Organizational Recovery After An Incident

Introduction

Despite the best-laid plans of any Federal agency, violence in the workplace can and does happen. Just as agencies develop policies and procedures designed to head off these occurrences, agencies must be equally prepared to deal with the aftermath of such incidents. Quite often management's focus will be on getting the operational side of the office back in working order. However, just as important as getting the office back on-line is attending to the impact such incidents can have on office personnel. This section will provide information designed to assist management with helping an organization to recover after an incident of workplace violence.

Management Steps to Help an Organization Recover

Listed below are several initial steps management can take when an incident of workplace violence occurs.

Ensure a management presence in the worksite

Managers need to spend ample time with their employees, in the worksite or wherever they may be. Employees need to be reassured of their concern, and they need to be able to ask questions. Senior management should ensure that immediate supervisors are supported in this role, relieved of unnecessary duties, and not pulled away from their subordinates to write lengthy reports or prepare elaborate briefings.

Share information with employees

Employees will have many questions, and they need the answers — often more than once — if they are to resolve the experience for themselves. Information will develop over time, so information strategies need to be simple and fluid. A notice board at the elevator, or a recorded message on a "hotline" number may suffice for the basics, and a user-friendly system for individual questions needs to be established.

Management Steps to Help an Organization Recover (continued)

Include union leadership

Union representatives can help in reassuring employees after an incident and in getting information to employees.

Bring in crisis response professionals

Before an incident ever occurs, the planning group should identify trained mental health professionals in the agency's Employee Assistance Program or the community who would be available to respond in the event of an incident. When an incident occurs, involve these emergency mental health consultants as soon as possible. They will generally meet with management first, working down the chain, and then with line employees. Based on what the consultants learn, they will offer services such as debriefings and defusings (see discussion of these processes later in the section) and informal counseling, perhaps in the work area.

Support informal debriefing

The formal debriefing doesn't end the recovery process. Provide opportunities for employees to talk informally with one another when they feel a need to discuss the experience. Acomfortable break area and flexibility about break times may be all that is needed.

Support care-giving within work groups

Keep work groups together as much as possible, and try not to isolate employees from their normal support groups at work. Show respect and support for employees' efforts to care for one another.

Handle critical sites with care

Initially, the site of a violent incident will be secured as a crime scene. After the authorities are finished with it, management needs to be sensitive to a number of issues. It is helpful if employees don't have to come back to work and face painful reminders such as blood stains or broken furniture. But on the other hand, the area should not be so "sanitized" that it gives the appearance that management is pretending nothing happened. If someone has died, that person's work area will be a focus of grieving, and it needs to be respected as such.

Buffer those affected from post-event stresses

Effective coordination with the media and timely dissemination of information can help reduce media pressure on those who are the most vulnerable. Assistance with benefits and other administrative issues can reduce the burden on victims and families.

Management Steps to Help an Organization Recover (continued)

Help employees face feared places or activities

Returning soon, if only briefly, to a feared site can help prevent lasting effects such as phobic responses. Having a friend or loved one along, or being supported by close work associates, may make the first step much easier.

Remember the healing value of work

Getting back to work can be reassuring, and a sense of having a mission to perform can help the group recover its morale. But the return to work must be managed in a way that conveys appropriate respect for the deceased, the injured, and the traumatized.

For further suggestions about organizational recovery, see *A Manager's Handbook: Handling Traumatic Events* (ordering information is on page 145.)

The Critical Incident Stress Management Process

Formal crisis intervention processes for victims of critical incidents, such as workplace violence, have been used and recommended by mental health professionals for years. One such process, *Critical Incident Stress Management*, has been pioneered by Dr. Jeffrey Mitchell of the University of Maryland at Baltimore County.[13]

Keep in mind that none of the information provided in this section should take the place of specialized training in the field.

[13] This information is adapted from the following documents: Everly, G. & Mitchell, J. (1995) *Critical Incident Stress Debriefing: An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services and Disaster Workers*, Ellicott City, Maryland: Chevron Publishing Corporation.

Mitchell, Jeffrey T. (1995) Essentials of Critical Incident Stress Management. In G. Everly (Ed.) *Innovations in Disaster and Trauma Psychology, Volume One: Applications in Emergency Services and Disaster Response*, Ellicott City, Maryland: Chevron Publishing Corporation, 79-81.

The Critical Incident Stress Management Process (continued)

Purpose

Critical Incident Stress Management (CISM) represents an integrated system of services and procedures whose purpose is to achieve several goals:

◆ Prevention of traumatic stress,

◆ Mitigation of traumatic stress,

◆ Intervention to assist in recovery from traumatic stress,

◆ Acceleration of recovery whenever possible,

◆ Restoration to function, and

◆ Maintenance of worker health and welfare.

The CISM team

A CISM team, generally comprised of mental health professionals and trained peer support personnel, provides a variety of services including:

◆ Defusings,

◆ Demobilizations after a disaster,

◆ Debriefings,

◆ Informal discussions,

◆ Significant other support services,

◆ Individual consults (one-on-one), and

◆ Follow-up services.

For the purposes of this discussion, the focus will be on two of the more commonly used CISM services: debriefings and defusings.

Critical Incident Stress Debriefing

The impact of a critical incident on an individual's life appears to be mitigated, to some degree, by the availability of resources that may intervene at various stages following the incident.

The Critical Incident Stress Debriefing (continued)

The Critical Incident Stress Debriefing (CISD) is a model designed to yield just such a result. The CISD model assists the victims of critical incidents with their recovery process. The model incorporates seven phases:

(1) Introductory Phase,

(2) Fact Phase,

(3) Thought Phase,

(4) Reaction Phase,

(5) Symptom Phase,

(6) Teaching Phase, and

(7) Re-entry Phase.

Debriefings are group meetings that are designed to give participants an opportunity to discuss their thoughts and feelings about a distressing event in a controlled and rational manner, and to help them understand that they are not alone in their reactions to the incident. It is recommended that a formal debriefing be held within 24 to 72 hours after an incident. Depending on the number of participants and the severity of the incident, debriefings generally last anywhere from one to three hours.

> Given the time recommendations for debriefings and defusings, Critical Incident Stress Management (CISM) providers are reminded that CISM interventions should not interfere with the priorities of criminal investigations. In those cases where criminal proceedings are likely to result from the critical incident, it is important to coordinate CISM interventions with the appropriate prosecutory authority.

Debriefing teams represent a partnership between mental health professionals and peer support personnel. Mental health professionals serving on a Critical Incident Stress Debriefing team possess at least a master's degree in psychology, social work,

Critical Incident Stress Debriefing (continued)

psychiatric nursing, psychiatry, or mental health counseling. Peer support personnel are trained and prepared to work with mental health professionals in preventing and mitigating the negative impact of acute stress on their fellow workers. All team members receive training in crisis intervention, stress, post-traumatic stress disorder, and the debriefing process.

The following is a brief description of each phase of the debriefing model:

Introductory Phase

During this first phase the leader and team members introduce themselves to the participants. The leader describes how a debriefing works and lists the ground rules for the debriefing. The rules are as follows:

◆ No one is compelled to talk but participation is strongly encouraged,

◆ No notes or recordings of any kind are taken during the debriefing,

◆ Strict confidentiality is maintained, and

◆ The debriefing is not intended to be therapy.

It is important to convey to participants that their chances for a successful debriefing increase when participants are made fully aware of what to expect during the process.

Fact Phase

The fact phase begins with the team leader asking participants to identify themselves and briefly mention their degree of involvement with the incident. For example, participants may relate their role in the incident, how they were informed of the incident, where they were when they received this news, and so forth. Participants may begin relating their first reactions to the incident. This type of information lays the groundwork for the remaining phases of the process.

Thought Phase

Participants are asked what their first thoughts were concerning the incident. The thought phase begins to personalize the experience for the participants. This is the first phase in which some participants may exhibit some reluctance to share.

Critical Incident Stress Debriefing (continued)

Reaction Phase

Participants are asked to discuss "what was the worst part of the event for them, personally." This phase generally causes participants to begin exploring some of their deeper, personal responses to the event. Depending on the intensity of the event and the number of participants, this segment may last thirty minutes to one hour.

Symptom Phase

Participants are asked to describe the signs and symptoms of any distress they experienced, such as feeling nauseated, sweating palms, or having difficulty making decisions. Usually three occurrences of signs and symptoms are discussed:

(1) Those that appeared at the time of the incident,

(2) Those that arose during the next few days, and

(3) Those that they are still experiencing at the time of the debriefing.

Teaching Phase

During the teaching phase the leader and team members share information regarding the relationship between the critical incident and the subsequent cognitive, emotional, behavioral, and physiological reactions that others involved in such events have experienced. Participants are provided with a handout entitled "Critical Stress Information Sheet." During this phase, participants may ask new questions or bring up information that was not discussed earlier.

Re-entry Phase

This phase signals the end of the debriefing. Participants are encouraged to ask questions and explore other issues associated with the incident that may have not surfaced earlier. Team members are asked to provide some summary remarks, and the team leader makes a few additional statements in an effort to bring closure to the debriefing. A crucial message emanating from the debriefing is that the participants' reactions are normal responses to an abnormal event.

Is a Debriefing Warranted?

The decision about whether or not a formal debriefing is warranted generally rests with management personnel following

Critical Incident Stress Debriefing (continued)

consultation with mental health consultants. Though not all-inclusive, some examples of important questions to explore when assessing the need for a debriefing are these:

◆ What is the nature of the incident?

◆ Is the event of sufficient magnitude as to cause significant emotional distress among those involved?

◆ How many individuals are affected by the incident?

◆ What signs and symptoms of distress are being displayed by the witnesses to the incident?

◆ Are the signs and symptoms growing worse as time passes?

◆ Are any of the following key indicators of a need for a debriefing present: behavior change; regression; continued symptoms; intensifying symptoms, new symptoms arising, or group symptoms present?

In some instances, as these and other questions are explored, it may be determined that a formal debriefing is not warranted. Or, perhaps there may be a decision to briefly meet with the group(s) that have been affected by the incidents to further assess the need for a formal debriefing. Under these circumstances, a critical incident stress defusing may be appropriate. This process will be discussed next.

Critical Incident Stress Defusing

Other than the critical incident stress debriefing, the defusing is one of the most frequently used Critical Incident Stress Management (CISM) techniques. Defusings are, in essence, short debriefings. Defusings generally last less than one hour and provide CISM team members with an immediate opportunity to ask a wide range of questions about the critical incident. As in the debriefing, participants are not required to talk during the defusing. It is recommended that defusings be conducted within the first eight hours of the resolution of a traumatic event.

Three phases

The critical incident stress defusing consists of three phases.

Introduction. Here the CISM team members introduce themselves, describe the defusing process, set forth the guidelines, and encourage participation.

Exploration. In this segment, team members ask the participants to describe their experience of the critical incident. During this time, the group is permitted to talk freely while the team members

Critical Incident Stress Defusing (continued)

monitor the participants' comments. As the group discusses their experiences, the team members can also ask appropriate questions in an effort to learn more about the most important parts of the critical incident. As the discussion begins to fall off, the discussion moves to the third and final phase.

Information. During this phase, team members provide participants with information designed to help them cope during the next few days until the distress resolves on its own or until the team can organize a formal debriefing, if one is deemed necessary. This information consists of suggestions regarding rest, diet, and exercise as well as other stress control strategies.

Outcomes

The critical incident stress defusing will generally result in one of two outcomes. First, it may eliminate the need for a formal debriefing. Participants receive valuable coping information during defusing that, if attended to, can go a long way in mitigating the impact of the critical incident and in accelerating their recovery. In addition, participants come away from a defusing with more information about the incident than they started with and, again, this has proven to be beneficial to the recovery process.

The second possible outcome of a defusing can be to enhance a subsequent formal debriefing. Participants who have attended a defusing will generally have a good idea of what to expect in a debriefing and, hopefully, will have realized the benefit of participating in such a group process. In addition, the team that conducts the defusing will often be part of the larger team that conducts the debriefing. Thus this Critical Incident Stress Management (CISM) team will have more information about the incident and the involved parties prior to the debriefing. The team will also have a better understanding of the impact of the event on many of the participants.

Conclusion

As mentioned earlier, both critical incident stress debriefing and defusing are among the two most utilized processes under the CISM umbrella. Neither model should be employed by anyone other than trained mental health professionals and other trained CISM team personnel. It should also be emphasized that the CISM process is but one crisis intervention model among others available to Federal agencies.

Case Study 1 provides practical examples of some of the issues discussed in this section.