

**THE EXPERIENCES AND PERCEPTIONS OF POLICE MEMBERS
REGARDING THE EFFECTIVENESS OF TRAUMA DEBRIEFING WITHIN
THE SOUTH AFRICAN POLICE SERVICE**

by

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DECLARATION

I hereby declare that the mini-dissertation submitted for the Masters degree in Employee Assistance Programmes to the University of Pretoria, is my own original work, and that it has not previously in its entirety or in part, been submitted at any university for a degree. All the reference materials contained herein have been duly acknowledged.

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ABSTRACT

THE EXPERIENCES AND PERCEPTIONS OF POLICE MEMBERS REGARDING THE EFFECTIVENESS OF TRAUMA DEBRIEFING WITHIN THE SOUTH AFRICAN POLICE SERVICE

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Certain individuals, such as police officers, are exposed to traumatic events as part of the occupational roles they fulfill. In order to prevent psychological illnesses; namely the Post-Traumatic Stress Disorder (PTSD) that results from work-related traumatic incidents, psychological interventions have been developed such as Critical Incident Stress Debriefing.

The aim of the study was to explore the experiences and the perceptions of police members stationed at the South African Police Service (SAPS) Head Office in Pretoria, regarding the effectiveness of Trauma Debriefing within the SAPS environment. The researcher was motivated to choose this subject as a result of the challenges he faced while working as a Psychometrist and a Debriefing within the SAPS. Furthermore, the lack of research and literature studies concerning the effectiveness of trauma debriefing motivated the researcher to conduct the study.

The qualitative approach was utilized in this study, and interviews were used to gather data about the experiences and perceptions of police members regarding the effectiveness of trauma debriefing. Utilizing an interview schedule, the researcher interviewed 10 respondents who were functional members of the SAPS. A systematic sampling method was used to select suitable respondents for the study. The type of research used was that of applied research, as the intention was to answer practical questions about the effectiveness of trauma debriefing within the SAPS.

The exploratory design was utilized in this study, since there was limited information about the experiences and perceptions of police members in existence. The purpose of using this design was thus to explore the perceptions and experiences of police members regarding the effectiveness of trauma debriefing in order to provide new information about the topic. The researcher believes that this research will provoke some thought about new scientific research into this field of study.

A discussion on the theoretical overview on trauma debriefing focused on the goals and theories of debriefing. In addition, a theoretical overview of the debriefing model adopted by the SAPS, the benefits of debriefing, the diagnostic criteria for PTSD and critical perspectives with regard to the effectiveness of trauma debriefing.

The research findings indicated that trauma debriefing has been viewed and experienced by most respondents as good. Most police members perceived trauma debriefing as effective. Furthermore, police members perceived trauma debriefing as management's support. The research findings however also indicated that trauma debriefing should be pro-active rather than reactive. Some respondents felt that debriefing should include an element of monitoring members, in order to check their progress. In addition, the study showed that there is a lack of follow-up services to debriefing cases attended.

KEY TERMS

Trauma

Trauma Debriefing

Experience

Perception

Critical Incident

Crisis Intervention

Post-Traumatic Stress Disorder (PTSD)

Effectiveness

South African Police Service (SAPS)

Police Members

TABLE OF CONTENTS

CHAPTER 1	GENERAL INTRODUCTION	PAGE
1.1	Introduction	1
1.2	Problem formulation	3
1.3	Purpose, goals and objectives	7
	1.3.1 Purpose	7
	1.3.2 Goals	7
	1.3.3 Objectives	7
1.4	Research question	8
1.5	Research approach	8
1.6	Type of research	9
1.7	Research strategy	10
1.8	Research procedures	11
	1.8.1 Data Collection Method	11
	1.8.2 Data Analysis	13
1.9	Pilot study	13
	1.9.1 Feasibility of the study	14
	1.9.2 Pilot test of the semi-structured one-to-one interview schedule	15
1.10	Description of the research population, delimitation/ boundary of sample and sampling method.	16
	1.10.1 Research population	16
	1.10.2 Delimitation / Boundary of sample	17
	1.10.3 Sampling method	17
1.11	Ethical issues	18
	1.11.1 Informed Consent	18
	1.11.2 Harm to respondents	19
	1.11.3 Deception of respondents	19
	1.11.4 Violation of privacy	20
	1.11.5 Action and competence of researcher	20

1.11.6	Release or publication of the findings	21
1.12	Definitions of key concepts	21
1.13	Limitations of the study	23
1.14	Contents of research report	24
CHAPTER 2	A THEORETICAL OVERVIEW ON TRAUMA DEBRIEFING	
2.1	Introduction	25
2.2	Definition of concepts	26
2.2.1	Trauma	26
2.2.2	Critical Incident	27
2.2.3	Trauma Debriefing	27
2.2.4	Crisis Intervention	28
2.3	The goals of trauma debriefing	29
2.4	Theories of psychological debriefing	31
2.4.1	The Mitchell Model	31
2.4.2	The Dyregrov Model	37
2.4.3	The Revised Model	42
2.5	Conclusion	45
CHAPTER 3	A THEORETICAL OVERVIEW OF THE DEBRIEFING MODEL ADOPTED BY THE SAPS	
3.1	Introduction	46
3.2	Definition of concepts	47
3.2.1	Debriefers	47
3.2.2	Post-Traumatic Stress Disorder (PTSD)	48
3.3	The debriefing model of the SAPS	48
3.3.1	The aims of debriefing	49
3.3.2	The principle of the model	50
3.4	The structure of debriefing model of the SAPS	51
3.4.1	On the scene debriefing	51
3.4.2	Initial debriefing (Defusing)	52
3.4.3	Formal debriefing	52
3.5	The benefits of debriefing	54

3.6	Common reactions to trauma	54
3.7	The diagnostic criteria for Post-Traumatic Stress Disorder (PTSD)	56
3.8	Critical perspective with regard to the effectiveness Of psychological debriefing	56
3.9	Conclusion	61

**CHAPTER 4 THE EMPIRICAL FINDINGS ON THE EXPERIENCES
AND PERCEPTIONS OF POLICE MEMBERS
REGARDING THE EFFECTIVENESS OF
TRAUMA DEBRIEFING WITHIN THE SAPS**

4.1	Introduction	62
4.2	Profile of the respondents	63
4.3	Central themes identified	65
4.3.1	Trauma reactions	65
4.3.2	The experience of trauma debriefing	69
4.3.2.1	Is good	69
4.3.2.2	Provide support	70
4.3.2.3	Encourage ventilation of feelings	71
4.3.3	Perceptions of trauma debriefing by respondents	72
4.3.4	Benefits of trauma debriefing to the individual and organization	73
4.3.5	Effectiveness of trauma debriefing	75
4.4	Conclusion	76

**CHAPTER 5 SUMMARY, CONCLUSIONS AND
RECOMMENDATIONS**

5.1	Introduction	77
5.2	Summary	77
5.3	Conclusion	78
5.4	Recommendations	81

5.5	Concluding statement	82
	BIBLIOGRAPHY	83
	ANNEXURES	
	Annexure A: Interview schedule	89
	Annexure B: Letter of permission by the Head of Strategic Research in the South African Police Services	92
	Annexure C: Letter of permission by the Head of Psychological Services in the South African Police Services	93
	Annexure D: Letter of consent	95

CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION

Although occupational stress exists in all work situations, the intensity and emotional demands of the policing/ law enforcement environment; which is often life-threatening in nature, places exceptionally high performance expectations and stress on police members. A major hazard involved in being a police officer is the possibility of being involved in traumatic or critical incidents - incidents in which human lives are lost and/ or serious injuries are witnessed. Involvement in such episodes is highly stressful. Specific symptoms of trauma reactions include guilt, anxiety, depression, sleep disturbances, flash backs, and excessive anger (Mitchell, 1991:49).

The effects of these symptoms can be devastating, both at a personal and professional level. Therefore, there is considerable interest in finding ways to prevent, or at the very least, alleviate the symptoms. A promising approach that has been adopted by the South African Police Service (SAPS) is to have individuals who were directly and indirectly involved in a critical incident be seen by a psychologist, social worker or chaplain - sometime within 72 hours after the incident. This intervention is called 'trauma debriefing'.

Mitchell (1991: 50) states that although the approach may vary from program to program, trauma debriefing shares certain characteristics. Firstly, the individual is encouraged to ventilate the strong feelings aroused by the incident. Secondly, he or she is re-assured about the normality of the strong feelings aroused by the incident. Thirdly, the person is warned that some symptoms will have a delayed occurrence. Fourthly, an attempt is made to help the individual to assimilate the experience and to see it in context.

According to Reese, Horn & Dunning (1991: 31) the important point to note about trauma debriefing is that it is relatively new. While there is much enthusiasm about the potential usefulness of trauma debriefing, there is limited data to prove that trauma debriefing actually works. When those involved began to discuss their experiences, it was painfully clear that many still had emotional wounds that had not healed. In fact, they were indeed the “walking wounded”.

In reviewing the literature on trauma debriefing in general, the researcher discovered that extensive research has been done on the implementation of trauma debriefing, while little research has been done on the effectiveness of such interventions in the prevention of the Post-Traumatic Stress Disorder (PTSD). There is, at present, a lack of definitive research evidence to show how effective this method is. Some noted that their research suggests that those who were debriefed fared no better or worse than those who were not debriefed (Parkinson, 1997:5).

In the capacity of a psychometrist and a trauma debriefer within the SAPS, the researcher has occasionally experienced some initial resistance and skepticism by police members regarding the effectiveness of trauma debriefing. Some members expressed their dissatisfaction with the program by refusing to participate, or sometimes by not showing up for appointments. This was confirmed by Captain Retha Watson, National Trauma Debriefing Project Co-ordinator, who is acknowledged as an expert in trauma debriefing in the SAPS. Furthermore, the researcher discovered that members are not voluntarily but mandatory referred by their commanders to participate in trauma debriefing.

The researcher also found that during debriefing sessions, members do not participate willingly or openly about their own experiences. For instance, some members remain silent throughout the session without sharing their experiences.

Senior Superintendent Dalene Schoeman, National EAP Co-ordinator within the SAPS and colleague to the researcher; available during the discussion of various

optional topics, urged the researcher to look at the experiences and perceptions of police members as there was no study conducted regarding the effectiveness of therapeutic intervention within the EAP context. She further advised that the study can render positive feedback and inputs that can assist the researcher to subjectively assess the effectiveness of the trauma debriefing model that is used by SAPS.

The focus of the study is thus to explore the experiences and the perceptions of police members stationed at the SAPS Head Office in Pretoria, regarding the effectiveness of trauma debriefing within the SAPS environment. This will enable the researcher to make recommendations to the SAPS management in this regard.

1.2 PROBLEM FORMULATION

Mason and Bramble (1989: 77) cited in Carlier, Voerman and Gersons (2000: 88) argue that problems are special kinds of questions that arise for which knowledge is needed. It is further regarded as the need for the study, or the source of the problem. Thus, in this study, the problem is that there are different views and a lack of valid data to proof the effectiveness of trauma debriefing within the SAPS. Some police members say it is a waste of time to participate in trauma debriefing, while others say it is worth having participated in trauma debriefing.

A productive and healthy police force is important for economic growth, stability and the development of a country. In South Africa, various potential stressors such as the high crime level and violence continue to challenge members of the SAPS. Increased rates of illness, post-traumatic stress, burnout, alcohol abuse and suicides, as well as decreased levels of job satisfaction and job performance; when compared to norms for the general population, were found evident during research with police members (Anshel, 2000: 27).

All around the world, in virtually every society, one will find individuals whose primary occupation or role is to create barriers between society and violence. Policemen typically fulfill this role. South Africa, as a result of the heightened levels of violence and crime, is an ideal environment in which psychological researchers can observe the impact of crime and violence on police officials. Post-traumatic Stress Disorder (PTSD) has become one of the most commonly used terms when discussing the impacts of trauma and violence on individuals. What most administrators in the policing industries are probably interested in with regards to trauma interventions is to what degree this form of assistance actually works? Unfortunately, there is no straight answer to this question. Human behavior, psychology and recovery are too complex (Lim, 1996: 171).

Chandler (1995: 28) supports the above argument by affirming the findings of international and national research articulating that police work entails a certain amount of risk and difficulty. In comparison with other occupations, police work has been described as particularly stressful.

Esprey (1996: 23) argues further by saying, that with such pervasive levels of crime and violence in South Africa, there is a definite need to find a psychological intervention, to effectively assist policemen and security guards in overcoming PTSD. This does not mean that trauma interventions such as counseling or debriefing have a negative effect on traumatized guards, but that it may be understood in terms of the individual guards themselves.

It is in this context that the researcher decided to explore the experiences and perceptions of individual police members regarding the effectiveness of trauma debriefing within SAPS.

As stated in the introduction, it is important to take note that of the fact that trauma debriefing programs are relatively new, and that there is much enthusiasm about their potential usefulness. Furthermore, there is little evidence or substantiating

data that proves that trauma debriefing actually works. According to a study conducted by BBC News (1998: 1), PTSD will most likely affect people in jobs that expose them to distressing events on a regular basis. In an effort to test the effectiveness of psychological debriefings of soldiers who served in the 1991 Gulf war, two groups of soldiers were studied. One group received psychological debriefing while the other group received no debriefing. During the follow-up interview session of the two groups it was found that the outcomes were the same for both groups, and concluded that psychological debriefing offers no clear benefit in preventing PTSD in soldiers.

Furthermore, the study conducted by Deahl (1998: 2) cited in BBC News (1998:1) concluded that up to 30% of workers in the emergency services would report symptoms within a year of experiencing trauma debriefing. It is a disturbing psychological condition where people give an account to their past painful experiences. Some individuals feel like reliving the painful memories against their will. This leads to feelings of isolation and a sense of loss of control.

In contrast, Spitzer & Burke (1993: 149) view trauma debriefing as effective interventions that provide victims of trauma with an opportunity to ventilate feelings in a controlled and confidential environment. The study conducted by Carlier, Voerman & Gersons (2000: 94) indicates that respondents who received debriefing generally expressed great satisfaction with it. In this specific study, 98% were satisfied with the first and second debriefing sessions. In general, participants appreciated the intervention.

Carlier et al (2000:94) further stated that various factors which could potentially influence the effects of debriefing include the background characteristics of respondents, the type of traumatic event and other trauma related variables, personality disorder, perceived support at work and occupational stress, perceived private support, previous trauma at work and trauma in the private lives of respondents.

Based on the above discussion, it is quite clear that law enforcement officials in general do experience trauma debriefing in different ways. Thus, an expression of negative feelings and perceptions towards trauma debriefing might impact on its value, and consequently on participation and utilization within an organization.

These two studies clearly indicate that law enforcement officials may experience trauma debriefing differently and it cannot therefore be generalized that all police officials are either dissatisfied or satisfied with trauma debriefing.

In this study, the researcher explored the perceptions and experiences of police members with regard to the effectiveness of trauma debriefing within SAPS. The study will benefit the SAPS management in the sense that the opinions and feelings of police members, both negative and positive, will be outlined to them and recommendations will be made to address these opinions and feelings. Should the results indicate that police members express great satisfaction, positive feelings and attitudes towards trauma debriefing, then the study will encourage management to continue using the intervention, which will have positive implications for the growth of the program. If negative feelings and dissatisfactions are expressed, then alternative interventions will be suggested. The researcher is of the opinion that this study will create a foundation for future research on this topic, since a need will arise for valuable information about the perceptions of police officers.

The vast problem that prompted the researcher to conduct this specific study is that there are too many speculations regarding the effectiveness of trauma debriefing in the SAPS, which will in turn negatively influence the utilization rate of the service.

1.3 PURPOSE, GOALS AND OBJECTIVES

1.3.1 Purpose

The purpose of this research is to explore the experiences and the perceptions of police officials stationed at the National Head Office of the SAPS, regarding the effectiveness of trauma debriefing within the SAPS. Therefore, this study will be exploratory in nature.

Exploratory research seems to be appropriate for this study since this approach aims to understand and interpret the meaning that subjects give to their everyday lives. These meanings/ opinions can be explored by investigating the experiences and perceptions of individuals about their life settings. The subsequent strategy supports the aim of this study, namely to explore the experiences and perceptions of police members stationed at the National Head Office, regarding trauma debriefing within the SAPS.

1.3.2 Goal

- To **determine** the experiences and perceptions of police members stationed at National Head Office regarding the effectiveness of trauma debriefing within SAPS.

1.3.3 Objectives

- To theoretically conceptualize trauma debriefing.
- To explore the perceptions and experiences of police members stationed at the National Head Office, who have participated in trauma debriefing through a semi-structured one-to-one interviews, regarding the effectiveness of such trauma debriefing.
- To conduct a literature review on the trauma debriefing process.

- To formulate recommendations regarding the effectiveness of trauma debriefing in the SAPS.

1.4 RESEARCH QUESTION

According to Welman and Kruger (1999:12) a research question refers to some difficulty, which the researcher experiences in the context of either a theoretical or practical situation, to which he/she wants to obtain a solution. Since this study is exploratory in nature, a research question instead of a hypothesis will be utilized. Therefore, the researcher would like to phrase the research question for this study as follows:

❖ “What are the experiences and perceptions of police members regarding the effectiveness of trauma debriefing in the South African Police Service (SAPS)?”

1.5 RESEARCH APPROACH

According to Denzin & Lincoln (2000: 1018) there are two types of approaches in social research; namely, qualitative and quantitative research. Schwandt (1997: 130) defines qualitative research as the study of people in their natural environments as they go about their daily lives. This kind of research approach is concerned with the exploration of feelings, opinions and attitudes of people.

In contrast, the quantitative research is viewed as dealing with data that are absolutely numerical. This kind of research approach is concerned with quantifying data in terms of figures, definite amount or numbers (Schwandt, 1997: 130).

In this study, the researcher is of the opinion that the qualitative research approach is appropriate, since its primary objective is to gather information

regarding people in their natural environments as well as the meaning they attached to their daily life events. Therefore, a qualitative research approach was utilized in order to gather information about the experiences and perceptions of police members regarding trauma debriefing. This approach was deemed appropriate, since the intention of the researcher was to gain an understanding of the meaning or nature of experiences and perceptions of police members regarding the effectiveness of trauma debriefing. It is the basic aim of qualitative research approach to gain an understanding of the verbatim and non-verbatim expressed by individuals in their daily life events.

1.6 TYPE OF RESEARCH

There are two types of research; namely, basic and applied research (compare, Robson, 1995: 409; Denzin & Lincoln, 2000: 851; Terreblanche & Durrheim, 1999: 29). According to Robson (1995: 409), basic (pure) research seeks empirical observations that can be used to formulate or refine theory. Its basic aim is to develop a theory and to extend the knowledge base of a discipline. Applied research is viewed as the type of research that aims to address immediate problems facing the professional in practice. Applied research is motivated by a need to solve practical problems or answers useful questions regarding programs, projects, policies or procedures.

This specific study is based on applied research, since its primary aim is to gain an understanding into the experiences and perceptions of police members regarding trauma debriefing. It endeavors to answer the question of **“what are the experiences and perceptions of police members stationed at the National Head Office of the SAPS in Pretoria regarding the effectiveness of trauma debriefing ?”**

1.7 RESEARCH STRATEGY

Creswell (1998) cited in De Vos, Strydom, Fouche & Delpont (2002:272) identifies five strategies of inquiry or traditions that could be used to design qualitative research, namely, biography, phenomenology, grounded theory, ethnography and case study.

It is not the intention of this study to define each strategy, but clarification will be given to the strategy of choice. In this study, the phenomenological approach is deemed appropriate since this approach aims to understand and interpret the meaning that subjects give to their everyday lives. These meanings were explored by investigating the experiences, perceptions, attitudes and opinions of individuals about their life setting. The afore-mentioned strategy supports the aim of this study, namely to explore the experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the SAPS. Basically, the researcher was interested in the quality of information from the participants' perspective. As such, the strategy that was used in the execution of the research was phenomenological in nature.

According to Kvale (1996:122), the phenomenological approach aims to understand and interpret the meaning that subjects give to their everyday lives. McLeod (1996:66) adds that phenomenological study is a study that describes the meaning that a phenomenon, topic or concept has for various individuals. In order to accomplish this, the researcher should be able to enter the subject's life setting.

Stevens (1995:28) also maintains that phenomenological study is sensitive to the human situation and that it involves an empathic dialogue with the subjects under study. Thus, the starting point of the qualitative researcher in this study was the importance of the human experience. As such, the researcher agrees with Stevens (1995:28) in his contention that he regards the phenomenological

approach in social sciences as being ethically more appropriate, as it takes into account the explanations of ordinary human beings without alienating their experiences from their social reality.

The researcher must point out that this naturalistic endeavor to know how people understand their world and their life is consonant with the phenomenological model in social sciences. Edwards (1997:6) cites that the phenomenological model puts emphasis on communal relationships - meaning that it embraces persons in their diversity as well as uniqueness of their experiences of phenomena.

1.8 RESEARCH PROCEDURES

Neuman (2000: 344) describes research procedures as a set of specific steps to be followed in the research study. This specific section of the study focuses on the way data was collected and analyzed. The following procedures were followed in conducting the study:

1.8.1 Data Collection Method

According to Creswell (1998), cited in De Vos, Strydom, Fouche & Delport (2002: 273), the phenomenological strategy of interpretive enquiry requires the researcher to mainly utilize participant observation and long interviews (with up to ten people) as the methods for data collection.

The researcher decided to choose interviews as the data collection method because participant observation seems to be practically impossible for this kind of study. Patton (1995: 168) asserts that the chosen method will not only be critically influenced by the course of the research, but that it will also be

determined by the aims of the research. In fact, the purpose of the research must guide the researcher to choose the most effective method.

This specific study focused on personal trauma, and therefore involved some sensitive issues. It is for this reason that the researcher considered using one-to-one interviewing, particularly semi-structured one-to-one interviews as an information collection method. One-to-one interviews assured the participants of confidentiality regarding their information shared.

Greeff (2002:303) indicates that researchers used semi-structured interviews to gain a detailed picture of a participant's beliefs about, or perceptions, or accounts of a particular topic. This method gives the researcher and participant much more flexibility. The researcher is then able to follow up particular interesting avenues that emerge in the interview, and the participant is able to give a fuller picture.

Greeff (2002:302) continues to say that with semi-structured interviews, researchers usually have a set of predetermined questions on an interview schedule, but that the interview was guided by the schedule rather than dictated by it. Questions were nearly always open-ended in nature.

The researcher utilized the audio tape recording equipment to record data during the interviews. However, permission was first obtained from the participants after explaining to them: the reasons for why the interview should be recorded, who will have access to such records and how the information will be utilized. The researcher decided to tape/ record the interviews as it allows for more comprehensive records than do notes taken during interviews. Furthermore, tapes were later transcribed for close analysis. In cases where for practical reasons tape recording was not an option, the detailed field notes of the interviews were taken, and clarified and elaborated soon after the completion of the interviews.

1.8.2 Data Analysis

Greeff (2002:304) contends that the researcher must sit down after an interview and jot down his/her impressions of the interview. An important point to remember is to keep all the field notes of the interview, as it can assist the researcher in remembering and exploring the process of the interview. Field notes are a written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing.

Greeff (2002:305) continues to mention that by employing qualitative analysis, an attempt is made to capture the richness of themes emerging from the participant's talk, rather than reducing the responses to quantitative categories.

The researcher interviewed 10 SAPS members stationed at National Head Office, who have undergone trauma debriefing not later than one year prior to the interview. A semi-structured one-to-one interview schedule was utilized. The experiences and perceptions of police members were obtained, meaning that a detailed account of the experiences and perceptions were acquired in their own words through tape recording. A series of interviews were conducted until such time that major themes were exhausted and have generated a better understanding.

1.9 PILOT STUDY

According to Kingry (1990: 143) in Neuman (2000: 47), pilot study is the process whereby the measuring instrument is tested on a small number of persons having characteristics similar to those of the target group of respondents. Therefore, probability does not usually play a role in the pilot study, since it is not the aim of researcher to currently generalize the findings of the study. However, the pilot study must take all heterogeneous factors into consideration.

The New Dictionary of Social Work (1995: 45) defines pilot study as the process whereby the research design for a prospective survey is tested. A pilot study can be regarded as a small-scale trial run of all aspects planned for use in the main inquiry. Based on the above definitions of a pilot study, the researcher views a pilot study as a small study conducted prior to the main research undertakings to verify and validate the interview schedule and methodology.

The pilot study is made up of the following essential components:

1.9.1 Feasibility of the study

Welman & Kruger (1999: 265) state that the acceptability of a research topic for study purposes may be judged by giving consideration to its feasibility and value. In a nutshell, feasibility of the study implies how possible it is to conduct the chosen research topic. Furthermore, feasibility involves the availability of, and accessibility of information/ data and subjects of the study.

The researcher has obtained written permission to conduct the study within the SAPS which is attached to the dissertation as **Appendix B**. Discussions were held with the Section Head: Strategic Research, Senior Superintendent J Schnetler, who's written document served as "gate opening permission" into SAPS premises. It also facilitated and enhanced negotiations with various commanders to get their co-operation during the study.

The researcher was responsible for all the financial costs that were incurred during the study. These financial costs included the administrative aspects such as typing, photo copying and binding of documents. However, these administrative costs were not regarded such a burden since the researcher had access to computers and printers.

The booking of venues for the interviews and appointments with the participants also involved extra financial burden, since the researcher had to phone and make arrangements. However, the researcher had a mobile telephone to book appointments with participants, and access to conference halls has been granted through the permission letter to pursue the study in the organization (SAPS). See **Appendix B**. All these arrangements assisted in reducing the financial costs of the study.

The researcher is a member of the SAPS. Therefore, the feasibility for conducting the study did not pose a problem to the researcher. The availability of respondents also didn't pose any threat to the feasibility of the study since the researcher is working with them. The researcher compiled a name list of all police members involved in trauma debriefing not later than a year prior to the interview. The name list was compiled by using statistical data available from the National SAPS Trauma Debriefing Project. The researcher is a staff member of the Trauma Debriefing Project within the SAPS, and therefore didn't experience any problem with the availability of the respondents' data. Furthermore, the written letter by the Head of Strategic Research also granted permission to the respondents (see **Appendix B**).

1.9.2 Pilot test of the semi-structured one-to-one interview schedule

Babbie (1990:223) articulates that pilot testing involves the testing of the data collection method on a few people with the same characteristics as the respondents. The pre-test of the data collection method would then give the researcher the latitude to check the relevancy of the questions, and to see if amendments have to be done.

The researcher conducted semi-structured one-to-one interviews with at least three police members of the same unit of analysis (police members involved in a traumatic incident not later than one year prior to the interview). The pre-test

was conducted with the same unit of analysis, so as to avoid discrepancies in terms of the respondents' amount of exposure. The respondents involved in the pre-test were not used again in the main study.

1.10 DESCRIPTION OF THE RESEARCH POPULATION, DELIMITATION / BOUNDARY OF SAMPLE AND SAMPLING METHOD.

1.10.1 Research population

De Vos (1998: 190) defines research population as the total set from which the individuals or units of the study are chosen. Powers et al. (1985) cited in De Vos, Strydom, Fouche & Delport (2002:1998) define research population as a set of entities in which all the measurements of interest to the researcher are presented. Bless and Higson-Smith (1995:85) indicate that the entire set of objects and events, or the group of people which is the object of research about which the researcher wants to determine some characteristics, is called the population.

The researcher contends that the population of this study comprised of all police members of the SAPS stationed at Head Office in Pretoria who have had a traumatic experience and had undergone trauma debriefing. The researcher interviewed ten (10) police members who were randomly selected from the entire population (exact figure not available due to outstanding statistical data), after the semi-structured interview schedule had been pilot-tested with two (2) police members from the same population. The unit of analysis included both male and female respondents. The researcher did not experience any problem in gaining access to the respondents since the permission has already been obtained from the organization (SAPS).

1.10.2 Delimitation / Boundary of sample

Graziano & Raulin (2000: 133) cited in De Vos et al (2002: 198) define a sample as a small proportion of the total set of objects, events or persons that together comprise the subject of the study.

According to McLeod (1996:34), it is difficult to carry out effective qualitative research with very large samples since as samples increase, so does the difficulty of doing justice to the voluminous data that is being produced.

Due to the fact that the population was very large and rendered it impractical and uneconomical to involve all the members of the population in a research project, the researcher has randomly selected 10 police members from the large population (exact figure not available due to the outstanding statistical data). The ten (10) police members served as a unit of analysis. The subjects shared similar characteristics that are representative to the population. The subjects' similarities are that all had been exposed to a trauma debriefing, and had been referred for trauma debriefing. Therefore, the sample included police members who have attended a trauma debriefing since the focus of the study is to understand their experiences and perceptions regarding the effectiveness of trauma debriefing.

1.10.3 Sampling Method

According to Kenneth (1994: 43) probability sampling is the sampling technique wherein each person or other sampling unit in the population has the same known probability of being selected. This method is probably the best-known form of sampling because each person in the population has an equal chance of being chosen for the sample.

The researcher is of the opinion that systematic sampling is deemed appropriate and feasible for this study. According to Kenneth (1994:43) systematic sampling is one form of random sampling, in that a table of random cases is used.

The researcher drew up an alphabetical list with names of all police members who took part in trauma debriefing not longer than a year prior to the interview by the researcher.

Here only the first case was selected randomly, from the mentioned alphabetical name list, and thereafter, all subsequent cases were selected according to the interval of five (5), e.g. each fifth case from the list of fifty names. This process was repeated until the required number of ten respondents was reached.

1.11 ETHICAL ISSUES

According to Babbie (2001:470), ethics refer to a set of moral principles that are suggested by an individual or group, which are subsequently widely accepted, and offer rules and behavioral expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

This study involves exploration into personal experiences and it was expected of the respondents to recollect painful memories of trauma. Furthermore, the study involves some more sensitive issues and potential risk. Therefore, the researcher strongly believed that the following ethical issues remain important throughout this research study:

1.11.1 Informed consent

Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which the respondents may be exposed to, and the credibility of the researcher be made available to potential subjects or their legal representatives (De Vos, Strydom, Fouche and Delport, 2002: 65).

The researcher requested all the police members who took part in this study to give their written consent before they get themselves involved.

This was achieved by getting every respondent to sign a consent form, which outlined that respondents read and understood the purpose and details of the study (see **Annexure D**). Participants had a choice to participate in or withdraw from the study.

1.11.2 Harm to respondents

Holloway (1997: 21) states that ethical obligation rests with the researcher to protect subjects against any form of physical discomfort that may emerge, within reasonable limits from the research project. Respondents should be thoroughly informed beforehand about the potential impact of the investigation. Such information offers the respondents the opportunity to withdraw from the investigation if they so desire.

The researcher acknowledges the fact that this study posed a high degree of potential risk of physical or emotional harm to the subjects. This study evoked memories of the past overwhelming events, since people were asked to recollect memories of past experiences. Subjects were warned of this possible pain before they participated. The researcher also informed the participants that a debriefing session was arranged strictly after the interview. However, special arrangements were made with the EAP Call Center of the SAPS to accommodate subjects who as a result of their participation in the research may require the service of a psychologist. All research participants who needed debriefing or any kind of counselling after the interview were referred to the EAP Call Center, and their rights to confidentiality were guaranteed. The researcher is a staff member of the EAP Call Center and has made arrangements with all psychologists to be of assistance.

1.11.3 Deception of respondents

Babbie (2001:474) describes the deception of subjects as deliberately misrepresenting facts in order to make another person believe what is not true, violating the respect to which every person is entitled. According to Corey (1993: 230) in De Vos et al (2002:66), deception involves withholding information, or offering incorrect information in order to ensure participation of subjects when they would otherwise possibly have refused it.

The researcher verbally explained the following to the respondents: what the purpose of the study is all about, the advantages as well as the disadvantages of participating in the study, the role of the researcher and his identity. At the start of the interview the researcher introduced the purpose of the research, and supplied a bit of background of what processes were to be followed during the

data collection and what will be done with the obtained data. The role of the researcher was clarified to avoid confusion, and time boundaries were set at the beginning of the interview. Respondents were informed of the possible risk of painful past memories, and about the debriefing services that were arranged.

1.11.4 Violation of privacy

According to Holloway (1997:22) two ethical principles are important; namely, the right to self-determination and confidentiality. Privacy implies the element of personal privacy, while confidentiality indicates the handling of information in a confidential manner. In this study, the researcher treated the respondent anonymously by avoiding use of names, which hid their identity, or any other identifying information obtained during semi-structured one-to-one interviews. The researcher treated all information strictly confidential. This ethical principle is very important in this study since it involved the sharing of personal information by respondents. The researcher used numbers like participant no.1, 2, or 3 and so forth, instead of using real names of respondents.

Furthermore, information gathered during interviews were later stored in a restricted office inside a locker. Only the researcher had access to the gathered information.

1.11.5 Actions and Competence of researcher

The researcher is ethically obliged to ensure that he is competent and adequately skilled to undertake the proposed investigation. This particular study involves high sensitive investigations that require a highly skilled researcher. The researcher attended a formal training in research methodology, and worked under the close supervision of Professor L.S Terblanche of the University of Pretoria to ensure that professional ethics are adhered to all times. Furthermore, the researcher received formal training on trauma debriefing and interviewing by the SAPS.

1.11.6 Release or publication of the findings

According to De Vos et al (2002: 71) the findings of the study must be introduced to the reading public in written form. The researcher will make available the findings of the study to the reading public by compiling a mini-dissertation about the research, and have it placed in a public library where it will be accessible to readers. The researcher will however only release the findings with the permission of the respondents.

1.12 DEFINITIONS OF KEY CONCEPTS

Trauma Debriefing:

Reese et al. (1991:23) defines trauma debriefing as the emotional unloading / ventilation of feelings in a controlled and safe environment. The symptoms and feelings the person experiences are normal reactions to an abnormal situation. According to The National Conference on Police Officials as victims of trauma and crises (1998:226), debriefing within the SAPS is defined as a procedure which aims to reduce the impact of trauma experienced by officers as a result of their exposure to extreme violence. It attempts to reduce vulnerability to full-blown traumatising. As such, it can be considered a measure that attempts to prevent burnout and vicarious traumatising. Within the SAPS environments psychologists, social workers and chaplains are usually trained to conduct debriefings with traumatized members.

The researcher defines trauma debriefing as the process conducted by trained therapists intended to help workers overcome the negative impact of traumatic events.

South African Police Services (SAPS):

The researcher defines the SAPS as a law enforcement agent or state department charged with the responsibility of maintaining law and order in South Africa.

Experience:

The Oxford Advanced Learner's Dictionary (2000:406) defines experience as the knowledge and skill gained through doing things for a period time. The things that have happened to someone that influence the way he/she thinks and behaves. According to Collins Concise Dictionary (1999:500), experience is a direct personal participation or observation of a particular incident that a person has undergone. It refers to an accumulated knowledge of practical matters.

The researcher defines experience as a skill or knowledge gained in doing something over a period of time.

Perception:

Collins Concise Dictionary (1999:1097) defines perception as the process by which an organism detects and interprets the external world by means of the sensory receptors. The Concise Oxford Dictionary (2001:1059) defines perception as the state or process of becoming aware of something in such a way of regarding, understanding or interpreting it. The researcher defines perception as meanings or interpretations attached by individuals to certain events of their lives. The process of perception takes place on a cognitive level and involves cognitive judgment.

1.13 LIMITATIONS OF THE STUDY

There are several limitations that are relevant to the current study. Of importance is the fact that these issues inevitably arise in the implementation of a phenomenological research method. These limitations will be discussed briefly as follow:

- While a qualitative approach to describing and analyzing the experiences and perceptions of police members permitted a wealth of data, it is unclear to what extent the findings of this study may be generalized to other provinces. The sample group included ten (10) police members who were exposed to traumatic incidents not later than a year prior to the research interview. Even though the sample was randomly selected, the sample size is not representative enough of the entire police workforce. Therefore, it is uncertain as to what extent the findings of the study can be made applicable to other provinces. Any potential claims to generalise ability are necessarily limited both by the modest sample size. Further research with a larger population will be necessary.

- Another limitation as with all research, is that the researcher's presence at, and his contribution to the collection and analysis of data undoubtedly influenced the outcomes of the findings. This refers to the subjective influence of the researcher, in both the interviewing and analysis phases, negating any possibility of the researcher coming up with objective data. Independent evaluators of the data were not utilized, which may have controlled some of the subjectivity of the researcher. There is no doubt that another researcher's interviews, analyses and discussion of the data would have differed significantly from that of the current researcher. Just as any one subject's perception of an experience is one (1) perspective rather than the whole truth about that phenomenon; so too, is any one researcher's understanding of a subject's experience merely one perspective, rather than the complete or exhaustive view. This leads to the

question of whether the findings do accurately represent or “capture” the phenomenon being studied.

- Some of the respondents received trauma debriefing from the author, on an individual basis, which they sought directly after their traumatic experience. This may also be considered as a limitation since a sense of trust and rapport had already been established prior to the research interview.
- The researcher incurred financial constraints since he had to phone the respondents to make appointments, and also had to travel extensively to get to the respondents. Most of the respondents attended training at the time when they were required to participate in the study, and this eventually add to the delay in completing the study.

1.14 CONTENTS OF THE RESEARCH REPORT

The chapters of the research report will be organized as follows:

CHAPTER	CONTENTS
1	General orientation and focus on the research methodology of the study.
2	Literature review that specifically focus on trauma debriefing process.
3	Literature review with specific focus on the SAPS trauma debriefing model and critical perspective with regard to the effectiveness of debriefing.
4	Focuses on empirical study with SAPS members stationed at the National Head Office who had participated in trauma debriefing – not longer than one year prior to the semi-structured one-to-one interview.
5	Focuses on the summary, conclusion and recommendations of the study.

In the next chapter, a theoretical overview on the trauma debriefing process will be presented.

CHAPTER 2

A THEORETICAL OVERVIEW ON TRAUMA DEBRIEFING

2.1 INTRODUCTION

Through the review of literature in Chapter 2, it was clear that attempts to prevent the development of psychological sequelae following traumatic events have focused on early intervention. These strategies are based on the hypothesis that the earlier intervention occurs, the less opportunity there is for maladaptive and disruptive cognitive (thinking) and behavioral patterns to become established (Hickling & Blanchard, 1999:389). According to Moran (1998:3), Trauma psychology suggests that the majority of victims of severe trauma will experience some distressing experiences as they assimilate their experiences. The term debriefing has been broadly used to refer to the various stages of support in a traumatic or critical incident context, including on site informal support, defusing (discussion of feelings shortly after coming off a shift) and informal debriefing (some hours or days after the incident, in a large group setting, with mental health teams or peer support personnel as leaders). This chapter is mainly concerned with formal debriefing.

There are several forms of formal debriefing, but most appear to have some relationship with Critical Incident Stress Debriefing (CISD) as documented by Mitchell (1983, 1988). However, over the years they may have been modified to be more flexible in the emergency environment or to match the requirements of particular emergency organizations. Mitchell referred to CSID, while other authors like Dyregrov (1996: 589) referred to Psychological Debriefing (PD). The terms have come to be used interchangeably although there are some

differences in the interventions. The term Psychological Debriefing (PD) will be used in this chapter.

In this chapter, the researcher will define trauma, critical incident, trauma debriefing and crisis intervention, and discuss the goals of trauma debriefing and theories of Psychological Debriefing (PD).

2.2 DEFINITION OF CONCEPTS

2.2.1 Trauma

Trauma occurs when a sudden, extraordinary event overwhelms one's capacity to cope and master the feelings aroused by the event (Terr, 1991: 409). Rosenbloom and Williams (1999: 17) defines trauma as a bodily or mental injury usually caused by an external agent. According to the researcher, trauma involves the situation where an individual is confronted with a life-threatening event that is outside the realm of individual coping strategies.

Kleber and Brom (1992: 57) postulates that traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Furthermore, unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence or death. They confront human beings with the extremities of helplessness and terror, and evoke the response of catastrophe. The common denominator of trauma is a feeling of intense fear, helplessness, loss of control, and threat of annihilation.

According to the National Trauma Debriefing Committee of the South African Police Service (1998: 15), the following situations have been identified as the most traumatic incidents in which police members often find themselves involved:

- Shooting incidents, where the member is shot or shoots another person

- A colleague or a member who has committed or attempted suicide
- Bomb explosions
- Gruesome incidents, such as murders, serious accidents, disasters; and hostage situations
- Extreme forms of provocation, for example crowd violence and intimidation
- Any other occurrence - causing trauma reported by the member or his/her commander.

2.2.2 Critical Incident

Rank cited in Hutchison and Emener (1988:31) stated that critical incident is regarded as any situation which causes people to experience unusually strong emotional reactions, having the potential to interfere with their ability to function either at the scene or later. Robinson (1989: 23) asserts that a critical incident is any abnormal event that occurs outside the range of normal human experience. The event has the effect of interrupting a person's normal ability to psychologically cope or function.

The researcher can thus conclude that it is clear from the literature that traumatic or critical incidents are related and that they can be used interchangeably. One can postulate that a critical incident can be described as a dramatic, emotionally overwhelming situation that has actual or potential threats to the well being of an individual.

2.2.3 Trauma Debriefing

In terms of the National Instruction No 18 of the South African Police Service (1998: 5) trauma debriefing is been defined as the ventilation of feelings within a controlled and safe environment, after a specific traumatic incident. The symptoms and feelings, which the person experiences are normal reactions to an abnormal incident.

According to Bisson, McFarlane and Rose (2000: 1) trauma debriefing can be regarded as a single-session semi-structured crisis intervention, designed to reduce and prevent unwanted psychological sequelae following traumatic events, by promoting emotional processing through the ventilation and normalization of reactions and preparation for possible future experiences.

According to Mitchell (1997: 227), trauma debriefing is a brief, structured, intervention technique to be used immediately or shortly after a traumatizing event. Debriefing was designed to take place within a group setting 48-72 hours after a traumatizing event, in an attempt to assist participants in cognitively and emotionally processing their experiences.

Dyregrove (1989: 25) defined debriefing as a group meeting to review the impressions and reactions that survivors, the bereaved or helpers experience during or following critical incidents, accidents or disasters. The meeting aims at reducing unnecessary psychological after-effects. Based on the above definitions, the researcher can define trauma debriefing as a helping process facilitated by trained professionals to assist groups of people who were exposed to the same trauma to reconstruct the event with the aim of normalizing the situation.

2.2.4 Crisis Intervention

Crisis intervention is a term which is often used interchangeably with debriefing. The term crisis intervention is defined as a short-term therapeutic approach, which is aimed at relieving the immediate discomfort of symptoms (Plug, Meyer, Louw and Gouws, 1986:193). Slaikeu (1984: 82) defines crisis intervention as a

helping process aimed at assisting a person or family to survive an unsettling event so that the probability of debilitating effects is minimized, and the probability of growth is maximized.

Based on the above definitions, the researcher believes that crisis intervention is a process of psychological first aid for people who are experiencing a crisis, and have inadequate problem-solving skills to master the situation on their own.

2.3 THE GOALS OF TRAUMA DEBRIEFING

According to Brewin, Andrews and Kirk (1999: 793), debriefing aims to achieve the following goals:

- To provide immediate support after a traumatic incident
- To lessen the psychological impact of a traumatic event
- Reduce the risk of post-traumatic syndrome occurring
- To enable ventilation of initial thoughts and feelings in a contained in a safe environment
- To facilitate early identification of individuals who may require professional mental health.

According to Mitchell and Everly (1997: 86-91), the aim of debriefing is to minimize unnecessary psychological distress or responses in the aftermath of a traumatic event by:

- Allowing the ventilation of impressions, feelings and reactions
- Helping people to make sense of their experiences by creating a better understanding of the nature of traumatic incidents and educating them on the normalcy and predictability of reactions
- Allowing the sharing of feelings and reversing a natural tendency to “bottle things up”

- Harnessing group dynamics to reduce tension and stress
- Reinforce normalcy and reduce feelings of isolation and being “different”
- Discovering and raising awareness of personal, group, organizational and other resources

- Preparing for the eventuality of future reactions by initiating the process of normalization and education
- Examining future needs for individual, family, peer group or social group.

From the above-mentioned discussion, it is clear that despite the differences in approaches or interventions to trauma, the main goal is to help the victim of trauma to return to the previous state of equilibrium. These interventions or approaches are all based on the belief that talking through stressful or traumatic experiences aids psychological recovery from psychological damage.

However, many people presume that any intervention is better than none. The above-mentioned goals seem to be possible only if trauma debriefing is conducted within the prescribed time period (48 –72 hours). Delayed intervention may result in poor prognosis or poor results.

2.4 THEORIES OF PSYCHOLOGICAL DEBRIEFING

There are limited theories of psychological debriefing as there are few individuals who made valuable contributions in the field of trauma debriefing. The first pioneer who is well known for his work in the field of psychological debriefing was Jeffrey Mitchell. Mitchell was the first to introduce the concept of “Critical Incident Stress Debriefing” (CISD) in 1983.

The second pioneer who is also well known for his work, and who also left an indelible mark in the field of debriefing, was Dyregrov. Dyregrov modified and expanded the technique and called it “Psychological Debriefing” (PD). In more

recent years, other workers have adapted the Mitchell/Dyregrov model to debrief individuals. The adapted model is being referred to as the revised model (Compare Lee, Slade & Lygo, 1996: 47-69, and Hobbs, Mayou, Harrison & Warlock, 1996: 1438-1439).

The three most influential theories of psychological debriefing are discussed below.

2.4.1 The Mitchell Model

According to Mitchell (1988: 11) Critical Incident Stress Debriefing (CISD) is a seven (7) phase structured group discussion, usually provided 1 to 14 days post-crisis. CISD should not take place until 36-48 hours have elapsed after the incident, but can be conducted up to eight weeks afterwards. Some use the model at a much later point in time. Mitchell further contends that the problem with delayed debriefing is that fact and emotions can become mixed up with previous and subsequent events. The aim of immediate implementation of CISD after such an event is to specifically prevent, limit or alleviate the onset of Post-Traumatic Stress Disorder (PTSD), following exposure to such an incident. Parkinson (1997: 90) add that the CISD is designed to be used with small groups of 4-25 participants and are carried out by teams of 2-4 “specially trained” individuals. The Mitchell models takes two and half-hours or more.

The Mitchell’s model has been widely applied within the South African Police Service environment. The following section gives an outline of the Mitchell’s seven standard phases of debriefing model:

❖ PHASE 1: INTRODUCTORY

According to Mitchell (1991), as cited in Reese, Horn and Dunning (1991: 213-220), the introduction phase of a debriefing is when the team leader introduces the CISD process and approach, encourages participation by the group, and sets the ground rules by which the debriefing will operate.

The aim and purpose of the meeting is explained to the group while emphasis is placed on the fact that participation is voluntary.

Generally, these guidelines involve issues of confidentiality, attendance for the full duration of the group, with non-forced participation in discussions (no “hot seat”). During this phase, the team leader together with his team strive to establish a supportive, non-critical atmosphere. The preceding discussion clearly indicates that during the introductory phase the debriefing team must aim to establish a good and positive rapport with the group. Therefore, the goal of this phase is to create structure and ground rules. The important principle to be stressed throughout is confidentiality of the session.

❖ PHASE 2: FACT

During the fact phase the aim is to build up a comprehensive picture of what happened. It is very important to give each participant an opportunity to share his or her point of view. This can be achieved by inviting the person to describe the traumatic event which he or she experienced, which has led to the referral and presentation for treatment.

The emphasis of this phase is on facts, on what happened rather than on emotions, which are dealt with later during the debriefing. It is during this phase where a review of what actually happened during and after the incident (e.g.,

what each person heard, saw, smelled, touched, thought, and did) is necessary. During this phase, the group is asked to briefly describe their job or role during the incident and, from their own perspective, some facts regarding what happened (Compare Mitchell and Everly, 1996: 47 and Reese, Horn and Dunning, 1991:143-148).

The researcher can thus deduce from the above that the basic aim of the fact phase is to help each participant to reconstruct the event from their own perspective and create a clear picture of what happened, with the aim of helping them make sense of the situation. Each participant has the opportunity to give an account of his/her own individual impression of the event by telling his or her side of story.

❖ **PHASE 3: THOUGHT / COGNITION**

The aim of this phase is to invite the participants to give a factual account of the details related to their line of thought before, during, and after the event. The group members are asked to recall their first thoughts about the incident, and it is within this phase where people are able to begin personalizing their experiences of the trauma.

This is the most excruciating process, in that the facilitators must listen attentively to what is being said in order to gradually identify themes that apply to the crisis group. Actually, this is the time during which facilitators try to get into the psychological thinking of what the victims were thinking about and how that has impacted on them during that specific period (Parkinson, 1997: 187).

The above implies that the facilitator should be trained within the behavioral science in order to understand the thought process of the group members and to

reflect properly. Thus, the essence of this phase is that the facilitator gradually identifies themes that apply to the group they are debriefing. It is very important to normalize the situation by giving assurance that what the group thought about the trauma is a normal cognition to abnormal events.

❖ **PHASE 4: FEELING / REACTION**

The feeling phase is usually the longest and most involved phase of the debriefing. This phase deals with feelings and emotional reactions to what people experienced. The facilitator should include questions about impressions, what people saw, heard, felt and smelled. Great importance is placed on ensuring that the normalcy of reaction is understood.

It is during this phase where the facilitator must be prepared to offer reassurance and to encourage reassurance and supportive comment from the floor (Compare Parkinson, 1997: 192 and Dyregrov, 1989: 25-30). Parkinson (1997: 96) further adds that emotional reaction can include the feeling of guilt, fear, anger, frustration, helplessness, shock, sadness and despair. It is important for the facilitator to encourage people to express their genuine feelings regarding the event and to help normalize these reactions.

The researcher is of the opinion that the reviewing of the feelings each person had at the time of the incident and in time since the incident can assist the facilitator to have a clear picture of what the group members are going through. Thus, during this phase people who need referral or further assistance can be identified and dealt with accordingly. The aim of this phase is to normalize feelings expressed by the group members during the debriefing.

❖ **PHASE 5: SYMPTOM**

Miller (1995: 592) contends that the symptom phase begins the movement back from the predominantly emotional processing level toward the cognitive processing level.

Participants are asked to describe their physical, cognitive, emotional, and behavioral signs and symptoms of distress, which appeared at the scene or within 24 hours of the incident, or a few days after the incident, and are still being experienced at the time of the debriefing. Emphasis is placed on the fact that the reaction or symptoms are merely a normal human reaction to an abnormal event. The facilitators must make use of their knowledge of typical stress reaction symptoms to encourage group members to share their own physical and emotional symptoms with the group.

The researcher is of the opinion that during the symptom phase the debriefing team must make sure that each individual express his or her symptoms experienced during or after the incident. This is to ensure that through sharing, some individuals will begin to identify themselves with the group who experienced similar symptoms. This will help to navigate or reduce the feeling of loneliness and enhance the feeling of group solidarity.

❖ **PHASE 6: EDUCATIONAL / TEACHING**

Miller (1995: 594) states that during the educational phase emphasis is placed on the normality of reaction plus information about useful coping strategies. This is another phase which aims at cognitive understanding. The facilitator should continue to emphasize the normalcy of reactions, and to prepare people for the possibility of any future reactions. During this phase possible coping strategies

are also introduced and discussed. The debriefing team should also look for any positive aspects arising from what happened.

The researcher is of the opinion that as the name suggests, the teaching phase is primarily aimed at educating the group members about symptoms and a way of coping with trauma. There is a wide variety of coping mechanisms available.

However, it is good to remember that one coping strategy can work for some while failing to work for other individuals due to their different personalities or life circumstances. Therefore, each coping strategy should be discussed in details to see if it matches with the individual. Information is exchanged about the nature of the stress response and the expected physiological and psychological reactions to critical incidents. This serves to normalize the stress and coping response, and provides a basis for questions and answers.

❖ PHASE 7: RE-ENTRY

This phase is regarded as a wrap-up, during which any additional questions or statements are addressed, referral for individual follow-up is made, and general group solidarity and bonding are reinforced (McManners, 1991: 14). Miller (1995: 595-598) concurs that the re-entry phase is regarded as a closure.

However, this phase looks to the future, available support and allows time for any questions to be raised. The team leader gives a brief summary of the preceding session and ensures that team members have distributed information leaflets. It is during this phase where loose ends are tied up.

Based on the discussion above, the researcher believes that during the re-entry phase the facilitator must conclude the debriefing process with the aim of looking

forward to the future needs of the group members. It is important to leave the group members with a list of helping resources and contact details, should the need arise for further assistance. It is also important to follow-up on the group's progress following the debriefing session.

2.4.2 The Dyregrov Model

According to Parkinson (1997: 93) the original Mitchell model was adapted by Dyregrov and called “ Psychological Debriefing”. The Dyregrov model takes at least three hours. However, there seems to be slight differences between it and the original model. Dyregrov (1989: 25-30) agreed with Mitchell that the debriefing process is described by its seven phases. Thus, his model involves seven phases that differs slightly from that of Mitchell. Dyregrov describes the debriefing process as a group meeting to review the impressions and reactions of the survivors' experiences during or following critical incidents or disasters. The meeting aims at reducing unnecessary psychological after-effects.

From the above-mentioned discussion, it is clear that both Mitchell and Dyregrov shared the same basic principles about debriefing and that they belonged to the same school of thought. According to Parkinson (1997: 93), Dyregrov acknowledges that crisis intervention methods form the basis for the model. The Dyregrov model is based upon the following crisis intervention methods:

- **Rapid outreach** – the debriefing should not be done on the same day as the incident, or even the next day, seeing that participants are usually in a state of shock and heavily guarded against talking. The psychological debriefing should reach out to and include all those involved in the incident, whether it be as professionals, rescuers or immediate victims. In simple terms, this implies that debriefing should be timed properly before being conducted, as premature intervention can result in interference with normal human

reactions. Therefore, all direct and indirect victims must be given enough time to rest before the debriefing convene.

- **Focusing on the present** – the main focus is on the present reactions, although previous experiences are important in determining how people will react. Feelings and emotions emanating from the incident and from previous and present experiences may emerge. This implies that the main aim is to deal with the present situation, although it can trigger past memories.
- **Mobilization of resources** – although the group format of a debriefing is mutually supportive, debriefing can also be applied to individuals. Organizations should include the procedure in their reaction routine. This implies that there should be clear procedures on what should happen when organizations face a crisis. The resources include the availability of professional help for the victim who was directly or indirectly involved in a traumatic incident. It is helpful to have a list of all available resources within an organization and within a community.

According to Lee, Slade and Lygo (1996: 47-58) the structure of Dyregrov's model is similar to Mitchell's, although different names are used for some of the seven phases. The following section will present the seven phases of the Dyregrov model:

□ **PHASE 1: INTRODUCTORY**

The introduction phase of a debriefing is when the team leader introduces the CISD process and approach, encourages participation by the group, and sets the ground rules by which the debriefing will operate. This phase is equivalent to Mitchell introductory phase where the focus is primarily on orientating group

members to the debriefing process and the establishment of a good and positive rapport.

□ **PHASE 2: EXPECTATIONS AND FACTS**

During the fact phase the aim is to create a comprehensive picture of what happened. It is very important to give each participant an opportunity to share his or her point of view. This can be achieved by inviting the person to describe the traumatic event, which he or she experienced, which has led to the referral and presentation for treatment (Compare Mitchell and Everly, 1996: 47 and Reese, Horn and Dunning, 1991:143-148). The researcher is of the opinion that this phase is equivalent to the Mitchell fact phase - except for the fact that the expectations of the group members are discussed during this phase. During this phase, the expectations of the group before, during and after the incidents are explored in detail.

□ **PHASE 3: THOUGHTS AND SENSORY IMPRESSIONS**

The aim of this phase is to invite the participants to give a factual account of the details related to their thought before, during, and after the event. This is the most excruciating process in that the facilitators must listen attentively to what is being said, in order to gradually identify themes that apply to the crisis group. Actually, this is the time the facilitators try to get into the psychological thinking of what the victims were thinking about and how that has impacted on them during that specific period (Parkinson, 1997: 187). This phase is equivalent to the thought phase of Mitchell, except for the fact that sensory impressions are explored in details during this phase. The sensory impressions are explored in full details during the fact phase in Mitchell's model.

□ **PHASE 4: EMOTIONAL REACTIONS**

The expression of feelings is usually the longest and most involved phase of any debriefing. This phase deals with the feelings and emotional reactions to what people experienced.

Great importance is placed on ensuring that the normalcy of reaction is well understood. It is during this phase during which -the facilitator must be prepared to offer reassurance and to encourage reassurance and supportive comment from the floor (Compare Parkinson, 1997: 192 and Dyregrov, 1989: 25-30).

Parkinson (1997: 96) further adds that a emotional reaction can include feelings of guilt, fear, anger, frustration, helplessness, shock, sadness and despair. It is important for the facilitator to encourage people to express their genuine feelings regarding the event and to help normalize these reactions. The researcher is of the opinion that the emotional reaction phase by Dyregrov is equivalent to the feeling phase outlined in Mitchell's model.

□ **PHASE 5: NORMALISATION**

Miller (1995: 592) contends that during the normalization phase, participants are asked to describe their physical, cognitive, emotional, and behavioral signs and symptoms of distress which appeared at the scene or within 24 hours of the incident, or a few days after the incident, and that which are still being experienced at the time of the debriefing. Emphasis is placed on the fact that reactions or symptoms are merely a normal human reaction to an abnormal event.

The researcher is of the opinion that the normalization phase by Dyregrov is equivalent to the symptoms phase by Mitchell, in that during both phases the debriefing team must ensure that each individual expresses his or her symptoms

experienced during of after the incident. This is to ensure that through sharing, some individuals will begin to identify themselves with the group who experienced similar symptoms. This will help to navigate or reduce the feeling of loneliness and enhance the feeling of group solidarity.

□ **PHASE 6: FUTURE PLANNING AND COPING**

During the future planning and coping phase the facilitator should continue to emphasize the normalcy of reactions, and prepare people for the possibility of any future reactions. During this phase possible coping strategies are also introduced and discussed. The debriefing team should also look for any positive aspects arising from what happened. Participants are warned about possible future symptoms which may develop as post trauma, and in terms of what type of assistance/ help they can access (Miller, 1995: 592).

The researcher is of the opinion that as the name suggests, the future planning and coping phase is primarily aimed at educating group members about symptoms and the way of coping with trauma. The future planning and coping phase is equivalent to the education or teaching phase by Mitchell.

□ **PHASE 7: DISENGAGEMENT**

This phase is regarded as a wrap-up, in which any additional questions or statements are addressed, referral for individual follow-up is made, and general group solidarity and bonding are reinforced (McManners, 1991: 14). Miller (1995: 595-598) concurs that the disengagement phase is regarded as a closure. However, this phase looks to the future and available support while allowing time for any questions to be raised. The team leader gives a brief summary of the

preceding session and ensures that team members have distributed information leaflets. It is during this phase where loose ends are dealt with.

Based on the discussion above, the researcher believes that the disengagement phase of Dyregrov model is equivalent to the re-entry phase by the original Mitchell model. The primary focus during both phases is that the facilitator must conclude the debriefing process with the aim of looking forward to the future needs of the group members.

It is important to leave the group members with a list of helping resources and contact details, should the need arise for further assistance. It is vital to follow-up on the group regarding their progress following debriefing session. From the above-mentioned discussion, it is clear that there is a strong correlation between the two debriefing models of Dyregrov and Mitchell, although different names have been used for some of the seven phases.

2.4.3 The Revised Model

Parkinson (1997: 97) stated that the revised model is based on the experience of using and teaching the models of Mitchell and Dyregrov, and that it has been developed and modified over a number of years. The structure of the revised model has been simplified into three central stages namely facts, feelings and future.

However, the revised model includes the introduction and the ending phases. Furthermore, the revised model incorporates the seven stages of Mitchell and Dyregrov, but combines the facts and thoughts stages and the reaction and re-entry stages. The structure of the revised model is summarized as follows:

- **PHASE 1: INTRODUCTION** – Team leaders introduce themselves and the process of debriefing is explained

- **PHASE 2: FACTS** – Group members are asked to reconstruct the event by giving their individual perspectives
- **PHASE 3: FEELINGS** – Group members are encouraged to express their individual feelings before, during and after the event
- **PHASE 4: FUTURE** – The team leader normalizes the feelings expressed by participants and explores different coping strategies with the group. The available support systems are emphasized

- **PHASE 5: ENDING** –This phase marks the end of the session. During this phase the facilitators will offer information about follow-up and access to counseling, and a list of helpful contact and telephone numbers is given. Referral is initiated during this phase.

Based on the above, the researcher believes that the three models discussed above are strongly related. The three model relates as follows:

Table 2.1 Comparison of the three debriefing model

PHASE NO	MITCHELL MODEL	DYREGROV MODEL	REVISED MODEL
1.	Introduction	Introduction	Introduction
2.	Facts	Facts	Facts
3.	Thoughts	Thoughts and sensory impressions	
4.	Reactions	Emotional reactions	Feelings
5.	Symptoms	Normalization	Future
6.	Teaching	Future planning and coping	
7.	Re-entry	Disengagement	Ending

It is clear from the table above that the two debriefing models; Mitchell and Dyregrov, are based on seven-phase processes, whereas the Revised model employs five-phase process. Both models start with the first phase (introduction), focusing on introducing the purpose of the session. The second phase (facts)

focus primarily on the reconstruction of the event by asking for a victim's narrative story to describe what happened.

The third phase (thoughts) focus on the cognitive frame of reference regarding the event, whereas the fourth phase (reactions) focus on emotional reactions or symptoms with the aim of normalizing the situation. However, with the Revised model, the feelings and the thoughts phases are combined.

The fifth phase, which Mitchell refers to as symptoms, Dyregrove as normalizing and Revised as future, all focus on normalizing the symptoms and feelings of the victims.

The sixth phase, which is referred to by Mitchell as the teaching, focus on educating the victim of trauma about coping strategies. Dyregrov simply referred to the sixth phase as future planning and coping. The Revised model combined the sixth and the fifth phase and named it the future.

During the future phase the focus is on educating the victim about trauma and coping skills. The seventh and last phase focuses primarily on ending the session. Mitchell referred to this phase as re-entry, whereas Dyregrov referred to it as disengagement, and the Revised model as ending.

2.5 CONCLUSION

Based on the discussion above, the researcher can conclude by stating that trauma debriefing is the psychological first aid to assist victims of trauma by allowing them an opportunity to ventilate their feelings in a safe and controlled environment. This chapter immersed itself with an in-depth discussion of various theories of trauma debriefing; thereby helping to define the concept of trauma debriefing by various experts. Therefore, a comparative analysis of different theoretical models of trauma debriefing helps one to lay a foundation or structure in dealing with victims of trauma.

Despite the different theoretical models of trauma debriefing, the ultimate goal of is to help the individuals involved in trauma to return to a pre-crisis level.

In the next chapter, a theoretical overview of the debriefing model adopted by the South African Police Service, the benefits of Psychological Debriefing, common reaction to trauma, diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) and critical perspective on Psychological Debriefing.

CHAPTER 3

A THEORETICAL OVERVIEW OF THE DEBRIEFING MODEL ADOPTED BY THE SOUTH AFRICAN POLICE SERVICE

3.1 INTRODUCTION

The workforce plays a major role in contributing to the development of the country's economy. For any organization to achieve this goal, they need to have healthy functioning employees who will be able to perform and measure up to the required standard. However, there are few careers that require as much loyalty and sacrifice as that of a policeman. Policemen are often exposed to unpleasant circumstances, unfamiliar to the community. Long-term exposure to such stress and a highly demanding environment has negative effects on both the physical and mental health of an individual, as well as on work performance. One cannot deny the fact that policemen are continuously exposed to critical incidents such as shooting, visits to murder scenes and hostage dramas. This continued exposure to such incidents may cause policemen to experience traumatic reactions. Therefore, the South African Police Service (SAPS) is no exception. The SAPS cannot ignore the impact of these critical incidents on employees' performance, since their productivity and mental health was being affected slowly.

As a result, psychological debriefing came as a welcome option to assist members in coping with the trauma of their daily duties.

To support the above discussion, Robinson and Mitchell (1993: 368) state that debriefing provides an opportunity for a group to discuss an incident, or series of incidents, while focusing on how personnel are currently coping.

According to Parkinson (1993: 38), the main goal of debriefing is the prevention of the symptoms of Post-Traumatic Stress Disorder (PTSD). Colley (1995: 8) states that the first debriefers were trained during March 1993 in the Western Cape. Other regions in South Africa started training debriefers since August 1993. At the end of 1993, about 80 debriefers have been trained nationally within the SAPS. This reflects the organization's commitment in implementing psychological debriefing within the SAPS environment, and to promote the well being of employees.

In this chapter, the researcher will define debriefers, PTSD and discuss the debriefing process within the SAPS, as well as the benefits of Psychological Debriefing (PD), common reactions to trauma, diagnostic criteria for PTSD; and present the current critical perspective on the effectiveness of PD.

3.2 DEFINITION OF CONCEPTS

3.2.1 Debriefers

According to Parkinson (1993: 31), debriefers are sometimes referred to as crisis workers. Debriefers refer to all people who are trained to do crisis intervention work. Paraprofessionals, non-mental health professionals and non-professional volunteers are increasingly being used as debriefers. Rozelle (1997: 14) refers to debriefers as trained professionals in the field of trauma or critical debriefing, with specialized skills to facilitate the ventilation of feelings.

The team approach is a recent development in crisis intervention. It involves using members from different backgrounds utilizing the separate skills according to the situation.

The National Trauma Committee of the South African Police Service (1998: 13) defines a Debriefer as a professional person who is tasked with the facilitation of the debriefing. Within the SAPS environment, a Debriefer will include, among others, a psychologist, social worker and a chaplain. Based on the above definitions, the researcher can define debriefers as trained professionals equipped with the skills to assist victims of trauma to deal with their unfortunate situations.

3.2.2 Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) refers to patterns of psychological and behavioral disturbance due to an uncommon experience an experience outside the framework of normal day-to-day crises. The reaction of the individual is however considered a normal consequence to a particular unpleasant event (Compare American Psychiatric Association, 1987: and Carson, Butcher and Coleman, 1988:67). The researcher defines PTSD as an individual psychological reaction following exposure to traumatic events, wherein his/her coping skills are insufficient to deal with the demands.

3.3 The Debriefing Model of the SAPS

Jacobs (1993: 9) states that trauma debriefing occurs early in the second stage of the trauma process, ideally within two to seven days of the trauma. The psychological debriefing model that was developed for the SAPS was adapted from the CISD-model of Mitchell (1983), which was discussed in detail in Chapter Two.

Motivation for the use of the CISD-model stemmed from research done by Armstrong, O'Callahan and Marmar (1991: 581-593). They examined the theoretical and practical implications of the CISD-model, as applied to the Red Cross disaster personnel, following the 1989 California earthquake.

According to Armstrong et al. (1991: 581-593) the CISD-model may be relevant to groups that have had intensive exposure to long-term chronic stress. The model should however be modified to allow for the individual need of organizations. Thus Jacobs (1992:12) used the CISD-model as a framework for the development of the SAPS model. The SAPS debriefing model is also the seven phases CISD-model.

3.3.1 The Aims of Debriefing

The National Trauma Committee of the South African Police Service (1998:37) summarized the aims of debriefing as follow:

- To create a safe environment
- To emphasize the normality principle
- To regain control
- Victim versus survivor
- Cognitive structure
- To prevent PTSD

The preceding discussion has reflected the aims of the debriefing model within the SAPS environment, and the discussion to follow will focus on the principles of the model.

3.3.2 The Principles of the Model

Jacobs (1992:12-18) adapted the CISD-model according to the needs and circumstances of the South African Police Service. She added the following principles, which are referred to as the **IMPRESS A RAVEN** model, used by the South African Defense Force:

IMPRESS

- I** = Immediacy of action (deal with a member as soon as possible).
- M** = Military Milieu (stay within working environment, adaptations can be made and when possible, normal operational function must be completed in uniform).
- P** = Proximity (traumatized members should be debriefed as close as possible to their working units/ divisions/ sections).
- R** = Rest and replenishment (basic needs: foods, sleep, etc.).
- E** = Expectancy (only expectations that normal activities are to continue should be conveyed, i.e. traumatized people should not be treated as if they are ill. Returning to work is the main goal).
- S** = Supervision (be under command of someone. The state of the member should be monitored).
- S** = Simplicity (assistance must be practical and simple).

A

- A** = Activity (as far as possible, members should be kept involved in the surrounding activities).

RAVEN

- R =** Reaction (the member should know what symptoms to expect).
- A =** Awareness (the member should be aware of his/her feelings and thoughts, and should realize the normality of his/her reactions).
- V =** Ventilation (members should be given a chance to unload or share their emotions in a group).
- E =** Encouragement (members must be encouraged to express their feelings).
- N =** Normalization (members should be made aware that their reactions are normal under the given circumstances).

3.4 The Structure of Debriefing Model of the SAPS

3.4.1 On the scene debriefing

The process of support begins at the scene of crisis and the officer on duty conducts this process. At the scene, debriefing is regarded as psychological first aid to assist victims with both physical and psychological needs, such as blankets, food, water and protection. This process is usually conducted in an informal manner wherein informal discussion of the events takes place. During debriefing on the scene, the officer on duty (debriefing officer) must ensure the protection of victims from further harm or secondary traumatization. Removing the victim from further psychological or physical harm can ensure this. The tasks around the scene can include arranging transport to and from the hospital, and making telephone calls on behalf of the victim.

3.4.2 Initial Debriefing (Defusing)

The National Trauma Committee of the SAPS (1998:4) states that initial debriefing and defusing are similar concepts. For the purpose of this discussion, the term initial debriefing and defusing will be used interchangeably. Parkinson (1997:99) defines initial debriefing or defusing defined as the process before, during and immediately after a traumatic incident, which aims to provide a positive and supportive atmosphere and re-establish the solidarity of the team or group. The researcher defines initial debriefing as the process of support shortly after traumatic incidents.

Parkinson (1997:108) adds that simple defusing can be done with individuals and groups, either immediately following an incident, or just before they go off duty. It should take place in a safe and confidential environment, people should be made comfortable and refreshments provided. Therefore, a police officer involved in a traumatic incident should have a simple defusing when the incident is over; usually within 5 hours of the crisis, and he/she should be allowed a short period of rest. The duration of initial debriefing is 10-20 minutes, although an obvious structured pattern is not always followed. Initial debriefing should be conducted in the most informal way possible.

3.4.3 Formal debriefing

According to the National Instruction no. 18 of 1998 of the South African Police Service, trauma debriefing must remain a priority. In fact, it should remain compulsory that every single police officer who was exposed to traumatic incidents in the line of his/her duties be debriefed. The formal debriefing model of the SAPS is primarily based on the Mitchell (1983) model of Critical Incident Stress Debriefing, as discussed in Chapter 2.

Within the context of the SAPS, formal debriefing should take place a day or two (48-72 hours) after an incident. The formal debriefing is usually conducted by a trained debriefer, usually a psychologist, social worker and chaplain.

The National Trauma Debriefing Committee of the SAPS (1998: 5) defines formal debriefing as the ventilation of feelings within a controlled and safe environment, after a specific traumatic incident. The researcher defines formal debriefing as the facilitation by a trained debriefer of the ventilation of emotions and feelings within a safe and confidential environment. This is more structured than simple initial debriefing or defusing.

Table 4.1: Summary of the debriefing model of SAPS

STEP NO:	TYPE OF DEBRIEFING	TIME PERIOD
1	On the scene debriefing: Conducted by a duty officer or shift commander	Immediately at the scene
2	Initial debriefing: Conducted by the shift commander and is informal	Within 5 hours of the crisis, before members go off duty
3	Formal debriefing: Conducted by a trained debriefer, usually a psychologist, social worker and chaplain	Usually within 24-72 hours of the crisis

3.5 The Benefits of Debriefing

The National Trauma Debriefing Committee of the SAPS (1998: 6) states that debriefing has the following benefits:

- _ It enables ventilation of feelings B the members are given an opportunity to ventilate their emotions rather than bottling them up.

- _ It enhances group solidarity B the members get a chance to share their problems relating to the traumatic incident.
- _ It encourages normalcy B it makes members to realize that their experiences are not unique.
- _ It enhances proper referrals B it helps to identify those members who need additional help in the form of therapy or professional help.
- _ It promotes positive relationships between the management and members.

The researcher is of the opinion that the SAPS debriefing model is more beneficial to both the organization and the members, in the sense that support is given prior, during and immediately after a traumatic incident. The process seems to have the capacity to foster a good and positive working relationship.

3.6 Common Reactions to Trauma

According to Rosenbloom and Williams (1999: 17-22) the reaction of each individual person to trauma is unique, depending on the particulars of the trauma and the person's unique self and history. However, there is no right and wrong reaction to any trauma. The common symptoms of critical incident stress is summarized in the table below (Compare Parkinson, 1997:39-47: Rosenbloom and William, 1999:17-22 and NTDC of SAPS, 1998: 9-13):

Table 4.2 Summary of the common reactions to trauma

Physical Reactions	Mental Reactions	Emotional Reaction	Behavioral Reactions
Nervous energy, muscle tension, upset stomach, rapid heart rate, dizziness, lack of energy, fatigue, teeth grinding, diarrhea, nausea, dry mouth, palpitations, shortness of breath , etc.	Inability to concentrate, memory disturbances, flashbacks, bad judgement, tendency to blame yourself, absent-mindedness, hypersensitivity, difficulty making decisions, nightmares, etc.	Fear, inability to feel safe, sadness, grief, depression, guilt, anger, irritability, inability to enjoy anything, feeling of helpless, frustration, anxiety, etc.	Withdrawn, outbursts, impulsive actions, reckless spending of money, heightened or lowered sexual drive, change in eating behavior, loss or gain weight , restlessness, aggressive, etc.

Psychological debriefing plays a very significant role within the SAPS since it assists police officials to deal with their trauma in a normal way, and as a result, they can continue with their normal duties. The trauma debriefing helps to normalize the situation by providing information regarding trauma reactions and ways of coping. However, various authors such as Raphael (1996) and Bryant (1994) have questioned the value of trauma debriefing, as well as its effectiveness in preventing PTSD. In fact, the above studies indicate that there are reports of the psychological debriefing process in its proper context increasing rather than decreasing subsequent morbidity, specifically relating to PTSD.

3.7 The Diagnostic criteria for Post –Traumatic Stress Disorder (PTSD)

The American Psychiatric Association (1994:78) states that PTSD refers to pattern of psychological and behavioral disturbances due to an uncommon experience – an experience outside the framework of normal day to day crises. According to the DSM-IV (1994) the distinction is made between posttraumatic stress and posttraumatic stress disorder. PTS characteristically differs from PTSD by the severity of the psychological symptoms and the time taken to recover. The PTS symptoms can generally influence a person's thoughts, feelings and reactions for up to 4-6 weeks following the traumatic event. If the symptoms persist for up-to 3 months, the person is likely to be suffering from acute PTSD. Longer than 3 months, the person is likely to be suffering from chronic PTSD. If the onset is more than three months it can be regarded as delayed.

The Diagnostic criteria for PTSD from the DSM-IV (American Psychiatric Association, 1994:78-95) are as follows:

- A. The person has been exposed to a traumatic event in which both of the following were present:**
1. The person has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 2. The person's response involved intense fear, helplessness, or horror.
Note that in children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In children repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
3. Acting or feeling as if the traumatic event was occurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific re-enactment may occur.
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbers of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma.
3. Inability to recall important aspects of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.
6. Restricted range of affect (e.g. unable to have loving feelings).

7. Sense of foreshortened future (e.g. does not expect to have career, marriage, children or a normal life span).

D. Persistent symptoms of increased arousal (not present afford the trauma) as indicated by two (or more) of the following:

1. Difficulty falling asleep or staying asleep.
2. Irritability or outbursts of anger.
3. Difficulty concentrating
4. Hyper vigilance.
5. Exaggerated startle response.

3.8 Critical perspective with regard to the effectiveness of psychological debriefing

Research has shown that despite a long and rich history as a specialty within mental health; crisis intervention has, within recent years, been the target of criticism. Singled out for specific criticism has been the intervention referred to as “debriefing”. At first, the issue of the effectiveness of psychological debriefing appears to be a more perplexing issue. Yet, careful scrutiny of relevant literature yielded greater insight into this controversy. The issue of the effectiveness of crisis intervention first emerged in the clinical literature during the 1960s. Initial concern over the effectiveness of psychological debriefing arose in the relevant literature with the publication of an Australian study (Bohl, 1991:31-38).

The investigation conducted by Kenardy (1999:39) purported to assess the effectiveness of stress debriefings for 62 debriefed helpers, compared to the 133 who were apparently not debriefed subsequent to an earthquake. The result of the study confirms that 62 debriefed helpers did not show any significant improvement following exposure to debriefing than did the 133 not debriefed helpers. This study is

often cited as evidence for the ineffectiveness of debriefing.

Another study conducted by Lee, Slade and Lygo (1996:47-58) confirms the above findings by assessing the effectiveness of individual debriefing on women following miscarriages. Again no significant changes were attributed to debriefings. Howarth (1996: 383-384) argued that no one has yet established that psychological debriefing techniques are effective in the treatment of trauma. These findings are in accordance with the above-mentioned research and findings. The study also indicates that there are reports of the psychological debriefing process in its proper context increasing rather than decreasing subsequent morbidity, specifically relating to PTSD.

It was found that symptoms of Post-Traumatic Stress Disorder improved with non-CISD interventions, and with no interventions at all. The basic assumption, therefore, that psychological debriefing works, is considered unsafe.

According to BBC News (2002: 05 Sept) there are three possible reasons why CISD did not seem to help, namely:

- Debriefing may sometimes interfere with the natural way in which people react after a traumatic event - perhaps meaning they bypass support from friends and family.
- Debriefing seems to continuously expose people to the factors, which traumatized them in the first place.
- Debriefing is offered to those who are not at risk of trauma, as well as to those who are, and it could obscure any beneficial effect of the technique.

It must be said, however, that there is a real danger that over-normalization of symptoms and reactions of trauma can result in psychiatric disorder being missed, and appropriate treatment being withheld because symptoms are mistakenly considered “understandable”.

As a result of the review of the literature, the researcher can deduce that although the above studies clearly indicate the questionable effects of psychological debriefing, there is also evidence that this type of intervention has its place. Robbins (1999:263) describes psychological debriefing as reducing the incidence of psychological sequelae through the use of early interventions.

The study conducted by Daly (1999:201-204) presents a double-edged sword. Although the results strongly comment on the ineffectiveness of debriefing, there is also an acknowledgment of the victim's perception of the treatment, therefore acknowledging its value at some level. The results do indicate that some victims of traumatic events have perceived debriefing positively, and undoubtedly, psychological intervention after trauma can meet very real symbolic needs.

These needs include helping victims to overcome their sense of helplessness and feelings of guilt about surviving. Early intervention and support can also help individuals to talk about what happened, which may result in adaptive meaning being attributed to the event, and it helps to decrease overwhelming emotion and cognitive disturbance.

Busuttil (1996: 788) provides further support for the efficacy of debriefing. This study illustrates a high success in reducing PTSD symptoms. He reports that 85.4% of the subjects of the study no longer satisfied the criteria for diagnosis of PTSD after undergoing debriefing.

The results also showed that a successful outcome was associated with changes in subjects' narratives, suggesting that information processing of the event had shifted. In the same article, the need for trauma survivors to make sense of their traumatic experience is considered to be of vital importance.

3.9 CONCLUSION

Based on the discussion above, the researcher can conclude by stating that psychological debriefing has played, and still playing a major role in reducing the chances of developing symptoms of PTSD within the South African Police Service and other organizations. It is regarded as the most appropriate resource structure in dealing with critical incidents, given the nature of policing work. Psychological debriefing seems to be beneficial to the victims of trauma and organizations, despite the criticism regarding its efficacy.

The next chapter will focus on data analyses and the interpretation of the results of the empirical study.

CHAPTER 4

THE EMPIRICAL FINDINGS ON THE EXPERIENCES AND PERCEPTIONS OF POLICE MEMBERS REGARDING THE EFFECTIVENESS OF TRAUMA DEBRIEFING WITHIN THE SOUTH AFRICAN POLICE SERVICE

4.1 INTRODUCTION

In this chapter, the research findings will be discussed based on the central themes extracted from the respondent's experience and perceptions. A total of 10 interviews were conducted with respondents who are members of the South African Police Service (SAPS), based at the National Head Office in Pretoria. All respondents were exposed to trauma debriefing following their involvement in a critical incident. The data was collected using a semi-structured interview schedule and a tape recorder.

Responses that were made by the respondents allowed for various themes with regard to the experiences and perceptions of police members, regarding the effectiveness of trauma debriefing. In the section to follow, the profile of each respondent will be described in relation to the demographic factors.

4.2 PROFILE OF THE RESPONDENTS

Respondent 1: Is a 34-year-old male who has a B-Tech degree in policing. He has been working for the SAPS for ten years, and has been attached to the Special Task Force Unit for six years, where he has been responsible for functional duties. He has been involved in an attempted car hi-jacking where a suspect was shot dead.

Respondent 2: Is a 40-year-old male who has fourteen years working experience at Forensics, and has been serving for the past five years in Section Exhibits Receptions. The respondent is in possession of Grade 12. He has been involved in an attempted car hi-jacking and shooting incident where a suspect was shot.

Respondent 3: Is a 32-year-old male who has completed a B-Tech in policing and currently pursuing M-Tech in Forensic Investigation. He has been working for the SAPS for fourteen years, and has been attached to the Protection and Security Services for three months where he has been responsible for operational and support duties. He has been involved in a car hi-jacking and armed robbery at a gunpoint.

Respondent 4: Is a 29-year-old male who has two years working experience in the SAPS and has been serving as an operational member attached to the National Intervention Unit. The respondent is in possession of Grade 12. He has been involved in a shooting incident where one of the suspects was accidentally shot.

Respondent 5: Is a 31-year-old male who has seven years working experience in the SAPS and has been serving as operational member attached to the National Intervention Unit. The respondent is in possession of an Electrical: Technical N3 Certificate. He was involved in a shooting exchange with suspects where a bystander was accidentally shot.

Respondent 6: Is a 23-year-old male whose highest qualification is a BSc degree. He has two years experience as a police member and has been attached to the Operational Response Unit. He has been responsible for operational duties. The respondent was involved in a shooting exchange with suspects where an innocent bystander was accidentally shot.

Respondent 7: Is a 34-year-old female whose highest qualification is a Diploma in Policing. She has been working for the SAPS for 13 years and has been attached to Crime Intelligence. She has been involved in a serious car accident where she sustained serious injuries.

Respondent 8: Is a 32-year-old male who has 9 years of working experience with the SAPS and who has been attached to the Detective Services for four years. The respondent is in possession of a Grade 12. He has been involved in an armed robbery and car hi-jacking at a gunpoint.

Respondent 9: Is a 28-year-old female who has three years of working experience with the SAPS and who has been attached to the Operational Response Unit for one year. The respondent is in possession of a Grade 12. She has been responsible for operational duties and has been involved in a shooting incident where a colleague was shot.

Respondent 10: Is a 30-year-old male who has four years working experience with the SAPS and who has been attached to Protection and Security Services. He has been responsible for securing the properties of the VIP and sometimes offer protection to the VIP. The respondent is in possession of a Grade 12 and is doing his final year for Diploma in Policing. He has been involved in a shooting incident during which he was shot.

4.3 CENTRAL THEMES IDENTIFIED

In the following section, central themes will be extracted from the responses of the respondents. The quotations will be presented according to the order of the respondents' chronological number. In cases where two or more respondents made the same comments, their number will be specified next to the quotations. In addition, if one respondent mentioned more than one response, the number of the respondent will be placed next to each of the responses.

4.3.1 Trauma reactions:

(Question 1)

In this section, respondents were asked to share their individual experiences of trauma that occurred in their lives. It is clear from the collected responses that all the respondents reacted in a different way to the traumatic event that they were confronted with. Respondents 1,2,3, 7, 8, and 10 indicated that their experiences were unusual and out of human experience. However, respondents 4,5,6, and 9 indicated that their experiences were usual and that it formed part of their daily duties.

The following trauma reactions form part of the essential themes that were dominant during the interview with the respondents:

- **Shock**

Respondents 1,2,3,7,8 and 10 indicated that they were shocked by the incidents and reactions were supported by the following statements:

- ❖ “ You do not expect it to happen” (Respondent 1,2,3,10).
- ❖ “ It came as a surprise when you are busy thinking about something else” (Respondent 3,7,8 and10).
- ❖ “It is unpredictable, you are not being prepared for what is going to happen” (Respondents 1 and 3).
- ❖ “I was scared, that something bad would happen to me” (Respondent 1,2 and 8).

Discussion of data:

From the statements above it is clear that respondents described their experiences as shocking. Everly (1989) supports the above-mentioned statements as she too is of the opinion that one of the initial stages that one may go through after a traumatic experience is one of shock. Here the victim may be described as stunned, dazed and apathetic.

- **Sense of powerless and helplessness**

The most profound experiences of respondents 2,3,8 and 9 were their experiences of particular powerlessness and helplessness immediately after the traumatic event. The respondents expressed the following statements to indicate their sense of powerlessness and helplessness:

- ❖ “I felt like nothing” (Respondent 2 and 3).
- ❖ “It’s like there was nothing one could do” (Respondent 2).
- ❖ “I felt so little, and all my power as police officer has been taken away from me” (Respondent 3 and 8).
- ❖ “I could not protect my colleague during the attack” (Respondent 9).

Discussion of data:

It is clear that respondents felt that not only did they not have power and help during the incident, but that they also had no control over the situation. This eventually causes feeling of frustration because of not knowing what to do.

- **Confusion**

Another important trauma reaction that was noted from most of the respondents was their confusion regarding what happened, or their inability to make sense of the situation. The following statements from the respondents attest to their confusion:

“ I found it difficult to explain what happened and really couldn't make sense” (Respondent 2,3 and 7).

“ I lost conscious, and when I woke up I just saw blood and glasses over my body, then I started to scream for help” (Respondent 7).

Discussion of data:

In support of what the respondents' experiences are, literature clearly articulates that the common cognitive reaction, which is characteristic of a trauma, is confusion, impaired concentration, intrusive thoughts and decreased self-esteem/efficacy.

- **A sense of loosing life**

The majority of the respondents described their experiences as very close to loosing their lives. Respondents 1, 2, 3,6,7,8,9 and 10 described their experiences as very close to ending their lives, while respondents 4 and 5 described their experiences as usual and something that formed part of their everyday duties. Respondent 7 felt that she was going to die since she mentioned that “ I was bleeding excessively and I thought my life was in danger”. This response could be based on the fact that critical incidents are threatening to one's life since it can result in threatening the sense of well-being.

Discussion of data:

It can thus be concluded that the majority of respondents were confronted with a life threatening situation. This is mainly due to the fact that a crisis situation can pose a real threat to life or danger to the integrity of the person.

4.3.2 The experience of trauma debriefing:

(Question 3 & 5)

In this section the respondents were asked to share their experiences of trauma debriefing. The following themes were extracted from the respondents sharing:

4.3.2.1 Is Good

Excerpts from the interviews made by respondents 2,3,4,5,7,8,9 and 10 highlighted this: “psychological debriefing is good, it assists you to make sense of your situation, and personally I think is something good for people who are traumatized”.

Some excerpts from respondents 1 and 6 highlighted that “trauma debriefing is helpful although it seems irritating because you are asked questions such as what, when and how things happened?” Respondent 1 further indicated that: “some of these questions have already been asked by your friends, family and other people”.

Discussion of data:

In support of what the respondents’ experiences were, literature clearly articulates that Psychological Debriefing (PD) is often a good first step to help people process their direct involvement with traumatic events.

Two respondents felt that debriefing is simply a repetition of what friends and family members have asked in finding out exactly what happened. The same respondents further mentioned that trauma debriefing is helpful although it seems

irritating because one is asked the same questions that have already been asked.

4.3.2.2 Provide support

Most of the respondents experienced trauma debriefing as support by management and the Employee Assistance Services (EAS). The following few statements provided by respondents were expressed in relation to this connotation:

- ❖ “ Trauma debriefing offer physical and emotional support” (Respondent 3 and 8).
- ❖ “Trauma debriefing provide one with emotional strength to accept reality” (Respondent 3 and 5).
- ❖ “This shows a caring attitude by management, and it encourages us to continue to serve with pride” (Respondent 8,9 and 10).
- ❖ “I felt so supported and strong” (Respondent 2).

Discussion of data:

In summary it is obvious that most respondents felt positive and supported by management. From the above statements it can be deduced that most members are enjoying the support given through trauma debriefing in the face of adversity.

4.3.2.3 Encourages ventilation of feelings

(Question 4)

Except for two, all of other respondents confirmed that trauma debriefing do offer them an opportunity to talk about their experience. Respondents 2,3,4,6,7,8,9 and 10 confirmed that:

- ❖ “ I felt encouraged to talk rather than to keep things to myself” (Respondent 2,6,8 and 9).
- ❖ “ I learn to talk to other people and my family” (Respondent 3 and 8).
- ❖ “ I realized it is always good to talk to someone professional who can listen” (Respondent 2,3,8 and 9).

Few respondents mentioned that it was difficult for them to talk about the incidents for the first two to three days of the week following the incidents. Therefore, they gradually learn to deal with the incidents on their own and with the help of their family support.

Discussion of data:

In support of the above sentiments, Mitchell (1997:227) mentions that debriefing is the term given to the process of talking it out or taking the fuse out of an emotional bomb (explosive situation). It involves allowing victims and workers the opportunity to ventilate their feelings about their disaster related memories, stresses, losses, and methods of coping, and be able to do so in a safe and supportive atmosphere.

4.3.3 Perception of Trauma Debriefing by respondents

(Question no 2)

In this section respondents were asked to share their individual opinion about trauma debriefing. The responses varied as is reflected in the statements below:

- ❖ “It is good, and offer professional assistance” (Respondent 1,2 and 3).
- ❖ “ It is strictly confidential, I never had of my information being discussed in my workplace” (Respondent 1, 2,3,4,5,7 and 8)
- ❖ “There is a lack of follow-up” (Respondent 1, 3,4,5,6,7,8,9 and 10).
- ❖ “ It offers a relief to negative emotional feelings related to traumatic experience” (Respondent 8 and 10).
- ❖ “It relieves both physical and emotional pain “ (Respondent 3 and 8).
- ❖ “It prevents painful memories of the incident” (Respondent 2,8 and 9).
- ❖ “It is good and professional” (1,2,3 and 8).
- ❖ “It should be a pro-active rather than re-active, whereby it wait for something to happen and then act” (Respondent 2 and 3).
- ❖ “It must include an element of monitoring the victim around the place of his/her work” (Respondent 3).

To support some of the statements mentioned by respondents, the National Instruction No 18 of the SAPS (1998: 5) states that trauma debriefing is defined as the ventilation of feelings within a controlled and safe environment, after a specific traumatic incident. The trauma debriefing is facilitated by trained professional debriefer, usually a psychologist, social worker and chaplain.

Discussion of data:

The majority of the respondents seem to have positive views regarding trauma debriefing. Respondent 2 and 3 are of the opinion that trauma debriefing should be pro-active than reactive, in other words should not wait for trauma to occur then react.

Respondent 3 further adds that trauma debriefing should include an element of monitoring the victim and this has been confirmed by excerpts from respondent 1,3,4,5,6,7,8,9 and 10 which attest to the need for a follow – up with all the cases of debriefing.

4.3.4 Benefits of Trauma Debriefing to the Individual and organization

The respondents were asked a question about whether they think the trauma debriefing is beneficial to the organization. Most of the respondents felt that the trauma debriefing is beneficial because it help members to cope with their lives in the face of unbearable traumatic experiences and consequently improves productivity. Respondent 2,3,4,7,8,9 and 10 felt that trauma debriefing benefit not only the organization but also quality of lives for members and their family .The following statements provided by respondents confirm the benefit of trauma debriefing to the individual and organization:

- ❖ “Trauma debriefing encourages the sense of well-being” (Respondent 2,3,4, and 8).
- ❖ “It brings back joy in the person’s life” (Respondent 2 and 3).
- ❖ “It encourages talking” (Respondent 2,3,6,8 and 9).
- ❖ “It takes one back to his normal life, where one was before the trauma” (Respondent 2,3,4 and 7).
- ❖ “It is educational, because they teaches you ways of dealing with trauma”
- ❖ “I gain a lot of advice for coping” (Respondent 2 and 7).
- ❖ “Trauma debriefing brings motivation to work and uplift the morale because of the support received from management” (Respondent 2,3,7and 9).

To support some of the statements mentioned by respondents, the National Trauma Debriefing Committee of the SAPS (1998: 6) states that debriefing has the following benefits:

- It enables ventilation of feelings – the members are given opportunity to ventilate their emotions rather than to bottle them.
- It enhances group solidarity – the members get a chance to share their problems relating to the traumatic incident.
- It encourages normalcy – it makes members to realize that their experiences are not unique.
- It enhances proper referrals – it helps to identify those members who need additional help in the form of therapy or professional help.
- It promotes positive relationship between the management and members.

Discussion of data:

Thus, in congruence with Chapter 3 on literature review about the benefits of trauma debriefing on members, the above mentioned statements by respondents are just an indication that the SAPS debriefing model is more beneficial to both the organization and the members in the sense that support are given prior, during and immediately after the traumatic incident. The process seems to have the capacity to foster a good and positive working relationship.

4.3.5 Effectiveness of Trauma Debriefing

(Question no 6)

In this section the respondents were asked to indicate whether trauma debriefing is effective or not effective. Respondents 2,3,4,7,8,9 and 10 were of the opinion that trauma debriefing is effective.

Three Respondents, 1,5 and 6 said they are not sure whether is effective or not effective. The above mentioned three Respondents made the following comments:

“ I am not sure, therefore I cannot comment” (Respondent 5 and 6).

“ I can't tell if is effective or not effective because I wouldn't know how it changes my life” (Respondent 1).

Discussion of data:

From the statement above it is clear that most of the respondents felt that trauma debriefing is effective, while few felt they are not certain about the effectiveness of trauma debriefing. These uncertainties can be due to high defenses against trauma experiences, which can result into lack of openness during the session.

4.4 CONCLUSION

The researcher can conclude that, based on the statements extracted from the respondents, most of the respondents have gone through life's difficult challenges such as shooting, armed robbery, car hi-jacking and motor car accidents. Most of the respondents indicated different reactions to trauma - ranging from shock, a sense of powerless and frustration, confusion and a sense of loosing their lives. The study confirmed that respondents have indeed gone through life-threatening events in their lives. The study further confirmed that respondents expressed positive remarks regarding their experiences of trauma debriefing sessions.

From the findings regarding the experience of trauma debriefing by respondents, the following themes emerged: "is good", "provides support" and " encourages ventilation of feelings". The perceptions of members regarding trauma debriefing seem to be positive and they view trauma debriefing as support by management.

Based on the statements extracted from the respondents, most respondents indicated that trauma debriefing has benefits for both the organization and members. Trauma debriefing help members to deal with difficult life circumstances and consequently increases productivity. Therefore, the majority of respondents view trauma debriefing as effective.

The next chapter will concern itself with an exposition on the summary, conclusion and the recommendations of the study.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, the summary of the study will be discussed while focusing on the aims and objectives of the study. Conclusions will be drawn from the data analysis presented in Chapter 4. This will be followed by recommendations based on the conclusions, and finally, with the concluding statement.

5.2 SUMMARY REGARDING OBJECTIVES OF THE STUDY

The aim of the study was to explore the experiences and perceptions of police officials stationed at National Head Office, regarding the effectiveness of trauma debriefing within the South African Police Services (SAPS). Therefore, this study was exploratory in nature. Selection of this subject was motivated by the researcher's practical and professional experience in the field of trauma debriefing. In addition, the lack of literature studies concerning the effectiveness of trauma debriefing encouraged the researcher to research this subject, in order to be able to determine the experiences and perceptions of police officials regarding the effectiveness of trauma debriefing within the SAPS environment.

An extensive literature review on the process of trauma debriefing and trauma-debriefing model adopted by the SAPS was conducted with a view of integrating it with experiences and perspectives of the respondents.

The following were the objectives of the study and they were achieved through literature study and empirical study:

- To theoretically conceptualize trauma debriefing.
- To explore the perceptions and experiences of police members stationed at the National Head Office, who have participated in trauma debriefing through a semi-structured one-to-one interview, regarding the effectiveness of such trauma debriefing.
- To conduct a literature review on the trauma debriefing process.
- To formulate recommendations regarding the effectiveness of trauma debriefing in the SAPS.

A literature study on the trauma debriefing process, the trauma debriefing model adopted by the SAPS, and a critical perspective on the effectiveness of trauma debriefing was undertaken. The empirical study was conducted by making use of interviews with 10 respondents.

5.3 CONCLUSIONS

The following conclusions are drawn from the research:

- Exposure to incidents traumatic in nature can impact on the physical, emotional and psychological well-being of members. The findings of this study revealed that members might develop severe and chronic psychological disturbances as a result of exposure to trauma.

- This study revealed that trauma debriefing was implemented to address the high occurrence of stress and post-traumatic stress within the SAPS. The literature review indicated that crisis intervention originated as a result of the need to address the impact of trauma on the psychological, emotional and physical well-being and the integrity of emergency workers including law enforcement agencies.
- Most contemporary trauma intervention strategies were developed to match the specific needs of different organization. The SAPS Debriefing Model was developed by Jacobs (1992) to meet the needs of the organization. This specific model was presented in details in Chapter 3.
- The trauma debriefing model developed by Jacobs (1992) is primarily based on the trauma debriefing model developed by Mitchell. Mitchell's model comprises of seven phases as discussed in details in Chapter 2.
- There have been different theoretical frameworks on trauma debriefing presented in Chapter 3. However, despite their differences they all aim to minimize the impact of trauma on individuals exposed to traumatic incidents. The literature review also examined the Post-Traumatic Stress Disorder (PTSD).
- The findings of the study have shown that trauma victims do experience shock, a sense of powerlessness and frustration, confusion, and a sense of losing one's life. These kind of traumatic experiences have been supported by Rosenbloom and William (1999:17-22), who stated that trauma victims usually experience strong physical reactions, such as a rapid heart rate, mental reactions like an inability to concentrate, and

memory disturbances and emotional reactions such as fear and an inability to feel safe.

- Trauma debriefing seems to offer more benefits to individuals who were exposed to traumatic situations by normalizing the overwhelming feelings of anxiety, fear, and many psychological disturbances. It also offers benefits to the organization by improving the quality of workers' lives and consequently increases productivity.
- The findings of this study confirmed that trauma debriefing encourages ventilation of feelings. This deduction is based on the respondent's view that trauma debriefing encourages one to talk rather than to keep things to self.
- There seem to be a positive view regarding the effectiveness of trauma debriefing. The majority of respondents viewed trauma debriefing as something worth to have within the SAPS, and it has been regarded as some form of management support to the members.
- Overall, trauma debriefing has been rated as professional, confidential and good. Trauma debriefing has been regarded as most effective by the majority of respondents, while few were uncertain about its value.
- However, trauma debriefing within the SAPS has been regarded as lacking a follow-up service on those cases that were dealt with. The majority of respondents felt that they received neither a telephone call nor a personal follow-up session with the person who conducted the debriefing. Furthermore, trauma debriefing should move from being reactive to pro-active, and it should include workshops with individuals on

trauma coping strategies in order to prepare them for the future. Instead of waiting for something to happen and react, trauma debriefing will be proactive.

5.4 RECOMMENDATIONS

The following recommendations are made in the light of the above-mentioned conclusions:

- Although a qualitative approach to describing and analyzing the perceptions and experiences of police members regarding the effectiveness of trauma debriefing permitted a wealth of data, it is unclear to what extent the findings of this study may be generalized to other contexts.
- In addition, more efforts are needed in quantifying the experiences and perceptions of police members regarding the effectiveness of trauma debriefing. Therefore, confirmatory studies- ideally with larger sample sizes, both qualitatively and quantitatively are suggested to confirm, refine or disprove the tentative hypotheses posited in this study.
- Given the nature of policing work and the extent to which members are exposed to traumatic incidents, trauma debriefing has a major role to play within the SAPS. More efforts should concentrate on the implementation of trauma debriefing at all levels of policing environments.

- It is recommended that a follow-up service be implemented at all times following a debriefing session to monitor progress. Follow-up should form part of the standard procedures in conducting trauma debriefing. This is based on the concern that some members didn't receive follow-up services following their debriefing.

- It is further recommended that trauma debriefing should be pro-activated to include educational workshops on trauma coping strategies in order to prepare members for the future.

5.5 CONCLUDING STATEMENT

This study has confirmed the effectiveness of trauma debriefing within the SAPS. The members of the SAPS are positive about trauma debriefing. Trauma debriefing has been perceived as ongoing management support within the SAPS environment. It has been revealed that there is a lack of follow-up services to those cases that were attended by debriefers. In addition, trauma debriefing should move from a reactive to a more pro-active approach.

This study has made some contribution towards evaluating the experiences and perceptions of police members regarding the effectiveness of trauma debriefing. Despite the limitations of this study, it has provided a basis for more extensive studies in the field of trauma debriefing in the SAPS.

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[University of Pretoria etd – Chabalala, T G \(2005\)](#)
INTERVIEW SCHEDULE TO EXPLORE THE PERCEPTIONS AND
EXPERIENCES OF POLICE MEMBERS REGARDING THE
EFFECTIVENESS OF TRAUMA DEBRIEFING WITHIN THE SAPS

Research Topic

The perceptions and experiences of police members regarding the
effectiveness of trauma debriefing within the South African Police
Services

PART I

Biographical Information

1. State current rank:.....
2. State period in rank:.....
3. State period in unit:.....
4. State period of SAPS service:.....
5. Type of Police work:.....
6. Race:.....
7. Gender:.....
8. Age:.....
9. Highest educational qualification:.....

PART 2

1. You were involved in a critical incident in your recent past. Would you like to share with me your experience?

2. Would you like to share your perceptions regarding debriefing in the SAPS with me?

3. You have been debriefed after the critical incident that you have gone through. Would you like to share your experiences regarding debriefing in the SAPS with me?

4. Would you like to share with me your feelings before debriefing?

5. Would you like to share with me your feelings after having participated in trauma debriefing?

6. Would you like to share your impression of the trauma debriefing in the SAPS?

7. Have you been referred to someone else for further assistance after trauma debriefing, regarding your situation? If so, would you like to share your experience regarding your referral?

8. Have you received follow-up services by the Trauma Debriefing Section, shortly after debriefing took place? If so, would you like to share with me your experiences with regard to the follow-up service?

9. Would you like to share with me your experience regarding confidentiality during the process of debriefing and the follow-up?

END OF INTERVIEW
THANK YOU FOR YOUR PARTICIPATION

ANNEXURE B

South African Police Service



Suid-Afrikaanse Polisiediens

LETTER OF PERMISSION BY THE HEAD OF STRATEGIC RESEARCH

UNIT WITHIN THE SOUTH AFRICAN POLICE SERVICES

Private Bag

X94

Fax no

Privaatsak

Faks no

(012) 393 3178

YOUR REFERENCE / U VERWYSING 09/03/2003
MY REFERENCE / MY VERWYSING 3/34/2
ENQUIRIES / NAVRAE S/Supt J Schnetler /Supt GJ Joubert
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THE HEAD / DIE HOOF
STRATEGIC RESEARCH /
STRATEGIESE NAVORSING /
STRATEGIC MANAGEMENT /
STRATEGIESE BESTUUR
PRETORIA, 0001
0001

23 March 2004

SGT T G CHABALALA
PSYCHOLOGICAL SERVICES
SAPS HEAD OFFICE

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH : THE EXPERIENCES AND PERCEPTIONS OF POLICE MEMBERS REGARDING TRAUMA DEBRIEFING IN THE SOUTH AFRICAN POLICE SERVICES

1. Your application 09/03/2003 dated 2004-03-16 refers.
2. Permission is hereby given to you to conduct research on the above mentioned topic.
3. This permission is however subjected to the final approval of the Head: Psychological Services, SAPS. You may also consult with Capt (F) Retha Watson (Co-ordinator: Trauma Debriefing) at tel 393 5273.
4. Standing Order 88 is applicable which state inter alia that no intruding upon the official time and duties of members should take place. This office must also receive a copy of the final research document.
5. A copy of this letter must be submitted to the relevant role players.


SNR SUPT
HEAD: STRATEGIC RESEARCH
J SCHNETLER

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

Privaatsak Telegramadres
Private Bag Telegraphic address

KOMPOL
COMPOL

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Faksnommer Fax number	(012) 393-5312

NASIONALE HOOFKANTOOR
NATIONAL HEAD OFFICE

PRIVAATSAK X94
PRIVATE BAG X94

PRETORIA
0001

2004/05/21

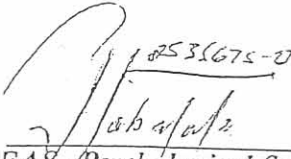
A. The Section Head
**EMPLOYEE ASSISTANCE SERVICES (EAS)
PSYCHOLOGICAL SERVICES
PRETORIA
0001**


(Attention: Director (Dr) A. Grobler)

APPLICATION FOR A PERMISSION TO CONDUCT A RESEARCH STUDY IN THE SAPS

1. This letter serves as an application to conduct a research study in the South African Police Services.
2. The applicant is an employee of the SAPS within the Division of Personnel Services : Section : Employee Assistance Services (EAS) -Psychological Services.
Personal Details : 1.Name- T.G Chabalala 2. Service No.- 0535675-0 3. Rank - Sergeant
3. The applicant is a registered student for a Masters Degree in Employee Assistance Programme (EAP) in the University of Pretoria (UP) doing 2nd year of the programme. Therefore, it is part of the study to conduct research during the year 2004. Proof of registration with the university has been attached with this application
4. The research topic is : **The Experiences and Perceptions of Police members regarding the effectiveness of Trauma-Debriefing Programme within the South African Police Services (SAPS).** The research approach will be qualitative in nature since the aim is to investigate the perceptions, experiences, opinions and personal views of police officials regarding Trauma-Debriefing Programme. You are advised to consider the attached proposal document of the study very carefully and identify any implications thereof. Again you are referred to the Proposal Document for the details of the study.
5. The applicant has consulted with the Faculty of Humanities at the aforementioned university regarding the study and therefore, permission was granted to proceed with this intended topic. A study leader has already been identified, Professor L.S Terblanche is the one : Contact details : Tel-(012)420- 3292 Fax -(012) 420-2093.
6. The research process is now at the stage where approval or permission is awaiting from the organisation (SAPS) where this study is intent to take place . As soon as the letter of approval is received, the actual research work will begin.

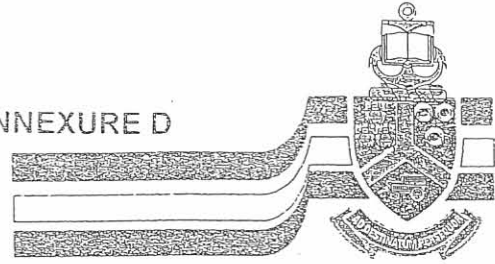
7. It is of supreme value to indicate what is the benefit of this study to the Organisation (SAPS). Therefore, it is envisaged in this study that the end result will assist the management of SAPS in decision making. It is again anticipated that the feedback from the study will continue to add value with regard to the implementation of Trauma-Debriefing interventions in the SAPS. You are referred to the Proposal Document itself under the section 1 : Introduction (page1) and 2: Problem Formulation (page 3).
8. Your contribution and assistance in this study is highly appreciated


#53675-D
SERG
EAS : Psychological Services
F.G Chabalala


DIR (DR) A. GROBLER
HEAD: PSYCHOLOGICAL
SERVICES & SPORT
2004/05/07.

INFORMED CONSENT FORM

ANNEXURE D



University of Pretoria

Pretoria 0002 Republic of South Africa Tel 012-420-4111
Fax 012-362-5168 / 012-362-5190 <http://www.up.ac.za>

Researcher:
Tinyiko Godfrey Chabalala
N0. 02 SAPS QUARTERS
PRIVATE BAG X0
BERTSHAM
2013

Faculty of Humanities

Department of Social Work
Fax 012-420-2093 Tel 012-420-2325

Participant's Name:
Date:

1. **Title of Study:** The experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the South African Police Services (SAPS).
2. **Purpose of the Study:** The purpose of this research is to explore the experiences and the perceptions of police officials stationed at National Head Office of the police in Pretoria, regarding the effectiveness of trauma debriefing within the SAPS.
3. **Procedures:** I understand that I will be invited to participate in an interview at my convenience with the researcher to explore the experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the SAPS. I understand that I will be asked questions relevant to the purpose of the study.
4. **Risks and Discomforts:** I take note that there are no known medical risks or discomforts associated with this research project.
5. **Benefits:** I understand there are no known direct benefits to me for participating in this study. However, the results of the study may help the SAPS as my employer in finding the most effective trauma intervention.
6. **Participant's Rights:** I understand that I may withdraw from participating in the study at any time.
7. **Financial Compensation:** I understand that I will NOT be reimbursed for my participation in the study.
8. **Confidentiality:** I understand that the researcher will take all the reasonable steps to protect the confidentiality of research respondents and that he will refrain from identifying me in his research report or any other publications related to this research. The research results will be kept confidential unless I give written permission that results may be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.
9. If I have any questions of concerns, I can directly ask the researcher to assist me immediately. The researcher can be contacted at 012 3935301.

I fully understand the contents of this consent form, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I am not giving up any legal rights by signing this informed consent form. I take note that I will receive a signed copy of this consent form.

Subject's Signature

DATE

Signature of Investigator