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# Debriefing

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*Sophie Macfadyen shows the what, why and how of debriefing your experiences*

The term 'debriefing' comes from a military background, where troops went over the details of an operation after the event to learn how it went and what should be done differently in a similar situation in the future. It is also used in this setting to assess the performance of the soldiers from an organisational point of view. By using debriefing the individual and the army aimed to learn from their experiences. In fact we all do this; every time we trip on the corner of a mat we hopefully remember to pick up our feet when we next walk over that mat!

The process of thinking about an experience and learning from it is the basis of 'reflective practice'. If you want to find out more about this then Melanie Jasper's Beginning Reflective Practice[1] is a good place to start. She introduces you to different theoretical models that can be used to guide your work when you process your experiences into new learning and understanding.

## Power imbalance

In any situation where a person goes to another for help or they are told to go to another person because they 'should' then they are nearly always in a situation of power imbalance. This affects what they will bring to the interaction and what they will take from it and ultimately what they will feel and do about what they brought. There is a risk in debriefing that the interactions stop being adult to adult and become parent to child, which would change the nature of the process.

## Really listening

For the last 20 years I have been working as a breastfeeding counsellor with the NCT. In this role we enable parents to achieve the feeding experience that they want. We do not have an agenda, and we aim to give them a safe place to explore the issues and concerns that they wish to. Our role is to listen, to really listen. In order to be able to do this we need to be able to switch off the chatter that is in our heads and truly 'be there' for the parent who wishes to bring their issues to us. This chatter comes at different levels; it can be 'what am I going to cook for tea?' but it can also be along the lines of the parent's story triggering similar experiences that we ourselves have had.

As soon as that happens then we run the risk of superimposing our own experiences on the parent's and not truly hearing their experience. Also if we choose to share our version then we run the risk of diminishing their experience with our more powerful one. We need to really ask ourselves, 'Who will

benefit from my telling my story at this point?' The other risk is that the parent will feel that they 'should' do what you did in a similar situation, as, after all, you are the expert. It is almost impossible for two situations to be exactly the same, as the people involved are not the same; therefore the outcomes are very unlikely to be relevant. This is where the listener also risks sliding into giving advice based on their personal experiences.

In a recent article on GP self-disclosure in New Zealand Allen and Arroll[2] report a high level of self-disclosure, little training and practitioners feeling that self-disclosure brought a sense of empathy into the relationship. They also report in a literature search[3] that few studies have looked at how the patient found self disclosure and that one using simulated patients found only 4% of selfdisclosure to be useful to the patient and 10% were disruptive or detrimental.

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So how do we get round this? It becomes very important for anyone who is going to be in a position of power in relation to another (such as nurses, midwives, health visitors, doctors, teachers) to prioritise processing their own experiences so that they notice when something that a parent says triggers something that happened to them (a red flag moment). This can be done using a personal journal (writing reflectively about those events when you notice the red flag go up). Gilly Bolton's excellent book[4] on reflective practice provides a good way to develop this skill. It can be done with a good listener giving you the time and space to explore what is behind this issue, or it can be done in group sessions where the facilitator provides the right environment for you to be able to explore your 'journey' safely.

Within NCT we start all our university training with a Level 4 reflective practice module where students explore their own experiences of life events, such as childbirth, infant feeding and parenting, using structured reflective models. Breastfeeding counsellors go on to explore their own feeding experiences through one-toone listening practices and supervision. Our peer supporters also share their experiences in a safe confidential setting and this is the raw material on which the group build their understanding of the variety of experiences that women have. In all these cases it is the group safety and the confidentiality that help students to feel heard and able to reach a safe place to be aware of how their experiences continue to affect them and what their current triggers are and so become ready to support others.

The really alarming thing is that very few health professionals have explored their own experiences in this way. Many feel there is no problem with sharing their own issues and do not realise that there are implications for those they tell them to, nor that they may be telling them for their own benefit rather than for their client's or patient's. I welcome the UNICEF BFI development of booklets such as Having meaningful conversations with mothers. However, in order to hold these mother-centred conversations the practitioner must also consider what information she is sharing, and whose needs are being met in this.

Now we come to another problem: the word is 'debriefing' and the implication is that you do it (a bit like

taking off a coat) and then it is done. However, that is not how it works. It is more like an onion. You take off the skin and then things become clear ... for a while ... and then you find yourself in a slightly different situation and you realise you still have issues, but slightly deeper ones. So you explore that next layer and so the journey continues. The real trick with all this is to be able to recognise when something is triggering something in you and to do something about it. That takes self awareness, and that is another article!

**References**

1. Jasper M (2013) Beginning Reflective Practice. Second edition. Andover. Cengage Learning.
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3. Arroll B & Allen E-C (2015) To self-disclose or not self-disclose? A systemic review of clinical self-disclosure in primary care. BJGP Sept 2015 Vol65 No 638
4. Bolton G (2009) Reflective practice, writing and professional development. Second edition. London. Sage

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