PSYCHOLOGICAL DEBRIEFING: RATIONALE AND APPLICATION

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This paper seeks to set out a rationale for the process of psychological debriefing. Such a rationale appears to be missing from the literature on the subject, yet an explanation and justification of the process is necessary in engaging participants, and in guiding the process. Interest in this and other areas of staff care has been heightened in the wake of recent disasters and it is important that gains made in this area are maintained and introduced into ongoing practice. Debriefing is an important preventive measure for dealing with the effects of stress arising out of critical incidents. Some suggestions are offered which can help practitioners develop their own model of debriefing, and some reference is made to the experience, skills and knowledge required to equip practitioners to undertake the task.

A key concept in seeking to understand the many complex phenomena unleashed in the wake of disasters, particularly as these impact upon organisations and upon practice, is what I have come to think of as 'Amplification'. This is a way of expressing the notion that there is a strong tendency for the dominant characteristics of individuals, organisations and communities to become deepened and cast into sharp relief during crises. The insights, consequent upon that, which can be gained into the operation of such organisations in normal times, is one of the compelling reasons for seeking to understand and study the effects of crisis.

An area of organisational practice which has benefited from amplification following recent disasters has been staff care. The problem of how to provide appropriate support for staff in coping with occupational stress and its consequences has become an issue for many social services departments (SSDs) and social work departments in recent years, often predicated, in the first instance, on the urgent necessity to develop adequate policies for dealing with violence at work. It is also the case that there is now a general acknowledgement that stress is endemic in the caring tasks undertaken by SSD personnel. Two specific examples of the way in which these pre-existing needs become amplified to the extent that they demand an immediate response, are the setting up of the 'Staffline' support service under the auspices of the British Association of Social Workers (BASW), following the Hillsborough Disaster, and the extensive debriefing process undertaken by Clwyd SSD following the North Wales coastal flooding.

A problem with debriefing, in my experience, is that there seems to be a general lack of clarity about what is meant by it, in terms both of the process it alludes to, and of the rationale for undertaking it - despite the fact that it is a word which has now gained a considerable currency. It is, I think, a simple but crucial tenet of professional practice that we have no right to subject anyone to a process or procedure for which we cannot give an explanation. In my experience, this imperative is, if anything, heightened in the debriefings that I have been called upon to do following a range of critical incidents, involving mainly social workers, but also including non-professionals as well as members of other professions and disciplines. I conceive of the careful explanation of the process and its rationale as a central element in passing the 'credibility test' to which the debriefer is inevitably subjected in these
The lack of clarity about what debriefing is about may well be a result of the paucity of literature on the subject. The seminal work is by Mitchell (1983). Mitchell offers a model of what he calls Critical Incident Stress Debriefing (CISD). Subsequent work simply repeats this with little elaboration. (e.g. Epperson-SeBour, 1990; Hodgkinson and Stewart, 1991: Mitchell, 1988; Wright, 1989). Although they follow Mitchell's model, Hodgkinson and Stewart (1991, pp. 131-144) add much, which is useful in aiding understanding of the process and in guiding practice of the technique. Raphael (1986, pp.282-286) offers a model which is independent of Mitchell's approach, and she begins to sketch in a rationale, in terms of the process of 'review' (p.286.) (i.e. the contemplation and expression of negative and positive aspects of the experience, akin to the similar process in mourning which is held to be central to the undoing of psychological bonds with the dead person.).

What follows is an attempt to offer a rationale for debriefing, and to give some guidance on the practicalities of the process, as that has been developed and applied in a British context: it is notoriously the case that ideas developed in the context of American psychology sit uneasily in the British context, and debriefing is no exception (but see Hodgkinson and Stewart, 1991, for a description of their use of Mitchell's model in the British context.).

DEBRIEFING

The term debriefing is used in at least two senses: operational debriefing refers to the process of inquiry conducted within an organisation on completion of a significant phase of operation. The primary thrust of this is to assess all or some of the following:

1. satisfactory Completion (or progress) - the core question here is: 'where are we up to?';
2. efficiency;
3. effectiveness;
4. economy (cost);
5. objectives - what were the explicit and implicit objectives? they be altered?;
6. boundaries - should the boundaries of what the organisation will undertake be redrawn?;
7. learning.

This will form the basis for the official account of the operation, and it can be offered for the scrutiny of individuals or agencies outside the organisational boundaries. Much can be added to the stock of organisational knowledge and experience which will properly remain within the organisational boundaries.

This process is entirely task-centred.

Psychological debriefing refers to the talking out of stressful experiences which allows individuals to give order and meaning to the experience, and so to objectify it, in order to integrate it as a part of their life-experience which is now in the past. The key task for these individuals is to demonstrate to themselves, with the support of others as necessary, that they are able to cope with the experience by reliving it in the telling, and that they can control the emotions they feel in doing so.
This process is entirely person-centred.

Psychological debriefing is a concomitant of operational debriefing. On the other hand, psychological debriefing is often an end in itself. Simply carrying out an operational debriefing can be very useful to those involved in an event - and it can be less daunting for all concerned, than a full-blown psychological debriefing.

Psychological debriefing must be carried out on a 'no-blame' basis for it to be effective. Any inquiry which entails the allocation of responsibility for negative outcomes carries an extreme threat to the psychological well-being of those who feel themselves to be judged in this way. It is important to reassure personnel that taking part in a debriefing session does not indicate a suspicion that they have failed to cope (Raphael, 1986, p.283). The best way to secure this is to build staff care practices into the organisational culture, by preparing arrangements for debriefing before an incident necessitates its application. (Mitchell, 1988, p.200).

The frequency of operational debriefing is a matter for prevailing management practice and culture. Psychological debriefing should be carried out after every phase of unusual operation. The defining characteristic of such a phase of operation is that it produces an emotional impact which goes beyond the range of expected experience, in the context of the individual's daily work.

ROUTINISED APPLICATIONS

The processes described here are intended for use during or following phases of unusual operation, as that is defined by the organisation, or by the individuals exposed to these exceptional circumstances. That is not to say, however, that more 'routinised' debriefing procedures cannot be built into the normal operation of particular functions within organisations. An excellent example of this is described by Cooke and Tower (1989). This involved a debriefing session following every mental health assessment carried out by approved social workers. A 'pro-forma' structured interview was carded out within three days of the assessment which lasted 35-50 minutes. This combined elements of operational and psychological debriefing and the authors report that they 'found debriefing to be a powerful tool for improving practice' (P.18). They also suggest its extension to work with the elderly, child abuse, and mental health tribunals. The principal problem with this 'routinised' approach is not its validity, but the fact that such practices tend to wither away, because they are squeezed out in the pressured environment of stretched resources within which social work takes place.

A RATIONALE FOR PSYCHOLOGICAL DEBRIEFING: THE PROCESS OF 'OBJECTIFICATION'

The rationale for psychological debriefing - indeed, for all 'talking cures'- lies in the complex relationship between thought and language (see Vygotsky, 1962, for a seminal discussion of this.). For all practical purposes in the present context, we can regard language as being prior to thought. Put another way, coherent, focused thought is impossible in the absence of a language. In talking-out our experiences, we discover and reconstruct them. We produce an account of our subjective experience which attempts to convey to another (and to ourselves as we also hear our spoken account) the nature, meaning
and something of the emotional impact upon us, of that experience.

The core rationale around which my debriefing procedure is built, is the process of 'objectification'. This entails the telling of the experience to at least one other human being. The telling becomes, as it is produced, an object: it begins to have an existence which is independent of the subjective experience of the individual who created it and from which it arises. For example, the person who hears the telling can retell it; or we can record the telling in some way and make it available to other individuals removed in time and place from its originator.

Telling is itself an act of unburdening and of objectification. The old advice that we can write troubling thoughts down and rid ourselves of them by throwing them in the waste-paper basket is predicated on just this notion. What is missing in that example, however, is a human audience and it seems that the more people we 'give away' our experience to, the better. This is the basis of the repeated telling and retelling that we see individuals engage in as they seek to understand and gain control over a deeply significant experience. (Bereavement is the paradigmatic example of this - Lindemann, 1944.) It is as if we literally share our experience, as that is reflected in the old adage, 'a trouble shared is a trouble halved'. In most cases, small group debriefings are preferable to one-to-one debriefings, for this reason, as well as for the equally important reason that hearing others express the same feelings and interpretations of the experience normalises the experience and reassures individuals that their reactions are not unique and deviant and that they are not 'going mad'.

The uncomfortable, even distressing, cognitive experience of being stressed is the outcome of our physical reactions to stress and of our understanding of the meaning and consequences of the stressful event for us. These affective reactions are as ancient and as automatic as physical pain - what is new and human is the particular meaning we as individuals put upon them. Deep emotional experience can be compared to physical pain: if you have a pain in the head, you can suppress it for a time by running from it, but no matter how hard or how far you run, it will still be there when you stop. Similarly with emotions we attempt to suppress: frantic activity can dun our discomfort for a time, but when we cannot strive further, they return to torment us; particularly when we seek repose.

In recounting our experience, we think aloud. We gain fresh insights and make new connections as we impose order and meaning on our emotional experience through the use of language. As we struggle to name emotions and describe their significance for us, we begin to move to an understanding of what has happened to us that might well have been impossible had we remained mute.

The fact that we have objectified our experience means that we can begin to regard it as an event which we can now move away from in time. As long as an experience remains a wash of unstructured emotion, it remains a part of our directly experienced present. Once we have objectified it by imposing the order and structure of language on our experience, we can begin to leave it behind as a part of our life experience which is now in the past. This is the beginning of the 'integration' of the experience. Integration is complete when the person can look back on the experience without feeling a special rush of emotion.
THE PURPOSE OF PSYCHOLOGICAL DEBRIEFING

The utility of psychological debriefing is in its preventive potential. Acute stress in critical incidents is highly likely to lead to 'burnout'. Although this is usually considered to be a phenomenon of particular concern for front-line workers, it is the case that managers are not immune from the psychological effects which are a feature of crisis; nor are they immune from the stresses of long hours, unaccustomed freedom of action, heavy responsibility, and the effects of crisis on the organisation and on relationships.

ALL staff should engage in debriefing.

Psychological debriefing can prevent an undue build-up of stress. An individual who has early signs and symptoms of occupational stress can benefit from the process by being helped to regain their sense of control. However, individuals who continue to exhibit signs and symptoms of stress should be encouraged to take up expert help.

PSYCHOLOGICAL DEBRIEFING: THE PRACTICALITIES

Debriefing in an hierarchical organisation should be carried out in natural task-groupings - i.e., in groups of people who were engaged in the same, or related, tasks, and who experienced the unusual phase of operation, or its repercussions, together. This will usually create natural common-experience groups, along hierarchical tiers, which will maintain rank-differentiation/confidentiality. When a natural task-group contains members of different rank/status it is usually preferable to include all those who were involved, unless it is obvious that it will cause particular problems (e.g. some social work teams involved in post-disaster work have been led by middle managers, instead of, or in addition to, team leaders.)

Debriefing should be facilitated by a manager who has taken time to consider the implications of the task, usually through a process of training; or by a peer who is considered to have the required qualities and training; or by a professionally qualified external consultant. Ideally, the debriefer should be skilled in group processes and able to take a directive stance in leading the group (Mitchell, 1988, p.210).

Practices such as staff meetings and supervision are useful in allowing talking-through and objectification, but they are NOT substitutes for debriefing. Organisations which fail to undertake debriefing pay, in lost opportunities to learn, lost staff and absenteeism.

The opposite of debriefing is briefing, and it is the case that adequate briefing at the beginning of work-periods is essential to the psychological comfort of workers in a crisis. (Mitchell, 1988, p.211). Similarly, simple diffusion or demobilisation (Mitchell, 1988, debriefing at the end of work-periods is invaluable in enabling workers to integrate events and to share experiences and learning. This is a simple form of debriefing in which workers meet together for a short time at the end of a work-period, under the leadership of a manager (or a consultant). These meetings should not be optional - an staff should be expected to attend, although they should be free to leave after a short time (e.g. 15 minutes). Once work has become routine, this is no longer required.
The frequency of the more formalised and extended psychological debriefing process will depend on circumstances. If possible, it should happen within 72 hours of disengagement from a critical incident, or as soon as the group of workers can be assembled. In an ongoing crisis, workers should be given the opportunity of psychological debriefing before they are released for rest-days.

The group should be assembled in a relaxed, informal and comfortable environment, away from work-place distractions.

The ideal upper number is six, with an absolute maximum of eight, because of the extensive nature of the process.

The convenor’s task is to facilitate, prompt and absorb: listening is the main and preferred activity - although a knowledge of stress reactions will be useful, in order to be able to normalise people’s experiences for them and to be able to discuss reactions with authority.

The process of review (Raphael, 1986, p.286) should provide opportunities for the following, with the facilitator ‘chasing’ any areas which appear to be difficult for the debriefee:

1. How and why the worker became involved. Were they prepared for what they found?
2. What was their personal experience of the crisis?
3. Review of negative aspects and feelings.
4. Review of positive aspects and feelings.
5. Relationships with other workers.
6. Impact on family life and relationships.
9. Moving on - disengaging from the work.
10. Integration of crisis experience.
11. Integration of the work experience.
12. Looking forward - where to next?

Items 9-12 apply when the work is ending. (This list is based, in part on Raphael, 1986, p.284.)

It may be that the process will take place over the course of more than one session. In such cases, it is important to maintain group membership and group boundaries. However, my experience of this strongly suggests that single sessions are more effective: in particular, the group almost inevitably loses some members between sessions, and it becomes more difficult to hold the group to task as meaningful material becomes exhausted. Follow-up sessions are recommended. Mitchell (1988) recommends follow-up at the 30-, 60-, or 90-day periods, as well as at the anniversary (p. 209). In the British context, I have found it to be difficult, in practice, to arrange follow-up sessions. This appears to be due to a combination of factors, including the fact that participants move on such that their experience becomes a ‘dead issue’ that some participants remain unconvinced that there is any point in the exercise, and that organisations accord this kind of activity a low priority.

The simplest process to employ is to invite members to relate their experiences under each topic, in turn. This will usually quickly become a free-flowing exchange. In practice, I have found it to be
difficult - and an unnecessary constraint - to stick to an orderly progression through the phases of the process suggested by Mitchell (1983). On the other hand, my experience hitherto has been with personnel from the caring professions: it may be that personnel from other sectors, who are more used to a directive style of leadership (e.g. the emergency services) would respond well to Mitchell's more structured approach. The facilitator must ensure adequate coverage of material and engagement of all members. Opportunities must be taken by the facilitator to normalise people's experience and to explain stress reactions and psychological processes, as these present themselves.

The duration of sessions should be judged according to the need to ventilate that the convenor expects to find. 'Routine' debriefings can be contained in a two-hour session - extensive debriefing following a highly stressful operation could require two days, although, as I have indicated, single sessions are preferable. The longest continuous session I have led lasted 11 hours, with a break for lunch. Considerable group leadership skills may be required to contain anger or other negative feelings, and to keep the group to task. A crucial task for the debriefer is the screening of participants for strong adverse reactions. My practice is to contact anyone who appears to be having such a reaction within 24 hours of the debriefing session to discuss my perceptions and to offer the options that are available for continuing support. Follow-up sessions are invaluable in assessing whether participants are progressing towards an integration of their experience.

CONCLUSION

In conclusion, it is important that personnel recognise the support that debriefing can offer them in combating the deleterious effects of stress at work, and that they ask for it when they feel it is appropriate. It is, perhaps, even more important that organisations recognise that the provision of such services should not be regarded as an 'optional extra'. The process of debriefing sends a powerful message to staff that they are valued: that itself is a worthwhile outcome, given the difficulty that British public service organisations find in conveying that to their personnel; but its utility goes beyond that, by seeking to reduce 'burnout', absenteeism, staff turnover, and ineffective working.

References


