44

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Guidelines for Crisis and Routine Debriefing

There is much discussion about debriefing these days at conferences, within organizations, and in the literature. Debriefing, in terms of current best practice thinking, is an essential service to provide for mission personnel. But what exactly is it? What types of debriefing are available? Which skills are needed to do it well? And how does it work? The author looks at these and other questions in light of the literature and research on the subject, sharing from her extensive experience on both crisis and routine debriefing.

The young woman sitting in front of me had been working with a missionary organization during a time of "ethnic cleansing". She told me about a woman who had been forced to cook her dead child's body in a pot; about a whole classroom of children who had been massacred; and about villages where it was said that the men had been captured and injected in an attempt to make them HIV positive, so that they (and their wives) would die slowly and painfully from AIDS. She said she had been unable to tell anyone about the dreadful things, which she had encountered. I asked how she had managed to cope with so much horror. She replied, "The thing that kept me going was knowing that I would be able to talk about it during this Critical Incident Debriefing. That saved me from going under".

A few weeks later, a man from a different organization came to be debriefed. He had just returned after being overseas for five years. He said that he had generally enjoyed his time overseas, and had not experienced anything, which he would describe as "traumatic". However, he had found the time stressful, as there had been difficulties within his team, and he had worked long hours each day. He was feeling rather "burnt out" and exhausted, and was wondering what he should do next. At the end of the debriefing session he said it had been very helpful to talk with someone outside the organization, and he was relieved to hear that his feelings were normal given the circumstances. He added that he now realized that there was no reason to feel guilty about taking some time off work to rest. He decided that he would try to use the stress management strategies which had been discussed during the session.

What is Debriefing?

"Debriefing" is a general term, referring to talking through an experience after it has taken place. Various different types of debriefing may be offered to mission partners. These types can be defined as follows: **[delete box lines below]**

- *Operational debriefing*—Asking for information about the work performed, and what was achieved. The aim is to gain more information about the project.
- *Personal debriefing*—Asking how the experience was for the individual, and how it has affected them. The aim is to offer any support that might be needed, and to help the individual with the readjustment process.
- *Critical incident debriefing (CID)*—A highly structured form of personal debriefing, which can take place after a traumatic experience (such as a natural disaster, a violent incident, or a traffic accident). The aim is to help accelerate recovery, and prevent post-traumatic stress reactions from developing.

It is normal practice to give operational debriefing to all returned mission partners. The organization can then learn how projects are going, and can implement changes where necessary.

This chapter will focus on debriefing which is person-centered, rather than task-centered. In particular, the chapter will describe the use of Critical Incident Debriefing (CID). The CID structure will be discussed firstly relating to its use following traumatic incidents. Then an adapted version of CID will be outlined. This can be used to provide routine debriefing at the end of assignments, even when there have not been any "traumatic incidents".

Why Offer Personal Debriefing to Missionaries?

Mission partners are often at increased risk of experiencing traumatic incidents due to the places where they are based. For example, there may be risks related to traffic accidents, illness epidemics, natural disasters, riots, robbery, sexual harassment, war, terrorist activities, evacuation, or land mines. In some areas expatriates are targeted for hostage taking or assassination. Mission partners may be imprisoned or attacked by those who are opposed to their religious practices, or because they are willing to help "the other side" in a conflict situation. People who have experienced such stressors tend to appreciate an opportunity to reflect on their experiences with a debriefer (Lovell, 1999).

This is not the only reason to offer debriefing. Personal debriefing can also provide an opportunity to discuss longer-term difficulties. In one study (Lovell, 1997), 145 mission partners and aid workers who had completed their assignments were asked what the worst part of their overseas experience had been. Only 8% reported that traumatic events had been the worst part (although many had experienced traumatic incidents). The factors which were most commonly reported as the worst part of the experience were relationship problems (18%), cultural difficulties and frustrations (21%), and dissatisfaction with the organization or the work (17%). On-going frustrations may be psychologically more harmful than short-lived traumatic events. Even though the experience as a whole was generally perceived as a positive one, more than 92% of the respondents reported

that there were stressful aspects. Personal debriefing can help people who have experienced such stress.

It is not surprising that most missionaries experience stress. Change is stressful. Mission partners experience the change involved in moving between cultures, and often move house several times while preparing to go overseas, and during their time abroad. The American Academy of Child and Adolescent Psychiatry (1999) reports that "Moving to a new community may be one of the most stress-producing experiences a family faces ... Studies show children who move frequently are more likely to have problems at school" (p.1). Many missionaries return "home" earlier than they expected, for one reason or another (Taylor, 1997). Even those who return at the time they had expected may have some difficulty readjusting to life back at "home". At least 60% report such difficulties (Lovell, 1997).

Because of the stress associated with living in a different culture and readjusting to the "home" culture on return, it has been recommended that all mission partners and aid workers should routinely be offered personal debriefing after they have completed their period of service, to provide support and help during the time of transition (Davidson, 1997; Global Connections, 1997). Mission partners generally appreciate such debriefing (Lovell, 1999). McConnan (1992) found that 73% of aid workers reported feeling inadequately debriefed and supported on their return. Those who were not offered personal debriefing may think that their efforts were not valued, and may feel unsupported as they readjust to life at home (Lovell, 1997). They may be less likely to remain in contact with the organization, or to apply for a further period of service with them. It is common for expatriates who have recently returned to their country of origin to feel isolated. Personal debriefing can help to reduce such isolation, by providing at least one person who is interested in what they have to say. If they are experiencing difficulties with "reverse culture shock", they can be reassured that this is very common. Such symptoms tend to disappear more quickly among people who realize that they are normal, and do not worry about them. A debriefer can help the individual to identify what they can do to relax and to deal with stress. The debriefer can also provide information about sources of help which are available if symptoms persist, or if the person wants to receive counseling or any other help. Practical information (for example about accommodation or financial matters) can be provided, and questions answered. Debriefing also provides an opportunity to identify people who are in need of psychiatric help (a very small percentage of mission partners, but a group who should not be overlooked).

Personal debriefing aims to help the mission partner to integrate their experiences into their life as a whole, and perceive the mission experience in a more meaningful way. Debriefing can help to bring a sense of closure, so that they are ready to move on to new areas of life.

Structured or Unstructured Debriefing?

Personal debriefing may be offered either in an unstructured manner, or using a more structured format. Some debriefers invite the individual to talk about any aspects of their overseas experience which they choose, without structuring the process. Some advantages of using a more structured approach are listed below. The structure which is recommended is based on Critical Incident Debriefing (Dyregrov, 1989; Mitchell, 1983;— see below), because this is the only form of debriefing which has been widely used, documented, and researched.

Advantages of using the CID structure for debriefing are that it:

- Provides a starting place, so that people don't say "I've got nothing to talk about"
- Ensures that the most important aspects are discussed
- Prevents deeper issues (from the past) from becoming the main focus
- Stops the session from becoming a counseling session
- Provides people with a sense of security, as the clear structure is explained at the outset, so they know what to expect
- Allows two debriefers to work together, knowing that they are going in the same direction
- Works for groups as well as individuals
- Can be conducted by mental health professionals, and those who are not
- Helps debriefers to feel confident, because this is an approach which they understand and use effectively
- Makes it less likely that the debriefer will feel lost or feel out of their depth or think that they said "the wrong thing", because there is a clear structure to follow.

Having presented some of the reasons for choosing the CID format for debriefings, this approach will now be discussed in more detail. The CID approach will first be described as it was originally used, with *groups of people following a traumatic incident*. This will be followed by a description of how the process can be modified for one-to-one use, and for routine debriefing at the end of an assignment when there has not been a particular "critical" (or traumatic) incident.

Theoretical Framework for Critical Incident Debriefing

Most people believe that the world is basically a good and meaningful place, and that "I am a worthwhile person". A traumatic event can shatter these basic assumptions (Janoff-Bulman, 1992). For example, after surviving a disaster, an individual may think, "I'm not safe", "The world is meaningless and random", or "I'm a terrible person". Such conclusions produce a sense of on-going threat. This is associated with increased risk of post-traumatic stress disorder (PTSD) (Ehlers and Clark, 2000). The symptoms of PTSD include trying to avoid reminders of the traumatic event; persistently re-experiencing the event (e.g., in nightmares, or recurrent intrusive images or thoughts about the event), and symptoms related to increased arousal (e.g., irritability, being very "jumpy", or problems with concentration or sleep).

One theory (see Horowitz, 1975; Janoff-Bulman, 1992) suggests that it is difficult to store a traumatic event in long-term memory, because it does not fit in with pre-existing beliefs about the world. The brain cannot make sense of what has happened, and so the traumatic experience is kept in the "active memory" instead of being stored away. Some people try to avoid thinking about what happened, but because the brain is still trying to process the information, intrusive thoughts and images keep coming into their mind.

The CID process encourages the individual to talk about the incident, instead of avoiding thinking about it. This helps them to process it and store it in long-term memory. If you have told your story to someone, your brain no longer needs to keep holding it in active memory waiting for the information to be "sorted through and filed". (An analogy might be a librarian cataloguing new books. Before the information is catalogued, it sits in a messy pile on the desk, getting in the way when the librarian tries to do other work. Once catalogued, it can be retrieved when you want to retrieve it, but the

rest of the time it is out of the way so you can get on with other things. Telling your story helps to organize it and give it meaning— and to "catalogue" it in your mind).

By describing everything that happened, the brain begins to make some sense of it. This promotes a more rapid recovery. Once the story has been told in detail, the symptoms of avoidance and re-experiencing are likely to decrease. The incident can be placed in the context of the rest of the person's life, instead of taking over their whole life. Thoughts such as "the world is not safe" or "I am bad" can be re-appraised within this context. For example, "usually I am safe but accidents occasionally happen".

Ehlers and Clark (2000) report that, "It is assumed that, unlike individuals who recover naturally, individuals with persistent PTSD are unable to see the trauma as a time-limited event that does not have global negative implications for their future" (p. 320). A CID can provide a sense of "closure", which may help prevent the development of PTSD. The event is over, the person is no longer under threat, and they can start to move on.

Describing details of the traumatic experience may also help them to make connections and be aware of things, which might trigger them to remember the trauma in the future. For example, if a woman was raped while looking at a ceiling with a distinctive crack in it, seeing similar cracks in the future might trigger a "flashback" of the rape (i.e. a feeling that she is experiencing it again). As she does not know why the memory has been triggered, she may feel that she is still in danger. However, if she has spoken about the crack and thus brought it to conscious awareness, when she next sees a similar crack it is likely to lead to a memory in context ("that's like the crack I was looking at as I was raped"), rather than an automatic flashback. As she understands the trigger and knows that she is no longer in danger, the memory is less likely to cause distress. A CID does not aim to take away the memory of the event, but it can stop the flashbacks—and flashbacks tend to be perceived as much more distressing than normal memories, because people do not know what has triggered them.

When people try to avoid thinking about a traumatic event, or only focus on certain aspects rather than the whole context of the event, they may be more prone to persistent PTSD. Describing the whole experience from start to finish, so that it is all linked together in an autobiographical memory base, appears to reduce the likelihood that isolated stimuli which are associated with the memory (such as a crack, or a distinct sound or smell) will trigger a recollection of the event. Thus, putting the memory in context may reduce the likelihood of developing persistent PTSD (see Ehlers and Clark, 2000).

Research has indicated that writing or speaking about personally stressful events can have physical benefits (in terms of improving immune response) as well as psychological benefits. Disclosing both the facts and one's feelings about a stressful event appears to have more physical and psychological health benefits that disclosing just the facts or just the feelings (Pennebaker and Beall, 1986). Although it is beneficial to write about one's reactions to stressful events, it appears to be more even beneficial to talk about them (Esterling, Antoni, Fletcher, Margulies, and Schneiderman, 1994).

After stressful experiences, some people talk freely with friends and family members. However, many people do not feel able to do this. Mission partners who have been under stress often report that they feel unable to tell anyone about it because they are expected to be able to cope with difficulties themselves, and people only want to hear their positive stories. Some feel isolated, and do not have anyone they can confide in who would understand their feelings. Some of those who have experienced significant trauma (e.g., acts of gross cruelty) do not want to tell even their spouse or closest friend. They are afraid that the people they tell might be traumatized or worried about their

safety. Some long to talk to someone who is outside the situation and can bring another perspective and yet understand, but they do not know where to find such a person. Some mission partners worry about whether they are "going crazy". They want to talk confidentially to someone who can tell them whether their symptoms of stress are normal. Who is there to talk to? A CID can fill this need.

The Critical Incident Debriefing (CID) Procedure

Mitchell (1983) and Dyregrov (1989) originally described the structure of CID. It was initially designed to be used with a group of people who had experienced a traumatic incident together. It was devised to help prevent difficulties such as PTSD from developing, and to help speed up normal recovery. Thus, it is not a "treatment" for people who have already developed difficulties, but rather a preventative measure from which everyone might benefit. The CID process has been used with innumerable different groups of people worldwide.

Mitchell (1983) recommended that debriefing should ideally take place 24—72 hours after the traumatic event. During the first 24 hours people may be in too much shock to benefit from a CID. It is useful to provide CID before people draw firm conclusions such as "I should have done more". A typical CID lasts between two and three hours, although the timing will vary depending on the size of the group, and the amount that people want to say. The process should not be rushed.

Characteristics of the Debriefer

Before describing the process further, it is appropriate to say a little about the debriefer. Debriefers do not need to be mental health professionals. What is important is that they have been trained in the skills of debriefing (a minimum would be a good two-day training course), have good listening skills, and are non-judgmental, affirming, and able to empathize. Debriefers need to recognize their own limitations, and be willing to refer people for further help if necessary. They should receive supervision. Debriefers can suffer from "secondary traumatization" (that is, they may feel traumatized by the things which they are hearing) unless they are adequately debriefed and supported themselves.

Some people prefer to be debriefed by someone within their organization, who understands the way the organization works. Others prefer an external debriefer, who can be told matters which the person does not wish to disclose to anyone in the organization. If possible, it is best to ask the person who is going to be debriefed whether they have a preference for an internal or external debriefer, and whether they mind whether the debriefer is male or female. In some cases no choice can be offered, as only one debriefer is available. That need not be a problem. Issues of gender and organization are much less important than the fact that the debriefer is trained and experienced, and demonstrates skill and understanding. Sometimes two debriefers work together. This is especially helpful when debriefing a couple or group, or when one debriefer has limited experience. Debriefers should be aware of any potential role-conflicts (e.g., if they also know the person they are debriefing in another capacity, or if they may be involved in assessing them for a future post).

The "credibility" of the debriefer may also be important. Fawcett (1999) recommends that the debriefer should be someone who demonstrates that they understand

what is being talked about, ideally through having experienced something similar. For instance, when debriefing someone who is struggling with adjusting to life back at "home", it is helpful if the debriefer has experience of living in a different culture. It also helps if the debriefer has some knowledge of the culture the participant was based in. Mission partners often have a preference to be debriefed by Christian debriefers, who are likely to share their values and Biblical framework.

The Seven Steps of Critical Incident Debriefing

The CID process involves seven steps, as outlined below. These steps are designed to allow for a gentle "step down" into discussion of the more emotional aspects, and then "climbing back up" so that the session ends positively by thinking about support and the future. Those who wish to use this method of debriefing are strongly advised to attend a training course in this procedure, as space does not permit full discussion of it here. The guidelines below are for debriefing following a traumatic incident. Later in the chapter I will explain how these steps can be adapted for routine end of assignment debriefing.

Step 1: Introductions

Introduce yourself. To help establish credibility, it can be helpful to refer to your experience as a debriefer, and (when working with mission personnel) any experience you have of working overseas. Ask the others who are present to introduce themselves. *Explain the purpose* of the CID. *Discuss confidentiality.* (e.g., promise that everything they say will be confidential unless you think there is a risk that they will seriously harm themselves or someone else, or if they disclose that a child is being abused—in which case you are legally or morally required to tell someone). Check that any mobile phones have been turned off. Discuss how much time there is available. (e.g., "It's hard to say how long this debriefing will last. Usually we take about two or three hours, but we can be flexible. I don't have anything else booked today. Is there a time that you will have to leave by?")

Explain that you will be using a structure which has been proven to be useful. If debriefing more than one person, say that everyone will be asked the same questions in turn. Point out that it's not an interrogation, and if they don't want to answer a question that's fine. Ask if there are any questions at this point.

Step 2: The Facts About the Experience

Rather than beginning with an emotional description of the events, participants are eased in gently. Explain that you will ask about their feelings later, but first you would like to hear the facts about what happened. This is especially useful with people who find it difficult to talk about their feelings. It also encourages people to tell the full story, which helps them to process their experiences. *Ask them to describe what happened*, from beginning to end. Prompt them with further questions if necessary: "Where were you? What were you doing? How did you first know something was wrong? What happened next?"

Step 3: The Thoughts During and After the Experience

Ask questions such as "What was your first thought when you realized something was wrong? What did you expect? *What were your thoughts* during the incident? Was there any point at which you thought you (or a family member or friend) were going to die? What were your thoughts and impressions afterwards?" People often begin to reinterpret their experience simply by talking in this way, and they may start to get rid of negative beliefs.

Step 4: The Sensory Impressions and Emotions

Only now, when people feel more comfortable, are they asked about any particularly memorable sensations from the experience, and about their feelings. The purpose is not to make them recall the incident so vividly that they re-experience it during the debriefing. In fact, there is some research that suggests that asking people to keep going over a traumatic event in great detail may have a negative effect, especially if this happens very soon after the event. It may cause them to encode the memory in such vivid detail that it will keep coming back to their mind in a distressing manner. Therefore, it is best not to probe for lots of details. Rather, *ask general questions such as "Were there any sights, sounds or smells that were especially vivid or memorable?*" Verbalizing anything which stands out may help them make connections which will prevent flashbacks later. If the individual chooses to talk about lots of details, they should be allowed to do so, as that indicates that the memories are already very vivid. Otherwise, keep the questions more general.

Next, *ask about the feelings* they had during the event. If they need prompting, pick up on any emotions which they have already mentioned, or choose a few which you think they might have experienced and ask about those—e.g., "Did you feel any anger, guilt, fear, or helplessness?" Ask "*What was the worst part* for you?" When they have answered this, add, "What were your feelings then?" You might also ask whether they cried at any point, and how they have been feeling about the incident since it happened.

Step 5: Teaching about Normal Symptoms

After step 4, people are helped to move forward. By this time they may have mentioned some symptoms of stress which they experienced during the incident or shortly afterwards, and perhaps some of these still remain. These might be physical symptoms, emotions, behaviors, thoughts or beliefs. In step 5, *provide information about normal symptoms of stress*. This is important, because people who think that the symptoms which they are experiencing are a sign of inadequacy are more likely to develop further problems. Those who think 'I must be going mad' or "I will never get over it" when they have intrusive memories of a traumatic event are more likely to have symptoms of PTSD one year after the event (Ehlers, Mayou, and Bryant, 1998). Among mission partners, one of the best ways of predicting who will go on to develop problems is to find out which people tend to think that they are 'over-reacting'— these are the people who are likely to develop difficulties (Lovell, 1997). In contrast, people who know that it is "normal" to feel tearful, or have sleeping problems, or get very tired after a period of stress are likely to be kinder to themselves, and adjust well.

Step 5 involves explaining that symptoms of stress are normal after a major change or a traumatic event. It may be useful to *provide a list of common symptoms of stress*, such as the one in the appendix, and ask whether they have experienced any of these symptoms (either during the incident, or since then). Point out that some people do not

experience any of these, and that's OK, but many people experience at least a few symptoms after a time of stress. These symptoms are normal, and usually they disappear by themselves as time passes. If the individual has intrusive recollections about an experience, they do not need to try to push such thoughts out of their mind (as that tends to cause more intrusive thoughts). It is better to just let the thoughts come and go, without worrying about them or trying to fight them.

In some cases, it is useful to ask general questions to help the person talk about changes which they have noticed in their life. For example you might ask, "How do you think the experience has affected you?" If their partner or family were also involved in the incident, it may be appropriate also to ask the individual how they have been affected.

Sometimes it becomes apparent that the person being debriefed feels guilty about the way they behaved. For example, they may have run away from a crisis instead of helping other people, or they might feel that their mistake caused other people to suffer. It can be appropriate during this teaching stage to point out that in times of stress, people often respond automatically and in ways that are out of character. In a crisis, we are unable to think as we usually would. Trying to save yourself can be an automatic instinct, and people often make mistakes when under stress. You may be able to reassure them that what they did is completely understandable. If there are major issues of guilt, it may be appropriate to recommend that they receive counseling.

Step 6: Discussing Coping Strategies and Future Planning

After discussing symptoms of stress, the next step is to *discuss strategies for coping* with these. Ask what usually helps them to relax, and encourage them to do things which help reduce stress reactions. For people who are under constant stress or who have very busy lifestyles with little time for relaxation built in, it may be useful to work through the material in some of the other chapters in this book (especially the Section on Self and Mutual Care) to identify the underlying causes of their stress or busyness, and to help them to deal with these appropriately. This step is also the place to *discuss the support which is available* to them. Ask about their personal support. Who can they talk to, especially about their feelings?

Some people find it hard to move on after a stressful experience. They may stop going out. They may avoid meeting people or getting involved in activities, because they feel they do not have the energy. If this persists for a number of weeks, they are at risk of becoming depressed. It can be helpful to gently encourage them to start doing some of the things which they enjoy, and to build up more social contacts. This can be done gradually, as they will also need time to rest, but some progress should be encouraged so that they feel they are moving on. Moderate activity (such as walking or swimming) may help to reduce tension, depression, and fatigue.

They should be asked about *their plans for the future*. Although it is unwise to make important decisions immediately after a stressful experience, it is still useful to ask about future plans. After a traumatic experience, some people lack hope and fulfillment. Asking what they would like to do in the future may help to dismantle this sense of hopelessness, and help them to set new goals. If they don't feel hopeless, they may still appreciate having someone to help them think about their plans.

You should also *describe how they can obtain counseling or other professional support*, should they want to receive further help. Stress-related symptoms usually subside over a period of a few weeks. They should be advised to seek professional help if sig-

nificant symptoms persist beyond this or become worse or are significantly interfering with their life, work, or relationships. Tell them who they can contact (e.g., a specific person at the organization, or their physician). If they appear to require immediate help (e.g., if they are contemplating suicide), arrange professional help.

Step 7: Ending the Session

The debriefing has focussed on the negative aspects of the experience, but there are sometimes also positive aspects. It is good to give an opportunity to reflect on these, *by asking if anything positive has come out of this incident*, or if they have learned anything from it. For example, some people state that surviving a difficult experience has given them a stronger sense of gratitude, or a greater determination to enjoy every day. Some people report a deeper appreciation of their family or a sense of achievement and self-confidence.

Ask if they have *any other comments or questions*. If you have planned a follow-up session, mention the details at this point. (It can be helpful to follow people up after a few weeks, either in person or by phone or email).

To close, *summarize the debriefing* (perhaps by reminding them that symptoms of stress are normal and encouraging them to try out strategies for dealing with their stress). Ask how they are feeling now. If appropriate, say that it's not unusual for some people to feel worse at the end of a debriefing, since memories of the trauma will have been brought to mind. This is helpful in the long term, and part of the recovery process. Thank them for sharing their experiences, and end the session (in prayer if appropriate).

After everyone has left *evaluate* the session, and think about any lessons you have learned. Then *receive some "debriefing*" yourself, because it is not easy to listen to difficult experiences. Find someone who you can talk with about any emotions the session evoked for you. Be sure to maintain confidentiality as you talk.

Debriefing Groups and Individuals

The CID procedure was originally designed to be used with groups. After the introductions, each person in turn is asked to describe what had happened to them. After each person has spoken about the facts, the debriefer asks each person in turn about their thoughts, and so on.

An advantage of the group format is that group members have the opportunity to discover that other people are experiencing similar reactions. This helps people to realize that they are not "weak", but merely experiencing normal symptoms following an abnormal event. Groups of people with shared experience of trauma can be very supportive. Each person learns that they are not alone, and this can facilitate recovery.

A group debriefing can also help people to piece together what has happened, as they gain extra information from others who were present. This may help to dismantle negative beliefs such as "the problems were all my fault". In addition, group debriefing is much less time-consuming for the debriefer than conducting separate debriefing with each individual (see Fawcett, 1999, for further insights concerning group debriefing).

However, there are also many situations when it is preferable to debrief an individual or a couple or family, rather than a larger group. Sometimes the traumatic event was only experienced by one person. A mission partner on furlough might want to receive debriefing related to an incident which has taken place overseas, and this might only be possible as an individual debriefing. Some people feel uncomfortable speaking about

personal matters in a group setting. During an individual debriefing, there is more time available to identify coping strategies for that one person, without them thinking that they should speed up their responses to allow time for everyone else to speak. The CID structure can be used with individuals as well as with groups.

What is the Evidence for the Effectiveness of CID?

Many papers have been published showing that participants *report* finding the CID process very helpful. It is more difficult, though, to access whether people who received a CID are likely to have less severe symptoms of stress afterwards. A review identified eight studies where people who had experienced a trauma had been randomly assigned to either receive individual debriefing or no debriefing. Taking the eight studies together, the reviewers concluded that there was no evidence that debriefing was useful for the prevention of mental health problems, but they added that the "quality of these studies was generally poor" (Wessely, Rose & Bisson, 2000). The debriefing generally lasted for only 20—60 minutes, which was probably too short to be of great benefit. In at least two studies the debriefing also occurred too soon, within the first 24 hours after an injury. Relatively inexperienced debriefers were often used, and there were several other research difficulties. Therefore, it would be wrong to conclude from these findings that debriefing is not beneficial.

One study conducted specifically on the debriefing of mission partners indicates that debriefing may in fact have significant health benefits (Lovell, 1999). Thirty-three missionaries who had received a routine CID following their return home completed anonymous questionnaires evaluating the debriefing. None of the respondents described the debriefing as a negative experience, although six felt that it was unnecessary for them. The remaining 27 (82%) reported that they found the debriefing helpful or very helpful. Forty percent of the respondents reported that there had been a significant positive change after they had received debriefing. For example, they had experienced fewer flashbacks afterwards, or felt that, "it gave me permission to feel the way I was feeling—a sense of release and relief". The respondents also completed a widely used questionnaire, the Impact of Event Scale (Horowitz, Wilner, and Alvarez, 1979). This measures symptoms associated with PTSD. Their scores were compared with responses from a group of 145 returned overseas workers who had not been offered a CID. The results showed that 24% of the non-debriefed group were experiencing a clinically serious level of unpleasant intrusive memories about their experience overseas, compared with only 7% of the debriefed group. Likewise, 25% of the non-debriefed group reported clinically significant levels of avoidance, compared with only 7% of those who had been debriefed. These differences could not be explained by differences such as age, gender or different experiences within the two groups.

Debriefing Individuals After Their Return "Home"

It is possible to consider the whole overseas experience as a "critical incident", and to use a modification of the CID structure for routine debriefing of returned mission partners (see Armstrong, 2000, on "multiple stressor debriefing"). The focus should not only be on traumatic episodes. Day to day stresses should also be considered. A number of mission partners have said that they found it a great relief to learn that their whole experience overseas could be considered as a critical incident. This helped them to understand why they developed stress-related symptoms although they had not experienced

any particular "traumatic incident". I recommend adapting the CID structure as follows for routine debriefing:

1. Introductions

At the end of the "introductions" stage, ask for some basic details about their work overseas, if you don't already know these—e.g., where they were, how long they were away for, what they were doing, and when they returned "home". Then invite them to give an overview of their time overseas, by describing their experiences (in brief).

2. Identifying What Was Most Troubling

If critical incidents or difficulties were mentioned during the overview, list these and say that you would like to spend time talking about each one. Ask if there was anything else that was troubling or stressful which they would like to talk about in more detail as well. If no particular difficulties emerged during the overview, say something like, "As you look back on the whole experience, what was worst or most stressful or troubling for you—either specific events, or stressful parts of the experience?" Encourage them to choose about three issues.

3. Facts, Thoughts, and Feelings

Say that you would like to talk through each of the stressful/troubling factors which have been identified. Ask them which one they would like to start with. Take this issue, and ask about the facts, thoughts, then feelings, as you would in the traditional CID procedure. Then do the same with each of the other issues. Don't rush!

4. Any Other Aspect You Want to Talk About?

After discussing all of the identified topics, ask whether there is anything else that the individual would like to speak about. Give an opportunity to talk about issues which might not fit into the CID structure so well—e.g., problems with the organization; unmet expectations; the fact that they were bereaved while overseas; spiritual issues, or any other factor.

5. Symptoms

Ask whether they experienced any stress-related symptoms at any point while overseas or since returning home (see appendix).

6. Normalizing and Teaching

As in a standard CID, state that symptoms are normal, and that having them does not mean that they are over-reacting. Talk about coping strategies and ways to help reduce stress. Where there have been multiple stressors, they might not finish processing all of these during the debriefing. Encourage them to continue to process their experiences afterwards, and talk about how they can do this. Ask what support is available to them.

7. Positive or Meaningful Aspects

Ask whether there was anything positive about their time overseas. Positives may already have emerged during the overview, in which case you could ask more about them, and ask what was best. Was anything learned? Were friendships formed? Were there ways (however small) in which they feel they helped someone or made a difference? Are they glad they went?

If they appear to think that their time overseas was meaningless (which is rare), try to explore whether there were any positive or meaningful aspects at all (e.g., anything that the organization has learned, or recommendations that could be made to help people in the future). Helping them to re-frame the experience as a meaningful one may assist in preventing future depression. It may be useful to suggest that they might want to write down anything positive or meaningful which has come out of their experience. If they remain entirely negative, professional help should be recommended.

8. Returning "Home"

Ask how the return "home" has been. If they have not had many previous experiences of reentry, discuss "reverse culture shock" and readjustment processes. Prepare them for the fact that some people might not be interested in their experiences. A handout or relevant book (e.g., Jordan, 1992) may be helpful. You may also be able to direct them to other resources and useful information (e.g., in areas of finance and employment). Ask about any worries.

9. The Future

Ask about future plans. Some mission partners greatly value discussing their plans with someone who can bring an outside perspective. For example, they may feel under pressure from their organization to return overseas very quickly, and might value reassurance that they need time to rest before taking on further demands or making big decisions. Those who feel guilty about having some time off should be told that rest is strongly recommended after working overseas. Failure to rest adequately can lead to significant health problems.

If it seems appropriate, a follow-up session can be offered. Also tell them how they can obtain further help (e.g., counseling) if they want it. It should be pointed out that although they might not want more help now, they might decide later that they would like help. Ask whether they have any questions, or anything else they want to say. Occasionally people may ask if you would provide some general feedback to the organization based on their experiences, or make a concern known. If this is requested it can be very helpful, although you should be careful about issues of confidentiality.

10. Close

Summarize some of the important things which have arisen from the session. Ask them how they are feeling now.

Some Issues to Consider

1. Who Should be Offered Personal Debriefing?

Many people say that they did not realize that they would benefit from debriefing until after they had received it (Lovell, 1999). Nearly everyone can benefit from having a skilled listener to help them explore their experiences and reactions. Ideally, personal debriefing should be offered to every returned mission partner. There are two reasons why it should not be offered just to those who are known to have experienced a "traumatic incident". Firstly, the organization is often not aware when there has been an incident which the individual regards as traumatic. Secondly, the whole overseas experience and return "home" can be regarded as a "critical incident" which involves change and stress. Nearly all mission partners who have been overseas for more than six months report that there were some stressful parts of the experience, and the majority also report some difficulties readjusting on their return "home" (Lovell, 1997).

If personal debriefing is available only to those who request it, most people will fail to request it, either because they think that they do not "need" it, or because they do not want people to think they "have problems". It is better to arrange debriefing for everyone, allowing people to "opt out" rather than "opt in". Some organizations require those who opt out to sign a disclaimer form, stating that they were offered debriefing but refused. This illustrates how seriously they take debriefing.

When debriefing a team, it is best if everybody in the team attends. If a team went through a difficult incident and two members were elsewhere at the time, it is wise to invite the members who were absent to join the rest of the group for debriefing. It will be helpful for them to hear about what happened. They may have felt guilty about not being there to help, or have experienced other strong feelings which they can share with the group. This will help to avoid the team dividing into separate groups (those who were there and those who were not). It is preferable for no other observers to be present during a debriefing. People tend to feel inhibited if someone has been invited to "come and observe".

2. Children

It is common to attempt to shelter children from distress, by trying not to mention concerns in front of them. However, when a family has been involved in a traumatic or stressful experience, even young children can pick up that something is wrong. It is much more frightening for them to know that something is the matter but not know what (allowing their imagination to run riot), than for them to hear about what is happening, and share their own thoughts and feelings. Therefore, it is best to include children in discussions about difficulties or changes, and to allow them to ask questions. This does not have to be in a formal debriefing setting. Very young children can be given an opportunity to draw what has happened, or act it out with toys, and to share their feelings. They should receive reassurance.

Older children and adolescents may benefit from sharing in a family debriefing, and may also appreciate a separate debriefing away from their parents. (The parents may also receive a separate debriefing if there are especially sensitive details which the children do not need to hear). Yule (1992) found that children who had received debriefing reported fewer fears, less avoidance, and fewer intrusive memories five months after a disaster than children who were not debriefed.

If a child appears to be experiencing significant problems following a traumatic event, it is important to refer them on for further help. The family physician may be able to refer them to a psychiatrist or a clinical psychologist. For information about how to help children cope with trauma and death, see Goodall (1995) and Kilbourn (1995).

When a family has returned home after a pleasant period of overseas service with no traumatic incidents, it can still be helpful to include the children in a family debriefing. They can be helped to explore the similarities and differences between the cultures they have lived in; their feelings of loss at leaving friends (and perhaps places and possessions they have loved); and their attempts to adjust to life in a new culture, and make new friends. They may have strong feelings (perhaps of anger or grief). Foyle (2001) and Pollock and Van Reken (1999) provide some useful guidance on helping children and adolescents with such transitions. Pollock and Van Reken also list organizations which provide support for children in this position. It should be remembered that the place which is considered "home" by the parents, might not be perceived as "home" by the children. For older children, it can be a source of great frustration when other people constantly refer to them as having "come home", when in fact they are now in a foreign country.

3. Venue and Timing

Debriefing should take place in a comfortable, well-lit room where there will be no interruptions. If there has been a traumatic incident, it can be helpful to offer debriefing near the site (as long as it is safe), rather than evacuating someone for debriefing. The ideal time to debrief mission partners appears to be a few days after a traumatic incident, or between one and three weeks after their return "home" (when they have had time to overcome jet-lag, visit family and friends, and begin to readjust).

4. Cross-cultural Issues

Interventions which are offered in the Western world may be inappropriate in other settings (Bracken and Petty, 1998; Ober, Peeters, Archer and Kelly, 2000; Summerfield, 1999). The definition of what is "traumatic" may vary from one society to another. For example, the death of a relative in the war front may be experienced as a triumph and not a tragedy if the war is seen as a matter of religious significance (De Silva, 1993). In some cultures, rape victims and their families are considered shameful, and the victim may even be put to death if the rape is disclosed. To offer the victim an opportunity to talk about the rape might terrify them. Even if the issue is not sexual assault, there may be a reluctance to disclose intimate material outside a close family setting. Alternatively, people may reject offers of psychological help because their main concerns are for food, housing, safety, and education or employment. They may feel angry that resources are being "wasted" in offering psychological support when they need help with more practical matters first.

When "specialists" are brought in to "help" people after a disaster, local methods of coping are sometimes swept aside. This can leave people feeling devalued. In subsequent occasions of distress they may feel less able to take initiative and support each other. In contrast, when local people are encouraged to believe that they can do something for themselves, and their ways of coping are validated, they are likely to feel empowered, enthusiastic, and more hopeful about the future. As long as the practices are not anti-Biblical or harmful (physically, psychological or spiritually), it may be benefi-

cial to encourage people to use the resources which are already available to them, offering any additional resources to supplement these rather than replace them.

Although CID has been used in a variety of cultures, empirical research on its effectiveness in non-Western cultures is sparse. If it is decided that debriefing should be offered in addition to local means of support, one should discuss its appropriateness first with people from that culture. It is important to consider whether the process should be modified in order to make it culturally appropriate. It is helpful if one of the debriefers is familiar with the culture of the person who is being debriefed. If the debriefer is not from the relevant culture, they should at least try to gain an understanding of the culture in advance—including finding out about such issues as the use of eye contact and humor, and whether decisions (for example concerning further help) tend to be made by individuals or by a group.

In some traditions, people will not cry in front of others, or discuss their feelings openly, as this is perceived as a criticism of God's will, and is believed to weaken the family in their struggle to survive. When debriefing someone who holds such a belief, it would not be helpful simply to say "crying is useful and normal", as they may conclude that the debriefer is either foolish or a liar. The individual may, however, find it helpful during the "teaching" stage to consider the health benefits of crying, and look at the place of crying in the Bible. This should occur as a discussion, rather than a monologue from the debriefer. The debriefer should make every effort to understand the views expressed and not cause offense.

In certain cultures, vengeance is routinely sought after a perceived "wrong", and forgiveness is regarded as a weakness. Again, when working within a Christian framework, it might be possible to gently explore these ideas during the teaching stage.

It is useful to be aware of any relevant rituals which may be observed in a culture, for example rituals concerning bereavement. Such rituals may be very helpful (Lovell, Hemmings, and Hill, 1993). Some communities use story-telling, plays, dance, or music to express emotions (Blomquist, 1995). One should also be aware of the normal stress-related symptoms in the particular culture. For instance, people might talk about headaches, abdominal pain, and feeling weak rather than discussing emotional pain. Some cultures do not even have a word for "depression", while in others to exhibit anxiety means loss of face, so emotional distress is translated into physical pain. It is also helpful to try to understand what people perceive as the cause of different symptoms. For example, Blomquist (1995) discovered that some Liberians who experienced flashbacks or other intrusive thoughts believed that their enemies were using supernatural forces to cause them to feel as if they were re-experiencing a painful event. It helps if the debriefer is aware of such beliefs.

If a translator is to be used, they should be selected very carefully. They need the ability to translate sensitively, listen patiently, and be able to cope with hearing and repeating distressing information. This process has the potential to cause them to feel traumatized themselves and so they need to be debriefed afterwards. It should also be remembered that debriefing through a translator doubles the amount of time needed for the debriefing.

Debriefers should always try to find out in advance what sources of follow-up support and professional help are available in the area. It is unethical to raise expectations of further help when no such assistance is available. If there really is no possibility of on-going support, one should question whether debriefing should be offered at all. Even if there is a possibility of professional help, one should realize that it may be considered

unacceptable if it is based on a world-view which is not in harmony with the beliefs of the individual.

Evaluation is especially important after debriefing in a new context. One should aim to reflect and learn from each new experience.

5. Providing Answers

A debriefer does not need to provide answers. The purpose is to walk with the individual until they feel heard, and until they have begun to integrate the stressful experience into their life, and feel ready to move on.

A debriefing is usually not the best place to try to respond to spiritual doubts. The person being debriefed may ask a question, such as, "Did God put us there?" or "Why did God allow this to happen?" A quick, easy answer will probably not help—that would be like putting a little tissue on a deep wound. They may be trying to express a feeling (e.g., of anger or confusion) rather than seeking a response. Spiritual insights generally are not absorbed while a person is in a stage of shock or anger. They may need to go through a time of questioning in order to find their own answers and come out stronger. The debriefer can help simply by listening, and stating that difficult experiences often do bring up this sort of question, which takes time to be worked through. If the person being debriefed says that they really want to discuss this matter further, the debriefer can suggest someone who might be able to help. The debriefer should try to be aware of his/her own issues and emotions. For instance, some people find it difficult to cope with spiritual doubts, and want to feel that they have "fixed it". They should remember that they do not need to "make everything all right". They should aim to create an atmosphere where people feel able to raise questions and doubts without feeling guilty.

6. What About Other Forms of Debriefing?

The debriefing structure described above is not the only effective form of debriefing. Other forms such as unstructured debriefing or group debriefing may also be effective, although they have not been subject to rigorous research.

7. A Biblical Framework for Debriefing

We are called to care for each other (e.g., Isaiah 61:1-2; John 13:35; John 21:16; 2 Corinthians 1: 3-4; Galatians 6:2). Debriefing is a way of showing we care. Listening is central to debriefing, and the Bible teaches us to listen (Proverbs 18:13; James 1:19). In modern society, it can be difficult to find someone willing to make time to really listen. Mission partners often feel isolated. Listening breaks down this isolation. The Bible affirms that there is a place both for reviewing the past together (Isaiah 43:26), and for moving on to new things (Isaiah 43:19). Both occur during debriefing.

Debriefing involves teaching that emotions are normal and valid. The Bible also teaches this. Ecclesiastes 3:4-8 reminds us that there is "a time to weep and a time to laugh ...". The Bible contains plenty of anger, fear, and tears (e.g., in the Psalms). Jesus did not condemn a man who admitted unbelief, but rather allowed him to express this (Mark 9:24). Jesus taught by example that it was all right to cry (Luke 19:41; John 11:35; Hebrews 5:7). He expressed anguish in the Garden of Gethsemane, and said that His soul was "overwhelmed with sorrow" (Matthew 26:38). In past times and different

cultures, people have *known* that it is normal to feel certain emotions after trauma. Today, some people need to be told this explicitly.

Here are some Biblical examples of components of debriefing (or telling one's story):

- After the crucifixion, two disciples were walking down the Emmaus Road (Luke 24:13-24). Jesus joined them, and asked what had happened. That was not for His benefit—He knew. It gave them the opportunity to tell their story—the facts, and their feelings of disappointment. He then helped them put things into context.
- Elijah experienced a death threat (1 Kings 19:2), and fled for his life. He was afraid, and prayed that he might die. Later, after his physical needs had been met, God asked what was going on. Elijah told God his story—twice (v. 10, v. 14). Then God moved Elijah to think about the future, and told him that he would not be alone—there were 7000 other believers (v.18). Moreover, God directed Elijah to Elisha (v.16ff), who would give him more support.
- A woman who had been bleeding for 12 years (possibly following trauma) touched Jesus (Luke 8:43-48). He asked, '"Who touched Me". Why did He ask? Not to embarrass her, but to allow her to tell her story, so that she would gain emotional healing as well as physical healing.

8. The Context

Finally, it is vital that we realize that debriefing alone is not enough to ensure that mission partners are receiving adequate care. Debriefing should be just one component of a package of care (Gamble, Lovell, Lankester, and Keystone, 2001), including:

- Careful selection and placement
- Adequate training (about the relevant culture; culture shock; conflict resolution; negotiation skills; problem solving; working in teams, etc); medical preparation (vaccinations etc)
- Security briefing (including teaching on do's and don'ts to increase safety, and written contingency plans to be followed in the case of evacuation, hostage taking or other crises (see Goode, 1995); briefing on dealing with stress, and critical incidents
- Ongoing support while on assignment
- CID following any traumatic incident
- Preparation for return "home"; debriefing one to three weeks after returning home
- Follow-up; continuing care/referral for further help if required.

Reflection and Discussion

1. How much responsibility do mission organizations have to provide debriefing for their mission partners?

2. When and how should people be offered routine debriefing—e.g., individual or group, before or after they return home?

3. What Scriptural passages support some of the components of Critical Incident Debriefing?

4. How might the Critical Incident Debriefing model be adapted for different cultures in which you or your organization work?

5. When might debriefers need to take a break from debriefing?

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Appendix
Common Symptoms of Stress

Physical

Tiredness; Difficulty sleeping; Nightmares; Headaches; Back pain; Inability to relax; Dry mouth and throat; Feeling sick or dizzy; Sweating and trembling; Stomachache and diarrhea; Loss of appetite, or over-eating; Feeling very hot or cold; Pounding heart; Shortness of breath; Shallow, fast breathing; Hypervigilance; Frequent need to urinate; Missed menstruation; Increased risk of ulcers, high blood pressure, coronary heart disease

Emotional

Depression; Tearfulness, or feeling a desire to cry but being unable to; Mood swings; Anger (at self or others); Agitation; Impatience; Guilt and shame; Feelings of helplessness and inadequacy; Feeling different or isolated from others; Shocked; Feeling overwhelmed or unable to cope; Feeling rushed all the time; Anxiety (feeling fearful, tense, nervous); Panics and phobias; Loss of sense of humor; Boredom; Lowered self-esteem; Loss of confidence; Unrealistic expectations (of self and others); Self-centered; Insecurity; Feeling that life is a waste of time and there is no point bothering; Feelings of vulnerability; Feeling worthless

Behavioral

Withdraw from others or become dependent on them; Irritability and cynicism; Critical**;** Lack of self-care; Nail biting; Picking at spots; Speaking in slow monotonous voice or fast, agitated speech**;** Taking unnecessary risks; Trying to do several things at once; Lack of initiative; Working long hours; Poor productivity; Loss of job satisfaction; Carelessness; Absenteeism; Increased smoking or use of alcohol or drugs; Promiscuity, or loss of interest in sex; Excessive spending or other activities to try to not think about the stress; Sitting doing nothing, or spending a lot of time in bed; Self-harm or suicidal behavior

Thoughts

Difficulty concentration and remembering**;** Difficulty making decisions; Putting things off; Thinking in "all or nothing" terms; Very sensitive to criticism; Self-critical thoughts; Doubting own ability, and that of others; Inflexible; Loss of interest in previously enjoyed activities; Pessimism; Preoccupation with health; Expecting to die young; Trying to avoid thinking about problems; Intrusive thoughts about difficulties; Confusion and disorientation; Time seems to slow down or speed up; Hindsight thinking ("why didn't I..."); Hopelessness; Suicidal thoughts

Spiritual

Spiritual dryness—no excitement; Lack of thanksgiving; Unforgiveness; Bitterness; Feeling far from God; Difficulty reading Bible or praying; Changes in beliefs; Legalistic, ritualistic; Anger at God; Doubts; Questioning the meaning of life; Loss of purpose; Give up faith; Despair