Evidence Discovery and Assessment in Social Work Practice

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Chapter 15
Best Practice in Responding to Critical Incidents and Potentially Traumatic Experience within an Organisational Setting

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ABSTRACT

This chapter addresses best practice for organisational support after critical incidents and traumatic events within social work. Critical incidents are situations and incidents within workplace settings or roles, which, whilst able to be anticipated and planned for, have the potential to create a sense of emergency, crisis, and extreme stress, or have a traumatic impact on those directly or indirectly affected. Alongside the notion of critical incidents are concepts of debriefing, psychological debriefing, Critical Incident Stress Debriefing (CISD), and Critical Incident Stress Management (CISM). Debate about debriefing models has concerned their effectiveness and safety; the terms being loaded with meaning and tensions between scientific and holistic paradigms and between academic and practitioner perspectives. The chapter suggests areas of research and exploration for agency managers and senior practitioners wishing to make sense of the debates and enables the reader to consider best practice for critical incident response within organisational settings.

INTRODUCTION

Planning for Critical Incidents within an Organisational Setting

Social work is a professional activity long recognised for its complex and at times stressful engagement with challenging human problems. A growing awareness of the impact of stress, trauma, and critical incidents has seen a concomitant rise in organisational attention to staff support, with burgeoning research and practice activity in fields such as supervision, resilience, and response to critical incidents (Adamson, Beddoe, & Davys, 2012; Pack, 2012; Storey & Billingham, 2001; Wendt, Tuckey, & Prosser, 2011). For this chapter, a broad working definition of a critical incident is an event or situation within workplace settings or roles which have the potential to create a sense of emergency, crisis, and extreme stress, or have a

traumatic impact on those directly or indirectly affected. Attention to the impact of critical incidents within the workplace, such as violence against social workers (Koritsas, Coles, & Boyle, 2010) and the risks of secondary or vicarious trauma (Bride, 2007; Cox & Steiner, 2013), has led to the embedding of workplace strategies aimed at mitigating the effects of sudden, potentially traumatic events. Evaluations of these strategies has resulted in debate over the most effective means of protecting social workers from critical incident stress and vicarious traumatisation. The focus of this chapter is a search for best practice evidence regarding the most effective means of establishing a robust system of critical incident support within an agency, of planning for the unpredictable, and of sustaining social workers in their desire to remain committed professionals with job satisfaction and healthy engagement with service user communities.

ESTABLISHING A SYSTEM OF CRITICAL INCIDENT SUPPORT

The outline of the chapter is as follows: using the case example of Jo, a manager of a community social work agency, objectives are established for a literature search of current research knowledge regarding the provision of critical incident support. A search strategy is outlined and principles from current research extracted, with attention paid to the strands of the debate about critical incident stress debriefing (CISD) playing a role in highlighting the key factors for the design and embedding of critical incident response within a social work setting. The chapter now introduces Jo.

Case Study

Jo is an experienced social worker with ten years' child protection practice in a large, statutory organisation. Having commenced her career in front-line risk assessment and intervention, she

has progressed to being a practice supervisor for both practitioners and social work practicum students, and for the last three years she has been team leader in a multi-cultural, suburban, and semi-rural area on the fringes of a large city. She has recently been appointed as the manager of a small, non-government organisation (NGO) family support service in the same locality. Within the statutory setting, Jo encountered service user histories of severe abuse and neglect, families struggling to stay together in the face of extreme poverty and housing crises, the threat of violence to herself and her colleagues, and the impact of sudden death by suicide of teenage clients and on one occasion, a much-loved colleague.

Jo's experience and awareness of the potential for workplace crises, which she broadly defines as "critical incidents", and the potential for trauma exposure when working with families in distress and transition are now a challenge for her in her new role. Team members in this NGO setting have a wide range of education and training backgrounds, largely from social work but also from nursing, and some have achieved their positions as a result of cultural expertise not determined by formal educational achievement. Mindful that the service users of a family support service are families with vast experience of disruption, struggle, and crisis, Jo is now asking key questions of herself as manager and of the service as a whole about the most appropriate means of providing support for the team members for when the inevitable critical incident or traumatic event occurs. As they are a small and close-knit team, she is focusing her search on interventions that will take into account an incident's impact on all team members. "Planning for the unpredictable" begins with her review of what she already knows.

Her statutory child protection background and her own student placement experience within a health service setting have given her knowledge that formal organisational supports known as CISD exist. Indeed, in her first year of child protection practice, Jo was part of a group debriefing process

after a particularly distressing "uplift", or removal of a child, from an abusive gang-related environment in which she was intimidated and threatened with violence. "I know where you live" was not, she still feels, an empty threat, as she both lives and works in the same area and has two children at the local school. She recalls the benefits of having been able to have her emotional reactions of fear and anger validated by others who had been involved, and the team support that resulted, she considers, enabled her to discover strengths both within herself and the work environment with which to face similar events during her career. However, the statutory organisation's response to critical incidents has vacillated over the years, and Jo's team leader position gave her access to some of the policy papers that seemed to suggest that CISD was no longer the preferred organisational response, and that it may in fact, as the research reports indicated, make a situation worse. Instead, an individualised system of support was mandated by Head Office, with team leaders and managers being enabled to refer stressed staff to Employee Assistance Programmes (EAP). Curious as to the recommended best practice in critical incident support that she can apply to her new position, Jo takes some time to research her key question, "what is the best means of providing organisational support to staff following a critical incident in the workplace?"

Her aims and objectives are clear. As a manager, she wants to have a system of staff support and response that can provide the best means of managing critical incidents whenever (rather than whether) they occur. This, she knows, will require preparation of any new staff members for the realities of the work that the agency does, as well as ongoing awareness for the team about the impact on them of the work with families in stress. Immediate support for those directly affected will need to be provided. As the team is small and most live within the locality, Jo is aware that the effects of any incident are also likely to reverberate throughout the agency and into their

families and communities within their area. Jo recalls from her own experience that reminders of the critical incident reoccurred throughout many months and even years afterwards and so is mindful of the need for designing adequate follow-up in her critical incident planning. Into this planning, she carries her own social work identity that is formulated within a systems and ecological framework of understanding. This perspective, she implicitly accepts, assumes a multi-level response to the complex challenge of critical incident stress management (CISM). The development of any organisational response to critical incidents should, in her worldview as a social work practitioner, reflect a person-in-environment perspective.

She constructs the following objectives:

1. To define and understand current best practice in critical incident response.
2. To critically assess models of critical incident support.
3. To use this knowledge to construct a critical incident management plan that fits the needs of a social work agency.

The Process of Searching for Literature: Foundation, Contributory, and Focused Knowledge

Removing ourselves from the immediacy of Jo's practice context, the challenge faced by social workers in practice is that of determining the best practice response in the provision of staff support systems after critical incidents and traumatic events. A scoping exercise now occurs, critically appraising the available literature that will inform agency environments like Jo's about best practice in the management of critical incidents and potentially traumatic events.

The starting point for any best practice inquiry is what is already known. Professional environments, such as social work organisations, have an underpinning of educated, and in some jurisdic-

tions, professionally registered, competent practice with a recognised knowledge base from social work and social, cultural, and health sciences (International Federation of Social Workers, 2012).

The knowledge bases that inform an understanding of critical incident response are demonstrated in Figure 1. Underpinning any consideration of organisationally-located stress or incident response lays a foundational social work knowledge base that constructs a person-in-environment, interactive, and dynamic relationship between the persons involved, their workplace context, and the relational components that mediate the quality and intensity of their stress and resilience responses (Adamson, Beddoe, & Davys, 2012). This includes perspectives such as ecological systems and structural analysis; theories of human behaviour and social systems; methods such as group work; the management of cultural relationships; narrative approaches; and reflective processes, such as clinical supervision. It carries with it attention to social work ethics and

values that emphasise social work commitment to human rights, social justice, and empowerment principles, as well as a working understanding of the interpretation of research, evaluation, and best practice guidelines. This chapter assumes a familiarity with this knowledge base which underpins the next level, the contributory knowledge base for the understanding of crisis, stress, and trauma within a workplace setting.

The relationship between these two levels is not clear-cut. Most social work education will have addressed, whether to any great degree, the contributing knowledge of stress, resilience and trauma, the nature of crises and crisis intervention theories, and the organisational context that involves concepts of leadership and management. Whether these knowledge bases will have been brought together in order to frame up sufficient understanding in which to assess appropriate critical incident response cannot be assumed. Crisis theory, for instance, may have been taught with an "other" focus in relation only to service

Figure 1. Knowledge bases for critical incidents
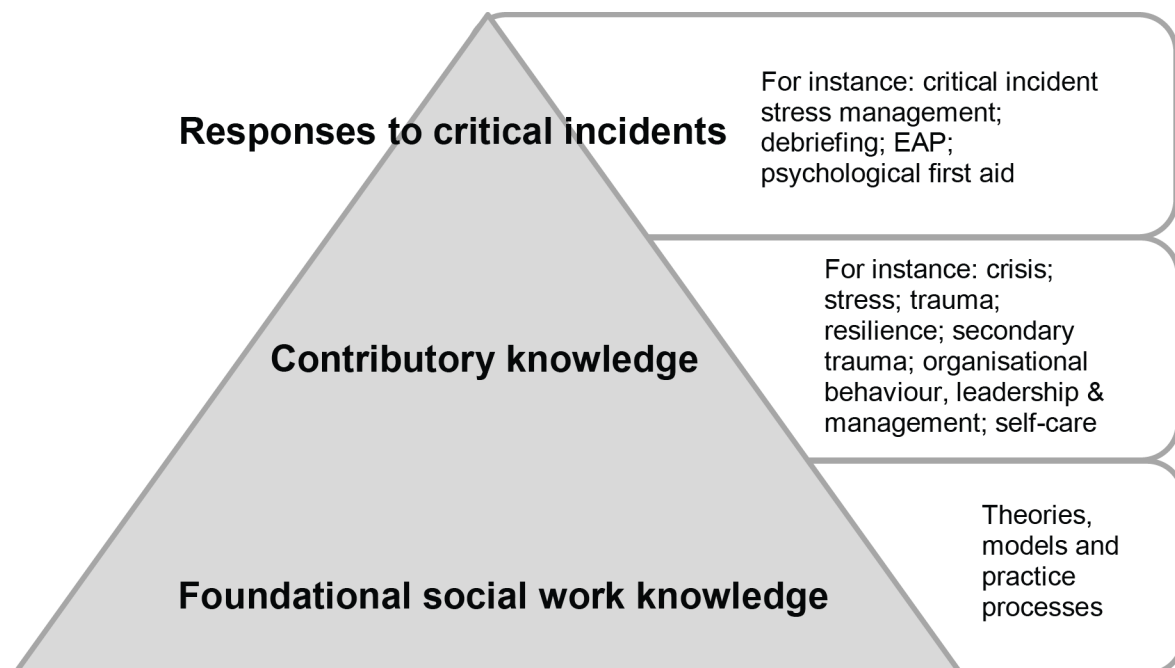
users and social work engagement rather than with a spotlight on the impact on the worker. Effective use of supervision may have been taught without consideration of the role of supervision and supervisor in the event of a critical incident or traumatic event. Organisational and management theory may have been taught as a static concept without including change management and crisis response.

The challenge for our manager, Jo, and others looking to understand best practice approaches to critical incident response, is to bring their awareness of knowledge bases such as these into direct relationship with each other and to look at them through the lens of critical incidents. Adding, therefore, to our core question of "what is the best means of providing organisational support to staff following a critical incident in the workplace?", we now have subsidiary lines of inquiry that may shape our literature search. We may ask questions about the relationship between our core social work knowledge and crisis in the workplace; about organisational systems and structures and their preparedness for critical incidents; about how we interpret and view critical incidents themselves; and we may query the depth of the understanding we have about the relationship between trauma, stress, and resilience. Whilst serving as an underpinning for the following focused inquiry about critical incident support, we may also need to return to and update this knowledge to strengthen our understanding of some of the issues arising within a critical incident literature search.

The third tier of our knowledge base, and the focal point of this literature review, is that of critical incidents and critical incident response. For this purpose, and to aid with definitional attention to the key concepts, a library database search was conducted, instituted through access to a university library. For practitioners, of course, access to tertiary libraries with subscriptions to a variety of academic journals is not a given and may be a resourcing, partnership, and/or structural issue; for example, publicly available search engines such

as Google Scholar allow for access to abstracts only. Some large, usually national organisations within child protection, justice, and health, have central library access, with library staff available to do key word searches. The key word search was conducted using combinations of *"social work"*, *"critical incident"*, *"critical incident stress"*, *"debriefing"*, *"psychological debriefing"*, *"critical incident debriefing"*, and *"critical incident stress management"*. Further key word searches, as a result of the initial scoping exercise, were conducted using *"psychological first aid"* and *"employee assistance programme"*.

Even with a database search from within a university setting, many variables come into play in the selection of relevant material. It is possible to do general searches for key words, using terms such as "social work" and "critical incident" (the "and" enabling an inclusive search for both terms, with "or" being used to search for either one of the terms). Library searches also allow for selected databases to be searched, either by category (for instance, "social science" or "psychology") or individually through databases identified by the searcher as relevant, such as PsychInfo. What you look for is what you get, so the choice of key word search for this literature review was crucial. For the search about critical incidents, whilst social work is the context for this to be explored, much of the research occurs outside a social work setting and from a psychological or psychiatric perspective.

Within academic searches, specific inclusion and exclusion criteria are often employed to manage the acquisition of relevant references and to rule out irrelevant material. Most search engines (Google Scholar or specific academic databases) use Boolean search methodology, that is, they use "and", "or" and "not" to link words and phrases together. This is particularly useful when exploring a wide field of literature, so that, for instance, searching for *"critical incident"* and *"social work"* produced a focused list of potentially useful research articles. Given the inter-disciplinary and commercial and scientific nature of the critical

incident field, however, manual culling of relevant articles was still required, as both relevance and definitional accuracy needed to be assessed. Critical incidents, of course, can also refer to a means of focused reflective practice (Fook & Askeland, 2007) and debriefing is often used to describe processes outside of crisis and trauma. Some search selections can be quickly discarded, others require closer reading. Perhaps some thirty articles were deemed relevant for this review, benefitting from some previous literature reviews, such as Adamson (2006), Everly, Flannery, & Mitchell (2000), and Pack (2012).

In determining the best time period within which to search for publications, an open period of publication dates was used initially to enable an overview of when the peak of critical incident research was conducted. A useful, if somewhat general, tool for this is the Google Ngram viewer which enables the capture and illustration of key words in book titles published over given time periods. Searching for *critical incidents* (without being able to define this term further) within this tool reveals three periods of time where books were published on the subject, peaking in 1971, 1986, and 2002. Relevant literature was privileged from the two main periods in the mid- to late 1980s (the time period, as explained below, when organisational critical incident supports

were developed and promoted) and around the turn of the century (when scientific critique and debate was at its height). Given the inevitable time lapse between research and its implication in mainstream practice, exclusion of pre-2000 literature, a preferred option for locating only current research and debates, for example, was not deemed necessary.

Critical Incidents and their Management: Definitions and their Knowledge Bases

The key objectives for this literature review were to define critical incident support, response, and intervention, to critically review what the literature says about these models, and to use this knowledge to construct a critical incident management plan that fits the needs of a social work agency (these key terms are defined both within the following text and in the glossary at the end of the chapter). The chapter now surveys current understanding of critical incident response within social work and related environments, prior to articulating the strands of the debate which has raged concerning the efficacy of CISD, and from this critical appraisal, suggests best practice guidelines for CISM within social work settings. This inquiry process is illustrated by Figure 2.

Figure 2. The process of inquiry
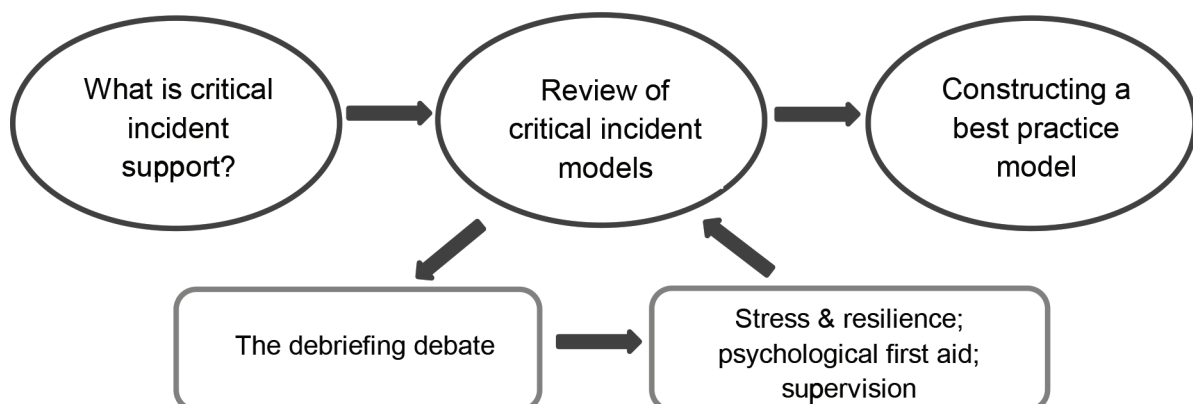
As described above, the term critical incident is applied to situations and incidents within workplace settings or roles which, whilst potentially able to be anticipated and therefore planned for, have the potential to create a sense of emergency, crisis, and extreme stress, or have a traumatic impact on those directly or indirectly affected. As an experience with some degree of a beginning and an endpoint (as opposed to "ambient", background, or environmental stress which may be constant but diffuse and undifferentiated in nature), a critical incident has focal points of increased stress and potential trauma and challenges to homeostasis, to coping within existing resources, and to resilience. Models of stress-vulnerability offer some contributory frameworks of understanding regarding the interaction of individual and contextual factors in the appraisal of an event (Belsky & Pluess, 2009). For social work organisational settings, as with many of the occupational groups around which critical incident processes have been constructed, the impact may result either from a direct stressor, such as an assault, or from a secondary source, such as the sudden death of a service user. Stress and trauma literature confirms that secondary or vicarious impact has the same potential for harm as does a direct threat (Adams, Boscarino, & Figley, 2006; Baird & Kracen, 2006). The current crisis, stress, trauma, and resilience knowledge bases with which we view this definition provide us with a theoretical assumption that the impact of events upon any given individual will have a considerable variability, resulting from an interplay of genetic, epigenetic, experiential, and contextual factors (Bonanno, Galea, Bucciarelli, & Vlahov, 2007; Davis, 2013; McCann et al., 2013; Thoits, 2010; van Breda, 2011). Research into bi-directional processes within the stress experience highlights the interconnectedness between the physiological and the socio-cultural experience of stress (McEwen & Gianaros, 2010; Thoits, 2010). With this knowledge, a critical incident becomes a subjective (individually-defined) and constructed experience, dependent upon the preparation, in-terpretation, and processing of an event within the environments in which it plays out, suggesting too that intervention can (or perhaps, should) occur at the many levels that connect the individual to their environment. The literature regarding critical incident response should, therefore, be assessed in this light.

From the previous discussion about the application of interacting contributory knowledge bases, it is important to recognise that the term critical incident is a contextual definition, referring to events that occur within a workplace context. The origins and causation of the incidents, their impact, and the responses made, all are determined by organisational and professional factors. A set of contributory knowledge comes from the occupational health literature (for a New Zealand example, see Department of Labour, 2003, which identifies key professional and occupational groupings most at risk). Social work is recognised as an inherently stressful occupation due to its complex interactions with potentially conflictive and distressing situations. Knowledge of this literature (with which many management level social workers will interact) provides models of support and intervention along principles of elimination, isolation, and minimisation of hazards, a harm reduction strategy that suggests that if the removal of stressors in the work environment is not possible, then these should be contained or, at least, their impact minimised. Research emphasises the role that management strategies and support have in increasing the resilience of employees (Devilly, Gist, & Cotton, 2006; Regel, 2007). Health and safety legislation in many Western jurisdictions now also describes a shared responsibility between the worker and the organisation for the management of stressors and their impact. It is with this knowledge base that a review of interventions for critical incident stress is now considered.

Aligned with the notion of critical incidents are the concepts of debriefing, psychological debriefing, CISD, and CISM, organisationally-located processes developed in the 1980s and designed to

provide structured and peer-led support for those affected by critical incidents (see, for instance, Everly, Flannery, & Mitchell, 2000; Mitchell & Everly, 2000). For the purposes of this chapter, the term critical incident stress debriefing (or CISD) rather than psychological debriefing is employed in order to emphasise the workplace-specific context of responses to extreme events. (The debate that has occurred over CISD and psychological debriefing has in part mudded these definitional waters by including debriefing procedures that took place in service user as well as worker settings.)

Debriefing has been vaunted as a considerable – and sometimes first – contribution towards validating and responding to the potential stressors within an employment environment. Previously, the impact of incidents such as assaults and sudden deaths had, proponents argued, often been overlooked or underplayed, and the potential for traumatic stress reactions led to individualised and reactive support systems and a general sense of organisational denial about the emotional and psychological impact of the work role (Mitchell & Everly, 2000). CISD and CISM processes have functional roots within emergency services, within whose para-military composition was identified a need for psychological and emotional support following critical incidents and other potentially traumatising events (Everly, Flannery, & Mitchell, 2000). CISD and CISM have conceptual origins in crisis intervention theory (Mitchell & Everly, 2000). These grass-roots initiatives were rapidly adopted from the 1980s to the early 2000s by a variety of health and welfare organisations, and the CISD model (with its orthodox form termed the "Mitchell model" after the United States paramedic responsible for its early development) was promoted widely, mostly in the English-speaking world and in Western Europe, through training and implementation within organisations. Early descriptions of these workplace interventions focus on CISD as a univariate, standalone intervention and suggest that it could be effective as trauma prevention (Mitchell, 1983; Mitchell, & Everly,

1995). Later accounts moderate these claims and embed CISD within a CISM framework which spans planning and preparation, intervention, and follow-up phases within organisational life (Everly, Flannery, & Mitchell, 2000).

CISM, as conceptualised by Mitchell and Everly (2000), is a framework of interdependent responses spanning primary, secondary, and tertiary interventions. These manifest in organisational settings as prevention (for instance, pre- and post-employment education and training, and "stress inoculation" processes), early intervention (described in military language as demobilisation, defusing, and debriefing), and follow-up strategies on group and individual levels as required. The literature describes such organisationally-based initiatives in a manner compatible with the psychosocial and systems perspective of social work (Defraia, 2013), and the CISM approach appears to reflect the contextually-sensitive, variable impact, and differential outcomes informed by the stress, resilience, and trauma literature that underpins this review. There is, however, a dearth of research regarding the effectiveness of a CISM approach to critical incident stress response, possibly due to context-dependent development. Most investigation has been directed specifically at its single component of CISD and specifically upon traumatic impact and prevalence; vulnerability, risk, and resilience; and the model's risk factors for re-traumatisation (Defraia, 2013). The clinical, methodological, and sometimes political and commercial elements of the debate explored in this literature search highlight the reasons for this lack of evidence and suggest a way forward for those seeking to develop critical incident support within the social work workplace.

CISD is described as a structured, seven phase peer-driven, clinician-supported process for those involved in the immediate days following a serious event within a workplace setting (Mitchell & Everly, 1995). The seven phases are designed to introduce the purpose of the session and to establish safety, and then to follow a hierarchy

of factual, cognitive, emotional, and behavioural descriptions of the event, with following stages of psycho-education and practical support before the closure of the session. Debriefing, as outlined in this model, is far more of a structured process than the demobilisation and defusing stages of a CISM framework that have conceptual similarity to the concept of psychological first aid, considered later in this chapter. It contains a greater emphasis on the ventilation of emotional responses than do other interventions, and it is this factor that has been a linkage into the trauma literature and the focal point for research evaluation and critique.

The rationale for debriefing connects us to two important contributory knowledge bases to which social work has affinity. From a social constructivist knowledge base, it is understood that extreme events challenge our cognitive schemas and that meaning making and narrative construction enable us to make sense and construct and develop effective coping strategies that frame up and serve to remove ourselves from being emotionally overwhelmed (Pennebaker, 1997). From a trauma standpoint, however, we also receive guidance that unleashing emotion-based memory of experiences can potentially re-traumatise without sufficient cognitive and practical preparation for its processing and support (Herman, 1997). The tensions between these two arguments inform the following discussion about the appropriateness of CISD as a post-incident intervention.

The Debate Over CISD

The literature search reveals that the "debriefing debate" has spanned some fifteen years of research and evaluation, during which CISD has been adopted, adapted to context, and in some cases, abandoned as the primary form of post-incident workplace intervention (Adamson, 2006; Avery & Ørner, 1998: Bisson, McFarlane, & Rose, 2000; Deahl, 2000; Pack, 2012; Raphael & Wilson, 2000; Regel, 2007). Deconstruction of this debate allows a social work voice to be developed alongside other evidence-based arguments about the provision of critical incident support in organisational settings, highlighting the tensions between some of the psychological literature that can be critiqued for its lack of attention to context and a social work appreciation of the importance of context and relationship when responding to crisis (Adamson, 2006; Defraia, 2013; Miller, 2003; Pack, 2012). The debate centres on the following inter-related elements: clinical concerns about efficacy and re-traumatisation; perceived purpose, "ownership", and structure of CISD; and methodological issues in the evaluation studies.

Does CISD Re-Traumatise?

The rapid take-up of debriefing, usually but not exclusively with a wider system of some form of CISM, began to be challenged within psychological research. Within the first five years of this century, a significant number of organisations had abandoned this peer-initiated, clinician-led group process on the basis of a concern that the emotional component of the debriefing process (where participants were encouraged to recall their involvement in an incident) was deemed to heighten risk of re-traumatisation and further vulnerability to traumatic impact and that there was no proven efficacy in terms of the reduction of post-traumatic symptoms. The evidence for this comes from psychologically-informed research related to trauma symptomatology and tended to define CISD as a trauma intervention (Deahl, 2000; Kenardy, 2000; McNally, Bryant, & Ehlers, 2003; Rose, Bisson, & Wessely, 2003), as its early iterations had confusingly claimed. Analysis of the debate suggests that those who were arguing for the effectiveness of CISD within a framework of organisational CISM were doing so from the standpoint of debriefing as a contextually located, organisationally sanctioned initiative that fulfilled moral obligations for workplace support, arguments that may resonate with social work's systemic and constructivist stance. Ormerod (2002)

suggested that factors such as participant satisfaction and organisational functioning be taken into account, elements that reflect both a constructivist and an ecological perspective missing from a systematic review conducted by Rose, Bisson, and Wessely (2003) and similar psychologically-based evaluations that focused on the potential for CISD to reduce traumatic impact and its risk for further harm. Cessation of compulsory psychological debriefing was recommended by this review. In risk-averse environments, such as health and social services, it has been the psychological rather than the ecological arguments that have held sway and, indeed, any social work agency considering the adoption of CISD processes must, as a result of this evidence, scrutinise the requirements for emotional content and disclosure.

Who Determines the Shape and Function of CISD?

The second element of the debate addresses the confusion in regards to the perceived purpose, form, and ownership of CISD. This is a great example of how organisational context must be taken into account for any intervention to be implemented and evaluated. The articles by Mitchell, Everly, and Flannery, in various combinations of authorship, strongly argue for CISD and for CISM as "grassroots" initiatives, originating as effectively the first workplace support systems within emergency services and imposing a strict formula on their delivery (see, for instance, Flannery & Everly, 2004). CISD's promotion, often by commercial as well as welfare interests, located the model outside of the traditional scientific research community and within a more entrepreneurial (and potentially less rigorously evidence-based) training and delivery mode. Once the "Mitchell model" gained traction within the emergency services for which it was designed, its extension to health, welfare, commercial, and industrial settings led to a context-dependent morphing that may have

provided the ecological competence required for its acceptance within workplaces but also let loose a multiplicity of unstandardised models applied in organisations outside of its original emergency service terrain. Debriefings also gained traction within service user settings, such as in the aftermath of road traffic accidents (Mayou, Ehlers, & Hobbs, 2000), victims of violent crime (Rose, Brewin, Andrews, & Kirk, 1999), or traumatic childbirth (Small, Lumley, Donohue, Potter, & Walderström, 2000).

The rationales for, and process of, debriefing were also critiqued, with Devilly and Cotton (2004) querying whether workplace disputes could have the same traumatic quality as other incidents where physical violence or sudden death occurred. Debriefings were conducted with individuals as opposed to pre-established groups with internally recognised roles and processes, reflecting Yule's (2001) concern of definitional creep whereby any brief intervention acquired the label of a "debriefing". Some debriefings occurred within existing workplace support systems recognisable as CISM (but without this inter-connection being recognised within the research), and some CISD processes stood alone without a CISM structure. This latter finding in the literature is crucial, for agencies wishing to establish an effective means of managing critical incidents, what the research literature actually considered as debriefing and its relationship with other organisational initiatives needs to be clear. Devilly and Cotton (2006) go as far as to term interventions as "CISD/M", arguing that there is no robust and universally accepted articulation of a stress management approach and that debriefings may or may not occur as standalone and single session interventions. Further critique can be found in the literature in regard to the quality and process of the debriefings themselves, including training and skills of the clinicians, adherence to the CISD formulation, location, and span of time between incident and intervention (Dyregrov, 1997).

How is the Effectiveness of CISD Evaluated?

The third strand of the debriefing debate that the literature reveals is that of methodological issues with the research and evaluation studies. The systematic review by Rose et al. (2003) concerned single session debriefing with a range of groups, not all within employment settings. Its focus was on the post-traumatic symptoms experienced by those taking part. Crucially, the research (and the subsequent abandonment of the model) did not evaluate the context of the debriefing and so did not consider the systemic or structural factors embedded in a framework of CISM that included, for instance, preparation and planning, other organisationally based processes, or post-debriefing follow-up. This chapter suggests a line of literature inquiry that raises fundamental concerns over a too-narrow interpretation of traumatic impact and recovery (Marlowe & Adamson, 2011). Psychologically-based research is indicative of the restrictions potentially imposed by frameworks of evidence-based practice which have as their intellectual basis a requirement to implement positivist methods of inquiry (Adamson, 2001; Webb, 2001). Whilst the model's potential for re-traumatisation as a result of its encouragement to participants to re-visit the emotional aspects of their experience is a crucial element in any consideration of the use of debriefing, there is also a risk of the exclusion of other, more complex, environmental factors that determine resilience and recovery. This may in some way contribute to the apparent conundrum that social workers stressed by experiences in the workplace may often retain high levels of job satisfaction and passion for the work. The focus on the "other" appears to contribute to resilience in the face of high stress levels (Collins, 2008; Mandell, Stalker, de Zeeuw Wright, Frensch, & Harvey, 2013; Stalker, Mandell, Frensch, Harvey, & Wright, 2007). Complex relational and interactive contexts, such as the well-being of social workers after the experience of critical incidents, stretch the ability of some scientific methods of inquiry and perhaps suggest that different forms of intervention as well as evaluation (ones that incorporate multi-systemic perspectives) be employed.

Learning from the Debriefing Debate: A Contemporary Perspective on CISM

For someone in a position such as Jo, where a literature search has revealed such a plethora of arguments, it is important to see how the strands of this debate have been resolved, so that effective, contemporary, and contextually-relevant models of support can be developed.

Some settling of the "debriefing debate" within the literature appears to have occurred by about 2005. Whilst research studies are periodically published in support of CISD, most appear to have acknowledged the risks of emotional harm and models appear to have had this component of a debriefing muted. There is a sense in the literature that now that the initial enthusiasm for debriefing has subsided in the face of scientific criticism, there is a synthesis of knowledge bases occurring, albeit in resource-constrained environments where organisational support for critical incident response is not universally developed or applied. The current status of research concerning stress and resilience, such as the importance of bi-directional influences within the human stress experience that link social and cultural stress to the body experience (McEwen & Gianaros, 2010; Thoits, 2010) and the incorporation of contextual and cultural elements in the definition of resilience (Bonanno, Westphal & Mancini, 2011; Bottrell, 2009; Powley, 2009; Ungar, 2004), serve to update and strengthen a social work perspective on the evidence for critical incident response. Both knowledge bases represent a move towards a more holistic appreciation of human experience – multi-layered, multi-levelled, and culturally sensitive –

and a lessening of the influence of a bio-medical perspective that tends to privilege attention to the part rather than to the whole.

On an organisational basis, risk averse environments have tended to abandon a debriefing process in favour of what Dyregrov and Regel (2011) term "watchful waiting"; Ørner and Schnyder (2003) describe organisational responses of management vigilance in case those affected do not display recovery and restored resilience. From a systems and a human rights perspective and given that CISD came into vogue as a grassroots initiative because organisational systems had not provided adequate care after an incident, this reluctance to engage actively in support for staff or to individualise response to those displaying need is potentially a risk in itself. Recovery from the impact of a highly stressful incident can be facilitated through the perception of organisational support (Devilly, Gist, & Cotton, 2006; Regel, 2007). Visible impact of an event may manifest and be interpreted as under-performance in the work role, and the tension between supportive intervention and disciplinary action may be revealed (Defraia, 2013). Adoption of alternate means of staff support, such as Employee Assistance Programmes (EAP), appears common in large organisations. These programmes provide individualised support to employees by external providers contracted at agency level. EAP has frequently been instituted as a substitute for internally-provided CISD. The focus is largely supportive counselling but group or individual debriefing can also be provided. From a perspective of ecologically-informed stress and resilience, EAP schemes, whilst potentially meeting a need, do not provide the multi-systemic engagement that conceptually may provide greater effectiveness and the ability to initiate preventive measures on the basis of learning from each incident (Adamson, 2006). Sited outside of the organisation, their focus is inevitably on the stress-reduction and resilience building of the individual, devoid of a full acknowledgement of their context and of the opportunities for organisational initia-

tives that may address the bi-directional flow of energy. Without opportunity to create environment change (to reduce systemic stressors and barriers to resilience, for instance) their use is reactive rather than proactive and potentially pathologising rather than salutogenic. Good work may be done, but a social work reading of stress and resilience theory suggests that other models may have greater sustainable effect. Resilience in itself is, of course, not a politically neutral concept, for strategies to increase worker resilience may be cited by an organisation as a response to what may, in fact, be structural issues such as workload or poor management practices (Adamson, 2011).

Responding to concerns about a "watchful waiting" approach following a critical incident, alternate strategies are now arising in the literature. The evidence review revealed an important development in terms of critical incident response in the form of psychological first aid (PFA). As a concept, PFA can be described as an intervention similar to the demobilisation and defusing processes within a CISM framework, designed to remove a person from ongoing harm, stablise their functioning, and re-connect them with practical and social supports that will encourage use of coping strategies and foster resilience (Everly & Flynn, 2006; Mansdorf, 2008; Ruzek et al., 2007; Vernberg et al., 2008). Importantly, it focusses on those immediately involved in an incident, potentially individuals rather than teams, and similar to CISD processes, it is predicated upon crisis intervention theory that emphasises the importance of early intervention and natural recovery processes. Ruzek et al. (2007) describe its principles as establishing safety and comfort, offering practical support and social connection, information gathering and giving, and linking to other sources of support. Psychological first aid has many conceptual links to a debriefing process, without a focus on the re-telling of the story and the emphasis on team functioning. It is less explicitly a workplace process than it is a crisis intervention strategy, and database searches

reveal its application within primary mental health contexts and the broader community. Removal of the encouragement for emotional reiteration of experience appears to have facilitated a focus toward resilience and coping, and whilst evidence-based evaluation of PFA is still continuing, it appears less likely to be contested by psychological research and has not attracted the levels of attention and acrimony as did CISD (in part due to the removal of the emotional re-processing component, but also perhaps because, like a CISM process, it is context-dependent and structurally less prescribed). Without claims of reducing traumatic impact, psychological first aid appears to be constructed as an acute intervention strategy that can be embedded within organisational functioning but which in itself does not mandate training, preparation, or follow-up within the context in which it is applied. It is, therefore, considered safe when viewed from within a psychological lens but perhaps not comprehensive and context-informed when viewed as an organisationally-based intervention. It can best be described as the crisis component of an integrated staff support system, and its efficacy will in part be dependent upon the overall organisational functioning and well-being of any agency environment.

Linking Debriefing to Resilience and Clinical Supervision

A crucial factor for the design of any workplace intervention is the synergy between critical incident response and other pre-existing supports. Within a social work setting, this will include the professional social work commitment to supervision, a process that contributes to reflective practice and resilience (Howard, 2008; Miehls, 2010). Supervision within an organisational setting appears to have traction as an ecological sound model of stress and resilience support, dependent, of course, on the organisational willingness to fund and maintain a commitment to it. The models of CISD, EAP,

and supervision are not, of course, designed for the same specific purposes: CISD (without a complete CISM framework) follows critical incidents; EAP spans incident support and counselling as well as other functions; professional supervision has elements of accountability and professional development as well as stress management and the provision of reflective space but is not constructed as a crisis management tool. In terms of ecological viability, however, supervision appears to have some sound conceptual arguments for its construction as a process for resilience within the workplace and current research supports this.

Studies of resilience in social workers are now frequently citing supervision as a key protective factor that contributes to stress management, job satisfaction, and potentially to competency and job retention (Ellett, Ellis, Westbrook, & Dews, 2007; Guerin, Devitt, & Redmond, 2010). A meta-analysis on the impact of supervision by Mor Barak, Travis, Pyun, and Xie (2009) suggests that supervision can combat adversity and assist positive outcomes within social service organisations. Supervision is now often constructed as a mediating factor that can support and sustain resilience within organisational settings (Beddoe, Davys, & Adamson, 2011) and, as an extension, it can be posited that effective supervision can be a site of reflection for responding to the aftermath of a critical incident, with the previously acknowledged caveat that supervision has to be accepted and sustained as an integral element in workforce support and professional development.

Several factors associated with supervision are worthy of note here. Firstly, it is a process that is embedded within an organisation and usually provided by colleagues as opposed to external providers. Evidence suggests that its provision and effectiveness will be linked to the organisational culture in which it occurs, with the concept of organisational resilience (Russ, Lonne, & Darlington, 2009) employed to describe conditions in which employees can provide and

receive support, learn, reflect, and engage in professional development. This is synergistic with what we have learned about critical incident support. The construction of the supervision process as a mediating space in which to link workplace experiences from many different levels (personal and emotional impact; organisational structures, policies, and processes; relational dynamics; service user needs and narratives) suggests that supervision can incorporate our understanding of the systemic, structural, and constructivist components of stress and resilience within a contextual setting. Systems perspectives on supervision suggest, too, that the balance between these different perspectives will be determined by the developmental stage attained by the social worker, so that new graduates or those affected by major stressors that inhibit the integration of multiple elements of experience may be utilising different facets of the supervision experience at different times (Brown & Bourne, 1996).

What is clear from this brief summary of the debriefing debate is that there are some fundamental assumptive positions to be challenged in the provision of critical incident support which need to be taken into account in any organisational planning. Whilst organisational support systems after critical incidents and potentially traumatic events clearly have an ethical obligation to do no more harm, they are also required to apply research evidence to their own environmental conditions. The challenge for Jo, and others in her position, is to construct critical incident responses within a social work organisation that combine the research evidence from different perspectives and knowledge bases. What follows is a statement of principles for the construction of critical incident stress response, based on the literature review, which aims to resolve the dilemma facing social work organisations seeking to establish best practice interventions.

The Design of Best Practice Responses to Critical Incidents in the Workplace

The case study cited in this chapter posed the question "what is the best means of providing organisational support to staff following a critical incident in the workplace?" and the subsequent literature review had the objectives of exploring the research base for critical incident response and critically assessing the models identified. Reconciling the issues emerging from the debate enables construction of an appropriate critical incident management plan, responsive both to the needs of the social workers within the agency and to the best practice guidelines emerging from the literature. Jo's initial question launched the literature review into a consideration of the evidence regarding CISD as a model for intervention. Foundational and contributory knowledge bases may need to be re-visited; as above, the stress and trauma literature has taken on a newly enhanced resilience perspective, and new questions about how support services within an organisation may be asked.

Linking the social work and contributing knowledge bases, such as stress, trauma, and resilience, to that of critical incident stress response enables an ecological lens to be applied to the question of best practice. The stress and resilience literature has a synergy with social work's systems perspective on the need for a whole-of-organisation response to critical incidents. Combined with a health promotion approach that mandates prevention, early intervention, and follow-up for those affected by an incident, a comprehensive stress response framework responsive to the needs of the organisation can be mapped out. Within our case example, Jo's question is not asked in a vacuum. Her team is already established, the demands of the work known, and existing micro- and

meso-system connections already engaged. She knows, for example, that her multi-cultural staff may utilise practices such as *whanaungatanga* (a Māori value-based process of establishing and maintaining inter-relationship), *karakia* (prayer), food, and singing, in order to create and maintain harmony in the workplace. Ethnic sensitive cultural practices, but also the micro-culture of how organisations manage relational processes, are mandated here (the writer's own workplace uses cake for this purpose). Such environmental scoping is crucial if the model of CISD and CISM, created within Western emergency service contexts, is to be updated and adapted to suit, perhaps, multi-cultural or collective cultures, different political philosophies, and health and welfare resource bases. This chapter suggests that it is not only the critical incident knowledge bases that need to be scrutinised but the contributory and foundational

knowledge bases and their assumptions that will produce the most integrated and potentially more effective models for intervention.

From this review, key principles emerge that assist in the creation of best practice guidelines. Utilising the knowledge framework from Figure 1, best practice principles from the literature review are suggested in Table 1. For our manager, Jo, and others in her situation, a whole-of-organisation approach is suggested by the knowledge gained from this inquiry. Whilst context-dependent in terms of agency capacity and expertise, management of an incident needs to be safe, responsive, and integrated with other processes within the functioning of an agency.

On a primary level, prevention and population-based interventions for critical incidents clearly lie at the level of whole-of-organisation responsibility. They include recruitment and selection

Table 1. Key principles for best practice

Knowledge Base	Examples of Content	Principles for Best Practice
Critical incident knowledge bases	Critical incident stress management Debriefing EAP Psychological first aid	Intervention strategies should contain elements of prevention, planning, and preparation, response, and follow-up within a framework of CISM appropriate to each environment. Critical incident responses should be aligned with other forms and traditions of support within the organisation. Intervention after an event should be practical and aimed at reconnecting/re-establishing coping. Re-traumatisation should be avoided by reducing a focus on emotional re-telling of events. Planning for individual and team processes is needed. Reciprocal alliances with other organisations may be necessary.
Contributory knowledge bases	Crisis intervention theories Stress and trauma Resilience and self-care Organisational theories	All staff should have a working knowledge of what makes them resilient, have a wellness plan, and understand stress and trauma principles. Meaning making opportunities are necessary. People are resilient and can recover from adversity with support. Organisational knowledge of resources for support is important.
Foundational knowledge from social work	Systems and ecological approaches Constructivism Strengths and recovery based practice Social science knowledge (e.g. human development, attachment theory) Practice knowledge (e.g. supervision) Cultural knowledge	Interventions should be ecologically competent and compatible with organisational contexts. Cultural processes should be incorporated into interventions. People in the environment will be affected too. Intervention strategies should have functional relationship with other processes, such as supervision.

strategies that acknowledge the realities of social work and related disciplines and the potential for stressful engagement with service user needs, issues, and crises; organisational awareness of risk, of safety, and of skills in responding to conflict, such as inclusive engagement at the start of an encounter and de-escalation should tensions rise; organisational processes that affirm relational resilience and caring within team members; and specific stress inoculation strategies, such as professional development opportunities that educate about stress management, resilience, and trauma. Cultural identities and relationships are active factors here. Organisational audits (playing the "what if" game of asking how people may cope in a critical incident) may raise awareness that planning may be necessary for the unpredictable, and a context-appropriate CISM framework can be developed that incorporates educational, relational, and structured responses.

Specific secondary strategies focused around critical incident response need to be designed cognisant of the research caveat about emotional re-traumatisation. Psychological first aid processes appear to be solid interventions that satisfy a resilience-informed and strengths-based understanding of coping that emphasises practical assistance during the immediate period of a crisis, whilst producing therapeutic results that satisfy our human need to exercise empathetic compassion. Organisationally significant other processes, such as supervision, can re-visit their purpose, function, and process from a trauma-informed perspective. Small agencies, such as Jo's, may need to have established and to sustain reciprocal arrangements with co-working agencies in the event of an incident overwhelming their capacity to respond.

On a tertiary or follow-up basis, the period after an incident is crucial. Research indicates that (from a trauma knowledge base) consolidation of psychological schema occurs in the hours and days following exposure. This was a rationale for the establishment of CISD. However, assumption of a "watchful waiting" approach to the potential development of traumatic symptoms does not necessarily sit comfortably with current understandings of resilience being contextually and relationally constructed. This provides an imperative for trauma-informed supervision, as well as, for example, organisationally-unique processes that honour both pre-existing relationships and the intrusive impact of a critical incident.

CONCLUSION

Resolution of the initial question "what is the best means of providing organisational support to staff following a critical incident in the workplace?" has traversed an inquiry inclusive of professional social work knowledge, contributory knowledge from fields such as stress, trauma, and resilience, and it has considered specific and contested research evidence in regard to CISD. What emerges from this inquiry is a complex matrix of organisationally-aware, context-sensitive, and stress, resilience, and trauma-informed knowledge bases which, it is hoped, can support the development of an effective and compassionate workplace response to critical incidents.

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KEY TERMS AND DEFINITIONS

Critical Incident: Situations and incidents within workplace settings or roles which have the potential to create a sense of emergency, crisis, extreme stress, or have a traumatic impact on those directly or indirectly affected.

Critical Incident Stress: The stress which follows exposure to a critical incident within the workplace and which may affect an employee's well-being, social or employment functioning.

Critical Incident Stress Debriefing (CISD): Also called psychological debriefing, this is part of a critical incident stress management (CISM) approach to workplace incidents involving a planned, group intervention using crisis theory and psycho-educational principles.

Critical Incident Stress Management (CISM): An organisationally-based process or set of processes that support staff through the preparation for, experience of, and recovery from critical incidents within the workplace.

Employee Assistance Programme (EAP): A workplace-based (internal or external to the organisation) programme that provides support, advice, and counselling for staff welfare, job satisfaction, and organisational benefits.

Psychological First Aid: Practical, informational, and emotional support provided immediately after an incident with the intention of re-stabilising and containing emotional distress.

Traumatic Event: An event that may create a severe psychological response with symptoms connected to the descriptions of acute and post-traumatic stress disorders in the American Psychiatric Association's *Diagnostic and statistical manual of mental disorders.*