



## **Bureau of Substance Addiction Services**

### **Practice Guidance: Adopting the Practice of Postvention and Debriefs in the SUD Treatment Programs**

The purpose of this Practice Guidance is to identify steps which offer support to substance use treatment program teams experiencing direct or indirect trauma from critical incidents within the program. The impact of implementing a postvention and/or a debrief meeting following a critical incident will be reviewed in relation to staff tenure and wellness. This guidance will explore how debriefs and postvention meetings can be used as tools to ensure quality patient care and reduce critical incidences thereafter, and how to evaluate which meeting to use.

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## Purpose & Rationale

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## Overview

Staff members within the Massachusetts substance use disorder treatment system of care are responsible for, and expected to, respond to critical incidents, such as overdose deaths. The Bureau of Substance Addiction Services (BSAS) recognizes program staff and treatment team responses to critical incidents in a clinical care setting may result in grief and loss, as well as traumatization. BSAS supports staffing patterns that include people with lived experience, acknowledging the important contributions and commitment that they have made in the field of addiction<sup>1</sup>. Individuals with lived experience are a vital component of our system of care. Agencies can support staff by adopting a culture of trauma-informed care, ensuring staff experiences are validated and explored.

Opioid overdose and other substance-related deaths can be particularly traumatic for the victim's counselors, friends, and family because it is sudden and unanticipated. As a result, people may be more prone to traumatization and grief, notably staff with lived experience due to compounding trauma associated with multiple losses. Unresolved, unexplored grief is a contributing factor to staff turnover, compassion fatigue, direct or vicarious traumatization, and burnout.

Additional examples of critical incidents are as follows<sup>ii</sup>:

- Death of a patient
- Death of a co-worker
- Suicide of patient or team member
- Violence or threats of violence
- Significant events involving children
- Natural disasters or acts of terrorism
- Non-fatal or fatal overdose

Programs have many responsibilities in response to critical incidents. There are legal, regulatory, and ethical reviews, both internal and external. The program coordinates reporting to appropriate legal/regulatory agencies, patient family or emergency contact, the milieu, and the treatment team. Along with the many responsibilities for responding to critical incidents, substance use disorder treatment organizations should support program staff managing the impact through a debrief and/or postvention meeting.

Postvention is part of a three-pronged approach to treatment and recovery. The field of substance use treatment has an established practice of prevention and intervention. Adopting a practice of postvention is a targeted approach to support those who are at high risk following an exposure to death by death by suicide or by overdose.

Postvention and debrief meetings are sometimes used as descriptors of the same type of meeting, but the two differ and each are equally important. Depending on the individual scenario, one or both may be utilized by the program.

## What is Postvention?

Postvention is an organized and formal response in the aftermath of a critical incident to promote healing and mitigate the negative effects experienced by staff and peers in the milieu from exposure to a critical incident. Postvention is as crucial as prevention in opioid overdose and critical incidents, reducing risk and promoting healing for direct care providers<sup>iii</sup>. Though postvention is a practice that is widely utilized in the field of suicide prevention, it has been adopted in substance use disorder treatment to support providers with the impact of a death from overdose and other substance related deaths.

In a postvention meeting, the entire organization is encouraged and expected to attend. Postvention is usually facilitated by an outside agency following a critical incident, such as an overdose death, so organization leadership may also participate. This may be done through a town-hall forum or some other setting which gives staff across the organization the opportunity to come together.

It is essential that staff be provided with an opportunity to process a critical incident in a non-punitive and learning oriented space. Adopting the practice of postvention encourages tenure of staff and reduces staff psychological impact of critical incidents<sup>iv</sup>. Postvention is designed to destigmatize the tragedy of suicide and death by overdose, allowing a space to process complex feelings of loss.

The postvention meeting provides the entire organization space to process a loss but also helps to identify opportunities for learning and policy review. In a non-blaming and systems focused manner, an outside agency will help highlight where there may have been missed warning signs and potential gaps

in support. The outcome of the postvention meeting may result in improved emergency response systems, updated safety checks and signs of life protocols, and better staff training.

Postvention should also include support for peers in milieu such as grief and trauma counseling offered through outside mental health professionals or agencies, and smaller support groups or healing circles focused on the processing the loss safely.

## What is Debrief?

A debrief is an informal huddle or meeting immediately following a critical event or challenging incident. The main goal of the debrief is to ensure staff are supported following a critical incident. This meeting is often impromptu, immediately follows the incident, and is facilitated by program leadership or shift lead. This meeting should include staff directly involved in the incident, reinforce teambuilding, create an environment of support and supervision, and encourage learning.

Staff debriefing after a significant incident can be an efficient way for managers and administrators to communicate information and gauge staff reactions<sup>v</sup>. Holding a debrief after an emergency or critical incident can help reflect on your performance as a team. Whether the staff response to the critical incident was according to plan or if something went wrong, coming together for a debrief can help the team process what happened. This will identify what went well, what could be improved, and one thing to do differently next time<sup>vi</sup>.

Debriefing can establish:

- Staff consistency
- Treatment teams learning from success and challenges
- Exploration of plans to make positive change
- Ways to navigate incidents more effectively in the future
- Build trust among staff and promote teamwork
- Support staff and foster an environment where staff can process feelings such as grief
- Prevent a next time!

Immediate processing following a critical incident is vital for staff in the moment. However, support offered from a postvention meeting is strongly encouraged when the incident involves a death.

## Debrief Meeting Outline

It is essential that staff be provided with an opportunity to debrief following a critical incident. This should be informal and occur immediately after a critical incident has been stabilized. A debrief can be used to provide immediate support, even when a formal postvention meeting may be needed later.

A typical debrief includes the following:

- Keep the conversation factual and the tone non-accusatory: it's important to not activate staff's defenses.
- Ask open-ended questions: this encourages staff members to contribute more to the conversation.
- Keep things simple: debriefings answer the "who, what, when, where, and why" of a critical incident.

- Keep it short: this should be seen as something that is used for problem solving and support, not burdensome following a difficult or critical incident.

## Policy Considerations

BSAS outlines in regulatory requirements that each program shall maintain a policy and procedure for managing disruptive behaviors (105 CMR 164.078 Behavior Management) and shall prepare staff through periodic training (105 CMR 164.062(J): All Hazards and Emergency Planning Procedures) to respond to emergencies and overdose response in accordance with program policy.

Best practice includes implementing a debrief for staff following each critical incident/emergency and a postvention meeting, facilitated by an outside agency, following a death.

Policies should outline the general structure of debriefing such as who will lead the debrief, identifying strengths/what went well, then followed by areas of possible improvement. The policy and procedure shall include means and resources to support staff following an emergency or critical incident. Debriefing will look different depending on the organization and circumstances. Resources, including outside agencies able to facilitate a postvention meeting, are available below.

### Outline for Policy and Practice:

- Make sure each staff member involved in the critical incident is present
  - Support staff who cannot attend the debrief meeting with individual supervision surrounding the event
- Check in with the team to ensure safety
  - Are any team members hurt?
  - Does anyone need a break/fresh air?
  - If possible/when necessary, give staff time to take a walk, get a coffee, or do another self-care activity
- Identify the point person(s) to run the meeting
  - Supervisor/leadership
  - External counselor or support team such as IHR/HiRA
    - Providing support for supervisors and leadership as well as the team
- Begin by highlighting what went well
  - This keeps morale high and reinforces a positive outlook
- Transition to areas of improvement
  - Choose one area to improve so the team has something to work on next time
- Keep the debrief short if it immediately follows the event
  - This should be a quick problem-solving meeting and staff check-in
  - Additional meetings can further process the event
- Recognize and validate when the incident is difficult
- Allow time to meet with individual staff members who require additional support following the debrief
  - Offer access to Employee Assistance Programs (EAP)
- Organize additional debrief meetings as needed to ensure that all shifts are supported
- Establish a method of communication to relay important information learned from the critical event and during the debrief

- Documenting that a debrief meeting occurred on incident reports and required notifications to BSAS is best practice
- Identify whether a postvention meeting is needed as well
  - If there has been a death, contact an outside agency such as IHR to facilitate a meeting where the entire team, including leadership, can participate

## Resources & References

### *The Institute of Health and Recovery (IHR)*

IHR is a resource available to all BSAS funded programs. IHR offers crisis response counseling to programs following a critical incident/emergency. IHR is contracted by BSAS as a resource and source of support for BSAS licensed and approved providers.

<https://www.healthrecovery.org/page/crisis-response>

### *Support After a Death by Overdose*

SADOD provides resources, information, and assistance to people throughout Massachusetts who have been affected by the death of someone they care about from a substance-use-related cause. Their focus is on increasing the capacity and effectiveness of peer grief support for bereaved people, direct service providers, and people in recovery or struggling with drug use.

<https://sadod.org/>

### *Health Resources in Action (HRIA)*

HRIA has a broad range and depth of public health technical expertise that supports and strengthens our community health improvement, capacity building, consulting, and health investment services.

[Technical Expertise - Health Resources in Action \(hria.org\)](https://www.hria.org/)

### *New York State Office of Alcoholism and Substance Addiction Services*

Clinical Response Following Opioid Overdose: A Guide for Managers

<https://oasas.ny.gov/system/files/documents/2019/11/postventionguidancedocfinalaccessible.pdf>

### *American Hospital Association Center for Health Innovation*

Debrief: Reflect as a team with a Debrief.

<https://www.aha.org/center/project-firstline/teamsteps-video-toolkit/debrief>

### *Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center*

Organizational and Individual Stress Management

<https://www.samhsa.gov/dtac/disaster-response-template-toolkit/organizational-individual-stress-management>

### *Crisis Prevention Institute*

Debriefing Techniques: How to Use Them for Prevention

<https://www.crisisprevention.com/Blog/debriefing-techniques>

### *Tennessee Department of Mental Health and Substance Abuse Services*

A Guide to Suicide Postvention in the Workplace

<https://www.tn.gov/behavioral-health/need-help/be-the-one/postvention-document.html>

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## Feedback

If you have recommendations for improving this guidance, please contact

[bsas.learning@mass.gov](mailto:bsas.learning@mass.gov).

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<sup>i</sup> <https://www.mass.gov/doc/dph-bureau-of-substance-abuse-services-standards-of-care>  
<https://www.healthrecovery.org/page/crisis-response>

<sup>iii</sup> <https://oasas.ny.gov/system/files/documents/2019/11/postventionguidancedocfinalaccessible.pdf>

<sup>iv</sup> Price, D. M., & Murphy, P. A. (1984). Staff burnout in the perspective of grief theory. *Death Education*, 8(1), 47-58. doi:10.1080/07481188408251381

<sup>v</sup> <https://www.crisisprevention.com/Blog/debriefing-techniques>

<sup>vi</sup> <https://www.aha.org/center/project-firstline/teamsteps-video-toolkit/debrief>