

# MASTER'S THESIS

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## The Benefits and Limitations of Debriefing Humanitarian Emergency Workers

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## Forword

The background for this study is my strong interest in the support of staff and volunteers that are exposed to challenging incidents and trauma through their work. This interest is based on my own experiences from working with the Red Cross both in Norway and internationally. Through my work I have witnessed and experienced the incredible challenges and demands that volunteers and staff in humanitarian organizations are expected to manage. I have worried that care we provide is not enough.

Through this study I wanted to increase my understanding and knowledge of what factors and methods might contribute to better care of the personnel in my organization. I also wanted to explore whether the methods for psychosocial support the Red Cross currently apply are relevant, effective, and beneficial for the people they are supposed to serve – the helpers.

I want to thank the delegates that participated in the interviews and shared their experiences, opinions, worries and hopes. I also want to thank my supervisor Salman Nazir from Nord University for his patience, support, and constructive feedback.

*Ellen Rykkja Gilbert*

*Oslo, November 2023*

## Abstract

The study aims to explore how personnel in a humanitarian organization experience post-mission debriefing and whether they perceive that it contributes to emotional processing and learning. Employing an interpretive phenomenological approach (IPA) the study analyses in-depth interviews with 14 delegates from the Norwegian Red Cross who participated in missions between January 2022 and June 2023. Overall, the findings suggest that debriefing plays a significant role in the well-being and professional development of humanitarian emergency personnel. Debriefing allows personnel to ventilate their emotions, identify stress reactions, and develop coping mechanisms that can help them adapt to everyday life and strengthen their resilience for future missions. However, the perceived effectiveness of debriefing can be influenced by various factors, including the nature of the mission, the timing and structure of debriefing sessions, and the experience of the debriefer. The findings highlight the need for a flexible and individualized approach to debriefing to address the unique needs and coping styles of each individual. The study shows that individual debriefing primarily promotes individual processing and learning. It is recommended that future research explore how group debriefing might contribute to organizational and team learning for humanitarian personnel.

## Sammendrag

Denne studien vil utforske hvordan delegater i humanitære organisasjoner opplever debriefing etter internasjonale oppdrag og i hvilken grad de opplever at psykologisk debriefing bidrar til følelsesmessig bearbeidelse og læring. Ved å anvende en tolkende fenomenologisk tilnærming (IPA) analyserer studien dybdeintervjuer med 14 delegater fra Norges Røde Kors som deltok på oppdrag mellom januar 2022 og juni 2023. Samlet sett tyder funnene på at debriefing spiller en betydelig rolle for ivaretagelse og faglig utvikling av humanitært nødhjelpspersonell. Debriefing gir delegatene rom til å ventilere sine følelser, identifisere stressreaksjoner og utvikle mestringsstrategier som kan hjelpe dem med å tilpasse seg hverdagen og styrke deres motstandsdyktighet for fremtidige oppdrag. Imidlertid kan opplevd effekt av debriefing påvirkes av ulike faktorer, slik som oppdragets natur, timing og struktur av debrief-samtalen, samt hvor mye erfaring og ferdigheter den som leder debriefingen har. Funnene understreker behovet for en fleksibel og individualisert tilnærming til debriefing for å imøtekomme de unike behovene og mestringsstrategiene til den enkelte. Studiet viser individuell debriefing primært fremmer individuell bearbeidelse og læring. Det anbefales at fremtidig forskning utforsker hvordan debriefing i grupper kan bidra til organisatorisk og teambasert læring for humanitært personell.

## 1.0 Introduction

Humanitarian emergency personnel are exposed to potentially traumatic incidents and must solve demanding tasks under challenging physical and psychological conditions. Helping victims of traumatic events and disasters might constitute a major stressor for the helpers themselves (Mitchell, 1983; Raphael, 1986). Exposure to trauma may cause stress reactions during and after missions. Peer support systems for psychological debriefing (PD) is widely employed to support emergency personnel to process experiences and reactions following traumatic events.

Debriefing of emergency personnel usually has two primary purposes: 1) to ventilate and process emotional reactions to events and 2) to reinforce learning and the ability to handle new incidents again later (Dyregrov, 1989; Folland, 2009; Mitchell & Everly, 1995; Moen, 2014; Moldjord & Fredriksen, 2017; Pack, 2012; Pearson & Smith, 2013). Numerous studies have found that psychological debriefing can reduce psychological distress and promote processing for emergency response personnel (Armstrong et al., 1991; Dyregrov, 1989; Dyregrov et al., 2007; Everly Jr et al., 2000; Mitchell, 1983). However, the effectiveness of psychological debriefing has been debated, and reviews of studies examining single-session debriefing suggest it may not prevent post-traumatic stress disorder (PTSD) (McNally et al., 2003; Rose et al., 2002a; Rose et al., 1996). Some argue that it may even have adverse effects (Bisson et al., 1997; Van Emmerik et al., 2002).

Despite the impact of trauma exposure to internationally deployed emergency response personnel, few researchers have assessed the efficacy of psychological debrief in humanitarian organization. In Norway various models of debriefing has been introduced to emergency response providers, including the police (Davies, 2023), search and rescue crews (Firing et al., 2015), air forces (Folland, 2009; Moldjord & Fredriksen, 2017; Moldjord & Hybertsen, 2015), and humanitarian NGOs such as the Norwegian Red Cross. While PD is widely used in organizations, including humanitarian emergency response organisations (Dyregrov et al., 2007; Regel, 2007), its effectiveness and best practices remain subjects of ongoing research and discussion. The use of PD for internationally deployed emergency response personnel has been subject to limited research (Friedman et al., 2003). Emergency personnel are exposed to multiple stressors and trauma over long periods of time (Armstrong et al., 1991; Dyregrov et al., 2007; Friedman et al., 2003), but it remains to be seen whether psychological debriefing as means of staff support method can contribute to mitigate negative psychosocial consequences of such trauma

## **1.2 Purpose of study and Research Question**

The purpose of the study is to explore if and how post-mission debriefing in the humanitarian contexts can contribute to emotional processing and learning for emergency response staff. There is an ongoing debate in about the effectiveness of debriefing in the research literature (Everly Jr et al., 2000; McNally et al., 2003; Rose et al., 2002a), and many researches propose that psychological debriefing is more beneficial for emergency response personnel than primary victims of trauma (Arendt & Elklit, 2001; Dyregrov et al., 2007; Everly Jr et al., 2000; Mitchell, 1983).

The use of debrief on humanitarian personnel has been subject to very limited research, however. This study seeks to shed light which factors may influence how humanitarian field personnel perceive the relevance and effectiveness of psychological debriefing. This will be explored analysing the following research question:

*How do humanitarian emergency response delegates experience debriefing?*

## 2. Theory

A growing body of research shows that being involved in helping during emergencies and disasters can have profound adverse psychological consequences Dyregrov (1989); (Raphael, 1986; Raphael & Wilson, 1994; Robbins, 1999). Professional and volunteer emergency personnel may experience feelings of sadness, helplessness and inadequacy, guilt, anxiety, fear, identification with victims, reactivation of earlier traumatic experiences, sleep disturbances and nightmares (Bartone et al., 1989; Berah & Jones, 1984; Brandt et al., 1995; Fullerton et al., 1992). Posttraumatic stress disorder (PTSD) is a common reaction to traumatic events and disaster (Ehlers & Clark, 2000; McFarlane, 1988), which can also affect emergency personnel. Changes in eating, smoking and drinking habits have also been reported (Berah & Jones, 1984; Deahl et al., 2000). Raphael (1986) suggest that the helpers in disasters are often hidden victims themselves and that acknowledgment of their needs and adequate support should be provided.

Debriefing is proposed as a measure to mitigate negative psychosocial consequences of exposure to trauma (Dyregrov, 1989; Everly Jr et al., 2000; Mitchell, 1983; Mitchell & Everly, 1995). Debriefing of personnel usually has two primary purposes: to ventilate and process emotional reactions to events and reinforce learning and the ability to handle new incidents again later. The term “debriefing” encompasses multiple methods, which have been promoted under various names. Broadly defined, the approaches have been divided into two categories: 1) tactical debriefing and 2) psychological debriefing (Dyregrov, 1989; Mitchell & Everly, 1995; Tannenbaum & Cerasoli, 2013).

This study will focus on psychosocial debriefing rather than tactical debriefing. However, potential learning from psychological debriefing will be analysed, specifically how reflections around experience and emotional reactions may increase consciousness of one own emotional pattern and promote individual learning and resilience.

This theoretical framework will include a review of the most relevant literature on psychological debriefing. First theories on debriefing and learning will be presented, followed by a more in-depth exploration of the theories and studies of the effect of psychological debriefing, including both critical and supportive literature. Research on psychological debriefing for emergency personnel will then be presented, and finally the limited literature on PD for humanitarian personnel will be reviewed.



## 2.1 Debriefing to learn

Debriefing is commonly used as a method to promote learning from experience, which can be practiced both in training and work environments (Tannenbaum & Cerasoli, 2013). Zigmont et al. (2011) define debriefing as “a dialogue process that takes place after an incident, where large parts of the elements from the incident are reviewed by the participants in order to create learning from them.” The armed forces and the police immediately have practised tactical debriefing traditionally after a training or an incident to promote learning. This type of debrief usually focuses on tactical and operational issues related to the mission or activity (Tannenbaum & Cerasoli, 2013). Nevertheless, Bartone et al. (1989, p. 67) note “that while military and civilian debriefing models vary in terms of phases, topics, and structure, they are both typically structured discussions about stressful experiences that normalize common reaction”.

The research literature on experience-based learning distinguishes between the action itself and reflection after action and places the latter as a premise for forming experiences (Dewey, 1980; Kolb, 2014; Pearson & Smith, 2013; Stein, 2002; Zigmont et al., 2011). Kolb’s Experiential Learning Cycle (2014) suggests that active participation or having a “concrete experience” is essential to effective learning. This experience should be considered alongside one’s previous experience, and connections must be made to future experiences. These connections can be discussed in a post-experience debriefing. For the debriefing to be fruitful, the experience must be based on learning objectives that are practical, useful for the individual, and relevant to practice. In addition, the experience should have an impact, i.e., adequately challenge the participants or invoke emotion (Zigmont et al., 2011, p. 53).

Stein (2002) argues that debriefing can make the difference between learning from experience and not, especially after stressful incidents. Thus, learning after a stressful incident does not happen automatically, but the event provides opportunities for learning if it is reflected on (Dewey, 1980; Pearson & Smith, 2013). Gardner (2013, p. 166) describes that “Debriefing provides opportunities for exploring and making sense of what happened during an event or experience, discussing what went well and identifying what could be done to change, improve and do better next time”.

Learning from experiences is not only a focus in technical debriefing, but also in psychological debriefing. An essential element of psychological debriefing is to reflect on experiences and reaction, make connections between past, present and future be better prepared for exposure to similar experiences in the future (Bisson et al., 2000; Dyregrov, 1989; Everly Jr et al., 2000; Mitchell, 1983). From a learning perspective psychological

debriefing is associated with positive results, such as normalization, opinion formation, and colleague support (Pack, 2012, p. 287). Examining the implementation of an experiential learning approach combining tactical and psychological elements of debriefing in the Norwegian Air Force, Moldjord and Hybertsen (2015) found that debriefing contribute to reflection and learning in professional teams following stressful events, especially after repeated interventions.

## **2.2 Psychological debriefing**

Psychological debriefing is a structured intervention which seeks to reduce initial distress and help individuals to process thoughts and emotions following traumatic events (Dyregrov, 1989; Everly Jr et al., 2000; Mitchell, 1983). Emotional processing through ventilation and normalization of reactions help the participants of the debriefing to become aware of their dynamic pattern and, at the same time, be better prepared for exposure to similar experiences in the future (Bisson et al., 2000; Dyregrov, 1989; Everly Jr et al., 2000; Mitchell, 1983).

Different crisis intervention approaches describe the debriefing as a process with different stages (varying in names and numbers), which normally include a recount of the traumatic incident, ventilation of feelings and reactions, reflection on coping mechanisms (Everly Jr et al., 2000; McNally et al., 2003). The most commonly applied model, the Critical Incident Stress Debriefing (CISD), is a crisis intervention method which was originally formulated for emergency service workers (such as police, firefighters and medical personnel) following distressing incidents (Dyregrov, 1989; Everly Jr et al., 2000; Mitchell, 1983). CISD encompasses seven phases: introductory phase (rules and process explained); fact phase (what they saw, heard, smelled, touched and did); thoughts phase (first thoughts); feelings phase (emotional reactions); assessment phase (physical or psychological symptoms); education phase (stress response syndrome); and re-entry phase (referral information) (Mitchell, 1983).

Dyregrov (1989) named a similar intervention Psychological Debriefing (PD), which – while using different names for some of the phases and placing a greater emphasis on group processes – is essentially the same thing as CISD (Dyregrov et al., 2007). Psychosocial debriefing (PD) offers a standardised, structured approach for emergency workers to discuss thoughts and emotions with trained peers and mental health professionals (Everly Jr et al., 2000; Wollman, 1993). Psychological debriefing has been described as a crisis intervention, rather than psycho-therapy. It is stressed that stress reactions following a critical incident or crisis are normal reactions, as opposed to being symptoms of illness or disorder (Dyregrov,

1989; Mitchell, 1983; Mitchell & Everly, 1995). The aims of PD include normalising common responses to trauma, providing information about coping strategies, and further assistance if it is required (Everly Jr et al., 2000; Wollman, 1993).

The use of psychological debriefing has become controversial, and its effects disputed. While many studies have found support for beneficial outcomes of individual and group crisis interventions (Deahl et al., 2001; Everly Jr et al., 2000; Hawker et al., 2011), others have concluded that individual and group debriefing are ineffective (Devilley & Cotton, 2004; Rose et al., 1996; Rose et al., 2002b; Van Emmerik et al., 2002). Some argue that it can even have adverse effect and may interfere with natural recovery (Bisson et al., 1997; Mayou et al., 2000; Van Emmerik et al., 2002). Therefore, an overview of frequently refer to studies by both critics and proponents of psychological debriefing will be presented, followed by a review of studies of particular interest to this study: studies assessing the use of psychological debriefing for emergency personnel in general and internationally deployed personnel in particular.

### ***2.2.1 Studies showing limited, non or adverse effect of psychological debriefing***

In a review, commonly referred to as the Cochrane Report, authors Rose, Bisson, Churchill, Wessely (1996) found no evidence that single-session psychological debriefing prevents the onset of post-traumatic stress disorder (PTSD), nor reduces psychological distress. The first review included 11 randomized control trials, which was later expanded to 15 trials with the same conclusions (Rose et al., 2002a). Three of the studies reviewed found that debriefing was associated with a positive outcome, nine found no effect and two indicated negative outcomes. The results were neutral when analysed overall and the researchers conclude that “There is no evidence that single session individual psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents. Compulsory debriefing of victims of trauma should cease” (Rose et al., 2002a, p. 4)

In another review Arendt and Elklit (2001) analyse 25 studies and find mixed results. In fourteen of the studies participants in debriefing are of emergency personnel and soldiers, the remaining 11 studies the participants are primary victims. They conclude that in general, debriefing does not prevent psychiatric disorders or mitigate the effects of traumatic stress, even though people generally find the intervention helpful in the process of recovering from traumatic stress. Still, the intervention holds potential as a screening procedure, and a preventive effect emerge when the method is used adherence to traditional descriptions. “It is

recommended that the use of PD is restricted to its original area of application (i.e. groups of professionals)” as “...no evidence has been found for the effectiveness of PD as individual treatment of direct victims” (Arendt & Elklit, 2001, p. 434).

Two studies are frequently referred to as evidence that debriefing may be harmful, due to results that debriefed group appeared to be coping less well at follow-up than those who were not debriefed. In the first of these studies Bisson et al. (1997) perform an assessment of 133 adult burn trauma victims. All victims completed an initial questionnaire completion, after which participants were randomly allocated to an individual/couple psychological debriefing group or a control group who received no intervention. 110 participants (83%) were interviewed 3 and 13 months later. The researchers found that sixteen of the PD group (26%) had PTSD at 13-month follow-up, compared with four of the control group (9%). The PD group had higher initial questionnaire scores and more severe dimensions of burn trauma than the control group, both of which were associated with a poorer outcome. Researchers conclude that routine use of psychological debriefing should be discontinued.

The second study is by Mayou et al. (2000) who performed a randomised controlled trial of debriefing for patients admitted to hospital following a road traffic accident. Patients were assessed at 3 months and 3 years. Results found that the intervention group had a significantly worse outcome at 3 years in terms of general psychiatric symptoms, travel anxiety when being a passenger, pain, physical problems, overall level of functioning, and financial problems. Patients who initially had high intrusion and avoidance symptoms remained symptomatic if they had received the intervention, but recovered if they did not receive the intervention. Researchers conclude that 1-hour psychological debriefing is ineffective and has adverse long-term effects. It is not an appropriate treatment for trauma victims. Mayou et al. (2000, p. 592) acknowledge that methodological limitations due to the intervention group having more severe injuries and longer hospital stays. Researchers also admit that the “debriefing intervention was carried out with individuals who were unprepared for highly stressful experiences, was relatively short and had limited internal structure. It contrasted in significant ways with the models of psychological debriefing described by Mitchell (1983) and Dyregrov (1989), both of which were devised for groups of emergency services and rescue personnel, are substantially longer (2-3 hours minimum) and are conducted in a highly structured manner”. Authors further highlight that “the findings are limited to individual trauma and cannot be extended to group debriefing or later intervention” (Mayou et al., 2000, p. 593).

In a subsequent study Sijbrandij et al. (2006) examined the effect on 236 adult survivors of a recent traumatic event who were randomly assigned to either emotional ventilation debriefing, educational debriefing or no debriefing (control) and followed up at 2 weeks, 6 weeks and 6 months. The emotional and educational debriefings were based on the Critical Incidents Stress Debriefing, but with exclusion of the psychoeducational elements and the emotional elements respectively. Debriefings were provided approximately 2 weeks after experiencing the traumatic incident. Results indicate that psychiatric symptoms decreased in all three groups over time, without significant differences between the groups in symptoms of PTSD ( $P=0.33$ ). Researchers conclude that there is no evidence for the usefulness of individual psychological debriefing in reducing symptoms of PTSD, anxiety and depression after psychological trauma. Since debriefing were applied individually, the results cannot be generalised to group settings (Sijbrandij et al., 2006).

In the years following these studies many organizations stopped utilizing the method, as the researchers cautioned against the (compulsory) use of psychological debriefing. World Health Organization (WHO) even issued a statement with a strong recommendation, that “psychological debriefing should not be used for people exposed recently to a traumatic event as an intervention to reduce the risk of post- traumatic stress, anxiety, or depressive symptoms”, due to quality of evidence for prevention of PTSD symptoms, depression or anxiety being very low (WHO, 2012).

### **2.2.2 Studies supportive to psychological debriefing**

It has been argued that psychological debrief was dismissed too quickly (Tamrakar et al., 2019). To meet the critique, supporters of PD have argued that in the studies reviewed by the Cochrane Report the debriefed individuals had more severe injuries than control groups; that debriefing was used with individuals for whom it was not originally intended; and that the examined trials did not use a standardized approach but applied debriefing as a stand-alone, individual intervention rather than multi-component approach (Dyregrov et al., 2007; Everly Jr et al., 2000; Hawker et al., 2011; Tamrakar et al., 2019). It is pointed out that in both of the studies that are commonly referred to when contending that debriefing might be harmful (Bisson et al., 1997; Mayou et al., 2000) the debriefed patients had been more severely injured than the patients who were not debriefed (Hawker & Hawker, 2015). Hawker and Hawker (2015, p. 5) argue that “When initial trauma symptoms and severity of injury were controlled for, the negative effect of debriefing on later trauma symptoms was reduced to

marginal significance, (Mayou et al., 2000) or disappeared, with the initial symptoms being the only variable which predicted trauma symptoms at follow-up (Bisson et al., 1997)”.

Is it further argued that in these cases debriefing was offered too soon and with inexperienced debriefers (Arendt & Elklit, 2001; Hawker & Hawker, 2015; Hawker et al., 2011). In the study by Mayou et al. (2000, p. 589) people admitted to hospital were debriefed ‘within 24 hours of the accident or as soon as they were physically fit to be seen’. Mitchell (1983) recommend that debriefing should not occur within the first 24 hours following a traumatic incident or when someone is in severe pain.

Dyregrov et al. (2007, p. 38) points out that the reviews consisted of randomized controlled trials with individuals who were primary victims of trauma (e.g., had experienced traffic accidents, fire, assaults, miscarriages) while psychological debriefing interventions “are chiefly designed for use with secondary victims”, such as emergency personnel, and the results therefor should be approached with caution. Hawker et al. (2011, p. 453) argue that “psychological debriefing is intended to be used with groups of people who have been briefed together before going on to work together in stressful situations. Such groups have reported that they find psychological debriefing helpful, and research is emerging indicating that appropriate debriefing may indeed benefit these groups”.

Researchers argue that debriefing should not be used as a stand-alone intervention, but rather be part of a more comprehensive and systematic approach to traumatic stress management, including components such as mental preparation, acute individual follow-up, group defusing (right after the incident), group debriefing and referral for psychological treatment (Everly Jr et al., 2000; Mitchell & Everly, 1995).

Finally, dominant focus on of PTSD symptoms as the primary measure of the benefit of psychological debriefing has been questioned. Researchers propose that other factors may be equally relevant when assessing the effect of PD for emergency personnel, for example depression, substance abuse, interpersonal problems, absence from work, as well as stress reactions per se (Bartone et al., 1989; Deahl et al., 2000; Deahl et al., 2001; McNally et al., 2003).

### **2.3 Debriefing of emergency personnel**

While the target group of psychological debriefing was initially emergency workers, military or others being exposed to traumatic events through their work, a majority of the literature on PD have been focused of the effect of debriefing on primary victims (Arendt & Elklit, 2001). A review of some relevant studies that examine the benefits of debriefing for emergency personnel will now be presented.

McFarlane's (1988) study of 315 bushfire who responded to the Ash Wednesday Australian bushfires fighters found that debriefing was not predictive of post-trauma stress generally. More specifically, he found that debriefing was associated with reduced acute post-trauma stress, but also with increased delayed post-trauma stress. However, the relationship between debriefing and delayed post-trauma stress was much weaker than that found between debriefing and acute post-trauma stress.

Hyttén and Hasle (1989) assessed 58 volunteer firefighters after having helped rescue hotel guests confined for 3 hours in a hotel on fire in Norway. The 39 volunteer firefighters who participated in of formal debriefing after the incident considered the intervention helpful and reported that it had improved self-confidence. However, there was no significant difference in self-reported PTSD symptoms between the debriefed group and 19 non-debriefed volunteers who opted to discuss their experience informally with their peers. However, the level of PTSD symptoms was low overall.

Griffiths and Watts (1992) examined the relationship between stress debriefing and stress symptoms in 288 emergency personnel involved in bus crashes. They found that those who attended debriefing had significantly higher levels of symptoms at 12 months, than those who did not attend debriefing. Furthermore, there was no relationship between the perceived helpfulness of debriefing and symptoms. However, those who experienced greater distress at the time of the crash were likely to have attended more debriefing sessions and to have perceived those sessions as more helpful. The study does not present data on changes in symptoms over time.

Bohl (1995) found that 30 firefighters from one firehouse who had received debriefings (CISD) scored significantly lower on psychological measures of depression, anger, anxiety, and long-term stress symptoms than did 35 firefighters from another fire house who had not been debriefed.

Robinson and Mitchell (1993) conducted a descriptive study of 172 emergency service, welfare and hospital personnel who took part in 31 debriefings. An evaluation questionnaire was completed by participants two weeks post-debriefing. Emergency service

workers rated the debriefing as having considerable personal value (3.8 average on a 1-5 scale). Most participants who experienced stress at the time of the incident attributed a reduction in stress symptoms, at least in part, to the debriefing.

Jenkins (1996) made 36 emergency medical workers self-rate symptoms the weeks before and 8-10 days after they had worked at the scene of a mass shooting and again about 1 month later. Psychological symptoms changes were related to social support, including participation of 52% of the workers in Critical Incident Stress debriefing. Attending debriefing was related to better recovery from depressive and anxiety symptoms. The study did not compare psychological outcomes in debriefed versus non-debriefed participants, and participants were not randomly assigned to receive debriefing (McNally et al., 2003).

Kenardy et al. (1996) examined 195 volunteer emergency service personnel and professional disaster workers who had either been debriefed ( $n = 62$ ) or not ( $n = 133$ ) following the Newcastle earthquake in Australia 1989. 80% of the debriefed group found the process helpful. However, the groups did not differ in neither self-reported exposure to threat nor post-trauma stress reactions intervention. The researchers conclude that there was no evidence of an improved rate of recovery among those helpers who were debriefed, even when level of exposure and helping-related stress were taken into account. There was no random assignment to groups in this study.

Carlier et al. (1998) performed structured interviews with 46 debriefed and 59 non-debriefed police officers 8 and 18 months after having responded to a civilian plane crash. No predebriefing measures were taken and assignment to groups was not random (the undebriefed group being unable to attend a debriefing session because of schedule conflicts). Eight months post-disaster, debriefed and non-debriefed officers did not diverge significantly on post-traumatic stress symptoms. Eighteen months post-disaster, however, those who had undergone debriefing exhibited significantly more disaster-related hyperarousal symptoms. Otherwise the groups were indistinguishable in terms of symptoms.

Nurmi (1999) investigated the effectiveness of Critical Incident Stress Debriefing on 133 emergency personnel involved in the rescue operation of the ferry Estonia which sank off the coast of Finland in 1994. The accident resulted in the loss of life of 852 persons, while 137 persons were rescued. There were considerable differences in the characteristics of people in the groups. Treatment groups consisted of helicopter pilots, fire fighters and police officers, while the control group consisted of nurses. Scores on all measures were significantly higher in non-treated control group. 95% were satisfied with treatment, while 5% were dissatisfied.



The researchers conclude that the psychological debriefing proved effective in reducing symptoms of distress and psychological trauma as psychometrically assessed.

Wee, Mills and Koehler (1999) examined the effect of Critical Incident Stress Debriefing (CISD) emergency medical service personnel, who worked during the 1992 Los Angeles Civil Disturbance. 42 emergency response personnel participated in debriefing, while logistical constraints prevented the 23 non-debriefed individuals from receiving the otherwise-mandatory CISD. Both groups were asked to complete a PTSD questionnaire. 72.9% of the participant reported having been attacked by the rioters, so they were primary victims of trauma. Three months after the civil disturbance, the debriefed participants reported significantly fewer PTSD symptoms than did the non-debriefed participants. McNally et al. (2003) argue that absence of random assignment and assessment of symptoms before the intervention diminish the probative import of the study.

Carlier et al. (2000) administered three successive debriefing sessions with police officer who has been exposed to a critical incident. Participants received a pre-tests before debrief, and tests after the first debriefing session, 1 week post trauma, and after the second and third debriefing sessions. Results of 82 debriefed police officers were compared to an external control group of 75 police officers who had been exposed to trauma prior to the introduction of debriefing, and an internal control group with 82 police officers who had refused debriefing either because they regarded the incident as too trivial or because they lacked the time to participate. 98% of debriefed participants expressed satisfaction sessions, and 2% reported some satisfaction. One week after the trauma, debriefed participants reported significantly more PTSD symptoms than did non-debriefed participants. There were no differences among the groups at the 24-hour and 6-month assessments, and PTSD symptoms were very low across all groups.

Adler et al. (2011) compared different early interventions with 2,297 U.S. soldiers following a year-long deployment to Iraq. Platoons were randomly assigned to psychological debriefing (called Battlemind debriefing), standard post-deployment stress education, and small and large group Battlemind training. Results from a 4-month follow-up with 1,060 participants showed those with high levels of combat exposure who received debriefing reported fewer posttraumatic stress symptoms, depression symptoms, and sleep problems than those in stress education. Adler et al. (2011) conclude that brief early interventions have the potential to be effective with at-risk occupational groups.

This review of these studies shows that the result of debriefing on emergency personnel is inconclusive, which also indicate the difficulties with examining such practices.

### ***2.3.2 Debriefing of humanitarian field personnel***

There is very limited research on the use of debriefing on humanitarian disaster personnel in general and even less on humanitarian field personnel operating in largescale international natural disasters and conflicts). A few studies have assessed the effects of debriefing on peace keeping personnel, but no controlled studies of psychological debriefing in humanitarian organization have been identified in an extensive search of the literature.

Working at disaster sites or overseas relief operations may have profound effects on the emergency workers and humanitarian workers. Dyregrov (1989) has suggested that 80% of rescue workers are likely to experience symptoms, although not necessarily impairing their functioning. While between 3-7 % are likely to suffer profound adverse effects because of their experiences suggested, and 7-10% will suffer no problems at all, probably because they make no identification with the victims.

Researchers point out that personnel being deployed overseas may be exposed to additional stressors as they are not only providing help at single major incidents in a familiar context, but are exposed to multiple stressors and trauma over time (Armstrong et al., 1991; Friedman et al., 2003). Humanitarian field personnel responding to disaster or conflict may be exposed multiple stressors. For example, personal vulnerability (e.g., attacks, kidnappings, or hostage situations), hopelessness and guilt due to their inability to change the external situation (e.g., starvation), a sense of powerlessness vs. denial in the face of unremitting demands by the massive number of people requesting assistance, ambiguous rules of engagement, role related stress, as well as exposure to the acute consequences of war, disasters, or deprivation; and the ongoing violence or abuse (Armstrong et al., 1991; Friedman et al., 2003; Van der Walt, 2014). In addition to distress due to sudden separation from family and the safety home (Friedman et al., 2003; Van der Walt, 2014). Other factors of psychological distress can result from lacking teamwork, role confusion, ethical dilemmas, a heavy workload, limited preparation for the work and the conditions lack of adequate resources or skills for the expected job (Van der Walt, 2014).

Armstrong et al. (1991) describe the debriefing which was provided to Red Cross disaster personnel who provided services during the 1989 San Francisco earthquake. They point out that following natural disasters personnel may be exposed to a series of stressors, such as multiple contacts with trauma victims over a prolonged period, poor living conditions, adverse publicity, inexperienced personnel or conversely personnel who had come directly from a previous disaster with no time for recuperation. To customize for multiple stressors the authors proposed a modified version of Mitchell's Model for Critical Incident Stress

Debriefing (CISD) was implemented, which they called the Multiple Stressor Debriefing Model (MSDM). The model consists of four stages: 1. Disclosure of events, 2. Exploring cognitions and emotions. 3 Exploration of coping strategies. 4 A termination phase. The incorporation of an additional coping strategies component is specifically designed for disaster relief personnel who face multiple stressors over an extended period of relief operations. The study includes no assessment by participants or test of stress symptoms were conducted, and therefor presents no data of effectiveness.

Deahl et al. (2000) studied 106 British soldiers assigned to 6 months of peacekeeping duty in Bosnia. All the soldiers had received an Operational Stress Training Package prior to their deployment that included information about stress and its management. Upon their return from Bosnia, the soldiers were allocated into two groups. One group, encompassing 54 soldiers, received a single session of debriefing, based on Mitchell (1983) model of CISD and conducted by experienced debriefers, whereas the second group of 52 soldiers received no intervention. The groups were both assessed prior to the first group's debriefing and again 3, 6, and 12 months later. The debriefing session was conducted in groups of 8 to 10 soldiers and lasted approximately 2 hours.

Very low rates of PTSD and other mental illness were found overall. At the 6-month and 12-month assessments, the debriefed group reported significantly fewer symptoms than the control group on a questionnaire tapping anxiety and depressive symptoms. Both groups scored high on a self-report measure of alcohol abuse, but only subjects in the debriefed group evinced a significant reduction in these symptoms. Low level of PTSD and reduced scores on alcohol consumption for the debriefed participants, led Deahl et al. (2000) conclude that a high incidence of psychiatric illness is not an inevitable consequence of military conflict.

In a group randomized trial of critical incident stress debriefing (CISD) with platoons of 952 peacekeepers, Adler et al. (2008) compared CISD with a stress management class (SMC) and survey-only (SO) condition. Researchers found that CISD did not differentially hasten recovery compared to the other two conditions. For those soldiers reporting the highest degree of exposure to mission stressors, CISD was minimally associated with lower reports of posttraumatic stress and aggression (vs. SMC), higher perceived organizational support (vs. SO), and more alcohol problems than SMC and SO. Soldiers reported that they liked CISD more than the SMC, and CISD did not cause undue distress (Adler et al., 2008)

## **2.4 Summary of theory**

While debriefing has been subject to research for several decades, the effects of debriefing remain ambiguous. A great number of studies have been conducted, yet reviews show the methodological and analytical shortcomings of both studies that have found positive effect of debriefing and those which have concluded that debriefing is ineffective or may even be harmful. Very limited research has been conducted on the use of psychological debriefing for humanitarian personnel deployed overseas. Nevertheless, different variations of psychological debriefing is still widely implemented by organizations and workplaces as interventions after exposure to potentially traumatic events (Dyregrov et al., 2007). Many key humanitarian organizations, including some Red Cross and Red Crescent national societies, use some variation of psychological debriefing, “indicating that that the need for support mechanisms of some kind for volunteers, aid workers, and survivors of disasters of critical incidents are deemed to be essential” (Dyregrov et al., 2007, p. 43).

### 3.0 Methodology

The primary purpose of the study is to explore and develop an understanding of how personnel in a humanitarian organization have experienced post-mission debriefing and whether they conceive that the debrief has contributed to emotional processing and learning. A qualitative research design approach is selected for exploring the topic. According to Johannessen et al. (2020), qualitative methods are suitable when you aim to understand why people think and act the way they do or when investigating unfamiliar phenomena (Johannessen et al., 2020, p.23).

By choosing a qualitative design, the current research study will gather rich data on the informant's perceptions, descriptions, opinions, and understanding of the phenomena of debriefing. This insight will provide a good point of reference for understanding what may directly or indirectly have affected the experience of emotional processing and learning.

Reliability and validity of the findings in this study are sought by transparently describing each step and decision of the research process and critically assessing own biases, experiences, and presumptions that may influence the researcher's approach or interpretation of the data (Johannessen et al., 2020; Smith et al., 2009).

The following section will first present the selected methodological approach. Then a description of the context studied, and the recruitment and selection of informants will be presented. Followed by the method used to collect, select, process, and analyse empirical data. Finally, the research ethics and reflexivity of the researchers will be assessed.

#### 3.1 Research Method

Various research designs were considered for this study, most prominently grounded theory, and phenomenological approaches. While both approaches seek to collect and analyse data from participants' perspectives, grounded theory is a research methodology that involves the development of theory for complex phenomenon through the analysis of data, and phenomenology attempt to understand the subjective life experiences and how people make meaning of them (Chun Tie et al., 2019; Starks & Trinidad, 2007). Phenomenology uses interviews for data collection, but grounded theory may use a variety of methods for data collection (Chun Tie et al., 2019; Smith, 1996). For the current study the phenomenological approach was considered most appropriate as the study seeks to explore how humanitarian personnel experience psychological debriefing and the meaning they make of it. As extensive literature on debriefing exists, the focus is on testing existing theories rather than constructing new theories. Thus, for this study a phenomenological approach has been selected.

Phenomenology is both a philosophical and methodological approach to the study of subjective life experiences and the meanings they give to them (Giorgi, 1997; Moustakas, 1994; Smith et al., 2009). In other words, it seeks to understand how individuals experience and interpret the world around them. Phenomenology was first developed by the early 20th century German philosopher Husserl, and has since influenced various fields such as philosophy, psychology, social sciences, and health sciences. Departing from philosophical theories various phenomenological approaches have sought to make the steps of phenomenological research more explicit (Davidsen, 2013; Smith et al., 2009). While one school of phenomenology contend that phenomenology is purely descriptive and the researcher should free oneself from any interpretation (Giorgi, 1997; Husserl, 1927; Husserl & Gibson, 2013; Moustakas, 1994), others argue that while phenomenology relies on description, all description inevitably involves interpretation (Heidegger, 1962; Langdrige, 2007)

For this study the interpretive phenomenological approach (IPA), first described by Smith (1996), has been chosen. The IPA method aims to explore in detail the meanings of life experiences and personal perceptions. It accepts that the interaction between the researcher and the participant is a dynamic process and inevitably involves the influence of the researcher's own conceptions and interpretations in the analysis (Davidsen, 2013; Smith et al., 2009).

IPA shares the view that human beings are sense-making creatures, and therefore the accounts which participants provide will reflect their attempts to make sense of their experience, IPA also recognizes that access to the experience is always dependent on what participants tells us about that experience, and that the researcher then needs to interpret that account from the participant in order to understand their experience” (Smith et al., 2009, p. 3)

Interviews are the primary source of data collection in phenomenological research. Semi-structured interviews are designed to encourage participants to reflect on and describe their experiences in detail. The sample size in phenomenological research is typically small, ranging from 5 to 15 participants, as the focus is on depth rather than breadth (Smith et al., 2009). The use of in-dept interview can provide insight into how the delegates have experienced the debrief sessions. Interviews clarify the meanings the participants attribute to a given situation and help the researcher see situations through the eyes of the participants (Hutchinson, 1986).

### **3.2 Context of the study: Psychological debriefing in the Norwegian Red Cross**

To better understand how debriefing is experienced by delegates in the Red Cross, it is useful to understand the context of the study, including how debriefing is conducted in the Norwegian Red Cross.

In addition to 42.000 volunteers and 700 employees operating in Norway, the Norwegian Red Cross employ delegates with various professional backgrounds for emergency response operations internationally. A delegate works directly for the Norwegian Red Cross or is made available to the international Red Cross. Professional backgrounds of delegates are very varied and include doctors specializing in surgery, paediatrics, gynaecology, general practitioners, midwives, nurses, epidemiologists, psychologists, electricians, engineers, plumbers, healthcare personnel, technicians and administrators. Delegates have been deployed to missions all over the world, including emergency operations in Haiti, Afghanistan, Bangladesh, Kongo, Syria, Ukraine, to mention some.

The Norwegian Red Cross offers structured debriefing sessions to volunteers, employees, and delegates who have experienced a critical incident with a potentially strong emotional impact on those involved during their work in the Red Cross. Debriefing was first offered to volunteers and staff who had provided emergency services after the terrorist attacks on 22 July 2011. It was subsequently established as a permanent program called Holistic program for debrief (hereafter referred to as "debrief"). Since 2012 the debrief program has been one of the organization's primary measures of psychosocial support for Red Cross personnel in the aftermath of critical incidents in connection with activity and service for the Red Cross.

The objectives of the holistic debrief program in the Red Cross are:

- *Preventive health effects for the individual. Ensure that impressions from the event are processed.*
- *Strengthen cohesion among those who participated and provides increased learning.*
- *Contribute to volunteers or employees who have taken part in demanding assignments being left with an experience that "I can do this again. I get the support I need."*
- *Reassurance for relatives of Red Cross volunteers and employees that their "loved ones" receive the necessary and approved support.*

The debrief program is based on a psycho-traumatology method called Reconstruction and Integration of Traumatic Stress (RITS). It is a colleague support scheme developed and used by emergency services, first-line child protection, and parts of the armed forces in

Scandinavia for approx. 40 years. RITS is described as a method for psychological stress and crisis processing to help people after violent experiences ([www.psykotraumatologi.org](http://www.psykotraumatologi.org)). The technique has been adapted to the context and needs of the Red Cross.

The debriefing method applied in the Red Cross is similar to Mitchell's (1983) Critical Incident Stress Debriefing (CISD), but incorporates 5 phases (rather than 7): 1. introductory phase (rules and process explained); 2. fact phase (reconstruction of the incident, their role and what they did); 3. sensory phase (what they saw, heard, smelled, touched); 4. feelings phase (emotional reactions and focus on the toughest part of the incident); 5. finalization phase (assessment and learning).

Debriefing sessions are mandatory for all emergency response delegates and are provided after they return from mission. The sessions are conducted by staff or volunteers that have trained in the methodology. Debriefers have received minimum 2 days of training. Delegates participate in individual debriefing sessions which normally last approximately one hour. Personnel that need additional support are referred to a psychologist employed at the company health service, or by traumatologists from Ambla, a company that provides RITS sessions and training in Norway.

### **3.3 Selection of informants**

The primary source of data for this study has been interviews with individuals. The informants were selected among Norwegian Red Cross delegates and was based on volunteer participation. The sample of informants were selected among delegates that had completed a mission between January 2022 and June 2023 – in total 44 delegates, and who had participated in a debrief. This selection was made to increase the likelihood that the delegates remembered details of their experience of the debrief. All 44 delegates were sent a study information leaflet and an invitation to participate in an online survey about debriefing. In the survey the informants were asked whether they consented to be contacted for an interview. Of the 19 delegates that confirmed to be contacted for an interview, 14 were available during the time frame when the interviews were conducted.

### **3.4 Data collection**

The primary method for data collection was in-depth interviews with 14 delegates deployed in international emergency operations. A secondary source of data was collected through an online survey was sent to all 44 delegates that had completed a mission in 2022 and 2023. 23 delegates responded to the survey, which gives a response rate of 53 %. The small



sample size makes the data from the survey of limited value for statistical research. However, the data can provide useful indications of how the delegates overall experience the debrief sessions (Bacchetti et al., 2011). In addition, the survey mapped which delegates consented to being interviewed.

The online tool “Nettskjema” was used to design, collect and manage the data collection for both the survey and the interviews. The interviews were semi-structured and the interview guide was constructed to develop from the general and explorative to the more specific and theory-driven. As an example, the informants were first asked how they experienced the debrief sessions, and could narrate freely from own experiences and perspectives. Later they were asked if they felt they learned something from the debriefing. This provided more insight into aspects of debriefing that have been discussed in the literature.

All interviews lasted between 20 and 60 minutes and were conducted digitally on teams, due to the informants living different places. With consent of the informants the interviews were taped and stored safely using Nettskjema-Dictaphone. The interviewer followed the structure set by the predefined questions of the interview guide while at the same time allowing the conversation to flow to unanticipated topics and exploring more in-depth perspectives and relevant experiences. During the interviews the meaning of what was said was sometimes interpreted by the researcher, communicated to the informant and verified or corrected.

### **3.5 Data analysis**

The qualitative data material was analysed through a phenomenological approach. The recorded interviews were first transcribed into written format. Questions that did not relate specifically to debriefing was excluded from further analysis. The transcriptions were then structurally analysed through an interpretive phenomenological reduction process inspired by Smith et al. (2009):

First, some initial notes were made after each transcription trying to capture the essence of each interview. Then the written *transcripts were read several times* to obtain an overall feeling for them – including understandings, concerns, topics of significance for each informant.

The second phase was an *open coding* process, where the emerging themes of each interview was identified and given a name (called node) in Nvivo. Significant statements illustrating different ideas and themes were also highlighted. As the data was approach with

an open mind to explore and discover patterns and themes, this process resulted in a comprehensive list of initial themes and codes (see table below).

The third phase of the coding process was *structured*. The focus was on organizing and structuring the codes across multiple cases. Related codes were grouped into broader themes or categories. Nvivo software was used to support data analysis. This helped to organize the material and to create a more structured framework or hierarchy of codes. The program also helped identify how many of the informants talked about a specific theme, as well as how often this theme was mentioned in total. This gave an indication of which themes were especially relevant to the informants, emphasizing both convergence and divergence in the informants' experiences. The interviews were then read again to continue filling the identified categories with content from the data material.

The fourth phase was a *selective coding* process the focus was then on refining and selecting the most important themes and key categories that best could represent the essence of the research and the relationships between them. A table was developed to identify recurrent themes and the relationship between themes. Quotes that illustrated themes and general findings were identified.

Finally, the data was analysed theme by theme including the researchers own interpretations and with references to supportive or divergent findings in literature.

This mixed and progressive phenomenological approach guided the analysis to be both exploratory and structured, leading to a deeper understanding of the research topic.

Data from the survey was analysed using excel to find central tendencies, means, standards deviations and percentages from interval data (Likert scales). However, the data will only be used to exemplify the overall perceptions of the Norwegian Red Cross delegates on the main themes identified in the interviews. Due to the limited sample size the results are not generalizable and are only meant to serve as an illustration of findings from the interviews in this study.

## Framework of categories

<b>Initial nodes/categories</b>	<b>Structured themes/ categories</b>	<b>Selection of final categories</b>
Processing	Processing	Ventilation and processing
Narrating experiences		
Ventilation of feelings	Ventilation of feelings	
Reconstruction of events	Reconstruction of events	Reconstruction of experiences
Debriefers competence	Debriefers competence and experience	Debriefers experience, flexibility, and continuity
Debriefers experience		
Debriefers field experience		
Debriefers continuity	Debriefers continuity	
Trust in debriefer	Debriefer trustworthiness	
Trust in organization	Care of personnel	Early detection and care of personnel
Confidentiality		
Care of personnel		
Screening	Screening and early detection	
Sense of closure	Sense of closure	
Structure of debrief	Timing and duration	Timing, duration, and frequency
Timing of debrief		
Duration		
Follow-up session	Follow-up and frequency	Normalization of reactions and coping strategies
Frequency		
Learning	Normalization and learning	Normalization of reactions and coping strategies
Normalization		
Peer-Support	Support network	
Support from others		
Informal debrief		
Physical vs Online		
Technical debrief		

### **3.6 Research ethics**

In accordance with the recommendations of Kunnskapssektorens tjenesteleverandør (Sikt) and the Norwegian centre for research data (NSD), a Data Management Plan (DMP) were developed (NESH, 2021; NSD, 2022; SIKT, 2022). This document describe how research data were handled from the beginning to the end of the study (NSD, 2022).

A digital notification form was sent to the NSD for assessment and approved before gathering any information. This form included information about how much personal data is registered; how sensitive the information is; how well the data is protected; how long the data is stored; how many people have been accessed. For example, the participant's voice was recorded, and information that the participants share in the interview may reveal names or other identifying and sensitive information. The project does not include health related information, and if such information was shared by the informant during the interview this information was deleted after the interview was ended to be in compliance with data protection legislation.

The informants received an information letter stipulating the study's purpose, the institution responsible for the study, why the person has asked to participate, and what participation in the study entails (method, scope, and collection, registration, storing and use of the information gathered information). Furthermore, the letter emphasizes that it is voluntary to participate, and that personal data will be processed after consent and information about their rights. Participation in both survey and interviews have been voluntary and based on informed consent, and that participants could withdraw at any time.

The data was collected and stored using the online tool "Nettskjema". Both the survey form and the sound files were gathered and stored using this tool, which ensures that the data is securely kept during the study's lifetime and that sensitive information is safeguarded. Confidentiality is protected by labelling survey responses and interviews with numbers, rather than names. All responses were anonymised before analysis, including potentially identifying details of missions or personnel. Most of the interviews were conducted in Norwegian. Translation of quotes to English contributes to phrases and words that are frequently used by an individual are less recognizable also by people who know the informant well. Using Nvivo to analyse the material contributes to ensuring that the data is well-organised and adequately documented, as well as to support quality data analysis.

### **3.7 Reflexivity**

Reflexivity involves acknowledging and reflecting on one's role as a researcher. Reflexivity is a crucial concern for qualitative research in general and phenomenological research in particular, because accessing the data about informants' experiences inevitably involves the researcher's own thoughts, feelings, values, and prior experiences, which may affect the research process and outcome (Berger, 2015; Macbeth, 2001; Moldjord & Hybertsen, 2015; Smith et al., 2009). Researchers, therefore, need to be sensitive to how one is influencing the research process by striving to “understand the role of the self in the creation of knowledge; carefully self-monitor the impact of their biases, beliefs, and personal experiences on their research; and maintain the balance between the personal and the universal” (Berger, 2015, p. 220).

The researcher for this study has worked for more than a decade at the headquarters of the Norwegian Red Cross, which could provide a basis for preconceived perceptions of the informants' experiences. The affiliation with the organization may shape the nature of researcher–participant relationship, which, in turn, affects the information that participants are willing to share. For example, it can affect access to information because the participants may be more inclined to share their experiences with a researcher they perceive as understanding or being more sympathetic to their situation (Berger, 2015). On the contrary, some participants may be more restrictive in their responses because they do not want to appear too critical to the organization. Therefore, it is crucial to be transparent and emphasize the confidentiality of the interview process. The participants have been assured that indefinable information they provide will not be shared with other personnel or influence future their deployment in missions.

Finally, the authors affiliation with the humanitarian NGO sphere can contribute to an understanding of words used, actions taken, or simplifications in how the informants construct their narratives. On the other hand, it may affect the expectations and interpretations of the information provided, making researcher blind to essential aspects of the story that coincide with own beliefs and values. Thus may shape the findings and conclusions of the study (Berger, 2015; Kacen & Chaitin, 2006).

Taking reflexivity into consideration, as a researcher, I have taken special care to remain fluid and open-minded about what the informants say, double-check my interpretations, and be conscious of my presumptions. Systematically taking notes of my thoughts when analysing the interviews and using both software and tables to have helped to gain greater awareness of weighted interpretations.

### **3.8 Limitations of the study**

The study is limited to how delegates in the Norwegian Red Cross have experienced the after-mission debriefing sessions they have participated in. Personnel from other humanitarian organization were not included in the sample. The conclusions of the current study is not valid for humanitarian personnel in general (Sanders, 1982).

Some of informants were interviewed several months after they received the debrief, which may affect how they remember and experienced the debrief session. The fact the researcher is employed in the Red Cross, can also influence how the data is understood and interpreted, as reflected upon above.

While an online survey and a basic statistical analysis of the data was conducted, the number of respondents are not sufficient to ensure validity and generalizability of the findings. However, the data could inform and complement the understanding generated from the in-depth interviews (Bacchetti et al., 2011).

Though the findings in the current study cannot be generalized, the study may generate results that can provide insight into similar situations, more specifically to humanitarian organizations operating in emergencies. Findings can also serve as a data base for further investigations (Sanders, 1982, p. 358). Furthermore, the research may have practical implications if the study can offer some recommendations to humanitarian organizations on how to implement debriefing to ensure emotional processing and learning.

## 4.0 Findings

In this section the main findings from 14 interviews with internationally deployed humanitarian emergency response personnel will be presented. The themes and essential structures that emerged from the data analysis will be described. Quotations from participants will be used to illustrate these themes. Results from the survey with 23 respondents is used to inform and complement the understanding generated from the in-depth interviews. Note that the limited sample makes the findings from the survey not generalizable and data only serve as illustrations to support of general findings from the interviews.

### 4.2 Factors influencing the experience of debriefing

This study seeks to explore how humanitarian emergency personnel experience debriefing. The thematic analysis performed helped to identify common themes and patterns that emerge from participants' descriptions. These themes were then organized to develop a coherent phenomenological framework including six categories that capture the essence of how the delegates experience debriefing and provide insight to what factors affect the perceived quality of the debrief:

1. Ventilation and processing
2. Early detection and care of personnel
3. Reconstruction of experiences
4. Timing, duration, and frequency
5. Normalization of reactions and coping strategies
6. Debriefers experience, flexibility, and continuity

These categories provide an overview of the key themes discussed in the interviews related to post-mission debriefings and their impact. Each category provides an insight into various aspects of post-mission debriefings and how they have influenced the participants' experience and processing of the missions. This includes their thoughts about the purpose of the debriefing conversations, their experience of the quality of the conversations, and how they have felt during the conversations. A presentation of each category will follow.

#### **4.2.1 Ventilation and processing**

The delegates interviewed vary in their experience of the debriefing sessions. 70 % of the survey respondents agree that the debrief helped them process feelings or reactions that came up during mission (*M* 3,6; *sd.* 0,77; *mdn.* 4). Most of the delegates interviewed appreciated the debriefings as an opportunity to discuss their feelings, reactions, and experiences after returning from missions. They express that the debriefing sessions have provided a space to process experiences and helped them ventilate feelings.

Afterwards, I feel that I need to talk about myself and how I experienced it. Because it's not that relevant in the field. Then it is everyone else's experiences, everyone else's stories that are important... it's as if there is finally room for my feelings and experiences, because it's not out there. I kind of have to create that space for myself here at home. So, it is often very good to have an outlet.

Personnel operating in humanitarian crisis see and experience things which can be difficult for people back home to understand. Delegates acknowledged that they often are a little restrictive with which information they share with others. There was a concern about not wanting to burden others with traumatic stories. Furthermore, they experience that the interest of people around them often fade quickly. Some have the opportunity to talk to friends or family with similar experiences, while pointing out that not everybody do, and that debriefing session could be especially important for those who do not have this support network.

Getting to empty myself, in a way... You feel like you can say things that you might not be able to say to others. You have a space for thoughts that you may have had, but that you think that: no, I can't say this to anyone.

At the same time, many of those interviewed express that after most of their missions they have not really felt the need for a psychological debrief. They explain that they did not experience the missions as very traumatic to them personally. Some still found during the debrief that they had more need for it than they originally expected.

Because every time I've come back, I've kind of felt that I don't need it. That is the first reaction. But at the same time, when you start telling about what you've been through, it feels good. In a way, you get to empty yourself a little. Maybe it is the questions you get.



4% of the survey respondents did not find that the debrief helped them to process experiences. Some of the interviewed delegates express scepticism towards the structure and focus of the debrief method used in the Norwegian Red Cross. Rather than being critical to the use of psychological debriefing per se, they express that they find the debriefing sessions inadequate. 26% of the survey respondents are neutral, and the interviews indicate that this is due to variations in the quality of the debrief provided.

Some point out that some aspects of the sessions can feel less relevant or repetitive, especially as the sessions follow various technical debrief that may touch upon similar topics. A few find the technical debrief is of more relevance than the emotional debrief. They highlighted the importance of discussing practical aspects of the mission, such as lessons learned, challenges faced, and ways to improve for future deployments. However, a majority discuss the value of both technical and emotional debrief.

While there are different opinions of the current structure of the debriefs, most of the delegates think it is important that the emotional debriefing sessions are provided, regardless of how demanding the mission has been. Even if they have not experienced anything traumatic themselves, they see the value of these conversations.

After all, I haven't had major after-effects of being in dangerous situations. But I have met many others who have had problems afterwards... So, the most important thing I got out of the debriefing is not what I personally talked about in the debrief, but that the system is there, and that it is good to have it there. And it also provides sense of safety that the organization you work for sees mental health as an important part of the mission.

On this account, the majority informants have emphasized the benefits of debriefing for emotional support and the opportunity to express feelings and reactions related to their experiences. Variations whether the debriefing sessions have contributed to processing seem to depend on various factors, such as timing of debrief and the debriefer experience, which will be explored further below.

#### ***4.2.2 Early detection and care of personnel***

One of the purposes of debriefing is to facilitate the early detection of post-trauma reactions and other psychological consequences (Mitchell, 1983). Many of the delegates find that the debriefs are, or should be, an important mechanism for early detection and screening of whether someone needs further follow-up and support. As one delegate formulated it: "I felt that if I had said that I would like it to be followed up, they would have done so. I feel they would have taken it seriously."

The informants express trust in their organizations to provide support and they feel looked after. They mention that they know there are resources they can contact should the need arise. This is stressed by one of the delegates: "Perhaps the most important thing for me is that I know there is a place to ventilate. I know I can call them again; I know there is a follow-up system if the need arises."

Most feel that they have received sufficient support and know that more help would be available if requested. While some have not felt the need themselves for a debrief, everyone agrees that it is important that some type of debriefing should be available to the delegates. Having a system in place for debriefing makes the delegates feel that they are valued, taken seriously and supported by their organization.

That I have felt taken care of, is the most important thing. That this is being taken seriously. I have been confident that if there was something I needed to move on with, it would have been followed-up and I would have received help. I have felt completely confident about that.

The confidence that issues will be detected and that a formal system for support of personnel is in place seem to be an important aspect of the debriefing. Furthermore, having a debrief can have a ritual significance, by symbolizing the finalization of a mission. As one delegate put it, the most important is that: "it's a sense of closure, it's the final formality after a mission."

### ***4.2.3 Reconstruction of experiences***

Reconstruction of facts related to a traumatic incident or stressful event is one of the main topics explored during a psychological debriefing in the Red Cross. The debriefing sessions touches on both emotional and sensory aspects of the experience, including questions about smells, sounds, and feelings related to the mission. Some of the informants remember the reconstruction of events that have occurred as relevant and regarded them as important for understanding and processing their experiences.

One is often asked, "Are there any episodes that you take home with you, that you might think a lot about?". Then we can go back to that situation. ... I have experienced it as enriching actually. And share such an incident. ... I think it's a good control question to ask, because there are usually a few episodes like that. Some people you kind of take home with you and think about. I think it's an important question to ask. To really go into some situations.

Many, however, do not remember such details from the debriefing. Other reflect that the focus on specific incidents or events may be inexpedient.

I think that sometimes it has not been so good... The reason for that is that sometimes it has been a lot like: "are there special smells..?" - a number of such introductory questions which I don't think have worked at all.

Focusing on one or a few incidents can be challenging for different reasons. The delegates discuss that factors such as the length of missions, the perceived emotional strain of the mission and the time constraint in the debriefing sessions may influence whether the reconstruction of events will contribute to processing.

The emergency response missions are long, usually between 3 weeks and 6 months duration. Some delegates maintain that the focus on reconstructing concrete events may not be best suited for delegates that have been deployed to emergency response and aid missions, as it can be difficult to identify single cases. The challenges may be of a different nature for humanitarian aid personnel that experience strain over time. The most challenging situations may not be security or traumatic incidents but be related to team conflicts or lack of contact with family. This can lead to a discrepancy between what the debriefer assume to be the

critical incidents that should be debriefed (i.e., the trauma of being exposed to war, death, wounded, deprivation etc.) and the experienced challenges that the delegate need to ventilate.

It's so important to ask the right questions. There are a lot of challenges you can have out (in the field). Either with the patients and the cases you experience. But maybe that hasn't been the biggest problem. Perhaps the problem has been a conflict between you and your manager. Or conflict between you and a doctor which has made your job very difficult. Maybe it has been that you haven't had the opportunity to have contact with your family.

Delegates indicate that the relevance of debriefs varied depending on the nature of the mission. Some mention that the questions in debriefs sometimes felt repetitive or less relevant when the mission was not emotionally taxing. This is especially the case when technical and emotional debriefs are conducted with proximity, and these debriefs cover many of the same topics. For example, if the most challenging and emotionally draining in a mission is due to structural issues or poorly functioning teams, this would be a natural topic to cover in both the technical and the emotional debrief, yet for different purposes.

After more challenging missions however, delegates affirm that in-depth exploration of concrete incidents or situations may be necessary.

#### ***4.2.4 Timing, duration, and frequency***

The timing, duration and frequency of debriefing sessions are identified as factors which can greatly influence the perceived quality of the debriefing. The delegates express that timing of the debriefing should strike a balance between allowing individuals to process their experiences, without delaying it too long. Receiving the emotional debrief too soon after returning home may have adverse effect.

Especially on the previous missions where it (debriefing) was soon after. You sit there and don't feel like releasing any emotions when you're so tired...when I have just arrived home I have zero capacity to express myself properly. Because then I'm simply so exhausted that telling even one person I don't know about the past three months has just been a strain.

Many point out that there needs to be some time for recovery between the end of mission and the psychological debrief – ideally about one week. This will allow the delegates time to recover physically and psychologically and be more prepared to talk about difficult experiences and feelings.

Due to the length of missions, there may have occurred many incidents. Delegates comment that the time frame of the debriefing sessions does not encourage one to go in-depth into all the issues that have taken place. The time set aside for debriefing is normally 1 hour. It is pointed out that the time limit may put restraints on what is being shared.

After I came home from that mission, I felt that it was very good to talk to someone. But time goes by quickly, and when you have a lot of cases, you may not have time to go into details... So, if you have a really tough mission, you should perhaps have the opportunity to talk twice, maybe even with three times. And choose that this case be talked about this time.

This quote illustrates the need for follow-up and continued support after challenging missions, which is discussed by several informants. It is recommended that the first session is used as screening to identify challenges and that a new session is set up to explore these further if needed. It was also suggested to have a regular follow-up debrief sessions some weeks or months post-mission, to check on individuals' well-being and provide ongoing support.

#### ***4.2.5 Normalization of reactions and coping strategies***

The interviews show that the delegates were comfortable discussing their emotions and reactions during the debrief sessions. They mention stress reactions, such as difficulties with sleep and emotional stress, and negative coping mechanisms, such as smoking and drinking, as factors that can be influenced by the emotional toll of missions. The transition from a high-intensity work situation in the field to normal life back home is also described as challenging and sometimes marked by a sense of emptiness.

I thought that I had no need for that diffusion. But if I try to analyse myself and look back, I had the same challenges that are very common for me. The fact that you come home and it's very strange. I have to pick up the car at the garage, and go to the store

and buy food and do all those things... So, that is something I can vent to this person. For me, the most important thing was that there was someone else I could talk with about it. And like I said, a little bit of the normalization of that being okay. And I think it's very good that you have a focus on that.

Normalization was mentioned by many as an important aspect of the debriefing. Learning about common reactions after missions contributed to delegates understanding their own reactions better. Talking about feelings and stress reactions experienced during past missions could also provide them with coping strategies to better deal with feelings and reactions in future missions. One of delegate reflect that “They have focused on the most essential. The important thing is that it contributes to and normalizes stress reactions. For example, that you normalize the fact that you have problems sleeping.”

Delegates describe that the debriefing sessions have contributed to their learning and self-reflection process. They emphasized the importance of being able to talk about their own experiences and emotions, which may not be feasible during missions focused on helping others. Gaining new perspectives and insights during these conversations was viewed as valuable. The participants indicate that they have used experiences from the post-mission debriefs to handle challenging situations in the fieldwork and understand their own reactions better.

...out there it's all about everyone else. And now I need *this* space, because I also have a lot of emotions that need to be released... Maybe I wouldn't call it learning, but in some ways it is. To understand the mechanisms. To understand how you react to things. So, I feel that I have learned that. I have understood much more about the process and understood more about myself.

It was noted by some that the emotional impact of missions can vary based on the perceived meaningfulness of the work done during the mission. Several of the delegates voice that the missions where they feel that they are not able to contribute – often for practical reasons like restriction of access – are more challenging to deal with emotionally. And that debriefing after such missions were equally important as the mission where they were “in the heat of things”.

Sometimes you come back very content. Even though you've had a hard time, you feel like you've done a good job. I feel that the processing afterwards is very much about what you've been able to do. My last mission was quite unsuccessful, and I didn't get to do much. Then I realise that it is much harder to have had a tough time in that situation. That you can endure quite a lot of hard ship when you feel that you understand why you did it.

Not everyone experienced that the debrief sessions provided an opportunity for learning and self-reflection, however. One delegate exclaims that “none of the discussions have contributed to that (learning). No one asked questions that might have helped me think a little differently. It would have been positive if someone had asked questions. If there would have been more dialogue than just me sharing what I have experienced. That would have been positive.”

Overall, the emotional debriefing does not appear to have contribute much to organizational learning, but primarily learning about oneself and one's stress reactions. This may be due to the sessions being individual rather than group based. Other researchers have found that group debriefing can contributed to new insight about the mission or promote team learning (Everly Jr et al., 2000; Moldjord & Hybertsen, 2015). Neither survey nor interviewees support that the debriefing promoted learning beyond that of the individual. Less than half of the participants (43%) agree or strongly agree that the debrief helped them extract insights or identify lessons learned from the experience, while 39 % were neutral to the statement and 17 % did not agree with the statement (*M 3,4; sd. 0,88; mdn. 3*). Seem in context with the findings from the interviews this suggests that knowledge about stress management, coping strategies and building resilience for future missions is the most valuable outcome of emotional debriefing of individuals. Not enough information is provided in the interviews to conclude on whether such learning have promoted actual changes in behaviour.

It is more "resilience" that I am looking for, rather than how we should analyse what has happened. I feel like I have so many people I can talk to about it (the mission). Both when I'm there and when I get home, so that need is met. While it may not be for others. Whereas my need is more that: if I'm going to keep doing this for the long term, then there must be a system, a structure to develop myself more and more.

Factors related to the debriefer and to the quality of the debrief seem to affect whether the conversations promote such personal and emotional learning.

#### ***4.2.6 Debriefers experience, flexibility, and continuity***

Several factors can affect the perceived quality of the debrief. The experience, competence and consistency of the debriefer were considered some of the most relevant factors by the informants.

The delegates generally had positive experiences with debriefing, and many described the debriefs as thorough and professionally conducted.

I thought it was really nice. It was very structured and professional. So, I think it was good in terms of having me and my experiences in focus. I found it useful and respectful in relation to my experience and role.

The impression of the debriefers vary however. Some delegates that had experience with various debriefers mention that not all debriefers came across experienced.

I remember I had a person who did not ask any follow-up questions. And then I thought that there's no point in this. If I'm sitting here telling about how I've been, and the person just sits there and says "oh yes, hmm". That was the only thing that the person had to contribute with. There is no point in that. I need to get some resistance. I need to get new ways of seeing things. That's what's important to me.

The debriefers that were perceived as more experienced were considered to be more flexible in their approach, and not seem too locked to a script, while at the same time being able to provide structure to the conversation. Flexibility in the approach to debriefing was seen as key to meeting varying needs. The structured nature of the debriefings, involving certain predefined questions to guide the conversation, is considered helpful in identifying and addressing potential issues. It is however important that the conversation is not perceived just as a checklist. This indicates that the effectiveness of the conversation often depended on the ability of the debriefer to tailor it to individual needs and preferences. The delegates that are most positive to the debriefing sessions have experienced that the debriefings have been: "good conversations, very open, largely guided by what I needed to talk about, I think. At least that's how I experienced it."



The experienced debriefers were good at asking follow-up questions and giving feedback that could promote reflection. They had confidence to also ask challenging questions and provide new perspectives.

It is important that those who do the debriefs are a little tough with us and ask questions such as: "Why do you think you experienced it that way? And do you think the others experienced it that way?" A little resistance is what also gives us new perspectives. I have experienced that my debriefers have seen it differently than me and that is very enriching for me. Gaining new perspectives and new ways of seeing the situation is important. What I have experienced as a bad debrief was with an extremely passive person. I don't get anything out of that. I need to get follow-up questions and get someone who pokes a little more.

When meeting an experienced debriefer the delegates appreciated the conversations and felt heard, validated, and understood by the person conducting the debriefing. Trust in the individuals conducting the debriefs and the assurance of confidentiality were also highlighted as a crucial aspect of these conversations. The informants that mentioned the importance of trust all confirmed that they did feel confident the information they have shared in the debriefing sessions is not shared with others. The results from the survey support this finding as 91 % agree or strongly agree the person facilitating the debrief was going to keep confidential what was shared in the conversation (9 % were neutral to the statement. *M* 4,3; *sd.* 0,65; *mdn.* 4). One of the affirm that: "I would say, yes, I trust the debriefers. I realized that this was a person who knows what he is about. He has training, he has experience, I have confidence in him."

Opinions vary regarding whether the person conducting the debrief should be a professional or trained peer. The majority find that a trained and skilled colleague can do a good job in conducting debriefing and feel confident that the debriefer would screen and refer those who needed additional support. Others believed that external debrief sessions conducted by professionals could provide different perspectives, in-depth reflections and more structure approach to the sessions. It was recognized by some that the use of professional psychologist for all debriefing may not be feasible due to the economic restraints of the organization.

More than the debriefer being educated as a professional psychologist, many delegates emphasized that the person's life experience and understanding of the emergency response context is crucial. They emphasize that it's challenging to discuss their experiences with people who haven't been in similar situations. One informant states that: "When you are out in

demanding missions, it is not so easy to talk to others about things you have experienced, without them having experienced something similar themselves”. Another delegate reflects on the difference between debriefers that they encountered:

The first one (debrief) I had was with a person with no international experience. And perhaps a somewhat theoretical approach to it. I imagine it's a bit difficult to empathize when you don't have experience in the area yourself. The second time I had a conversation, it was someone with much more and deeper experience. And I think that also made it a much better conversation. It has nothing to do with the person or training, I think. Because it seemed professional. But there was an extra dimension there...I experienced it as so much better the second conversation... If you have been out yourself, and you know a bit about context, it is easier to come up with the questions that are relevant.

Finally, the importance of consistency, through a regular and familiar conversation partner can affect the quality of the conversation, making it easier to track progress and ensuring a safe space for sharing. Delegates contend that debriefing with the same person over time can create a relationship of trust which makes it easier to share.

Perhaps if we had a regular person, that it was the same person every time. We who are on missions regularly. That it becomes a familiar face. Maybe it would have been... Yes, I think that might have made it even better... Because there is something about the first time you meet a stranger, it's a bit strange to talk about things that... There may be things that are a little more embarrassing, and then you don't elaborate about it.

It is about the importance of continuity, because she could recall that "the last time I spoke to you, you had problems with such and such". And I had completely forgotten about that, hadn't I?...Because you forget quickly. So, I think continuity is important. What it does for me is to provide perspectives.

Thus, that the debriefer is experienced and understands the challenges faced by internationally deployed emergency personnel is crucial for effective debriefing. Having consistency through meeting the same debriefer over time can strengthen trust and contribute to more in-depth conversations that increase processing and personal development.

## 5.0 Discussion

The interviews with Red Cross delegates that have participated in post-missions emotional debriefing indicate that debriefing provides a space for humanitarian emergency personnel to *ventilate feelings and process experiences*. This aligns with existing research that suggests that post-trauma debriefing can provide a structured opportunity for individuals to express their emotions and help them make sense of their experiences (Dyregrov, 1989; Everly Jr et al., 2000; Mitchell, 1983). Most of the delegates appreciated the opportunity to talk with someone who showed interest and understanding for what they had been through. Similarly, Moldjord and Hybertsen (2015) found that stressful events trigger a natural need to share thoughts and feelings, which made debriefing an important venue sharing experiences and coping with stressful events for after critical incidents for military aircrews.

Providing this opportunity for ventilation can thus been seen as an important aspect of *organizational care and staff support*. Perceived lack of social support is strongly linked to heightened risk for PTSD (Bartone et al., 1989; Brewin et al., 2000). Failure to provide organizational support after exposure to trauma may heighten the risk of psychological stress symptoms, especially for emergency personnel that do not have strong social support networks. Some delegates describe that they discuss experiences with colleagues or family that have similar experiences, while others find that the interest of colleagues and acquaintances fade fast, and delegates may wish to spare their family and friends from hearing the details of traumatic situations what they have experienced. Debriefing can also hold ritual significance as a formality after a mission by providing a *sense of closure* and transitioning from the mission to normal life (Havassy, 1991). This role of the debrief was communicated by some of the informants.

While research show that the majority of debriefed survivors describe the experience as helpful (McNally et al., 2003; Mitchell, 1983), the use of debriefing remain controversial. Reviews of controlled studies have not found convincing evidence that single-session debriefing reduces the incidence of PTSD (McNally et al., 2003; Rose et al., 2002a). It is recognized that debriefing stand-alone measure may not be sufficient to address the complex emotional and psychological needs of individuals exposed to trauma. The use of psychological debriefing in the workplace is usually promoted as one of various methods for support and the role of debriefing in *identifying individuals at risk* of developing post-traumatic stress disorder (PTSD) or other psychological consequences (Dyregrov et al., 2007; Regel, 2007). Methods such as mental preparation, diffusion after incidents, technical debrief

after missions and referral to professional health are commonly used methods for psychosocial support of staff in organizations (Dyregrov, 1989; Mitchell, 1983). Many of the delegates interviewed highlight the importance of debriefing as a screening mechanism to identify those who have strong stress reaction and are in need for further follow-up, either through follow-up sessions with a peer or through referral to professional mental health personnel. The thus findings support that debriefing can serve as a mechanism for *early detection* of post-trauma reactions (Dyregrov et al., 2007; Mitchell, 1983; Regel, 2007).

Clinical researchers have focused primarily on the effect of debriefing on PTSD. The current study does not seek to determine whether debriefing in itself contribute to the reduction of post-traumatic stress syndrome, as measures of PTSD has not been conducted. Deahl et al. (2001) argue that the research on psychological debriefing may not be measuring the right outcomes. PTSD is only one indicator for stress-related symptom in the wake of traumatic events. Literature indicates that other relevant factors to assess are reduction in subsequent substance abuse, depression, and interpersonal problems, as well as stress reactions per se (Bartone et al., 1989; Deahl et al., 2000; Deahl et al., 2001; McNally et al., 2003). For emergency response personnel who are frequently exposed to trauma, the effect of PD on normalization of reactions, strengthening of coping, and resilience to handle challenging missions in the future may be relevant factors.

Support is found for the benefits of ventilating feelings and identifying stress reactions and potential coping mechanisms. The delegates stress the importance of talking to a debriefer who can provide new perspectives and acknowledge normal stress reactions. The finding that *normalization* of stress reactions through debriefing is important corresponds with research emphasizing the role of debriefing in helping individuals understand that their reactions are common (Dyregrov, 1999; Mitchell, 1983; Pack, 2012), and in the development of coping strategies (Hawker et al., 2011).

In this sense psychological debriefing can promote *individual learning* through the development of personal resilience and allowing delegates to better manage stress and emotions in future missions. However, the study does not find evidence that individual debriefing contributes to *organizational learning*. This implies that organization learning for humanitarian emergency personnel may depend on discussion with other team members that have participated in the same or similar mission. This can be facilitated through technical debriefs or psychological debriefing in groups. When group debriefing is not feasible for practical reasons (humanitarian personnel are often sent out on rotations of different length and in multinational teams), humanitarian organizations should consider providing other

venues for group processing and learning, for example through more informal meetings points of delegates with similar experiences.

Both with regards to structure and follow-up the interviewed delegates emphasise the importance of *tailoring the debrief process* to the need of the individual. Needs and preferences may vary due to the nature of the mission and depending on the level of emotional strain it has caused. Raphael and Wilson (2000) claim that debriefing is often applied as a, one-size-fits-all approach without considering individual differences, preferences, needs or coping styles. As trauma severity has been found to heighten the risk for PTSD (Brewin et al., 2000) debriefing after more emotionally taxing missions may need to be approached differently than missions that are not perceived as challenging or traumatic by the delegate. The delegates interviewed expressed that when the debriefing was experienced as more flexible and adjusted to their needs, the sessions were more relevant and provided a space for self-reflection and development. The debrief should not be perceived as just a checklist. This indicates the importance of a structured yet flexible approach to debriefing. However, divergence from standardized procedures may pose challenges for the assessment of effectiveness of debriefing.

One essential element of PD processes is the reconstruction of *reconstruction of traumatic incidents* through the reflection on sounds, sights, smells, feelings, and thoughts it provoked. The effectiveness of such reliving of experiences is ambiguous. Advocates of debriefing have emphasized that detailed exposure to the memory of the traumatic events, including thoughts, feelings, and sensory impressions is an avenue to recovery (McNally et al., 2003; Mitchell, 1983; Mitchell & Everly, 1995; Wollman, 1993). On the other hand, some studies indicate that prolonged imaginal reliving of the trauma may heighten arousal and impede recovery and may even be harmful (Hawker & Hawker, 2015; McNally et al., 2003; Sijbrandij et al., 2006). Indeed, Bisson et al. (1997) suggest that one of the reasons why the intervention in their study may have been harmful was that it “involves intense imaginal exposure to a traumatic incident shortly afterwards”, and because their intervention was so short, there was no time for habituation to occur (p.80).

The findings of this study show that emergency response personnel generally appreciate the opportunity to share their experiences and explore their reactions with trained peer-debriefers who can understand and empathize with their experiences. However, some delegates propose that reconstruction of specific events may not always be suitable or relevant for humanitarian personnel returning from missions. Since the delegates are continuously exposed to traumatic events for several weeks or months, identifying single incidents may be

difficult. To be able to identify significant incidents and feel prepared explore them, it is important that sufficient time is allocated to the debriefing. This relates to the recommendation of Mitchell and Everly (1996) allow adequate time to deal with any negative emotions which may arise during the session, while warning debriefers, ‘do not open any emotional issues that you cannot bring to a closure’ (p.208). Research has indicated that one-session debriefing may in some cases have harmful effect (Bisson et al., 1997; McNally et al., 2003; Rose et al., 2002a). The current study highlight the importance of tailoring debriefing to individual needs and suggest that an assessment of the need for multiple sessions or referral to professional should be a standard part of the debrief.

The *experience and skills of the debriefer* may affect the quality of the debriefing and the ability of the debriefer to adjust the debrief to the needs of the individual. Debriefers that are perceived as experienced help the delegates to ventilate feelings, reflect on reactions, get new perspectives, and identify effective coping mechanisms. The importance of experienced and competent debriefers in facilitating effective debriefing sessions corresponds with research indicating that the quality of debriefing largely depends on the skills and training of the facilitator (Arendt & Elklit, 2001; Dyregrov, 1999; Mitchell & Everly, 1996).

The *timing* of debriefing is also considered crucial, with a need for a balance between immediate and delayed debriefing. The delegates highlight that they need some time for recovery before feeling ready to reflect, formulate and express feelings. This aligns with research indicating that premature debriefing may be ineffective and potentially harmful. In the days and even weeks after a traumatic event, “an individual may or may not be in a state in which he or she wishes, or is prepared, to discuss what has happened” (Raphael et al., 1996, p. 466). Ehlers and Clark (2000) points out that “reliving is emotionally draining and care needs to be taken to ensure that restructuring is not conducted when the patient is too exhausted to benefit” (p.339). McNally et al., (2003) argue that “encouraging survivors to discuss their thoughts and feelings right away may increase the risk that they will be overwhelmed by the experience, which will be counterproductive”. Arendt and Elklit (2001, p. 431) find that the claim that debriefing should take place between 24 and 72 hours after critical incidents has not been substantiated in their review, and that “a more flexible approach, considering the kind of event and the people involved, seems to be appropriate”. Delegates reflect that debriefing approx. one to two weeks post-mission is preferable as it allows time to recover from physical and psychological exhaustion.

## 6.0 Conclusion

This study supports the notion that debriefing can be an essential component of organizational care and staff support, reassuring individuals that they are valued and providing access to further care if needed. Overall, the interviews with Red Cross delegates indicate that debriefs after humanitarian missions have a positive effect on the participants processing of feelings and experiences from the mission. However, several factors influence the perceived quality and effect of psychological debriefing for humanitarian emergency workers. Debriefing need to be tailored to individual needs and should not be used as a standalone measure. The debriefings sessions should strive to provide room for ventilation of experiences, validation feelings and normalization of reaction, as well as identification of coping mechanisms which can promote adaption to everyday life and resilience for future missions. The competence and experience of the peer debriefer is vital for the perceived quality of the debrief. That the debriefer have experience with humanitarian emergency response can enhance understanding and increase trust. Consistency, though the use of a familiar debriefer, from mission to mission can strengthen a relationship of trust and allow the participants to explore experiences, stress reactions, and development of coping mechanisms over time.

More research is needed to better understand the nuanced impact of debriefing in different situations. It appears premature to dismiss of all forms of psychological debriefing based on mixed research results for PTSD mitigation of single-session debriefing in the literature. Findings indicate that on factors such as normalization of reactions, identification of coping strategies and resilience for emergency personnel debriefing can be beneficial.

Further research is needed on the effects of debriefing to emergency personnel (versus primary victims); the use of multiple debriefing sessions (when needed), and the effects of reconstruction of the traumatic event on processing and recovery. Randomised controlled studies of the effect of debriefing on emergency response personnel should be prioritized. Researchers and practitioners should continue to explore and refine best practices for debriefing in in humanitarian contexts, taking into account the unique needs and challenges of humanitarian and emergency response personnel.

Implications for practitioners and humanitarian organizations are to continuously evaluate the methods they use and keep updated on relevant research. Care should be taken that a method is not utilized just because the organization and individuals have invested money and time in it.

Practical advice for humanitarian organization is to provide debriefing for early detection and ventilation, and to include an element of psychoeducation with focus on normal stress reactions and coping strategies during and post-mission. Debriefing should include an assessment of whether continued support should be offered. Providing group debrief and facilitating for informal meeting points for delegates to share experiences can contribute to organizational and team learning.



## 7.0 References

- Adler, A. B., Bliese, P. D., McGurk, D., Hoge, C. W., & Castro, C. A. (2011). Battlemind debriefing and battlemind training as early interventions with soldiers returning from Iraq: Randomization by platoon.
- Adler, A. B., Litz, B. T., Castro, C. A., Suvak, M., Thomas, J. L., Burrell, L., McGurk, D., Wright, K. M., & Bliese, P. D. (2008). A group randomized trial of critical incident stress debriefing provided to U.S. peacekeepers. *J Trauma Stress*, *21*(3), 253-263. <https://doi.org/10.1002/jts.20342>
- Arendt, M., & Elklit, A. (2001). Effectiveness of psychological debriefing. *Acta psychiatrica scandinavica*, *104*(6), 423-437.
- Armstrong, K., O'Callahan, W., & Marmar, C. R. (1991). Debriefing Red Cross disaster personnel: The multiple stressor debriefing model. *Journal of Traumatic Stress*, *4*(4), 581-593. <https://doi.org/10.1007/BF00974591>
- Bacchetti, P., Deeks, S. G., & McCune, J. M. (2011). Breaking free of sample size dogma to perform innovative translational research. *Science translational medicine*, *3*(87), 87ps24-87ps24.
- Bartone, P. T., Ursano, R. J., Wright, K. M., & Ingraham, L. H. (1989). The impact of a military air disaster on the health of assistance workers.
- Berah, E., & Jones, H. (1984). The experience of a mental health team involved in the early phase of a disaster. *Australian and New Zealand Journal of Psychiatry*, *18*(4), 354-358.
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative research*, *15*(2), 219-234.
- Bisson, J. I., Jenkins, P. L., Alexander, J., & Bannister, C. (1997). Randomised controlled trial of psychological debriefing for victims of acute burn trauma. *The British journal of psychiatry*, *171*(1), 78-81.
- Bisson, J. I., McFarlane, A. C., & Rose, S. (2000). Psychological debriefing. *Effective treatments for PTSD: Practice guidelines from the international society for traumatic stress studies*, *39*, 59.
- Bohl, N. (1995). Measuring the effectiveness of CISD: A study. *Fire Engineering*, *148*(8), 125-126.
- Brandt, G. T., Fullerton, C. S., Saltzgeber, L., Ursano, R. J., & Holloway, H. (1995). Disasters: Psychologic responses in health care providers and rescue workers. *Nordic Journal of Psychiatry*, *49*(2), 89-94.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of consulting and clinical psychology*, *68*(5), 748.
- Carlier, I. V., Lamberts, R. D., Van Uchelen, A. J., & Gersons, B. P. (1998). Disaster-related post-traumatic stress in police officers: A field study of the impact of debriefing. *Stress medicine*, *14*(3), 143-148.
- Carlier, I. V., Voerman, A., & Gersons, B. P. (2000). The influence of occupational debriefing on post-traumatic stress symptomatology in traumatized police officers. *British Journal of Medical Psychology*, *73*(1), 87-98.
- Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE open medicine*, *7*, 2050312118822927.
- Davidson, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative research in psychology*, *10*(3), 318-339.
- Davies, P. (2023). *Viktigheten av HMS etter katastrofer og kriser – Politietatens kollegastøtteordning* Nasjonal Helseberedskapskonferanse 2023, Tromsø.

- Deahl, M., Srinivasan, M., Jones, N., Thomas, J., Neblett, C., & Jolly, A. (2000). Preventing psychological trauma in soldiers: The role of operational stress training and psychological debriefing. *British Journal of Medical Psychology*, 73(1), 77-85.
- Deahl, M. P., Srinivasan, M., Jones, N., Neblett, C., & Jolly, A. (2001). Commentary: Evaluating Psychological Debriefing: Are we Measuring the Right Outcomes? *Journal of Traumatic Stress*, 14, 527-529.
- Devilly, G. J., & Cotton, P. (2004). Caveat emptor, caveat venditor, and critical incident stress debriefing/management (CISD/M). *Australian Psychologist*, 39(1), 35-40.
- Dewey, J. (1980). *Art as Experience* (1934): Republished (1980). In: New York: Berkley Publishing Group.
- Dyregrov, A. (1989). Caring for helpers in disaster situations: Psychological debriefing. *Disaster management*, 2(1), 25-30.
- Dyregrov, A. (1999). Helpful and hurtful aspects of psychological debriefing groups. *International journal of emergency mental health*, 1(3), 175-181.
- Dyregrov, A., Regel, S., & Joseph, S. (2007). Psychological debriefing in cross-cultural contexts: Ten implications for practice. *International journal of emergency mental health*, 9(1), 37-45.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour research and therapy*, 38(4), 319-345.
- Everly Jr, G. S., Flannery Jr, R. B., & Mitchell, J. T. (2000). Critical incident stress management (CISM): A review of the literature. *Aggression and violent behavior*, 5(1), 23-40.
- Firing, K., Johansen, L. T., & Moen, F. (2015). Debriefing a rescue mission during a terror attack. *Leadership & Organization Development Journal*.
- Folland, R. (2009). *Holistic Debriefing: A Paradigm Shift in Leadership*.
- Friedman, M. J., Warfe, P. G., & Mwit, G. K. (2003). UN peacekeepers and civilian field personnel. In *Trauma interventions in war and peace: Prevention, practice, and policy* (pp. 323-348). Springer.
- Fullerton, C. S., McCarroll, J. E., Ursano, R. J., & Wright, K. M. (1992). Psychological responses of rescue workers: Fire fighters and trauma. *American journal of orthopsychiatry*, 62(3), 371-378.
- Gardner, R. (2013). Introduction to debriefing. Seminars in perinatology,
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of phenomenological psychology*, 28(2), 235-260.
- Havassy, V. (1991). Critical incident debriefing: Ritual for closure. *Critical incidents in policing*, 139-142.
- Hawker, D., & Hawker, D. (2015). Early interventions for trauma: What can be learnt from the briefing controversy? Proceedings from symposia held on: 25 November 2014 and 8 January 2015,
- Hawker, D. M., Durkin, J., & Hawker, D. S. (2011). To debrief or not to debrief our heroes: that is the question. *Clinical psychology & psychotherapy*, 18(6), 453-463.
- Heidegger, M. (1962). *Being and time*. Basil Blackwell.
- Husserl, E. (1927). Phenomenology (drafts of the Encyclopedia Britannica Article). *Edmund Husserl: Psychological and transcendental phenomenology and the confrontation with Heidegger (1927-1931)*. Dordrecht: Kluwer Academic Publishers.
- Husserl, E., & Gibson, W. R. B. (2013). *Ideas : general introduction to pure phenomenology*. Routledge.
- Hutchinson, S. A. (1986). Education and grounded theory. *Journal of Thought*, 50-68.

- Hyttén, K., & Hasle, A. (1989). Fire fighters: A study of stress and coping. *Acta psychiatrica scandinavica*, 80, 50-55.
- Jenkins, S. R. (1996). Social support and debriefing efficacy among emergency medical workers after a mass shooting incident. *Journal of Social Behavior and Personality*, 11(3), 477.
- Johannessen, A., Christoffersen, L., & Tufte, P. (2020). Forskningsmetode for økonomisk-administrative fag. nor. 4. utg. Oslo: Abstrakt forl. isbn: 9788279354017.
- Kacén, L., & Chaitin, J. (2006). 'The times they are a changing': Undertaking qualitative research in ambiguous, conflictual, and changing contexts. *The Qualitative Report*, 11(2), 209-228.
- Kenardy, J. A., Webster, R. A., Lewin, T. J., Carr, V. J., Hazell, P. L., & Carter, G. L. (1996). Stress debriefing and patterns of recovery following a natural disaster. *Journal of Traumatic Stress*, 9(1), 37-49.
- Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development*. FT press.
- Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method*. Pearson education.
- Macbeth, D. (2001). On "reflexivity" in qualitative research: Two readings, and a third. *Qualitative inquiry*, 7(1), 35-68.
- Mayou, R., Ehlers, A., & Hobbs, M. (2000). Psychological debriefing for road traffic accident victims: Three-year follow-up of a randomised controlled trial. *The British journal of psychiatry*, 176(6), 589-593.
- McFarlane, A. C. (1988). The phenomenology of posttraumatic stress disorders following a natural disaster. *The Journal of nervous and mental disease*, 176(1), 22-29.
- McNally, R. J., Bryant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological science in the public interest*, 4(2), 45-79.
- Mitchell, J. T. (1983). When disaster strikes: The critical incident stress debriefing process. In *Journal of emergency medical services* (pp. 36-39).
- Mitchell, J. T., & Everly, G. S. (1995). Critical incident stress debriefing (CISD) and the prevention of work-related traumatic stress among high risk occupational groups. In *Psychotraumatology* (pp. 267-280). Springer.
- Mitchell, J. T., & Everly, G. S. (1996). Critical incident stress debriefing: An operations manual for the prevention of traumatic stress among emergency services and disaster workers. *Ellicott City, MD: Chevron*.
- Moen, A. (2014). *Debrief etter ekstremhendelse-Ufrivillige tilbakeblikk eller frivillige læringsøyeblikk?* NTNU].
- Moldjord, C., & Fredriksen, P. (2017). Helhetlig Debriefing – strategisk læringsverktøy i operative organisasjoner. In T. Heier (Ed.), *Kompetanseforvaltning i Forsvaret* (pp. 85-107). Fagbokforlaget.
- Moldjord, C., & Hybertsen, I. D. (2015). Training reflective processes in military aircrews through holistic debriefing: The importance of facilitator skills and development of trust. *International Journal of Training and Development*, 19(4), 287-300.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage publications.
- NESH, D. (2021). Forskningsetiske retningslinjer for samfunnsvitenskap og humaniora. *De nasjonale forskningsetiske komiteene Oslo*.
- NSD. (2022). The Norwegian centre for research data. <https://www.nsd.no/en>
- Nurmi, L. A. (1999). The sinking of the Estonia: the effects of critical incident stress debriefing (CISD) on rescuers. *International journal of emergency mental health*, 1(1), 23-31.

- Pack, M. J. (2012). Critical incident stress debriefing: An exploratory study of social workers' preferred models of CISM and experiences of CISD in New Zealand. *Social Work in Mental Health, 10*(4), 273-293.
- Pearson, M., & Smith, D. (2013). Debriefing in experience-based learning. *Reflection: Turning experience into learning*, 69-84.
- Raphael, B. (1986). When disaster strikes: A handbook for the caring professions. (No Title).
- Raphael, B., & Wilson, J. (2000). *Psychological debriefing: Theory, practice and evidence*. Cambridge University Press.
- Raphael, B., Wilson, J., Meldrum, L., & McFarlane, A. C. (1996). Acute preventative interventions.
- Raphael, B., & Wilson, J. P. (1994). When disaster strikes: Managing emotional reactions in rescue workers.
- Regel, S. (2007). Post-trauma support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD) within organizations in the UK. *Occupational Medicine, 57*(6), 411-416.
- Robbins, I. (1999). The psychological impact of working in emergencies and the role of debriefing. *Journal of Clinical Nursing, 8*(3), 263-268.
- Rose, S. C., Bisson, J., Churchill, R., & Wessely, S. (2002a). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews*(2).
- Rose, S. C., Bisson, J., Churchill, R., Wessely, S., & Group, C. C. M. D. (1996). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews, 2010*(1).
- Rose, S. C., Bisson, J. I., Churchill, R., & Wessely, S. (2002b). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews, 2002*(2).
- Sanders, P. (1982). Phenomenology: A new way of viewing organizational research. *Academy of Management Review, 7*(3), 353-360.
- Sijbrandij, M., Olf, M., Reitsma, J. B., Carlier, I. V., & Gersons, B. P. (2006). Emotional or educational debriefing after psychological trauma: Randomised controlled trial. *The British journal of psychiatry, 189*(2), 150-155.
- SIKT. (2022). Sikt – Kunnskapssektorens tjenesteleverandør. <https://sikt.no/>
- Smith, J., Flower, P., & Larki, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. . In London: Sage.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and health, 11*(2), 261-271.
- Starks, H., & Trinidad, S. B. (2007). Choose your method: a comparison of phenomenology, discourse analysis, and grounded theory. *Qual Health Res, 17*(10), 1372-1380. <https://doi.org/10.1177/1049732307307031>
- Stein, H. F. (2002). Toward an applied anthropology of disaster: learning from disasters-experience, method, and theory. *Illness, Crisis & Loss, 10*(2), 154-163.
- Tamrakar, T., Murphy, J., & Elklit, A. (2019). Was psychological debriefing dismissed too quickly? *Crisis, Stress, and Human Resilience: An International Journal, 1*(3), 146-155.
- Tannenbaum, S. I., & Cerasoli, C. P. (2013). Do team and individual debriefs enhance performance? A meta-analysis. *Human factors, 55*(1), 231-245.
- Van der Walt, S. (2014). *Stress and psychosocial support for humanitarian personnel who work with child protection in emergencies*

- Van Emmerik, A. A., Kamphuis, J. H., Hulsbosch, A. M., & Emmelkamp, P. M. (2002). Single session debriefing after psychological trauma: A meta-analysis. *The Lancet*, 360(9335), 766-771.
- Wee, D. F., Mills, D. M., & Koehler, G. (1999). The effects of critical incident stress debriefing (CISD) on emergency medical services personnel following the Los Angeles civil disturbance. *International journal of emergency mental health*, 1(1), 33-37.
- WHO. (2012). World Health Organization. Department of Mental Health and Substance Use. <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme/evidence-centre/other-significant-emotional-and-medical-unexplained-somatic-complaints/psychological-debriefing-in-people-exposed-to-a-recent-traumatic-event>
- Wollman, D. (1993). Critical incident stress debriefing and crisis groups: A review of the literature. *Group*, 17(2), 70-83.  
[www.psykotraumatologi.org](http://www.psykotraumatologi.org). <http://psykotraumatologi.org/norsk-versjon/psykotraumatologi-rits.html>
- Zigmont, J. J., Kappus, L. J., & Sudikoff, S. N. (2011). The 3D model of debriefing: defusing, discovering, and deepening. Seminars in perinatology,

## Attachment 1: Information letter

### Are you interested in participating in the research project "Comprehensive Debriefing in Humanitarian Organizations"?

This is a request about your participation in a research project aimed at better understanding how humanitarian organizations can strengthen debriefing, learning, and support for delegates after missions or challenging events. In this document, we provide you with information about the project's goals and what participation would entail for you.

#### **Purpose**

Volunteers, delegates, and employees of humanitarian organizations often face demanding tasks under challenging physical and psychological conditions. The purpose of this research study is to examine how personnel in the Red Cross experience support, follow-up, and debriefing after challenging missions and events. The study will specifically explore whether the use of debriefing/post-mission discussions contributes to: 1) ventilating and processing emotional reactions to events and challenging missions, and 2) enhancing learning and the ability to handle future events or missions.

The study aims to answer the research question:

*How is debriefing experienced by personnel in humanitarian organizations?*

The research project is conducted as part of a master's thesis in Emergency and Crisis Management at Nord University in Bodø. Findings from the study can be used to enhance the Red Cross and other humanitarian organizations' approach to and use of post-mission debriefing. The study implementation and recruitment participants for the questionnaire and interviews have been approved by Renate Slommerud (coordinator for debrief at the Red Cross), and the HR department.

#### **Why are you being asked to participate?**

You are being asked to participate because, as a delegate in the Red Cross, you have participated in one or more debrief sessions. The use of debriefing in humanitarian organizations has not been subject to much research, and your experience is valuable.

#### **What does participating involve for you?**

If you choose to participate, you will be asked to complete a digital questionnaire. The survey is completely anonymous.

With your consent, you will also be invited to participate in an interview that will take approximately 45-60 minutes. The interview will explore topics such as the experience of support and follow-up after the mission, and your experiences with debriefing sessions.

To analyze the information later, a digital audio recorder will be used during the interview. The interview will be transcribed and anonymized before the data is analyzed for use in the master's thesis.

#### **Participation is voluntary**

Participation in the project is voluntary. If you choose to participate, you can withdraw your consent at any time without providing a reason. All your personal information will then be deleted. There will be no negative consequences for you if you choose not to participate or later decide to withdraw.

### **Your privacy – how we store and use your information**

We will only use the information about you for the purposes outlined in this document. We treat the information confidentially and in accordance with privacy regulations.

- No personal information will be collected from the Red Cross or other databases in connection with study participation.
- Only the master's student and supervisor will have access to the material.
- Your participation in the study will be anonymized. This will be achieved by labelling audio recordings and interview transcripts with numbers rather than names. The document that links the interview and transcript to your name and contact information, as well as the consent form, will be stored separately from the other data.
- Quotes from the interviews may be used in the master's thesis text and potentially in later publications or presentations. These quotes will be used to illustrate findings and conclusions in the study. Like the rest of the material, these quotes will not contain names or other identifiable characteristics.

### **What happens to your personal information when the research project is completed?**

The project is planned to conclude in December 2023. Audio recordings and documents that could link individual respondents to the material and consent forms will be deleted at the project's end in December 2023. Anonymized data may be stored further by Nord University and the Red Cross for future research or publication.

### **What gives us the right to process your personal information?**

We only process information about you based on your consent.

On behalf of Nord University, Sikt - the Knowledge Sector's service provider, has assessed that the processing of personal information in this project is in compliance with privacy regulations.

### **Your rights**

As long as you can be identified in the data material, you have the right to:

- Access the information we process about you and obtain a copy of the information.
- Have incorrect or misleading information about you corrected.
- Have your personal information deleted.
- Lodge a complaint with the Data Protection Authority regarding the processing of your personal information.

### **Who is responsible for the research project?**

Nord University, Bodø, is responsible for the project. If you have any questions about the study or want to know more about/utilize your rights, please contact:

- Ellen Rykkja Gilbert: email: [ellen.gilbert@redcross.no](mailto:ellen.gilbert@redcross.no), phone: 41684373
- Salman Nazir: email: [salman.nazir@nord.no](mailto:salman.nazir@nord.no), phone: 31 00 96 54 / 934 38 466
- Our Data Protection Officer: [personvernombud@nord.no](mailto:personvernombud@nord.no)
- If you have questions related to the reporting obligation or completion of the notification form for the processing of personal information in research, you can contact NSD at [personvernombudet@nsd.no](mailto:personvernombudet@nsd.no)
- If you have questions related to the assessment of privacy services conducted by Sikt: email: [personvertjenester@sikt.no](mailto:personvertjenester@sikt.no) or phone: 73 98 40 40

Kind regards

*salman nazir*

Salman Nazir

*Supervisor, Nord University*

Ellen Rykkja Gilbert

*Master's student, Nord University*

## Attachment 2: Interview guide: Debrief of delegates

### Introduction

- Confidentiality.
- Anonymization of informants and sensitive information.
- Signing of informed consent.
- Time: approx. 45-60 minutes.
- Is there anything you wonder about or would like ask about before we start?
- Starts audio recording.
- Reads in interview number and date

### Warm-up questions

- Which role and responsibility have you had as a delegate in the Red Cross?
- How many missions have you been on?
  
- How do you prepare before a mission?
  - Any mental or emotional preparation?
  
- What happens after the mission is over?
  - What sort of follow-up do you receive?
  - Tactical or operational debrief?
  
- Have you participated in a debrief session after all missions?
  - How long after the mission has the debrief normally been scheduled?

### About the debrief session

- How did you experience the debrief?
  
- Do you remember if the debriefing involved some form of reconstruction of events that happened during the mission?
  - (that is: were you asked to remember details of what happened in a concrete situation – including sounds, visual impressions and smells)
  - If yes, how did you experience this?
  
- How did you experience talking about feelings and reactions related to the mission/assignment?
  
- Did the conversation help you process the incident in any way? How?
  
- Did the conversation contribute to any kind of learning for you?
  - In what way/what?
  - Have you used the experiences/knowledge from the debrief in any way?
  
- What is the most important thing you got out of the debrief?



### **Generally about follow-up and debrief (if time)**

- What kind of follow-up do you think is important after a challenging mission?
- Do you feel that you have received the follow-up you have needed?
  - Do you feel that debrief sessions meet this need?
- Are there any of the debrief sessions you have participated in that you experienced as been better than others? If so, what made the session better?
- What factors do you think affect your experience of a debrief session?  
For example:
  - Type of mission/event?
  - How long after it is carried out?
  - The experience of the person conducting the debrief session?
  - Trust in the person conducting the debrief session? (confidentiality)
  - Teams vs physical meeting?
  - Own background or work culture?
- It here anything you think should be done differently than it is today?

### **Closing**

- Is there anything you feel is relevant to this interview that we haven't talked about?
- Any questions or comments before we finish?

## Intervjuguide: Ettersamtale/debrief av delegater

- Konfidensialitet.
- Anonymisering av informanter og sensitiv informasjon.
- Signering av informert samtykke.
- Tid satt av til intervjuet: ca. 45-60 minutter.
- Er det noe du lurer på eller vil spørre om før vi begynner?
- Starter lydopptak.
- Leser inn intervju nr. og dato

### **Innledning (oppvarming)**

- Hvilke oppgaver og ansvar du har hatt som delegat i Røde Kors?
- Ca. hvor mange oppdrag har du vært på?
  - Hvordan forbereder du deg før et oppdrag?
    - Gjør du noen mentale eller emosjonelle forberedelser selv? I teamet?
  - Hva skjer etter oppdraget er over?
    - Noen form for oppfølging?
    - Taktisk eller operasjonell debrief?
  - Har du deltatt på ettersamtale etter alle oppdragene?
    - Hvor lenge etter oppdraget er ettersamtalene (normalt) blitt gjennomført?

### **Om ettersamtalen**

- Hvordan opplevde du ettersamtalen?
  - Husker du om ettersamtalen involverte en form for rekonstruering av hendelser som skjedde under oppdraget?  
(det vil si: ble du bedt om å huske detaljer fra hva konkret som skjedde og hva du konkret gjorde i forbindelse med en krevende hendelse eller opplevelse – inkludert lyder, visuelle inntrykk og lukter)
- Hvordan opplevde du dette?
- Hvordan opplevde du å snakke om følelser og reaksjoner knyttet til oppdraget?
  - Hva kan gjøre hindre deg i å ville dele slike erfaringer?
- Bidro samtalen til at du fikk bearbeidet hendelsen på noen måte? Hvordan?
- Bidro samtalen til noen form for læring for deg? På hvilken måte/hva?
  - Har du kunnet bruke erfaringene/kunnskap fra ettersamtalen på noen måte?
- Hva er det viktigste du har fått ut av ettersamtalen?

### **Generelt om oppfølging og ettersamtaler (hvis tid)**

- Hva slags oppfølging tenker du er viktig etter utfordrende oppdrag?
- Opplever du at du har mottatt den oppfølgingen du har hatt behov for?
- Opplever du at ettersamtaler imøtekommer dette behovet?
- Er det noen ettersamtaler som har fungert bedre enn andre? (ved flere samtaler)
- Hvilke faktorer tror du er viktig for at du skal få utbytte av ettersamtalen?
  - Type hendelse?
  - Hvor lenge etter den gjennomføres?
  - Samtaleleders erfaring eller kompetanse?
  - Tillitt til samtaleleder? (taushetsplikt)
  - Teams?
  - Egen bakgrunn eller arbeidskultur?
- Er det noe som burde gjøres annerledes enn det gjøres i dag?

### **Avslutning**

- Er det noe du føler er relevant for dette intervjuet som vi ikke har snakket om?
- Noen spørsmål eller kommentarer før vi avslutter?

## Attachment 3: Online Survey – questionnaire



### Survey about debriefing of delegates

The purpose of this survey is to examine how delegates in the Red Cross experience follow-up and debriefing after missions and challenging events.

Your participation in the survey and your answers are anonymised. Only the researcher and her supervisor will have access to the data material.

Thank you for sharing your experiences and feedback!

#### I am...

Jeg er...

Female

Male

Other

#### What is your age group?

Hva er din aldersgruppe?

18 - 29 years

30 - 39 years

40 - 49 years

50 - 59 years

60 years or above

#### Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?

Har du deltatt på ettersamtale etter delegat/ERU-oppgjør for Røde Kors?

Yes

No

I don't know

#### What is the reason you have not participated in a debrief session?

*This element is only shown when the option 'No' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Hva er grunnen til at du ikke har deltatt på en ettersamtale?

It was not offered

I did not feel I needed it

I was offered sessions with an external therapist instead

Other

#### Please elaborate your answer

*This element is only shown when the option 'Other' is selected in the question 'What is the reason you have not participated in a debrief session?'*

Utdyp gjerne svaret ditt

#### How many debrief sessions have you approximately participated in?

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Ca. hvor mange ettersamtaler har du deltatt på?

#### Did the debrief session/s meet your expectations?

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

mission with the Norwegian Red Cross?

Ca. hvor mange ettersamtaler har du deltatt på?

### Did the debrief session/s meet your expectations?

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Møtte ettersamtalen/e dine forventinger?

Yes

No

Other

### Please elaborate your answer

*This element is only shown when the option 'Yes or Other' is selected in the question 'Did the debrief session/s meet your expectations?'*

Utdyp gjerne svaret ditt

### In what way did the debrief session/s not meet your expectations?

*This element is only shown when the option 'No' is selected in the question 'Did the debrief session/s meet your expectations?'*

Hva var årsaken til at ettersamtalen ikke møtte dine forventinger?

I did not want or need a debrief

The person performing the debrief was not competent

The method used was not suitable

I would have preferred a session with an external therapist

The debrief was better than expected!

Other

### Please elaborate your answer

*This element is only shown when the option 'Other' is selected in the question 'In what way did the debrief session/s not meet your expectations?'*

Utdyp gjerne svaret ditt

### To what degree did you find that the debrief session helped you to...

I hvilken grad opplever du at ettersamtalen hjalp deg til å...

### reflect on your experiences during the mission and events that occurred?

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

### reflect on your own actions during the mission?

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

**process feelings or reactions that came up during mission?**

*This element is only shown when the option "Yes" is selected in the question "Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?"*

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

**extract insights or identify lessons learned from the experience?**

*This element is only shown when the option "Yes" is selected in the question "Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?"*

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

**feel confident that you could participate in another mission?**

*This element is only shown when the option "Yes" is selected in the question "Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?"*

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

**Overall, how satisfied have been with the debrief/s you have received?**

Hvor fornøyd har du totalt sett vært med ettersamtalen/e du har mottatt?

**To what degree did you find that the person/s that debriefed you was...**

I hvilken grad opplever du at personen som gjennomførte ettersamtalen med deg var...

**Confident in the debriefing method**

*This element is only shown when the option "Yes" is selected in the question "Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?"*

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

**Competent in the debriefing method**

*This element is only shown when the option "Yes" is selected in the question "Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?"*

Strongly disagree

Disagree

Neutral  
Agree  
Strongly agree

**Experienced in debriefing**

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Stongly disagree  
Disagree  
Neutral  
Agree  
Strongly agree

**Personally suitable to conduct debrief sessions**

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Stongly disagree  
Disagree  
Neutral  
Agree  
Strongly agree

**Going to keep confidential what was shared in your conversation**

*This element is only shown when the option 'Yes' is selected in the question 'Have you participated in a Red Cross debrief session after a mission with the Norwegian Red Cross?'*

Stongly disagree  
Disagree  
Neutral  
Agree  
Strongly agree

**Do you feel that you have received the follow-up and/or debrief that you needed after missions? (please elaborate your answer))**

Føler du at du har mottatt den oppfølgingen du har hatt behov for etter delegat/ERU-opdrag med Røde Kors? (vennligst utdyp svaret ditt)

**What is the most important thing that the Red Cross can do to improve the use of debriefing for delegates?**

Hva er det viktigste Røde Kors kan gjøre for å forbedre debrief/etttersamtale for sine delegater?

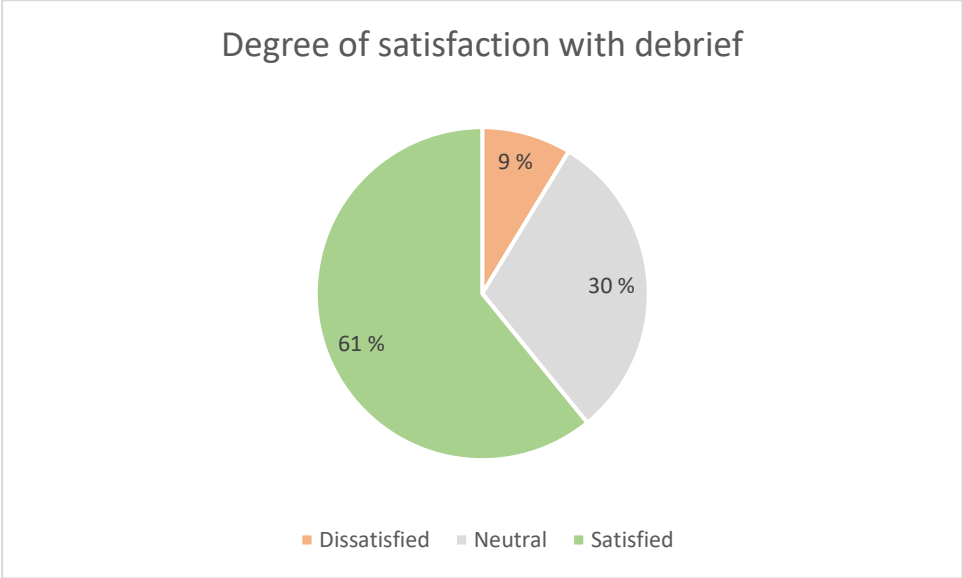
**Is it okay for you to be contacted for an interview about your experience with debriefing?**

*Your participation will help us learn and improve the debriefing of delegates. Only a selection of those who consent will be contacted for an interview. You will of course remain anonymous for everyone except the interviewer .*

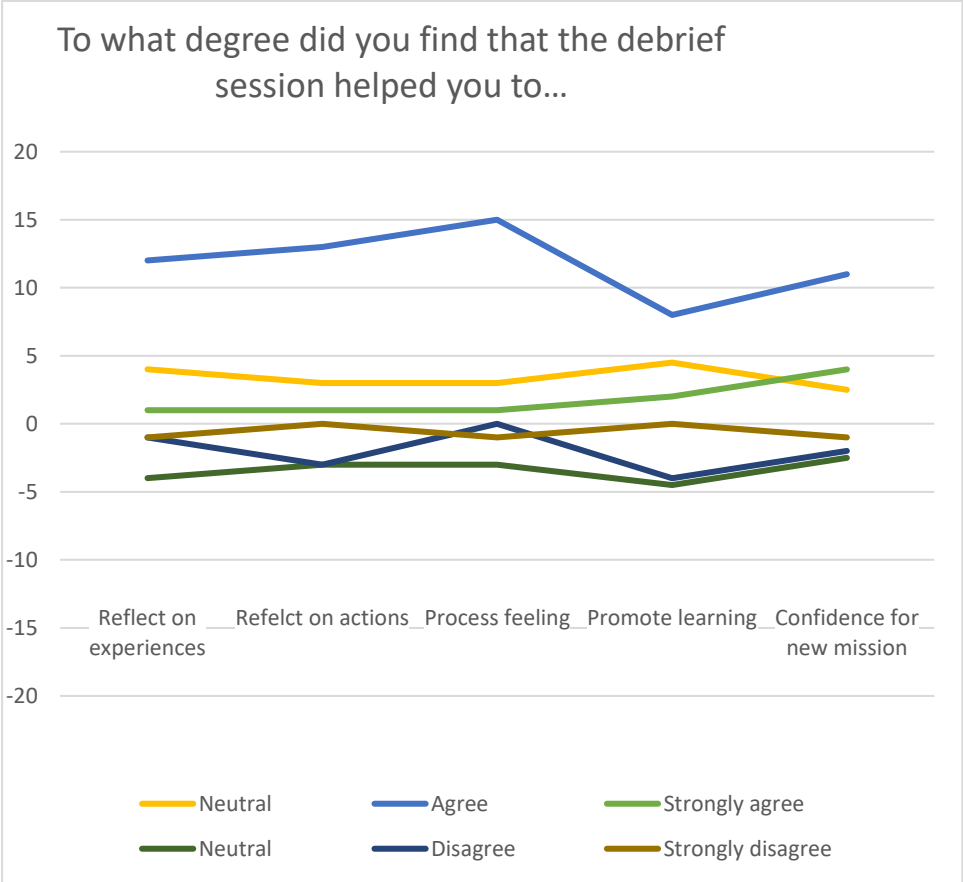
Yes  
No

**Please provide your e-mail below where we can contact you, or send an e-mail to**

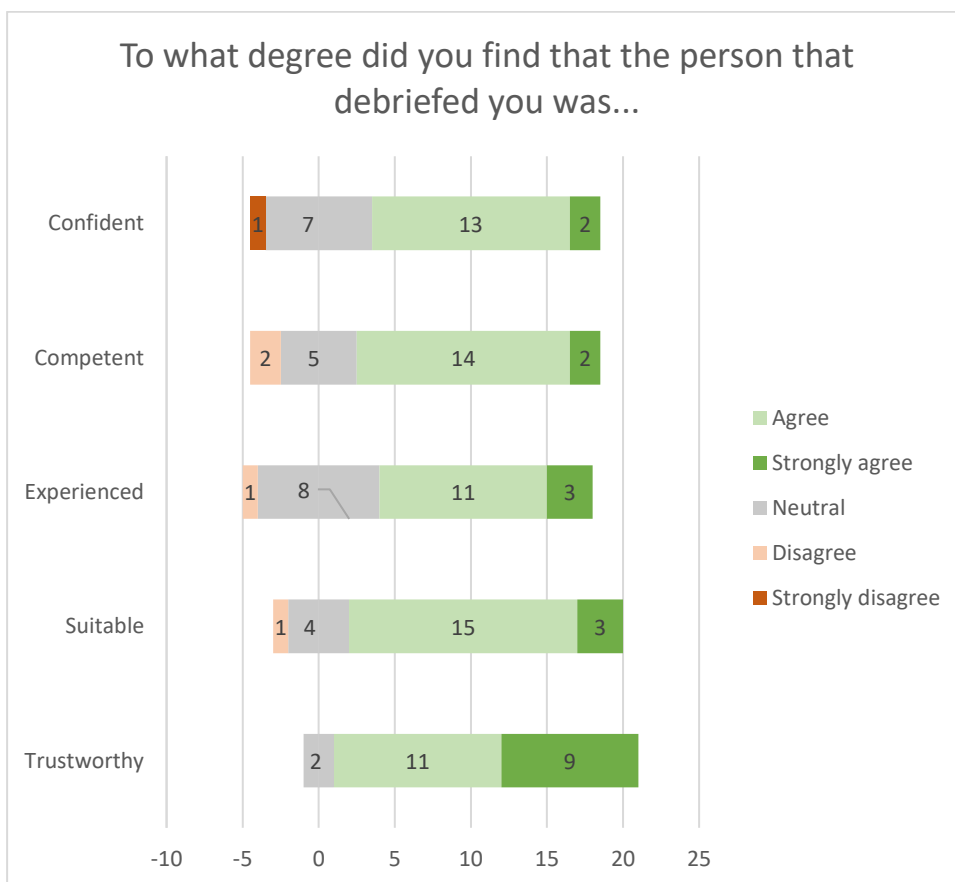
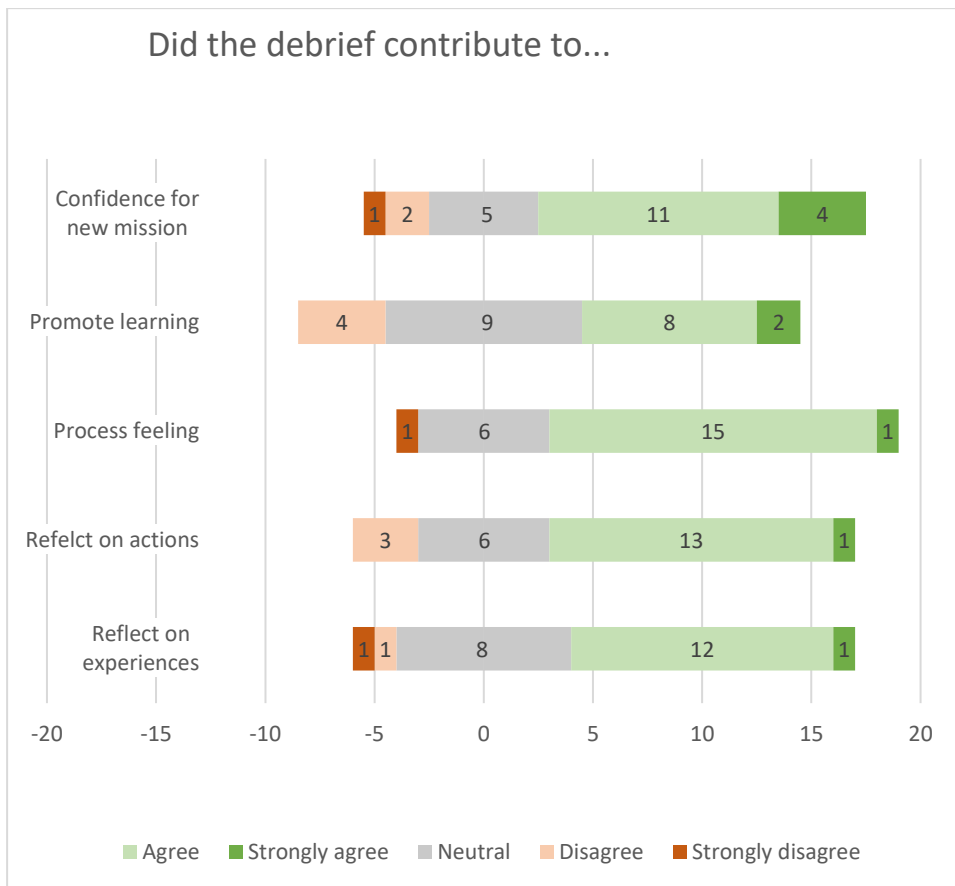
Attachment 4: Main findings from Survey with 23 emergency response delegates from the Norwegian Red Cross



Response to the question “Overall, how satisfied have been with the debrief/s you have received?” on a scale from 0 to 10. (*M 6,4, sd. 1,9, mdn. 7*)







\* Numbers in each bar represents the number of informants who gave this answer on a 5-point Likert scale