

JL Academy Ltd

Learning and Development

The 15 Minute Blameless Debrief

Full Version

A Team Guide for Turning Incidents into Insight

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ABOUT US

START BUILDING YOUR CULTURE

At JL Academy, we operate on a single, evidence-based premise: A psychologically unsafe staff team cannot provide a physically safe environment for clients.

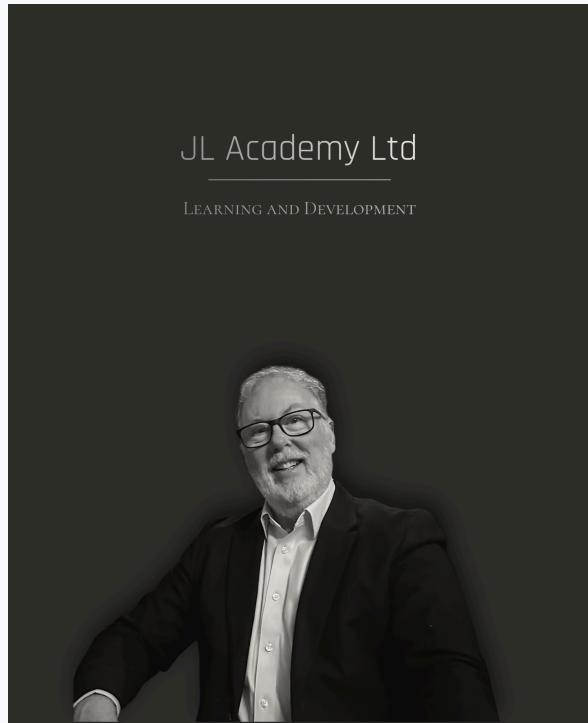
We exist to bridge the "Say-Do Gap" — the disconnect between an organisation's written policies and the reality of its daily practice. We provide leaders in the Social Care, Health, and Education sectors with the diagnostic tools and strategic frameworks needed to move from reactive "firefighting" to proactive culture building.

OUR PHILOSOPHY: SAFE TEAM, SAFE CLIENTS

For decades, the sector has focused on managing the behaviour of the individual. At JL Academy, we focus on the behaviour of the organisation.

Research and experience show that a staff team that is stressed, unsupported, or fearful becomes rigid and control-focused. This staff anxiety transfers directly to the people you support, becoming an environmental trigger for challenging behaviour.

Our approach is built on the understanding that Psychological Safety is not a "soft skill" - it is a safety-critical system. By measuring and improving the safety of your workforce, you directly improve the safety and quality of life for your clients.



JL Academy Ltd

LEARNING AND DEVELOPMENT

WHAT WE DO

We help organisations move from the "Anxiety Zone" to the "Learning Zone" through:

Diagnostic Audits:

We don't just check for policies; we audit for culture. Our tools measure Inclusion, Learner, Contributor, and Challenger safety to pinpoint exactly where your leadership is strong and where hidden risks lie.

Reducing Restrictive Practices:

We believe the best way to reduce physical intervention is to reduce the toxicity of the environment. We teach leaders how to replace "blame cultures" with "just cultures" where mistakes are treated as learning opportunities, not crimes.

Strategic Leadership Development:

We empower managers to close the gap between their intentions and their impact. We provide the scripts, structures, and frameworks to hold "Hot Debriefs," build autonomy, and foster genuine engagement.

INTRODUCTION

INTRODUCTION

Safety, Analysis, Growth

To provide truly effective support in health, education, and social care, organisations must prioritise the psychological safety of their staff as highly as physical safety. When a team operates in a culture where errors are met with judgement rather than curiosity, the result is often silence and missed opportunities for improvement.

Genuine security comes from knowing that one can speak openly about challenges without fear of retribution, allowing for honesty and trust to flourish. This guide offers a structured approach to turning post-incident reviews into powerful engines for professional growth rather than exercises in assigning blame.

By shifting the focus from individual culpability to systemic analysis, this protocol fosters an environment where mistakes are viewed as learning opportunities rather than personality flaws. It recognises that staff responses are often influenced by the environment and resources available, rather than malicious intent.

This method ensures that the emotional impact of a crisis is acknowledged, allowing individuals to return to their baseline, while simultaneously rigorously examining the context of the event.



**PSYCHOLOGICAL
SAFETY**

FROM COMPLIANCE TO CULTURE

Shift from Who to What?

Psychological Safety as a Prerequisite for Safety

We cannot expect staff to keep individuals safe if they do not feel safe themselves. Research shows that staff must feel that debriefing occurs in a "zone of safety". If a team member fears that admitting a mistake will lead to disciplinary action rather than support, they will hide critical information.

Shifting the Question: From "Who" to "What" In a healthy professional relationship, a mistake is viewed as an event to be understood, not a personality flaw to be punished. The traditional approach asks, "Whose fault is it?" This limits the answer to a single person. This protocol changes the question to "What went wrong?". This seemingly small shift opens the door to examining the wider context.

Post-Incident Growth, Not Just Recovery The goal of a debrief is not merely to return to the status quo (baseline); it is to achieve improvement and growth. Trauma and high-stress incidents are difficult, but how we think about them determines our future resilience.



THE LISTENERS CODE

The Engine of Insight

"The quality of the answer depends on the quality of the listening."

Asking the "3 Questions" is only half the battle. To get to the truth of "Work as Done," the facilitator must create a vacuum that draws the truth out. This requires Clinical Curiosity.

1 3-Second Rule

After a staff member finishes speaking, count to three in your head before you respond.

The Benefit:

That pause often prompts the staff member to add the real detail they were holding back. It signals: "I am not rushing you."

2 Listen to Understand

Most of us listen with the intent to reply. You must listen with the intent to understand.

The Fix:

Drop your agenda. If you don't understand, ask: "Can you pause there? I want to make sure I fully understand that part."

3 The Mirror (Looping)

Before you pivot to a new question, validate the emotional core of what you just heard.

Staff: "It was chaos. I didn't know where to look."

You: "It sounds like the environment was completely overwhelming."

4 Non-Verbal Safety

Your body speaks louder than your voice. Crossed arms scream "judgment."

- Soft Eye Contact:
- Connect, don't stare.
- Open Posture:
- Uncross arms. Lean in.
- The Nod: Show you are following.

The Self-Check

Before you start, ask yourself:

- AM I CALM, OR IS MY ADRENALINE RUSHING?
- AM I LISTENING FOR FACTS AND FEELINGS?
- IS MY FACE NEUTRAL AND CURIOUS?

THE SETUP

Zone of Safety | Listen | Support

Establish a Zone of Safety: Interact with all people, at all times, with dignity and respect. The room must be free from judgement or aggression.

Listen Actively: When colleagues are sharing their perspective, use active listening skills. Pay close attention to non-verbal cues as well as the words being spoken.

Support, Don't Investigate: This process is not a disciplinary investigation. Its primary function is to support the staff who were working with the individual and identify learning points.

Clarity of Language: Avoid acronyms or medical jargon that might alienate newer staff members. Use language that everyone understands to ensure inclusivity.

Safeguarding & Confidentiality: What is said in the room stays in the room, with one major exception: if you suspect that what occurred was a violation of law, such as abuse or neglect, you must report it immediately following your organisation's safeguarding and Duty of Candour policies.

Focus on the Future: The ultimate goal is to ask what can be done differently next time to reduce escalation or eliminate the need for restrictive interventions in the future.



THE 3 QUESTION PROTOCOL

Systemic Analysis | Concrete Actions

3
Minutes

1. Validation (What Went Well?)

A sample question to ask:

"Despite the difficult outcome, where was the good practice?"

In the aftermath of an incident, staff often feel a sense of failure. We must validate the effort before critiquing the outcome to prevent demoralisation.

7
Minutes

2. Analysis (What Did We Learn?)

A Sample Question to ask:

"What surprised us? What made the situation harder to manage?"

This is the engine room of the debrief.

We are hunting for the gap between "Work as Imagined" (policy) and "Work as Done" (reality).

5
Minutes

3. Growth. (What will we do?)

A Sample Question to Ask:

"If this happens tomorrow, what is the one thing we'll change?"

Insight without action is wasted time. This question shifts the team from reactive to proactive.



CHEAT SHEET

Navigating Blame | Introduction



Why do we need a "Cheat Sheet"?

The inclusion of this guide is not a suggestion that your team is unprofessional or unwilling to take responsibility. Rather, it is an acknowledgement that defensiveness is a natural, biological response to stress. When an incident occurs, adrenaline levels are high, and staff may carry a sense of guilt or fear of judgment. In this state, even a neutral question can be interpreted as an accusation.

Protecting the "Safe Room"

The purpose of these scripted responses is to protect the "Safe Room" environment you established at the start. When a staff member attributes an incident to "just the way the client is" or blames a colleague, they are often unconsciously shielding themselves from the pain of feeling they have failed. If a facilitator accepts these answers, the learning stops

Tools for Reframing

This section provides the facilitator with the language needed to gently bypass that defensive reflex. It reframes the conversation from personal culpability to systemic curiosity.

By shifting the focus away from the person ("Why did John do that?") and toward the conditions ("What environmental stressors was John dealing with?"), we validate the staff member's difficulty while still hunting for the root cause. This ensures that the debrief remains a supportive tool for growth, rather than an interrogation.

NAVIGATING BLAME

Protecting the Safe Room

"Defensiveness is a natural, biological response to stress. When a staff member blames a colleague, they are often unconsciously shielding themselves from the pain of feeling they have failed."

The Instinct

The Context:

Adrenaline is high.
Staff feel guilt, fear of judgment, or a need to protect themselves.

Who did this?

Personal Culpability

Result:
Accusation & Defense

The Reframe

The Action:

We intentionally bypass the defensive reflex to protect the "Safe Room."

What conditions allowed this?

Systemic Curiosity

Result:
Root Cause & Learning

REFRAMING QUESTIONS

You Hear | You Say

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You Hear

"We were short-staffed; there was nothing we could do."

"The policy says we can't do X, so our hands were tied."

"It was too noisy/busy in the unit; they were bound to kick off."

You Say

"I acknowledge that low staffing increases pressure and stress. However, looking at the team we did have in the room, Could we have positioned ourselves differently to maximise the resource we had?"

"Policies provide the 'umbrella' of protection, but they shouldn't prevent us from engaging. Did the policy actually stop us from acting, or did we hesitate because we were unsure of the ethical decision?"

"You have identified a crucial 'setting event'. If we know the environment is a trigger, what early 'diversion' or 'bottom-up' regulation strategies could we use next time before they reach crisis?"

You Hear

"It just happened so fast; it came out of absolutely nowhere."

You Say

"Crisis situations often feel instantaneous because of how our brains process adrenaline. If we were to watch a video of the incident in slow motion, what are the subtle changes we might spot in the minute before the incident?"

"I was just following the Care Plan/Risk Assessment exactly as it is written."

"The plan is our baseline, but reality is often messier—that's the gap between 'Work as Imagined' and 'Work as Done'. At what specific moment in the interaction did you feel the written plan stop matching the reality of the room?"

"I had to step in close; I was worried they were going to hurt themselves."

"Your instinct to protect is exactly right. But we also know proximity changes the energy. When you closed that gap, what immediate change did you see in their physiology or arousal levels?"

"I honestly didn't know what to say, so I just went quiet."

"That is a completely normal biological response to uncertainty. In that silence, how do you think the client interpreted your lack of response? Did it look like calm, or something else?"

WHAT NEXT

FROM TOOLKIT TO CULTURE CHANGE

You now have the framework for a blameless debrief. However, a tool is only as effective as the culture that supports it. To truly embed psychological safety and move your organisation from "coping" with crisis to "learning" from it, external support is often the catalyst required.

TRAINING PATHWAYS

Based on the gaps identified in your Action Plans, we recommend the following targeted interventions:

Leadership & Culture

The Leadership Playbook: A masterclass in building Psychological Safety and leading high-performance teams.

Restraint Reduction Strategies:

Implementing the Six Core Strategies to minimise restrictive practices and promote human rights within your service.

Resilience & Trauma

Trauma-Informed Practice: Understanding the neurobiological effects of trauma (acute and betrayal) to create environments where staff and service users feel safe.

CONSULTANCY SERVICES

Training Needs Analysis (TNA): We conduct a full audit of your current capabilities to determine exactly what training is required, a mandatory step for Bild ACT certified services.

Policy Review: We assist in aligning your organisation's policies with current Reducing Restrictive Practice standards and legal frameworks.

Get In Touch

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TIMIAN ACADEMY

Official Timian L&D Partner

The co-founder of JL Academy, James Hourihan, also founded Timian Learning and Development in 1994. In the 31 years since then, James and his colleagues have delivered the Timian Programme to hundreds of thousands of people from Manchester to South Africa and the Falklands.

JL Academy partners with Timian Learning and Development to offer comprehensive solutions for organisations aiming to enhance their operations. Timian's certified Positive Behaviour Management programme focuses on healthy relationships and ethical standards, reducing potential risks.

Timian is endorsed by the Restraint Reduction Network (RRN) and certified by Bild ACT for quality and safety. Through JL Academy's collaboration, we tailor programmes to your organisation's needs, providing ongoing support for successful implementation. Contact us to explore Timian's transformative potential and create a secure, nurturing environment.

Timian Programmes Offered

- Timian Train the Trainer Programme
- Timian PBM Foundation
- Timian PBM and Physical Interventions
- Timian PBM and Physical Interventions - Elderly
- Timian PBM and Physical Interventions - Clinical & ED
- Timian PMVA PBM
- Timian PBM and Physical Interventions Refresher

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LEARNING AND DEVELOPMENT

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