

# PSYCHOLOGICAL DEBRIEFING REVISED: An Adaptation to European Culture

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Even if the efficacy of PD is discussed worldwide, it seems to have a beneficial effect for many groups of trauma survivors. Embedded in other psycho-social activities it helps people organise their memory, feelings and find meaning. Some adaptations to the Mitchell Model have, however, proven beneficial when using it in Europe.

Attitude: A truly salutogenic attitude towards the participants, which sees in the psychological reactions normal, natural, healthy and humane reactions. The word "symptom" is banned from the vocabulary, Mental Health workers have to reframe for themselves every possible "symptom" as a coping capacity, until proven the contrary, at the second session.

Phase 1 in Mitchells model, the introduction contains already information about the presence, the normality and naturality of the possible "stress reactions". They are already named.(Basoglu, 2000)

Phase 2, the facts: Construction of the "two safety pillars": After the "what happened, what was your job?" question, one asks "what were you doing just when it started?". This is the last good moment before the event. It is elaborated very carefully and sensory specific. The next question is: "and when did you know that the event was over?". This second safety pillar is also elaborated, easier with intervention personnel than e.g. with survivors of a criminal act. It is important to have these two pillars for two reasons: one is that for the survivor it is shown metaphorically that there existed "good" life before and after the event (Madanes). For the debriefers it gives them already a lot of insight into the facts and the processing of the event. This is a sort of protection for the rest of the debriefing. Then the facts are elaborated very actively, avoiding the overwhelming by emotions, not to fix at a physiological level the possibly traumatic memory traces (Bremner). The summary at the end of this phase begins and ends with the safety pillars.

In phase 3/4 the "thought-reaction" phase thoughts are mobilised and the emotions they provoke. Emotions are carefully elaborated, without accepting cathartic reactions. "What sort of feeling does this thought provoke in you, now? And where do you feel that now?" is the beginning of the elaboration of the feeling: consistence, temperature, size, surface, form and movement/stability are made, so as to actualise the emotion. Then this feeling is named, with a word for an emotion and an adjective, to make it more elaborated.

This first emotion is shared in the group, others can join and find maybe another adjective.

In phase 5, "symptoms" phase, the "normal reactions" and ways of dealing with the occurred are elaborated, i.e. we join the symptoms and teaching phase into one step. We never speak about "symptoms", only about reactions, which can be managed with healthy life styles and support from the social surrounding. Specific stress management techniques are introduced and taught if necessary, as well as responsibilization for ones Mental Health.

Phase 6 is used to create a ritual, a closure act, in which one marks for oneself (the group) that the event is over and has an end. Ritual as well as time and place are convened, and one asks for a phone call after the execution.

Phase 7 corresponds completely to Mitchells Re-entry phase.

This adapted process has proven useful, not only for European professional helpers, but also, amongst others, specifically for newly arriving asylum seekers, when they have had some traumatic experiences (where we then debrief in families or clans) and for individuals who show up in our "victims' aid offices" after aggressions.