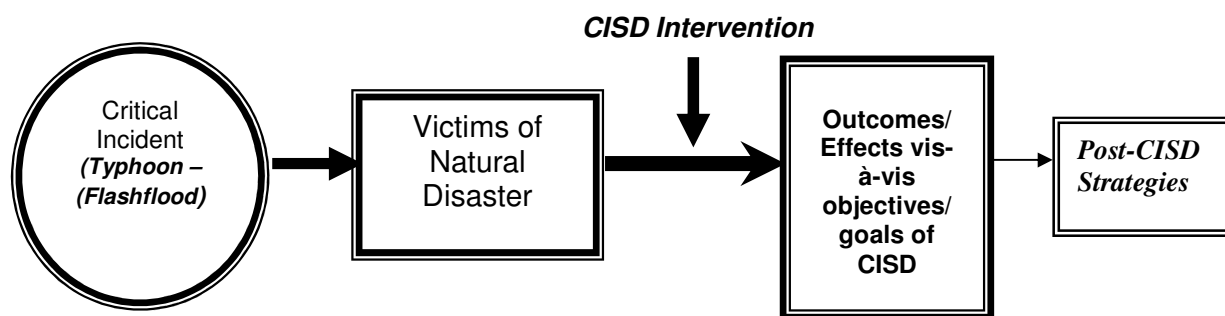
7. Re-entry – the final opportunity to clarify issues, answer questions, make summary statements and return the group to their normal functions. This phase puts closure on the discussions, which have just occurred in the debriefing.

Various studies suggest different conclusions based on their focus. Most of the studies conducted concerning CISM were focused on CISM provisions on emergency personnel, victims of natural disasters and workplace traumas (Williams, 1993). A study by Rogers (1992) on CISM was focused on CISM service for emergency personnel. His study suggests that effects of CISM may not be evident until several weeks after the CISM session/s. This study by Rogers needs to be replicated and expanded. Researchers Dyregrovs (1989), Turner, Thompson and Rosser (1993) believe that CISM is more effective as a group process.

On the contrary, a meta-analysis conducted by Van Emmerik which was approved by the Advisory Council on First Aid and Safety in 2006 suggests that there is no convincing evidence that psychological debriefing or a *single-session* group debriefing is effective in reducing PTSD. There is significant evidence that CISM may be harmful. According to Emmerik, *CISM should not be recommended for rescuers following a traumatic event.*

Taking into consideration these previous studies, the Department intends to conduct a descriptive assessment study on the effects of CISM sessions.

1.3. Conceptual Framework



The study intends to determine the effects or impact of CISD services to beneficiaries. The assessment of effects of CISD shall be based on the objectives and goals of CISD as stated in the DSWD CISD Primer (2005).

1.4. Operational Definition of Terms

For the purpose of this study, the following variables are defined:

1. CISD – a group process and a preventive stress management strategy designed to assist victims of critical incident (flashflood).
2. CISD Debriefers – CISD facilitator / DSWD FO senior social worker who conducted the CISD session
3. CISD Participants - refer to the victims who attended the CISD session
4. Critical incident – unusual event experienced by the victims
5. Effects of CISD sessions – refer to the results of CISD sessions. These would include actions taken by the victims to cope with the stresses (e.g. ventilation of feelings during the CISD session, formulation of contingency plan) and support systems they have developed (e.g. family, necessary professional contact, etc.)

6. Facilitating factors in the conduct of CISD session – include aspects that assisted the conduct of CISD in terms of CISD participants, CISD providers and the session itself.
7. Hindering factors - include problems encountered during the conduct of CISD in terms of CISD participants, CISD providers and the session itself.

1.5. Scope and Delimitation of the Study

The study shall have the following scope and delimitations:

1. The study only covered the victims of Typhoon Frank with ensuing flashflood in 2008 who participated in CISD sessions in San Remegio, Antique in Region VI.
2. The only one trained CISD debriefer from DSWD FO VI, who conducted the CISD sessions in 2008 was interviewed as key informant for the study.
3. CISD sessions conducted in the region do not have documentations/records of proceedings (as is required and stated in the guidelines on the conduct of CISD used in the Training of Implementors on the Enhanced Critical Incident Stress Debriefing Model - 2005) and information gathered were based on the recall of the respondents.
4. One problem encountered by the researchers and interviewers was the difficulty of some respondents to recall their experiences as well as the CISD process considering the date of conduct of CISD vis-à-vis the conduct of the study.

2. Methodology

2.1. Research Method

In order to attain the objectives of this descriptive study, qualitative method of research was utilized through interviews and case studies. Three (3) case studies were presented to provide details on the experiences of the respondents relative to the disaster and the CISM session (please see Annex C). Interviews were undertaken for both the identified participant respondents and the DSWD debriefer respondent. Interview guides formulated for both category of respondents with the assistance of a research adviser, were used to generate data/information.

2.2. Sample Respondents

There were nineteen (19) CISM participant respondents (primary victims¹) interviewed. These were part of the twenty-five (25) who participated in the CISM session conducted in June 28, 2008 for victims of Typhoon Frank. They are residents of heavily affected barangays of San Remigio, Antique. The only CISM debriefer respondent is a senior social worker of DSWD Region VI assigned in the province of Antique.

2.3. Interviewers

There were five (5) social workers from DSWD Field Office VI and the research adviser who were utilized as interviewers. These persons speak the Ilonggo dialect which was used during the interview of participant respondents. The debriefer respondent on the other hand was interviewed by the staff from PDPB Research Unit of DSWD Central Office.

¹ Primary victims – are individuals who are most directly affected by a crisis, disaster or trauma

2.4. Data Gathering Activities

Orientation for Interviewers. The PDPB Research Unit staff discussed with the interviewers the background of the study. They likewise shared the rationale why Region VI was eventually identified as target of the study. The research adviser discussed the research instrument for common understanding and frame of reference on the data/information asked for and on possible techniques and strategies to ensure that information sought for are given. The interviewer staff rehearsed/practiced interviewing with their fellow interviewers to identify and clarify questions and possible responses. They also planned how they will conduct the interview and the expected outputs from them.



DSWD FO VI staff during the orientation for interviewers.

Interview of Respondents/Informants. The interviews were conducted at the Sanggunian Bayan Session Hall of the San Remegio Municipal Hall. Three interviewers interviewed four respondents each, one with three and the other two with two each. The interviewers used audio recorders to ensure accuracy of information.



A social worker from DSWD FO VI interviews a CISD participant.

Processing of Interview Outputs. The interviewers met with the research team to discuss the processing of their experiences during the interviews. There was sharing of information gathered, confirmation and validation of some contrasting information.

The interviewers then transcribed and translated the interview outputs from Ilonggo dialect to English for understanding of the PDPB research staff.

3. Results

3.1 The Respondents

a. CISD Participants

Respondents of the study consist of nineteen (19) of the twenty-five (25) participants to the CISD session conducted last July 2008 who were victims of flashfloods brought about by Typhoon Frank. They were identified by the local government units as persons who were gravely affected by the tragedy due to either loss of livelihood, loss of property or loss of loved ones.

The nineteen (19) respondents came from seventeen (17) households in San Remegio, Antique, eleven (11) of which resided in Brgy. Cadolonan. Other respondents came from Brgy. Iguirindon (4), Brgy. Bugo (2), Brgy. Trinidad (1) and Brgy. Maragubdob (1). There were nine (9) male household heads and ten (10) females, eight (8) of whom were spouses of household heads and the other two females were an eighteen (18) year old daughter (the youngest among the sample) and a sixty-eight (68) year old grandmother. The youngest household head was aged thirty (30) years while the oldest was aged sixty-nine (69).

b. The Debriefers

The CISD debriefer is a registered social worker occupying a senior social worker position in DSWD FO VI trained on CISD. She attended a re-echo training on CISD conducted by one of the trained CISD debriefers by Dr. Andres Sotto in 2006.

3.2. The Critical Incident

In June 21, 2008, the municipality of San Remegio, Antique was badly hit by Typhoon Frank. This typhoon caused flashflood which affected 28 barangays (7 barangays were badly hit) with more than 1,000 families.

Houses and other properties were all washed out. This could be due to rivers surrounding the municipality, unstable structures of bridges in the area and the lack of trees in the mountains which prevent soil erosion and flood.

DSWD provided relief goods and other basic needs to the victims (food, clothing, etc.) They also assisted the LGU in relief operations and evacuation centers. One of the services that they provided was the CISD which was initiated by the debriefer.

Varied reactions and feelings emerged from the respondents during the time of the critical incident. There was an overwhelming emotion fear, horror and panic. Six respondents mentioned feeling fearful for their own and their family's survival and five respondents said they felt so helpless and pitied themselves. They could only look in despair as their houses were washed away by the strong current. One respondent said, *"I thought this was the end of the world already."*

Three respondents initially felt numbed and could not move. Other bodily manifestations that were mentioned include crying, trembling and feeling of throbbing pain. On the contrary, one respondent felt that she was given an unusual strength to save her loved ones.

Eleven of nineteen respondents immediately turned to God for help and guidance. Five of them said they entrusted everything to the Lord, five prayed for protection and one asked forgiveness for her sins.

3.3. Effects of the Critical Incident to Victim-Respondents

Most of the respondents saw their houses being washed away by the floods. This was true especially for those respondents residing in Brgy. Cadolonan, which is located by the river banks, and Brgy. Iguirindon, a community surrounded by water. Fourteen (14) out of nineteen (19) respondents lost their homes and almost all of those were made of light materials like bamboo and nipa. While they all had their own houses, they were constructed out of their great effort, sacrifice and years of saving. Some

had to sell their livestock and agricultural products just to have it built. One respondent continues to pay for a housing loan of P6,000/month for a house that was destroyed by Typhoon Frank.

There were nine (9) households who lost their main source of livelihood which is farming since their farmlands became unproductive as these were heavily silted. Five (5) households lost their farm animals. These families used to rely heavily on their farm lots and livestock before the disaster, which, for one respondent, provided them around P150,000 annually. One respondent used to produce 60 cavans of palay per cropping from three hectares of farm land but is now left with one hectare producing 9 cavans of palay per cropping. There was one respondent who had to continue paying for a loan that put up a piggery which was totally destroyed.

It has been a constant struggle for survival, especially for those respondents whose families lost their breadwinners and main source of livelihood. There were two respondents whose husbands were killed, resulting in the loss of their breadwinner in their respective families. Now, these families only rely on either monthly pension of retirees or salaries from day jobs (househelper, government employee, public school teacher, etc.) or help from relatives that can barely cover for their daily expenses. Some children had to stop schooling due to financial constraints and there was one family who said they could not eat three meals a day anymore.

The biggest stress, however, came from the emotional burden carried by those who lost their family members. There were a total of seven respondents who lost their loved ones, with two losing their husbands/breadwinners and three losing their children. Four of these respondents experienced the death of more than one family member.

The critical incident left seven respondents feeling shocked and disturbed. They found difficulties in immediately accepting what happened because, for three of them, they lost their properties, and for the rest, because they lost their loved ones. One of them reported losing her child and her husband to flash floods and said she couldn't sleep nor eat afterwards.

She also felt like she was going crazy, often walking towards nowhere and feeling lost.

Two respondents admitted that, at the time of interview, they have yet to move on from the critical incident. Both are fathers who are kept haunted by the memory of their dead children calling out to them for help. One respondent, who is thirty years old and lost his two children said, *"Every time I sleep, I can hear the cries of my children and I am wondering where they are now."* He blames himself for the incident due to his lack of faith in God. He was skipping masses because he prioritized watching over his kids than going to church. The other respondent, who lost his wife and 12-year old daughter to Typhoon Frank, said that, up to now, he still cannot work when he remembers what happened to his family.

Despite all these, most respondents said that the incident brought something positive to their lives. According to three respondents, they developed stronger relationships with their relatives and neighbors who comforted them and showed much support. One respondent said that the experience made her appreciate her family more and made her realize that they should stick to each other no matter what. Another respondent even volunteered to do community work and cook for those who have no food to eat. Nevertheless, the stresses that came along with the tragedy also caused some constant quarrelling to families of two respondents. One of these said his husband gets irritated easily which may be due to their family's financial handicap.

The incident also ignited something positive within the respondents in terms of their relationship with God. Two respondents said they actually felt closer to Him and developed stronger faith. Three respondents mentioned much appreciation for the second life given to them that one sponsored a thanksgiving mass and another felt the responsibility to help others as a way of giving back. Another respondent viewed the incident as a wake-up call for everyone who has forgotten Him. However, there was one respondent who couldn't help but blame God initially for the tragedy that struck her family.

Upon realizing that her husband and her child were missing, she thought *“Jesus, you should have taken me as well.”*

3.4. The CISD Session

The respondents learned about the CISD session through the Municipal Social Welfare and Development Officers (MSWDOs), the Mayor and/or the Barangay Captain. Five respondents attended without knowing what the CISD is or what its objectives are. Four respondents said they knew it was a *“sharing of experiences”* while four others knew that it was a session where they can get help with their Typhoon Frank-related problems.

Several reasons were mentioned by the respondents as to why they participated in the CISD. Two respondents said they attended out of curiosity, or just to know how the debriefing will go. One respondent said he was merely encouraged to attend while another respondent thought she will be receiving relief goods. There were two respondents who said they wanted to ventilate their feelings and one respondent each who said he wanted to gain moral support, he wanted to get help on how to start anew, and he was hoping to get some help on how to resolve his problems. .

Four respondents recall feeling tensed and uncertain at the start of the session. One respondent said her co-participants looked as clueless as her. Another respondent remembered feeling lethargic and hopeless while another said she couldn't remember anything because she wasn't in her right mind. One respondent, however, looked forward to being relieved off the heaviness she was feeling and there were two respondents who felt happy to see familiar faces and that their neighbors survived.

Observations about their co-participants in the CISD session also varied. Two respondents noticed that others looked oblivious and unaware of their surroundings. One respondent observed that his co-participants were sad and crying; while another observed that her co-participants were silent and in deep thought. Two respondents noticed that their co-participants

looked pessimistic and emotional, while another respondent thought her co-participants looked nervous.

The debriefer respondent explained the process which she undertook to consist of the following: introduction of the debriefer and the participants, discussion of the objectives of the session, individual sharing of experiences to the group, lecture on how to cope with their current stresses and prepare for a similar event in the future, prayer and short physical exercises. To begin with, however, she requested the rural health worker to check on the blood pressure of the participants to ensure that they are physically fit to participate in the session.

From the respondents' recall, however, the CISD session dealt more with a "sharing" or "narration of experiences." Six respondents remembered this part of the session and reported that this part made the most impact to them. One respondent said that it was "the opportunity to tell my story, being listened to, and being affirmed of what I did for our survival" which made the most impact to her. Two respondents said they felt more comfortable and at ease in telling their stories as they listened to others. One respondent also noticed that co-participants who were silent at the start of the session became alive as they shared their experiences. In fact, four respondents said that this methodology of sharing was a vital facilitating factor in the conduct of the session because it helped significantly in unloading their stresses.

The ease of participating in the CISD session, according to the respondents, was brought about by an apparent cooperation within the group. According to one of these four respondents, it helped that the audience was attentive and supportive. Two others said that the facilitator's assurance that they will not be judged for their answers and that the information they will give shall be confidential encouraged them to participate. This was affirmed by the debriefer who said she conducted the session in such a way that participants are free to share their thoughts and feelings and will not be forced to talk if they didn't want to.

Meanwhile, one respondent noted that the content was a facilitating factor for it was *“very much positively encouraging.”* Although only three respondents remembered the facilitator giving a lecture after the sharing, five respondents mentioned that the content was helpful, with one of them saying that it regained her sense of hope and optimism.

The lecture talked about remaining steadfast and strong in their faith and maintaining a positive outlook in life despite the tragedy they went through. The debriefer gave an inspirational talk to the victims on how to face this challenge in life. Her advice and encouraging words were mentioned by two respondents as the part that made the most impact to them throughout the CISD session.

More respondents provided positive feedback on the facilitator saying that the session was conducted very smoothly. The debriefer, according to one respondent, *“explained clearly, gave clarifications as needed, encouraged participation by participants through non-verbal actions and gave affirmation and appreciation.”* Four respondents said that she explained instructions very clearly and provided clarifications as needed. She also showed appreciation for the participants' willingness to share. One of them said that she seemed trust-worthy while another elaborated by saying that *“the participants were recognized for their courage to share their experiences, grief, sorrow and situation.”*

The debriefer incorporated a prayer towards the end of the session by inviting the participants to hold hands. This was actually identified by three respondents as having the most impact to them. One respondent said, *“During the prayer, she realized God's guiding hand spared her and her family.”*

The participants expressed gratitude to the debriefer for conducting the CISD session. They said that the session helped them better understand their situation and gave them hope for a better future. Four respondents said they felt eased from the pain after the session and noticed the same for their co-participants. One respondent said that she felt good after being listened

to, and that he felt the warmth and sympathy of his co-participants.

However, two respondents said that the content of the session should include discussions on how to handle stresses from disasters more concretely. They needed more advice on how to deal with problems related to their dead/injured and absence of income to meet their daily subsistence. There was also one respondent who expressed his need for a livelihood project in order to keep him busy and forget the past.

Meanwhile, three respondents noted that the four-hour session was too short for twelve or thirteen participants and some were not given the chance to talk about their experiences as lengthily as others. The debriefer agreed to this by saying that *"they needed more time to ventilate their feelings."* Two more respondents recommended DSWD to conduct follow-up sessions and there were three who said DSWD needs to extend the sessions to more victims next time.

While seven respondents found the time and venue appropriate for the session, the debriefer herself thought that the venue was not conducive for conducting CISD sessions. It wasn't private enough, according to her, when in fact this should be an important consideration. Related to this, she recommended for DSWD to allocate funds for these sessions instead of depending on the LGU for financial support. This is relevant to the selection of venue and meals for the participants.

Aside from this, the debriefer also recommended the conduct of CISD session as a team wherein there will be a co-facilitator who is also trained in conducting CISD. The team members (especially the facilitator and co-facilitator) should have a clear understanding about the CISD session. In addition to that, CISD debriefers should also be sensitive to the behavior and situation of the victims in order for her/him to identify victims who may need follow-up professional interventions. Moreover, debriefers should be always prepared before conducting the CISD sessions to be able to prevent further psychosocial problems of victims as well as the debriefers themselves.

3.5. Effects of the CISD Session

Majority of the respondents said that the CISD session was able to help them in terms of providing the opportunity for ventilation. Eight respondents mentioned being relieved from the pain and/or burden they were feeling, four respondents said they felt better after the session while two respondents said that they were helped by the CISD session simply because they were able to express their feelings. Six respondents noticed that their co-participants looked relieved and more relaxed after the session but two respondents thought that some participants are still having difficulties in letting negative feelings go.

The debriefer observed that participants felt very bad for what happened to them. Some were crying and very vocal during the session. There was one who put the blame on God by saying that the flashflood was God's punishment to mankind. Another explained that what they experienced was the effect of environmental degradation brought about by abuse and misuse of the world's natural resources.

There were three respondents who said that the CISD session helped them accept what happened to them. One of them said that she learned to accept the loss of her dead family members and made her realize that she must move on. There was another respondent who said that she was given the *“strong desire to move on and start anew, which is possible with God’s help.”*

Two respondents also expressed that they have been freed of hopelessness and despair and there was one who felt more optimistic about finding her missing family members. Three respondents were able to realize how blessed they were, especially compared to their co-participants who were affected much seriously. One of them said, *“I felt blessed to be alive.”* Other explanations given by the respondents as to how they were able to cope/handle their stresses through the CISD session were *“I felt comforted”*,

“I was touched by stories told by other victims” and “My fears were minimized.”

Among the important learnings they gained from the CISD session, alertness was one of the top answers, with five respondents mentioning this. Incidentally, there were also two respondents who learned about the importance of being prepared, and two others of being calm, for situations similar to Typhoon Frank. Being independent also came out from one respondent as an important learning from the CISD session.

There were also four respondents who recognized the value of sharing painful experiences to alleviate the heavy burden they are feeling. One of them saw the equal importance of listening to others' experiences and being sensitive to their pain and suffering. Participants learned to strengthen their relationships with other victims through the value of unity and *“bayanihan.”*

The CISD session also allowed one respondent to realize that the *“accumulation of worldly possession is trivial because all these can be taken in a snap.”* She further said that relationships with God, family, relatives and friends matter more than material things. Five others realized the importance of God and prayers in recovering from their painful experiences. They believe that faith in Him shall provide them the strength they need now and in the future when more challenges come their way. One respondent noted, however, that putting one's trust in God and helping oneself must go together.

Despite all the positive effects of the CISD session mentioned by the respondents, there were only two who mentioned taking concrete actions after the session to apply what they learned. One said *“I avoid talking about the incident with my family and entertain myself to forget the things that happened by gardening, reading and raising hogs.”* Another one said that her family has come up with a plan on how to prioritize their expenses, considering that they are continuing to pay for monthly amortization, in order to meet their basic needs.

Application of Learnings. There was only one respondent who experienced another critical incident after Typhoon Frank. She is a 38-year old mother whose husband and 15-year old son died last December 2008. They were killed by her husband's cousins. She recalled that she was at work then as a house helper in San Jose, Antique when she learned about the news.

“When I got home, I saw that they were already dead and memories and feelings of Typhoon Frank came back, except that this is worse. I didn't know what to do. I went hysterical and went crazy. I could not describe the pain I was feeling. Honestly, what I learned from the CISD became irrelevant. I was just dazed and shocked.”

According to her, she is still in a deep state of shock and she has yet to accept what happened. She continues to wonder how she will be able to feed her family and pay for their daily expenses. She would also find difficulty in going to work because she would need to attend to hearings for the death of her husband and son. She draws her strength now from her children and in-laws who continue to support her.

3.6. Self-Evaluation (CISD Debriefing)

The debriefer thought she was able to help the participants cope/handle their stress due to the critical incident. The participants expressed appreciation because they felt more comfortable to know there are people who are ready to listen and help them understand their situation.

For the debriefer, the training she attended is not enough since it focuses only on theories and lectures on stress and CISD. She recommends more in-depth training on CISD which would include basic knowledge on behavior management of victims, anger management training and the likes.

According to her, the previous training she attended was able to explain CISD very clearly, although there is still a need for follow-up trainings. Regular refresher trainings (at least once in two years) conducted with a

CISD expert as resource person is an imperative for them to be equipped with knowledge, skills and attitude they would need in conducting CISD especially the process of conducting the CISD (7-phases).

4. Summary of Findings and Analysis

4.1. CISD Process

Based from the answers of the respondents and the debriefer, the CISD process involved relevant phases which include *introduction of the participants, discussion of the objectives of the session, ventilation and sharing of experiences, thoughts and feelings and lectures on preparing and coping with critical incidents*. The “prayer” and “sharing” or “narration of experiences” were mentioned several times as the parts of the session which made the most impact to the participants. The inclusion of prayer in the session was stated in the DO no. 33, series of 1996 but not in the CISD Primer (2005).

The sessions conducted by the debriefer showed that the phases of CISD were applied. However, as recommended by the participants, there is a need to further strengthen the discussion and lectures on preparing and coping with critical incidents that would help them manage their present and future stresses. This can be addressed through regular trainings for debriefers which would also include capacity building and refresher activities on how to more effectively apply the CISD phases stated in the earlier sections.

Apparently, while the purposes of the CISD session were clear to the debriefer, such was not the case with the participant respondents. Perhaps, this was not clearly communicated to the identified participants during the invitation or they forgot about there considering their differing responses.

4.2. Effects of CISD

The most emphasized effect of CISD was the feeling of being relieved from pain and the initial burden caused by the critical incident after sharing their experience with others. CISD, as a “*group process*”, had significant effects on the victims in terms of providing them the opportunity to ventilate their thoughts and feelings, as well as to listen to other victims’ stories.

However, few respondents expressed that they were able to formulate plans and action points to deal with the effects of critical situation and to be able to effectively manage future stresses. There were also limited responses to prove that support systems for stress management have been developed and mobilized by the victims. Further, even after years following the critical incident, anxieties and emotional strains caused by ensuing stresses still haunt some of the victims such as death of loved ones or breadwinner and loss of income source and properties. These concerns, which were not utterly addressed by the CISD session conducted by the debriefer, are part of the goals of CISD – *facilitate the identification of individuals who might be in need of additional CISM services or a referral for therapy, screening of people who need additional assessment or therapy and referral for counseling or other necessary services.*

4.3. Facilitating and Hindering Factors / Recommendations by the Participants and the Debriefers

Some respondents recognized that the cooperation among participants facilitated their own participation in the CISD session. One of these four respondents attributed this to an attentive and supportive audience. Two others ascribed this to the facilitator’s assurance that they will not be judged for their answers and that the information they gave will be confidential. More respondents provided positive feedback on the facilitator saying that the session was conducted very smoothly. It was also expressed by the debriefer that group session is more appropriate for disaster victims compared to other cases such as violence /abuse.

The debriefer, according to one respondent, *“explained clearly, gave clarifications as needed, encouraged participation by participants through non-verbal actions and gave affirmation and appreciation.”* Four respondents said that she explained instructions very clearly and provided clarifications as needed. She also showed appreciation for the participants’ willingness to share. One of them said that she seemed trust-worthy while another elaborated by saying that *“the participants were recognized for their courage to share their experiences, grief, sorrow and situation.”*

Furthermore, the debriefer was able to assure confidentiality of the information shared and that participants will not be judged for what they will say during the session. Four respondents noted that the participatory approach in the sharing was appropriate and vital in unloading their stresses. The content was also helpful for five respondents, with one of them saying that it regained her sense of hope and optimism. The prayer led by the facilitator was mentioned as one of the encouraging parts of the session by providing participants the strength to pursue their lives.

Seven respondents found the time, length of session and venue appropriate but there were three who said that the four-hour session was too short for twelve or thirteen participants. However, the debriefer also thought that the venue is not conducive for the conduct of the session. Privacy and confidentiality should be considered in the selecting the venue of the session. Everyone should also be given equal opportunities to share and they needed more time to ventilate their feelings. Two others recommended for follow-up sessions while three mentioned the need to extend CISD sessions such as these to more victims of disasters. There could have been more effort on the part of DSWD to reach out to them.

Two respondents also said that the content of the session should include discussions on how to handle stresses from disasters more concretely. They needed more advice on how to deal with problems related to their dead/injured and absence of income to meet their daily subsistence. There was also one respondent who expressed his need for a livelihood project in order to keep him busy and forget the past.

There were six respondents who had no answers for these questions.

For the debriefer, she believes that the DSWD should not be totally dependent on the LGUs in conducting CISM. Funds should be allocated by DSWD for the conduct of CISM which would include the selection of venue and meal expenses for the participants.

Aside from this, the debriefer also recommends the conduct of CISM session as a team wherein there will be a co-facilitator who is also trained in conducting CISM. The team members (especially the facilitator and co-facilitator) should have a clear understanding about the CISM session. In addition to that, CISM debriefers should also be sensitive to the behavior and situation of the victims in order for her/him to identify victims who may need follow-up professional interventions. Moreover, debriefers should be always prepared before conducting the CISM sessions to be able to prevent further psychosocial problems of victims as well as the debriefers themselves.

5. Conclusion and Recommendations

The CISM served as an opportunity for the victims to share and ventilate their thoughts, feelings and experiences during and after the critical incident. Aside from this, the victims' responses imply that CISM session had been valuable in providing them the venue to listen to other victims' stories. However, ensuing stresses (i.e. death of breadwinner, loss of income source) brought about by the critical incident which still cause emotional anxiety to the victims were not dealt with in the CISM session conducted by the debriefer. These concerns should have been addressed through assessment and follow-through activities by the CISM debriefer/s with the victims. This suggests short-term or limited effects of a single-session stress debriefing to *a group of primary victims* in terms of *being relieved off the initial emotional burden caused by the critical incident*.

The following recommendations may be considered in the enhancement of the implementation of CISM under the CISM strategy, as well

as for the development of policy guidelines and module on Psychosocial Support in Emergency Setting as part of the DSWD's initiative to implement NDCC Resolution No. 1, Series of 2008, *"Joint Resolution for the Adoption of the Guidelines of the International Agency Standing Committee (IASC) on Mental Health and Psychosocial Support in Emergency Settings as Applicable in the Philippine Context"*:

- i. **Team Approach in the Conduct of CISD.** The CISD can be conducted by a team composed of 1) DSWD Field Office trained debriefer, 2) the LGU social worker and 3) LGU health worker who are both trained on CISD. The presence of the LGU social worker would be essential in the assessment of victims who may need further intervention to be able to inform the victims on other possible services available in the local government unit and other organizations and institutions for their faster recovery and rehabilitation. This approach would also help the CISD team to better manage a group usually composed of around 10 persons.
- ii. **Innovation with regard to CISD Process.** CISD debriefers should be innovative in conducting CISD. In case of the debriefer's experience in the conduct of CISD, *group prayer* was included as an additional part of the process. This turned out to be one of the parts of CISD process which had great impact to the participants. The inclusion of spiritually-lifting activities reflective of Filipino norms and values can be considered in the enhancement of the CISD module.
- iii. **Number of Participants and Duration of the Session.** Considering the provision under the DO no. 33, series of 1996, an ideal number would be 6 – 10 participants per group in order to maximize participation and sharing of the victims. This would also help the debriefers to manage the group more effectively. Given this number of participants, the session can be conducted from three (3) to four (4) hours. It was noted that one of the

observations of the respondents is that the time was too short for their group which was composed of 12 participants.

- iv. **Discussion on Other Possible Services/Interventions.** It is suggested that during the CISD session, there should be a discussion on other services/interventions available for the recovery and rehabilitation of the victims. This will minimize ensuing stresses brought about by the critical incident which continuously cause emotional anxiety to the victims.
- v. **Appropriate Time to Conduct CISD.** There is a need to further assess the appropriate time to conduct the CISD session after the critical incident. Everly and Mitchell suggest conducting CISD 3 – 7 days after the critical incident. This was not indicated in the DSWD Primer on CISD and DO no. 33, series of 1996. Findings show that participants had very low retention of information and had difficulty in participating during the session because they were still traumatized and/or preoccupied after the critical incident. Some of them even shared that they were still busy attending to their member casualties, clearing out debris, etc.
- vi. **Conduct of Follow-up Sessions.** Follow-up session/s can be conducted to monitor the condition of the victims especially those who need further intervention. In this way, the CISD session can also serve as entry point in identifying further intervention and/or assistance to victims who experience consequent stresses brought about by the critical incident which cause continuous anxiety to the victims (e.g. loss of income source, death of breadwinner, etc.).
- vii. **Reader-friendly Module.** It is also recommended that the module should be “reader-friendly”. It is essential that debriefers are not only knowledgeable on the process but, more importantly, they clearly understand the concepts and can convey this information and knowledge to the CISD participants.

- viii. **Regular Capability Building Activities.** There should be regular trainings / refresher / capability building activities for *DSWD CO* and *FO staff* on the conduct of CISM. Regular trainings would also capacitate the debriefers on how to effectively apply the CISD phases. Moreover, considering the importance of a team approach, LGU social workers and health workers should be trained regularly by the DSWD FO.

Relative to the conduct of trainings, the DSWD CO and FO should also have complete inventory of CISD trainings and CISD sessions conducted to be able to monitor the implementation of CISD as part of the CISM strategy.

It is also an imperative to train more debriefers in the DSWD FOs and LGUs to be able to conduct more CISD sessions. The study shows that there were too many participants but only few sessions were conducted to address the needs of these victims. CISD should be able to reach out more victims of critical incidents. However, there is lack of enough trained debriefers to address this concern.

- ix. **Further Evaluation Study.** Considering that this qualitative study has a very limited scope and covers only the effects of CISD to the victims who participated in the CISD, further assessment or more in-depth evaluation can be done to determine the effectiveness of the CISD as a strategy under the CISM.

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ANNEXES

A – Inventory of CISD Trainings Conducted by DSWD Field Offices from CY 2006-2010

B – NDCC Resolution No. 1, Series of 2008, *“Joint Resolution for the Adoption of the Guidelines of the International Agency Standing Committee (IASC) on Mental Health and Psychosocial Support in Emergency Settings as Applicable in the Philippine Context”*

C – Case Presentation

D – Research Instruments

E – DSWD Primer on CISD (2005)

F - Department Order no. 33, series of 1996, *“Implementing Guidelines in the Conduct of Critical Incident Stress Debriefing (CISD) as a Disaster Management Strategy”*