



## World Health Organization

### **Single-session Psychological Debriefing: Not Recommended<sup>1</sup>**

The purpose of this brief communication is to draw attention to some aspects of mental health interventions in emergency situations. The world is witnessing an increasing number of conflicts and disasters - causing enormous mental suffering. As a result, more and more governmental, nongovernmental and United Nations agencies are involved in the provision of mental health assistance to affected populations. One of the most popular approaches is so-called 'single-session psychological debriefing.' It is WHO Department of Mental Health and Substance Abuse technical opinion - based on the available evidence - that it is not advised to organize forms of single-session psychological debriefing to the general population as an early intervention after exposure to trauma.

Mental health interventions during and after disasters and conflict are being discussed widely in the medical literature and popular media. It is well-known that common mental problems (mood and anxiety disorder, trauma-related problems) increase after exposure to severe trauma and loss and that formal/informal services for people with pre-existing disorders often collapse during emergencies. Fortunately, a range of sound strategies for social and mental health interventions are available to reduce disorder and distress. These are summarized by the Department in the document [Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors](#), available in four languages (English, Arabic, French, and Spanish). Single-session psychological debriefing is not among the recommended strategies.

Single-session psychological debriefing is a formal type of early intervention after exposure to trauma for which several models have been developed in the past two decades. Its origins can be traced to efforts to reduce psychiatric casualties among soldiers immediately after combat throughout the last century. It became prominent in the 1980s when the principles were transferred to civilian life. Presently, it is seen more and more frequently that relief agencies seek to deliver psychological debriefing to the entire surviving population in certain trauma-affected communities. Debriefing typically involves promoting some form of emotional processing/catharsis by encouraging recollection/ventilation/reworking of the traumatic event in a single session in the near aftermath of the trauma.

Psychological debriefing as an early intervention after trauma is likely ineffective and some evidence suggests that some forms of debriefing may be counterproductive by slowing down natural recovery. Authoritative sources for this conclusion include: (1) van Emmerik et al (Single session debriefing after psychological trauma: a meta-analysis; [Lancet](#). 2002 Sep 7; 360: 766-71), (2) Rose et al (Psychological debriefing for preventing post traumatic stress disorder [PTSD] [Cochrane Review]. In: [The Cochrane Library, Issue 2](#), 2004. Chichester, UK: Wiley), and (3) National Institute of Mental Health ([Mental Health and Mass Violence: Evidence-based Early Psychological Interventions for Victims/survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices](#)). NIH Publication No. 02-5138. Washington: US Government Printing Office, 2002).

There are a few proponents of debriefing who question aforementioned conclusion. They argue that the debriefing that has been studied is different from the debriefing that is given in emergencies. Also, it is

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known that many recipients and providers of debriefing are satisfied (i.e., they are satisfied even though it does not reduce psychological problems).

Much of the critical evidence on debriefing is quite recent, which explains why many well-meaning agencies and professionals are still involved and without a doubt will continue to be involved in psychological debriefing.

In conclusion, (a) emergencies are associated with wide distress and elevated rates of common mental disorders and trauma-related problems, (b) single-session psychological debriefing to the general population is not recommended as an early intervention and (c) a range of social and mental health interventions exist to address social and mental problems during and after emergencies (see [Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors](#)).