

SPECIAL
POINTS OF
INTEREST:

- As “first responders” to child abuse fatalities and other critical incidents, CPS workers should be supported with crisis debriefing services.
- The debriefing protocol should not interfere with internal investigation following a child fatality.
- Primary focus during the session is stress symptom recognition and reduction techniques.
- Management support is essential for optimal staff participation.
- Confidentiality is protected—what is said in the room stays in the room.
- CPS staff feedback indicates that debriefing is needed, helpful and appreciated.



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Supporting CPS Staff Following a Child Fatality or Other Critical Incidents

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In 2009, over 64,700 reports of child abuse and neglect involving more than 90,000 children were made in New York City (NYC Administration for Children's Services, 2010). As *first responders* to these difficult and demanding cases, Child Protective Service (CPS) workers often deal with traumatic events related to their work, such as child fatalities, severe child physical and sexual abuse, and violence directed toward them while in the field. In 2006, the New York City Administration for Children's Services (ACS) selected the New York Society for the Prevention of Cruelty to Children (NYSPCC) to develop and implement a crisis debriefing program to respond to the needs of CPS workers in New York City (NYC). The administration recognized the heightened potential for staff to develop secondary traumatic stress (STS) resulting from workers' exposure to traumatic events in the course of their daily work. Consequently, NYSPCC developed the Restoring Resilience Response (RRR) crisis

debriefing protocol and currently uses it in crisis debriefings with New York City's CPS staff.

What Is Different About the RRR Model?

Following a child abuse fatality, intense scrutiny is placed upon every aspect of the case. Many questions need to be answered and reports need to be generated, all of which usually requires a rapid, multidisciplinary response from the legal, law enforcement, medical, and CPS systems. Central office managers usually coordinate the CPS response. In the current program, it was important to ACS managers that the crisis debriefing protocol not interfere with internal investigation procedures.

The RRR sessions are not investigatory in nature, nor do they entail retelling the details of the traumatic event. In direct contrast to the Critical Incident Stress Debriefing model (Mitchell, 1988), the RRR protocol focuses on current stress reactions experienced by workers rather than on discussing the details of the case. Workers can participate in the sessions without worrying about dis-

closing factual information about the case currently under investigation. Emerging data also suggests that many workers do not benefit from retelling the facts and reliving graphic details of the traumatic event (Blythe & Slawinski, 2004; Devilly & Cotton, 2004), and that repeated retellings may do more harm than good.

The RRR Session

The ideal time to hold a debriefing session is between 24 and 72 hours after the incident. However, delaying the session may be beneficial if staff need more time to become psychologically receptive to the intervention. Staff may also request support only after several weeks have passed and they find they are not rebounding as they had hoped. Managers should choose a time when staff are most likely to be free to attend the 90-minute session. Debriefings should not be scheduled during their lunch hour. The NYSPCC clinicians conducting the debriefing arrive 30 minutes prior to the session to meet with managers and to obtain information that was not available when the referral was made.

The following steps are taken in an RRR session:

1. The clinician explains the crisis debriefing process. (If there are more than six staff members present, two clinicians lead the session.)
2. Rules of the debriefing are discussed. They are as follows:
 - a. Confidentiality is protected (what is said in the room, stays in the room). Participants do not have to talk but are encouraged to do so, and to ask questions. Content of the meeting is not reported back to ACS. Creating a “safe space” is important. Confidentiality is not protected if participants pose a risk to themselves or to someone else.
 - b. The session runs approximately 90 minutes. It is hoped that everyone will stay for the entire session. Participants are asked to turn off computing devices and cell phones.
 - c. All personnel have equal status during the debriefing, regardless of their positions in the agency.
3. The clinician references the incident that led to the debriefing, asks the participants to share how they are currently managing the impact of the event, and facilitates discussion of participants’ current emotions and stress reactions.
4. The clinician normalizes and validates participants’ reactions as appropriate. The participants complete a stress reactions checklist. A discussion follows regarding the emotional, physical, behavioral, cognitive, and social reactions the participants are currently experiencing.

5. The clinician leads a discussion to help participants draw on their past experiences 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 both professional and personal ways of coping during stressful times. A grounded breathing exercise is practiced.
7. Two exercises might 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. ACS Employee Assistance materials are also provided.

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

Example of a Debriefing Session

A group debriefing session was requested following a critical incident in which a father killed his wife and child by slashing their throats. The unit was distraught and deeply affected by the incident, and several staff members were described as being in shock.

Nine workers were present for the debriefing session. The NYSPCC clinician introduced herself and explained the purpose of the session. Emphasis was

placed on creating emotional safety by maintaining confidentiality and being respectful of others’ perspectives and experiences.

When exploring participants’ stress reactions, staff reported visceral reactions such as upset stomachs, headaches, and neck and backaches. Several participants reported sleep and eating pattern disturbances. They described feeling lethargic and experiencing “a fatigue that does not improve with sleep.” Others expressed feeling enraged against the perpetrator. Several participants described how overprotective the incident made them toward their own children. One participant described feeling shock and disbelief that this fatality had occurred. This participant shared her relative inexperience with death in her personal life. As a result, the facilitator provided psychoeducation on the stages of grief and loss, validated and normalized these reactions, and instructed them on how stress symptoms can manifest following a traumatic incident.

The facilitator then devoted time to discussion of self-care during times of acute stress. The “oxygen mask” analogy was used to emphasize the need to prioritize one’s own self-care first, before trying to help others. Group members shared their coping strategies that included spending time with their own children, meditation and prayer, listening to music, exercise, and having a ritual to transition from work to home life, such as calling a friend or family member.

In an effort to place the fatalities into the larger context of work, the group members each shared a “prideful moment,” an example of how their work had made a positive impact. The stories included seeing a baby with failure to thrive gain weight, having a client be thankful for the worker’s help in enrolling in a substance abuse treatment program, or watching

children be safely reunited with a parent after removal for neglect. Emphasis was placed on how these moments can help retain perspective when faced with a tragedy on the job. A focused breathing exercise was used to end the session.

The facilitator provided contact information, reviewed available Employee Assistance Programs, and offered that a follow-up session or individual counseling referrals could be arranged.

Feedback From CPS Staff

“I think that the debriefing was a great idea. It helped me to understand the anger and denial that I have been going through since this tragic death.” (Comment on the evaluation survey form by CPS staff member)

Since November 2006, 140 RRR sessions have been conducted, serving 838 staff. Evaluations were completed after each session. The vast majority of CPS

staff that completed the survey (568) reported the following:

- They felt 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 co-workers, and
- The facilitators were effective in addressing their concerns.

Some comments on the surveys include:

“This session should be mandatory for all workers who have a child fatality on their caseload.”

“This session gave me more insight into how to take care of myself.”

“At first I was skeptical about attending this session because I feared that what I shared could end up in my personnel file. However, once the session started, I felt very comfortable, relaxed, and at ease with discussing my feelings. I do feel better and will utilize the self care suggestions.”

Conclusion

CPS workers must often confront the psychological challenges associated with child fatalities, severe child abuse and neglect, and violence against them during the course of their work. To be able to respond constructively to these events, CPS workers need support systems that promote resilience and that help reduce their intense levels of stress. Services designed to help CPS staff following traumatic events help to reduce the effects of trauma because staff feel supported during their most challenging times.

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