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ST. STEPHEN'S COLLEGE

THE SPIRITUALITY OF TRAUMA DEBRIEFERS

By

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A thesis submitted to the Faculty of St. Stephen's College
in partial fulfillment of the requirements for the degree of

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I dedicate this thesis to all who work in harms way for the benefit of others. May those in need know your cost of caring and the risks you take.

"It doesn't interest me who you know or how you came to be here. I want to know if you will stand in the center of the fire with me and not shrink back."[1]

— Oriah Mountain Dreamer

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[1] Oriah Mountain Dreamer, *The Invitation* (NY: HarperCollins, 1999), 35.

ABSTRACT

Debriefing from crisis and trauma can be difficult and challenging for those who requiring debriefing and for the Debriefers. At the core of any individual is their spirit or soul. It is from this spiritual place the Debriefers ultimately function in their role as a Debriefer. My thesis examined the meaning of spirituality for experienced and trained trauma Debriefers within the field of emergency services. No previous research combining spirituality, crisis and trauma and debriefing was found upon which to build the thesis. It is believed the research presented is original research and therefore preliminary in this field. The concepts of spirituality, crisis and trauma and trauma debriefing are presented as they establish the foundation for the research data on the spirituality of trauma Debriefers. Through a qualitative hermeneutical phenomenological research methodology, four volunteer Debriefers shared what their meaning of spirituality is as they work as trauma Debriefers. The research identified five major themes. The primary theme revealed a "spirit to spirit" connection/energy/relationship that is observed solely and uniquely during the debriefing. The content of the debriefing often revolves around questions of a spiritual nature. The importance of the spirituality of the trauma Debriefer, spiritual importance in the debriefing and the spiritual connection during the debrief is identified. Recommendations are made to conduct further research in this area and to include education in the area of spirituality in the training curriculum for Debriefers, Trainers and Mentors.

ACKNOWLEDGEMENTS

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Chapter 1 – Introduction

In a world where critical and disastrous situations exist, trained emergency services personnel are there to respond. Occasionally, these critical situations weigh heavily on their emotions and their spirit. These responders may require help to deal with the impact of the critical situation.

Trained Debriefers are experienced emergency services support personnel who may have had similar experiences and want to help their peers and colleagues through times of crisis and/or trauma. I am interested in the trauma Debriefers spiritual awareness and meaning as they do the important work of debriefing. As a Debriefer, I noticed how my own spiritual awareness became more and more a part of how I prepared, executed and debriefed from those debriefings. I wanted to know if others were aware of their spirituality as a part of that same debriefing process and what meaning it had for them. Four trained and experienced Debriefers volunteered to be Co-researchers for this thesis (as supported by my research methodology).

My primary research question became: "What meaning does spirituality hold for trauma Debriefers as they work through trauma debriefing experiences?" The word *meaning* is a loaded and personal word and difficult to precisely define. Although the Merriam-Webster dictionary definition of meaning has several forms of expression, one definition that is applicable here is "significant quality; *especially*: implication of a hidden or special significance <a glance full of *meaning*>."[1] The word *meaning* is at the essence or heart of my research methodology of Hermeneutical Phenomenology. This

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[1] http://www.merriam-webster.com/dictionary/meaning (accessed June, 2011).

methodology speaks to the interpretation and seeks the significance of what *spirituality* is for each Co-researcher.

As what is significant to each person is individual, so is the understanding of *meaning* or "importance" of an event, emotion, object or experience. There are several ways to convey to another person that something is significant. It is all individually driven. Therefore the significance of a person's *spirituality* and how it is expressed is unique and individual, taking different forms of expression and held in regard in different ways. How *meaningful* something is can also change – becoming more or less important in relation to a newer perspective or experience.

Curiosity and self awareness were initial drivers in my research process. I was in awe of the people who repeatedly volunteered to debrief their peers. I realized I wanted to know more about the deeper spiritual core that motivates people to do this work and risk the possibility of vicarious traumatization.

My spirituality has always been at the center of who I am and how I see others. A way for me to understand the essence of a person includes understanding the cognitive and the emotional as well as concentrating on the spiritual. For the purposes of the thesis, I focused on my Co-researcher's spiritual awareness as they work through the debrief process – preparation, execution and post debrief/defusing. I believe their spirituality is a part of who they are as whole and authentic persons, whether they are immediately aware or unaware of its importance in the debrief.

Spirituality differs from religion and faith. These concepts can be either independent or interdependent – it is a personal choice. I used Laurie Ann Pearlman's definition of spirituality as a frame of reference with the Co-researchers, because of its

openness to either connect or not connect with religion and faith. According to Pearlman, spirituality is what gives a person "meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life and sense of the non-material."[2] Using this definition meant the Co-researchers were able to interpret their own spiritual meaning within it.

In the broad field of theology, one expression among many, is Practical/Pastoral theology. Practical theology describes itself as having a "particular goal: to enable faithful living and authentic Christian practice."[3] This faithful living and authentic Christian practice includes very clearly the practice of caring for one another as explained in scripture, practice and dogma. This personal caring for each other can happen in many ways. Within the narrower field of Practical/Pastoral theology, one specific ministry that became very clear to me was the ministry of presence. It is a ministry (defined as: a person or thing through which something is accomplished; an agent or instrument)[4] that is lived out in the simple, intentional and unconditional accompaniment of one with another. Christianity, Judaism and Islam, among other major world religions, all have examples of the Deity being present with the followers.

The Hebrew and Christian scriptures are full of examples of God, Jesus and the Holy Spirit, literally and figuratively, walking beside people on their journey through life. The accompaniment is not always easy, but there is an underlying theme of being present regardless of how difficult things become. A Hebrew scripture example is the story of

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[2] Laurie Anne Pearlman, "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54.

[3] John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (UK: SCM Press: 2006), 9.

[4] http://www.merriam-webster.com/dictionary/ministry (accessed March 2011).

God being a faithful presence to the nation of Israel after they left Egypt.[5] God did not waiver. The people made their own choices, but God was with them while they wandered for so long and encountered so much. A Christian example is the gift of the Holy Spirit.[6] Once again God accompanies and guides believers through the journeys of their lives. In both scripture examples God's presence is unconditional and unwavering. Similarly, the presence of the Debriefer is unconditional and unwavering. Both of these very broad examples are fairly well known in our Post Christendom era. While they are biblical, they have been secularly adopted through movies and stories.

This thesis is composed of six chapters. The Literature Review explores material related to the research question. Material was available on stress, compassion fatigue, burn out, self care and Post Traumatic Stress Disorder (PTSD). Information on the research methodology of hermeneutical phenomenology and material relating to religion, faith, spirituality was abundant. Research information on crisis and trauma and several debriefing methods was also available. There is a literature void in the area combining trauma and Debriefers with spirituality.

The Methodology chapter explains the qualitative research methodology of hermeneutical phenomenology and why I chose it. The concepts of bracketing and the hermeneutic circle are also discussed. Each of these concepts is crucial to discovering meaning in the data. Data collection methods, ethical guidelines and data validation are explained. The contact and ethical information regarding the Co-researchers is also outlined.

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[5] Exodus 16-35, NRSV.
[6] Acts of the Apostles 2:1-4, NRSV.

Chapters three through five (Crisis and Trauma, Critical Incident Stress Management and Spirituality) provide groundwork for understanding the links between spirituality, trauma and Debriefers. As I was unable to find any previous research data linking these three topics together, this broad information base was necessary to better understand the research results.

The Crisis and Trauma chapter briefly explains stress, traumatic stress and Post Traumatic Stress Disorder (PTSD) and how the role of different stresses relates to the concepts of crisis and trauma. There is an important distinction between crisis and trauma concepts that the Debriefer must understand. Not all events are crisis and not every event results in a traumatic experience. The experiences of crisis and trauma are individual and affect each person differently. This individual variance allows for emotional, physical and spiritual health and wellness variables. The common characteristics of a crisis are discussed as well as general response levels. The different types of trauma are identified and explained using a trauma circle.

The Critical Incident Stress Management (CISM) chapter outlines crisis intervention and my preferred debriefing method – i.e. the Mitchell or CISM model. This is my preferred method as it is the primary method designed for and used with emergency services. Other debriefing methods are briefly outlined. I explore the preferred model of defusing and debriefing and dig deeper into who these people are as Debriefers, their training and how the debriefing team works.

The Spirituality chapter discusses the often elusive concept of spirituality. Differences between spirituality, religion and faith are identified and discussed within the framework of the research question and research results. The concept of a spirituality of

trauma and spirituality within the debriefing process is explored. Finally the spirituality of Debriefers is introduced.

The Spirituality of Trauma Debriefers chapter examines the results of the research in this thesis. The research phenomenon is revealed. Then the interpretation of that phenomenon is explored. Five major research themes are identified. Conclusions are made about the influence of this research initiative within the debriefing community. Further research into the topic of the spirituality of trauma Debriefers could enhance the overall quality, resiliency and education of Debriefers, Trainers and their Mentors.

This thesis is a preliminary qualitative research study bringing together the concepts of spirituality, trauma and Debriefers focusing on what meaning spirituality holds for trauma Debriefers. Consequently, the door is opened to further research and greater discussion of the importance of spirituality and trauma Debriefers.

Chapter 2 – Literature Review

"In literature as in love, we are astonished at what is chosen by others."[1]

— Andre Maurois

This thesis is focused on the spirituality of a trauma Debriefer. There was plenty of literature on the individual topics of traumatic stress, compassion fatigue and self care. Similarly, the individual areas of spirituality, crisis and trauma, and debriefing methods had abundant information. However, specific literature on the spirituality of trauma Debriefers was unavailable. I searched and researched through related journals, books, theses and websites, including local and university libraries, the Internet, the Library of Congress and the National Library of Canada. Searches through journals referencing trauma, spirituality, first responders, Debriefers and crisis were unsuccessful. In the field of self care there was some information relating to spiritual health. I could connect spirituality and trauma, but not spirituality, trauma and Debriefers. Even the International Critical Incident Stress Foundation (ICISF)[2] did not contain any reference to the spirituality of the Debriefer either in written or workshop/conference materials.

This chapter discusses definitions used for stress, compassion fatigue, burn out and self care. Spirituality, crisis and trauma, the preferred debriefing method and the chosen methodology for research are also identified. These definitions are drawn from the current literature.

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[1] http://www.dictionary-quotes.com (accessed March 2011).
[2] www.icisf.org (accessed March 2011).

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Stress, Compassion Fatigue and Burn out, and Self Care

Traumatic Stress and Post Traumatic Stress Disorder

Stress is a challenging word for some as it is usually identified with a negative impact. This is not always the case. The daily stress of living or meeting a work related deadline is most often within the range of a person's ability to function and complete tasks. It can even be a motivating factor to accomplish or drive the individual to succeed. Webster's online dictionary[3] defines stress as both a noun and a verb. When used as a noun it is defined as either "1) a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation or 2) a state resulting from a stress; *especially***:** one of bodily or mental tension resulting from factors that tend to alter an existent equilibrium <job-related *stress*>". These two definitions (of several) are applicable to this discussion as they identify the factors causing the tension or the result of a tension or stress.

Traumatic stress is a deeper or more intense level of stress that dramatically increases the tension in the body or mind.[4] This type of stress is often associated with a dramatic or shocking event that is outside of a person's normal range of experiences.[5] It really challenges the person's daily equilibrium. It is that equilibrium that allows each person to function within a "normal" range through their daily activities. When the traumatic stress is so great that it challenges the daily functioning of the body, mind and *spirit* (my emphasis), it is time to seek help. This help can take many forms.

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[3] http://www.merriam-webster.com/dictionary/stress (accessed March 2011).
[4] Jeffrey T. Mitchell and George S. Everly, Jr., *CRITICAL INCIDENT STRESS MANAGEMENT (CISM): Basic Group Intervention, 3rd ed. Revised,* (MD: International Critical Incident Stress Foundation, Inc., 2003), 49.
[5] Ibid., 50-52.

There is a body of literature on how debriefings and professional counseling following a traumatic incident can reduce the likelihood of Post Traumatic Stress Disorder (PTSD).[6] This stress disorder is a clinical diagnosis and it can have extreme and debilitating consequences if untreated and unmanaged.[7] Sufferers are able to recover or integrate the PTSD symptoms into their lives.

Therapists, psychologists and psychiatrists were especially mentioned in the research literature as being helpful in emotionally assisting those who were affected by traumatic stress.[8] The trained lay person, including the trained trauma Debriefer, who chooses to accompany a co-worker while they deal with trauma, was not identified in the literature. I am unsure if the lack of identification was because they are not recognized within a professional capacity and, therefore, are not accepted as legitimately trained helpers or if they have just not been studied.

Compassion Fatigue and Burnout

There was an abundance of material on compassion fatigue and burnout. Compassion fatigue and burnout are two different results that can occur from the same cause – the lack of self care, disrupted personal boundaries, work overload, and inconsistent community support.[9] Compassion fatigue is realized when, emotionally, the caregiver does not have the desire or the ability to care for or care as deeply about others

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[6] 1. John Fawcett, "What is stress and how does it affect aid workers?" in *Stress and Trauma Handbook*: *Strategies for Flourishing in Demanding Environments*. ed. John Fawcett (CA: World Vision International, 2003), 22.

[7] Ibid., 22.

[8] John P. Wilson, Matthew J. Friedman and Jacob D. Lindy. *Treating Psychological Trauma and PTSD*. (NY: The Guildford Press, 2001), 142-145.

[9] 1. Charles R. Figley, "Compassion Fatigue: Towards a New Understanding of the Costs of Caring" in *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, &Educators*, ed. B. Hudnall Stamm (MD: Sidran Press, 1999), 15-20.

as they did before. Burnout relates to the inability or greatly diminished capacity to continue to work effectively in one's chosen field of work. These two conditions can be emotionally and physically debilitating.[10] Recovery can begin when the individual recognizes change is needed. Rest and refocus often assist the individual in returning to a healthy state. Sometimes the individuals themselves do not recognize until almost too late that either both burnout and/or compassion fatigue are becoming factors in their lives and they need help.

Those who work in the fire, police, ambulance and dispatch services are seen to be helping professionals. Their day to day work and effort places them in situations of helping – often in the most trying of circumstances with unpredictable results. They choose to help others because they are compassionate and understanding people. These professionals are, however, at risk of compassion fatigue and burnout.

Self Care

There was a great deal of literature on self care, which is the act of taking care of ourselves.[11] It sounds simple and easy but is often not a high priority, especially with those people who care for others because the others become their main concern. To care for oneself at a minimum means to pay attention to basic physical needs such as getting plenty of sleep, proper food and exercise. Caregivers and people who place a high priority on pleasing others may place the understanding of the need to care for oneself secondary to the desire to help others. Their energy, time and resources are priorized into helping others.

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[10] Fawcett, "What is stress and how does it affect aid workers?" 19.
[11] 4-6, Figley, *Secondary Traumatic Stress: Self Care Issues for Clinicians, Researchers, & Educators*, 51-92.

A continual shift in priority can be at the physical expense of the caregiver leaving them exhausted and unwell.[12] Mentally and emotionally, individuals need to care for themselves as well as others. This can be accomplished by releasing the emotional stress of dealing with situations as they arise. Dealing with the situation in a timely manner is very important. Also important is having a support network that is available to assist the caregiver by listening or placing the situation in perspective. Laughter, meditation, continuing education, as well as a physical separation from the negative environment, can also be very helpful in keeping a person healthy. The literature about caring for oneself includes physical, mental, emotional and spiritual aspects.[13] Self care plays a vital and important role in all our lives. It is especially important for those who repeatedly deal with those who suffer with the consequences of traumatic stress. There was an abundance of material on physical health through self care strategies such as Laurie Anne Pearlman describes in her article "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization."[14]

Spirituality

The literature on spirituality is extensive. Specific articles that linked spirituality with trauma Debriefers were unavailable. Therefore, I looked more narrowly at the topic of spirituality. From a research perspective it was important not to narrow the point of view to only a religious or theological framework. Therefore, the working definition that I chose to present to the Co-researchers does not have a theological reference. While I understand that the theology of spirituality does fit within the broader theological

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[12] Ibid.
[13] Ibid., 51-62.
[14] Ibid., 54.

perspective of Practical/Pastoral Theology, the focus of the thesis in on personal spirituality and how it is individually observed.

Spirituality is much more than the religious or the theological so I began with Laurie Pearlman's definition of spirituality as that which gives "…meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life, and sense of the non-material."[15] This definition is inclusive and broad enough, yet specific enough with substance to allow the Co-researcher to narrow the definition as they chose, giving them the choice to bring all of who they are spiritually into the research. Their faith and religion could also be included in this spirituality framework. The words *meaning* and *spirituality* I acknowledge are vague and may have more than one implication. I specifically chose them because they can be broadly interpreted, allowing for a richness of diverse understandings and research data.

Laurie Anne Pearlman also suggests that a person's *spirituality* is an important link to their well being and is seen as a foundational piece that allows them to clarify their world view. According to Pearlman, a person's world view is the core belief about how the individual understands the world around them.[16] That particular view of the world identifies to people such philosophies as the presence of good and evil (both a religious viewpoint and secularly adopted), why circumstances are what they are, each person's place in the world and their role in it. Other philosophical aspects that affect a person's world view are such questions as:

1. Who am I in relation to others?

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[15] Laurie Anne Pearlman, "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54.
[16] Ibid.

2. How do I understand conflict and resolution?

3. Am I living the best life I can?

These questions affect all of us. How we answer them in relation to ourselves and each other forms our worldview. I believe that a person's spiritual view point is at the heart of their worldview. This point of view forms the core from which we work and understand our life. Paul Jones is a noted author who writes specifically of five theological world views that people generally tend to live unconsciously, unknowingly or as unrecognized.[17] The idea is that in each of these worlds there are two points of view that come from a core level. One is noted as the Obsessio. This is the need, question, ache or even dilemma that roots us at our very core level or essence. It is from the Obsessio that one is motivated to strive fill the need, answer the question or soothe the ache and dilemma at an almost cellular level.

The other viewpoint is named as the Epiphania. The Epiphania is personal experiences, identified in events, moments of clarity or people, where perhaps satisfaction and healing can provide a bit of an answer to one of life's questions either in fact or in hope. It is these moments and experiences that help to satisfy the ache or need. The Obsessio and the Epiphania are in a constant state of pull and push or discovery and rediscovery of some of the very basic core life questions. This is an ongoing relationship that could be seen as a circle or even a spiral of realization of new awareness or motivations for change.

The five worlds are seen as separation and reunion, conflict and vindication, emptiness and fulfillment, condemnation and forgiveness, and suffering and endurance.

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[17] Paul W. Jones, *Theological Worlds: Understanding the Alternative Rhythms of Christian Belief,* (Nashville: Abington Press, 1989).

The idea is that individuals live primarily in one of these "worlds" that forms their present understanding and behaviour of themselves and of others and how the relationship is lived out. Although the material is presented in a Christian context, I believe these ideas and thoughts are transferable to other faiths, or to those who do not have a faith. The questions of who we are and why we are here are universal.

Our spiritual health is an important part of how we handle stress, crisis and trauma. The article by Pearlman was one of very few that referenced the spiritual component of traumatization and coping with the aftermath. In this particular article she speaks specifically about therapists. Similarly, my thesis examines trained trauma Debriefers. The Debriefers are not trained Therapists; however the common ground between them is their willingness to hear and be present through the details of a traumatic event. Therapists and Debriefers desire to help in any way they can.

Crisis and Trauma

As with the literature on spirituality, the field of crisis and trauma is also extensive. There is a great deal written on the effects of trauma on individuals.[18] It is rich in material that focuses on the physical, mental and emotional health and well being of both the initially traumatized as well as those who are willing to spend time debriefing them. I found no material on the spiritual health component of the trained Debriefer who assists those affected by crisis or trauma. The research material focused primarily on the

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[18] Barbara Rubin Wainrib and Ellin L. Bloch, *Crisis Intervention and Trauma Response: Theory and Practice.* (NY: Springer Publishing Company, 1998) 20-21, 42-49, 104-109.

victim and secondarily on mental health providers as discussed in the book Secondary

Traumatic Stress.[19]

The breadth of the trauma field spans from those who are first impacted (e.g., the

family member of a homicide victim) to the Therapist or Counselor who may be involved

in their recovery process. There are also those emergency personnel who have responded

to that homicide and have been affected by either the physical aftermath of the scene,

dealing with distraught family members, or the stress of maintaining professionalism

while being in emotional turmoil. The broad impact of a trauma takes a toll on the

physical, emotional, mental and spiritual well being of those involved. This is where

burnout, excess stress and PTSD may result if debriefing or professional help is

considered an optional rather than necessary part of the trauma experience for all those

affected.

Debriefing Methods

There are several debriefing methods used to reduce the trauma and stress that has

impacted individuals. I have chosen to follow the Mitchell/Everly, 1987 model which

focuses on Emergency Management personnel, public safety and crisis disaster

personnel.[20] As the Co-researchers all work within these areas (Emergency Management,

public safety and crisis disaster) the Mitchell/Everly model is a natural fit. Literature is

widely available on the strengths and weaknesses of this process.[21] [22]

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[19] B. Hudnall Stamm, ed., *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, & Educators*, (MD: Sidran Press, 1999).
[20] Jeffrey T. Mitchell and George S. Everly Jr., *Human Elements for Training for emergency Services, Public Safety and Crisis Disaster Personnel: An Instructional Guide to Teaching, Debriefing, Crisis Intervention and Stress Management Programs.* (MD: Chevron Publishing Corporation, 1994).
[21] Wilson, Friedman and Lindy, *Treating Psychological Trauma and PTSD*, 142-145.

The Mitchell/Everly model, also known as the Critical Incident Stress Management (CISM)[23] model is a seven step proven method that is endorsed by several international organizations including the International Critical Incident Stress Foundation Inc. (ICISF).[24] This method is reinforced by Dennis Potter[25], an experienced Debriefer, and Arthur Smith[26] who is also an experienced Debriefer and a veteran fire fighter. Their experience and research reiterates the importance of considering the health care needs of debriefing teams. The CISM method focuses on the mental and emotional turmoil that can affect the Debriefer, but nothing is mentioned about the value and significance of spirituality and how it affects the work of a trained Debriefer.

No model is without it faults or its critics. The Everly/Mitchell model is designed for use with Emergency Services Personnel. When it is used in alternative situations or made mandatory, it is not as effective and has been criticized.[27]

One alternative debriefing method is a Strengths-Based Approach by Dr. Tonya Slawinski.[28] This approach emphasizes the person's natural support systems to promote recovery or reintegration. There was some information on the benefits of debriefing with family or friends or using a trained and qualified mental health professional to assist with

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[22] Shannon Gwin Mitchell and Jeffrey T. Mitchell, "Caplan, Community and Critical Incident Stress Management", *International Journal of Emergency Mental Health* 8, no.1 (2006): 5-14.

[23] Jeffrey T. Mitchell and George S. Everly Jr., *Human Elements for Training for Emergency Services, Public Safety and Crisis Disaster Personnel.*

[24] International Critical Incident Stress Debriefing Inc., http://www.icisf.org (accessed March 2011).

[25] Dennis Potter, "Debriefing the Trauma Team." American Academy of Experts in Traumatic Stress, http://www.aaets.org/article89.htm (accessed March 2011).

[26] Arthur Smith, "Critical Incident Stress Management," *Fire Engineering* February, 2005. http://web.ebscohost.com.login.ezproxy.library.ualberta.ca/ehost/pdf?vid=5&hid=116&sid=4d5269af-8be0-40ae-a9d7-5e53967f9321%40sessionmgr104 (accessed November 4, 2008).

[27] 6, Robyn Robinson, "Debriefing with emergency services: critical incident stress management" in *Psychological Debriefing: Theory, practice and evidence*, ed. Beverley Raphael and John P. Wilson (NY: Cambridge University Press, 2000), 102-103.

[28] Tonya Slawinski, "A Strengths-Based Approach to Crisis Response." *Journal of Workplace Behavioural Health* 21, no .2 (2005): 79.

the debriefing. Literature on other methods was lacking when examining a formal

debriefing environment, identifying its procedures and tasks, and applying it to

emergency services personnel.

It has been identified that sometimes when debriefings are used inappropriately

they can cause harm. This is especially true when people are forced to attend or to speak

during the debriefings. When someone is forced to be a part of something that can be as

emotionally charged as a debriefing, it can be hurtful because they are not ready or may

not even need to talk with others or to listen to the incident being revisited. This can

cause retraumatization. Also when the Debriefers are not able to contain the out of

control emotions of anger and conflict, there is a risk to the individuals. If the debriefing

is misused as psychotherapy (which it is not designed for) or the Debriefers are not

properly trained there is an inherent risk of harm.[29] [30] The natural strength and resiliency

of the individual must be respected allowing individuals to make their own choices.

Research Methodology

To capture the meaning of the Debriefers' spirituality as they prepare to debrief,

debrief, and then post debrief (or debrief themselves), I have chosen the hermeneutic

phenomenological research approach. This methodology supports my research question

and allows for the opportunity to find significance in the research. I have written about

this choice of methodology in greater detail in the next chapter. The design of this

particular methodology encourages the participants (the trauma Debriefers as Co-

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[29] 6, Robyn Robinson, "Debriefing with Emergency Services: critical incident stress management" in *Psychological Debriefing: Theory, practice and evidence*, ed. Beverley Raphael and John P. Wilson (NY: Cambridge University Press, 2000), 103.
    [30] Michelle R. Tuckey, "Issues in the Debriefing Debate for the Emergency Services: Moving Research Outcomes Forward," *Clinical Psychology: Science and Practice* 14, no. 2 (June 2007):112.

researchers) to describe the meaning of their experience and then allows for the interpretation of that meaning.[31] This qualitative approach is gaining popularity as well as credibility within the research environment as an important and valid method. [32]

Conclusion

Overall, a literature search to triangulate spirituality, trauma and Debriefers proved to be unsuccessful. I spoke with different Debriefers about the research idea. They were intrigued with the topic but could not recall any similar research.

Before understanding the results of the research it is very important to have a basic knowledge of the concepts of spirituality, crisis and trauma and debriefing methods. These topic areas each reflect a part of who the Debriefer is, how they are trained, their experiences, and how and why they continue to debrief.

There is room for greater exploration and understanding into this very valuable area bringing together these topics and finding personal meaning in spirituality. This thesis will document research results and add to the base of research on crisis and trauma, spirituality and Debriefers. Chapters three, four and five explore these topic areas.

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[31] Zichi Cohen, Marlene, David L. Kahn and Richard H. Steeves. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers.* (CA: Sage Publications Inc., 2000), 5-6.
[32] Nagy Hesse-Biber, Sharlene and Patricia Leavy, *The Practice of Qualitative Research.* (Thousand Oaks: Sage Publications. Inc., 2006)**.**

Chapter 3 – Methodology

"What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment."[1]

- Viktor Frankl

When considering a research project there are many important aspects on which to reflect. The research question is a key aspect. Consideration of the research methodology that would give the most accurate and true research discovery is also very important. I chose to use the qualitative research methodology of hermeneutical phenomenology.[2] A combination of hermeneutics and the philosophical approach to a phenomenon is valuable as I explore with the Co-researchers an often personal and insightful part of themselves – their spirituality. Combining hermeneutics and phenomenology brings authenticity (genuineness, validity and legitimacy) to the Debriefers' experiences, including how those experiences bring meaning to their lives.

The research question I have chosen is: "What meaning does spirituality hold for trauma Debriefers as they work through trauma debriefing experiences?" This qualitative research study accepts that there is no single way that spirituality expresses itself in personal and interpersonal experiences and it allows the Co-researchers and readers of this thesis to accept that differing experiences are unique, meaningful, and valid.

Hermeneutical phenomenology allows the primary researcher to interpret the experiences of the co-researcher.[3] [4] Understanding the concepts of a hermeneutic circle

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[1] Viktor E. Frankl, *Man's Search for Meaning*. (NY: Simon and Schuster, 1963). 171.
[2] Susann Laverty, "Hermeneutical Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations" in *Journal of Qualitative Methods,* 3 (September, 2003): 7.
[3] Ibid., 7-9.

and bracketing are important in this qualitative methodology.[5] Both are discussed in this chapter. The research process involved exploring and interpreting the unique debriefing experiences of the co-researchers.

It is important when capturing those experiences that the data collection methods are true and valid. I conducted the research within the St. Stephen's College ethical guidelines and with the approval of the college's Ethics Committee.

Research Methodology

Hermeneutical Phenomenology

A research methodology is the combination of theory and method coming together in order to "create a guide to, and through, research design, from question formulation through analysis and representation."[6] Thus, a methodology is the framework within which the research is conducted and concluded.

There are many qualitative research methodologies – i.e., Postpositivism (the building of evidence to support a preexisting theory to confirm or refute the theory)[7] and Epistemology (a philosophical belief system about what can be known and who can be a knower).[8] In addition, Hermeneutics (the social interpretation of an experience) and Phenomenology (the identifying of a phenomenon or lived experience of a person) are two often used methodologies.

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[4] Rola Ajjawi and Joy Higgs, "Using Hermeneutical Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning" in *The Qualitative Journal, 12* (December 2007): 616.
   [5] Ibid., 622-623.
   [6] Sharlene Nagy Hesse-Biber and Patricia Leavy, *The Practice of Qualitative Research* (CA: Sage Publications, 2006), 21.
   [7] Ibid., 37-38.
   [8] Ibid., 35.

My chosen methodology is Hermeneutical Phenomenology. This methodology brings together Hermeneutics and Phenomenology; allowing for the social interpretation of what a lived experience could be. This lived experience combines the personal experience of a person and the careful and often discerning interpretation of an experience by another person. Historically, German philosophers (Edmond Husserl, Hans-Georg Gadamer, and Martin Heidegger) have provided a strong foundation in the fields of Phenomenology and Hermeneutical Phenomenology.[9]

Two significant approaches to the combined methodology of Phenomenology and Hermeneutics have been attributed to Gadmer and Heidegger. Both researchers were heavily influenced by Edmund Husserl. As they each philosophically studied the phenomenological approach to understanding, they became aware they could build on Husserl's work. Martin Heidegger described the human experience as not so much a knowing of who each person is, but rather it is more about how each person is or exists.[10] Hans-Georg Gadamer built even further on Heidegger's work by clarifying the understanding that the hermeneutics is not so much about the procedure of understanding but understanding the conditions in which there becomes understanding.[11] It is through the understanding of these conditions in conjunction with the uniqueness of the individual that a phenomenon is discovered.

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[9] Laverty, "Hermeneutical Phenomenology and Phenomenology," 3-10.
[10] Ibid., 8.
[11] Ibid., 10.

Phenomenology

Edmond Husserl is the originator of the philosophy of phenomenology.[12] Husserl viewed the phenomenological method as a true way to study phenomena as it allowed a fullness of each person's experiences to be a part of the phenomena. He understood that a single experience does not exist in a vacuum. Instead it is a product of the entire person combined with their environment. This allows for a multidimensional personal experience which is truly unique.[13]

His philosophical concept is created through the perceptions of an individual experience. Each individual is able to label an experience with meaning and understanding in the context of their own life. Each individual can only know what they experience and (it) awakens each person to their consciousness.[14] It is the labeling and grasping of an experience that brings an individual to a more fully integrated state of being.[15] As each individual moves to integrate their experience into their lives and to make meaning from it, the concept or process of phenomenology is reinforced. As each experience is lived, the individual has an opportunity to see a new significance or grasp a new understanding. This fresh comprehension allows for the individual to see themselves, another individual or situation in a new way. This can create a circle of even newer discoveries and understandings.

Living each day brings an individual to a greater understanding of not only themselves but also of one another. This creates the human experience of learning and

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[12] Ibid., 3-5.

[13] Ibid., 5.

[14] Michael Quinn Patton, *Qualitative Evaluation and Research Methods (2nd Ed.)* (CA: Sage Publications Inc., 1990), 69.

[15] Marlene Zichi Cohen, David L. Kahn and Richard H. Steeves. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers* (CA: Sage Publications Inc., 2000), 7.

growing. The experience is constructed through all of the physical senses, the mind and the soul. The five senses (taste, smell, hearing, touch, and sight) not only give clues to what is happening but also provide memory of a multilayered experience. In the mind is the ability to reason, object, rationalize and problem solve. These abilities bring an intellectual meaning to the experience as well as provide for a depth and breadth of emotional reactions. These reactions may be a reflection of how a person's soul or core gives meaning to an experience. It takes the fullness of who each person is to bring forth the fullness of the experience as it reveals itself. Therefore, as we are able to understand the experience, we are more able to understand ourselves. The process can be circular. Greater understanding brings a fuller experience which is understood more fully and so on.[16] This understanding can happen through personal reflection. This reflection can be spiritual, theological, emotional or physical in nature. This reflection signifies an intention to understand the phenomenon.

We are able to better understand and practice the philosophy of phenomenology when we are able to be intentional about an experience. Intentionality is the clear understanding of being acutely aware and accepting all aspects of the phenomenon. It is important to be clearly attentive that the experience is unique, meaningful and valuable even if only parts are understood.[17]

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[16] Ajjawi and Higgs, "Using Hermeneutical Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning," 616.

[17] Laverty, "Hermeneutical Phenomenology and Phenomenology," 3-5.

Hermeneutics

Hermeneutics is a theoretical approach that can inform qualitative inquiry.[18] The origin of hermeneutics comes from the Greek *hermēneutikos,* from *hermēneuein* to interpret, from *hermēneus* interpreter.[19] Wilhelm Dilthey along with other German philosophers developed hermeneutic philosophy. This philosophy is the "study of interpretive understanding, or meaning with special attention to context and original purpose."[20] "Research of this kind (hermeneutics) involves the building of relationships between the researcher and research participants (co-researchers) who are collaborators in the research process."[21] This collaboration produces research material. The primary researcher takes the material and reads, studies and interprets the original data and combines it with knowledge and experience with a purpose of understanding what the data is concluding. This is done with as little bias as possible and with the highest ethical standards of the primary researcher using the determined qualitative method.

Hermeneutics requires the primary researcher to use qualitative methods to identify meaning or text for what people do or experience. The theory suggests meaning can only be interpreted from a certain standpoint – whether it is the researcher's perspective or the perspective of those being studied.[22] Each standpoint is valid and brings an exclusive meaning to the experience. As the Primary researcher comes to a point of understanding, through multiple standpoints – their own, the Co-researcher's or a

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[18] Quinn Patton, *Qualitative Evaluation and Research Methods (2nd Ed.)* 84.
[19] http://www.merriam-webster.com/dictionary/hermeneutical (accessed March 2011).
[20] Quinn Patton, *Qualitative Evaluation and Research Methods (2nd Ed.)* 84.
[21] Nagy Hesse-Biber, Sharlene and Patricia Leavy, *The Practice of Qualitative Research.* (Thousand Oaks: Sage Publications. Inc., 2006)**.** 36**.**
[22] Ibid., 85.

new position, the interpretation continues through these exclusive and experiential standpoints, bringing newer meaning. It is a circle.

Hermeneutic Circle

The hermeneutic circle is a metaphor for gathering, understanding, and interpreting, leading to a greater understanding and further reinterpreting of data. It occurs because all aspects of the data – spoken, observed, environmental and contextual experiences - are valid and important.[23] As information is gathered and analyzed, newer meaning comes forward to establish or re-establish a more mindful awareness of the information. This then feeds the circle through the process of discovery. By seeing and reseeing the experience in its whole and in its parts, each time it is seen or observed a deeper or different perspective is gained. It brings an opportunity for clarity, and checks and re-checks the primary researcher's biases.

Individuals understand each person in this type of hermeneutic circle. People view and gather information, learn and make mistakes, re-evaluate and form new opinions and strive to understand one another.[24] Hermeneutic phenomenological research is based on the same understanding but with more rigorous steps of data management, research methodology and ethics to produce research results that are as pure and true as possible through this type of interpretation.

"Hermeneutic phenomenological research bridges the traditional mind-body dichotomy that has long been debated by philosophers."[25] The triangle of mind, body and spirit introduces yet another element to the research environment. It is the individual's

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[23] Zichi Cohen, Kahn and Steeves. *Hermeneutic Phenomenological Research*, 72.
[24] Ibid., 74.
[25] Ibid., 6.

spiritual awareness that is at the heart of my research and is supported by this methodology.

Any qualitative research carries with it inherent biases. This bias is clearly understood by knowing that the primary and co-researchers are human beings with viewpoints that come from simply being human in body, mind and spirit. Every effort is made to reduce the bias in the research.

Bracketing

Bracketing is understood as part of the Phenomenological Reduction process of trying to understand the data in the purest form.[26] This is done by acknowledging personal biases, knowledge and pre-judgments so each person can be as open as possible to hearing and seeing all information. Conceptually, the idea is to make personal biases known and as transparent as possible so that the data can be as pure as possible.[27] It is extremely important to let go of preconceived ideas of what the research results may be by minimizing the desire to overlay personal experiences and judgments on the research. However, I doubt curious and caring human beings are completely able to set aside these experiences and judgments.

It is inherent in this research methodology that the primary researcher is also a co-researcher or partner in data gathering and interpreting. It is the primary researcher's ability to read body language, sense timings for questions, and sit with the silences that have a significant influence on the research conversation. It is the desire to learn more about the topic that drives the research, and thesis, to its conclusion.

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[26] Clark Moustakas, *Phenomenological Research Methods* (CA: Sage Publications, 1994), 96-97.
[27] Ibid., 85-86.

It is unethical to change or skew the research results. Use of peer reviewers is one way to question the research results and to ask any questions of personal bias or overlay on the material. Primary researchers are not able to totally remove themselves from the intent or essence of the research. Completely removing themselves would negate the richness of the qualitative data that is gathered through the hermeneutical phenomenological process. I find this process the most reasonable and appropriate approach for my research question. There needs to be a balance between the objectivity of the research and the subjectivity of the primary researcher. By nature of the research method, the researcher and the data can not be completely separated.[28] Since this separation is not possible, the data becomes multi-layered and strengthened.

The Method

Validity of Qualitative Data

The hermeneutic phenomenological qualitative research methodology has grown in depth and understanding in previous years as researchers and co-researchers alike realize the value of qualitative data. Unlike quantitative research, qualitative research captures subjective and personal data. The intimacy of qualitative data brings forth from the quantitative community questions of validity and replication. Qualitative research is only different from, not less or more valid than, quantitative research. While it is true qualitative research can not be reproduced as exactly as quantitative data can, that is not its purpose or intent.[29] To gather, understand and validate a human phenomenon requires an acceptance of personal uniqueness. The uniqueness of human characteristics and

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[28] Laverty, "Hermeneutic Phenomenology and Phenomenology," 11.
[29] John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (UK: SCM Press: 2006), 44-46.

experiences is what builds the foundation of a social fabric. The value of the research is in how it adds to existing knowledge on the subject, not on its ability to be exactly replicated.[30]

A foundational part of hermeneutics is using and understanding the value and importance of each person's experiences. This phenomenological experience is subjective. As a phenomenon is an appearance or immediate object of awareness in (an) experience,[31] each person may or may not share the same awareness. The difference occurs because a person's life is full of personal history and experience, influencing interpretation of events differently.

When it comes to research, this methodology is particularly strong in realizing the importance and differences between individual's experiences and how each person interprets those experiences bringing meaning into their lives. There is no judgment with the methodology about what is correct or valid. Life stories (or narratives) are the essence of each person's identity and develop into who they will become. Each of these experiences changes the person. Hermeneutical Phenomenology brings forth awareness' of the richness of life. It is in the careful and mindful gathering of an awareness that these experiences can be placed together into a whole for research considerations.[32]

Within the research environment, the Co-researchers were both aware and not aware of what they understood their own spirituality to be as it related to the debriefing process. The essence of the methodology is to give a voice to the Debriefers' experiences through the primary researcher's discussions with the Debriefers. The ability to give

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[30] Nagy Hesse-Biber and Leavy, *The Practice of Qualitative Research*, 15.
[31] http://dictionary.reference.com/browse/phenomenon (accessed March 2011).
[32] Nagy Hesse-Biber and Leavy, *The Practice of Qualitative Research,* 132-136.

validity to the spiritual awareness of the Debriefer must be accomplished through careful and thoughtful questioning and probing, as well as deep and skilled listening. It is important, when capturing those experiences; the data collection methods are true and valid.

Research Process

Co-researchers

The study consists of four Co-researchers who volunteered from within the group of Critical Incident Stress Management (CISM) trained Debriefers and who worked in police, fire, dispatch or emergency medical services (EMS) in southern Alberta. These Co-researchers were from one of the services being both CISM trained and experienced Debriefers. I did not call for volunteers within my own immediate geographical area due to conflict of interest.

I first asked for volunteers by emailing the International Critical Incident Stress Foundation (ICISF) and asking them to connect me to their accredited and registered debriefing teams within southern Alberta. I contacted the point people for each debriefing team introducing myself and my intended research. The contacts were very supportive and relayed my request for volunteers (Appendix A) onto their specific team members. The potential Co-researchers were informed in writing about details of the research and that they could withdraw from the interview or research at any time. I included my contact information in a letter (Appendix B). Some Co-researchers contacted me after being contacted by a previously interviewed Co-researcher who saw value in what I was doing. The encouragement from one Co-researcher to another certainly added peer to peer validity to my research. This debriefing community is fairly small and close knit.

They support each other although they may be from different services. Therefore, when it is encouraged or recommended by one experienced Debriefer, others Debriefers then considered participating.

The Co-researchers volunteered their time to share their personal spirituality, experiences and any awareness' it had on their debriefing work. As a precursor to working with the Co-researchers, I first examined my own phenomenological experience by testing the questions on myself and learning from the data. It took approximately three months from the first call for volunteers until the last Co-researcher was interviewed.

Data Collection

The data was collected through a 1 – 2½ hour open ended, semi-structured interview or conversation at a location of the Co-researcher's choosing. The locations varied from personal residences, to places of employment and coffee shops. Prior to the interview all the Co-researchers signed a release agreement (Appendix C). Each potential Co-researcher received a letter stating the reason for the research, the research question, Pearlman's definition of spirituality,[33] as well as a clearly written option to opt out of the interview or research at any time.

Each participant was given Pearlman's definition of spirituality, which was left in front of them on the table/desk during the interview. The definition provided a reference point. The interview questions, (Appendix D) were available in hard copy as well. Due to different learning styles, the questions were presented orally and visually to provide the

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[33] Laurie Anne Pearlman, "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54.

Co-researcher with more than one opportunity to review the question and then give an answer.

I digitally recorded the interview, making notes/reflections afterwards for my own benefit. I recorded my own thoughts, feelings and impressions. The research questions were not always answered in sequential order accommodating the flow and feel of the conversation. Sometimes information was added after more thought or changed as the Co-researcher realized newer information. The face-to-face interview/conversation style really allowed me to get a feel for the data, the interview and the Co-researcher. I also observed the physical and emotional reactions to the questions and their experiences. I believe I was able to perceive when the Co-researcher experienced a new self-or-professional awareness as we talked. The periods of silence were helpful to hold the thoughts and feelings, and to observe their actions and reactions. This conversation research method gave me the opportunity to see the passion and the emotion involved in the re-experiencing of the critical incident and/or a debriefing experience. Neither a questionnaire nor a telephone interview would have given me the same opportunity to see, feel, and hear what was going on and then be able to explore the non verbal cues more deeply with the Co-researcher. Parts of the Co-researchers' spiritual understandings were deepened or intensified with new awareness, or were otherwise positively reinforced through the research process.

Transcribing the interviews was very powerful. I was able to repeatedly hear with both my ears and my heart the research we did together. The transcribing deeply impacted how I related to the Co-researchers. It also gave me such a compelling feel and understanding for the data when it came time to collate and learn from the research.

Validations

Validating the material was achieved in several ways. As an informed member of a debriefing community, I have my own credibility, experiences and trust to build upon that validates the process and types of critical incidents and experiences of the Co-researchers.

The research results were balanced between observation notes, transcriptions, demographic data and journal reflections. This convergence of findings provided for stronger research validity. I had a peer review the collated research material and interpretations to help assess for my bias and to ensure clarity. The abstract and research chapter were offered to the Co-researchers for review and feedback.

Ethical Considerations

Each Debriefer was given the opportunity at anytime to withdraw in part or completely from the interview or the research process. There was no coercion to participate as the Co-researchers volunteered in their professional capacity. I had not worked with any of the Co-researchers previously. There was no power imbalance, real or perceived, between any of the Co-researchers and myself. For research purposes all names have been changed, along with any specific reference to traumatic situations or critical incidents. After being properly stored in a locked file, all notes and tapes will be destroyed after seven years. A written informed consent was given, outlining the Co-researcher's right to privacy and their right to discontinue the research anytime. In the consent form was the request to publish the results of the data and any secondary analysis for research and publication purposes with no described timeline.

Confidentiality of situations, experiences and perceptions is maintained and therefore every effort was made to provide an opportunity for deep and rich discovery. As each Co-researcher was unique, so was the description of their spirituality over many debriefing experiences. Confidentiality of all written and electronic material was strictly observed. The material was placed in a locked cabinet and will be destroyed as outlined. I have the only access to the written material, flash drives and the password protected information on a hard drive. My personal transcription of the research material added to the level of security regarding confidentiality. This research was approved by the St. Stephen's Ethics Committee following the guidelines of the University of Alberta's human research protocols.

My own personal and professional experience with the debriefing process also prepared me to put emotional boundaries in place when discussing these critical incidents. There was a remote possibility the Co-researcher could re-experience vicarious traumatization when being interviewed. I ensured I had appropriate referrals available to helping agencies or to operational personnel who could assist the Co-researcher if needed. I clearly understood the risk of self disclosure and self discovery and what unexpectedly may come forward as the situation is relived. My role in each conversation was of learner/researcher. Some of my own experiences as a Debriefer were shared in addition to learning and researching from others. As an insider/outsider, I understood the interview risks when interviewing these Co-researchers. I attempted to maintain an objective focus on the Co-researcher, being very careful not to transfer my own experiences into the conversation, but use them only as reference points. My field/interview notes and journal writing included reflective comments. They noted the interview risks with the hope of

capturing any bias and/or transfer from my personal experiences. Having the research chapter carefully reviewed by the peer reviewer also assisted in helping me examine my own biases and overlay of personal experiences.

Conclusion

Bringing together the hermeneutical phenomenological research methodology with my own experiences and bracketing them with an understanding of the hermeneutic circle, I brought a valid qualitative research to this thesis. This is original research material and as such I relied solely on these volunteer Co-researchers for the qualitative data, as I could not rely on any from previous research. The qualitative data was collected entirely through the interview experience in the most ethical and compassionate manner possible.

Chapter 4 – Crisis and Trauma

"Everything can be taken from a man but one thing; the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way."[1]
— Viktor Frankl

Crisis and trauma are two experiences that can provoke a sense of fear and uncertainty in a person and simultaneously increase adrenaline and heart rate. They are individual responses to a critical incident based on personal experiences and coping mechanisms.[2] Seldom would either a crisis or trauma be considered good, but each can be managed. These crisis and trauma references will focus on critical incidents witnessed and experienced by Fire, Police, dispatch and EMS personnel.

A trauma Debriefer is a specifically trained individual who helps others review a critical incident.[3] Outlined in this chapter are the types of people who typically and repeatedly work in crisis environments. Those environments have similar characteristics and, notably, there are some identified responses to critical incidents. Stress, traumatic stress and PTSD (Post Traumatic Stress Disorder) can be a result of a crisis and its cumulative traumatic effects.[4] [5] [6] This chapter provides an overview of crisis and trauma and how each relates to the trauma Debriefer.

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[1] Viktor E. Frankl, *Man's Search for Meaning*. (NY: Simon and Schuster, 1963). 104-105.

[2] Barbara Rubin Wainrib and Ellin L. Bloch, *Crisis Intervention and Trauma Response: Theory and Practice.* (NY: Springer Publishing Company, 1998) 20-21, 42-44.

[3] 6, Robyn Robinson, "Debriefing with emergency services: critical incident stress management" in *Psychological Debriefing: Theory, practice and evidence*, ed. Beverley Raphael and John P. Wilson (NY: Cambridge University Press, 2000), 94.

[4] 5, Charles R. Figley and Rolf J. Kleber, "Beyond the "Victim": Secondary Traumatic Stress," in *Beyond Trauma: Cultural and Societal Dynamics,* ed. Rolf J. Kleber, Charles R. Figley and Berthold P.R. Gersons (NY: Plenum Press, 1995), 78-80, 87-90.

[5] 9, Lyndra Bills, "Trauma-Based Psychiatry for Primary Care" in *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 123.

Crisis

Crisis is very different from trauma. A crisis is a situation someone faces which is abnormal (i.e., outside the individual's scope of usual experiences) and needs immediate attention. Originally the word crisis came from the Greek *krisis,* meaning "decision", and from *krinein*, meaning "to decide".[7] In Kristi Kanel's book, *A Guide to Crisis Intervention,* Gerald Caplan describes a crisis as an "obstacle that is, for a time, insurmountable by the use of customary methods of problem solving."[8] This can mean there is a decision to be made that needs immediate or timely attention in ways that are unfamiliar.

Jeffrey Mitchell writes there are typically two major types of crisis that can put a person into emotional turmoil. One type is the maturational crisis and includes turning points in our lives – for example, puberty, adolescence, marriage and aging. Another is a situational or sudden disruptive crisis that can include experiences like an accident, death, illnesses or divorce.[9] Both types of major crises can have a large influence on the course of life. They are turning points where decisions are made that can result in major life changes. Maturational crises are somewhat expected and not often sudden. While there is an expectation of maturational turning points in life, it does not mean they are easier to handle or understand. They still need attention and are outside the scope of the person's usual experiences; therefore they by definition are a crisis. How a person handles the crisis is individual and need not be traumatic. The situational or disruptive crises are

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[6] Cheryl Regehr and Ted Bober, *In the Line of Fire: Trauma in the Emergency Services.* (NY: Oxford University Press, 2005), 66-81.

[7] http://www.merriam-webster.com/dictionary/crisis (accessed March 2011).

[8] Kristi Kanel, *A Guide to Crisis Intervention*, 2nd Edition, (CA: Brooks/Cole Publishing, 2003), 1.

[9] Jeffrey T. Mitchell and H.L.P. Resnik, *Emergency Response to Crisis: A Crisis Intervention Guidebook for Emergency Service Personnel*. (MD: Chevron Publishing Corporation, 1981), 3-4.

those times that are not expected, yet must be handled in some way. It is often the surprise of the crisis that can be so devastating. Both types of crisis have similar characteristics.

Crisis Characteristics

Each crisis has a similar pattern through which a person can move from beginning to end. In Jeffrey Mitchell's experience he notes almost all crises have the following stages:

1. Precrisis – a state of relative equilibrium.

2. Impact – point at which the stressful event happened.

3. Crisis – the person perceives the stressful event and sees it as a possible threat. This phase has two parts: (A) Disorganization and Confusion and, (B) Trial and Error Reorganization.

4. Resolution – person regains some control over their emotions and works towards a solution.

5. Post Crisis – the person is able to come out of the crisis and resumes normal activities. In this phase some people are stronger while others may have ongoing emotional injury.[10]

The Precrisis phase or stage is the state the person is in prior to the crisis. It is their "normal" or day to day living situation. Some lives appear to be calmer or more chaotic. It is what is normal or naturally occurring for each person.

The second stage or the Impact phase is the few moments that pinpoint when that stressful event occurs. This stage is characterized by shock and disbelief. There is a

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[10] Mitchell and Resnik, *Emergency Response to Crisis,* 5.

moment of near emotional and physical stasis. Cognitive abilities can be impaired for just a moment in time. It can be as if the person(s) and time stand still.

The Crisis stage is where the person does (or does not) understand the event to be a possible threat to themselves or others. The stage breaks down into two parts. The first part is identified as Disorganization and Confusion while the person tries to make some small sense or decision about the possible threat. The second part is an attempt at Trial and Error in order to reorganize or bring some clarity to the event. This attempt may happen several times – trial, error and reorganization.

The next phase is the Resolution stage. During this stage there is an attempt to regain equilibrium, control emotions or thought processes, and to try to find or work towards a solution. A solution is not easy as many emotions can be experienced and even repeatedly experienced. There may also be multiple solutions assisting the person to the final post crisis phase.

The Post crisis phase has no time limits or instruction manual. Each person emerges from their experiences at different times and at different emotional and spiritual places. The person is changed forever and so is their "normal" activity and life. They now live in what is identified as a "new normal" with the crisis experience woven into the existing emotional and spiritual fabric of that person.[11] It is a permanent change – until the next crisis, either maturational or suddenly disruptive, comes along.

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[11] Richard G. Tedeschi and Lawrence G. Calhoun. *Trauma and Transformation: Growing in the Aftermath of Suffering.* (Thousand Oaks, CA: Sage, 1995). 39-41.

Mitchell[12] suggests the following similar characteristics are found in all emotional crises:

1. sudden,

2. normal coping methods fail,

3. short in duration,

4. potential for self destructive, dangerous or socially unacceptable behaviour.

An emotional crisis can be very difficult to deal with. The sudden and short time frames that are characteristic of a crisis are strong and unfamiliar to most people. The situation is so foreign often people are left literally speechless and sometimes physically distraught. During this time all familiar coping strategies fail as the crisis is outside the normal range of day to day living. Such sudden change can move people to do things they would not normally be inclined to do. Thus, crisis can produce in people behaviours that are unusual. Sometimes people will look towards alcohol, food or drugs (legal and illegal) to medicate the emotional and spiritual pain. Suicidal ideations can also become real thoughts as a way to remove the extreme pain. Close friends and family may become alienated or pushed away as the person tries to deal with the emotional crisis. These actions can result in a delayed recovery, or continuous relooping of trial and error as they struggle to move to some resolution.

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[12] Mitchell and Resnik, *Emergency Response to Crisis,* 4-5.

Crisis Response Levels

According to Wainrib and Bloch, regardless of the crisis a general crisis response can be characterized at three levels.[13] In keeping with my beliefs about the integral nature of the spiritual, I've added a fourth level.

1. Cognitive level - a person's problem solving skills and coping abilities are temporarily overwhelmed.

2. Psychological level - a temporary state of shock may be followed by denial, fear, excitability, restlessness, sadness, terror, disbelief, numbness and confusion.

3. Physical level - a person's heartbeat is often changed, breathing or respiration is also changed and excessive sweating may be apparent.

4. Spiritual level - deep grief, and often a questioning about "why is this happening to me?" and/or "what is the deeper meaning?"

The immediate heightened crisis period is normally within a 24-36 hour window of the event. Trauma can result from a crisis, but not always. It depends on different factors.[14] For example, to a firefighter, a house destroyed by fire is within their normal range of experiences and therefore is not considered a crisis. To the homeowner and to the adjacent neighbors, it is a crisis that could easily result in personal trauma. It is the same event but from different experiences and perspectives. Each person and their support systems, as well as the health of these persons, will have a significant impact on how the crisis is handled. "The failure to understand that the event is NOT the crisis, can easily lead to over intervention, and the potential to interfere with natural recovery

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[13] Rubin Wainrib and Bloch, *Crisis Intervention and Trauma Response*, 20-21.
[14] Regehr and Ted Bober, *In the Line of Fire: Trauma in the Emergency Services*, 12-23.

mechanisms!"[15] Therefore, it is not the house fire that is the crisis. Rather it depends on whom it affects, and how they understand it is the determining factor. The house fire is simply the event – a happening.

A similar example is a medically compromised gentleman learns of his wife's sudden death. Not only can this transition him into emotional and spiritual crisis, but it can also trigger some of his medical complications. If he is alone or with only distant support, the work of grief and loss may be much more difficult and continue to compromise his medical health as well as his emotional and spiritual state. It will be harder for him to move towards an acceptable resolution – a life without his wife. If he has a strong support system around him to help him deal with his wife's death, it may be a bit easier for him to grieve and learn to live life differently without his wife. It can be difficult to do, but he can manage a new normal. The crisis is the same (the death of this wife) but how he is able to handle the situation can determine the extent of his personal trauma, his reaction to it and his coping mechanisms.

Kinds of People who work in Crisis Environments

There are unique kinds of people who continue to work and thrive in crisis environments. These people, who are helping in the disaster environment, often share the same personal traits and responses to situations. Charles Lorrain affirms the similar personality types that trained emergency services personnel share.

He suggests the people have these traits:

1. they are risk takers,
2. need to be in control,

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[15] George S. Everly, Jr., *Assisting Individuals in Crisis, 4th* ed, (MD: International Critical Incident Stress Foundation, 2006), 121.

3. need to be needed,
4. often have a rescuer personality,
5. are action oriented,
6. easily bored,
7. highly dedicated, and
8. have a need for immediate gratification.[16]

Some of the extreme and time sensitive environments into which the emergency services are placed reflect very clearly some of these personality traits. The situations are fast moving and the people are action oriented, acting and reacting in a timely fashion. These workers need to be needed. Their purpose is to be useful – to help. They are dedicated to their profession and by its nature often take risks. They are sometimes in control of part of the situation (medical, protection, rescue, etc.) and with control comes influence upon the outcome. Sometimes there is an immediate resolution with the outcome that satisfies the emergency workers action-oriented need. From the resolution comes satisfaction; however the situation does not always have a positive outcome. These are the types of people who choose to come to the aid of others – they are rescuers and helpers by nature simply by the profession they have chosen.

With these similar personality traits it is not hard to observe the subculture in which they are immersed. It takes a great deal of work, respect and experience to be accepted as a member of these subcultures. They are professionals who will risk much to do their job and to do it well. While they are at an emergency situation they are often working on autopilot, suppressing their emotions so they can do their jobs. This is a protective emotional shield allowing them to do some very difficult things.[17]

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[16] 19, Charles R. Lorrain, "Working with Police, Firefighters, and other Uniformed Personnel" in *Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy*, eds. Stephen B. Roberts and Willard W.C. Ashley (VT: SkyLight Paths Publishing, 2008), 315-316.
[17] Lorrain, "Working with Police, Firefighters, and other Uniformed Personnel," 317.

How emergency services personnel treat and provide assistance to any victim has deep and lasting effects.[18] There are pivotal moments in any crisis. The victims can be treated with respect and dignity or they can be dismissed. Even the simplest of words can have a lasting effect – either assisting in recovery or hampering it. This is also true of how emergency services personnel treat each other through various phases of a critical incident, including defusing or debriefing. A defusing is an informal conversation about the person, feelings and/or the incident. The defusing is a repeatable occurrence – it happens as it is needed. A debriefing is a formal, one time event, where only those who were involved in the incident come together to talk about the experiences of the critical incident. There may be a time when the emergency services personnel also need to talk about what happened.[19]

Emergency services personnel are not usually the primary victims, but they can be secondary victims. Crisis and its traumatic effects do not necessarily diminish depending on what type of victim (primary, secondary or vicarious – as described later in the chapter) the person is. Each person can be affected emotionally through the primary scene, secondary debriefing or as a result of their own personal, emotional, or spiritual triggers or unknown vulnerabilities. Sometimes the affect becomes stressful or even traumatic and, therefore, may need some help to be managed.

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[18] Mitchell and Resnik, *Emergency Response to Crisis,* 5.
[19] Shannon Gwin Mitchell and Jeffrey T. Mitchell, "Caplan, Community and Critical Incident Stress Management", *International Journal of Emergency Mental Health* 8, no.1 (2006): 6-7.

Trauma

Trauma is an individual experience defined as a wound, originating from the Greek word *traumat.*[20] Yvonne Farley, citing Judith Herman, defines trauma "as an affliction of powerlessness at the moment of trauma, the victim is rendered helpless by overwhelming force….Traumatic events overwhelm the ordinary sense of care that give people a sense of control, connection and meaning (1992, p.32)."[21]

Trauma can be physical (e.g., where the body is broken or hurt) or it can be an emotional, mental or a spiritual wound. These wounds or experiences often have a severe force and leave a person without a readily available coping mechanism. "Trauma always involves loss: after a trauma nothing is ever the same."[22] The wound may heal, but the residual of its affect may not ever be totally removed. There is a permanent change in the person as a result of the trauma and subsequent loss. This loss may be a physical change (a stroke for example) or it might be an emotional change (a fear of fire after a house fire). In each example the person has lost what they had before – either full use of their body or the sense of safety.

There is also spiritual loss. This can be a shifting in what a person saw as important in their lives. They may have believed very strongly in something and found that taken away from them. An example of this is the concept of a deity (God) protecting the small children and the vulnerable in the community. However, they attend a scene where the children have been severely abused or killed. A foundational principle of

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[20] http://www.merriam-webster.com/dictionary/trauma (accessed March 2011).
[21] Yvonne Farley, "Making the Connection: Spirituality, Trauma and Resiliency" *Journal of Religion and Spirituality in Social Work*, 26 no. 1 (2007), 5.
[22] Karen W. Saakvitne and Laurie Ann Pearlman, *Transforming the Pain*, (NY: W.W. Norton & Company, 1996), 26.

God's protection for the weak and innocent is destroyed. This foundation is no longer stable or it is crumbling. There is spiritual turmoil relating to just who is God for them and how they understood God to be. Each loss takes time and different skills to move towards recovery.

Our ability to recover from trauma is dependent on many things. The individual's current physical, mental, emotional and spiritual health is a strong determining factor in how the initial trauma is handled. At the time of the traumatic event, the experience is new and outside of the individual's coping skills. This means the recovery process will probably be new as well. Recovery processes integrate the traumatic experience into the person's life. The available support people and coping mechanisms can assist in integration and recovery. One support mechanism can be family or close friends. Work places often have trained mental health professionals available to assist someone experiencing difficulty. Also available are therapists and psychologists in private practice.

Another way is through trained and experienced support people are known as Debriefers. These people are willing to journey through the myriad of thoughts and emotions the trauma experience brings out in each person. A debriefing is an opportunity for both examining the trauma and an opening to healing. In some instances an immediate defusing is needed, in others a formal debriefing process is required. Sometimes additional help from mental health professionals is needed to assist in the trauma recovery. The level of assistance may be dependent on which type of trauma was sustained, the depth of the wounding and the person's natural support systems.

Types of Trauma

In order to appreciate differences in experiencing trauma, I offer an example of the three types of trauma and trauma victims in a motor vehicle collision provided by Saakvitne and Pearlman.[23] These differences can also be depicted as a trauma circle.

Rings of the trauma circle are:

Primary trauma – the person who experiences the event – is in the motor vehicle collision,

Secondary trauma – the person who witnesses the car accident or assists the victim,

Vicarious trauma – the person who listens to either the secondary or the primary victim and is changed as a result.

Trauma Circle

Vicarious – Debriefer who assists the paramedic at the debriefing/defusing

Secondary – helped the badly injured person - paramedic

Primary – person in the vehicle

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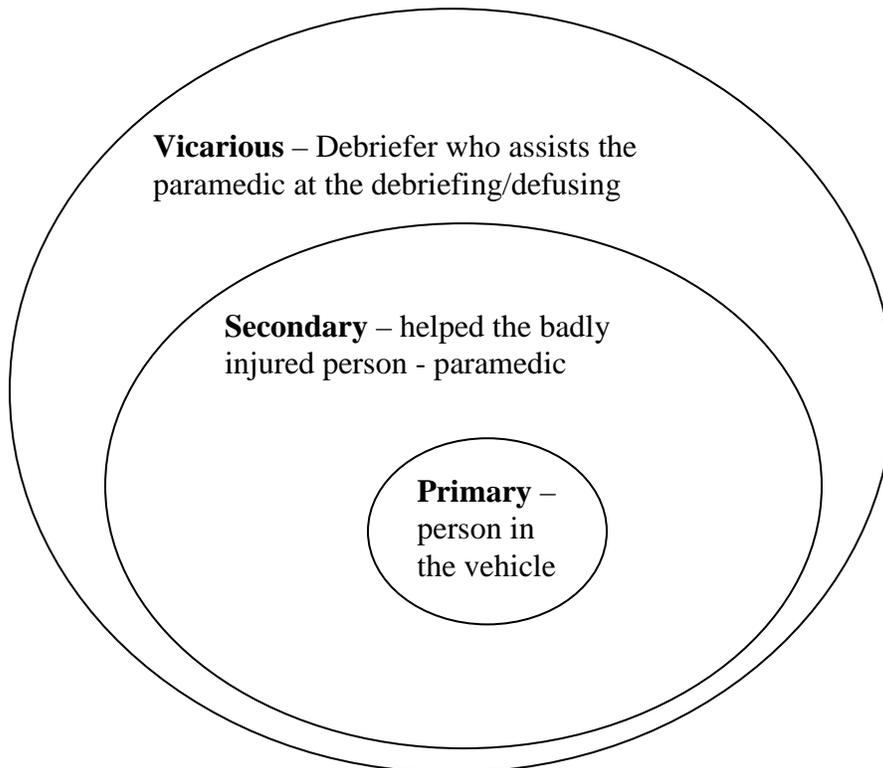
[23] Saakvitne and Pearlman, *Transforming the Pain,* 25.

Following is a more detailed description of types of trauma victims – using a motor vehicle collision as an example.

Primary – the motor vehicle collision victim is the primary trauma victim. The injuries sustained may or may not be both physical and mental. They would be placed in the center of the trauma circle. These people may likely need professional medical and mental health assistance. The type of help would depend on the severity of the trauma experienced, the victim's overall state of health as well as the victim's ability to cope. Their surrounding support system could be a key element in how quickly they recover.

Secondary – A person who witnessed and possibly assisted during the event is the secondary victim. It may be the paramedic or police officer who assisted at the motor vehicle collision. Even though they did not physically sustain any injuries, it does not mean they are not psychologically changed by witnessing the result of the collision. For some, the witnessing of the event may or may not become a stressor in their lives. This can be especially true if the collision is particularly gruesome, if they tried to help without success or if the collision was a reminder of a previous event. The memory of the collision will be a part of the secondary trauma victim's psychological make up for the rest of their lives. They, as well as the primary victim, have been imprinted with the event. Further, the trauma may trigger previous secondary or vicarious events to which the person was exposed. If the symptoms of the stress are not manageable, they should find assistance. The assistance can be from their existing support system of peers, friends, and family or from professional mental health resources.

Vicarious – the person who hears the event from either the primary or the secondary victim is also affected by the collision. This could be the debriefer/listener.

The Debriefer could be affected through the initial telling of the event and the effect it had on the primary or secondary victim. Or they can be affected by the event triggering a previous and similar trauma with which the Debriefer had been personally involved. The triggered event can put the listener back into a place where they were either the primary or the secondary victim in another critical incident. Sometimes, the triggers are unknown and a surprise to the listener. The triggers can result in emotional, spiritual and/or physical responses. The listener then seeks out support for her or his own situation. This triggering can occur for those who work in high stress environments while engaged in either a defusing or a debriefing.

Each victim (primary, secondary or vicarious) will not always require assistance outside of their normal routine, coping and support system. What is important is recognizing repeated exposure to trauma experiences has a real life influence that is stressful. The key to dealing with stress is to recognize when the normal systems are not enough to assist in a particular situation. The goal of intervention at any time is to ensure each person is given the tools and opportunity to return to a healthful state.

Often physical injuries are recognized as the primary stressors and little attention is given to the mental and emotional turmoil resulting from trauma. A person's spiritual health may also be placed into question as mental and emotional concerns are addressed. Spiritual trauma brings into focus the sharp and deep questioning of life's meaning and purpose very quickly. Thus, trauma Debriefers choose to willingly and repeatedly hear the pain and, often, the spiritual turmoil of their peers and colleagues. As highlighted in the writing of Saakvitne and Pearlman, when the Debriefer has an openness and willingness to hear someone's story of devastation or betrayal, a person's *(their)*

cherished beliefs are challenged and the person(s) is (are) changed.[24] The change does

not necessarily mean something bad or difficult, just an acknowledgement there is a

change. It is when it becomes overwhelming or touches very deeply there is a risk of

vicarious traumatization.

The definitions of primary, secondary and vicarious trauma are fluid between

some professionals in the general field of psychology and those who work directly in

psychological traumatology, including crisis workers. Figley and Kleber blend the

definitions of secondary and vicarious trauma by stating that all "knowledge of a

traumatizing event experienced by a significant other (is secondary trauma)."[25]

Knowledge can be understood either as a visual experience, or by hearing of the event

from others. In my opinion, a blending of the definitions leaves little or no distinction

between secondary or vicarious trauma and consequently how best to help each victim

becomes blurred. Many Traumatologists and crisis workers affirm separate definitions of

secondary and vicarious trauma, allowing for a clearer distinction within the trauma

circle. A clear understanding of the different levels of trauma is important so there are

clearer ways of addressing the resulting effect.

Stress

What stress is and how it affects each person is individual. John Fawcett quoting

Jeffrey Mitchell and Grady Bray define stress as "a state of psychological and physical

arousal that comes about as a result of a threat, challenge or change in one's

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[24] Saakvitne and Pearlman, *Transforming the Pain,* 25.

[25] Charles R. Figley and Rolf J. Kleber, "Beyond the "Victim": Secondary Traumatic Stress," in *Beyond Trauma: Cultural and Societal Dynamics,* ed. Rolf J. Kleber, Charles R. Figley and Berthold P.R. Gersons (NY: Plenum Press, 1995)*,* 8.

environment."[26] Stress can be positive or negative. A person's body, mind and soul are each affected by either a single stressor or cumulative stress. The day to day stress threshold varies among individuals. Many people can and do operate very easily within their threshold.

Different people will experience the same trauma and react differently. This reaction is dependent on many factors. Four such factors include: a person's preexisting mental, emotional, spiritual and physical health. Another factor is how each individual handles stressors and stress in their lives. Some people relieve the stress through physical activity. Others search out colleagues with whom to talk. Yet others will not mentally, emotionally or physically work through the stressors but will medicate them with alcohol, food or drugs. Each person decides what works for them to relieve stress. There is no doubt there are healthy and unhealthy ways to deal with stress. The unhealthy methods do not assist in effective long term coping. Instead they are often used to cover up or bury stress and its effects. When covering up is the primary coping mechanism, the overall health of the individual can begin to decline. The decline can lead to increased job stress, diminishing healthy relationships, physical bodies that are at a greater risk of becoming ill and even further decrease in coping skills. The primary cause of this behaviour may be the result of a traumatic experience and result in traumatic stress.

Traumatic Stress

There are work related events that can trigger severe or traumatic stresses – i.e., a stress level beyond a person's typical threshold. For example, the death of a colleague

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[26] John Fawcett, ed., *Stress and Trauma Handbook*: *Strategies for Flourishing in Demanding Environments* (CA: World Vision International, 2003), 15.

(especially in the line of duty) or the extreme physical/emotional trauma or death of a child most often become trauma events needing special and immediate attention.[27] One way (of several) to begin to deal with these events, and the traumatic stress arising, is through a planned debriefing. This particular specialized type of coping strategy is referred to in greater detail in the next chapter (Critical Incident Stress Management).

Emergency personnel can develop a trauma threshold that can seem cold and abnormal to others. By the nature of their work, they may have frequent exposure to some of the most horrific things human beings can do to each other or themselves. These experiences can become routine or "normal". The repeated experience can be compared to soldiers in a combat zone. The soldiers are often at a heightened physical, emotional and mental state, prepared for whatever their job may ask of them. They also know at some level their well being and even their lives may be at constant risk.

There is a spoken and unspoken reliance on emergency services to work together as a team, sometimes in dangerous and extreme environments. A professional working relationship between services is adhered to in an immediate time of crisis. This heightened physical awareness, mental alertness and efficiency allows emergency personnel to do what many others could not. They are often hyper-vigilant to the situation and may take risks to protect or rescue another human being, animal or property. Their minds and bodies function under heightened stress levels.[28] Maintaining a heightened threshold without proper and timely stress reduction can become harmful over time. Figley and Kleber suggest helping professionals such as "rescue workers, emergency

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[27] Jeffrey T. Mitchell, *Advanced Group Crisis Intervention: Strategies and Tactics for Complex Situations,* (MD: International Critical Stress Foundation, Inc., 2006), 125-129.
[28] Brian Luke Seaward, *Managing Stress in Emergency Medical Services,* (MA: Jones and Bartlett Publishers, Inc., 2000), 3.

personnel….are particularly vulnerable to developing stress reactions because of the high

emotional burden of working with clients (peers) distressed by their exposure to

horrifying events."[29] As previously discussed, there are different types of stress reactions.

Development of Post Traumatic Stress Disorder – PTSD

Post traumatic stress disorder (PTSD) is the condition resulting from post

traumatic stress. Post traumatic stress is the very intense arousal following a traumatic

stressor (trauma).[30] PTSD can affect different types of people who work in many

different high stress situations. Medical personnel, soldiers at war, disaster services as

well as first responders are at risk of developing PTSD. For some people, being

continually immersed in traumatic events can become severely overwhelming and then

harmful to the body and the mind. The DSM IV (Diagnostic and Statistical Manual of

Mental Disorders version IV) defined PTSD with three key symptom clusters that appear

after the traumatic event. They are:

> "1. intrusive memories and recollections of the traumatic event in the form of persistent and distressing dreams, flashbacks, and/or intrusive thoughts/images;
>
> 2. persistent avoidance of, and withdrawal from people, places, and/or things associated with the traumatic event, as well as depressive symptoms; and
>
> 3. persistent symptoms of increased arousal, such as hyperstartle reactions, irritability, angry outbursts, and sleep disturbance."

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[29] Figley and Kleber, "Beyond the "Victim": Secondary Traumatic Stress," 79.

[30] Jeffrey T. Mitchell and George S. Everly, Jr., *CRITICAL INCIDENT STRESS MANAGEMEMENT (CISM): Basic Group Intervention, 3rd ed. Revised,* (MD: International Critical Incident Stress Foundation, Inc., 2003), 49.

When these symptoms persist longer than one month they can fall into the category of PTSD. Delayed PTSD can be clinically diagnosed after six months.[31] This psychiatrically and professionally diagnosed mental state is fully treatable. Treatment can be different than a cure. For some people who suffer from PTSD, there is a return to a healthful state and for others they must live with its residual effects.

This explanation is not to examine the effects or multiple causes of PTSD, but rather to bring to the reader's attention to understand that post-traumatic stress is a real risk among those who constantly immerse themselves in traumatic stress and crisis situations. The cumulative effect of the stress, with little or no effective personal or professional management techniques, can bring about the possibility of PTSD. The best way to minimize the risk of PTSD is to deal with the trauma the individual experiences and to relieve some of the stress before is accumulates into a disorder or unmanageable state. Trauma management and debriefings may have a positive effect on reducing the risk of and possibility for developing PTSD.

Conclusion

A crisis is an abnormal situation facing a person that requires immediate attention. There are five stages of a crisis with four very similar characteristics. People respond to crises at four different levels. An increased stress level is often a part of a crisis environment. It is through identifying and managing their stress that emergency service personnel remain healthy and/or find healthy ways to recover from trauma so they can continue to do their jobs.

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[31] American Psychiatric Association, *Desk Reference to the Diagnostic Criteria from DSM-IV-TR*, *7th printing*, (VA: American Psychiatric Association, 2004), 218-220.

Trauma recovery (if needed at all) can be a quick or a slow process, and trauma Debriefers can have a significant role in the recovery. The peer to peer nature of trauma debriefing allows for a lowering of the protective emotional shield that enables emergency personnel to function in an often toxic and complicated environment.

As each person lives their daily lives, they are exposed to different crises that may result in personal trauma. The stress of the trauma and crisis can be damaging if not dealt with. There are times when a person's normal coping mechanisms are not in place and external help is needed to mitigate the effects of both the crisis and the trauma. This help enables the person to have the opportunity to return to a healthful state. The trained trauma Debriefer is one of those people who can be available to assist emergency services personnel.

Chapter 5 – Critical Incident Stress Management

"If we believe in what we are doing for the individuals we serve, we should believe in what we are doing for the individuals providing the services!"[1]

— Dennis Potter

Managing critical incident stress is not easy and it can not be rushed. It is a complex process requiring recognition there was a crisis, there has been trauma and an intervention is necessary. The common goal of all crisis intervention is to manage the stress from trauma. In this chapter several crisis intervention models are identified, including the Mitchell/Everly or the Critical Incident Stress Management (CISM) model. The CISM model is the one used for the purposes of this thesis. I will provide a brief explanation on the defusing and debriefing components of CISM and discuss the role of the debriefing team members within the debriefing. An explanation about when and why the Debriefer may need to be debriefed is also provided.

Crisis Intervention

Sometimes when our normal coping mechanisms fail us, even for a short period of time, or a situation is so beyond our scope of daily events, one way to deal with the situation known as crisis intervention. Since crisis intervention deals with the individual's response to an event, it is recognized that each person responds to crises differently. Sometimes a person is able to deal with the crisis on their own. They may prefer the comfort of solitude while others may use the company of friends and family. Some

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[1] Dennis Potter, "Debriefing the Trauma Team." *American Academy of Experts in Traumatic Stress*, http://www.aaets.org/article89.htm (accessed March 2011).

people may relieve stress through physical activity – walking/running, weight training, and sports. However, there are times when individuals are not able to cope on their own and need help from others. This is not a reflection of weakness; just an understanding of each person's individual needs. Human beings by nature are socialized creatures needing human contact, support and understanding to assist in the healing and awareness.

When individuals help each other deal with a critical incident (i.e. undertake a crisis intervention) it may require Psychological First Aid. As the body sometimes needs help to heal, so does the mind. Psychological First Aid is the foundation for crisis intervention. This particular kind of First Aid treatment is given by listening, providing assurance, and simply being present and available to the individual to help in whatever way possible. The greatest comfort can come from words that are non-judgmental, supportive and compassionate.

Immediately following a crisis, and for a short period of time afterwards, the brain has suffered a psychological trauma and it may feel numb as it tries to comprehend all that has happened. It may feel like there is a barrier making it difficult for information to get in or get out. In crisis moments the physical ability to hear is sometimes reduced. It is a temporary physiological reaction to the crisis. As a result of these reactions, any communication must be clear and simple. Information should be repeated to ensure comprehension as both the cognitive and auditory abilities can be greatly reduced.

Critical incidents often involve several people. Providing the opportunity for those involved to come together to discuss the incident is called a debriefing.

Debriefing Methods

Many different types of debriefing methods have evolved. Each method has its

strengths and weaknesses and is designed for a specific purpose. Some are more

individually focused and others are designed for small or large group debriefings. Charles

Figley and Rolf Kleber citing McCammon and Allison (1995) reviewed several

debriefing models and found a number of common elements. They are:

> "1. the structuring of opportunities to review the events of the traumatic situation and to ventilate feelings;
>
> 2. learning skills for integrating and mastering the event; and
>
> 3. obtaining assistance in identifying, enlisting, and accepting help from one's support system."[2]

These common points suggest the foundation of debriefing and intervention

methods work towards the same goal of crisis intervention. The intervention is an

opportunity to return to a healthy, stable environment. Three examples are described to

illustrate these points.

Example 1: Some people choose to work with a professional psychiatrist, psychologist or

other certified mental health professional. Care by a professional allows the person to

work at their own pace and to work towards healing and closure in their own way under

guidance and supervision.

Example 2: For others there is the Strengths-Based Approach, which is founded on the

premise each traumatized person is their own expert as they recover.[3] This approach

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[2] 5, Charles R. Figley and Rolf J. Kleber, "Beyond the "Victim": Secondary Traumatic Stress," in *Beyond Trauma: Cultural and Societal Dynamics,* ed. Rolf J. Kleber, Charles R. Figley and Berthold P.R. Gersons (NY: Plenum Press, 1995), 90-91.

[3] Tonya Slawinski, "A Strength-Based Approach to Crisis Response." *Journal of Workplace Behavioural Health* 21, no. 2 (2005):79-81.

builds on the inherent and surrounding strengths of the person and their existing support systems. The suggestion is each individual uses their own social networks, self esteem, natural resiliency and cognitive coping skills to work through the crisis. They know what is best for them in this situation.

Example 3: Thirdly, Kristi Kanel, PhD, developed the ABC model of crisis intervention. The defusing model includes:

1. developing and maintaining contact,

2. identifying the problem, and

3. coping.

Kanel's process can be done in person or on the phone, in either a short phone call or up to six sessions.[4] Her one-on-one model does not require a mental health professional, but uses a trained lay person who can work with the distressed individual.

The debriefing method chosen for this research is the Mitchell or CISM (Critical Incident Stress Management) model, named after its creators, Jeffrey T. Mitchell, PhD and George S. Everly, Jr. PhD. It has been in use for over 20 years. Mitchell, a former paramedic and firefighter, realized emergency services personnel needed a way to debrief or let go of some of the more horrific or taxing situations they found themselves working in and experiencing. He designed, as part of his doctoral thesis (1983), a seven step process to assist first responders emotionally and psychologically at the most critical time after the incident.[5] Combined with Everly's experience as a psychologist they continued over the years to build CISM into what it is today. Gerald Caplan's (1964, 1969) work on

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[4] Kristi Kanel, *A Guide to Crisis Intervention*, (CA: Brooks/Cole Publishing, 2003), 25-26.
[5] Peter Volkman, "When Traumatic Events Affect the EMS Worker: The Role of the CISM Team," *fireEMS*, (November/December 2003), 51.

primary, secondary and tertiary prevention provided the historical roots for the

comprehensive nature of the CISM model.[6] Gerald Caplan, psychiatrist, is one of the first

people to clearly identify crisis intervention as a method to assist in healing from trauma.

The model has grown in use and popularity since its inception. By 1989 the International

Critical Incident Stress Foundation (ICISF) was formalized as an international network of

over 350 crisis management teams trained in CISM.[7] This organization is the largest

network of its kind world wide.

Critical Incident Stress Management (CISM)

Many books, articles and papers have been written identifying, teaching and

commenting on the CISM process.[8] [9] [10] This section provides an outline of CISM in

order to provide greater understanding about who Debriefers are; their experiences and

training. The outline will show how CISM has helped to shape the important work of

defusing and debriefing all who need crisis intervention.

CISM is a comprehensive, integrative, multicomponent crisis intervention system.

It is considered comprehensive because it consists of multiple crisis intervention

components, which functionally span the entire chronological spectrum of a crisis. CISM

interventions may be applied to individuals, small functional groups, large groups,

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[6] George S. Everly, Jr. and Jeffrey T. Mitchell, *Critical Incident Stress Management: A New Era and Standard of Care in Crisis Intervention, 2nd Ed.* (Elliott City: Chevron Publishing Corp, 1999), 7.

[7] Everly and Mitchell, *Critical Incident Stress Management*, 9.

[8] 1. John Fawcett, "What is stress and how does it affect aid workers?" in *Stress and Trauma Handbook*: *Strategies for Flourishing in Demanding Environments*. Ed John Fawcett (CA: World Vision International, 2003) 21.

[9] Shannon Gwin Mitchell and Jeffrey T. Mitchell, "Caplan, Community and Critical Incident Stress Management", *International Journal of Emergency Mental Health* 8, no.1 (2006): 5-14.

[10] John P. Wilson, Matthew J. Friedman and Jacob D. Lindy. *Treating Psychological Trauma and PTSD*. (NY: The Guildford Press, 2001) 142-145.

families, organizations, and even communities. The interventions may be used in the pre-

crisis, through the acute crisis, and into the post-crisis phases.

The seven core components of CISM are:

1. **Pre-crisis preparation**. This includes stress management education, stress resistance, and crisis mitigation training for both individuals and organizations.

2. **Disaster or large-scale incident**, as well as, school and community support programs including demobilizations, informational briefings, "town meetings" and staff advisement.

3. **Defusing**. This is a 3-phase, structured small group discussion provided within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation.

4. **Critical Incident Stress Debriefing (CISD)** refers to the "Mitchell model" (Mitchell and Everly, 1996) a 7-phase, structured group discussion, usually provided 1 to 10 days post crisis, and designed to mitigate acute symptoms, assess the need for follow-up and, if possible, provide a sense of post-crisis psychological closure.

5. **One-on-one crisis** intervention/counseling or psychological support throughout the full range of the crisis spectrum.

6. **Family crisis intervention**, as well as, organizational consultation.

7. **Follow-up and referral** mechanisms for assessment and treatment, if necessary.[11]

The Defusing

When only a few people are suffering, a defusing approach is often all that is

required. Its purpose is not designed to provide closure but rather to facilitate ability for

the person(s) to return to a minimal level of functioning. The defusing is done by helping

to reduce the emotional, physiological and cognitive symptoms as well as mitigating the

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[11] Everly and Mitchell, *Critical Incident Stress Management*, 12-13.

shock of the event. This defusing could accelerate the recovery process. It is a process designed to be done several times, as required.

Defusing has three phases:

1. introduction,

2. exploration, and

3. information.[12]

The first phase literally introduces the people, identifies the concerns and issues, and emphasizes confidentiality. The second phase explores the event – i.e., which issues are difficult or uncomfortable – and shares experiences and reactions. In this phase, the person conducting the defusing provides reassurance and assesses the individual's need for more help. During the information stage experiences and reactions are normalized. The Defuser (the one handling the process) also gives ideas and instructions on how to cope with the event and its immediate effects. Information on importance of diet, physical care and positive family life are stressed. Basic stress survival skills are also taught. This type of intervention requires the skill and attention that experience and deep listening provide. It is most often played out in informal and spontaneous conversations. Sometimes quiet or more private spaces are found where the defusing can happen (e.g., in an office or vehicle). It is a conversation about the person, feelings and/or the incident and how to immediately cope with the situation.

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[12] Everly and Mitchell, *Critical Incident Stress Management*, 88.

Defusing is best done within the earliest hours following the crisis event, which is a critical time to offer assistance.[13] The crisis event is still clear in the person's mind and emotions are raw. This defusing includes listening, supporting, encouraging and assisting the person to try to let go of concerns or to make some sense of what has happened. It is a conversation driven by the participants. Although the defusing has three simple phases they are fluid and non-structured.

Defusing is a process which is expected to drain away the accumulated strain and stress inside the individual. Done almost immediately after the critical event, the defusing has the ability to reduce the chances of the onset of Post Traumatic Stress Disorder (PTSD).[14] PTSD can be a debilitating disorder, but if clinically diagnosed, treated and managed, many sufferers are able to live fully functioning lives. Timely intervention can hold the key to mitigating the stress and its effects. Sometimes the situation is severe enough for a debriefing to be needed.

Debriefing

The debriefing process is not designed as therapy but it can be therapeutic. It is an organized one-time event where only those involved in the event come together to talk about their experiences during the critical incident. Those who have shared in similar experiences are the best at assisting each other through them. Following the event, relieving some of the emotional, mental and spiritual stress strongly assists those involved in processing the event. This processing can provide the first responder with

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[13] 5, Jeffrey T. Mitchell and George S. Everly, Jr, "CISM and CISD: evolutions, effects and outcomes," in *Psychological Debriefing: Theory, Practice and Evidence*, ed. Beverley Raphael and John P. Wilson (NY: Cambridge University Press, 2000), 79.
[14] Fawcett, "What is stress and how does it affect aid workers?" 22.

necessary tools and understanding to begin the task of integrating the experience into their professional and personal lives. As unique and ever-changing human beings, we are constantly a product of what we have experienced – the good and the not so good.

Other than the trained Debriefers (who were not a part of the event), only those people who experienced the particular critical incident are invited to participate. Regardless of which mind set the organizers have on who is invited, it is designed strictly as a voluntary debriefing. Mitchell and Everly state clearly the group being debriefed should be homogeneous (i.e., civilians are not mixed with service personnel; some understand this to mean the same service branch). There is mixed opinion within the debriefing community whether all who were present at the critical incident participate in a single debriefing together or whether the debriefing should be done by service branch alone. A typical question is: "Do you mix the firefighters, police officers, and paramedics at the same debriefing?" Some Debriefers suggest each service has its own culture and so the strongest benefit is when the debriefings are done separately. The uniqueness of each service is their strength. While different services operate within a para-military environment, their communication and operational structures differ. They expect different things from each other to work together to get the job done.

Other Debriefers suggest the feedback from all the services at the same debrief is important. During the debriefing, different points of view are expressed and brought together. The coming together of what each person saw, what they did and how they reacted may benefit others. Sometimes the "missing" pieces that are brought together give a much better understanding of how or why someone did or did not do something.

This greater understanding can help reduce feelings of stress and anxiety. Seeing the bigger picture can bring a clearer perspective.

No notes are taken during the session and it is strictly confidential. Although each person was involved in a different way, they share the common bond of the experience (sight, sound, smell, feel and even taste) of the critical incident. The debrief is not in any way an operational review. If an operational review is required, it is done at a later date with its own independent supervisors, processes and structures.[15]

The entire debriefing process could take between 1-3 hours and it occurs within 24 hours of the incident, if at all possible. The design of the debriefing is to assist the people involved to begin to deal with all the raw emotions of the event. This process can have a strong affect on the ability of the debriefed to begin to deal with the critical incident. "The goal of the CISD (debriefing), which differentiates it from the defusing, is that the CISD is designed to bring or facilitate psychological **closure** to a traumatic event."[16]

This overall goal is achieved through three sub goals or objectives:

1. to mitigate the shock of the critical incident on those who were primary, secondary or tertiary victims of the event.

2. to accelerate the normal recovery process in normal people who have experienced normal stress reactions to abnormal traumatic events.

3. to facilitate the identification of individuals in the group who may need a referral for therapy or additional CISM help.[17]

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[15] Jeffrey T. Mitchell and George S. Everly, Jr., *CRITICAL INCIDENT STRESS MANAGEMENT (CISM): Basic Group Crisis Intervention.* 3rd, Ed. (MD: International Critical Incident Stress Foundation, Inc., 2003), 90-91.

[16] Everly and Mitchell, *Critical Incident Stress Management,* 85.

[17] Jeffrey T. Mitchell and George S. Everly, Jr., *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Interventions Services,* Third Edition (MD: Chevron Publishing Corporation, 2001), 137.

These sub goals are achieved through the seven steps or phases of a critical incident stress debriefing (CISD):

1. introduction,
2. fact,
3. thought,
4. reaction,
5. symptom,
6 teaching, and
7. re-entry.

This process moves the debriefed persons through the cognitive or thinking process into an affective state, describing thoughts and feelings, and then back into the cognitive realm of re-adjustment.[18] Since most of these debriefings are done within a professional environment, the cognitive re-entry provides an opportunity for the participants to move forward into re-integration of the experience both personally and professionally. The teaching phase allows the debriefing participants to learn about how to gain some control over what has happened and gives them tools to deal with their reactions. This assists with integrating the experience into who they are.

A vital and critical key to the whole process is confidentiality. What is said in the debrief <u>must</u> remain in the debrief. Absolute confidence in the confidentiality of the process allows people to speak more openly and freely. This open conversation increases the effectiveness of the debriefing, which in turn brings a greater opportunity to process the event and reach closure while building stronger relationships with peers and colleagues.

After the formal debrief, time and opportunity are informally provided so the debrief members are available for any one-on-one questions or discussion. Referrals can

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[18] Everly and Mitchell, *Critical Incident Stress Management,* 86-87.

also be made to specialized help through peer assistance, a mental health specialist, or recommendations to seek medical and/or grief support.

The entire process is both strongly encouraged and voluntary. No one is "ordered" to attend the debrief. If a member chooses not to continue to participate in the formal debrief once they are there, they can withdraw at any time. They are, however, subsequently observed and later approached by a member of the debriefing team. Their withdrawal can be a signal they really need more help, not that they do not need help. At all times it is their choice to continue.

Everyone in the debrief has something to offer to the process and to others. Each critical incident is different and so are the individual reactions. Not all participants may use the debriefing the same way. Veteran personnel may know how important their presence is. They provide an example to the less experienced as well as support the debriefing process. They also know they may give an experienced viewpoint of the critical incident. It does not mean they are unaffected. The opposite may be true. The current critical incident may evoke other memories or feelings that are strong and/or yet unresolved from a previous incident. The risk exists for snowballing into a cumulative traumatic experience, and they may need more help than those for whom this is a first experience.

Not all incidents require a specialized debriefing. Supervisors and managers consult one another and use their experience to determine if an organized formal debrief is required. Two situations almost always require a critical incident stress debriefing - a

line of duty death and the death of a child. The death of a child is one of the most tragic events any emergency services person can encounter.[19]

Anytime a colleague dies while performing their duty it is very difficult, public, and it sets off a wide range of emotions. Emergency services personnel often work in a risk taking environment and although the risks may be inherent to the job it does not in any way soften the tragedy of a colleague's death.

Another difficult death is the suicide of a colleague.[20] In an environment where tough may be the expected norm, inability to deal with the "stuff" of one's life and work can be seen as a weakness. The old school "tough guy" or *John Wayne culture* still exists. This culture believes tragedy, pain and difficulties are a part of the reality of the job. An expectation is the first responder will deal with those difficulties individually. One attitude is "if you can't handle the work, then it isn't for you". This viewpoint can make for a difficult environment to work in when things become overwhelming and any weakness is not accepted.

However, the opposite viewpoint is also present. Generally it is understood that the difficulty of the job and the demands of shift work/overtime can be very difficult on the first responder as well as families and family life. The job can become all consuming, taking away the normalcy of a personal and private life. It can eat away at a person's psyche and spirit. It can be too much if a life balance is not a priority.

First responders are rescuers and helpers. So sometimes, when job stresses are too much, there is self blame or blame on the work system. When the stress is so

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[19] Jeffrey T. Mitchell, *Advanced Group Crisis Intervention: Strategies and Tactics for Complex Situations,* (MD: International Critical Stress Foundation, Inc., 2006), 125-129.
   [20] Mitchell, *Advanced Group Crisis Intervention: Strategies and Tactics for Complex Situations,* 115-117.

overwhelming, the individual looks desperately for something to change. Suicide can be

seen as one way to stop the immense pain in a situation they see as hopeless. In a

hopeless situation they feel they are not able to help or rescue anymore. There is no

answer as to why suicides continue; it is painful, tragic and very sad. Suicide affects

everyone including peers, co-workers, families and social networks.

The People Known as Debriefers

Debriefers are, in essence, a combination of their experiences as first responders,

their desire to assist others and their trained understanding of how to help their peers.

They want to help others and have been asked to do so. They are helpers by personality

and by desire. They are compassionate and understanding with their fellow workers.

They will take the time to listen to whatever needs to be said. Through them there is an

opportunity to bring some sense of eventual closure and reintegration of the event. The

Debriefers clearly understand the importance of their work.

Many people cannot listen to the grief, pain and tragedy of critical or traumatic

experiences. Others are willing to listen, and show concern and empathy for their peers.

Trained Debriefers have chosen to come to the aid of their co-workers. Empathy

demonstrates to the debriefed they are not alone in these situations. Healing from trauma

may come in the retelling of an event, as it then becomes increasingly desensitized and

distant. The retelling can include the gory details of an incident, thoughts about fellow

workers or feelings of another incident. This conversation must be held in the strictest of

confidence.

From the retelling of the incident there is an opportunity for new meaning and

newer perspectives. The new meaning and newer perspective become integrated into the

essence of who that person is – their sense of self or identity. This integration reinforces the idea that from every experience a person is changed – either wounded or strengthened, or both.

Whether the conversation happens informally or formally does not change the importance of the encounter. Debriefers can be sought out by their peers just to "chat". In these informal meetings, the Debriefer is not placed in the formal role as a Debriefer. However, their skill, empathy and reputation for compassion and confidentiality tell others they are willing to help and listen. This person is very valuable to any professional team. These Debriefers are willing to be open to the emotional intimacy of another person. They listen to, and feel deeply about, what is heard and what is not heard in the conversations. The constant deep listening can be very emotionally and physically draining. The Debriefers have a profound understanding of the pain, tragedy and personal questioning that affect all who have been exposed to critical incidents. It is through the defusings, debriefings and the individual conversations afterwards, that Debriefers are the most challenged. This accumulated effect has its risks. They risk constant re-exposure to trauma as they help to carry the fears and hurt of their peers.

The Debriefers' Training

Debriefer training is thorough and extensive.[21] The CISM training teaches Debriefers about listening, reacting, questioning and understanding. They are taught specific debriefing methods, timing, and the structure that allows for each method to be as successful as it is. This training is a combination of theory and experiential exercises

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[21] Jeffrey T. Mitchell and George S. Everly Jr., *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Interventions Services,* Third Edition. (MD: Chevron Publishing Corporation, 2001) 230-237.

giving the Debriefer the tools and understanding they need to be able to handle the debriefings. The debriefings can be heart wrenching, filled with grief, tears and anguish as well as rage, disbelief and woundedness – perhaps all in the same debrief. It is the responsibility of the *team lead* to manage a debrief, and it is the responsibility of the *debriefing team* to work through diverse critical and/or traumatic situations and emotions with those being debriefed.

The Debriefing Team

The debriefing team normally includes 2-3 people (more if the group to be debriefed will be greater than 15). Each person has a role and responsibilities that are discussed at the pre-debriefing meeting.[22] The outline of the critical incident is also reviewed. Team members include the team lead, the door keeper, peer support, teacher, mental health specialist and perhaps a chaplain. Sometimes these roles can overlap.

Team Lead

The team lead manages and leads the process. It is the lead's responsibility to follow the seven step process and to bring the debriefing to a close. How the debrief is introduced and closed are two of the most important steps and contribute significantly to the success or failure of the debrief. The leader and the other team members are all there to watch and listen intently to the conversation as well as to the participants. Each person is watched for signs of extreme distress and monitored for reactions to the discussion. They must act as a team, vigilant with one goal in mind and that is to debrief the affected.

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[22] Mitchell and Everly, *Critical Incident Stress Debriefing*, 215-230.

Door Keeper

It is this person's responsibility to follow anyone who leaves the room. A part of their role is to monitor the person in a one-on-one conversation and to attend to that person's needs and questions. The door keeper also makes sure that anyone who is not a part of a debrief is not allowed in. Only those who have experienced the same incident will be allowed to voluntarily debrief together. All others, with the exception of the debriefing team, are excluded.

Peer Support

Another essential member is the peer support person. When dealing with emergency services, a trained peer support member is always present. This person is very valuable as their peer role shows others that they have similar experiences, know and possibly are able to relate to some of what the participants are talking about. They understand the culture and its unwritten practices and codes. This kind of peer support is essential to the success of the debrief. The peer support person is the one who the participants know could really understand them and the situation.

Teacher

One of the team members is usually given the teaching role during the debriefing. This person (usually a peer if debriefing emergency services or a mental health professional when the people are civilians) spends time addressing basic personal stress management or coping techniques that can be used to reduce the distress that is being experienced. They also validate the current feelings and reactions.

Mental Health Specialist

Beyond the roles team members play within the debrief itself; team members

must have certain professional qualifications, including a team member who is a certified

mental health professional. This individual's role is to assess and understand the

participants from a mental health view point. Their training allows them to see and

function within the group dynamics in a way that supports mental health and cognitive

questioning. Some of the key areas that a mental health professional looks for are signs of

depression or hints of self harm. If these flags are observed, they are noted and then

addressed both generally in the debrief and in specific ways following the debrief.

Chaplain

Another team member may be a Chaplain. Their specialty training allows them to

attend to the spiritual needs or questions that may arise. Sometimes the Chaplain's most

important and active time is immediately following a debrief, or perhaps even in the days

that follow. It is in asking and wrestling with the bigger questions of life and its meaning

and purpose that people are more able to order or reorder what is important to their living.

The wrestling and discovery of life's questions can bring an overall sense of peace and

understanding, assisting in the healing process. The debriefing is not the time for

proselytizing or engaging in religious rituals. This is, in fact, discouraged.

Common Roles

All of the team members participate in the discussion. However, it is done very

carefully. The purpose of the debrief is for the participants to do the talking and the

debriefing team members to listen and use selective and careful questioning to further

probe into or enhance the discussion. The team's training in observation and listening

techniques enables them to give to a debrief the very best of themselves. When they are able to give all they can, the debriefing participants can get the most out of the debrief. The Debriefers are careful not to step over each other with information or emotion that would hinder the debriefing. The focus is on these participants with all team members using careful listening and strategic, sensitive, instructive comments. One of the team members will be assigned the responsibility of following up with anyone who may need or want more help.

After the formal part of a debrief is over, all the team members make themselves available for informal or even follow up discussions. Written material on the physiological, psychological and emotional side effects of crisis and trauma is made available. The team will be the last to leave the debriefing area.

Debriefing the Debriefers

After the debriefing, the team will sit together to review the debrief. Perhaps a gentle critique of the process or questioning will be reviewed. It is an opportunity to teach and reinforce the debriefing skills that were used. Really, this is a time for the team to be able to talk over and divest themselves of the debriefed information through a non-structured and free flowing conversation. There can be strong emotions mixed with graphic and even gory details of an event that are made clear or revisited several times during the debriefing.

This is where the risk of vicarious traumatization happens. During the debrief, the team takes in all the information, works with it and holds it for the sacred and special time that it is. The honest and raw emotions that can be present are real and lived. The team must, with care and clarity, deal with those emotions in their own *post-debriefing*

debrief. The debriefing of the Debriefers can reduce the risk of their vicarious traumatization. It is a time when the team debriefs themselves in a safe, open, supportive and confidential environment. The intent is to let go of the affect of all of the debriefing information.

They debrief themselves so that they can remain healthy and ready to assist again. The debriefing team is there to support and care for each other. "Failure to care for the CISM team sets them up for vicarious traumatization. This condition can result in suffering for the team members as well as team member dysfunction and premature withdrawal from the CISM team."[23] If a team member needs greater assistance, other team members make sure professional help is offered. The team must practice what they preach. The overall goal is to have healthy and motivated Debriefers that can continue to do their work. All of this work is very important for the team to do to maintain physical, mental and *spiritual* (my emphasis) health.[24]

Conclusion

Crisis intervention is a growing and necessary activity that can reduce work stress for emergency services personnel. There are many approaches and models to crisis intervention and debriefing. My focus on the CISM model and the importance of the Debriefers' role in it, lays a foundation for describing the research on the spirituality of a trauma Debriefer through the Co-researchers. The CISM model outlines the importance of the Debriefer in both defusing and debriefing. They work to assist others to try to bring

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[23] 13, Jeffrey T. Mitchell and George S. Everly Jr., "Critical Incident Stress Management in Terrorist Events and Disasters" in *Psychological Effects of Catastrophic Disasters – Group Approaches to Treatment,* ed. Schein, Spitz, Burlingame, Muskin and Vargo (New York: Haworth Press, 2006), 463.
[24] Dennis Potter, "Debriefing the Trauma Team."

closure and reduce stress. While the Debriefers do the defusing and debriefing work they must be careful themselves to stay mentally, emotionally, physically and spiritually healthy. The chapter on Spirituality will address the spiritual aspect of trauma, debriefings and Debriefers.

Chapter 6 – Spirituality

"Ultimately, spirituality is about living well in this world." [1]

— Jeremy Woodcock

Many philosophers, theologians, mystics, scientists and religious leaders have tried to define the concept of spirituality. It is a contextual concept driven by individual(s)' existing states of being and influenced by their experiences as well as belief systems. A person's life is in a constant state of change – experientially which affects our emotional, mental, physical and spiritual state. As a result, the definitions of spirituality are intrinsic, elusive and very broad. In some ways, the spirituality of a person, of a group or of a concept like trauma is an organic process. The process is one of change and discovery; then of rediscovery and change.

Spirituality is often confused with the concepts of religion or faith. Faith, religion and spirituality are all applicable to an individual depending on the person's perspective and personal practice. These are very personal concepts relating to a person's self identity and value system. This chapter will focus on spirituality, which can play a large part in what motivates a Debriefer and their approach to debriefing. As well, the chapter will gently break apart the concepts of spirituality, religion and faith. It will clarify their differences and how each concept can overlap. The concepts of spirituality of trauma and of debriefing will be introduced. Reference will be made to initial considerations about the spirituality of a trauma Debriefer. These areas of consideration are intended to lay the

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[1] 6, Jeremy Woodcock, "Trauma and Spirituality". In *A Practitioner's Guide to Counseling*, ed. Thom Spiers (NY: Taylor and Frances Group, 2001), 180.

foundation for a more in-depth exploration of the spirituality of a trauma Debriefer in the following chapter.

Spirituality, Religion and Faith

When one thinks of understanding spiritually, religion and faith, they can each be found in the realm or framework of theology. Theology, as defined by Merriam-Webster is*:* "the study of religious faith, practice, and experience; *especially*: the study of God and of God's relation to the world".[2] The academic study of theology is very broad containing many categories or divisions based simply on differences. Richard McBrien finds differences in theology according to religion, subgroups of religions, content, method and perspective.[3] The narrow focus for this paper is on theological content.

Inside the division of content, one category is Practical/Pastoral Theology. In this division "practical theology locates itself within the diversity of human experience, making its home in the complex web of relationships and experiences that form the fabric of all that we know."[4] This knowing is not just a way to know with the head, but also with the heart through our emotions and responses. The body also has a way of knowing through practical attention to the physiological responses to the emotional or mental experiences or happenings as well. These webbed responses, either together or separately give an impression or direction of the lived experience of relationships and happenings and hold *meaning* in one's life.

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[2] http://www.merriam-webster.com/dictionary/theology (accessed June 2011).
[3] Richard P. McBrien, *Catholicism: Completely Revised and Updated* (NY: HarperCollins Publishers, 1994) 51-55.
[4] John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (UK: SCM Press, 2006), 3

Capturing the essence of Practical Theology is as diverse as the lived experiences of each person. There is no one way to define a Practical Theology but can be imagined as a kaleidoscope of approaches that produce a myriad of results. This is similar to the wide range of theological concepts of a god and how that god teaches, cares for and accompanies its worshippers. Therefore individual understandings of a god are as wide ranging as a person's theology and can be lived in and through their religion and/or faith. This stems from an individual spirituality that is often practical in nature – hence the definition of Practical Theology.

For some people there are no clear defining words to describe their personal spiritual examples. Rather, there are mental and emotional (and perhaps physical) experiences that point to an awareness of hope, life and something greater than themselves that brings meaning to them personally. The experiences are ever changing in depth of meaning and understanding of self and others. This meaning is the underscoring of importance and even wonder at the depth and breadth of the human condition. People are reactive, resilient and resourceful. This is especially true when an experience gives them hope and a connection to others or something greater than themselves. There is meaning and purpose to the experience. This meaning and purpose is the driver to continue living their belief system practically.

While it is not the purpose of this thesis to deeply discuss the different applicable theologies, it is important to place spirituality, religion and faith within a contextual framework. From a Christian perspective, Practical Theology seeks to put into practice the very values of acting, reacting and caring for God's people within the realm of pastoral care, living practically and faithfully the Christian Gospels.

While the Gospels refers to the first four books of the Christian Scriptures, identifying clearly the life, death and resurrection of Jesus Christ, not all people are of the Christian religion**.** This post Christendom era, however, still carries with it societal foundations of a Judeo-Christian history to which many people within our communities still relate. With both this religious history and the present era in mind, I chose to use the definition of spirituality by Laurie-Anne Pearlman. Her definition is "meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life and sense of the non-material."[5] This definition of spirituality is broad and flexible allowing for those who work within a religious and non religious frame. The description of spirituality respects all practices, beliefs and values and within that I understand and acknowledge the broad base of these terms. This acceptance is important because in the emergency services field (not unlike other professions) there is not one theology or definition of spirituality. In order to be open and respectful of all traditions and to encourage research participation this broadness of definition is required.

Spirituality

Understanding a person's spirituality gives us a glimpse into who they are at their core. This core can be defined as a person's soul – the intelligent non-physical or sentient part of a person.[6] For some people, at their core there is a focus on the divine or the sacred framed in religion. Spirituality, for some, is a sense of who they are and what keeps them grounded. Often a connection with the earth fosters and supports this spirituality. For others, spirituality is based on their relationships with others as well as

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[5] Laurie Anne Pearlman, "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54.
 [6] http://www.merriam-webster.com/dictionary/spirit (accessed March 2011).

what is meaningful in their lives. A sense of community and belonging is often an important part of a person's spiritual life. Spirituality may also encompass a belief system. Philosophy, science and religion all offer belief systems that help many cope with the uncertainties and distresses of their lives.

An individual's sense of spirituality gives a framework to their perspective on life.[7] This sense may even provide answers and explanations to questions and situations. A spiritual viewpoint gives reason and meaning to specific life experiences, as well as to one's entire life. A person can be strengthened by referencing an anchor of their spirituality.[8] Examples of such anchors include belief in a divine being, deep faith in other human beings, or an understanding of the connectedness of all people through a sense of karma, divinity or nature.[9]

Spirituality often outlines not only what is important to each person but also how they govern themselves. This belief system drives their sense of ethics, insight into their strengths and weaknesses, sense of wonder and personal vulnerability, and their discernment of life's meaning and purpose. Appreciating inner personal motivations that define the core of the human spirit is deeply personal and takes a great deal of self-awareness and self-study.

For the purpose of the research I shared with the Co-researchers the previous mentioned definition of spirituality to act as a reference point. Within the world of trauma Debriefers there are many belief systems and values that are respected. I did not want to

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[7] Edward R. Canda and Leola Dyrud Furman, *Spiritual Diversity in Social Work Practice: The Heart of Helping* (NY: Oxford University Press, 2010), 59-64.

[8] 3. Brenda Cole, Ethan Benore and Kenneth Pargament, "Spirituality and Coping with Trauma," in *Spirituality, Health and Wholeness: An Introduction Guide for Health Care Professionals*, eds. Siroj Sorajjakool and Henry H. Lamberton (NY: Haworth Press Inc., 2004), 56.

[9] J. LeBron McBride, *Spiritual Crisis: Surviving Trauma to the Soul (NY: The Haworth Pastoral Press, 1998), 128-129.*

restrict the reference definition to a Christian context but allow the Debriefers to choose to incorporate a specific religion or faith should that reflect a part of their spirituality.

Religion

The word spirituality is often used interchangeably with religion. It creates confusion between these concepts and complicates attempts to distinguish each. Spirituality is the broadest concept. Religion is a more focused approach that surrounds a specific faith tradition. It includes sacred scriptures, dogma, community structure and behaviour specific to that group as a means of experiencing and connecting with the sacred or divine.[10] As Jeremy Woodcock suggests "religion occupies the interface between society, the inner world and the transcendent."[11]

This idea suggests the inner world is our spirituality and the structure of religion helps us to connect in some way with the transcendent or a divine concept. In some cases a person's religion carries a very special place in how they live their lives. Religious structure gives them an operating framework outlining a worldview of community, the sacred, dogma and life principles.

The support that comes from a religious community fosters a connection to other people. This connection allows people to have a sense of belonging to a community that shares like-minded values and goals. Comfort is often derived from the sharing of common goals and directions. This comfort counteracts feelings of loneliness and isolation.

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[10] 11, Kent D. Drescher, "Spirituality in the Face of Terrorist Disasters," in *Psychological Effects of Catastrophic Disasters*, eds. Leon A. Schein, Henry L. Spitz, Gary M. Burlingame, Philip R. Muskin with Shannon Vargo (New York: Haworth Press, 2006), 337.
[11] Woodcock, "Trauma and Spirituality," 169.

Religious rituals that are part of a religious community often provide an anchor for people in times of uncertainty. The rituals of prescribed prayers, sacred texts and specific ceremonies can be comforting and give strength in times of stress, crisis and trauma. In disaster situations, rooms or spaces are set aside as sacred areas. The space is understood to be a place of quiet and holiness to which the traumatized and the trauma workers can come in order to pause and honour the sacred or just to be still in the moment. This sacred space and personal intention implicitly bonds all who are affected regardless of religious views. In the room there is often a sense of peace and tranquility while outside may be chaotic and challenging.

A religious framework can be both a strength and weakness. The framework can allow for support, compassion, belonging, forgiveness and healing as well as provide a moral compass for living one's life and how to treat others. The religious framework can also be used rigidly to condemn, be abusive or judgmental with no room for human error or learning, and with little or no room for human understanding.

To illustrate this, three examples are provided. The first example is of a young woman who has been sexually assaulted. Her belief in God is God will protect her from all evil, yet she was assaulted and violated. For her to come forward to tell someone may bring shame and condemnation from her faith community. The woman's belief in God protecting her has been shaken and she suffers from shame and guilt for an act of which she was clearly a victim. She may wonder why God is punishing her or why her faith is being tested. However, in this situation, her faith may also have been an anchor assisting in her healing. The prayers, dogma and rituals may have given her comfort and strength

in a very ugly and violating time. Her faith community may also surround her with strength and support during a very difficult time.

In another case, the diagnosis of an illness can be seen as a warning from God the person needs to change their ways. This suggestion helps the person to live life more fully and more authentically. In this instance, faith in God may help the person to find meaning in their life and deepen their connection with something sacred. By contrast, depending on the person's theology (understanding of their relationship with God and God's with the world), the sickness may also be seen as God's revenge on the person for their sinful ways. Therefore, they believe they will only be well once they have purged themselves of all the sin in their life.

A third example is of acceptance that our minds and bodies are susceptible to disease and illness. A person's religious framework may help them deal with the disease and its repercussions. In such circumstances, sacred scriptures and rituals bring peace and comfort while the person is undergoing treatment to heal body, mind and/or spirit. Yet sometimes our bodies, minds, and spirits do not heal. Instead they remain broken or hurt. In these circumstances, there may be an acceptance of the fragility of the human body, mind and spirit and its meaning of the illness is still unfolding. However for some, an ailing body, mind or spirit can be perceived through religious filtering as the work of an evil force (for some the devil – Christian in origin). The religious frame may suggest that the evil force is implicated because the person is not strong enough in resisting evil and commits evil or unholy practices. Perhaps they did not pray or read the sacred scriptures enough or committed a mortal sin. The person may be seen as not being morally strong

enough so the weakness allows the evil forces to work in their body, mind or spirit. This ultimately means the person is weak and in some way is seen as deserving the illness.

Faith

Mixed with the concepts of spirituality and religion is the idea of faith. It can be confused with spirituality. The Merriam-Webster's definition of faith is a belief in what is; complete trust or confidence in something or someone.[12] In a religious framework, faith can be belief in a higher power or transcendent being (sometimes known as God or the divine). This higher power is also seen to be accessible in some way. Access may be through prayer, spiritual teachings, meditations or the like. The divine or sacred entity is understood to teach values and morals. Often this divinity is seen to have some sense of control or ability to bring order or comfort out of chaos.

Faith is about the simple act of believing in oneself, another person/community, and/or a divine entity. The act of faithfulness is often an anchor in life. It provides a stability of comfort and security. There may be times, when faith is challenged or seriously questioned. This challenge can come from a critical incident bringing a new understanding or awareness that changes a person's view of their faith. Incorporating the new awareness can be very difficult. Deep questioning or change becomes a part of who each person is as a human being.

Each human being is in a constant state of change. Each person experiences and functions within a myriad of different situations every day. Their emotional and mental state continues to interact with their spirituality. The constant environment of mental,

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[12] http://www.merriam-webster.com/dictionary/faith (accessed March 2011).

emotional and spiritual discovery, re-discovery and exploration can lead to continuous personal development.

Ongoing development allows for a person's spirituality to shift, change and flex. This is to say, the strong core of personal spirituality may not change but how it is perceived, valued or evaluated does. The ongoing organic process allows for individual coping mechanisms to become a positive part of a traumatic experience. It is not just the body or the mind that experiences trauma: the spirit does too.

Spirituality of Trauma

When a person experiences a crisis or trauma in their life, their core (i.e., what they understand to be true) can be shaken. Their ability to trust what they once knew to be important or true is subject to deep questioning. The deep internal questioning from trauma challenges every part of their known world because a person's spirituality is their core. All their actions, motivations, celebrations and questions are framed by this core point of reference or balance. Change in personal balance can be so strong at times it can place a person into denial and depression, lead to abuse or even to question their purpose for living. When taken to an extreme, the deep questioning can result in suicidal ideations. At this point, it could be said the trauma has truly broken their spirit.

Traumatic events can rock or even break a person's spiritual framework; especially when all normal coping mechanisms fail. A person's emotional and physical security is founded on this framework. Once shaken or broken, their known world is no longer trusted. As Aiton Birnbaum, citing (Ehlers& Clark, 2000; Janoff-Bulman & McPherson Frantz, 1997) states "…it is traumatic events that can threaten core beliefs

about self and world, shattering assumptions of self worth, security, benevolence, and meaning."[13]

An example of a traumatic event is when a family hears of the sudden death of the youngest child; their world changes from what they knew as a family to one in chaos. This chaos replaces their world of peace and harmony felt only moments earlier. Remembrance of the dinner celebrations held earlier serves only as a reminder of what life is supposed to be like and now has changed forever. There comes an understanding life will never be the same again. There is a sense of deep, undeniable loss.

A person's faith and religion can be helpful in coping with the trauma, bringing a sense of stability and resignation. Alternatively, religion can be perceived as detrimental because it could "propagate irrational beliefs (Ellis, 1986) or because it functions as a defense mechanism (Freud (1927/1961)."[14] Briefly, the three stereotypes supporting the idea spirituality is only a defense mechanism is:

1. spirituality is a way to avoid anxiety;

2. it is a form of denial; and

3. spirituality is an avoidant, passive way of coping with strategies.[15]

These historical stereotypes are still operational, but the literature review suggests spirituality and religion are important tools that can assist those who experience a trauma. They assist people with various pathways to living, and encourage them to draw meaning from their experiences. Dealing with the experience of crisis and the chaos of trauma is a life long process that incorporates the reframing of one's spirituality and meaning of life

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[13] Aiton Birnbaum, "Collective trauma and post-traumatic symptoms in the biblical narrative of ancient Israel," *Journal of Mental Health, Religion and Culture* 11, no. 5 (July 2008): 534.
[14] Cole, Benore and Pargament, "Spirituality and Coping with Trauma," 53.
[15] Ibid. 53-55.

as a coping mechanism. A person's spirituality or religion can encourage a healthy reframing of their new life circumstances and can provide a supportive and healing community. In addition, prayer and meditation practices have been proven to assist in stress reduction.[16]

Trauma is often a negative experience and trying to make some sense of it is one of the most difficult tasks for any person. It requires a great deal of energy – both emotional and physical. The spiritual energy that is needed to reframe such an event often involves a partnership of those who were affected by the trauma, their support communities (including religious), and the greater community (i.e. medical, justice, social).

In time, reframing can bring a sense of emotional relief that allows a person to let go of the searching, questioning and despair by bringing forward a new understanding of life's meaning. The change (however slight or dramatic) can have a profound affect on how a person sees their life story. This effect can alter an assumed life pattern.[17] Pauline Boss citing Pargament, (1997) and Walsh, (2004), states "research evidence indicates that spiritual support with meaning and a sense of hope helps people cope better with their situation."[18] In times of deep trauma even the most basic of daily functions can become overwhelming. Yet ritual or religious routines can be maintained. Anchors of ritual and meaningful prayer (e.g. the rosary), or strict observances (e.g. Ramadan) can bring a sense of comfort and structure into the new worldview of a traumatized person. These

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[16] Drescher, "Spirituality in the Face of Terrorist Disasters," 342-343.
[17] Richard G. Tedeschi and Lawrence G. Calhoun, *Trauma and Transformation: Growing in the Aftermath of Suffering* (USA: Sage Publications, 1995), 39.
[18] Pauline Boss, *Loss, Trauma and Resilience*: *Therapeutic Work with Ambiguous Loss* (New York: W.W. Norton and Company Inc., 2006), 187.

anchors can bring back into focus a meaning and purpose in life in a positive way. Alternatively, trusted dogma may no longer provide an answer or comfort as a result of the experienced trauma. This can trigger both a great deal of spiritual uncertainty as well as new avenues to rediscovery.

Upon experiencing a traumatic event, a person's life can be forever changed. They may never again be the person they once were. A change in physical appearance is easy to perceive. There may be a loss of a limb, or some paralysis that is obvious to anyone who is looking. These changes can be profound. They may require learning to live in a different way. However, a change in one's spirituality or core can be very difficult to see. At the same time, it can be just as profound. Issues of self identity, connectedness, meaning, values and purposefulness are all at the core of this spiritual change. These changes can be a direct result of the loss and transition that is a part of any trauma. This process can be enlightening and it can be painful. Whatever happens, it involves a change that in some way is inevitable.

Optimally, resiliency and restoration can be results of the trauma, bringing forth a new normal. Then over time new understandings and discoveries will be woven into the continuation of one's life fabric or story. It takes time and work to bring back one's vitality, spiritual strength, energy and desire to go on fully living. This restoration work demonstrates the spirituality of trauma in its purest form.

Spirituality and Debriefing

Organized debriefings occur when significant events have happened – a critical incident. These situations often include the death of a person or a tragedy that is very hard to understand. Firefighters, dispatch, police officers or emergency medical personnel

are often placed in the position where the nearly impossible is asked of them. They are somehow expected to know the unknown, protect against all evil, save the unsaveable, and bring clarity and information to a situation that is chaotic. Yet, sometimes terrible things happen.

There are situations that cannot be fixed. Emergency services men and women choose to work in these environments and place themselves in physical, mental or emotional danger – repeatedly. Occasionally there is a need to come together in a debriefing to try to make some sense, to wrestle emotionally with the situation and all that happened. This is a time for questioning and letting out some emotional energy in a safe environment. The need for an operational review is a different type of need as well as a different type of review, and happens at another time with work peers and superiors. Some of these co-workers may not have experienced the traumatic event. The focus in the operational review is on process, procedures and personnel. The debriefing by contrast, is the time to focus solely on the event and how it has affected the personnel that were there.

Debriefing is a time for deeper questions, as discussed earlier in the section on spirituality of trauma. It makes room for wondering "how could this happen?", "why did this happen?", "where was I in all of this?" For some a question may be "where was God in all of this?" Among these questions (spoken or unspoken) may include "do I have what it takes to continue to work in this chosen field?" All of these questions can be accompanied by strong emotions – anger, pain, frustration, relief, guilt, helplessness and exhaustion. These emotions are often symptoms or markers that signal a deeper emotional or spiritual turmoil. The upheaval brings uncertainty and unknowing about

oneself, the universe, career choices and personal commitment to the work. There needs to be a way to sort through all of it.

The debriefing, while process oriented, can shed light on the questions of why, how, and what is important. There is a bond built between those people because of the critical incident and experience. Not all are affected the same, but all are affected. The debriefing experience is an introduction to integrating the traumatic experience into their work and personal life.

Spirituality and Debriefers

People are spiritual beings. Each has core values, asks questions of *meaning* and looks towards the future with even a small sense of hope. Debriefers are everyday people who give of themselves to help others in many ways. One way is working as a trauma Debriefer with their peers. So, the bridge that can be made is that Debriefers who assist those who have experienced trauma do so within their own spiritual framework. The framework provides guidance on how to treat others, the risks they are willing to take to help a co-worker and the value placed on each person. All of these elements represent aspects of a person's spirituality.

The core of the Debriefer recognizes their ability to assist others – their friends and colleagues - in ways that can begin to bring some gentle healing and understanding to what may be a horrific situation.

Spirituality among Debriefers can incorporate the concepts of faith and religion. For example, Debriefers are willing to expose a bit of who they are and what is meaningful to them simply by being present and caring for their fellow workers. Presence and caring are aspects of their personal spirituality they bring to each defusing and

debriefing. Christianity relates this willingness to accompany their peers as the ministry of presence. It is a ministry in which a person intentionally accompanies someone while they are relating to a significant event in their lives. The ministering person may give encouragement, strength, reflections and/or the gift of silence. Accompaniment in this way is nonjudgmental, confidential and unconditional. Qualities in a ministry of presence are very similar to the qualities in the Debriefer as they work through a defusing or a debriefing.

The comfort and acceptance that is given is recognized by those in the debriefing. For some Debriefers, the desire to assist their fellow workers through a traumatic event can be very strong. In a religious frame, the value of servanthood is a motivator guiding the Debriefers to continue to debrief. They are aware they risk retraumatization and they accept the possibility – perhaps unknowingly. Their goal is simply to assist another person deal with difficult situations. These situations often involve wrestling with questions similar to "why do bad things happen to good people?"[19]

The human spirit is ever in a state of change. Thus, for some, a religious framework provides the necessary anchor to wrestle with difficult questions and can provide markers for caring for one another. There are sacred scriptures, meditation practices, rituals and routines that give comfort and can light the way to healing and perhaps understanding. The gathering of a community (friends, family, and faith companions) can provide support and guidance.

For those people who take time, looking deep within themselves gives direction and a sense of guidance on what is important in life and how to share with others.

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[19] Responses from confidential debriefings – primary and co-researchers.

Searching through the comfort of nature often provides stress relief, allowing the human mind and spirit the space and opportunity to wrestle with issues. Opportunities for renewal and care of spirit are often found through the beauty of nature – (e.g., a hike, skiing, sitting by a stream, or gardening).

Discovering life's meaning and purpose, and connecting with what is important, shapes who each person is and it affects how the Debriefers desire to help others. Saakvitne and Pearlman say it well when they say, "Attention to meaning making in your personal life occurs in spiritual realms, as you become more aware and centered in everyday activities as you make conscious choices and attend to the meaning of those choices, or as you participate in and build community."[20] Debriefers are there to help others notice what is important in their lives and to reinforce the importance of community.

The debriefing team is bonded through the debriefing experience. They are a community that has undergone change. They are changed from who they were before the debriefing. As a result, they may need time and space to make some sense of what they have experienced. Repeated difficult and potentially retraumatizing debriefings can challenge what is important in the Debriefers' lives. They may become more aware of their own life's meaning and need to re-evaluate. This evolution of human spirit can bring them closer to understanding the core of what is important, true and good for them. There are no definitive answers to any of the questions that may surface. Rather, there is a presence that observes the awareness of human life in its physical, emotional and spiritual wholeness.

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[20] Karen W. Saakvitne and Laurie Ann Pearlman, *Transforming the Pain*, (NY: W.W. Norton & Company, 1996), 84.

Each person needs to care for themselves. Spiritual health care is no less a need or priority than physical or emotional care. Maintaining a healthy and whole spiritual life is necessary for everyone and it is extremely important for Debriefers. There are several ways one either maintains or regains a sense of spiritual health and wholeness. These include:

1. reading sacred or inspirational literature,
2. personal reflection,
3. spending time with community (friends, family, faith),
4. letting go of control of situations/decisions by others,
5. engaging in mediation and/or prayer,
6. being open to not knowing and to inspiration,
7. noticing what is meaningful in life,
8. contributing to meaningful causes,
9. spending time with nature,
10. reconnecting with and cherishing hope and optimism, and
11. having awareness of non-material aspects of life.[21]

There are other activities that bring a sense of life and laughter to the soul. Each person who mindfully searches will find what they need to nourish their body, mind and spiritual core.

Conclusion

Spirituality is the continual search for and discovery of that which brings meaning and hope into a person's life. Religion and faith can be companions on this journey of discovery. In living authentic lives, clear and thoughtful choices are made supporting health, wholeness and healing in a person's life. This spiritual health and being grounded in what is real and meaningful, is at the very center of what enables a trauma Debriefer to continue to be present, to live and struggle with those who need them as they debrief their peers and coworkers.

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[21] Ibid.

Chapter 7 – Spirituality of Trauma Debriefers

"I want to know if you can sit with the pain, mine or your own, without moving to hide it or fade it or fix it."[1]
— *Oriah Mountain Dreamer*

The spirituality of the Co-researchers as trauma Debriefers is shared in this chapter. As my literature review produced no usable research data on the spirituality of trauma Debriefers, I have only the results of my qualitative research study on which to base my conclusions. The preliminary research produced limited yet valuable results. Data are categorized into five major themes. Using the hermeneutical phenomenological research method, the phenomenon is identified and then the meaning presented. The need for further research on the topic of trauma Debriefer spirituality is discussed.

Co-researchers

Co-researchers in this study are active members from the fire, police, dispatch and ambulance service areas and are all experienced CISM trained Debriefers. Each person volunteered for the research, and willingly and openly shared experiences, thoughts and feelings throughout the process. Semi-structured interviews ranged in length from about one hour to over two hours. The interview time was punctuated with silences, life reviews, ranges of emotions and personal discovery. Co-researchers agreed no one had asked them about their spirituality relating to trauma debriefing before.

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[1] Oriah Mountain Dreamer, *The Invitation* (NY: HarperCollins, 1999), 35.

Spirituality Definition

Before the Co-researchers were interviewed I shared the definition of spirituality with them. As well a copy of the definition – i.e. that which gives "meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life, and sense of the non-material,"[2] was lying on the table for visual reference during the interview. I had the working definition readily available as a beginning point for the Co-researchers to explore their personal spirituality. They could accept, reject or modify the definition as we moved through the conversation.

As I described in the spirituality chapter, I chose this definition because it does not speak to a specific religion or faith. I wanted the broadness and openness this definition provided. The reaction to the definition ranged from partial acceptance to full acceptance. For some Co-researchers, the definition was perhaps not clear enough in its use of religious language or it took some time and thought to accept it without the religious framework. For other Co-researchers, the openness of the language allowed them to feel accepted with their own spiritual framework. I appreciated the reactions as it provoked thought and conversation about spirituality. It also gave me insight into the Co-researcher's understandings of their own spirituality, and spirituality as it relates to the debriefing process.

Once the definition was discussed, I continued with the interview questions. Sometimes they were followed in order and other times to accommodate the flow of the conversation, the questions were answered randomly. The conversation time was punctuated with a range of emotions – laughter, tears, some anger, discovery,

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[2] Laurie Anne Pearlman, "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54.

professional and life review. The silences in the conversations held moments of thought as well as emotional intensity as the Debriefers thought of themselves and of their peers.

The questions and the data summary follow. I very carefully chose the language around the questions so not to trigger barriers in and around differing religious belief systems. This openness and acceptance of the language allowed each person to participate freely in a non-judgmental environment. I am also aware that my research questions include words that are difficult to precisely define. The word *meaning*, for example, is at the essence of my research methodology of hermeneutical phenomenology and speaks to the individual interpretation of what is *spiritual* for each Debriefer and how it is important to them. This individual interpretation and discovery of the depth and breadth of the word meaning to them is crucial to this research.

Interview Questions and Results

Results are presented for each group of questions:
- Rapport Questions (# 1 and 2)
- Global Questions (# 3 and 4)
- Research Question (#5)
- Probing Questions (#6 – 10)

Rapport Questions

1. Tell me about your overall debriefing experiences. What were some of the difficulties and some of the triumphs? Explain.

There was recognition within southern Alberta, the CISM process took time to be recognized by administrations as a valid and competent way to assist members of the emergency services. It was also clearly identified the CISM process needed to be applied as it is intended and taught. When it is used incorrectly (examples include: when services are mixed or civilians are mixed with services, debrief groups are too large, members are

forced to attend, attempts are made at maintaining rank in debrief) CISM does not work or it is not as effective.

From the Co-researcher's past experiences they knew when they needed to create an opportunity for a debriefing or a defusing. From this same wealth of knowledge and experience, they knew when they needed to refer a situation to another professional. This may be for professional or personal reasons. There was also a clear realization that when a debriefing situation was close to a Co-researcher's personal/professional experience or the experiences of another service member, the critical incident had a greater impact on the service members. For example, if one of the attending first responders had recently had a child die, responding to the death or near death of a child could have significant impact on how they may handle this critical incident.

2. You know that as a trained Debriefer your preparation of the debriefing is critical to the opportunity for success of that debrief. How do you prepare, knowing that you will be exposed to some very difficult information?

All four Co-researchers prepared for the debriefing as they met with their team, reviewed the debriefing steps, designated roles and reviewed the backbone of the critical incident. Being able to completely prepare emotionally for the impact of the debrief was something they couldn't plan for. Yet they knew at an intuitive level the emotional risk of being part of a debrief. There are just some things an experienced Debriefer cannot prepare for. The depth and breadth of the emotional range within a debrief is unpredictable. Their role is to manage and hold the emotions and the energy in that debrief. Realistically they knew there was a possibility they could be affected by the debriefing information – however shallow or deep.

As part of the preparation, some of the Co-researchers thought of their own

critical incident experiences and how these experiences related to this particular incident.

They realized the debrief directly affects each person within the setting of their current

personal and work environment. As the Co-researchers prepared, there were reminders to

be a nonjudgmental participant, to keep confidences and to listen actively and attentively

to all verbal and non verbal communication.

Global Questions

3. Our overall health is made up of several different components. We maintain our bodies so that they can be healthy and strong. We continue to seek out continuing education opportunities so that we are professionally competent. We work hard at making sure that we are able to take time to do that which gives us pleasure – through hobbies etc. Our spiritual health is also a part of who we are and how we function. One definition of spirituality is that which gives "…meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life, and a sense of the non-material."[3] What meaning does spirituality have for you?

The Co-researchers did not share the same religious values but all were able to

identify a sense of personal spirituality. Several Co-researchers understood their

spirituality within the parameters of a Christian faith (currently practicing or from a

historical perspective). For these Co-researchers there was a sense of a God who assisted

them through the entire debriefing process.

Among the Co-researchers, there was acceptance that each person was free to

choose their own spiritual path or definition of spirituality. In addition to a specific

religion, common spiritual threads included an understanding of personal or inner peace

that comes with a faith in humanity. Also understood was that there is a connection

between people that is not easily explained – not necessarily an intuition or dynamic

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[3] Pearlman, *Secondary Traumatic Stress,* 54.

energy; just a connection. Also expressed was an awareness of the fullness of life and all it has to offer. Connecting with the earth or nature was a strong component in understanding their personal spirituality. The dynamic and organic nature of connecting to earth and other living creatures brought comfort as well as an energy appreciating beauty and all life.

4. When you think of spirituality and the debriefing experience, what do you think of?

Talk of God, faith or religion in a debrief is forbidden and it was understood by the Debriefers. The Debriefers certainly do not introduce the topic. If it is raised in the debrief, it is acknowledged and then a gentle referral is made to talk afterwards with the Debriefer or the Chaplain (or other spiritual care providers). The debriefing is not the place to discuss theology, religion or faith even if it is a personal and integral part of what is debriefed.

Yet, during a debriefing, it is not unusual for deep questions to be asked by those being debriefed about the meaning of the critical incident and their existential purpose in it. They are searching for some way to understand it all. The desire is seen as a spiritual response to the critical situation. The Co-researchers know their own credibility and authenticity forms a large part of the debriefing process. As a result, their personal spirituality showed through. They identified themselves as spiritual people. Some would reflect in prayer. Others reflected in the faith and confidence in their debriefing team to do their very best to assist each person. As the Debriefer was able to think and reflect about their debriefing experiences and spirituality they were able to identify that they

sought spiritual ways to assist them through the entire debriefing process (before, during and afterwards).

The Research Question

5. What meaning does your spirituality hold for you as a trauma Debriefer as you work through trauma debriefing experiences (before, during, and after)?

Almost all of the Co-researchers suggested without prompting that being a Debriefer was the right thing for them to be doing. Their work gives an opportunity for others to see and receive meaning and hope through the debriefing. Debriefings and the people in them are often looking for concrete answers to many hard questions. The Co-researchers understand a debriefing is not about them giving or getting answers to bigger life questions. Partly it is a time for them to sit and gently hold the questions of others. They know being present is all they can do, and they accept that. The Co-researchers had a restfulness of spirit that reflected knowing answers to deep questions do not necessarily exist, however the questions need to be expressed in any case.

Life has mysteries and personal spirituality observes that mystery. The Co-researchers clearly understood the most important component in a debriefing is the spiritual. During the debrief, there is a connection or relationship developed with others that is only created and observed at that time. This deeply spiritual expression, observed by this connection was held with a sense of awe and wonderment.

For some in the study, their connectedness to God through prayer provided an anchor upon which to draw strength and to enhance their ability to observe as well as listen very deeply to what was being said.

Probing Questions

6. Explain to me how you are able to articulate this meaning for yourself as you move through the debriefing stages?

The majority of Co-researchers had not thought consciously about their spirituality as they debrief. They acknowledged their personal spirituality is continually growing and changing. The majority were able to say they had some sense of their personal spirituality being a part of the debrief. They noted this by realizing being prepared was important. They knew what they were doing was good and beneficial. As they engaged in the debrief they were calm, thankful, and realized they were serving their peers and colleagues. Some Co-researchers acknowledged a divine presence – a guide. Others focused on the team and those being debriefed. While they could not directly articulate a personal spiritual meaning during the specific debriefing they knew it was there as a growing part of who they are. All acknowledged it was the first time they had had been asked about their personal spirituality in direct connection to a debriefing or a defusing.

7. In what way does your awareness of your own spirituality help or not help you as you debrief?

All of the Co-researchers said awareness of their spirituality during a debrief does help. This awareness gives them a certain level of confidence (inner peace). There was recognition they do not know the answers but are not afraid to hear the questions and discuss them. The awareness and personal openness allows for a spirit to spirit connection. Through the connection there was a core level ability to listen, hear and

observe. For some Co-researchers there was a sense of not being alone (sensing a divine presence) while debriefing.

8. Is this a new awareness for you? Explore that with me.

     All of the Co-researchers said their spirituality was not a new awareness for them. Some Co-researchers understood they are continually growing spiritually. Some used prayer as a tool or Holy Scriptures to anchor themselves in this awareness.

9. From our discussions today, are you more aware of your own Spirituality and how it has some meaning for you as you work as a trauma Debriefer? Explain that to me please.

     The majority of Co-researchers said they will think more explicitly about their spirituality as they debrief. Previously it was an implicit awareness. One Co-researcher said awareness of spirituality came through identification with a strong Christian faith. Further discussion did not affect the degree of awareness of their spirituality in a debriefing.

10. What other thoughts or experiences would you like to share regarding our discussion?

     Several topics were openly discussed when this question was asked to allow the Co-researchers to freely add any other information they desired. One of the topics included issues were stress and PTSD affecting service workers. Some Co-researchers from Christian frameworks focused on "God instances" (God created and managed moments and experiences). As well, God as protector and guide, but not controller was

illustrated through work related examples. Discussed at length was a greater realization of the importance of family, life and death.

Major Themes

Five major themes emerged through data analysis of the interviews. They are:

1. The CISM process works well when used as intended – preparation, debrief and post work. The personal spirituality of Debriefers was seen as an asset in preparing to debrief.

2. Co-researchers acknowledged spirituality is an important part of the CISM process, reflected in the thoughts, questions and search for answers. The spiritual connection/energy/relationship that is observed is the most important part of a debriefing.

3. Co-researchers were aware of different aspects of their personal spirituality and each person's right to define their own spiritual framework. Inner peace, openness and confidence were strong experiences they shared as they reflected on their spiritual life. This overt awareness helps them become better Debriefers.

4. Prior to the research, the Co-researchers do not remember being asked specifically by anyone about their personal spirituality and its connection to a defusing/debriefing.

5. Due to the research, a majority of the Co-researchers will now think more specifically about their spirituality as they debrief and notice how they observe it in the planning and executing of a debrief. They will continue to integrate the awareness into their debriefing process.

Interpretation

The Phenomenon

In reflecting on their debriefing experiences, there was a clear observation from all of the Co-researchers that, within the debrief, there is a "spirit to spirit" connection/energy/relationship unique to the specific debrief. This connection through and around the debriefing discussions is with those being debriefed. It is not a linear relationship with the Debriefers and those being debriefed, but something similar to a web where there are multiple connections and those connections are multi-layered. It is observed with a sense of mystery and awe. The same unique energy is not observed at any time outside the defusing or debriefing. It is this awareness of the "spirit to spirit" connection that is the phenomenon. This is captured in statements such as "I really do think that we create something…it sits right there so its related to", "it all disappears when we all split", and "I have a better sense of who I am and how I am connected or not connected to these people and that empathy is one thing, but I think there is a sense of spirit to spirit that is connected."

This connection is not seen as a God or deity presence. Rather it is the unique connection/energy/relationship of the people in that room. The acknowledgement of a God presence is outside this uniqueness or, for some layered upon it. It is the Debriefers ability to be attuned to the spiritual connection/needs of those being debriefed that is ultimately reflected in their own spirituality. Their spirituality may easily include the naming and practicing of a religion and their faithfulness to it.

The spirituality of trauma Debriefers is extremely important. It influences who they are and how and why they continue to debrief their peers through sometimes horrific and emotionally charged situations. This individual spirituality drives how the Co-

researchers act, react and what they believe. This "spirit to spirit"

connection/energy/relationship as the phenomenon brings to light the very importance of

spirituality in trauma debriefing. The personal spirituality of Debriefers influences how

they are best able to be open, to listen, hear and observe what is happening in the

debriefing. Their spiritual awareness drives them to be continually aware of who they are

personally and how they are best able to help others and themselves. The phenomenon

speaks to the spiritual health and growth of the Debriefer.

The Hermeneutics

Hermeneutics is the process of interpreting the raw data. This methodology brings

together the information from the Co-researchers and, together with the primary

researcher, research results are determined. In this case the Co-researchers worked

through a series of interview questions to answer the questions. During the interview, I

saw many times where the person made new discoveries about themselves and how they

viewed spirituality and debriefing. This method then expects the primary researcher (me)

to work through the text of the raw data and combine it with my own professional

experiences as well as observations and synthesis of the experience to create the essence

of the data. This creative process involved the discovery and rediscovery of the meaning

of the data through reading and reflection as a continuous pattern. This is what I did

beginning with the elusive topic of spirituality.

Spirituality is not an easy concept to articulate. For many people, personal

spirituality is a growing and ever changing concept that continues to bring deeper

meaning and awareness of life. Spirituality can be framed in a specific religion, based on

personal experiences and choices, or ground in nature. Spiritual awareness constantly

shapes and re-shapes a person's worldview. The worldview outlines who each person is, how they choose to live their life and how they relate to others. Spirituality is central to an individual's core - their soul.

Throughout the interview process I found spirituality holds great value for my Co-researchers. Comments like "servant and warrior for God" and "spirituality is at the very core of my being", and "mystery to life that I observed through my spirituality," brought forward the sense that their spirituality was a part of all they do personally and professionally and is often used as a motivator to continue their work both as a professional and as a Debriefer.

Debriefers are professionals who are trusted to manage the debriefing process. How they act, react and are present can have a significant impact on the outcome of the debriefing. Spiritual awareness gives Debriefers a frame of reference upon which to facilitate the defusing/debriefing process. While the CISM model provides a structure, it is the Debriefers attentiveness to the attendees that brings an emotional and spiritual frame to the debrief. The Debriefers know they must "think about them and their needs (those being debriefed)" and "know that I am going to impact some people who are struggling…" Their professional training and experiences combined with their perceptive personalities allow them to read people and situations very well. This ability gives them the knowledge and intuition when to ask questions, when to hold questions, and how and when to work with the often sensitive information being presented.

Each person's search for self understanding –i.e. how one fits into and connects with the larger world, constitutes one of life's biggest quests. It can be a life long journey with few clear or easy answers. Within the CISM process, Debriefers are there to guide

discussion of what is important as it relates to a critical incident. In this study, my Co-researchers clearly acknowledged a strong spiritual component to the defusing/debriefing process as noted as the research phenomenon. This component resides in the questioning and searching coming from a basic and fundamental need for meaning and hope, as well as connecting to something or someone beyond one's self. Often the debrief is filled with hard questions and a myriad of emotions. In the midst of these challenges, Debriefers are willing to hold all types of questions and situations without trying to give answers or find solutions. The Co-researcher's understood that the meaning and purpose of life does not necessarily come with concrete answers. Rather, it comes "in living with" the many mysteries and questions of life. Some comments around questions of life were: "why, why, why did this happen? And the answer is I don't know.", "Or not to have an answer at all." And "I think it is okay not to have all the answers…..to bring your humanity to that session."

The organic nature and fluidity of spirituality in the debriefing process is an intrinsic concept that is not easily identifiable or understood. For a group of people who are normally seen as "fixers" (i.e., putting out fires, rescuing people, medically assisting, responding to criminal activity, etc.), it is remarkable to witness that Debriefers are able to just be in the situation. This acute awareness of the spiritual energy and connection that is present forms a valuable part of the debrief.

Debriefers work to give an opportunity for others to find hope and meaning; to find a path to healing and wholeness. A comment demonstrating this opportunity was: (referring to those being debriefed) "to understand their meaning and purpose in the context of what they have just experienced? That's a spiritual thing." Debriefers, by their

nature, have an innate desire and will to be helpful – even if that means referring the person to someone else; "one of the very hardest ones I did ended up turning it over to the mental health professional." . The very essence of being an effective Debriefer is to relate from a spiritual core. The core drives and motivates the Debriefer to do whatever they can to help others. When handling a debrief, Debriefers need to have a deep sense of who they are, what gives them strength and how they demonstrate that strength through listening and observing. It is spiritual authenticity and professional "credibility" that grounds who the Debriefer is while in a debrief.

The Co-researchers recognized, as important as their personal spirituality is, the spiritual essence of the debrief is its most essential component identified through these comments-"spirituality is completely ignored, and yet it is probably the deepest thing that needs to be explored," Their ability to sense the debriefing synergy through words, body language and the identified "spirit to spirit" connection becomes the focus of attention. It takes spiritually attune people to see the depth of the spiritual nature and/or connection that is a part of the debrief; to see it and hold it. The realization that it is not the Co-researcher's place to "fix or answer" such deeply spiritual and personal questions needs to come from a place of spiritual awareness and depth.

Debriefers' ability to know, observe and manage a spiritual connection is a gift to those being debriefed. The debriefed are "guided" by authentic people who realize their own strengths and weaknesses, and how to work with them. Their openness to do the debriefing work affects who they are and who they are becoming. They grow spiritually from each experience insofar as it can awaken a deeper consciousness. People who continue to grow spiritually are continually searching to discover the answers to or

awareness of core life questions. This search can bring about greater compassion, desire to do well, increased resiliency and a deeper connection to one's helping profession. Further it can bring into perspective greater understanding and empathy for self, peers and colleagues. In the research, the Co-researchers disclosed they are personally growing and are comfortable with what it means and what it brings. They each have tools and rituals of a spiritual life, and an acute self awareness helping them continue to work the very best way they know how.

Implications of the Research

Emergency services personnel often deal with critical situations and severe consequences. Sometimes when they consistently do not have a successful outcome, a sense of failure and questioning can surface. Repeated failures or less than successful outcomes can weigh on them professionally and personally. At a core level they begin to question how effective they are at what they do. Deep spiritual questions arise such as "am I making a difference in my community?", "why do people choose to do the things they do to each other?", and/or, "is this all life has to offer me?"

One significant result of the study is the Co-researchers greater openness and vulnerability to a deep sense of "spirit to spirit" connection while assisting their peers and colleagues. Regardless of a religious framework, or philosophical worldview, there was demonstrated an undeniable connection between the Debriefer and the debriefed. What the research makes clear is the Co-researchers are aware of their spirituality and it is an important part of who they are personally and professionally. I conclude that the spiritual connection and awareness is made through the openness of the people in the room to

share, explore, be vulnerable to and hold the pain of others as well as just be present with them. The connection is unique and it holds a sense of mystery.

Deepening the spiritual awareness in Debriefers brings a broader spiritual dimension of peace, strength and understanding to the debrief. Peacefulness comes with calmness and awareness, and it enables the ability to sit with tough questions and to know there may not be answers. This peacefulness brings credibility and strength to the Debriefer. This inner strength gives the Debriefers the ability to be attentive and caring - to witness the horrors of the critical incident and its affect on their peers. This strength should not be underestimated. It is very difficult to hold the range of emotions compassionately while moving through the debriefing process. This attentiveness to each person and their needs shows understanding. This understanding comes from their ability to be nonjudgmental about personal reactions and actions. It also comes from self-knowledge and awareness that they themselves may have been in a similar situation and faced similar reactions. This awareness creates a feeling of empathy and compassion. Their openness to the diversity of others' reactions to the situation, others or themselves comes from an unconditional core (spirit) that allows for perspectives. In all of this there is also a realization any given situation is a reflection of a moment in time. Spiritual responsiveness and sincerity brings Debriefers to a place where they are willing, and able, to work in the present while also continually seeking to become better at what they do. Thus, they become better equipped to help their peers and colleagues, resulting in healthier (mentally, physically, emotionally and spiritually) and more resilient emergency service workers.

The spiritual connection that occurs during defusing and debriefing experiences is honoured and even considered sacred. Some Co-researchers described it as a "God moment" – a time that is God created (through circumstance and understanding). For others the connection is a mystery that does not need unfolding but simply to be held for what it is. Regardless of how it is explained, this connection brings these people together to share with each other what has been experienced and what it means for them. The common goal is they work towards healing and understanding clearly acknowledging the critical incident and its possible lasting effects.

Next Steps

Building on this thesis more research is needed in the area of the spirituality of trauma Debriefers. Understanding the importance of spirituality within the CISM process has potential growth opportunities for CISM Debriefers, Trainers and Mentors. The result is a stronger work force through a more effective debriefing experience.

Growth in spiritual awareness enables a person to be truer to his or her authentic self enhancing personal credibility which is a key in the debriefing environment. Acknowledging one's beliefs, values, goals, strengths as well as weaknesses can help make a person more conscious or authentic about who they are and how they are evolving. This can become an evolutionary cycle of awareness for the individual Debriefers.

Spiritual awareness enhances debriefing experiences in that it gifts the Debriefers personally and encourages them to continue to do the work of debriefing, possibly mitigating the stress reactions to the traumatized. The traumatized also benefit from the gifts of being guided and comforted by someone who is spiritually attuned to understand

their situation at a core level. The Debriefers willingness to be fully present through emotional turmoil is difficult and necessary. The gift of being present demonstrates the Debriefers understanding that their role is to listen and be present – not to fix something that is not theirs to fix. This skill of being physically, emotionally and spiritually present can be learned, understood and shared.

By continuing the research begun in my thesis, the recommendation exists for including spirituality training in the CISM curriculum. Such training of potential Debriefers and CISM Trainers and Mentors would open the door to understanding the importance of personal spirituality and the role it plays in debriefing. Debriefers need to understand how the spiritual health of those being debriefed has an effect on the debriefs' ability to process recovery from a critical incident. The spiritual health of a Debriefer also has an impact on their ability to continue to debrief. This resiliency is very important. Debriefers become more susceptible to burn out and compassion fatigue when their resiliency is low. There is also the potential for corporate and individual harm if the Debriefer is allowed to continue. This may result in them removing themselves or being removed from the debriefing team.

Conclusion

The preliminary research of this thesis describes the phenomenon of spiritual awareness as it exists in the debriefing experiences of four trauma Debriefers. It has a positive effect on these Co-researchers, and by implication has a positive effect on the debriefed. Spiritual awareness brings peace, strength, understanding and empathy to any situation. Spirituality is not defined in a specific religious framework. It is not limited to the practice of religion or the faith of the Co-researchers, but expands through a

worldview that recognizes a "spirit to spirit" connection/energy/relationship that is somehow an intrinsic part of the debriefing – neither created nor destroyed, but framed in a unique and sacred experience. The importance of spirituality in the debriefing process needs continued exploration. This importance can be demonstrated through the recommendation of including focused spirituality training in the CISM curriculum for Debriefers, Trainers and Mentors.

Chapter 8 – Conclusion

The spirituality of trauma Debriefers is a new area of research. This thesis brought together the concepts of spirituality, crisis and trauma, and Debriefers. The intention of the research was to have the trauma Debriefers articulate the meaning of their own spirituality as it relates to defusing and debriefing. The research question was "What meaning does spirituality hold for trauma Debriefers as they work through trauma debriefing experiences?"

This research, to the best of my knowledge, is the first of its kind. A literature search produced no results combining the concepts of spirituality, crisis and trauma and debriefing that could be used as a foundation for my research. There is abundance of literature on the individual areas of spirituality, crisis and trauma and different debriefing methods.

The resource literature on each of these topics is strong and so I was able to build an introductory knowledge base allowing the reader to combine the concepts of spirituality, trauma and debriefing so the research results could be understood in context. Insofar as I was unable to find specific literature focusing on the spirituality of trauma Debriefers, my qualitative research is a preliminary effort to fill this void.

I used the hermeneutical phenomenological research method for this qualitative research study. It allowed Co-researchers to say what they wanted to say and observe their own phenomenon in such a way that I could capture it. As the primary researcher I listened to, recorded, studied and reflected on all the experiences and awareness'. I then worked the research results through the hermeneutical process. In this endeavor my own background as an experienced Debriefer allowed me to reflect on the phenomenon with

some sense of understanding and awareness and checked biases. I had a peer reviewer to assist me in searching for biases. The Co-researchers were also offered opportunity to review the research chapter for validity.

Four very experienced trauma Debriefers volunteered as Co-researchers. They affirmed that their spirituality holds immense meaning for them as they participated in the debriefing process. The intrinsic and elusive understanding of personal spirituality continues to be a point of personal growth and discovery for each of them.

All four Co-researchers were aware of their spirituality and how it affects who they are personally, professionally, and how they provide peer support. Semi-structured interviews or conversations provided rich information that produced five major themes. Through the conversations the Co-researchers reflected that they developed increased awareness of their personal spirituality and how it may affect their continued debriefing efforts.

The five major themes that emerged are summarized as:

1. CISM process works well when used as intended.

2. The spiritual connection/relationship/energy that is observed is the most important part of the debriefing. It is unique to that particular debriefing and not found outside the environment.

3. The Debriefers were all aware of different aspects of their personal spirituality and how it has been a part of the debriefing environment.

4. The Debriefers do not remember being asked previously about their personal spirituality and its connection to defusing/debriefing.

5. From the research, the majority of the Co-researchers will now think more specifically about their spirituality as they work through the debrief process.

My research results demonstrate the importance of spirituality in both the debriefing and the Debriefer. Further, my research highlights the important and valuable phenomenon of a "spirit to spirit" connection/energy/relationship that speaks directly to the connection a Debriefer has with those being debriefed. It is a connection/energy/relationship that brings forth depth of communication, emotional intimacy, and hope for healing and understanding while also maintaining safety during the conversation. My Co-researchers identified that each debrief has a unique and deep connection with the debriefed that is only observed during that specific debrief.

Identifying and discussing spirituality as part of the debrief process is very important. Concerns about life and death, what is meaningful, what gives hope and a connection beyond oneself are all spiritual questions. Often such questions as "why did this have to happen?" or "how did it happen?" are either overtly or covertly discussed. Likewise each person being debriefed may question their part in a critical incident. The questions can speak directly to core issues of self identity and purpose, both personally and professionally. While there may not be quick and easy answers to such questions, it is in the process of discovering meaning for those answers that spiritual growth and awareness happen.

In this study I believe it is through the Co-researcher's personal spirituality and openness that they were able to identify, observe and honour a "spirit to spirit" connection that exists during each debriefing or defusing. This understanding comes from their deep willingness to help peers and colleagues through some of the most difficult

times they may encounter professionally. Professional lives also spill into personal lives as each person is a product of both the personal and professional. A personal desire that drives many people to want to know about life's meaning (i.e. find hope in darkness and a sense of understanding of all things being connected) brings them to a deeper sense of who they are and how they contribute to their community. These people, as helpers and trauma Debriefers, unconditionally give to their community of peers and colleagues by accompanying them whenever they are needed.

This accompaniment can be seen in a Christian context and understood as a ministry of presence stemming from a division of theology known a Practical/Pastoral theology. Practical/Pastoral Theology or living each day/experience from a grounded spiritual perspective is what these Debriefers do. They work to help their colleagues and co-workers work through some of the trauma and its residual effects on their lives. This is the desire and ability to simply be with people without the need or desire to fix or change another person's pain or direction. This is not easy to do or live with. However, through the concepts of spirituality, religion and faith either used independently or interdependently, Debriefers do find a way to handle the effects of the debrief. It is the Debriefers core of being or soul that drives them to live from their spiritual center to help those in crisis and trauma.

Crisis and trauma experiences are unique to each individual. Through a crisis and perhaps trauma, there is no clarity of right or wrong. The personal desire is for healing and wholeness; to know and understand. There may not be answers to the questions, but individual strength, resiliency and growth come from living with those questions.

I recommend further research in this field. The concept of spirituality mixed with trauma and debriefing is a rich area available for further exploration. Learning more about how Debriefers are aware of their own spirituality and how it helps them through the entire debriefing process is an important aspect of debriefing work. Spiritual health must be an important partner with mental, physical and emotional health to bring a well rounded, resilient and whole person to do the important and critical work of debriefing.

Understanding personal spirituality and how it is apparent in a debrief can be shared and taught. Therefore I recommend including what spirituality is and how and why it is important in defusings and debriefings in the CISM training curriculum.

Enhancing the training of Debriefers, Trainers and Mentors can strengthen the entire CISM process. It opens the door to further hope and healing of emergency services personnel who place themselves in crisis type situations each day they work. The stronger the professional work force is the better able they will be to continue doing their jobs and assisting their peers and colleagues.

Bibliography

Ajjawi, Rola and Joy Higgs, "Using Hermeneutical Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning." *The Qualitative Journal, 12* (December 2007): 612-638.

American Psychiatric Association, *Desk Reference to the Diagnostic Criteria from DSM-IV-TR, 7th printing.* VA: American Psychiatric Association, 2004.

Bills, Lyndra. "Trauma-Based Psychiatry for Primary Care" In *Secondary Traumatic Stress*, edited by B. Hudnall Stamm, 121-148. Maryland: Sidran Press, 1990.

Birnbaum, Aiton. "Collective trauma and post-traumatic symptoms in the biblical narrative of ancient Israel," *Journal of Mental Health, Religion and Culture* 11, no. 5 (July 2008): 533-546.

Boss, Pauline, *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss.* New York: W. W. Norton and Company Inc., 2006.

Canda, Edward R. and Leola Dyrud Furman, *Spiritual Diversity in Social Work Practice: The Heart of Helping.* NY: Oxford University Press, 2010.

Clark, Moustakas. *Phenomenological Research Methods.* CA: Sage Publications, 1994.

Cole, Brenda, Ethan Benore and Kenneth Pargament. "Spirituality and Coping with Trauma," In *Spirituality, Health and Wholeness: An Introduction Guide for Health Care Professionals*, edited by Siroj Sorajjakool and Henry H. Lamberton, 49-74. NY: Haworth Press Inc., 2004.

Drescher, Kent D. "Spirituality in the Face of Terrorist Disasters," In *Psychological Effects of Catastrophic Disasters*, edited by Leon A. Schein, Henry L. Spitz, Gary M. Burlingame, Philip R. Muskin with Shannon Vargo, 335-381. New York: Haworth Press, 2006.

Everly, Jr., George S. *Assisting Individuals in Crisis, 4th* ed. MD: International Critical Incident Stress Foundation, 2006.

Everly, Jr. George S. and Jeffrey T. Mitchell, *Critical Incident Stress Management: A New Era and Standard of Care in Crisis Intervention, 2nd Ed*. Elliott City: Chevron Publishing Corp, 1999.

Fawcett, John ed., *Stress and Trauma Handbook*: *Strategies for Flourishing in Demanding Environments*. CA: World Vision International, 2003.

Farley, Yvonne. "Making the Connection: Spirituality, Trauma and Resiliency," *Journal of Religion and Spirituality in Social Work*, 26. no. 1 (2007): 1-15.

Figley, Charles, "Compassion Fatigue: Towards a New Understanding of the Costs of Caring" In *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, & Educators*, edited by. B. Hudnall Stamm, 15-20, 51-92. MD: Sidran Press, 1999.

Figley, Charles, R. and Rolf J. Kleber, "Beyond the "Victim": Secondary Traumatic Stress," In *Beyond Trauma: Cultural and Societal Dynamics,* edited by. Rolf J. Kleber, Charles R. Figley and Berthold P.R. Gersons, 75-98. NY: Plenum Press, 1995.

Frankl, Viktor E., *Man's Search for Meaning*. NY: Simon and Schuster, 1963.

Gwin Mitchell, Shannon and Jeffrey T. Mitchell, "Caplan, Community and Critical Incident Stress Management." *International Journal of Emergency Mental Health* 8, no. 1 (2006): 5-14.

http://www.dictionary-quotes.com. (accessed March 2011).

http://dictionary.reference.com. (accessed March 2011).

http://www.merriam-webster.com/dictionary. (accessed March 2011).

http://www.icisf.org. International Critical Incident Stress Foundation (accessed March 2011).

Jones, W. Paul, *Theological Worlds: Understanding the Alternative Rhythms of Christian Belief.* Nashville: Abington Press, 1989.

Kanel, Kristi. *A Guide to Crisis Intervention*. Canada: Brooks/Cole Publishing Company, 1999.

Laverty, Susann. "Hermeneutical Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations." *Journal of Qualitative Methods,* 3 (September, 2003): 1-29.

Lorrain, Charles R. "Working with Police, Firefighters, and other Uniformed Personnel" In *Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy*, edited by. Stephen B. Roberts and Willard W.C. Ashley, 315-326. VT: SkyLight Paths Publishing, 2008.

McBride, J. LeBron. *Spiritual Crisis: Surviving Trauma to the Soul*. NY: The Haworth Pastoral Press, 1998.

McBrien, Richard P. *Catholicism: Completely Revised and Updated.* NY: HarperCollins Publishers, 1994.

Mitchell, Jeffrey T. *Advanced Group Crisis Intervention: Strategies and Tactics for Complex Situations,* MD: International Critical Stress Foundation, Inc., 2006.

Mitchell, Jeffrey T. and George S. Everly, Jr., *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Interventions Services,* Third Edition. MD: Chevron Publishing Corporation, 2001.

Mitchell, Jeffrey T. and George S. Everly, Jr., "CISM and CISD: evolutions, effects and outcomes," In *Psychological Debriefing: Theory, Practice and Evidence*, edited by Beverley Raphael and John P. Wilson, 71-90. NY: Cambridge University Press, 2000.

Mitchell, Jeffrey T. and George S. Everly, Jr., *CRITICAL INCIDENT STRESS MANAGEMEMENT (CISM): Basic Group Intervention, 3rd ed .Revised.* MD: International Critical Incident Stress Foundation, Inc., 2003.

Mitchell, Jeffrey T. and George S. Everly Jr., "Critical Incident Stress Management in Terrorist Events and Disasters" In *Psychological Effects of Catastrophic Disasters – Group Approaches to Treatment,* edited by. Schein, Spitz, Burlingame, Muskin and Vargo, 425-480. New York: Haworth Press, 2006.

Mitchell, Jeffrey, T. and George S. Everly Jr., *Human Elements for Training for Emergency Services, Public Safety and Disaster Personnel: An Instructional Guide to Teaching, Debriefing, Crisis Intervention and Stress Management Programs.* Elliott City, MD: Chevron Publishing Corporation. 1994.

Mitchell, Shannon Gwin and Jeffrey T. Mitchell, "Caplan, Community and Critical Incident Stress Management." *International Journal of Emergency Mental Health* 8, no. 1 (2006): 5-14.

Mitchell, J. T. and Resnik, H.L.P. *Emergency Response to Crisis: A Crisis Intervention Guidebook.* MD: Chevron Publishing Corporation, 1981.

Nagy Hesse-Biber, Sharlene and Patricia Leavy, *The Practice of Qualitative Research.* Thousand Oaks: Sage Publications. Inc., 2006**.**

Oriah Mountain Dreamer, *The Invitation.* NY: HarperCollins, 1999.

Pearlman, Laurie Anne. "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*. Edited by B. Hudnall Stamm, 51-63. Maryland: Sidran Press, 1990.

Potter, Dennis. "Debriefing the Trauma Team." *American Academy of Experts in Traumatic Stress,* http://www.aaets.org/article89.htm (accessed March 2011).

Quinn Patton, Michael, *Qualitative Evaluation and Research Methods (2nd Ed.).* CA: Sage Publications Inc., 1990.

Regehr, Cheryl and Ted Bober, *In the Line of Fire: Trauma in the Emergency Services*. NY: Oxford University Press, 2005.

Robinson, Robyn "Debriefing with emergency services: critical incident stress management" In *Psychological Debriefing: Theory, practice and evidence*, edited by Beverley Raphael and John P. Wilson, 91-107. NY: Cambridge University Press, 2000.

Rubin Wainrib, Barbara and Ellin L. Bloch, *Crisis Intervention and Trauma Response: Theory and Practice.* NY: Springer Publishing Company, 1998.

Saakvitne, Karen W. and Laurie Ann Pearlman, *Transforming the Pain.* NY: W.W. Norton & Company, 1996.

Seaward, Brian Luke, *Managing Stress in Emergency Medical Services,* MA: Jones and Bartlett Publishers, Inc., 2000.

Slawinski, Tonya. "A Strengths-Based Approach to Crisis Response". *Journal of Work Place Behavioural Health* 21 no. 2, (2005). *www.ingentaconnect.com/content/haworth/jwbh/2006/00000021/00000002/art00 006;jsessionid=54fs5j71k6nb0.alice?* (accessed November 5, 2008).

Swinton, John and Harriet Mowat, *Practical Theology and Qualitative Research.* UK: SCM Press: 2006.

Smith, Arthur, "Critical Incident Stress Management". *Fire Engineering* (February, 2005).http://web.ebscohost.com.login.ezproxy.library.ualberta.ca/ehost/pdf?vid=5&hid= 116&sid=4d5269af-8be0-40ae-a9d7-5e53967f9321%40sessionmgr104 (accessed November 4, 2008).

Stamm, B. Hudnall ed., *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, & Educators*. MD: Sidran Press, 1999.

Tedeschi, Richard G. and Lawrence G. Calhoun. *Trauma and Transformation: Growing in the Aftermath of Suffering.* Thousand Oaks, CA: Sage, 1995.

Tuckey, Michelle R. "Issues in the Debriefing Debate for the Emergency Services: Moving Research Outcomes Forward. *"Clinical Psychology: Science and Practice* 14, no. 2 (June 2007): 106-116.

Volkmann, Peter. "When Traumatic Events affect the EMS Worker" fireEMS, (Nov. /Dec. 2003).

Wilson, John P., Matthew J. Friedman and Jacob D. Lindy. *Treating Psychological Trauma and PTSD*. NY: The Guildford Press, 2001.

Woodcock, Jeremy "Trauma and Spirituality." In *A Practitioner's Guide to Counseling*, edited by Thom Spiers, 165-188. NY: Taylor and Frances Group, 2001.

Zichi Cohen, Marlene, David L. Kahn and Richard H. Steeves. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers.* CA: Sage Publications Inc., 2000.

Definitions

Burnout: relates to the inability or greatly diminished capacity to continue to work effectively in one's chosen field of work.

Compassion Fatigue: emotionally, the caregiver does not have the desire or the ability to care for or care as deeply about others as they did before.

Crisis: a situation that someone faces which is abnormal (i.e., outside the individual's scope of usual experiences) and needs immediate attention.

Crisis Intervention: the provision of emergency psychological care to victims as to assist those victim's in returning to an adaptive level of functioning and to prevent or mitigate the potential negative impact of psychological trauma.

Critical Incident: a sudden, unexpected, often life-threatening time-limited event that may overwhelm an individual's capacity to respond adaptively that may result in psychological distress.

Critical Incident Stress Management (CISM): an integrated and comprehensive multicomponent program for the provision of crisis and disaster mental health services.

Debriefing: one time event when only those who were involved in the incident come together to talk about the experiences of the critical incident.

Defusing: an informal, yet guided conversation about the person, feelings and/or the incident.

Emergency Medical Services: those delivering emergency medical care – Paramedics and Emergency Medical Technicians (EMT).

Faith: the simple belief in what is; complete trust or confidence in something or someone.

First Responders: those who are responding first to crime or tragedy – Emergency Medical Services, Fire Fighters, dispatch and/or Police members.

Hermeneutics: method of interpreting an experience or phenomenon.

Hermeneutical Phenomenology: a methodology that brings together the understanding of a phenomenon with hermeneutics.

ICISF: International Critical Incident Stress Foundation.

Phenomenology: it is through our own perceptions of an experience that we are able to label an experience with meaning and understanding in the context of one's own life.

Post Traumatic Stress: is the very intense arousal following a traumatic stressor (trauma).

Post Traumatic Stress Disorder (PTSD): is the condition relating from post traumatic stress.

Primary Trauma: an experience that overwhelms a person's normal coping mechanisms.

Religion: the structure that a specific faith is surrounded by.

Secondary Trauma: A person who witnessed and possibly assisted during the critical event.

Spirituality: what gives each person "meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life, and sense of the non-material?"[1]

Stress: a state of psychological and physical arousal that comes about as a result of a threat, challenge or change in one's environment.

Trauma: a spiritual, physical or emotional wound that is an individual experience that encompasses a loss.

Trauma Debriefer: a specifically trained individual who helps others review a severe critical incident.

Traumatic Stress: the stress that comes from a traumatic event.

Vicarious Trauma: a person who hears the event from either the primary or the secondary victim.

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[1] Laurie Anne Pearlman, "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" In *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54.

Appendix A

February 9, 2010

A Call for Volunteers

I am looking for CISD/CISM trained and experienced Debriefers from the fire service, police service and emergency medical services.

I am a graduate student who is doing research for my Thesis and I am looking for Debriefers that I can talk with for about an hour.

My graduate program is a Masters in Theological Studies from St. Stephen's College, Edmonton and I am a trained Debriefer that works in rural southern Alberta.

My research question is "What meaning does spirituality hold for trauma Debriefers as they work through trauma debriefing experiences?"

The working definition of spirituality that we can start from is that which gives …"meaning and hope, (a) sense of connection with something beyond oneself, awareness of all aspects of life, and sense of the non material."

To the best of my research knowledge, this area has yet to be explored or not well published.

I would be willing to meet with you at your place of work or for coffee; a place that is comfortable for you to talk about this with me.

If you are interested you can initially contact me by email at tracey@thestaggs.homedns.org and I can give you more information and answer any questions.

Thank you for consideration in helping me with my research in this very valuable area.

Tracey Stagg

Letter to Co-researchers

Date

Dear:

Thank you for your interest in my research on the Spirituality of Trauma Debriefers. I value your experience as a trauma Debriefer. It will have a clear role in my research. This letter goes over some of the things that we have already talked about.

This is a qualitative research study. This research model focuses on your experiences and insights as a Debriefer. I am asking the primary question; "What meaning does spirituality hold for you as a trauma Debriefers as you work through a trauma debriefing experience (before, during and after)?" A definition of spirituality I use, and offer to you for your consideration, is the one provided by Laurie Anne Pearlman in "Self-Care for Trauma Therapists: Ameliorating Vicarious Traumatization" [in *Secondary Traumatic Stress*, ed. B. Hudnall Stamm (Maryland: Sidran Press, 1990), 54]. She sees spirituality as that which gives "…meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life, and sense of the non-material."

In this interview, there will be an opportunity for me to discover the meaning of spirituality for you. I am hoping that we will be able to meet for about an hour at a place where it is comfortable for you to talk. This can be at your work place or in another quiet area. I am aware that, as part of this interview, you may go through some of the trauma that you may have felt before. Therefore, it is important for you to know that if **at anytime** you want to withdraw from the interview and research because you feel uneasy,

we will end with no questions asked. I will at that time offer to you resources and support specific to your workplace.

I hope to understand the meaning of your personal spirituality as you work as a Debriefer. We will talk in general about some of the debriefing experiences and how your spirituality is a part of those experiences.

I value your part in this study. I thank you for your time and effort to help me with this research. If you have any further questions, please call me at (403) 652-7476 or email at tracey@thestaggs.homedns.org

Sincerely,

Tracey Stagg

<center>**Appendix C**</center>

Co-researcher Release Agreement

I agree to take part in this research study. The primary question that will be asked is: "What meaning does spirituality hold for trauma Debriefers as they work through trauma debriefing experiences?" I know that this data will used in a Masters in Theological Studies thesis.

This interview will be digitally recorded. All my interview material will be kept anonymous and confidential. All information/data collected will be kept in a locked cabinet or on a secure hard drive for a period of seven years. This data can be used for secondary analysis as well as published for study, research or education. This can include journal articles.

It has been explained to me that there is some risk of my being retraumatized in the retelling of a situation and that I can pull out at any time. I recognize resources and support specific to my workplace will be offered should the need arise.

In the event I choose to withdraw from the interview and research, all data that I have been involved with will be returned or destroyed.

If you have any questions and would like to contact my research supervisor or my program coordinator, you are welcome to do so. The supervisor is Dr. Margaret Clark. She can be reached at (780) 407-1961. The program coordinator is Dr. Mona-Lee Feehan. She can be reached at (780) 439-7311.

I, _____ understand that I have the above rights as a Co-researcher. The primary researcher has explained this study to me. I agree to this interview.

_____   _____

(Co-researcher's signature)   (Co-researcher's printed name)

_____

(Date)

_____   _____

(Primary Researcher's signature)   (Primary Researcher's printed name)

_____

    (Date)

Appendix D

A) Rapport Building Questions

1. Tell me about your overall debriefing experiences. What were some of the difficulties and some of the triumphs? Explain.

2. You know that as a trained Debriefer your preparation of the debriefing is critical to the opportunity for success of that debrief. How do you prepare, knowing that you will be exposed to some very difficult information?

B) Interview Global Questions

3. Our overall health is made up of several different components. We maintain our bodies so that they can be healthy and strong. We continue to seek out continuing education opportunities so that we are professionally competent. We work hard at making sure that we are able to take time to do that which gives us pleasure – through hobbies etc. Our spiritual health is also a part of who we are and how we function. One definition of spirituality is that which gives "…meaning and hope, sense of connection with something beyond oneself, awareness of all aspects of life, and a sense of the non-material."[1] What meaning does spirituality have for you?

4. When you think of spirituality and the debriefing experience, what do you think of?

C) Research question

5. What meaning does your spirituality hold for you as a trauma Debriefer as you work through trauma debriefing experiences (before, during, and after)?

D) Possible Questions to probe for further meaning and insight

6. Explain to me how you are able to articulate this meaning for yourself as you move through the debriefing stages?

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[1] Pearlmann, *Secondary Traumatic Stress,* 54.

7. In what way does your awareness of your own spirituality help or not help you as you debrief?

8. Is this a new awareness for you? Explore that with me.

9. From our discussions today, are you more aware of your own Spirituality and how it has some meaning for you as you work as a trauma Debriefer? Explain that to me please.

10. What other thoughts or experiences would you like to share regarding our discussion?