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Crisis Debriefing for CPS: Restoring Resiliency Response

By Mary L. Pulido, PhD, LMSW

Every day in New York City, approximately 250 children are reported as being abused or neglected—more than 64,000 reports on an annual basis. As first responders to these cases, child protective service (CPS) workers have extraordinarily difficult and demanding jobs. Crisis debriefing was incorporated into standard CPS procedures in order to reduce excessive stress from facing child fatalities, severe cases of physical and sexual abuse, and violence in the field or workplace.

The NYSPCC's Relationship to CPS

The New York Society for the Prevention of Cruelty to Children (NYSPCC), the first child protective agency in the world, has a unique understanding of the challenges that face CPS workers. This agency was CPS before that term was coined by the government in the 1970s. At that time, the government took over the removal and protective functions of this work, and agencies such as the NYSPCC either closed or altered their focus to serve children in other ways. The NYSPCC forged on and today provides mental health, legal, and educational services to children and families throughout New York City.

The NYSPCC clinical social work team also provides support to CPS workers in the aftermath of a crisis. The clinicians are trained in the Restoring Resiliency Response (RRR) protocol and have extensive experience in grief and loss counseling. This expertise allows them to support CPS staff as they regain their sense of balance following crisis events.

What Is Different About the RRR Crisis Debriefing Model?

Following a child abuse fatality, there is intense scrutiny placed on every aspect of the case. Many questions need to be answered and many reports generated, usually involving a rapid multidisciplinary response from the legal, law enforcement, medical, and CPS systems. CPS' responsibility is usually coordinated by the central office's

Survey

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Yes
No
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management. It is important that the crisis debriefing protocol does not interfere with internal investigatory procedures.

The RRR sessions are not investigatory in nature and do not entail retelling event details, unlike the commonly used critical incident stress debriefing (CISD) model developed by Mitchell (1998) for emergency rescue personnel. In CISD, the debriefing moves through distinct phases, including discussing the factual details of the event and eliciting what was the "worst" part of the event for participants.

Care is taken to ensure that the RRR protocol does not focus on the details of the case but on current stress reactions experienced by the workers. The reasoning behind this decision is twofold. First, this model allows workers to participate without worry about having to disclose factual information about the case currently under investigation. Secondly, there is increasing debate over whether another type of debriefing, one that does not emphasize retelling the event, serves certain providers of care in a more beneficial manner. Many workers do not benefit from retelling the facts and reliving graphic details about the event (Blythe & Slawinski, 2004).

RRR Philosophy

The primary goal of RRR sessions is to mitigate the impact of the critical incident and to accelerate the recovery process. The discussion is focused on current levels of stress symptoms, validation, and normalization of the reactions, identification of support systems, and the practice of coping/relaxation techniques. These sessions integrate education, emotional expression, and cognitive restructuring. They also aim to enhance group cohesion and unit performance.

The following important points drive this model:

• Everyone experiences crisis differently, and each situation calls for a distinct response. The RRR clinician tailors the session and the types of stress management techniques utilized to the type of crisis event and the primary concerns of the staff involved.

• RRR utilizes a strengths-based perspective. Each individual is viewed as the authority in his or her recovery process. Crisis often causes the individual to lose connection with past skills and strengths. Workers may state that they "feel that the rug was pulled out from under them." The RRR model enhances their competence by helping them to reconnect with their strengths and to access supports and resources available to them.

• Each person may be at a different place in terms of participation in the RRR sessions. Some staff may still be processing the stress of the incident. The goal is to provide a safety zone for participants and focus on current reactions, not case specifics.

• The participants learn about "normal" stress reactions to traumatic events. They receive instruction on how to monitor their reactions to determine if there is a need for longer term support. A self-assessment stress checklist with time frames helps staff members decide if they are making progress in recovering from the crisis incident or not recovering sufficiently. This enables them to manage their specific needs.

• New York City thrives due to myriad cultures, religions, and healing therapies all offering different types of support. The RRR approach is culturally sensitive. The participant can define the support systems that will be most meaningful for them.

The RRR Session

The ideal time to hold a debriefing session is 24 to 72 hours after the incident. However, there may be a benefit in having it delayed, as staff may need time to be psychologically receptive to the intervention. Staff may also request support after several weeks if find they are not rebounding as they had hoped. Management should select a time when the staff is able to extricate themselves from other work for the 90-minute session, but debriefings should not be scheduled during lunch hours. The NYSPCC clinicians conducting the debriefing arrive 30 minutes prior to the session to meet with management and obtain information that was not available when the referral was made.

The session is arranged in the following stages:

1. The clinician explains the crisis debriefing process. (If there is more than six staff present, two clinicians lead the session.)

2. The rules of the debriefing are discussed.

a. Confidentiality is observed (what is said in the room, stays in the room). You do not have to speak but are encouraged to do so. The content of the meeting is not reported back to CPS. Creating a safe space is important. Confidentiality is not protected if a participant poses a risk to himself or herself or someone else.

b. The session runs approximately 90 minutes. It is hoped that everyone will stay for its entirety, and pagers and cell phones should

be turned off.

c. All personnel have equal status during the debriefing; there is no rank.

d. Participants are encouraged to ask questions during the debriefing.

3. The clinician references why the session is being conducted and asks the participants to share how they are currently managing the impact of the event. Current emotions and stress reactions are discussed.

4. The clinician normalizes or validates reactions as appropriate. The participants fill out a stress reactions checklist. A discussion follows regarding the emotional, physical, behavioral, cognitive, and social reactions that the participants are currently experiencing.

5. The clinician leads a discussion to help participants draw on past experiences of handling stress and learn new ways of coping from each other. Cognitive-behavioral therapy and relaxation techniques are practiced to enhance coping skills.

6. The participants receive handouts on self-care and discuss professional and personal ways of coping during stressful times.

7. Two exercises may be used to conclude the group. These are "prideful moment at work" or "one thing I will do to relax tonight." It is helpful to have participants share positive thoughts at the end of the session.

8. The group is told that the NYSPCC clinician will be available for private discussion following the session. Employee assistance materials are also provided.

Ideally, staff should have 5 to 10 minutes after a session to gather their thoughts or talk amongst themselves and offer support privately before they transition from an emotionally charged debriefing session to their daily routine.

Feedback from CPS Staff

Evaluations are completed after each session and returned to Janine Lacina, MA, NYSPCC research associate, for analysis. The vast majority of CPS staff that attend report the following results:

• The sessions helped them identify their stress reactions.

• They felt safe talking in the session.

• They were likely to use the stress management techniques learned in the session.

• They would recommend debriefing to other coworkers.

• The facilitators were effective in addressing their concerns.

Some comments from the surveys include:

• "The crisis debriefing sessions should be mandatory following a fatality. This was a time to take a needed break."

• "This session gave me more insight on how to take care of myself."

• "The clinician was very understanding and made me feel incredibly safe. Once the session was over, I was in a better frame of mind."

• "I felt that this session has helped not only me but my coworkers as well. It helped me to deal with my emotions and feelings. Thanks for this experience."

Providing a safe space for CPS staff to voice feelings about traumatic events is important for strengthening personal coping and stress management skills and instrumental in returning staff to previous levels of functioning. In 2007, the NYSPCC provided 49 crisis debriefing sessions to CPS staff members.

— Mary L. Pulido, PhD, LMSW, is the executive director of the New York Society for the Prevention of Cruelty to Children.

References

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