

RE-ENTRY AND DEBRIEFING

Dr Debbie Lovell-Hawker, Oxford University Psychiatry Dept.
E-mail: debbie.lovell@psychiatry.oxford.ac.uk

Definitions

Operational debriefing: Asking for information about the work performed, and what was achieved.

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): 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).

Why offer debriefing?

Personal debriefing has been recommended for **all** returned overseas workers because:

- 1) They generally appreciate such debriefing.
- 2) Those who are not offered a person 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 we 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 the UK, or by going overseas again).
- 10) We can learn and make changes on the basis of what we hear during debriefing (although the primary goal of 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 Best practice. Organisations which fail to offer debriefing may in future been refused funding or visas, and volunteers may select organisations which do adhere to the Code of Best Practice.

Does debriefing help? Many papers have been published showing that participants report finding critical incident debriefing very helpful. It is more difficult to access 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. There have been 8 such studies, but they had major methodological details. Some media reports suggested that 'debriefing may be ineffective', but this was based on these poorly designed studies.

Debriefing overseas development workers after their return home has been found to be beneficial.

In a study of 33 Tearfund personnel, 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 receiving debriefing. This compares with 24% of workers from other aid organisations who received no debriefing. Likewise, only 7% of debriefed personnel reported clinically significant levels of avoidance, compared with 25% of the comparison 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% reported that there had been a positive change following debriefing (e.g. deciding to seek counselling; fewer flashbacks afterwards, or 'it gave me permission to feel the way I was feeling - a sense of release and relief ... and brought us closer together as a team'). No-one reported a negative change. Further research would be welcome, but the current evidence suggests that responsible, skilled debriefing is likely to be of benefit to returned development workers. However, it may be wise to ensure that people are not asked to give very vivid details of the trauma during the debriefing, as there is some evidence that this might have a negative effect.

Reasons for using a STRUCTURED debriefing

- * Provides a starting place, so that people don't say 'I've got nothing to talk about'.
- * Ensures that the most important aspects are discussed
- * Prevents deeper issues (from the past) becoming the main focus
- * Stops the session from becoming a counselling session
- * Provides people with a sense of security, as the clear structure is explained at the outset, so they know what to expect
- * 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
- * Allows two debriefers to work together, knowing that they are going in the same direction
- * 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 as they have training in the CID approach, 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.

When to recommend professional help

1. Suicide risk
2. Signs of psychosis
3. Anorexia nervosa or bulimia nervosa
4. Post-traumatic stress disorder
5. Severe depression
6. Serious alcohol or substance misuse, or other damaging addictions
7. Self-destructive behaviour
8. Violence towards others/ serious anger problems
9. Physical health problems
10. Anxiety attacks or agoraphobia
11. Severe sleeping problems
12. Chronic fatigue syndrome
13. Fear of being HIV+
14. If you, or they, are concerned, it's worth recommending professional help

Issues to consider

Timing: When the debriefing is with people who have just returned from overseas, they need some time to readjust to their home country first. **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 3-weeks later may be beneficial (e.g. by e-mail or phone, just to check how things are). When debriefing after a traumatic event (e.g. evacuation), 24-76 hours after the event is recommended.

Debriefing: Consider the gender; whether VSO staff or external would be preferable; overseas experience of the debriefer; knowledge of the culture the participant was based in; experience in debriefing; nationality. A debriefer should have good listening skills, be **non-judgmental** (this is not the place to investigate whether correct procedures were followed), and able to empathise. The debriefer does **not** need to be a mental health professional. There may be one or two debriefers.

Group versus individual debriefing: There are pros and cons of each. Many people state a preference to be debriefed individually, or with their partner only, unless a particular event has affected a group of people together (e.g. evacuation). When debriefing a group, it is best if everybody in the group attends. It is preferable for no other observers to be present. Debriefing should be on an 'opt out' not an 'opt in' basis. It may be appropriate to ask anyone who opts out to sign a disclaimer form, stating that they were offered debriefing but refused.

Venue: CID should take place in a comfortable, well-lit room where there will be no interruptions. Should debriefing be 'on the field', or back at 'home'? If practical, debriefing near the site has advantages.

Title: 'Personal debriefing' is the preferred title.

Duration: Typically lasts 1 - 3 hours (for individual or couple. Group debriefing may take longer, depending on the size of the group).

Debriefing individuals after their return 'home'

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; it's not counselling); it's **confidential** (no report is written), and usually lasts 1-3 hours.

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'. 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. (Often people don't mention all the issues when they book a debriefing, so be aware that there may be issues which you did not know about).

2. Identifying what was most troubling

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 issues.

3. Facts, thoughts and feelings

Say that you would like to talk through each of the issues / stressful experiences which have been identified. Ask them which one they would like to start with. Take this issue, and ask about the facts (what are the details?), then their thoughts about this, and then their feelings. 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 whether there was 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.

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 a handout if you wish).

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). 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).

7. Positive or meaningful aspects

Ask whether there was anything positive about their time overseas. Positives may already have emerged during the overview, in which case you could ask more about them, and ask what was best. 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 overseas trip.

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. anything that the organisation has learned, or recommendations that could be made to help people in the future). 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.

8. Return 'home'

Ask how the return 'home' has been. 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. 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.

9. The future

Ask about future plans. Some returned volunteers 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 to go back overseas very quickly. 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. Failure to rest adequately can lead to significant health problems.

If it seems appropriate, a follow-up session can be offered. Also tell them how they can obtain further help (e.g. counselling) if they want it. It should be pointed out that although they might not want more help now, they might decide later that they would like help. 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.

10. Close

Summarise some of the important things which have arisen from the session. Ask them how they are feeling now. **A debriefer does not need to provide answers. The purpose is to walk 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.**

A Biblical framework for debriefing

a) We are called to care for each other (e.g. Isaiah 61: 1-2; John 13: 35; John 21: 16; 2 Cor 1: 3-4; Gal. 6:2).

Debriefing is a way of showing we care. We do not tend to question whether there is a Biblical framework for practising medicine - we know that it relieves suffering, so we encourage it. Providing *emotional* help also brings people to greater health and healing. Research indicates that some people who do not receive a debriefing feel devalued. Those who receive a debriefing tend to find it a positive experience and have fewer trauma-related symptoms.

b) Listening is central to debriefing, and the Bible teaches us to listen (Proverbs 18: 13; James 1: 19). In modern society, it can be difficult to find someone willing to make time to really listen. In particular, eyes glaze over when someone starts to talk about their experience overseas. Mission partners often feel isolated. Listening breaks down this isolation, and helps them move forward.

c) The Bible affirms that there is a place both for reviewing the past together (Isaiah 43: 26), and for moving on to new things (Isaiah 43: 19). Both occur during debriefing.

d) Debriefing involves teaching that emotions are normal and valid. The Bible also teaches this. The Bible contains plenty of anger, fear, and tears (e.g. in the Psalms). ‘Don’t be afraid’ may imply ‘there’s no need for you to be afraid’ rather than ‘it’s wrong to fear’. Jesus did not condemn a man who admitted unbelief, but rather allowed him to express this (Mark 9: 24).

The Bible reminds us that there is ‘a time to weep and a time to laugh, a time to mourn and a time to dance ... a time to be silent and a time to speak, a time to love and a time to hate’ (Ecc 3:4-8). Jesus taught by example that it was OK to cry (Luke 19: 41; John 11:35; Heb. 5: 7). He expressed anguish in the Garden of Gethsemane, and said that his soul was ‘overwhelmed with sorrow’ (Matt. 26:38). In past times and different cultures, people have *known* that it is normal to feel certain emotions after trauma, and they did not need to be taught this. Today, some people need to be told this explicitly.

e) Some Biblical examples of components of debriefing (or telling one’s story):

i) The crucifixion was certainly a traumatic event for those who loved Jesus. Afterwards, two of the disciples were walking down the Emmaus Road, talking about what had happened (Luke 24: 13-24). Jesus joined them, and asked what had happened. That wasn’t for His benefit - he knew. It gave them the opportunity to tell their story - the facts of what had happened, and their feelings of disappointment. He then helped them put things into context.

ii) Elijah experienced a death threat (1 Kings 19:2), and fled for his life. He was afraid, and prayed that he might die. An angel provided physical care for him (food, drink and sleep). Forty days later, after his physical needs had been met, God asked what was going on. Elijah told God his story - twice (v. 10, v. 14). Then God moved Elijah to think about the future, and told him that he would not be alone - there was support available in the form of 7000 other believers (v.18). Moreover, God directed Elijah to Elisha (v.16ff), who would give him more support.

iii) A woman who had been bleeding for 12 years (possibly following trauma) touched Jesus (Luke 8: 43-48). He asked, ‘who touched me’. Why did He ask? Not to embarrass her, but to allow her to tell her story, so that she would gain emotional healing as well as physical healing. (Otherwise no-one else would have known that she had been healed, and she would still have been thought of as an outcast).

iv) In Genesis 44 - 45, we see Joseph listening to his brothers’ story, then telling them about his experiences, to produce a clearer picture and make the events more meaningful. Joseph recognised their feelings of distress and anger. They all expressed their feelings freely, weeping together and embracing one another, before making plans for the future.

v) Nehemiah heard a traumatic report about his people being exiled, and living in 'great trouble and disgrace' in a ruined city (Neh. 1: 3). Nehemiah didn't disguise his feelings. The king noticed that he looked sad. Nehemiah normalised this - 'why should my face not look sad when the city ... lies in ruins?' (2: 3). The king listened as Nehemiah spoke about his plans, and he helped Nehemiah do what was necessary to move forward from this point of despair.

vi) Jesus invited people to tell him their stories (e.g. the sick; the disciples when they returned after being sent out two by two). He listened to them, and helped to bring closure to experiences, and helped people move on.

References:

Fawcett, G. (1999). Ad-Mission: The briefing and debriefing of teams of missionaries and aid workers. Harpenden: Self-published. **Available directly from the author - e-mail: gawcett@oval.com or phone 01582 463252.**

Gamble, K., Lovell, D.M., Lankester, T. & Keystone, J. (2001). Aid workers, expatriates and travel. In J. Zukerman & A. J. Zukerman (Eds), Principals and Practice of Travel Medicine. Chichester, England: John Wiley & Sons.

Jordan, P. (1992). Re-entry: Making the transition from missions to life at home. Seattle: YWAM.

Lovell-Hawker, D.M. (2002). Debriefing after traumatic incidents, and at the end of assignments. In K. O'Donnell (Ed.) Doing Member Care Well: Perspectives and Practices from around the world. Pasadena, CA: William Carey.

Mitchell, J. & Gray, B. (1990). Emergency Services Stress. New Jersey: Brady.

Parkinson, F. (1997). Critical Incident Debriefing. London, UK: Souvenir Press.

Pollock, D.C. & Van Reken, R. E. (1999). The Third Culture Kid Experience. Maine USA: Intercultural Press.

Rose, S. & Bisson, J. (1998). Brief early psychological interventions following trauma: A systematic review of the literature. Journal of Traumatic Stress, 11, 4, 697-710.

Web-sites:

http://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).

<http://trauma-pages.com/> (Useful trauma information, including principles for working with traumatized children, and other material. Offers handouts in English and Spanish).

<http://www.traumatic-stress.com> (Links to other trauma sites).