PEOPLE IN AID

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in the management and
support of aid personnel

Debriefing Aid Workers: A Comprehensive Manual

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Appendices - HANDOUTS

This manual contains material from a People In Aid workshop on effective debriefing. The manual has been produced by People In Aid and the workshop facilitator, Dr Debbie Lovell-Hawker of Oxford University Department of Psychiatry. If further information is required, Debbie can be contacted by e-mail: debbie.lovell@psychiatry.oxford.ac.uk.

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1. Introduction

This manual gives guidelines for those who offer debriefing to people who work overseas (usually in less developed countries) as relief workers, development workers, volunteers, missionaries, peace-keepers or in similar positions. The term 'aid workers' is used here to refer to all such workers.

Most aid workers report that, on the whole, their time overseas was a good experience, and they are glad they went. Despite this, most aid workers who work overseas for at least six months (as well as many of those who have shorter trips overseas) report that they find it helpful to receive a personal debriefing session on their return home. This is especially true of those who have had stressful experiences overseas, and those who find it difficult to readjust to their own culture after returning home. Personal debriefing sessions generally last approximately two hours, and can have an extremely beneficial effect.

Anonymous feedback from an aid worker about personal debriefing:

'I thought beforehand that it was going to be a waste of time, but I found that actually it was very helpful to be able to talk about everything, however small, that had happened'.

Aid work can be extremely stressful. About 50% of aid workers develop depression or another psychological difficulty while they are overseas or shortly after their return home (Lovell, 1997; Paton & Purvis, 1995; Paton, 1992). Around 30% may develop significant symptoms of post-traumatic stress (Eriksson et al., 2001). Without debriefing, 18 months after returning home 25% still show significant symptoms of post-traumatic stress. With good debriefing, this can be reduced to 7% (Lovell, 1999b). Thus, it is extremely important that high quality debriefing is offered to aid workers.

'Organisations such as voluntary disaster charities typically involved in Third World disaster settings have not recognised that their personnel inevitably suffer from catastrophic stress syndromes as a direct result of their work and no measures have been taken by the majority of these organisations to ensure the psychological health of their workers'.

(Busuttil, 1995).

2. Definitions

'Debriefing' means different things to different people. We offer the following definitions of different types of debriefing:

Operational debriefing: Asking for information about the work performed, and what was achieved. The aim is to learn what was done well, what could have been done better, and what changes should be made.

Personal debriefing: Asking how the experience was for the individual (what was best/ worst? How is the readjustment process going?). Aims to help them integrate their experience into their life as a whole, perceive the experience more meaningfully, and bring a sense of closure.

Critical incident debriefing (CID), also known as Critical Incident Stress Debriefing (CISD): A highly structured form of personal debriefing, which can take place after a traumatic experience (such as a natural disaster, a violent incident, or a traffic accident). Goals are to educate about normal stress reactions and ways to cope with them, to promote the expression of thoughts and feelings about the incident, to bring a sense of closure, and to provide information about how to access further support or help if required.

3. Operational Debriefing

Operational debriefing is a routine review of an assignment from a factual perspective. It is usually held shortly after an aid worker has returned home (although it can also occur overseas before they leave). People can be debriefed on their own, or as a team.

Operational debriefing provides an opportunity to learn what happened (for the record and for future planning). It enables the debriefee to make suggestions, raise concerns and ask questions, as well as identifying what remains to be done. They can be thanked for their work. Expectations can also be clarified (e.g. of reports to be written, financial matters and future employment opportunities).

It is good practice to conduct operational debriefing before personal debriefing, and usually these should be conducted by different people. This helps the debriefee to understand that these two debriefings have different purposes. First, they discuss the work (operational debriefing). Then they are free to talk about how they felt personally, having already got work issues 'off their chest'. If strong emotions emerge during the operational debriefing, the debriefer should show empathy and sensitivity but promise that these issues can be dealt with during the personal debriefing which will follow. (If the personal debriefing comes first, the operational debriefer may feel unsure of how they should deal with any strong emotions).

The operational debriefer is generally someone who has been involved in managing the project.
The issues discussed in operational debriefing will vary depending on what the organisation wants to learn from the assignment, but the following are typical areas which may be discussed:

- How did the work go? What did you achieve? How do you think you did?
- What did you do well?
- Any things you did less well/ mistakes made?
- To what extent have the objectives been met?
- What stage is the work at now? What remains to be done? (If applicable - How did the handover go?)
- If more people are needed to continue the work, what skills do they need and what should they know?
- Any comments about colleagues or team dynamics which we should be aware of?
- How well did the actual job fit with the job description?
- What were the best/ worst parts of the work?
- How would you rate the preparation/ training you received? How could this have been improved?
- Any other suggestions for improvement (e.g. support, communication, work conditions)
- Any other suggestions you would like to make?
- Anything else we should do? Anything you are concerned about?
- Lessons learned
- Any needs you have?
- Would you like to stay involved with the organisation/ project? How? (E.g. receiving updates; helping select/ train new staff?)
- Clarification about anything still to be done (e.g. written report - length and deadline).

It is normal practice for a written report to be required. This is useful for the organisation (as a record of the work and suggestions), and may be essential for funding. Workers are often keen to provide this written feedback, but it is important that they are given sufficient time to produce it, as they may feel exhausted after returning home and need a few weeks break before writing it. A rushed report is of less use than a more thoughtful one.

4. Exit interview

An **'exit interview'** usually refers to a combination of operational and personal debriefing, occurring at the end of an overseas assignment, before a worker leaves the country in which they have been based. It should usually occur 1-2 weeks before departure – when the work is nearly complete, but allowing sufficient time in case the interview reveals anything that should be done before the worker leaves. The debriefer is usually a team leader or manager.

The issues to be discussed may include those listed above under 'operational debriefing'. In addition, attention may be paid to:

- How the transition is going (e.g. handing over to a colleague, or closing a project down)
- What is needed to help the transition go well, and help end your time here well? (As well as work issues, this may include social matters e.g. arrangements for saying goodbye, parties, etc.)
- How do you evaluate your work here, and your time here overall?
- Your views on the project, and any recommendations for change
- How are you feeling about leaving?
- What arrangements have been made (e.g. help with removals; dealing with accommodation; transport to the airport)? Anything we can do to help?
- Provide education about what to expect on return e.g. reverse culture shock (see Handout 1 – page 62)
- Reminder to take photos/ souvenirs home, and to make enough time to say goodbyes (as this can help readjustment)
- Recommend enough time off/ time to rest before resuming work
- Discuss any ways to keep in touch with the project (e.g. will updates be e-mailed?)
- Future plans (for the individual and the project)
- Reminder of what the organisation expect when you return home (e.g. written report; attending operational and personal debriefing)
- Reminder of practical details e.g. returning keys/ equipment etc.

The remainder of this manual will focus on personal debriefing and critical incident debriefing, as these require more training and skill than operational debriefing and exit interviews. Although most returned aid workers experience an adequate operational debriefing, 48 - 73% report receiving inadequate personal debriefing (McConnon, 1992; Foyle, 2003, personal communication).

5. Reasons for offering personal debriefing

It is recommended that personal debriefing is offered to **all** returned overseas workers because:

1. They generally appreciate such debriefing.
2. Those who are not offered a personal debriefing may feel that their efforts were not valued, and may feel unsupported as they readjust to life at home. Debriefing can help show that you and your organisation value them, and care about their welfare.
3. It is common for expatriates who have recently returned to their country of origin to feel isolated. Personal debriefing can help to reduce such isolation.
4. Debriefing can help reassure the individual that it is normal to experience minor difficulties while readjusting - so they don't worry about what they are going through.
5. Any stress-related symptoms or adjustment difficulties can be picked up, and further help offered.

6. Practical information (for example about accommodation or about financial matters) can also be offered, and questions answered.
7. Debriefing may help to prevent depression or anxiety disorders from developing, and may prevent feelings of failure.
8. Debriefing can help to resolve issues, bring closure, provide a sense of meaning, and help people to move on.
9. People who receive debriefing may continue to support the organisation (either while in their passport country or by going overseas again).
10. Organisations can learn and make changes on the basis of what they hear during debriefing (although the primary goal of personal debriefing should always be to help the individual rather than to benefit the organisation).
11. Debriefing is recommended by the People In Aid Code of Good Practice. Organisations that offer debriefing are giving a clear and positive message to staff, volunteers and donors alike, and are likely to be viewed much more favourably than those who do not.

People In Aid Code of Good Practice:

'All staff have a debriefing or exit interview at the end of any contract or assignment… Managers are trained to ensure these services are provided' (p.20).

Quotations from two returned aid workers:

'My organisation offered no help when I returned. I felt I really needed help from people who really understand the pressures of 're-entry' and the symptoms of burn-out. How vital is support and debriefing in the period following return.'

'Would like to see more counselling and debriefing services offered as a *normal* part of the returning home process'.

6. Does personal debriefing help?

Many papers have been published showing that participants report finding personal debriefing very helpful (Mitchell & Everly, 1997). It is more difficult to assess whether people who received debriefing are likely to have less severe symptoms of stress afterwards. It is not easy to conduct research which involves randomly assigning people to either be debriefed or not, and following them up.

Rose, Bisson & Wessely (2003) identified 11 such studies (known as 'randomized controlled trials'). Their review of the research has been published as a Cochrane review (a systematic review of the effectiveness of interventions). All 11 studies involved a single session of critical incident debriefing for an individual adult. Three studies indicated that debriefing was associated with a positive outcome (in terms of reduced psychological

distress when compared with the non-debriefed group). Six studies found no effect of debriefing, and two studies associated debriefing with a negative outcome. Thus, some people (including Rose et al., 2003) have concluded that, overall, debriefing has no effect on outcome.

However, the Department of Health (2001) evidence-based practice guidelines have acknowledged concerns over the quality of the studies in the Cochrane report. They state that 'many of the published studies showing negative results for critical incident debriefing do not assure the quality of the intervention' (p.24). Even Rose et al. (2003) acknowledge that the quality of the studies 'was generally poor'.

Debriefing may fail to help if the session is too short

One problem with these studies was that the debriefing was very short, lasting only 20-60 minutes. Many debriefing experts have found that adequate debriefing usually takes at least two hours, and can take much longer (Turnbull et al., 1997; Parkinson, 2001; Rick & Briner, 2000). Because of the lack of time, the full package of critical incident debriefing was generally not offered. Such rapid debriefing may be too rushed to be of benefit, and may in fact make matters worse.

In another review of studies of psychological debriefing, Arendt & Elklit (2001) considered the effect that the duration of a debriefing session may have on its effectiveness. They identified six studies in which debriefing had lasted one hour or less. In each case, debriefing was found to have either no effect or a negative effect. In contrast, five studies involved debriefing lasting more than one hour, and in each of these cases debriefing had a positive effect.

This is not indisputable proof that debriefings of longer than one hour are beneficial while shorter debriefings are not beneficial. The studies also differed in other respects – in particular, the longer debriefings tended to be with groups while the shorter ones were with individuals. However, taking the evidence as a whole, it appears that debriefings lasting at least an hour are more beneficial than shorter debriefings, and the shorter ones may be worse than nothing at all.

Quotations from a returned aid worker:

'My organisation offered a 45 minute debriefing appointment. I was conscious of the time limit right from the start. It made me feel "unrelaxed" and all I could think of was "how can I fit in all I'd like to tell someone?" To just explain all the things I was involved in overseas could take that long! I came out of it feeling like it was open heart surgery without time to be stitched back up, and I was left to pick up the pieces afterwards.

I was then very fortunate to be offered another debriefing through my church, and this was the complete opposite. From the beginning I felt that I could talk over the things that really mattered to me. To not have any time constraint helped, and conveyed to me that this person put a priority on this time as well. To have to highlight a few positive and negative parts of my experience was very helpful indeed and helped to structure the debriefing. We talked for more than three hours.

> If I was in the same situation again, I would prefer to not have a debriefing at all than to be debriefed in 45 minutes – it just is not possible'.

Debriefing may fail to help if provided too soon after a traumatic event

Another important consideration is when the debriefing is provided. In the study which is most frequently cited to claim that debriefing has a negative effect (Mayou, Ehlers & Hobbs, 2000), people admitted to hospital after road traffic accidents were debriefed 'within 24 hours of the accident or as soon as they were physically fit to be seen' (p.589). However, it is generally recommended that debriefing should never occur within the first 24 hours following a traumatic incident, especially when someone has been physically injured. When someone is in severe pain, avoiding thinking about the trauma can be a healthy coping mechanism, and it can be better to provide pain killers and encourage distraction (or sleep) than to ask them to focus on the cause of their distress. Forcing someone to speak about the details of the trauma during those initial hours may actually encode it more vividly into their memory and impede recovery. In addition, it may be detrimental to encourage a traumatized person to 'vent' their feelings immediately after the trauma when they are struggling to regain composure and make sense of the chaos. Traumatic experiences lead to a sense of loss of control and powerlessness. Attempting to cope in their own way during the initial hours, and perhaps to control their emotions, may help them to regain a sense of control. Insisting on immediate debriefing may reinforce feelings of helplessness (Everstine & Everstine, 1993).

It is likely that the patients in the Mayou et al. (2000) study needed more time to recover from the physical injury before receiving a psychological intervention. Further evidence for this is provided by Bisson et al. (1997). They studied burns victims, and observed that the sooner debriefing was provided, the worse the outcome. This is probably due to the reasons discussed above. Moreover, for burns patients the trauma generally continues for a considerable time after the injury has occurred. Severe pain often comes with dressing changes, grafting, surgery, physiotherapy etc, and progressive scarring after a burn may cause more problems than the burn itself. Therefore, 'early debriefing in the hospital may be timed too soon for most patients to benefit, in that their most traumatic experiences in relation to the burn may still be months down the road' (Kraus, 1997, p.583). One of the benefits of personal debriefing can be helping people to realise that the difficult experience is now over and they can start to move on. Debriefing while the trauma is continuing is likely to be of less benefit. During the first few days after a trauma people are often in shock. They may be highly aroused or they may be dissociating, but either way they find it difficult to concentrate and benefit from a debriefing session.

Everly & Mitchell (1999) recommend that debriefing should take between 24 hours and 10 days after acute crisis (never in the first 24 hours), and where there is a major catastrophe debriefing should take place only after 3-4 weeks have passed. Debriefings which occur later than this may still have a positive effect, but intervening too early may have a negative effect.

Debriefing is more likely to be effective if the debriefer is trained and experienced, and perceived as 'credible' by the debriefee

Another problem with several of the research studies is that relatively inexperienced debriefers have been used. For example, in the Mayou et al study (2000) which reported an adverse effect of debriefing:

'Regrettably, the experienced clinical nurse specialists and social workers who were recruited initially to undertake the interventions, found that their primary clinical responsibilities in the emergency psychiatric service prevented their reaching many of the study patients before they were discharged. After the first ten subjects, the interventions were undertaken instead by the research assistant' (Hobbs & Adshead, 1997, p. 166-167).

In the other study which reported an adverse effect of debriefing (Bisson et al., 1997), it has been reported that the debriefers received only half a day's training in debriefing methods (Parkinson, 2001). This is an insufficient time to be properly trained, let alone develop the skills through practice and experience.

A study which found debriefing to have no effect for women who had experienced early miscarriage used a debriefer who had 'limited medical knowledge' (Lee et al., 1996, p.51). The participants in this study felt it was very important to have an explanation for their miscarriage, and rated the limited knowledge of the debriefer as a negative aspect of the intervention.
Research suggests that debriefing tends to be beneficial only when led by a trained, experienced debriefer (Arendt & Elklit, 2001). The debriefer should ideally be able to answer questions related to the experience which they are debriefing, or else know who else can answer such questions. Both Dyregrov (1999) and Mitchell & Everly (1993) have stressed the importance of having the right debriefer, but some of the research studies have instead used the most convenient person to provide debriefing. In the Bisson et al. (1997) study of patients with burns, many of the debriefings were undertaken by nurses who were also involved in painful procedures such as changing dressings. This may have influenced the patients' perceptions of the debriefer and their willingness to talk freely with them.

As well as being trained, it is also important that the debriefer can demonstrate that they have some understanding of what the person is talking about. This has been referred to as 'cultural competence' or 'credibility'. People want to know that the debriefer understands without them having to explain everything. Ideally, they want to get the sense that the debriefer has been through something similar (although not necessarily exactly the same experience) and has come out the other side. Many emergency workers prefer to be debriefed by trained colleagues than by mental health professionals. People who have suffered a traumatic incident often talk more readily to other people who have experienced similar (or the same) incidents than to professionals (see Watts, 2000; Orner, 2003; Alexander & Wells, 1991).

When aid workers were asked about the qualities they would want in a debriefer (Lovell, 1999b), the three qualities which they judged to be the most important were:

1. They have some training and a lot of experience using CID
2. Would give debriefing individually
3. They have been involved with aid/ development work.

Less important but still desired were:

4. They are the same gender as debriefee
5. They have had similar experiences to debriefee
6. Would give debriefing with partner or family

7. Same nationality as debriefee

On the whole, the aid workers were fairly neutral about whether or not the debriefer was from their organisation, and whether or not they had been trained as a mental health professional. They generally did not want someone who would give them debriefing in a group with other returned aid workers.

Fawcett (1999) states:

'Debriefer credibility is an important issue. Credibility may be a function of several factors. Probably the most important is the 'me too' factor – the notion that the debriefer knows what is being talked about because of their own personal experience. Two other factors also seem important. The first is the ability of the debriefer to hear what is being said accurately and without overly condoning or condemning the speaker. The second is the perceived ability of the debriefer to influence future events. In other words clients often hope that the debriefer will either be able to encourage current good practice where it exists or discourage bad practice where it exists' (p.63).

All this while maintaining the confidentiality of the debriefee.

People generally want to be debriefed by someone who can either answer their questions or point them to where they can get the answers. Studies using inexperienced research assistants may fail to provide a 'credible' debriefer. The ideal debriefer for aid workers is a trained and experienced debriefer who has worked overseas themselves, and knows how to take action or find out more information if the debriefee wants this.

Obviously, the debriefer also needs to be someone who can cope with hearing about traumatic incidents. If they appear extremely shocked or upset by what they hear, the debriefee may feel unable to continue talking about their experiences as they may feel a need to 'protect' the debriefer.

Quote from someone who received debriefing:

'She was well-meaning but obviously had no idea of what I was talking about. She kept squirming and saying 'ooh, that sounds awful'. She said 'I don't know why you want to go back to that job anyway'! She couldn't help me at all, as she didn't understand the sort of job I do'.

'The background, training and personal qualities of the leaders are extremely important variables in making successful debriefings' (Dyregrov, 1997, p.593).

People who have more severe injuries are likely to have more difficulty adjusting
In the two studies in the Cochrane review which reported an adverse effect of debriefing (Mayou, Ehlers & Hobbs, 2000; Bisson et al, 1997), the people who were randomised to be debriefed had more severe injuries than those who were not debriefed. In addition, in the Bisson et al. (1997) study, almost twice as many of the debriefed group had suffered from previous significant trauma. Thus it is not surprising that the more severely injured group had more distress at follow-up. Bisson et al. (1997) observed that initial distress was a far stronger predictor of poor outcome than the presence or absence of debriefing. In other words, although the group who were debriefed reported more difficulties when they were followed-up, this was not necessarily because debriefing was unhelpful, it may have been because they were more severely injured and more distressed in the first place.

Debriefing may be more effective for people who have been selected ('resilient, psychologically strong' people), 'briefed' and know they may experience stress as part of their work
Critical incident debriefing was originally devised for *emergency workers* (e.g. members of the ambulance, police and fire services) who had experienced critical incident *stress* as part of their job. Debriefing was not devised for *members of the public* who, without warning, experience *trauma (*unexpected, disaster-type events). It has been said that people cannot be 'debriefed' if they have not already been 'briefed'. That is, debriefing is aimed to help people who experience stress during the course of their work, and who know in advance that this might happen. Aid workers have much in common with the emergency workers for whom debriefing was designed. They tend to be selected because they are psychologically robust, and they are prepared to encounter stress. In their review of the studies on debriefing, Arendt & Elklit (2001) found that personal debriefing generally has a beneficial effect when the people being debriefed are professional helpers, but is insufficient when used with members of the public who unexpectedly experience trauma.

Debriefing may be especially helpful for aid workers, who may otherwise feel isolated and have difficulty finding people to talk to about their experiences
The 11 studies reported in the Cochrane review used participants who had suffered recent miscarriages; complications giving birth; road traffic accidents; dog bites; burns; violent crimes, or who were the relatives of trauma victims. This is very different from the population of overseas aid workers or emergency service workers, who are generally healthy, resilient people with strong coping skills who have some expectations that they may encounter stress and trauma while overseas, and so who are partially prepared to cope with this. Aid workers are more likely to face on-going stress or several incidents than one-off traumatic incidents, and personal debriefing may focus on a number of stressors rather than an individual event. Thus the Cochrane review is of less relevance than research on debriefing specifically for overseas aid workers.

Most people who suffer from incidents such as a miscarriage, traffic accident or a burn are able to talk to medics and their family and friends (or other patients on a hospital ward) about their experience. They are quite likely to come across other people who have experienced something similar. In contrast, many aid workers feel that there is no-one who can understand their experiences or who is interested enough to listen. Some aid workers report that are expected to be able to cope with difficulties themselves, and people only want to hear their positive stories. Many feel isolated, and say they do not have anyone they can confide in who would understand their feelings. Some aid workers who have

experienced significant trauma (e.g. violent incidents, or being aware of extreme suffering or acts of gross cruelty) do not want to tell even their spouse or closest friend. They are afraid that the person they tell might be traumatized, or worried about their safety. Some long to talk to someone who is outside the situation and can bring another perspective and yet understand, but they do not know where to find such a person. Debriefing may be the only opportunity for them to talk in detail about the difficult parts of their experience overseas.

Quotation from a returned aid worker who observed horrific human rights abuses during the Balkans crisis:

'I haven't been able to talk to anyone about this. I can't tell my wife, because then she would feel traumatised too. I couldn't tell my colleagues, because they had all seen similar atrocities and were already coping with too much. The thing which kept me going was knowing I would be able to talk about it during this debriefing. That saved me from going under'.

Quotation from a returned aid worker:

'I was desperate to talk to someone who I knew would be able to handle extremely traumatic experiences. I had shared some of it with others, but most people could not cope, which left me worse off'.

'There appears to be a fundamental need that many, if not all, humans have, namely to share frightening and distressing experiences with others who have at least some understanding of what has been experienced and who feel some caring or concern that this has occurred.' (Robinson, 2000, p.104).

Greenberg et al. (2003) studied 1,202 peace-keepers on return from deployment. About two thirds reported that they had spoken about their experiences, mainly with peers and family members. Speaking about experiences was associated with less psychological distress. Two thirds of the sample were in favour of a formal psychological debriefing on return from deployment. Those who did not speak to anybody, perhaps because of a lack of opportunity or social skills, were the most in favour of formal debriefing.

Lovell (1999b) conducted a study of personal debriefing for returned aid workers, avoiding the problems of previous research listed above. Trained debriefers who had themselves worked overseas conducted individual debriefing sessions which lasted on average two hours. Debriefing occurred around 1-3 weeks after the individual had returned to the UK. Personal debriefing was found to be highly beneficial for this group. Of 33 aid workers who had received personal debriefing (because all staff in their organisation received debriefing), it was found that only 7% reported having intrusive thoughts of a clinical severity when they were followed up (using anonymous questionnaires) approximately 14 months after the debriefing. This compares with 24% of workers from

other aid organisations who received no personal debriefing. Likewise, only 7% of debriefed personnel reported clinically significant levels of avoidance, compared with 25% of the non-debriefed group. Only 3 of the debriefed personnel reported that the debriefing was not helpful (these 3 feeling that they had no need for it). Those who found it helpful made comments such as, 'I thought beforehand it was going to be a waste of time, but I found that actually it was very helpful to be able to talk about everything, however small, that had happened'.

40% of those debriefed reported that there had been a positive change following debriefing (e.g. fewer flashbacks afterwards, or 'it gave me permission to feel the way I was feeling - a sense of release and relief'). No one reported a negative change.

Debriefing may have various benefits which have not been considered in most of the research

Debriefing may also have positive benefits in domains which have been overlooked by most studies. For instance, Deahl et al. (2001) conducted a randomised controlled trial of group debriefing amongst British soldiers returning from peace-keeping operations in Bosnia. Debriefing was associated with a significant reduction of alcohol misuse. Debriefing has also been associated with improved coping skills, increased morale and staff retention, reduced sick leave and compensation payments, and less use of mental health services in the 12 months after the incident (Mitchell & Everly, 1997; Robinson et al., 1995). The vast majority of people who receive debriefing report that they find it beneficial (Mitchell & Everly, 1997). Even if questionnaires cannot always demonstrate a benefit of debriefing, the fact that people report finding it helpful should not be ignored.

'A growing suicide problem at the New York Police Department in the 1990's was addressed by police officers training themselves in the principles of crisis intervention (including Critical Incident Stress Debriefing) and making themselves available to colleagues affected by harrowing incidents … it was such police officers who provided the main body of support for their colleagues in New York after September 11th 2001. As a guest psychologist, I was witness to the positive transformation of mood and attitude amongst officers undergoing Critical Incident Stress Debriefing several months after the terrorist attacks. Despite the suicide problem that preceded 9/11, no suicide occurred in the department in the year after 9/11. By comparison, aware of the critical studies on debriefing undertaken in the UK, the fire department in New York elected to abandon crisis intervention … The mass resignation, increased incapacity due to stress and suicides that have occurred at the fire department make a sharp contrast with New York City's police officers'. (John Durkin, psychologist and former fire-fighter).

In summary of the above discussion:

1. The studies which suggested that debriefing may be ineffective or harmful have methodological flaws, including offering debriefing which is too short, too soon or uses an inexperienced debriefer. (These studies also have other limitations not listed above including small sample sizes and inadequate statistical analyses).

2. The Cochrane studies are in any case of less relevance to us than studies of aid workers or similar groups such as peace-keepers or emergency service workers.

Debriefing was originally devised for such groups and not for the general public. It appears to be beneficial for these groups.

Skilled debriefing by experienced debriefers is likely to be of benefit to aid workers, as long as the debriefing session is not too short and does not occur within 24 hours after a traumatic event.

7. Structured versus unstructured debriefing

Some debriefers use a structured format, while others prefer an unstructured approach. Either of these may be effective, but for people who are not trained as mental health professionals a **structured approach** is recommended because:

- It provides a starting place, so that people don't say 'I've got nothing to talk about'.
- It ensures that the most important aspects are discussed.
- It prevents deeper issues (from the past) becoming the main focus.
- It stops the session from becoming a counselling session.
- It provides people with a sense of security, as the clear structure is explained at the outset, so they know what to expect.
- It allows for a gentle 'step down' into discussion of the more emotional aspects, and then 'climbing back up' so that the session ends by thinking about support and the future.
- It allows two debriefers to work together, knowing that they are going in the same direction.
- It works for groups as well as individuals
- Structured debriefings can be conducted by people who are not mental health professionals.
- The debriefers are perceived as being professional, and this helps them and the person being debriefed to feel confident with the process.
- The debriefer is less likely to become over-involved or feel lost or feel out of their depth or think that they said 'the wrong thing' if there is a clear structure to follow.
- The structure is flexible enough to allow for discussion of longer-term stresses as well as one-off incidents. The question 'is there anything else that was important for you that you would like to discuss' can be asked to ensure that the structure does not prevent discussion of any aspect.
- Research indicates that people like the structure, and it is beneficial.
- Randomised controlled trials have been conducted on structured critical incident debriefings, but not on unstructured, general debriefings - so there is a better base of literature and research for the structured approach.

One returned aid worker told me he had gone to a debriefing session where he was told 'this time is yours to use as you want it. Talk about anything you want to, related to your time overseas'. He did not know where to start – so much had happened, and without a structure he did not know how to talk about it. He ended up talking about trivial issues, like the coffee. He soon ran out of things to say and left thinking the debriefing was a

waste of time. Knowing that he still needed an opportunity to process his experiences, he then asked to receive a structured debriefing session. He spent three hours talking about his experiences, and said that this was very helpful.

Anonymous feedback from 2 debriefed aid workers:

'It was structured. I knew what I wanted to talk about. The structure filled in the gaps of what I hadn't thought about'.

'The structure was fine – basically I felt free to talk, although the skilled questioning in fact guided us along very well and thoroughly'.

8. Who should be offered personal debriefing?

Many people say that they did not realise that they would benefit from debriefing until after they had received it (Lovell, 1999b). Nearly everyone can benefit from having a skilled listener to help them explore their experiences and reactions. Ideally, personal debriefing should be offered to every returned aid worker. There are two reasons why it should not be offered just to those who are known to have experienced a 'traumatic incident'. Firstly, the organisation is often not aware when there has been an incident which the individual regards as traumatic. Secondly, the whole overseas experience and return 'home' can be regarded as a 'critical incident' which involves change and stress. Nearly all aid workers who have been overseas for more than six months (and also many who have been on shorter assignments) report that there were some stressful parts of the experience, and the majority also report some difficulties readjusting on their return 'home' (Lovell, 1997).

When debriefing a team, it is best if everybody in the team attends. If a team were caught up in a difficult incident and some members were elsewhere at the time, it is wise to invite the members who were absent to join the rest of the group for debriefing. It will be helpful for them to hear about what happened. They may have felt guilty about not being there to help, or they may have experienced other strong feelings which they can share with the group. This will help to avoid the team dividing into two separate groups (those who were there and those who were not).

Whenever possible, it is good to debrief partners (e.g. spouses/ couples) together. This can help them understand and support each other better. It is sometimes appropriate also to offer them each an individual debriefing, in case there are things which they do not want to say in front of their partner – especially if they are having relationship difficulties. Even if only one partner was overseas and the other remained at home, it can be worth inviting the 'stay at home' partner to attend the debriefing, to help them understand their partner's experiences and know how to support them.

Quotations from a returned aid worker who had worked with her husband overseas:

'Although my husband did not think he needed a debrief, he was willing to be debriefed with me and we both learnt a lot from it. For the first time we heard each other express what had been the hardest experiences, and we had time to reflect on them. So much had happened and life was so busy overseas that there had been no time to reflect on how our experiences had affected us'.

Quotations from a returned aid worker who had (several times) worked overseas for a few months while his wife remained at home:

'I consider debriefing with wife is essential. It helps them also to identify with your experience'.

People In Aid considers the needs of national staff to be as great, perhaps even greater, than those of expatriates in the context of debriefing. Later in the manual we refer to issues to consider with regards to debriefing people from a different culture.

9. Should debriefing be mandatory?

We have just indicated that personal debriefing should be *offered* to every returned aid worker, if possible. If it is not actively encouraged but only available to those who request it, most people will fail to request it, either because they think that they don't 'need' it (although after debriefing they might realise that they did), or because they believe that requesting debriefing is a sign of weakness.

This does not mean that debriefing should be mandatory. People have different ways of coping with stress. Orner (2003) found that while talking about traumatic events was important for 80% of emergency service workers, 20% used other coping strategies. Likewise, Martin & Doka (2000) observe that people work through grief in different ways, and not everybody needs to talk in detail about it.

Our recommendation is that all returned aid workers are encouraged to attend debriefing after overseas assignments of six months or longer, or after shorter assignments to conflict zones. They should be given the opportunity to decline the debriefing if they want to, but it should be offered on an 'opt out' rather than an 'opt in' basis. Some organisations require those who 'opt out' to sign a disclaimer form, stating that they were offered debriefing but declined to accept it. This illustrates how seriously the organisation takes debriefing. Having an 'opt out' policy helps to ensure that the maximum number of people benefit from debriefing, and removes any stigma which might be attached to requesting debriefing, but no-one is forced into it.

In addition, short-term workers should be allowed to request debriefing if they want it – as even short-term workers can encounter stress, and benefit from debriefing. Frequent travellers (e.g. workers based at HQ who make several work-related trips every year) should be offered debriefing on an annual basis, and encouraged to request it sooner if they have experienced a stressful trip.

10.Characteristics of the debriefer

Before describing the process further, it is appropriate to say a little about the debriefer. Debriefers do not need to be mental health professionals, but they should be people who are trusted and respected in terms of professional integrity and competence (Lazovik, 1995). What is important is that they have adequate training in the skills of debriefing, have good listening skills, and are warm, non-judgmental, affirming and able to empathise. They must be able to maintain confidentiality. They should be comfortable with silence, as sometimes debriefees require time to reflect before speaking. They should also be able to sit with people who are showing strong emotion (e.g. crying, or feeling angry). Debriefers need to recognise their own limitations, and be willing to refer people on for further help if necessary. They should receive supervision. Debriefers can suffer from 'secondary traumatisation' (that is, they may feel traumatised by the things which they are hearing) unless they are able to be adequately 'debriefed' and supported themselves. Hughes (2002) cautions that, 'It would not be appropriate for anyone who has themselves experienced a recent trauma or who is experiencing major life events or changes to take part in a debriefing training or to facilitate a debriefing' (p. 26-27).

Some people prefer to be debriefed by someone from within their organisation, who is familiar with the way the organisation works. 'Jargon' and procedures need not be explained. Others prefer an external debriefer, who is seen as 'neutral' and can be told issues which the person does not wish to disclose to anyone in the organisation. It can be easier to talk about problems involving team members or the organisation if the debriefer does not know the people involved. If possible, it is best to ask the person who is going to be debriefed whether they have a preference for an internal or external debriefer, and whether they mind whether the debriefer is male or female. In some cases no choice can be offered as only one debriefer is available. That need not be a problem. Issues of gender and organisation are less important than the fact that the debriefer is trained and experienced, and demonstrates skill and understanding. However, it is preferable if the person who conducts the personal debriefing is not involved in line management for the individual concerned. This is because it can be difficult to express emotions honestly to a line manager, especially if it is feared that this will have a negative impact on future employment prospects.

Sometimes two debriefers work together. This is especially helpful when debriefing a couple or group, or when one debriefer has limited experience. Debriefers should be aware of any potential role-conflicts (e.g. if they also know the person they are debriefing in another capacity, or if they may be involved in assessing them for a future post). It is helpful if the debriefer has some knowledge of the culture the participant was based in, even if this was only gleaned through reading an information sheet. People find it discouraging and off-putting if the debriefer displays complete ignorance about the country, e.g. asking 'where is Azerbaijan?'. It is preferable if the debriefer has worked overseas themselves, and so is perceived as having 'cultural competence' and 'credibility' (see above, page 8).

It is preferable for no other observers to be present during a debriefing. People tend to feel inhibited if someone has been invited to 'come and observe'.

Debriefers should not come across as cold and uncaring, but should appear sensitive and caring.

Quotation from a returned aid worker:

'I have been debriefed twice. The first time was less than helpful. I had no reaction from the debriefer, felt unaffirmed, felt the debriefer had no concept of the depth and confusion of my struggles. I left feeling more of a failure than I had come. The second time, 6 months later, with a different person, was *excellent* … we were *not* rushed and spent all day talking. The debriefer acknowledged the depth of pain and confusion and showed great empathy in his response to us and his gentle questions… Lots of respect and understanding around'. (Lovell, 1999b, p. 11).

Quotation from a returned aid worker:

'When I arrived in Goma the only word I could find to describe it was: Hell … a lot of dead bodies everywhere; 500, 000 refugees from Rwanda; cholera, dysentery, shigellosis. I began work immediately… Then I became ill. On my last day, en route home, I was stopped by the military and threatened by a 9-mm. gun when a soldier argued that I was a terrorist … That was enough …

I went to [the organisation's] Headquarters for what proved to be a very short – three hours – and cold debriefing. It seemed to me that nobody there knew what was happening in Zaire.

> "Thanks for everything, Marc. You look a bit tired… You should rest. Thanks again for everything".

… I don't know why people were so cold at [the organisation's] Headquarters... And, anyway, what was I to talk about? When you cut yourself and are bleeding it is obvious that something has happened and people are looking at you. But when something happens inside your head, how do you know what to do?

… What is hardest for me to take? Goma, or the way [the organisation] treated me?

When you go into the field, you believe that the people back at Headquarters are professionals who will take care of you if something happens to you. In reality, you feel like a lemon, squeezed and thrown away when they do not need you anymore'.

(Danieli, 2002, p. 186-187).

11. Recommended steps for becoming a debriefer

1. Find out more about what debriefing involves (e.g. by reading this manual), and check whether you have the qualities mentioned in the previous section.
2. If you have never received training in basic counselling skills (listening skills etc.), attend a short counselling course (e.g. a one-day course) to learn these skills.
3. Attend a debriefing training course, preferably one specialising in debriefing for returned aid workers.
4. Read an account of the experiences of an aid worker (e.g. Stratton, 2003, or the case-studies in Danieli, 2002). Alternatively, spend some time meeting with people who have been involved with this type of work, so that you can gain an understanding of the issues involved. If you have been involved with this type of work yourself, this step may be less necessary for you.
5. Role-play a debriefing session, following the recommended structure, to practise the skills of debriefing and become familiar with the model. It is good to do this a few times, so that you become familiar with the structure.
6. Act as 'co-debriefer' in a debriefing session alongside a more experienced colleague. Learn from them. Decide in advance who will do what. For example, you might decide that they will take the lead in step 1 of the debriefing, you in step 2, and then alternate throughout the session. Perhaps agree that if you feel 'stuck' and want them to take over, you will ask them, 'is there anything you want to say at this point' which can be translated as 'help – I don't know what to say next!'
7. After several joint debriefings, you may feel confident enough to offer debriefing on your own. Always remember to stick to the structure, and refer the person on for further help if necessary. Seek support and supervision after debriefing, and attend further training courses from time to time to refresh and enhance your skills. Re-read this manual from time to time, to remind yourself of the procedure (as it is easy to slip into bad habits). Read some of the references, to increase your knowledge and understanding. Remember to take care of yourself too.

12. The Critical Incident Debriefing (CID) procedure

The structure of CID was originally described by Mitchell (1983) and Dyregrov (1989). It was initially designed to be used with a group of emergency workers who had experienced a traumatic incident together during the course of their work. It was devised to help them cope with symptoms of stress and to help speed up normal recovery. Thus, it is not a 'treatment' for people who have already developed difficulties, but rather a preventative measure. The CID process has been used with innumerable different groups of people worldwide.

A typical CID lasts between two and three hours, (although it may last much longer, especially with a large group). The process should not be rushed. Participants should leave a CID knowing where they can get further help should further difficulties develop. **CID is not counselling.** The process should be **non-judgmental**, not looking to see whether correct procedures were followed, or who was 'right' and who was 'wrong'.

13. Theoretical framework for Critical Incident Debriefing

Most people believe that the world is basically a good and meaningful place, and that 'I am a worthwhile person'. A traumatic event can shatter these basic assumptions (Janoff-Bulman, 1992). For example, after surviving a disaster, an individual may think, 'the world is evil and I'm not safe', 'The world is meaningless and random', or 'I'm a terrible person' (because I did not save others or because I was raped etc). Such conclusions produce a sense of on-going threat. This is associated with increased risk of PTSD (Ehlers & Clark, 2000).

One theory (see Horowitz, 1975; Janoff-Bulman, 1992) suggests that it is difficult to store a traumatic event in long-term memory, because it does not fit in with pre-existing beliefs about the world. The brain cannot make sense of what has happened, and so the traumatic experience is kept in the 'active memory' instead of being stored away. Some people try to avoid thinking about what happened, but because the brain is still trying to process the information, intrusive thoughts and images keep coming into their mind. They may have nightmares, or 'flashbacks' (pictures of what happened), or they may find themselves thinking back to the incident again and again. Such intrusive thoughts are a symptom of post-traumatic stress. Trying not to think about the event, or feeling 'numb', is also a symptom of post-traumatic stress (known as 'avoidance').

The CID process encourages the individual to talk about the incident, instead of avoiding thinking about it. This helps them to process it and store it in longer term memory. If you have told your story to someone, your brain no longer needs to keep holding it in active memory waiting for the information to be 'sorted through and filed'. (An analogy might be a librarian cataloguing new books. Before the information is catalogued, it sits in a messy pile on the desk, getting in the way when the librarian tries to do other work. Once catalogued, it can be retrieved when you want to retrieve it, but the rest of the time it is out of the way so you can get on with other things. Telling your story helps to organise it and give it meaning - and to 'catalogue' it in your mind).

By describing everything that happened, the brain begins to make some sense of it, and can store it in long-term memory. This promotes a more rapid recovery. Once the story has been told in detail, the symptoms of avoidance and intrusive thoughts are likely to decrease. The incident can be placed in the context of the rest of the person's life, instead of taking over their whole life. Thoughts such as 'the world is not safe' or ' I am bad' can be re-appraised within this context. (For example, 'usually I am safe but accidents occasionally happen'; 'I did what was normal in the situation and tried to save my life - that does not make me a bad person').

Ehlers and Clark (2000) report that, 'It is assumed that, unlike individuals who recover naturally, individuals with persistent PTSD are unable to see the trauma as a time-limited event that does not have global negative implications for their future' (p. 320). Critical Incident Debriefing can provide a sense of 'closure', which may help prevent the development of PTSD. The event is over, the person is no longer under threat, and they can start to move on.

Describing details of the traumatic experience may also help individuals to make connections and be aware of things which might trigger them to remember the trauma in

the future. For example, if a woman was raped while lying looking at a ceiling with a distinctive crack in it, seeing similar cracks in the future might trigger a flashback of the rape. As she does not know why the memory has been triggered, she may feel that she is still in danger. However, if she has spoken about the crack and thus brought it to conscious awareness, when she next sees a similar crack it is likely to lead to a memory in context ('that's like the crack I was looking at as I was raped'), rather than an automatic flashback. As she understands the trigger and knows that she is no longer in danger, the memory is less likely to cause distress. CID does not aim to take away the memory of the event, but it can stop the flashbacks - and flashbacks tend to be perceived as much more distressing than normal memories, because people do not know what has triggered them.

When people try to avoid thinking about a traumatic event, or only focus on certain aspects rather than the whole context of the event, they may be more prone to persistent PTSD. Describing the whole experience from start to finish, so that it is all linked together in an autobiographical memory base, appears to reduce the likelihood that isolated stimuli which are associated with the memory (such as a crack, or a distinct sound or smell) will trigger a recollection of the event. Thus, putting the memory in context may reduce the likelihood of developing persistent PTSD (see Ehlers & Clark, 2000).

Research has indicated that writing or speaking about personally stressful events can have physical benefits (in terms of improving immune response) as well as psychological benefits (Pennebaker, Kiecolt-Glaser & Glaser, 1988; Pennebaker & O'Heeron, 1984; Petrie, Booth, Pennebaker, Davidson & Thomas, 1995). Disclosing both the facts and one's feelings about a stressful event appears to have more physical and psychological health benefits that disclosing just the facts or just the feelings (Pennebaker & Beall, 1986; see also Foa & Kozak, 1986; Pennebaker, 1989). Although it is beneficial to write about one's reactions to stressful events, it appears to be even more beneficial to talk about them (Esterling, Antoni, Fletcher, Margulies & Schneiderman, 1994; Murray, Lamnin & Carver, 1989).

In stressful situations, people often experience a sense of being out of control. Recovery is associated with regaining a sense of control. Education about normal stress reactions and how to cope with them can help in this regard, as people know what to expect and that their reactions are normal. It can also be helpful to allow people to have a say in when their debriefing takes place, as this helps to reduce feelings of powerlessness.

Teaching people that their reactions are normal (a procedure known as 'normalising') is also important for another reason. After a traumatic event, most people have some symptoms of stress (e.g. nightmares, flashbacks, intrusive thoughts about the event, tearfulness, outbursts of anger, concentration problems, tiredness etc.) Some people worry that this is a sign that they are 'not coping', 'losing it', 'going crazy' etc. They draw negative conclusions about themselves such as 'I'm a weak person', 'I'm mentally ill' or 'I should be able to cope better – I'm an aid worker'. People with religious beliefs may think that their problems indicate a lack of faith, and they may feel guilty. These thoughts put them at risk of becoming depressed about the fact that they are feeling depressed, or anxious about being anxious. If this happens, normal, short-lived responses can turn into more serious, longer term problems. Research has indicated that one of the best ways of predicting which aid workers will develop psychological problems is whether or not they 'invalidate their feelings' (in other words think, 'I shouldn't be feeling this way, it's a sign that I'm not coping'). Those who do this are much more likely to develop problems than

those who think 'it's normal to feel like this in such circumstances. I'll take a break and look after myself, and talk to someone about how I'm feeling' (Lovell, 1997). Research has also shown that negative appraisals of symptoms of stress after a traumatic event predict the development of post-traumatic stress disorder (Ehlers et al., 1998).

In the light of this, one of the important roles of debriefing is to let people know that symptoms of stress which they are experiencing are normal and common after a difficult event. Overseas aid work and then returning home can be classed as a 'difficult event'. Even when nothing particularly traumatic happened, lots of change will have taken place and change is tiring and stressful. The worker can be reassured that it is normal to feel very tired after returning home, and perhaps to feel low or have other symptoms of stress. They can be informed that such symptoms tend to naturally reduce over time, although for some people it can take about 18 months to feel completely 'back to normal'. People generally feel relieved when they discover that their symptoms are normal and will resolve over time. The debriefer can provide information about ways to cope with the symptoms of stress. Towards the end of a debriefing, people are encouraged to identify sources of on-going social support (e.g. family members or friends they can talk to). A lack of social support increases the risk of psychological problems developing, and so it is important to encourage the debriefee to find people who can support them. Information is also given about further help which is available if they desire it.

Quotation from a returned aid worker:

'It was an opportunity to explain how I felt – and the process of debriefing gave me the permission to feel the way I was feeling. It was OK to feel sad, guilty, angry etc'.

14. Issues to consider

Timing:

During the first 24 hours after a traumatic event people may be in too much shock to benefit from a CID, and debriefing during this period may even be detrimental (see page 7). Everly & Mitchell (1999) recommend that debriefing should take between 24 hours and 10 days after acute crisis, and 3-4 weeks after a major catastrophe. It is useful to provide CID before people draw firm conclusions such as 'I should have done more' or 'I'm not coping', and develop difficulties. However, debriefings which occur much later (even months later) can still be helpful (Chemtob, 2000; Stallard, 2000; Raphael, 1977; Chemtob et al., 1997) and may in many cases be more beneficial than early debriefing. It is better to wait until a person is ready for debriefing than to force them to attend an immediate debriefing when they may be hostile to it or unable to concentrate.

When to debrief – an example

An aid organisation phoned me to ask for advice after two of their personnel were present during a terrorist attack. The organisation wanted them to attend a critical incident debriefing session immediately (as they had read that it should take place within the first 72 hours after an incident). However, the men involved were resistant to this, stating that they first wanted to see their families (in another part of the country) and sort out some work issues before returning for debriefing a week later.

I reassured the organisation that debriefing a week later when the men wanted it would be much better than trying to debrief them when their minds were on other matters. I also explained that it was important to give the men some sense of choice, respect and control as they had had none of these during the terrorist attack and would have felt out of control and powerless.

The debriefings went ahead the following week, and the men reported that they had found them helpful.

'Common sense should overrule procedural dogma regarding timing' (Stuhlmiller & Dunning, 2000, p.314).

Before debriefing aid workers who have just returned from overseas, they need some time to recover from jet-lag/ tiredness, see people they want to see, sort out practical matters and begin to readjust to their home country. **Personal debriefing 1 - 3 weeks after the return 'home' is optimal**, although if this is not possible, debriefing at another point is still useful. A follow-up contact about 3 weeks later may be beneficial (e.g. by e-mail or phone, to check how things are).

Quotation from 2 returned aid workers:

'They initially wanted to do debriefing within 36 hours of arrival home. I found the thought of that very difficult as it was too much at once. Moved to 2 weeks later'.

'Debriefing should *not* be on the day of return as is often the case. People need time to settle back a little bit and mull things over before talking them through. But we shouldn't wait *too* long'.

Group versus individual debriefing:

There are pros and cons of each, which are considered on page 30.

Venue:

Debriefing should take place in a comfortable, well-lit room where there will be no interruptions (including phone-calls). Glasses of water and tissues should be available. Should debriefing be 'in the field', or back at 'home'? When there has been a traumatic incident on the field, debriefing near the site has advantages if it is practical. After the end of assignment it is good to offer debriefing in the home country, as re-entry issues can be addressed as well as issues related to the time overseas.

Children:

See section on children later in this manual, see page 40.

Confidentiality:

Work out what your policy on confidentiality is, and make this clear to the debriefee before you start. For instance, you might promise that everything they say will be confidential unless you think there is a risk that they will seriously harm themselves or someone else, or if they disclose that a child is being abused - in which case you are legally or morally required to tell someone.

If you do not offer confidentiality, they are unlikely to be completely honest with you, and the debriefing will not be as beneficial for them. Remember that personal debriefing is *for their benefit*. If you want to assess whether they should be offered another position overseas, this should be done in a different setting e.g. a job interview or a psychological reassessment.

Using handouts:

Many debriefers find it helpful to have a reminder of the steps of debriefing visible during the session (e.g. on a table to one side of them). This can help them feel confident and less anxious, and ensures that they stick to the structure and do not miss any steps out. It is recommended that debriefers do this, at least until they are so familiar with the structure that they do not need a reminder. Debriefees do not mind a piece of paper being visible – but it is helpful if it is kept to a minimum (e.g. one page) and only looked at when needed, as it should not distract from giving the debriefee full attention. Having a manual on the table and turning over pages or stopping to read the next section can be distracting and make the debriefer appear less experienced. Handouts 7 and 8 (pages 74 and 75) give example 'prompts' for critical incident debriefing and routine 're-entry' debriefing. These handouts can be photocopied and used during debriefing sessions.

Some debriefers like to give debriefees handouts on symptoms of stress/ depression, and suggestions of ways to cope with these. Other debriefers prefer to give the information verbally. This is a matter of personal preference. Some debriefees like to have handouts while others feel overwhelmed by having too much paper and will not read them. Handouts 1-3 (pages 62-69) and Handout 6 (page 73) can be given to debriefees if this seems useful.

Writing notes:

Note-taking should generally be avoided, as it can give the impression that a report will be written, and make the session feel more like an interview or 'information gathering' exercise.

Having said this, it is sometimes useful to jot down a few words. For example, when the debriefee is identifying which issues to talk about, these can be quickly written down to ensure that none of them get forgotten. The debriefer should explain the reason he/ she is writing notes ('I'm just going to write these down so that we leave enough time to talk about them all and don't forget any of them'). Ideally the writing should be visible to the debriefee (so that they know what has been written and don't need to worry about what has been recorded). At the end of the session any notes can be put in the waste-paper bin in front of the debriefee, so that they know no record has been kept.

Debriefers with poor memories may also want to jot down any unfamiliar names of important people or places mentioned, to assist them if they want to refer to them during the session. Again, the writing should be kept to a minimum and if necessary they should explain why they are writing.

15. What to avoid in the debriefing process

Personal debriefing generally has a beneficial effect. However, it may have a harmful effect if any of the following occur, and so the following should be avoided:

1. Breaching confidentiality (unless this is necessary for legal or moral reasons e.g. if the person is likely to seriously injure themselves or someone else, or if they disclose that a child is being abused. In such instances steps need to be taken to protect those are risk - and the debriefee should be informed about this).
2. Causing the debriefee to 'relive' a traumatic experience in the debriefing session (e.g. asking them to describe their experiences in such vivid detail that they feel they are going through the trauma again.) Debriefees tend to mention the important details within needing much prompting. Questions such as 'what did you see or hear?' are adequate. There is no need to ask for vivid details (although if these are offered without prompting, that's OK).
3. Providing debriefing too soon after a traumatic event (e.g. in the first 24 hours, or while there is still significant pain from physical injuries).
4. Being a poor listener or appearing emotionally cold
5. Rushing the debriefing instead of allowing adequate time (generally at least 2 hours for an individual debriefing, and longer for a couple or group).

16. The seven steps of Critical Incident Debriefing

The CID process involves seven steps, as outlined below. These allow for a gentle 'step down' into discussion of the more emotional aspects, and then 'climb back up' so that the session ends positively by thinking about support and the future.

Step 1: Introductions

Step 2: The facts about the experience

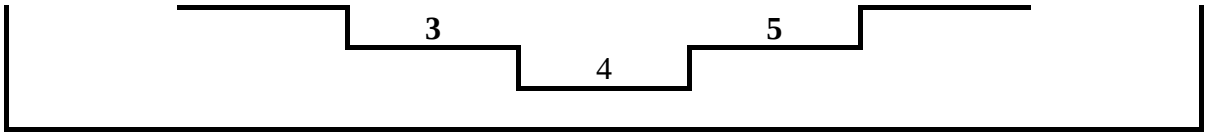
Step 3: The thoughts during and after the experience

Step 4: The sensory impressions and emotions

Step 5: Teaching about normal symptoms

Step 6: Discussing coping strategies, and future planning

Step 7: Ending the session



The guidelines for the debriefer are as follows. **These are the steps to use when debriefing has been requested because there has been a traumatic incident.** (For more detail, see Parkinson, 1997. As mentioned above, those who wish to use this method of debriefing are strongly advised to attend a training course in this procedure). **Later in the manual we will explain how these steps can be adapted for routine personal debriefing after returning 'home'.**

The steps should flow naturally from one to the next, so that the session runs smoothly. Debriefers should use their own words, speaking in the way which comes naturally to them. Any example wording given is purely a guideline. It is not necessary to say everything which is listed here or to ask every question – these are just examples. **Handout 7 (page 74) provides a summary of the 7-step process. The handout can be used as a prompt during debriefing sections, so that debriefers do not feel they have to remember all the steps.**

Step 1: Introductions

Introduce yourself. To help establish credibility, it can be helpful to refer to your experience as a debriefer, and any experience you have of working overseas. Ask the others who are present to introduce themselves. **Explain the purpose** of the CID (which is to help prevent or reduce stress-related problems, and help them discuss the traumatic event and move on from it). **Discuss confidentiality** (see page 23). Check that any mobile phones have been turned off. Discuss how much time there is available. (E.g. 'It's hard to say how long this debriefing will last. Usually we take about two or three hours, but we can be flexible. I don't have anything else booked today. Is there a time that you will have to leave by?').

Explain that you will be using a structure which has been proved to be useful. If debriefing more than one person, explain that everyone will have an opportunity to answer each question if they want to – people will take turns to answer and should not interrupt anyone else. Point out that it's not an interrogation, and if they don't want to answer a question that's fine. Ask if there are any questions at this point.

Step 2: The facts about the experience

Rather than beginning with an emotional description of the events, participants are eased in gently. Explain that you will ask about their feelings later, but first you would like to hear the facts about what happened. This is especially useful with people who find it difficult to talk about their feelings. It also encourages people to tell the full story, which helps them to process their experiences. **Ask them to describe what happened**, from beginning to end. Prompt with further questions if necessary (e.g. 'Where were you? What were you doing? How did you first know something was wrong? What happened next?'). Only move on to the next step when the whole story has been told, from start to finish.

Step 3: The thoughts during and after the experience

Ask questions such as 'what was your first thought when you realised something was wrong? What did you expect? **What were your thoughts** during the incident? Was there

any point at which you thought you (or a family member or friend) were going to die? What were your thoughts and impressions afterwards?' People often begin to reinterpret their experience simply by talking in this way, and they may start to get rid of negative beliefs. This is often a very short step, sometimes with just a couple of these questions.

Step 4: The sensory impressions and emotions

Only now, when people feel more comfortable, are they asked about any particularly memorable sensations from the experience, and about their feelings. The purpose is not to make them recall the incident so vividly that they re-experience it during the debriefing. In fact, there is some research that suggests that asking people to keep going over a traumatic event in great detail may have a negative effect, especially if this happens very soon after the event. It may cause them to encode the memory in such vivid detail that it will keep coming back to their mind in a distressing manner (see Ehlers, 1998).

Therefore, it is best not to probe for *lots* of details. Rather, **ask general questions such as 'were there any sights, sounds or smells that were especially vivid or memorable?**' Verbalising anything which stands out may help them make connections which will prevent flashbacks later. If the individual chooses to talk about lots of details, they should be allowed to do so, as that indicates that the memories are already very vivid. Otherwise, keep the questions more general.

Next, **ask about the feelings** they had during the event. If they need prompting, pick up on any emotions which they have already mentioned, or choose a few which you think they might have experienced and ask about those - e.g. 'Did you feel any anger/ guilt/ fear/ helplessness?' Ask '**what was the worst part** for you?' When they have answered this, add, 'what were your feelings then?' You might also ask whether they cried at any point, and how they have been feeling about the incident since it happened.

Step 5: Teaching about normal symptoms

After step 4, people are helped to move forward. By this time they may have mentioned some symptoms of stress which they experienced during the incident or shortly afterwards, and perhaps some of these still remain. These might be physical symptoms, emotions, behaviours, thoughts or beliefs. In step 5, **provide information about normal symptoms of stress**. This is important, because people who think that the symptoms which they are experiencing are a sign of weakness or inadequacy are more likely to develop further problems.

People who feel depressed about the fact that they are feeling depressed, or anxious about the fact that they feel anxious, are likely to add to their problems. Those who think 'I must be going mad' or 'I will never get over it' when they have intrusive memories of a traumatic event are more likely to have symptoms of PTSD one year after the event (Ehlers, Mayou & Bryant, 1998). Among aid workers, one of the best ways of predicting who will go on to develop problems is to find out which people tend to think that they are 'over-reacting' - these are the people who are likely to develop difficulties (Lovell, 1997). In contrast, people who know that it is 'normal' to feel tearful, or have sleeping problems, or get very tired after a period of stress are likely to be kinder to themselves, and adjust well.

Step 5 involves explaining that symptoms of stress are normal after a major change or a traumatic event. It may be useful to provide a list of common symptoms of stress, (such as Handout 2 (page 67), 'symptoms of stress or depression'), and ask whether they have experienced any of these symptoms (either during the incident, or since then). Point out that some people do not experience any of these symptoms, and that's OK, but many people experience at least a few of these after a time of stress. These symptoms are normal, and usually they disappear by themselves as time passes. If the individual has intrusive recollections about an experience, they do not need to try to push such thoughts out of their mind (as that tends to cause more intrusive thoughts). It is better to just let the thoughts come and go, without worrying about them or trying to fight them.
In some cases, it is useful to ask general questions to help the person talk about changes which they have noticed in their life. For example you might ask, 'How do you think the experience has affected you? Has your life changed in any way since the incident?' If their partner or family were also involved in the incident, it may be appropriate also to ask how they have been affected.

Some people appear embarrassed when they admit that they have been crying. It is worth reminding people that crying is normal in times of stress or grief. Crying is healthy, and people tend to feel better after crying. Researchers have analysed tears and found that emotional tears are chemically different from the tears cried when there is dust in the eye, or when peeling an onion. Emotional tears contain hormones including adrenocorticotropic hormone (ACTH), which has been shown to be one of the most sensitive indicators of stress. Crying, by eliminating the excess ACTH, may relieve stress. Emotional tears also contain significantly more of the hormone prolactin than irritant tears. Abnormally high levels of prolactin have been found in people with high levels of anxiety and depression. It has been reported that crying may help eliminate excess prolactin, which may help stave off anxiety and depression (see Lutz, 1999). While the exact benefits of crying may be disputed, there is little doubt that it can help people feel better. It can be worth telling debriefees about these benefits, to give them permission to cry without feeling that they 'should pull themselves together'. One of the advantages of debriefing is giving people permission to show their feelings, without feeling that they are 'going crazy'.

Sometimes it becomes apparent that the person being debriefed feels guilty about the way they behaved. For example, they may have run away from a crisis instead of helping other people, or they might feel that their mistake caused other people to suffer. It can be appropriate during this teaching stage to point out that in times of stress, people often respond automatically and in ways that are out of character. In a crisis, we are unable to think as we usually would. Trying to save oneself can be an automatic instinct, and people often make mistakes or act out of character when under stress. You may be able to reassure them that what they did is completely understandable. If there are major issues of guilt, it may be appropriate to recommend that they receive counselling.

In most cases, the debriefer is able to reassure the debriefee that their symptoms of stress are normal. Occasionally, however, a debriefee discloses symptoms that are more severe than normal reactions. If the debriefer feels any concern, they should encourage the debriefee to seek professional help. If the debriefee admits to suicidal plans they should immediately seek help from their doctor. Other reasons for referral are listed on Handout 5 (page 72). Sometimes a few sessions of counselling are enough to help the debriefee feel much better. The debriefee can be informed that requiring counselling or therapy should

not be seen as a sign of weakness – it is a healthy way of looking after themselves and making them stronger to deal with stress in the future. A positive debriefing session can help people be more receptive to counselling than they might otherwise have been.

Step 6: Discussing coping strategies, and future planning

After discussing symptoms of stress, the next step is to **discuss strategies for coping** with these. Ask what usually helps them to relax, and what they have found helpful in the past. Encourage them to do things which help reduce stress reactions (see the handout 'Ways to cope with stress/ trauma: some suggestions', Handout 3 - page 69).

This step is also the place to **discuss the support which is available** to them. Ask about their personal support. Who can they talk to, especially about their feelings? Do they have understanding friends or family members they can contact – even if this needs to be by phone or e-mail due to distance. Some people find it hard to move on after a stressful experience. They may stop going out. They may avoid meeting people or getting involved in activities, because they feel they don't have the energy. If this persists for a number of weeks, they are at risk of becoming depressed. It can be helpful to gently encourage them to start doing some of the things which they previously enjoyed, and to build up more social contacts – perhaps by joining a club (e.g. one where they might meet people from the region where they have been working, or a local justice group or Fair-trade group). Some people find support through a religious group, and others meet friends by joining a sports club. This can be done gradually, as they will also need time to rest, but some progress should be encouraged so that they feel they are moving on. Moderate activity (such as walking or swimming) may help to reduce tension, depression, and fatigue.

They should be asked about **their plans for the future**. Although it is unwise to make important decisions immediately after a stressful experience, it is still useful to ask about future plans. After a traumatic experience, some people lack hope and fulfilment. Asking what they would like to do in the future may help to dismantle this sense of hopelessness, and help them to set new goals. If they don't feel hopeless, they may still appreciate having someone to help them think about their plans.

It is sometimes difficult to tell whether the aid worker is experiencing normal symptoms of stress which will resolve naturally, or whether their symptoms are more severe. Stress-related symptoms usually subside over a period of a few weeks. They should be advised to seek professional help if significant symptoms persist beyond this or become worse or are significantly interfering with their life, work or relationships. Tell them who they can contact (e.g. a named person at the organisation, or their doctor). Relevant self-help books can also be recommended, especially for mild problems or where there is a waiting list for treatment (see Handout 6 – page 73). If they appear to require immediate help (e.g. if they are contemplating suicide), arrange professional help. See handout 5 (page 72) for a list of indications that professional help should be sought.

Without labouring the point (as we do not want to give the impression that they are likely to develop problems), it can be mentioned that although they might not need more help now, they might decide later that they would like help. Tell them how they can obtain further help (e.g. counselling) if they want it at any stage in the future. (Sometimes difficulties emerge months or years later). Ask whether they have any questions, or anything else they want to say. Occasionally people may ask if you would provide some general feedback to the organisation based on their experiences, or make a concern known.

If this is requested it can be very helpful, although you should be careful about issues of confidentiality.

Step 7: Ending the session

The debriefing has focussed on the negative aspects of the experience, but there are sometimes also positive aspects. It is good to give an opportunity to reflect on these, by **asking if anything positive has come out of this incident**, or if they have learned anything from it. For example, some people state that surviving a difficult experience has given them a stronger sense of gratitude, or a greater determination to enjoy every day. Some people report a deeper appreciation of their family, or a sense of achievement and self-confidence.

Ask if they have **any other comments or questions**. If you have plan to follow-up the debriefing by contacting them again, mention the details at this point. (We recommend a follow-up contact about 3-4 weeks later, or sooner than this if there are concerns).

To close, **summarise** the debriefing (perhaps by reminding them that symptoms of stress are normal, and encouraging them to try out strategies for dealing with their stress). Ask how they are feeling now. If appropriate, say that it's not unusual for some people to feel worse at the end of a debriefing, since memories of the trauma will have been brought to mind. This is helpful in the long term, and part of the recovery process.

If you can genuinely do so, you may want to let them know that you think they have coped well and you expect them to continue doing well. Thank them for sharing their experiences, and end the session.

After everyone has left:

Evaluate the session, and think about any lessons you have learned. Then find someone who you can talk with about any emotions the session evoked for you.

Follow-up

It is good practice to arrange a follow-up contact 3-4 weeks later (in person or by phone or e-mail), even if they seem to be coping well. This provides an opportunity to check how the person is getting on, and allows the debriefee to raise anything which did not come up at the debriefing. Most debriefees report that they are starting to feel better by the time of the follow-up, and the follow-up generally takes very little time.

If they are feeling worse or symptoms are persisting and getting in the way of normal life, they should be encouraged to seek further help (e.g. from their doctor). They should be informed that these difficulties are treatable, and the sooner they get help, the sooner they will feel much better. People can be given hope – depression, post-traumatic stress disorder and other problems are treatable. There should be no stigma attached to seeking help. These are conditions with a biochemical component, and one should be no more embarrassed about asking for help for these difficulties than for a medical condition such as diabetes. They are not a sign of weakness. Getting treatment is wise and enables one to continue working well and enjoying life.

17. Comparing individual debriefing with group debriefing

CID in groups

The CID procedure was originally designed to be used with groups. The group should be seated in a circle. If possible, there should be two debriefers for group debriefing, and they should sit at opposite sides of the circle, so that between them they have a clear view of everyone. Sitting together encourages people to look at and address the debriefers throughout the session, whereas sitting apart encourages people to address the whole group. Although very large groups are sometimes debriefed together, it is generally advisable to try to keep the group to twelve people or fewer. Participants are more likely to feel able to express their opinions and feelings when the group is smaller (Armstrong et al., 1998; Armstrong, 2000).

When debriefing a group (even a group of two), it should be explained that each person will have the opportunity to respond to every question if they want to, although no-one will be forced to speak. At each step, they can choose not to say anything if they want to. Some people may say little but still benefit from hearing what is said, and still contribute to the group just by attending and so supporting the others in the group. Everyone should be asked not to interrupt when anyone else is speaking. (If someone does interrupt, they should be gently reminded not to).

In group debriefing, everyone should be asked to introduce themselves in the introductions stage (unless of course everyone has met previously). They should also have an opportunity to mention their work position or role in the incident. When outlining the need for confidentiality, it should be explained that group members are free to tell other people what *they* said during the debriefing, but they should respect the confidentiality of other people present and not disclose what anyone else has said.

In the second step, the debriefer might ask for a volunteer to tell their story of the facts about what happened to them. After they have finished, the debriefer can point out that it is helpful for everyone to tell their story, as each person will have a slightly different account, and people can bring different perspectives and add pieces of information which others might value. The floor is then open for others to add their stories.

Everyone should be given an opportunity to add to the facts. After this, the debriefer should ask about thoughts, and again each person should have the chance to speak. The debriefing should continue in this manner, with each person having the opportunity to respond to every question before moving on. The debriefer should be careful to ensure that everyone's contribution receives some recognition (e.g. by saying 'thank you' or nodding after they have spoken). It is important that one or two people do not dominate the session. Sometimes it is worth asking a quieter group member 'do you want to add anything?', without putting pressure on them if they don't wish to speak.

When asking about feelings (step 4), each time one person mentions a symptom of stress the debriefer can ask 'has anyone else experienced something similar?' When people nod, this helps the group to 'normalise' the symptoms for each other. It can be very reassuring for a participant to see that they are not the only one experiencing these sorts of symptoms – many others are too. In step 5 the debriefer provides information for the whole group. In step 6, different people can share ideas about things that they have found helpful in coping with stress, so that the group can learn from each other as well as from the debriefer.

CID with an individual
The CID procedure has been modified for use with individuals. When used individually, the debriefee should have the chance to say as much as they want to at every step before moving on to the next step. When discussing confidentiality, the individual should be told that they can tell others what happened during the debriefing, but the debriefer will not disclose what they said (except if there is a risk that the debriefee will seriously hurt themselves or someone else, or if child abuse is disclosed).

In individual debriefings, the debriefer will need to provide more information about symptoms of stress and ways of coping, which would otherwise have arisen from the group. Handouts may be helpful in this regard, as a way of illustrating that other people have these symptoms too (which is why the handouts exist).

Comparing group with individual debriefing
An advantage of the group format is that group members have the opportunity to discover that other people are experiencing similar reactions. This helps people to realise that they are not 'weak', but merely experiencing normal symptoms following an abnormal event. Groups of people with shared experience of trauma can be very supportive. Each person learns that they are not alone, and this can facilitate recovery.

A group debriefing can also help people to piece together what has happened, as they gain extra information from others who were present. This may help to dismantle negative beliefs such as 'the problems were all my fault'. In addition, group debriefing is much less time-consuming for the debriefer than conducting separate debriefing with each individual. In general, group debriefing can work well for teams who have worked closely together or people who were all involved with the same critical incident. (See Fawcett, 1999, for further insights concerning group debriefing).

However, there are also many situations when it is preferable to debrief an individual or a couple or family, rather than a larger group. Sometimes the traumatic event was only experienced by one person. An aid worker who has returned home might want to receive debriefing related to an incident which has taken place overseas, and this might only be possible as an individual debriefing. Some people feel uncomfortable speaking about personal matters in a group setting. If the members of a group do not trust each other or feel safe with each other, or if there are conflicts and problems within the group (including blaming and scape-goating or problems with the group leader), group debriefing may not be effective.

During an individual debriefing, there is more time available for discussion tailored to the needs of that one person, without them thinking that they should speed up their responses to allow time for everyone else to speak. Group debriefing can be harmful if participants feel traumatized by hearing disturbing details which they were not aware of, or if others in the group are overly negative.

'You know, I didn't start feeling bad till we went over it in the group … I thought we had done a good job … should be proud. Now I guess I was wrong, and that bothers me a lot … I wish I hadn't gone…' (Koval, 1987, cited in Armstrong, 2000).

When debriefing takes place in a group format, it is advisable to say at the end that individual debriefing is available for anyone who would like to receive it. While for many people group debriefing is sufficient, there are some for whom it is not adequate and an individual session is necessary.

Quotations from 3 returned aid workers:

'I found it difficult having the CID with the rest of the team and at the beginning I found it awkward and wasn't completely honest. By the end of the CID I perfectly understood why we did it as a team and saw the benefits of that – but would have valued just a small part of the time on my own'.

'I didn't find my group experience helpful because although we had all been in the same general experience, we had not had the same experiences'.

'I certainly appreciated (and preferred) the individual debrief – because one feels one can be more honest, than with other relief team members'.

18. Routine personal debriefing (not CID) after returning 'home'

Some aid workers receive an 'exit interview' before they leave their overseas assignment. This gives them an opportunity to reflect both on their work and on how they feel about their time overseas. This can be a useful way of ending off the overseas assignment, but this should be in addition to structured personal debriefing (which is a much more thorough procedure), and not a replacement for it.

'Over-debriefing' people can reduce the value of debriefing as people can get fed up if they are debriefed too often. Some organisations expect staff to have an exit interview on the field, personal debriefing at the international HQ and again at the national HQ, an external personal debriefing with a psychologist and then debriefing from a supporting church or group! Such 'over-kill' should be avoided! One effective debriefing session (with follow-up as required) is sufficient and preferable to five 'debriefings' from well-meaning but untrained people. On the other hand, if someone has had an unhelpful debriefing session, they can be offered an additional session with a more experienced debriefer. The debriefer should know what type of debriefing has already taken place, and the aid worker should be clear about the purpose of each debriefing session (e.g. Exit interview, operational debriefing and personal debriefing). Excessive repetition and overlap should be avoided.

Most agencies which offer personal debriefing do so at their own HQ, as this is where trained debriefers usually are. Personal debriefing includes discussion of how the aid worker is readjusting to being back in their own home country. Ideally, personal debriefing should take place when the aid worker has been back for at least one week, but no more than three weeks. (If this timing is not possible, personal debriefing can still be very helpful at another time point).

It is possible to consider the whole overseas experience as a 'critical incident', and to use a modification of the CID structure for routine debriefing of returned aid workers (see

Armstrong, Lund, Townsend McWright & Tichenor, 1995 and Armstrong et al., 1998 on 'multiple stressor debriefing'). The focus should not only be on traumatic episodes. Day to day stresses should also be considered. A number of aid workers have said that they found it a great relief to learn that their whole experience overseas could be considered as a 'critical incident'. This helped them to understand why they developed stress-related symptoms (such as nightmares) although they had not experienced any particular 'traumatic incident'.

The following section should be read AFTER studying the above section on critical incident debriefing, as it is an adaptation and extension of the CID structure. The following section is not meant to stand on its on – much of the detail has been covered in the CID section and will not be repeated here. Handout 8 (page 75) provides a summary of the following 10-step process. The handout can be used as a prompt during debriefing sections, so that debriefers do not feel they have to remember all the steps.

We recommend adapting the CID structure as follows for routine debriefing:

1. Introductions

Introduce yourself (and mention any relevant experience e.g. any overseas work); purpose of debriefing (to reflect on their experiences and say whatever they would like - this has been found to help prevent stress problems later); debriefing usually lasts 2-3 hours, no report is written and it is **confidential** (with certain exceptions, page 23).

Ask for some basic details about their work overseas, if you don't already know these - e.g. where they were, how long they were away for, what they were doing, and when they returned 'home'. (Ideally the debriefer should acquire this information prior to the debriefing). Then invite them to give an overview of their time overseas, by describing their experiences (in brief), and ask them to tell you if there is anything in particular which they would like to talk about during this debriefing.

2. Identifying what was most troubling

Some debriefers begin debriefing by asking about the positive aspects, and then move on to the negatives. This is generally the wrong order, for a number of reasons. Firstly, for people who have had a difficult time overseas, it can seem insensitive to ask about the positives. They may conclude that you will not understand the difficulties they experienced, and so decide not to talk about the difficult aspects. They may feel that their problems are belittled by you being overly positive. If, on the other hand, someone has had a generally positive experience, they are unlikely to mind if you explain that you will start by discussing any difficulties and then come on to the positive aspects. Another reason is that it is good to end the debriefing on a positive note, and so to leave discussion of the positives until nearer the end of the session.

If they mentioned particular issues or difficulties or stressful experiences during the overview, say that you would like to spend time talking about each of these. Ask if there is anything else that they would like to talk about in more detail as well.

If no particular difficulties emerged during the overview, say something like, 'As you look back on the whole experience, what was worst or most stressful or troubling for you -

either specific events, or stressful parts of the experience?' Encourage them to pick out about three or four issues. If they say 'on the whole it was a good time', say that you are pleased to hear that and that you definitely want to hear about the positives, but that most people find it useful first to talk over the parts which were least positive. If they seem uncertain, you can give examples such as: 'It could be a particular incident or a disturbing sight which sticks in your mind. Or it might be that there was a relationship or communication difficulty. Or something to do with the job or the agency. For some people the main problem is overwork, and for other people it is boredom, or being expected to do things which weren't on the job description or which you don't feel equipped to do. Or it might be something to do with the culture or the living conditions. Or being so far away from friends and family. Or a health problem'. In over ten years of debriefing, I have never come across anyone who did not have some negative aspects to talk about – providing that the question is posed in this way.

Be aware that even if they experienced a traumatic incident, this might not have been one of the worst parts of the experience for them. Many people can cope with occasional traumatic incidents – aid workers tend to be prepared for these. Often, the more stressful experiences are the on-going, more personal problems such as a difficult relationship, deadlines, or over-work (see Lovell, 1997; Alexander & Wells, 1991). The table below shows the results of an anonymous survey in which 145 returned aid workers were asked the open question, 'what was the worst part of the experience for you?', and the results were then categorised (Lovell, 1997).

Worst part of the aid work experience

	% of respondents
Cultural frustrations	21.4
Relationship problems	17.9
Dissatisfaction with agency or work	17.2
Missing home/ problems at home	11.7
Traumatic incidents	7.6
Living conditions / health	6.2
Isolation	4.8
Returning home	4.8
Everything / no response	8.3

The category 'dissatisfaction with agency or work' includes issues relating to overwork. This is a common problem, and it is useful to ask specifically about this.

Quotation from a returned aid worker:

'I felt as if my life had ended and I just had to do things for other people, and I couldn't do enough for them'.

3. Facts, thoughts and feelings

Say that you would like to talk through each of the issues/ stressful experiences which they have just identified. Ask them which one they would like to start with. Take this issue, and ask about the facts ('Could you tell me more about this? What are the details?'). Don't rush – allow plenty of time to discuss the issue. This is the main part of the debriefing session. When they have discussed the facts in full, ask what their thoughts have been about this issue. Then ask about their feelings about this – both while they were overseas, and now.

Then do the same with each of the other issues. Don't rush!

4. Any other aspect you want to talk about?

After discussing all of the identified topics, ask if there is anything else that the individual would like to speak about. Give an opportunity to talk about issues which might not fit into the structure so well - e.g. problems with the organisation; unmet expectations; the fact that they were bereaved while overseas, or any other factor. Sometimes people hold back the most important issues until they have 'tested the debriefer out' and found that they are a good listener, caring and non-judgemental. It may be only after building up a good therapeutic relationship through talking about minor issues that they are able to disclose a more serious problem (such as their fear that they might be HIV positive, or an affair they have had, or some other issue). It is important always to ask, 'is there anything else that you wanted to talk about?', so that there is an opportunity to raise such issues.

5. Symptoms

Ask whether they experienced any stress-related symptoms at any point while overseas or since returning home. Give examples of such symptoms e.g. tiredness; sleeping problems; nightmares; irritability; depressed mood; appetite changes; nausea; concentration or memory difficulties; flashbacks or finding themselves repeatedly thinking about what happened; trying to avoid thinking about their time overseas; a change in their view of the world; guilt; sense of meaninglessness; anger; inability to relax; difficulty making decisions; tearful or unable to cry etc. (Use Handout 2 if you wish - 'symptoms of stress/ depression' – page 67).

6. Normalising and teaching

State that symptoms of stress are normal during overseas work and shortly after returning home, and do not mean that they are over-reacting. Talk about coping strategies and ways to help reduce stress (e.g. allowing sufficient time to rest; exercise; doing things they find relaxing or enjoyable. See Handout 3 - 'Ways to cope with stress/ trauma: some suggestions' page 69).

Some people feel guilty that they have not been able to cry, despite seeing people suffering. It is helpful to tell people that they don't need to feel guilty if they did not cry. At times of grief, people respond in different ways. Some cry, while others become very active and work out their grief by *doing* things (Martin & Doka, 2000). Neither response is better or worse than the other. Some people feel too upset to cry. When surrounded by poverty or suffering, some people become 'numb' to it and do not have any feelings towards the people who are suffering. This can be a healthy coping mechanism, as getting over-emotional can prevent one from being able to carry out the job.

Where there have been multiple stressors, they might not finish processing all of these during the debriefing. Encourage them to continue to process their experiences after the debriefing, and talk about how they can do this, and who they might talk with. Ask what support is available to them (e.g. friends, family).

If they report medical concerns, recommend that they contact a doctor or travel medicine clinic. They should make sure that they tell the doctor where they have been working, as otherwise the doctor may not test for relevant tropical illnesses etc.

7. Positive or meaningful aspects

Debriefing has sometimes been criticized for focussing on negatives and 'pathologizing' the experience. It is important to avoid this, and it is good to help the debriefee integrate the good and the bad parts of their experience by discussing both. After difficult experiences some people experience 'post-traumatic growth' (Tedeschi et al., 1998) – that is, they come out even stronger and aware of the positives which have arisen through difficulties. Encouraging discussion of positive aspects can help to enhance this. Moreover, people who say that nothing positive has come out of the experience are at risk of developing depression (Lovell, 1997). Encouraging them to think of some of the positives may reduce the risk of later depression. In one study, over 70% of emergency workers reported that thinking about the positive aspects of their work had helped them to cope with distressing and stressful work experiences (Alexander & Wells, 1991). A

stressful and unpleasant assignment can be translated into a meaningful one (Lazarus & Folkman, 1984).

Ask whether there was anything positive about their time overseas, keeping this as an open question rather than 'what was positive?', in case they feel that nothing was. Positives may already have emerged during the overview, in which case you could ask more about them, and ask what was best. Other questions which may be relevant are: 'Was anything learned? Were friendships formed? Were there ways (however small) in which they feel they helped someone or made a difference? Are they glad they went?'

It might be worth suggesting that they could write down (later) the aspects which they felt were positive or meaningful, and the things they learned from their time overseas.

If they appear to think that their time overseas was meaningless (which is rare), try to explore whether there were any positive or meaningful aspects at all (e.g. lessons the organisation has learned, or recommendations that could be made to help people in the future). Even after traumatic events people often report positive effects, such as the discovery that they are strong enough to cope with difficulties; closer relationships with people who have supported them, or realising the value of life and a desire to make every day count. Some people report spiritual growth and feeling close to God. Helping them to re-frame the experience as a meaningful one may assist in preventing future depression. If they remain entirely negative, professional help should be recommended.

> 'What is significant … is that resilience can be cultivated, that the group can influence the individual, and that "good company" can change the course of individual reaction from traumatic decline to traumatic growth'
>
> (Stuhlmiller & Dunning, 2000, p.317).

Good debriefing or counselling can be the 'good company' that helps change decline into growth. Debriefing can also encourage the debriefee to seek out other supportive people who will further enhance growth.

For information of how people generally respond to the question, 'what was the best part of the aid work experience for you?' the following table shows the results of an anonymous survey in which 145 returned aid workers were asked this open question, and the results were then categorised (Lovell, 1997).

Best part of the aid work experience

	% of respondents
People; friends made	40.7
Work satisfaction	29.7
New culture and conditions	7.6
Personal development	4.8
The place/ climate / simplicity	4.8
Being in God's will/ seeing God work	4.8
Seeing my wife	0.7
Everything/ no response	7.6

8. Return 'home'

Ask how the return 'home' has been – but be aware that this may not feel like 'home' now. The following table shows the results of an anonymous survey in which 145 returned aid workers were asked to report their predominant feeling during the first few weeks after returning to the UK (Lovell, 1997).

	% of respondents
NEGATIVE FEELINGS	
Disoriented/ confused/ scared/ strange	18.6
Devastated/ bereaved/ worst time in life	14.3
Difficulty readjusting	7.9
'Reverse culture shock'	5.0
Isolated	4.3
Frustrated with materialism	2.9
Like a fish out of water	2.9
Guilty	1.4
Sense of unreality	1.4
Exhausted and cold	1.4
POSITIVE FEELINGS	
Good/ relieved	15.0
MIXED FEELINGS	
Mixed feelings	14.3
It was easier than expected	1.4
NO STRONG FEELINGS	
No strong feelings	9.3

It can be seen that about 60% of returned workers report primarily negative feelings on return to their home country. Therefore, if the debriefee reports finding it difficult to adjust to being back home, they can be reassured that this is normal.

If they have not had many previous experiences of re-entry, discuss 'reverse culture shock' and readjustment processes. Prepare them for the fact that some people might not be interested in their experiences. A handout may be helpful (see Handout 1, 'coming home' – page 62). You may also be able to direct them to other resources and useful information (e.g. in areas of finance and employment). Ask about any current worries or questions. Many aid workers who have been away for a period of years report feeling 'stupid' on their return home because they do not understand terminology or technology which has changed while they have been overseas. For instance, aid workers have told me about their puzzlement when asked 'do you want cashback?' by a shop assistant, or when they read 'Must have experience with IT' in a job advertisement. Some have questions about how to sort out benefits or other financial matters, while others want to know how to find a National Health Service dentist in the UK. The debriefer does not need to know the answer to every question, but it is very useful if they can suggest someone who might be able to help, or to find out an answer and let them know.

Quotations from two returned aid workers:

'The feeling of hollowness and absolutely gutted-loss when returning to UK just doesn't bear thinking about. Quite literally the worst experiences of my life were leaving India'.

'For some of us it is not a home coming but the beginning of exile. We become displaced persons'.

Some aid workers value meeting up with other people who have also recently returned from working overseas. They should be told about any opportunities to do this. For example, some organisations organise weekends for their returned volunteers. For information about free 'returned development workers weekends' for those returning to Ireland, see www.comhlamh.org. For a 3-day break for missionaries returning to the UK, see www.equiptraining.org.uk and select 'new directions' under 'courses'.

9. The future

Ask about future plans. Some returned aid workers greatly value discussing their plans with someone who can bring an outside perspective. For example, they may feel under pressure to return to work immediately, or start a course, or to go back overseas very quickly. This is especially the case if people keep asking 'what are you going to do next', or the organisation puts pressure on them to accept another position. They might value reassurance that they need time to rest before taking on further demands or making big decisions. Those who feel guilty about having some time off should be told that rest is strongly recommended after working overseas. It is normal to feel exhausted after completing work overseas, especially if one tended to overwork. Failure to rest adequately can lead to significant health problems. My prescription is that, if possible, they should take at least two weeks holiday for every six months spent overseas. So, after three years overseas people should have three months off. It may not be financially possible, but giving permission to take a break can help them feel better about having at least a few days off!

If they want careers advice, you may be able to tell them how they can access such advice (e.g. through InterChange in London - phone: +44 (0)20 7902 9000).

Tell them how they can obtain further help (e.g. counselling or medication) if they want it, now or at any point in the future. If you think they would benefit from further help, make this a strong recommendation and explain why you think it would be helpful. See Handout 5 (page 72) for a list of some of the reasons to recommend professional help.

Arrange to contact them for a follow-up conversation in 3-4 weeks time, to see how they are doing.

Quotation from a returned aid worker:

'Debriefing made me aware of possible reactions to expect and it was reassuring to know that there was further help if needed'.

10. Close

Summarise some of the important things which have arisen from the session (for example, remind them that their reactions are normal, and encourage them to try out anything which they have said helps them cope with stress). Ask them how they are feeling now. Affirm them and thank them for sharing their story with you, in some way that is genuine for you. (For example, 'it has been a real privilege to hear about your work. It really sounds like you have done a great job, in difficult circumstances – I doubt that many people would have done as well as you did. Thank you for sharing so honestly with me).

Follow-up

If you have arranged a follow-up conversation, make sure you record it in your diary so that you don't forget to contact them in 3-4 weeks! The contact can be by phone, e-mail or in person.

A debriefer does not need to provide answers. The purpose is to sit with the individual until they feel heard, they have begun to integrate their overseas experience into their life, and they have a sense of 'closure' to that experience and are ready to move on.

19.Children

It is common to attempt to shelter children from distress, by trying not to mention concerns in front of them. However, when a family has been involved in a traumatic or stressful experience, even young children can pick up that something is wrong. It is much more frightening for them to know that something is the matter but not know what (allowing their imagination to run riot), than for them to hear about what is happening, and share their own thoughts and feelings. Therefore, it is good to include children in discussions about difficulties or changes, and to allow them to ask questions. (Parental consent should be obtained before working with children). Discussions with children do not have to occur in a formal debriefing setting. Very young children can be given an

opportunity to draw what has happened, or act it out with toys, and to share their feelings. They should receive reassurance. Their parents should be given information about reactions children commonly have after trauma (see below), and should receive support in helping their children (see Richman, 1995). Re-establishing a sense of security and routine is important. Children sometimes feel guilty about their reactions. They should be given permission to mourn or not mourn, and to play or not play, without feeling bad about their reaction. If they are upset by their strong feelings, then can be reassured that 'the bad feelings won't last for ever, they will go away over time'. Try to limit activities that may cause anxiety (e.g. television news; scary programmes or stories).

Older children and adolescents may benefit from sharing in a family debriefing, and may also appreciate a separate debriefing away from their parents. (The parents may also receive a separate debriefing if there are especially sensitive or distressing details which the children do not need to hear). Dyregrov (1991) has written about how to adapt the critical incident debriefing procedure for use with children. Yule (1992) found that children who had received critical incident debriefing reported fewer fears, less avoidance and fewer intrusive memories five months after a disaster than children who were not debriefed. Similarly, Stallard and Law (1993) reported that debriefing greatly reduced the distress of seven girls who survived a school bus crash.

If children are to be involved in the debriefing, it is helpful to have someone available to look after them if it appears appropriate for them to leave at any point.

Children can be asked questions such as:

Where were you at the time of the event?
What happened?
How did it happen?
Why did it happen?
What were your thoughts and feelings – then and now?
What did you do to help yourself?
What have others done to help you?
What would you like to happen now, to help you more?

Any rumours or incorrect beliefs can be dispelled. Children should be told that their responses are normal and understandable reactions to stress. (See below for common effects of trauma on children).

Effects of trauma on children

- May show sadness
- May lose interest in normal activities
- May lack energy and concentration, or have memory problems
- May withdraw from people
- May become hyperactive or display extreme anger/ rebellion
- May return to earlier patterns of behaviour e.g. Bed-wetting; clinging; crying a lot; their school work may deteriorate
- May have bad dreams, and difficulty sleeping
- May have a loss of appetite, and headaches, stomachaches etc.
- May have anxiety and fears (e.g. of darkness, or being separated from parents)
- May act out traumatic events in play or art

- May have repetitive, intrusive thoughts about the experience
- May try to avoid thinking or speaking about the experience, and avoid people or places associated with it.
- May expect to die young, and so not make any plans for the future
- May feel guilty (e.g. that they are alive when others have died, or that they didn't stop a bad experience from happening).
- May have a heightened alertness to possible danger (e.g. be unwilling to travel by plane).

One child from a war-torn land, when asked to smile for the camera, said 'I don't know how to'.

'Many children are relieved to learn, not only that there is an explanation for how they feel, but also that they are not the only ones experiencing what may be to them rather strange reactions and that they are not going mad'. (Yule, 2003, p.180).

Children should be told about simple steps they can take to help them cope with their reactions. For further information, see the manual Children and Disaster: teaching recovery techniques (Smith et al., 1999).

If a child appears to be experiencing significant problems following a traumatic event, it is important to refer them on for further help. The family doctor may be able to refer them to a psychiatrist or a clinical psychologist. For information about how to help children cope with trauma and death, see D. W. Alexander (1999), Goodall (1995), and Kilbourn (1995). In addition, there are many excellent papers on children and trauma on the Trauma Central Website: http://home.earthlink.net/~hopefull/index.html .

When a family has returned home after a pleasant period of overseas service with no traumatic incidents, it can still be helpful to include the children in a family debriefing. Moving can be stressful in itself, as a report from The American Academy of Child and Adolescent Psychiatry (1999) makes clear (see below).

Quotation from The American Academy of Child and Adolescent Psychiatry (1999):

'Moving to a new community may be one of the most stress-producing experiences a family faces. Frequent moves or even a single move can be especially hard on children and adolescents. Studies show children who move frequently are more likely to have problems at school. Moves are even more difficult if accompanied by other significant change in the child's life, such as ... loss of family income, or a need to change schools'.

Children can be helped to explore the similarities and differences between the cultures they have lived in; their feelings of loss at leaving friends (and perhaps places and possessions they have loved); and their attempts to adjust to life in a new culture, and make new friends. They may have strong feelings (perhaps of anger or grief). Foyle

(1987) and Pollock and Van Reken (1999) provide some useful guidance on helping children and adolescents with such transitions. Pollock and Van Reken also list organisations which provide support for children in this position. It should be remembered that the place which is considered 'home' by the parents, may not be perceived as 'home' by the children. For older children, it can be a source of great frustration when other people constantly refer to them as having 'come home', when in fact they are now in a foreign country. Children who have grown up overseas often gravitate towards other children who have also lived abroad. They can benefit from attending holidays which are organised especially for children who have returned from living overseas. For details about events in the USA (known as 're-entry seminars', taking place over several days) see www.tckinteract.net. In the UK, highly successful summer holidays are organised for the children of missionaries. See www.globalconnections.co.uk and choose 'events'. Other relevant websites are listed on page 66. Children should be encouraged to remain in contact with their friends overseas.

20. Cross-cultural issues

Expatriate aid workers are not the only people in relief and development settings who experience stress-related symptoms. National staff (and other local people) can also experience such symptoms. In one study, clinical depression was found among 54% of local staff, and PTSD among 34% (J. Fawcett, 2002).

When considering whether debriefing should be offered to national staff or to local people from a non-western culture (e.g. to a community which has experienced trauma through war or natural disaster), it may be useful to consider the following points.

Interventions which are offered in the Western world may be inappropriate in other settings (Bracken & Petty, 1998; Summerfield, 1999). The definition of what is 'traumatic' may vary from one society to another. For example, in some cultures the destruction of religious symbols is perceived as traumatic (Terheggen et al., 2001), whereas in other cultures it is not. Where war is seen as a matter of religious significance, the death of a relative in the war front may be experienced as a triumph and not a trauma (De Silva, 1993). A Korean friend said to me 'for you, a dog dying may be traumatic. For me, it may be an item on the menu!'

In some cultures rape victims and their families are considered shameful, and the victim may even be put to death if the rape is disclosed. To offer the victim an opportunity to talk about the rape might terrify them. Even if the issue is not sexual assault, there may be a reluctance to disclose intimate material outside a close family setting (Summerfield, 1999). Alternatively, people may reject offers of psychological help because their main concerns are for food, housing, safety and education or employment. They may feel angry that resources are being 'wasted' in offering psychological support when they need help with more practical matters first.

When 'specialists' are brought in to 'help' people after a disaster, local methods of coping are sometimes swept aside. This can leave people feeling devalued. In subsequent occasions of distress they may feel less able to take initiative and support each other. In contrast, when local people are encouraged to believe that they can do something for themselves, and their ways of coping are validated, they are likely to feel empowered, enthusiastic and more hopeful about the future. As long as the practices are not harmful (physically, psychological or spiritually), it may be beneficial to encourage people to use

the resources which are already available to them, offering any additional resources to supplement these rather than replace them.

Although personal debriefing has been used in a variety of cultures, empirical research on its effectiveness in non-Western cultures is sparse. If it is decided that debriefing should be offered in addition to local means of support, one should discuss its appropriateness first with people from that culture. It is important to consider whether the process needs to be modified in order to make it culturally appropriate. It is helpful if at least one of the debriefers is familiar with the culture of the person who is being debriefed. If the debriefer is not from the relevant culture, they should at least try to gain an understanding of the culture in advance - including finding out about such issues as the use of eye contact and humour, and whether decisions (for example concerning further help) tend to be made by individuals or by a group. It may be essential for the debriefer to be the same gender as the debriefee. Age may also be important – in cultures which esteem older people, it might be considered insulting to offer an elderly person debriefing with a much younger debriefer.

The debriefer should ensure that everyone understands the purpose of debriefing. For example, in some Asian cultures if people disclose a deep problem they expect the listener to 'fix it' for them – but debriefing does not promise to do that. There is also a need to be sensitive to any religious beliefs and practices. For example, will the debriefee need to have a break during the session to adhere to their prayer time? Is it a day of fasting, in which case it may be insensitive to offer a drink?

In some traditions, people will not cry in front of others, or discuss their feelings openly, as this may be perceived as a criticism of God's will, or believed to weaken the family in their struggle to survive. In Bali grief is muted because it is believed that emotional agitation will impede the journey of the deceased, and prayers for the deceased will not be heard unless they are spoken calmly (Rosenblatt, 1993). A Burundian proverb states, 'a man's tears flow on the inside' – that is, they should never be seen. When debriefing someone who holds such a belief, it would not be helpful simply to say 'crying is useful and normal', as they may conclude that the debriefer is either foolish or a liar. The individual may, however, find it helpful during the 'teaching' stage to consider the health benefits of crying (see Lutz, 1999). This should occur as a discussion, rather than a monologue from the debriefer. The debriefer should make every effort to understand the views expressed and not cause offence.

In certain cultures, vengeance is routinely sought after a perceived 'wrong', and forgiveness is regarded as a weakness. Again, it might be possible to gently explore these ideas during the teaching stage. It is useful to be aware of any relevant rituals which may be observed in a culture, for example rituals concerning bereavement. Such rituals may be very helpful (Lovell, Hemmings & Hill, 1993). Some communities use story-telling, plays, dance or music to express emotions (Blomquist, 1995). One should also be aware of the normal stress-related symptoms in the particular culture. For instance, people might talk about headaches, abdominal pain and feeling weak rather than discussing emotional pain (Rack, 1982).

Some cultures do not even have a word for 'depression' or 'guilt', while in others to exhibit anxiety means loss of face, so emotional distress is translated into physical pain. Buddhists may present with generalised feelings of hopelessness which appear similar to depression but are not, because Buddhism implies that 'hopelessness lies in the nature of

the world' (see Terheggen et al., 2001). When suffering is accepted as an all-pervasive presence in the world, one can feel hopeless without being distressed, because of the attitude of acceptance.

It is helpful to try to understand what people perceive as the cause of different symptoms. For example, Blomquist (1995) discovered that some Liberians who experienced flashbacks or other intrusive thoughts believed that their enemies were using supernatural forces to cause them to feel as if they were re-experiencing a painful event. It helps if the debriefer is aware of such beliefs.

Debriefers should always try to find out in advance what sources of follow-up support and professional help are available in the area. It is unethical to raise expectations of further help when no such assistance is available. If there really is no possibility of on-going support, one should question whether debriefing should be offered at all. Even if there is a possibility of professional help, one should realise that it may be considered unacceptable if it is based on a world-view which is not in harmony with the beliefs of the individual.

J. Fawcett (2002) has described how local staff in Honduras were offered appropriate and effective support in coping with stress after Hurricane Mitch. This approach included conducting an assessment of the needs of local staff; providing information about stress and trauma and their management, and discussing what stress looks like in their culture and traditional methods of reducing or coping with it. Organisational and individual stress were both considered. Similar procedures may be effective in other parts of the world. Evaluation is especially important after debriefing in a new context, as we should seek to learn from each new experience.

Debriefing should ideally be in the first language of the person who is being debriefed. Even when someone is relatively fluent in a second language, the most effective processing of emotional issues occurs in the mother tongue. If an interpreter is to be used, they should be selected very carefully (see below).

Advice for working with interpreters

1. Select carefully. Ideally, the interpreter should be:
    - acceptable to the person being debriefed (e.g. ethnic group and gender)
    - skilled and sensitive in interpreting
    - a patient listener
    - able to cope with hearing and repeating distressing information
    - not currently suffering from personal loss or trauma
    - preferably not a friend or relative of the person being debriefed (as it is best to have a neutral, objective interpreter who is not involved with the situation).

2. Aim to develop a good working relationship with the interpreter.

3. Before the session, explain what you plan to do so that the interpreter knows what to expect.

4. Explain that it is important to interpret as directly as possible, without adding or subtracting or re-phrasing anything, as the actual words used can be very

significant. The most common mistakes interpreters make include changing open questions into leading questions, altering the content of questions, and adding their own comments (Price, 1975). Ask them to use the first person when interpreting. Be aware that some words do not have an exact translation, and ask them to tell you if they are having difficulty translating a word. (For example, it is difficult to find an equivalent for 'depression' in some languages).

5. Keep questions and remarks clear and concise.
6. Ensure that the interpreter is clear about confidentiality, and accepts this. They should sign a document promising to maintain confidentiality.
7. Explain that silence can be very helpful, and if there are silences they should not feel they need to repeat a question or 'push' the debriefee to respond.
8. If the interpreter knows more about the client's culture than you do, let the interpreter know if you would like them to explain any cultural issues that emerge. If they do, make sure they let you know what information they are providing themselves rather than translating.
9. Consider where everyone will sit, so that you can all see each other easily. Remember to introduce the interpreter to the debriefee.
10. Allow twice the usual time for the debriefing, to allow for interpreting
11. After the session, make time to debrief the interpreter – they may feel distressed by what they have heard.

For further information, see Van der Veer (1995) and Baker (1981).

The use of debriefing in South Africa: a case study

'The Kwa Zulu Natal Programme for Survivors of Violence makes an interesting case study of the use of [personal debriefing] in a different cultural context. It is a non-profit NGO which aims to rebuild the social fabric of communities most severely affected by violence in that province. Debriefing in this context is utilized … offering small groups the opportunity to discuss various issues affecting their communities following exposure to traumatic events … The sessions are often held in the community, perhaps in one of the community leaders' home. There may be more than one session … debriefing is adapted to suit the needs of the community and would appear to be informal and semi-structured, utilising narrative and story-telling' (Regel & Courtney-Bennett, 2002).

21.Care for the debriefer

Hearing about difficult experiences can leave debriefers with 'secondary trauma', 'vicarious traumatisation' or 'compassion fatigue'– that is, they may feel traumatised or emotionally drained by the things which they have heard. Hearing abut the worst things that go on around the world can leave an impression that the world is an awful place and

people cannot be trusted – whereas in fact a biased picture is being painted, as we could also hear many stories about wonderful people and events. It is important to retain a sense of balance.

Debriefers need to take care of themselves by:

1. Not offering debriefing when they are under significant stress or experiencing grief themselves.
2. Recognising their limitations and boundaries, and being willing to refer people on for further help when required. The debriefer should not feel responsible for 'fixing everything' and making everyone feel better.
3. Not taking it personally if the debriefee displays anger during the debriefing. This is probably a symptom of the debriefee's stress.
4. Having a break after debriefings (for at least 30 minutes), as they can be emotionally draining.
5. Having someone available to off-load onto after debriefing. Without breaking confidentiality, they should be able to talk about how they have been affected by the debriefing,
6. Receiving supervision and support. Both individual and peer supervision sessions can be very beneficial.
7. Limiting the number of debriefings they conduct, to a number which does not feel draining to them. This will vary from person to person and depend on what they do during the rest of their time.
8. Recognising when they themselves are showing signs of stress, and routinely doing things which help them to cope with stress (see Handout 3, page 69).
9. If desired, working alongside another debriefer, especially if debriefing a group of people.

For further information on this topic, see Figley (1995).

22.Conclusion

The package of care

Debriefing alone is not enough to ensure that aid workers are adequately cared for. Debriefing should be seen as just one component of a whole package of care (Gamble, Lovell, Lankester & Keystone, 2001), including:

- Careful selection and placement
- Adequate training (including about the relevant culture; culture shock; conflict resolution; negotiation skills; problem solving; working in teams, etc.)
- Medical preparation (vaccinations etc.)
- Security briefing (including teaching on do's and don'ts to increase safety, and written contingency plans to be followed in the case of evacuation, hostage taking or other crises - see Goode, 1995)

- Briefing on dealing with stress and critical incidents. (Preparation for adverse experiences can reduce the adverse effects of trauma. See Alexander & Wells, 1991).
- Support while on assignment
- CID following any traumatic incident
- Preparation for return 'home'
- Debriefing 1 - 3 weeks after return home
- Follow-up
- Continuing care/ referral for further help if required
- Support for the family should also be provided, if applicable.

The package of care should be considered as a fundamental part of policy planning and as a way to increase general staff well being and improve programme effectiveness. People In Aid aims to promote good practice in the management and support of international aid personnel, which includes such a package of care. The People In Aid Code of Good Practice is a useful tool for agencies wishing to strengthen their commitment to staff in this vital area.

Summary

Aid workers are at risk of experiencing traumatic events and on-going experiences of stress and change. Although some studies have suggested that critical incident debriefing might be ineffective, those studies had serious methodological flaws. Research specifically with overseas aid workers indicates that personal debriefing can help to reduce stress-related symptoms.

A structured form of debriefing is recommended. A structure for Critical Incident Debriefing and a structure for routine debriefing after return home are presented in this manual.

Final tips for debriefers:

1. Maintain confidentiality (unless bound to disclose e.g. suicide risk/ child abuse issue)
2. Be a good listener
3. Show warmth, and affirm them for the things they've done well
4. Use a structure, such as the one described above
5. Don't rush the debriefing process
6. Reassure that symptoms of stress are normal
7. If symptoms seem severe (e.g. clinical depression or PTSD), recommend professional help (and know how this can be accessed)
8. Tell them how they can get further help in future should they want it (e.g. if symptoms of stress persist or become worse)
9. Offer a follow-up phone-call or e-mail a few weeks after the debriefing, to check how things are

10. Take care of yourself, by receiving regular support and supervision, and additional training if you feel that would be useful.

23.References and resources

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Websites

See also page 66 for web-sites related to expatriates (adult & children) & re-entry

www.peopleinaid.org (People In Aid website, including the Code of Good Practice; publications; and information about workshops).

www.headington-institute.org (Very useful papers on aspects connected to stress and trauma among aid workers, and they also offer help).

http://www.mhwwb.org/disasters.htm (An excellent free 32 page document, 'A guide for humanitarian, health care and human rights workers')

http://home.earthlink.net/~hopefull/index.html (Trauma Central Website, containing numerous excellent papers on many issues related to trauma).

www.asbury.edu/academ/psych/mis_care/trauma.htm (Handout 'What missionaries ought to know about trauma'. Similar handouts on stress, depression, guilt, grief and many other issues also available).

www.humanitarian-psy.org (The Centre for Humanitarian Psychology, Geneva. Offers free, confidential, psychological support to expatriates online and by email to support@humanitarian-psy.org).

www.membercare.org (Look under 'organizational resources' and then 'global member care resources list' to search for member care resources in different parts of the world).

http://trauma-pages.com/ (Useful trauma information, including principles for working with traumatized children. Handouts available in English and Spanish).

www.traumatic-stress.com (Links to other trauma sites).

http://www.antaresfoundation.org (Stress briefings etc).

www.missionarycare.com (Offers free e-books, 'What missionaries ought to know' and 'Coming "home": The reentry transition').

www.aidworkers.net (Information and support for aid workers)

www.comhlamh.org (For aid workers who have returned to Ireland, includes information about a free 'coming home weekend', careers tuition, referral to counsellors, and other support).

www.globalconnections.co.uk (A website primarily for Christian organisations, this contains many papers relevant to overseas aid work, including a 'Code of best practice in short-term mission'),

www.oscar.org.uk (Information, advice and resources about Christian work overseas).

Training courses

If you are interested to learn more about debriefing, including details about training courses, please contact People In Aid (info@peopleinaid.org) or Debbie Lovell-Hawker (debbie.lovell@psychiatry.oxford.ac.uk or doctors_hawker@yahoo.co.uk).

Feedback from participant at the Effective Debriefing training course:

'One of the participants has been working with our organisation for well over 20 years, is a bit of a cynic and with a tendency to being critical, commented that he thinks it's the best training he's ever had … The day was relevant to us all; was really well managed; you clearly have the 'credibility' to teach us much about debriefing … It was really good!'

Appendices

People In Aid can e-mail you copies of these handouts, so that you and your organisation can personalise and adapt handouts to your specific needs. If you do so, please cite this manual as your source.

Please e-mail: info@peopleinaid.org

page

Appendix 1 - 'Coming Home' (for aid workers)

Handout 1 - 'Coming Home' (for aid workers)

The following handout may be useful to distribute to **returned aid workers**, shortly after their return home.

Coming 'home'

After working in a different culture, many people find that it takes quite some time to readjust to being back 'home'. In fact, home may no longer feel like home, as it is so different to what you have become used to.

Although 15% of returned expatriates ('repatriates') report that they had positive feelings about returning to their own country (some admitting that they felt relieved to return home), another 25% report having mixed feelings, and 60% report predominantly negative feelings. It is common to feel confused; disoriented; 'like a fish out of water'; exhausted; frustrated with materialism; overwhelmed by the amount of choice in supermarkets (e.g. by six different brands of diet dog-food!), or to have a sense of loss. Such feelings are sometimes referred to as 'reverse culture shock'. Some people feel disappointed that expectations they had before they went abroad have not been fulfilled. Others have experienced problems while they have been away, and so have not enjoyed the experience as much as they had hoped. Some people have to return earlier than they expected.

Many repatriates have signs of mild depression for a short period after returning to their own country. These may include a lack of energy; sleeping problems; irritability; difficulty concentrating or making decisions; a change in appetite; tearfulness; feeling unhappy, and feeling overwhelmed by small tasks. Some people find that they think a lot about their experiences overseas, perhaps having pictures about these experiences intruding into their thoughts, or dreaming about them. For other people there is a sense of numbness, and the time abroad seems distant or unreal. Some repatriates feel like they are living in two different worlds, and try to cope by not thinking about their life overseas.

It is important to realise that **such symptoms are completely normal** after living in a different culture, just as a grieving process is normal and expected after the death of someone you love. Although not everyone has such symptoms, many people do. It is important that you do not criticise yourself for feeling this way, or get depressed about feeling depressed. People who accept their feelings as a normal part of the readjustment process tend to get over them more easily. It often takes between 18 months and three years before people feel completely 'at home' again in their own culture. People who adapted most to the culture overseas and were most involved generally take longer than those who were not so involved with the local culture. Rushing back overseas again is generally not a good idea, as this causes more stress, with yet another adjustment, and makes the next re-entry even more difficult. It is generally better to wait until you feel more settled before considering another move, strange as that might sound.

Among the findings of a survey of one group of people who had returned home after spending two years or more working in another country were the following:

Difficult aspects of resettlement:	Reported by:
Communicating the overseas experience	58%
Fitting in again	53%
Finding work	41%
Lack of money	32%
Finding accommodation	12%

If you find it difficult to fit in again, you should remind yourself that so do most other repatriates, but they are able to readjust in time.

The most common adjustment difficulty reported was communicating the overseas experience. Most repatriates want to tell their family and friends about the things they have experienced (as otherwise they feel like they are a stranger at home, as no-one really knows them or understands what they have experienced). But communication is often difficult. Be prepared for the fact that many people won't seem interested in hearing about your experiences abroad, and their eyes may glaze over as soon as you start talking, or they may ask seemingly stupid questions and appear to miss the point. There are a number of reasons for this, and it does not mean that you are boring!

Many people find it hard to imagine life in another culture, and so do not know what to ask (especially if they feel that their questions would reveal their ignorance). Try to imagine how you might react if someone started telling you about a topic you understand little about. You might 'drift off', and that is what people tend to do when you start discussing a different culture. Some people may feel that their lives are boring in comparison with your life, and they may choose to opt out of the conversation as they feel unable to compete (and perhaps feel inferior, or jealous of the opportunities you have had). If you have been living in a less developed nation, some people will feel guilty about their own affluent lifestyle, and want to avoid further conversation on the topic.

To deal with these reactions, it is useful to prepare a 20-second description of your lifestyle overseas, and then wait for the response. People who genuinely want to know more will ask you questions. Otherwise, it may be easiest to let the conversation drop. Friends may be eager to tell you their own news. If you listen and ask them questions, they may be willing to listen to you once they have finished talking. People have a limited attention span, so let your stories come out gradually, telling people a bit more each time you see them, rather than trying to share everything at one sitting.

It is worth seeking out people who **are** interested in your experiences abroad. Otherwise you could feel very isolated, and as if your life has two disconnected parts, 'then' and 'now'. It can be worth getting in touch with others who have lived abroad. Repatriates tend to understand each other, even though they may have lived in very diverse places. The organisation you travelled with may be able to put you in touch with other repatriates. Some organisations run conferences, reunions or re-entry seminars for returned overseas workers, which can be a great way of having fun, sharing experiences with people who are interested, and learning that your reactions are normal! Some areas have local groups for repatriates. It might be worth forming one if there is not one already in your area. An advertisement in a local newspaper can be used for publicity. E-mail and telephone contact can be helpful if there are no local groups.

Whether your experiences were positive, negative, or mixed, relating them to someone who understands can help you move on to the next step in your life. As well as talking with friends and family, many people find it helpful to have a more formal debriefing session. Personal debriefing has been defined as 'telling your story to someone who understands, until you are heard in such a way as to bring "closure" to your experience, so that you are free to move on'. Personal debriefing is recommended for all repatriates, as it can help you reflect on your experiences overseas, clear up any remaining issues, and enhance self-understanding and personal growth. To request personal debriefing, contact the organisation you were working for, or a travel health clinic.

If you experience symptoms of stress or depression, take special care of yourself. Don't berate yourself, as such symptoms are a normal part of re-entry. Moving cultures is exhausting. It is important that you take sufficient time to rest and relax on your return. You may need to sleep more than normal. Try to avoid making major decisions until you have had some time to readjust. Even if people keep asking, 'Are you going to go back?' or 'When are you going to get a job', don't feel forced into making decisions too soon. It may be helpful to turn down some invitations at first, and take things slowly for a while. On the other hand, it is important that you do not avoid all forms of activity. Prioritise the things you want (or need) to do.

Doing things which you enjoy and which give you a sense of achievement can help defeat feelings of depression. Spend time with supportive people, and look for opportunities to laugh. Moderate exercise, like walking, helps to reduce feelings of stress, and acts as a natural anti-depressant. To look after your health, try to eat a balanced diet. Avoid increasing your alcohol intake or using recreational drugs or excessive caffeine, as these can interfere with your readjustment. Cry if you feel like crying - it is a healthy thing to do. Don't take on too much, but set yourself small, achievable goals. Recognise when you are under stress and do things which help you to relax. Accidents are more common at times of tiredness and stress, so take extra care, especially when driving (remembering that driving in your country of residence may be quite different from driving in the country you visited).

Try not to dwell on negative thoughts. Think about what you achieved and learned through your time overseas. This is not to deny that there may also have been negative experiences, but it can help you to see that the experience has not been meaningless. Some of the positive results which people often mention are new friendships; being of help to others; personal growth; a deeper appreciation of the simple things of life; a sense of achievement, and greater confidence.

If you have no difficulty thinking about the positives overseas, but feel very negative about returning home, try to remind yourself of the good aspects of being back home (and some of the things which you missed or did not like about being overseas). Try to see both cultures in balance, the good and the bad. Consider writing down your thoughts and feelings about your time abroad. If you like to write, also write down how you are feeling now that you are back. If you don't like writing, find someone to talk to about it instead. Research has shown that writing or talking about thoughts and feelings has both physical and emotional benefits.

After having allowed yourself some space to adjust, begin to slowly build up your level of activity again. If you are spending a lot of time alone, gradually seek out ways to meet

people. For instance, could you invite friends or neighbours round, or go to a gym or join a club or get involved with a church or other group, or volunteer to help with a charity?

There are lots of ways you can maintain links with the culture you were living in. One is to see if you can meet people from that culture within your home community. Is there a local society for people from that region? Can you offer hospitality to students from that area? In addition, try to stay in touch with some of the friends you made overseas, and keep up with news of any project you were working on. Does the organisation you were with have a web site, bulletin board or newsletter? Keeping in touch can create a sense of belonging. If you were working for justice, environmental issues or poverty issues abroad your may wish to channel your skills and interest into continuing to addressing such issues from where you are now.

If you want to return to your professional work but have lost confidence because you have been away for so long, consider going on courses to update your skills. Do not be afraid to ask questions.

If you feel physically unwell, go to your doctor and tell them where you have been, so that they can test for any relevant illnesses (some of which can appear months after your return home). If you are worried about the possibility of being HIV positive, seek confidential counselling to determine whether you would like to be tested. If, after you have been home for more than six weeks, you still have recurrent thoughts about your experiences overseas which are interfering with your ability to get on with life, seek professional help. Psychological treatment can help you overcome such difficulties and feel more in control again. Ask your doctor, your employer or a travel clinic to arrange this. Also speak to your doctor if sleeping problems persist, or if symptoms of depression prevent you from getting on with life, or if you have other concerns about your reactions. Realising when you could benefit from outside help is a sign of strength, not weakness.

Seek help with practical matters as well, if this is likely to be of benefit. Careers advisors and financial advisors can help make adjustment easier. On the financial issue, you may find it useful to draw up a budget, as most repatriates have to be careful with money at least initially.

Although this description of difficulties might sound very negative, most people readjust relatively easily after they return to their country of residence, and most say that they would not have wanted to miss the experiences they had overseas, despite any negative feelings they may have on return. Even those who experience depression or stress symptoms completely recover when they receive help. It is important to remember:

- Having some difficulties fitting in when you first return is normal
- Adjustment takes time
- It is best if you don’t bottle up your feelings or criticise yourself for having them
- Talking about your experiences can help
- If you are worried about any difficulties, or if symptoms persist, contact someone for help
- You have coped with transitions in the past, and you will get through this too

You may find the following books and websites useful:

Pascoe R. Homeward Bound: a spouse's guide to repatriation. North Vancouver, BC: Expatriate Press, 2000. (Especially written for non-working partners of those working abroad).

Pollock DC, Van Reken RE. The Third Culture Kid Experience: growing up among worlds. Yarmouth, Maine: Intercultural Press; 1999. (Excellent material on growing up in another culture - useful for older children, and parents).

Storti C. The Art of Coming Home. Yarmouth, ME: Intercultural Press; 1991. (Excellent general book on re-entry, including specific sections on exchange students; volunteers; military personnel, and missionaries and their families).

Websites

General expatriate sites

1. www.expatexchange.com
2. www.escapeartist.com
3. www.outpostexpat.nl
4. www.globalnetwork.co.uk
5. www.transition-dynamics.com
6. www.branchor.com

Military personnel and their families

1. www.nmfa.org

Expatriate families/ partners

1. www.expatexpert.com
2. www.expat-moms.com

Expatriate teenagers, and adults who grew up overseas

1. www.tckinteract.net
2. www.tckworld.com
3. www.members.aol.com/rdvanreken/
4. www.mukappa.org

Appendix 2 - 'Symptoms of stress or depression' (for debriefers & aid workers)

Handout 2 - 'Symptoms of stress or depression' (for debriefers & aid workers)

The following handout can be used to help **debriefers** to know what the 'normal' symptoms of stress are. The handout can also be given to **aid workers**, to help them identify any stress-related symptoms which they are experiencing, and to help teach them that such symptoms are normal among aid workers.

Symptoms of stress or depression

Physical

Tiredness; Difficulty sleeping, or else spending a lot of time in bed; Nightmares; Headaches; Back pain; Inability to relax; Dry mouth and throat; Feeling sick or dizzy; Pounding heart; Sweating and trembling; Stomach-ache and diarrhoea; Loss of appetite, or over-eating; Feeling very hot or cold; Shortness of breath; Shallow, fast breathing; Hyper-vigilance; Irregular menstruation; Frequent need to urinate; Increased risk of ulcers, high blood pressure and coronary heart disease.

Emotional

Depression; Tearfulness, or feeling a desire to cry but being unable to; Mood swings; Anger (at self or others); Agitation; Impatience; Guilt and shame; Shock; Feelings of helplessness and inadequacy; Feeling different or isolated from others; Feeling overwhelmed/ unable to cope; Feeling rushed all the time; Anxiety; Panic/ phobias; Loss of sense of humour; Boredom; Lowered self-esteem; Loss of confidence; Unrealistic expectations (of self and others); Insecurity; Self-centred, inability to think about others; Feelings of vulnerability; Feeling worthless.

Behavioural

Withdrawal from others or becoming dependent on them; Irritability; Critical of self and others; Relationship problems; Lack of self-care; Nail biting; Picking at skin; Speaking in slow monotonous voice, or fast, agitated speech; Taking unnecessary risks (e.g. when driving); Trying to do several things at once; Lack of initiative; Working long hours; Poor productivity; Loss of job satisfaction; Carelessness; Absenteeism; Promiscuity, or loss of interest in sex; Increased smoking or use of alcohol or drugs (including prescription drugs); Excessive spending or other activities to try to take one's mind off the situation; Loss of motivation; Self-harm or suicidal behaviour.

Thought patterns

Concentration and memory difficulties**;** Indecisiveness; Procrastination; Pessimism; Thinking in 'all or nothing' terms; Very sensitive to criticism; Self-critical thoughts; Loss of interest in previously enjoyed activities; Imagining the worst will happen; Preoccupation with health; Expecting to die young; Less flexible; Confusion and disorientation; Excessive fears (e.g. about being attacked); Trying to avoid thinking about

problems; Flashbacks, or intrusive thoughts about difficulties; Hindsight thinking ('If only...' 'why didn't I...'); Negative thoughts about oneself, one's work, family, the future and the world; Time seems to slow down or speed up; Suicidal thoughts.

Spiritual/ Philosophical

Questioning the meaning of life; Loss of purpose; Loss of hope; Changes in beliefs; Doubts; Giving up faith; Legalism; Rigidity; Cynicism; Loss of sense of community with others; Sense of being abandoned; Submission to excessive control (e.g. may join a religious cult); Spiritual dryness; Unforgiveness; Bitterness; Feeling distant from God; Difficulty praying; Anger at God or at life.

Handout 3 - Ways to cope with stress / trauma: some suggestions (for debriefers and aid workers)

The following handout can either be given to aid workers, or else used to provide the debriefer with ideas of strategies to recommend.

Ways to cope with stress / trauma: some suggestions

- Spend time with people who are supportive and helpful.
- Rest and relax.
- Eat healthy meals.
- Exercise e.g. walks.
- Try to have a routine and some consistency.
- Set small goals.
- Use relaxation techniques.
- Express your feelings. Cry if you feel like it.
- Pray, if that helps you.
- Remind yourself of your strengths.
- Avoid excess caffeine (e.g. coffee) and alcohol - these can increase stress symptoms.
- Take care of yourself.
- Do things you have enjoyed in the past.
- Be aware that it is normal to have difficulties after a traumatic event. It does not mean that you are 'not coping'. It is not a sign of weakness to seek help.
- Give yourself permission and time to get over the stress or trauma. It may take a long time.
- Talk or write about your feelings and experiences.
- Remember that you are not alone.

Appendix 4 - Symptoms of post-traumatic stress disorder (PTSD) (for debriefers)

Handout 4 - Symptoms of post-traumatic stress disorder (PTSD) (for debriefers)

This handout is intended for **debriefers** (rather than to be given to aid workers). If a debriefer thinks that an aid worker may be experiencing PTSD, they should recommend professional treatment (as such treatment can help people recover, whereas without treatment the disorder can be disabling for years).

Symptoms of post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder is diagnosed in people who meet the following criteria:

A. They experienced or witnessed a traumatic event (e.g. involving actual or threatened death or serious injury to self or others), and felt intense fear, helplessness or horror.

B. They 're-experience' the event in one (or more) of the following ways:
- Recurrent and intrusive distressing recollections of the event
- Recurrent nightmares about it
- Acting or feeling as if the event were recurring (e.g. flashbacks)
- Intense psychological or physiological distress at exposure to reminders of the trauma

C. Persistent avoidance of stimuli associated with the trauma and numbness of general responsiveness, shown by 3 (or more) of:
- Efforts to avoid thoughts, feelings or conversations about it
- Efforts to avoid activities, places or people associated with the trauma
- Inability to recall an important part of the trauma
- Markedly diminished interest in significant activities
- Feeling detached from others
- Restricted range of affect (e.g. unable to have loving feelings)
- Sense of a foreshortened future

D. Persistent symptoms of increased arousal shown by 2 (or more) of:
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper vigilance
- Exaggerated startle response

E. Symptoms in B, C, and D have persisted for more than one month

F. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Predictors that someone is at risk of developing PTSD

Symptom severity in the initial days after a trauma is not a good predictor, as symptoms are common at this point and usually decrease naturally.

Symptom levels from around 2-4 weeks after the trauma are a strong predictor of later symptoms. People who endorse at least six symptoms of re-experiencing or arousal (see B and C above) are at high risk of developing PTSD (Brewin, Rose & Andrews, 2003).

Other predictors include:

- Mentally 'giving up' and feeling helpless during the trauma
- Excessively negative appraisal of symptoms (e.g. thinking 'I'm going crazy'), and negative appraisals of the responses of other people
- Highly distressing intrusive thoughts about the trauma, experienced as happening again 'in the hear and now' (rather than as something from the past), and experienced as fragments unconnected to what happened before or after
- Ruminating about the trauma
- Physical consequences e.g. chronic pain or health problems
- Subsequent stressful events
- Lack of social support/ negative response from other people
- Depression.

(Ehlers & Clark, 2003).

Appendix 5 - When to recommend professional psychological or psychiatric help (for debriefers)

Handout 5 - When to recommend professional psychological or psychiatric help (for debriefers)

The following handout is intended as an information source for **debriefers**.

When to recommend professional psychological or psychiatric help

If, during a debriefing, an individual appears to fall into any of the following, professional psychological or psychiatric treatment should be recommended, to enable them to make a full recovery.

1. Suicide risk
2. Signs of psychosis (losing e.g. losing touch with reality; delusions; hallucinations; paranoia)
3. Anorexia nervosa or bulimia nervosa
4. Post-traumatic stress disorder (see Appendix / Handout 4, page 70)
5. Clinical depression
6. Serious alcohol or substance misuse, or other damaging addictions
7. Self-destructive behaviour
8. Violence towards others/ serious anger problems
9. Anxiety attacks or agoraphobia
10. Severe sleeping problems
11. Chronic fatigue syndrome
12. Fear of being HIV positive

If you, or they, are concerned, it's worth recommending professional help.

With children, specialised help should also be provided if:

1. There are dramatic changes in behaviour/ personality
2. Daily functioning is severely impaired and developmental activities interrupted
3. They are talking wishfully about being dead
4. There is an indication the child may have been abused
5. There is an inability to form relationships

How to refer on:

- GP (who can make referral to a clinical psychologist or psychiatrist)
- InterHealth (London) +44 (0)20 7902 9000
- Edinburgh International Health Centre (Scotland) +44 (0)131-653-6767
- NHS specialist trauma units in UK, see www.traumatic-stress.com
- For international centres, see www.membercare.org and select 'global member care resources list'.

Appendix 6 - Recommended self-help books (for debriefers and aid workers)

Handout 6 - Recommended self-help books (for debriefers and aid workers)

a) For sleep problems
Sharp, T. J. (2001). The good sleep guide. Penguin Books.

b) For traumatic stress
Herbert, C. & Wetmore, A. (1999). Overcoming traumatic stress: A self-help guide using cognitive behavioural techniques. London: Robinson.

c) For depression - general
Burns, D. (1999). Feeling good. Quill (HarperCollins).

Greenberger, D. & Padesky , C. (1995). Mind over Mood. New York: Guilford Press.

d) For depression – Christian perspective
Williams, C., Richards, P. & Whitton, I. (2002). I'm not supposed to feel like this. Hodder & Stoughton.

e) For manic depression (bipolar disorder) or mood swings
Scott, J. (2001). Overcoming mood swings: A self-help guide using cognitive behavioural techniques. London: Robinson.

f) For binge eating
Fairburn, C. (1995). Overcoming binge eating. New York: Guilford Press.

g) For low self-esteem
Fennell, M. (1999). Overcoming low self-esteem. London: Robinson.

h) For chronic fatigue
Chalder, T. (1998). Coping with chronic fatigue.

i) Assertiveness training
Alberti, R. & Emmons, M. (2001). Your perfect right: Assertiveness and equality in your life and relationships. Atascadero, CA: Impact.

Appendix 7 - Summary for Critical Incident debriefing (for debriefers)

Handout 7: Summary for CRITICAL INCIDENT debriefing (for debriefers)

1. Introductions
   Who you are (your experience of debriefing and overseas work); who they are; purpose of debriefing; it is confidential; usually lasts 2-3 hours.

2. The facts about the experience
   Ask them to describe what happened, from beginning to end. (Prompt if necessary e.g. 'what happened next?').

3. The thoughts during and after the experience
   E.g. What was your first thought when you realised something was wrong?
   What were your thoughts during the incident?
   Was there any point at which you thought you or others were going to die?
   What have you been thinking about it since it happened?

4. Sensory impressions and feelings
   Were there any sights, sounds or smells that were especially vivid or that stick in your mind?
   What were your feelings during the incident?
   What was the worst part for you? What were your feelings then?
   Did you cry at any point?
   How have you been feeling since the incident?
   Have you experienced any stress-related symptoms (E.g. tiredness; sleeping problems; concentration or memory difficulties; guilt; anger; inability to relax; difficulty making decisions; tearful or unable to cry etc. Use handout if desired).

5. Teaching about normal symptoms
   - Symptoms of stress are normal in the circumstances - you're not over-reacting.
   - These symptoms usually disappear by themselves

6. Coping strategies, and future plans
   - What methods can you use to reduce stress? (Use handout if desired).
   - What support is available to you/ who can you talk to?
   - What are your plans for the future? (E.g. For the next few weeks).
   - Give information about how to obtain further help if they desire it, or if symptoms do not improve (e.g. counselling; GP).

7. Ending the session
   - Has anything positive come out of this incident?
   - Any questions or comments they want to raise?
   - Arrange a follow-up phone-call or e-mail in about 3 weeks to check how they are
   - Summarise the session (e.g. anything they've agreed to try), and end

Appendix 8 - Summary for Debriefing on Return Home (for debriefers)

Handout 8: Summary for DEBRIEFING ON RETURN HOME (for debriefers)

1. Introductions
Who you are (experience of debriefing & work overseas); who they are; purpose of debriefing; it is confidential, and usually lasts about 2-3 hours. If you don't already have the information, ask general details - where they've been, for how long, when they returned. **Overview - how was it?**

2. Identifying what was most troubling
Identify about 3 or 4 events/ issues which were most stressful, upsetting or troubling – the worst parts. (E.g. a particular incident or disturbing sight; a relationship or communication difficulty; something to do with the job or the agency; overwork; boredom; the culture or living conditions; being far from friends and family; or a health problem).

3. Facts, thoughts and feelings
Take each of the troubling events/ stresses in turn, and ask about the facts; then the thoughts; then the feelings. DON'T RUSH!

4. Any other aspects you want to talk about?

5. Symptoms
Did you experience any stress-related symptoms at any point while overseas? What about now? (E.g. tiredness; sleeping problems; concentration or memory difficulties; guilt; anger; inability to relax; difficulty making decisions; tearful or unable to cry etc. Use handout if desired).

6. Normalising and teaching
* Symptoms are normal in the circumstances - you're not over-reacting.
* What methods can you use to reduce stress? (Use handout if desired).
* What support is available to you/ who can you talk to?

7. Anything that was positive?
Was there anything good or meaningful about your time overseas? What was best? Did you learn anything? Are you glad you went?

8. Return 'home'
How has the return 'home' been? (Talk re. normal 'reverse culture shock', and adjustment. Use handout if desired).

9. The future
* Ask re. future plans
* Tell them where they can get further help if they want it. (Offer to make referral if appropriate)
* Ask whether they have any questions, or anything else they want to say
* Offer a follow-up session if appropriate

10. Closing
Summarise the session, and ask how they are feeling now.

Arrange to follow-up in about 3 weeks (e.g. by phone/ e-mail) to see how they are

Debriefing Aidworkers Manual

Your comments - please tell us what you think…

1. What did you find most useful about the information in this manual?

2. How can we improve the manual?

3. How do you use, or plan to use the manual in your agency?

4. We would be interested to hear about policies or practice in your agency that have helped contribute to the debriefing procedures. Please tell us about them here, or send examples of written policy related to this issue.

Thank you.

Your name:
Agency address:

Email:

Tel/Fax:

Please fax or post to:
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Fax: +44 (0) 20 7065 0901