HEALTH CARE SECTOR

Chris Maybury, the BDC Chairman is still looking for a response to his email regarding the level of support from members to wish to continue with the HEALTHCARE Special Interest Group.

Please drop him a line if you'd like to join in.
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I decided to set the seating in a horseshoe formation and I sat about 6 feet away from them. I had a small table on which I had my notes on the Mitchell & Dyregrove Model. I placed water and tissues within easy reach of each participant and, as I knew there were smokers in this group, I decided to put some chocolates also within reach. I did not actively discourage smoking but no ashtrays were present. I asked for a sign to be put on the door so we would not be disturbed. Although I did not feel in any personal danger I did ensure that the room was free from potentially harmful objects. The windows were covered to avoid any distractions from outside.

I began by introducing myself to the group and gave them a little background on my time here in Saudi Arabia. I felt it was important to let them know I was familiar with the Kingdom and that I had been here a long time. I told them I was not from a military background myself so I felt that I instilled confidence by my mature and professional approach to the debriefing.

I went through the Introduction Phase explaining that no notes would be taken and therefore anything said in the room could not be used in any court case or litigation. Likewise, no journalists are present. I felt it was very important to differentiate between the technical debriefings that this group were familiar with and the psychological debriefing that we were about to go through.

I explained some of the reactions that could be expected after a traumatic event such as this and assured them that these feelings were normal. I continued to emphasis this point throughout the debriefing.

I explained that the debrief might take up to three hours and that no breaks will be taken.

Before I asked each person to introduce themselves, I emphasised that no-one is obliged to speak and that no-one should try to speak for another person. I told the group that initially they may feel worse because the debriefing is to facilitate the release of all the feelings bottled up inside them. I did refer briefly to long term effects that could occur without this release.

Finally, I asked if everyone was comfortable with the group members and I informed them that relevant and helpful leaflets would be distributed at the end of the debrief.

I then went through the Fact Phase. This phase is used to establish the facts. It is interesting to hear how each person's trauma is perceived differently, even though they were all involved in the same trauma! I found this to be the most difficult to stay with. As is to be expected, emotions were running high and to assist participants to stick to the facts takes great skill and tolerance from the debriefer.
The Cognition Phase is to allow people to voice their thoughts before, during and after the incident. Partipants needed a little help in the form of leading questions.

Next, I took the group through the Reaction Phase. This was extremely draining for this group. The emotions ranged from guilt to shame to anger. I was constantly validating and normalising their emotions to the point where I felt it was sounding false and corny. This proved not to be the case as you will read later in the feed-back. I am totally convinced that this part of the model is the most beneficial.

The Symptom Phase was also very difficult for this group and there were many breakdowns and tears. I was pleased with this reaction because I felt that the group were now comfortable enough with me and the way the debrief was being conducted to "allow" themselves this show of emotion. This will be extremely beneficial to the participants for their future well-being if this can be achieved.

The Educational Phase was met with great relief and I felt that this was the correct time to speak more about the possibility of PTSD at a later stage. There were more detailed leaflets on this subject to be handed out. I asked the group for their own ideas of coping strategies.

The final summing up or Re-entry Phase was to help the group find something positive that may come out of this trauma. With a little help we did find several positive outcomes. My work as a cognitive therapist helped considerably and I really feel it is important to finish on a positive note if possible. In my opinion the debriefer should prepare for this beforehand.

As we moved into the refreshment area the most noticeable comment was that I was validating and normalising everything without question. I was told that this made such a difference to keep hearing it over and over again. The level of gratitude given to this debriefer was overwhelming and left absolutely no doubt in my mind as to the value of psychological debriefing. The Mitchell and Dyregrove Model is excellent in its content and order of phases. I realised that this model had been written like this for a purpose and I saw it working time and time again. It does take skill and effort to stick to the order but, in my opinion, it is absolutely the best way to get the results for which it is intended.

I helps people to make rational instead of irrational decisions that could affect the rest of their lives and that of their families, eg. to throw everything up and go back home or end careers. It allows them to get back to normal as soon as possible. But mostly, I feel, it gives people back their core beliefs and re-establishes their self worth and self esteem.