

CRITICAL INCIDENT STRESS DEBRIEFING  
A SOCIAL WORKER'S APPROACH

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BARBARA TUNNEY, LCSW

My history and experience with Critical Incident Stress Debriefing has been varied and unexpected. It has taken me to large cities, small towns, Latin American countries and everything in-between. I did not know how varied the situations would be when I began a job in Dallas, Texas, with an Employee Assistance Program.

My responsibility as an EAP Clinician was to see employees and family members from companies that contracted with us for behavioral health services. They would use their benefits for issues ranging from job stress to romantic angst, to serious emergencies involving suicidal intent or domestic violence (with or without substance abuse). In addition, we consulted with supervisors about employees with behaviors interfering with productivity; we also presented trainings on stress management and other topics, and we helped management with organizational crises.

Some of these organizational crises involved job lay-offs, or future lay-offs, when management would request that a clinician be available to speak with employees about their emotional reactions. I provided debriefings involving the death of a co-worker, an explosion at a gas pipeline site, earthquakes, hurricanes, car accidents and aviation accidents.

The principles of this type of work are sometimes counter-intuitive to a professional who is accustomed to an on-going treatment relationship. With Critical Incident Stress Debriefing, the client is usually seen one time only. The purpose of the intervention is to stabilize the client's emotional state so they can function and solve immediate problems, while arranging resources for further emotional work if needed. This is a tall order, especially if clients are seen in groups, or if the interaction short in duration.

One important point to remember is that the crisis counselor is not doing therapy. For any given situation, he or she is using techniques from Brief Solution-Focused Therapy, Cognitive Therapy, or Motivational Interviewing at times, as well as utilizing case management skills since the person receiving counseling is usually not there to be diagnosed or treated past stabilization. (Depending on the degree of disturbance, the client should be referred to appropriate resources.)

There are many programs, workshops and books that help train the crisis counselor. A list will be provided at the end of this article. There are also strong controversies regarding which schools of thought are most effective. Many articles and books have been written regarding these controversies. My basis for choosing techniques and approaches is to use what fits with Social Work values and ethics, since my training is in Social Work.

According to the Preamble of the NASW Code of Ethics, the core values that reflect what is unique to the social work profession are:

- Service – Social worker’s primary goal is to help people in need and to address social problems.
- Social justice – Social workers challenge social injustice.
- Dignity and worth of the person – Social workers respect the inherent dignity and worth of the person.
- Importance of human relationships – Social workers recognize the central importance of human relationships.
- Integrity – Social workers behave in a trustworthy manner.
- Competence – Social workers practice within their areas of competence and develop and enhance their professional expertise.

No matter what specialty practice settings we find ourselves in, we are obligated as Social Workers to incorporate these values into our actions with clients.

My most recent experience with Critical Incident Stress Debriefing occurred in a South American country. I was called by an organization that works with disaster relief, and who needed an experienced crisis counselor who could speak Spanish and was familiar with Latin American culture. I had lived in Latin America for 4 years while a Peace Corps volunteer, and therefore was qualified for their needs. The disaster was an aviation accident in which 10 employees were killed while returning from a work-site in the mountains.

My assignment was to work with the employees who were co-workers of the people killed during the crash. My co-worker, a native Spanish speaker, was attending to the needs of the family members of the victims. We stayed for 2 weeks and saw clients almost continually. The employees had participated in the disaster recovery efforts and had been on twelve-hour shifts seven days per week for one month.

As an outsider and a foreigner (not a native Spanish speaker), I needed to establish a plan for meeting the needs of clients without arousing resistance or suspicion. My co-worker and I attended a staff meeting where we were introduced by management and it was explained that I would meet with each employee individually to discuss their emotional reactions to the tragedy in a confidential session. We circulated a sign-up sheet to give employees a choice of meeting time and to provide them with a modicum of control and sense of preparation before their session. Those who chose not to participate were not pressured, but were given the option to change their minds if they wished.

The employees presented with issues that are common to all crisis situations as well as some that were individual to this event, and to their own life circumstances. The Social Work assessment process includes evaluating the expected responses as well as being open to the uniqueness of the dynamics of this crisis. Most employees expressed fatigue and the stress of separation from their own families during their long work shifts. At the

same time, they appreciated the opportunity to feel useful and to help resolve problems. Expressing the ambivalence to this and to other aspects, seemed helpful.

Their duties included: maintaining contact between offices and updating each office with information as bodies and personal effects were identified and other facts became known, coordinating the movements of personnel moving from office to office for administrative functions and to substitute for employees who were killed, taking calls from family members asking for details, handling and routing calls from the press and managing other effects of a sudden change of equilibrium.

Most employees had pre-existing issues and that they had to either put “on hold” or that were interfering with their concentration on emergency operations. Some of the reactions that were interfering were: persons who had experienced recent deaths or separations in their personal lives would need to leave their posts to cry or get away from the phones. One woman was a victim of a street crime during this time period and felt vulnerable working at night (she was re-assigned immediately). A few women were pregnant or nursing and needed special accommodations. Some employees were close friends with the deceased and had more acute grief reactions than others. Some had difficult relationships with the deceased and felt guilty. Some employees were anticipating fear of flying when that service was resumed.

My overall approaches were:

- Active listening, as each individual processes crisis in his or her own way
- Spending time learning about their cultural and spiritual practices regarding loss & grief.
- Education and normalization of common reactions to tragedy
- Being alert for reactions that could be harmful or might need further attention
- Helping employees identify their support systems and make a plan for using them.
- Soliciting their wisdom of what could be helpful in ameliorating their feelings and moving forward.
- Talking about how they could help others, including their families and children, who were anxious.
- Giving resources for continuation of psychosocial support

I have stayed in touch with the management of this company and my co-worker who worked with the families. Operations are almost back to normal, but a few individuals are still under care for emotional issues that they want to process.

The company that provided this extra psychosocial support is one that I hope will be a model for other companies. It seems that by addressing the crisis at the time of most need, they have prevented future problems and have become aware of problems that could have escalated. From an organizational perspective, I found it fascinating that the upper management of this company is very altruistic and that was also a characteristic of the employees I saw.

For comments or discussion of this article, please feel free to contact Barbara Tunney, LCSW at [barbara@socialworkprn.com](mailto:barbara@socialworkprn.com) .

## RESOURCES FOR CRISIS COUNSELING

### **BOOKS:**

Assessment for Crisis Intervention and Counseling Services, Myer – Paperback – 2000

Crisis Counseling: What to Do & Say During the First 72 Hours, Wright, H. Norman – Hardcover – 1993

The Crisis Counselor: The Executive's Guide to Avoiding, Managing and Thriving on Crises That Occur in All Businesses, Caponigro, Jeffrey R. – Trade Paperback – 1999

Crisis Intervention and Counseling by Telephone, Lester, David/Brockopp, Gene W – Trade Paperback – 1976

Human Elements Training for Emergency Services, Public Safety and Disaster Personnel: An Instructional Guide to Teaching Debriefing, Crisis Intervention and Stress Management Programs, Everly, George S./Mitchell, Jeffrey T. – Paperback - 1994

School Crisis Survival Guide: Management Techniques and Materials for Counselors and Administrators, Petersen, Suni/Straub, Ronald – Paperback – 1991

Introduction to Crisis Counseling: The Student Guide to Effective Intervention Strategies, Applied Clinical Theology Services, Callahan, Murray D./Callahan, Dianne – Trade Paperback – 1997

Medical Crisis Counseling: Short-Term Therapy for Long-Term Illness, Pollin, Irene/Kanaan, Susan B. – Hardcover – 1995

### **WORKSHOP:**

“How to Use Crisis Debriefing When Responding to Crisis and Trauma” presented by James A. Fogarty, EdD, through CMI Education Institute, Inc. [www.cmieducation.com](http://www.cmieducation.com) .

### **TRAINING:**

#### **NASW – American Red Cross Disaster Mental Health Partnership.**

According to NASW web site, “...to participate as a disaster mental health volunteer you must be a licensed clinical social worker. There is a pre-requisite video, “Introduction to Disaster Services” that you must watch.” There is no fee required. Visit [www.redcross.org](http://www.redcross.org) for more information.

