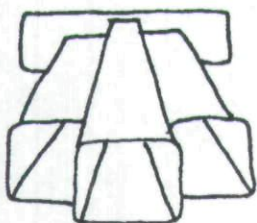


DEBRIEFING SEPTEMBER 11TH THROUGH MANAGED CARE: BALANCING ETHICS AND EMPOWERMENT WITH PROFIT

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This narrative has several story lines: a) responses of average Americans to September 11th; b) the value of critical incident stress debriefings; c) challenges in maintaining fidelity to the CISD model when brokered through a business model giving the employer "customized services,"; and d) ethical dilemmas faced when balancing managed care mandates of neutrality with social work imperatives for advocacy and client empowerment.



The context for this narrative relates to my work as a managed care-contracted provider of critical incident stress debriefings (CISD) for firms in the South Florida area subsequent to September 11th. Although that region is hundreds of miles from New York City, national companies having employees in South Florida requested their managed care provider to organize staff debriefings. Having been involved with critical incident stress debriefings since the early 1990's, my experience in offering these services, brokered by a managed care company, brought forth several ethical dilemmas. Specifically, working through a "for profit" health care delivery system required that procedural norms associated with facilitating a debriefing group had to be compromised including: a) the number of people within a debriefing group; b) lack of a "peer" co-debriefer; c) lack of privacy for the debriefing group; and d) no mandatory attendance. The social work values of the primacy of service to clients, as well as advocacy for their needs, needed to be abrogated so as to be "neutral" in the role of a managed care-contracted mental health professional. This led to compromising the CISD process in order to offer a "customized debriefing," which was a selling point of the

managed care company to its prospective clients. This may have diluted the debriefing benefits for affected employees and raised ethical challenges for myself.

Through this narrative I will describe my balancing act in serving clients as a crisis debriefer and management as an appeaser, while at the same time attempting loyalty to social work values of advocacy and social justice.

Background on CISD

I received my training on how to be deployed within critical incident debriefing teams, as a mental health professional, through working with firefighter units operating from the "Mitchell Model." A former paramedic subsequently trained as a psychologist, Jeffrey Mitchell developed a protocol to follow for emergency response personnel who had responded to difficult "critical incidents" (Mitchell, 1983; Mitchell, 1988; Mitchell & Everly, 1995; Everly & Mitchell, 1995). Based on principles associated with crisis intervention, group mutual aid processes, and stress reduction, the CISD process is comprised of several stages. The overall process entails taking a group of persons affected by a critical incident (ideally no more than eight) and having them share their affective, emotional, and behavioral responses to the event. The overall goal is for participants to have alleviation and remediation of stress-associated symptoms which are a normative component of the human response to trauma (Curtis, 1995; Dyregrov, 1997).

The CISD process entails members sharing, in round-robin fashion, their responses to certain questions which are designed to address thoughts, feelings, and behaviors that participants have experienced since their exposure to a critical incident. There is no cross-talk between participants. Although members are all encouraged to share, they are not forced to do so. Facilitators manage the group process and persons serving in this role are typically a mental health professional plus a "peer." The latter person would be within the same occupational group as the participants, however, not a member of that exact work unit. With a group of eight persons, the debriefing would typically range from 60 to 90 minutes.

The major questions posed by the facilitators are designed to take participants from cognitive to more emotional content, and then back to a cognitive level. This is done through questions representing the seven major stages of CISD: a) introduction, b) facts, c) thoughts, d) reactions, e) responses, f) education, and g) re-entry. Within the introduction, facilitators introduce themselves and ground rules are established. This includes the need for confidentiality, mutual aid benefits of all sharing, and the importance of neither interrupting or criticizing other group members.

When addressing facts, participants give information such as their role related to the particular incident. Pertaining to thoughts, members are asked to reflect on their thinking when they arrived on the scene. During the reaction stage, participants share their feelings about the critical incident and what has been most difficult for them. During the next stage, probing for responses, members are encouraged to share stress-associated symptoms which could be cognitive, affective, or behavioral. During the education phase, facilitators share information regarding typical stress responses and provide ideas as to how members could deal with any symptoms they may have. At re-entry there is a summing up of what has been covered, resources are shared related to mental health services, and an opportunity is given for questions and feedback.

Positive outcomes of participating within a CISD group mirror several aspects of the mutual aid process: a) being all in the same boat; b) strength in numbers; c) mutual support; and d) sharing information (Gitterman & Shulman, 1986). Basically, it assists group participants to hear how others have experienced the event, thereby providing them with a sense of normalcy. This can serve the purpose of solidifying camaraderie and *esprit de corps* (Van Den Bergh, 1992). Those within administrative roles have tended to support CISD based on the perception that it could reduce long-term negative impacts of traumatic stress for employees, hence, keeping them productive.

Management's interest in the latter point, having an optimally productive workforce, is strongly related to why managed care has begun marketing CISD services. It can be included as part of a health promotion and wellness continuum which can be sold to potential clients, in addition to the more traditional employee assistance program.

Context for 9/11-Based CISD Groups

About a week following the September 11th attacks, I received calls from several managed care companies asking if I would be willing to do CISD groups within my geographic area, since I was a "credentialed" CISD mental health professional. The firms requesting debriefings represented tourism, manufacturing, and security services providers. Although they had not lost employees, their organizations' products and services could have been negatively affected by the aftermath of September 11th.

The assignments as described by the managed care firms would be challenging, since I was to do the debriefings as a solo practitioner. The norm for CISD is that two individuals serve as facilitators; there are multiple reasons for this requirement. First, the model is constructed to be co-led by a mental health practitioner and a trained "peer" representing the same occupational group as the individuals being debriefed. While the mental health professional primarily orchestrates the group process, the "peer" can be helpful in underscoring the "normalcy" of

responses to a critical incident by members of a particular work group. In addition, it is helpful for the co-facilitators to debrief each other subsequent to the CISD group, in order to determine if it could be beneficial to suggest any additional follow-up or services. An additional aspect of the requested debriefings that proved to be challenging had to do with the logistics of service delivery, both in terms of group format and timing of the interventions. The organization representing tourism wanted a "drop-in" type of group beginning at 3pm on a Friday afternoon. My assumption was that this time was chosen because it represented a "down" time in the organization and work routines wouldn't be disrupted. I had some reservations as to whether this could actually be called a debriefing, since a drop-in format does not conform with CISD group process norms. It was unclear to me how I could create a sense of safety and confidentiality with employees wandering in and out. The managed care company noted that the format requested was what the company wanted; therefore, that was the framework I needed to follow.

The manufacturing firm wanted to schedule a series of groups throughout an entire work day to take place three weeks after September 11th. I found this request also odd, as debriefings should ideally be offered as soon as possible after the event. I expressed my reservations about the time lapse and how that could affect both group effectiveness and the willingness of employees to use the services. Another anomaly existed as this organization wanted the debriefings run in a series of one-hour sessions over the course of a single day. I suggested that what the company was requesting sounded more like an educational presentation than a debriefing. While I noted that information about managing stress can always be helpful, it would be inaccurate to market these one-hour seminars as debriefings. Thus, having questioned the managed care company about both the format and delay in providing the debriefings, I was told that the contracted firms had made those specific requests; hence, that is what would be offered.

A yellow caution light also began to flash related to the security organization debriefing

request. I was informed that the unit's commanding officer was concerned about the stress levels of his officers, because they had invested a significant amount of overtime with little respite since the attacks. Apparently, one officer had been temporarily taken off duty based upon perceptions that his responses may have been a bit "extreme." In determining when to hold this debriefing so that all three shifts would be available, it was decided that it would happen after a teleconference with regional administration, as all officers are mandated to attend those sessions. I wondered, then, if there might be resistance to the debriefing since it was deemed mandatory and was to follow another "required attendance" event.

Consequently, none of these debriefings were being scheduled in ways that conformed to the norms of CISD. However, despite some reservations as to how well these groups could serve their purpose, I believed that offering some intervention was better than none.

Pre-Debriefing Work

A norm within the CISD business is to get as much information as possible about the work group, organization, and the particular critical incident in advance of the debriefing. So, having been given phone numbers of contact people within each organization, I proceeded to gather data. My contact within the travel company explained that management wondered how employees were affected by September 11th since the company's bottom line could be negatively affected by a downturn in tourism. Apparently, concerns had already been noted about possible layoffs, and management wondered whether employees might be negatively affected by that possibility. Hence, I got the impression that a reason this debriefing had been offered was for reconnaissance purposes; meaning that if a neutral person was brought in, perhaps they could discern a potential downturn in employee productivity related to the aftermath of September 11th.

The manufacturing company representative noted that her firm was national in scope and that the request to schedule debriefings had come from their administrative

headquarters in California. She had no idea why they were being postponed until the first week of October, and felt there could be no alternative to that plan; she was simply following orders.

The security firm's commanding officer noted that his agency's employee assistance program professional had been deluged with other calls for assistance and was not available to offer services to his work group. He stated that there were morale problems within the unit due to possible organizational downsizing. Additionally, he shared that regional administration had not been responsive to his work group's concerns on many issues, and that both of those pre-existing factors may have exacerbated his unit's ability to function optimally since the terror attacks.

This preliminary footwork was important as I realized that prior organizational issues could affect the employees' responses during our debriefings. It is not unusual for frustrations related to organizational dynamics to be aired by participants. For example, years earlier when I debriefed the patient escort service staff at an urban hospital where a supervisor had been murdered by a disgruntled former employee, participants vented their anger and frustration at hospital administration. They had not felt secure during the graveyard shift for a long time; yet it took the homicide of a coworker to finally get attention for their concerns and needs.

Consequently, one does not venture into CISD work assuming that there will only be incident-specific information shared. Because of that it is critical that the ground rules be shared with the group around confidentiality; the debriefer must be clear that no information can be shared with anyone outside the group without agreement of all CISD participants.

Tourism Industry Debriefing

I arrived on the scene early in order to get a sense of the organization as well as the space where I would do the debriefing. I signed in at the front desk, answered some security questions, received a visitor's badge, and was escorted to the area where I would do the debriefing. When we arrived at the designated space, I encountered an open area which was

not properly closed off, which meant that passersby would be able to hear everything that was shared. The chairs were arranged in a column and row lecture fashion, with a podium in the front. (Luckily, a flip chart and markers had been provided.) This kind of spatial arrangement is counterproductive to a CISD format where people sit in a circle facing each other, for the purpose of establishing trust and intimacy.

As time drew near for the debriefing, a few people began to stroll in. I greeted them and asked if they would be willing to help me rearrange the furniture. Soon we had a circle that could accommodate about 20 people. I had the extra chairs placed in a concentric fashion outside the smaller circle. It occurred to me that I could maintain some kind of order—and at least make an effort to maintain confidentiality—by posting information on the flip chart. Everyone who came in could see the “debriefing rules” and know what we were talking about.

Consequently, I started the debriefing by clarifying the need for confidentiality and no cross talk, and provided a general idea of what we would be covering. I wrote this information on the flip chart as I spoke, and then pasted it to the wall.

I altered the questions one typically asks during a debriefing to fit for participants' responses to September 11th. The following queries were addressed and noted on the flip chart:

- 1) Fact stage: “Where were you when you heard about the attack?”
- 2) Thought stage: “What was your first thought when you realized what was happening?”
- 3) Reaction stage: “What has been hardest for you about September 11th?”
- 4) Response stage: “What kinds of thinking, feeling, or behavioral responses did you experience at the time of the incident; and what have you been experiencing recently?”

For the education stage I had prepared a couple of handouts dealing with normative responses to stress and loss. These described the typical ways people can be affected cognitively, affectively, and behaviorally. Additionally, I suggested self-care and stress

management techniques which could be attempted.

Over the two-hour period, I was intrigued that approximately 80 people wandered in and out of the debriefing. As more people arrived, we simply widened the circle. As newcomers came in, I brought their attention to our "rules" and showed them where we were in the question and answer process. For those who left before the group was over, I gave them handouts as they exited.

It became clear through the initial content shared by the group that participants had not expressed their thoughts, feelings, or reactions to the attacks in any organized fashion. It was now 10 days after September 11th. Employees noted how helpful it was for them to hear how others had been responding. Clear demonstrations of caring and compassion for each other were apparent. Arms were placed around coworkers' shoulders, Kleenex was shared, and caring smiles were directed at those who became tearful. As an antidote to the sadness, many others teased their coworkers in order to bring some levity to the sharing process. An additional process dynamic I observed was a feeling of equality that pervaded the group. Many supervisors also participated, and were not averse to sharing their reactions and responses. Hence, a "we're all in the same boat" dynamic pervaded. Although I had initial concerns about confidentiality, it may be that the group camaraderie served as a protective mechanism in ensuring that "what you hear here, stays here."

Although some men participated in the debriefing, the majority of attendees were women. When facilitating the "first thought" stage, a predominance of female attendees affected the topics shared by the group. For example, many noted that their first thought was something like: "Where are my kids?" Many left the workplace as soon as possible to take their children from school, and noted that they had made it a priority to spend more time with family since the attacks. It should also be noted that some of the visibly distraught participants had recently experienced family challenges. For example, one woman noted that her estranged husband had absconded with

their two young children right before September 11th, and she had no contact with them since then. Another woman, very tearful throughout most of the debriefing, shared that recent family changes had caused her to be alone; hence, she felt vulnerable, worried, and fearful of who would look after her if she were in danger. Clearly then, people's representations of family, what family meant to them, and the need to feel safe within a family were poignant themes addressed by attendees.

Other "first thought" content shared related to demographic realities of South Florida. Although many participants recounted initial thoughts of disbelief, horror, and shock—including confusion as to whether they were watching a made-for-TV movie—several group members who had the most visceral response were first generation immigrants. Fifty percent of this Florida city's inhabitants are foreign born, many having fled politically repressive regimes in Latin and South America. Employees who were émigrés spoke with great emotion, talking about how the incident re-stimulated for them prior experiences of fleeing terrorism. They were shaken, and experiencing fear as well as loss since coming to the U.S. meant that they were not in the safe haven they believed themselves to be. Tales of danger and courage were shared as many immigrants explained what they had gone through and given up by coming to America, so as to experience freedom and opportunity. Others spoke of hiding out, running for cover, and other acts of desperation they had gone through in leaving their country of origin.

It should be noted that the re-experience of thoughts related to prior traumatic experiences is not anomalous for CISD group participants. Therefore, it is preferable for mental health professionals to serve as the lead facilitators so as to be able to normalize this dynamic within the education and re-entry phases.

As I brought closure to the process, I remembered the company's interest in their employees' concerns about layoffs, so I broached that topic. When I asked if they wished to discuss concerns with a possible

downsizing, a resounding "NO!" came from the group. To me that statement arose from anxiety and fear, a clearly understandable and potentially healthy response.

In terms of process, there were several things that intrigued me about this debriefing. The value of group mutual aid, inherent within the design and function of CISD groups, cannot be underestimated. Despite the completely unconventional way in which this debriefing was run, the experiences of mutuality and commonality were approximated and ostensibly proved to be analgesic.

So although the actual purpose of this debriefing may have been motivated by management's desire to get some external "reconnaissance" related to employee concerns about potential layoffs, the outcome had more to do with creating a sense of workplace family. Many employees shared comments such as: "Gee...I never knew that about you..." Consequently, I left this debriefing feeling that the mission had been accomplished, although not as originally planned. Although motives for offering a debriefing may have been influenced by management concern that employee productivity could be negatively affected by fears of post-September 11th downsizing, the debriefing may have had a positive effect on the bottom line nonetheless. Participating in a mutual aid process whereby coworkers spoke from their hearts, shared vulnerabilities, established commonalities, and demonstrated group compassion, a resulting sense of camaraderie and esprit de corps may have strengthened convictions to help and support one another.

Manufacturing Company Debriefing

As I suspected, the nearly three-week time lapse between September 11th and the intervention negatively affected attendance for the serialized hour-long "debriefings." For the first group, only eight people attended (all female) and we met within a standard organizational conference room. Although attendance was sparse, some interesting content was shared.

For this group, their first thoughts were similar to the tourism industry participants.

They worried about nuclear annihilation, were concerned with family safety, and experienced disbelief that this could happen in America. As one participant spoke of her emotional pain when viewing Palestinians rejoicing in the streets as captured on network news, she asked, "Why do they hate us so much?"

The content this group shared around their reactions to the terrorism was interesting. It was noted that since September 11th they had decided to "not sweat the small stuff." This meant that issues which might have concerned them in the past, such as what their kids were wearing, seemed to have lost importance. It was also the case that these employees found their coworkers more cooperative, and observed some ethos of helpfulness by individuals in multiple facets of their lives. It was also mentioned that drivers in South Florida seemed to be more courteous since September 11th. This was considered the sign of a miracle!

Substantively, what September 11th seemed to have precipitated was a reprioritization of their life's purpose. One woman told us that she had decided to change jobs; she wasn't happy with what she'd been doing, and felt some temporal nudge to take action and to be more in the moment. Many of them spoke of a sense of patriotism they had not felt previously, and when hearing the Star Spangled Banner, tears came to their eyes. A heightened sense of spirituality or religiosity was another theme; people shared about praying or meditating on world peace, something that perhaps they had never done before. It did appear that a pre-existing sense of spiritual perspective may have been a coping mechanism for some attendees. For example, one woman noted believing that there are no random acts in God's universe, that somehow, something positive would come from September 11th.

What I found interesting about this debriefing was potentially solving the mystery as to why it was scheduled three weeks after the attacks. One participant noted that she was involved with a work team on a national project of high priority which had a deadline of September 17th. This project included other units at different company locations around the country. Her workgroup was not allowed

to leave the company premises on September 11th, and were also requested to work through the following weekend. Therefore, this woman was not provided an opportunity to process any of her feelings around the event, and found her suppression to be exhausting. This was the primary reason she had elected to participate in the debriefing. Sitting in the group, she began to experience anger about her attempts to take care of her self and her family after the attack being thwarted. It suddenly occurred to her that perhaps the debriefings were delayed because the company did not want anything to interfere with completion of this national project. Participants then questioned the company's motivation for offering the CISD groups. It seemed to them that if employee well-being were truly of concern, the debriefings would have been held right after the event.

I left this debriefing with some misgivings. Although I do believe that each employee benefitted from participating, I increasingly questioned the role of managed care companies "selling" debriefings to employers. It was becoming clear that the commercialization of CISD could lead to its misuse.

Security Agency Debriefing

When I arrived at the security agency site, I went through the security screening and took the elevator to the designated area for the CISD intervention. When I walked into the room, I was greeted with quizzical looks by the officers, who were watching a teleconference. Their commanding officer invited me into his office where he began to share several concerns. The commanding officer stated that their work group may be "downsized"; consequently, morale had been low. In addition, the increased number and duration of work shifts with very little down time appeared to be exacerbating cumulative stress in the wake of September 11th. The commander worried that this dynamic could engender a security risk. It was agreed that neither the commander nor his second in command would participate in the CISD group, as he wanted the officers to feel safe in sharing their thoughts with me. When I asked him what

he hoped would be the outcome of the debriefing, he said, "I want them to get some stuff off of their chests."

Despite the teleconference being scheduled to end at 9am, it finished an hour later. The commander then introduced me to his staff, and reiterated the purpose for the debriefing. Body language told me that these officers were not interested in being there; many had been on duty since the previous evening. We were seated around a large conference table, and some behaved as "outliers" by pushing back their chairs from the table.

I began the introductory comments and stated the rules about confidentiality, no cross talk, etc. We proceeded through the thought stage, and when I asked them what was hardest about the terror attacks, their defenses began to break down. I was quite taken back when someone asked me, "Who are you going to report this to?" I explained that their communication with me was privileged and that it would not be shared with anyone. This person said, "Then....this will not work for us." "That's right," chimed in another officer, "We want you to take this to the newspapers!" At this point I realized that I was not involved in a typical debriefing. "Yea," said another officer. "We've got two enemies, terrorists and administration!" There were loud guffaws by the other participants at this comment.

So now I had a dilemma: did I force them to follow the protocol, or let them express their frustration? Someone else piped in: "Lady ...you've been set up....we don't want any of this EAP stuff. They've been here before and nothing happens." An officer who had been quiet thus far said, "Hey ...the lady said no cross talk...that means YOU!" At that point, the officers began to share reactions to their September 11th deployments. What emerged were feelings of frustration and disillusionment. What concerned them was not *how* to respond to terrorists. Their concerns related to not having proper equipment or training to defend their jurisdiction. As it was recounted, regional administration had given "lip service" to their requests; no concrete actions had been taken. "Sure, we could get new uniforms if we wanted 'em..., but... What I really need is a field phone

that works if I have to call for reinforcements,” stated another officer.

At this point I began to understand why they were so agitated and anxious. There was great concern about possible attempts to blow up buildings in their jurisdiction, and they did not want to be part of another Oklahoma City tragedy. I could sense, although not acknowledged overtly, that issue was a real worry for them. The need for additional staff was also mentioned, since many had been working 12 hour shifts with no down time since the attack. Several had already been on duty for 16 hours and needed to be back at 5pm that same day.

Since we were still in the reaction or “feeling” stage, I felt that venting their anger was appropriate, which allowed for feelings of loss to emerge. One particularly vocal officer spoke of a high school friend who had died at Ground Zero. A younger group member, quiet and somewhat tearful, noted that he had been going through a divorce. I believe he was the individual who’d previously been perceived as volatile, and whose gun had been taken away by his supervisor. However, most loss themes related to the potential downsizing of their unit as part of agency reorganization.

My ethical dilemma began to manifest itself when one older officer said, “You know what makes me mad....how many communication devices could they buy with the money they spend on EAP?” This comment brought up feelings of guilt for me as I thought he’d made a good point. Should I just be a neutral group facilitator, or did I have an advocate role to play by bringing their concerns to the attention of others?

I was required to give a report about my debriefings to the managed care company, which is typically factual in nature. Data presented include how many attended, how long was the debriefing, referrals made for mental health services needed by any attendees, etc. It occurred to me that in addition to addressing the normative information, I could possibly be an agent of change by advocating that their concerns related to additional training and equipment be addressed. Having done debriefings in the past when

organizational issues arose, I knew that positive outcomes could potentially occur if, with the employees’ permission, I shared their concerns with others. I then reflected back to them what I had heard, “As I hear it, your primary concern related to September 11th is that you feel your ability to do your best job is being compromised as you do not have adequate equipment, staffing, or training. Is that correct?” They resoundingly noted that I had gotten that right. I then suggested that with their permission—and anonymously—it would be possible for me to forward their concerns. At that point I gave an explanation of my reporting relationship as a contracted mental health professional through their managed care company, to which I would provide a report. It was the group’s consensus that I should share their concerns within any report that I forwarded to the managed care company. At that time, I consciously forsook neutrality for advocacy by deciding to give voice to the group’s perception that organizational management was not concerned with their own security needs. It was my concern that in their state of frustration and agitation, a potential security risk, could become compounded.

At this point, a supervisor (not the commanding officer) joined the group. His appearance caused me concern regarding how the group’s level of honesty and openness within the dialogue might change. Since I was a guest, it did not seem appropriate for me to question whether the supervisor was allowed to be within the debriefing group. Whether or not management participates in a debriefing would be relative to the incident and how they may have been impacted by the critical incident. Hoping to minimize any disruption his presence might cause, I reiterated the debriefing group rules and noted where we were in our debriefing. Contrary to CISD protocol, which I had just explained, the supervisor made several comments of the cross-talk variety and was immediately chided by a group member. His presence seemed to serve as a kind of negative lightning rod for the group. They began to complain about being in a mandatory meeting, believing that attendance should be voluntary for those “who really needed it.” This supervisor got defensive by justifying the

rationale behind making the meeting mandatory, but then acquiesced by saying that the meeting was now "voluntary." At that point, several jumped up and headed out. Needless to say, I was quite taken aback! "No reflection on you lady," they said as exiting, "You've been set up."

I was then left with a few security staff and the sergeant who had joined the group. It became evident that the people who needed debriefing and consultation the most were the sergeant and the commanding officer. After the group ended, each of these men asked for some one-on-one consultation time with me. For both of them, their primary concerns related to maintaining staff morale within an environment of limited support and high demands. While maintaining individual confidentiality, I spoke of staff concerns related to training and equipment. The commanding officer felt that these were very important issues and had no objection to me mentioning them in my report.

The group and individual consultations took about two hours. I exited the debriefing with mixed emotions; it certainly had not proceeded in a normal fashion. However, I did feel that it was good for the security staff to have been able to vent. This opinion was shared by the commanding officer.

After the debriefing, I sent a report to the managed care company noting employee concerns with inadequate equipment and lack of proper training to deal with a potential terrorist attacks. I also mentioned that any additional resources spent on EAP interventions might exacerbate the staff's existing anger and frustration with not having their more concrete needs met.

Having forwarded the report, I was now faced with an ethical dilemma related to whether or not I should share a copy of it with the commanding officer. Should I remain objective, or forego neutrality for advocacy? It was not clear to me what would be done with the report submitted to the managed care company. Since this debriefing was being offered via a business arrangement, I was not sure that the managed care company would give the contracting firm any feedback about employees' negative perceptions of their

organizational management. At that point, my primary concerns emanated from the roles of social worker and mental health professional. I wanted to help the security staff receive the resources they needed to operate from their strengths, and I wanted the security unit to know that they had been heard and that I was giving voice to their concerns. Therefore, I decided to send a copy of my report to the unit's commanding officer.

Was that the right thing to do? Aspects of my personality that resonate with advocacy and concern for the underdog—both key factors related to my choice of social work as a career—were activated by the disillusionment and frustration of these security professionals. I was motivated to take a stand for them. I felt that my findings could provide positive ammunition in securing their goal of greater individual and unit safety, and enhance their capacity for emergency response. Was that an inappropriate response on my part? I only know that in good conscience I could not walk away from that debriefing, collect my check, and be done with it.

Aftermath to the Security CISD

A week after submitting the managed care report, I received a phone call from the security firm requesting information clarifying the work group's concerns. I felt good about this, thinking: "Yes...action will be taken!" However, a few days later I was called again with a request for clarification as to what I had shared with the security unit's commanding officer. When I stated that I'd sent him a copy of my report, he said, "We NEVER give copies of reports. You can't tell how they will be used." The managed care representative suggested that there may have been "axes to grind," and the report could be used as a vehicle for addressing long standing grudges.

I felt shamed, judged, and worried after that phone call. Although my advocacy had brought visibility to the security officers' concerns, I was not sure of the outcome and worried about negative repercussions.

Follow up can be part of the CISD process. Because of the multiple challenges with the security debriefing, I called the commanding officer at about 90 days post-intervention.

Several messages were left and none returned. Finally, I received a response from a new officer in that work unit. After explaining the nature of my call, this individual informed me that security staff had received both of their requests: new communication equipment and terrorism-specific training. What good news! However, when I asked if I could be put through to the commanding officer, I was given a vague response that he was not available.

I decided to contact the sergeant with whom I had previously provided an individual consultation. He gave me disturbing news: neither improved communication devices nor training had been given to the officers. Additionally, the commanding officer had been "relocated." When I asked why I'd been given information to the contrary, his response was: "Your guess is as good as mine." When I inquired as to why the former commanding officer had been relieved of his duty, the intimation of retaliation was suggested.

The sergeant asked if there was anything more I could do, as the group's morale remained low. He was at a loss as to how to rally his staff. I explained that my involvement could only be expedited by the managed care company. However, I did I suggest some strategies he might employ in getting his staff to recognize their strengths and to build upon them. He thanked me for my concern, and in his words, "professionalism."

Reflection

Reflecting upon these post 9/11 debriefings—again, brokered through managed care—leaves several impressions. First, CISD interventions are powerful and analgesic mutual aid interventions which can greatly assist individuals exposed to critical incidents. Regardless of the participants involved, the process of hearing others' responses to a critical incident can bring forth a sense of commonality and community which may have healing, strengthening, and empowering qualities.

However, it may be questionable as to whether CISD can effectively be delivered through a "forprofit" context. Using a solo mental health professional without a work role "peer" as a team member is not in conformity

with the conceptual model and process of normative CISD work. It may be that debriefings altered from the original CISD protocol are compromised in terms of their benefit (Mitchell, 1983; Mitchell, 1988; Everly & Mitchell, 2000; Gist & Woodall, 2000; Everly, Flannery, & Mitchell, 2000; Regehr, 2000; Deahl, Srinivasan, Jones, Neblett & Jolly, 2001).

This raises the issue as to whether CISD services should be "sold" through managed care contracts. Apparently, in the interest of maximizing their competitive advantage, managed care promises to provide debriefing services that are "custom designed" for the needs of the purchasing company. But can you "custom design" a process which has a specific procedural formula and still say it is the same product?

Debriefing teams recognized by the International Critical Incident Stress Foundation are co-led by a trained work group peer and a mental health professional. They are provided pro bono to the recipient organization. Companies, agencies, workgroups, and communities needing debriefing services can contact a regional CISD team in their geographic area, through the International Critical Incident Stress Foundation (www.icisf.org).

In retrospect, offering September 11th debriefings through managed care raised several questions for me regarding whether it was ethical to offer CISD through a profit-oriented context. Can managed care staff physically removed from the affected parties effectively determine what is in the best interests of client systems? Can social workers ethically provide client services when required to offer them in ways that break with the fidelity of an intervention model? Is it possible to remain true to core principles of the social work profession, such as advocacy and empowerment, while at the same time maintaining a stance of neutrality?

Social work is a values-oriented profession with a core practice principle of doing "what is in the best interest of the client." Perhaps because of the emotionally laden environment that affected so many Americans post 9/11 (including myself), I wanted to offer help to

"we, the people." In these situations, my attempts to balance having two clients (management and staff) may have been weighted toward those on the front line.

Being part of a profession which mandates advocacy and giving voice to those silenced can put one in conflict with managed care systems, which are motivated by profit. The best interests of the company may not serve the best interests of the employee/client, and vice versa. These 9/11 debriefings coordinated by managed care have suggested that the primary social work value of service to the client might be compromised when health care decisions are motivated by profit rather than ethics.

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