

Strategic Specialty Partnerships: Enabling the EAP for Evidence Informed Best Practices in Workplace Crisis Response

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SUMMARY. Rapid advancement of both research and practice in the field of organizational crisis intervention has brought demands for more substantial breadth and much greater depth in EAP efforts to serve their clients in this critical domain. Once dominant practices (e.g., debriefing groups) have been brought strongly into question while those approaches with solid empirical backing (e.g., trauma focused CBT) remain relatively underrepresented in the intervention armamentarium of most EAPs. Other vital aspects such as organizational crisis planning and longer term recovery management have not been as well developed as might be desirable with respect to human resource impacts, and EAPs need to acquire capability and capacity to assist their clients in these areas as well. This paper reviews how recent advances impact the provision of organizational crisis response and discusses the growing need for specialty partnerships to ensure that information, skills, and resources can be efficiently and effectively deployed to ensure that EAPs are positioned to meet and exceed both client expectations and advancing standards of practice in this rapidly evolving arena. doi:10.1300/J490v21n03_07

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INTRODUCTION

Ask a person to tell you a few things about himself or herself and one thing you will likely learn is that person's occupation. Once told a person's occupation, you are likely to ask where that person works. When told the employer, you will be apt to ask, "How do you like working there?" What comes next will likely be a quick summary of that worker's personal statement on job and workplace satisfaction—and the strongest determinant of that will be found in how the employee judges the company's commitment to him or her.

Studies of employee satisfaction suggest that the factors most important in worker commitment and satisfaction are found in the intangible aspects of the employer/employee relationship. A national Gallup poll (2004) found that employees' perceptions of a responsive, concerned employer organization were foremost in shaping job satisfaction and workplace morale. A study commissioned by the Canadian Federation of Independent Business (Pohlman, 1999) reported that job satisfaction centered on intangibles like perceived quality of decision makers, communication between managers and employees, and flexibility toward employees' personal needs. Even core elements such as salary, work hours, and time off fell further down the list.

What shapes those perceptions? Notice that they're not anchored in pay schedules, benefit structures, or personnel policies. These factors fall more into the affective realm—they are based on feelings, perceptions, and appraisals that are defined by emotions and attitudes even more than by actions or outcomes. They demonstrate the old canard that people may dismiss what you say and overlook what you do, but they never forget how you made them *feel*.

Workplace crisis events form enduring perceptions of how a company values and responds to the personal needs of its employees. Organizations that respond quickly, effectively, and compassionately can

build an indelible bond with their workers while companies perceived to place employee needs behind business concerns—or, worse yet, companies seen as failing to respond at all—may endure lasting scars that affect quality, productivity, and performance. But how can an employer be fully prepared to respond to the rare and the unexpected without a crystal ball and unlimited resources?

Understanding Crisis Readiness

Larger organizations often hold detailed plans for crisis response and business continuity. Much attention is typically afforded to “mission critical” business considerations such as security of records and data, maintenance of production and distribution infrastructures, and other factors vital to protecting and preserving the “business of the business” from escalating damage and disruption. Most companies seem to acknowledge human impacts in the workforce will be important and must be addressed and company plans generally reflect this. The responsibility to respond to those needs is typically delegated to Human Resources, though often without the same critical attention to risk and hazard analysis, impact projection, and detailed planning afforded the more quantitative aspects of business performance. This can leave the HR manager with huge responsibilities but without the plans and resources immediately at hand to deal with a difficult and unfolding event.

The smaller the organization, the less likely it may be to have a thoroughly developed and researched plan for crisis response and business continuity. Smaller organizations may be even less likely to hold detailed plans for addressing employee impacts and quickly available resources for response. Yet the smaller the employing organization, the more those intangible perceptions of responsiveness determine employee commitment and the more strongly and quickly employee commitment impacts company performance (Pohlman, 1999). No organization can afford *not* to be ready to deal with the employee impacts of a workplace crisis event, and the smaller employer may well face the greatest risk of lasting or even catastrophic impact if unprepared to quickly, effectively, and compassionately react.

Probably the vast majority of company plans center around a solid concept: The use of the organization’s Employee Assistance Program (EAP) to provide guidance and assistance in addressing employee crisis needs. There are few things more important in the promotion and maintenance of workplace behavioral health than access to a competent, ac-

cessible EAP. EAPs indeed form the nucleus for crisis response, but the rapidly developing field of crisis response has gone far beyond the once simple basic of debriefing sessions and defusing groups—in fact, current empirical evidence now strongly suggests that many of the practices once thought to be “state of the art” can even complicate recovery (see, for example, Gist & Devilly, 2002, for commentary regarding meta-analyses of CISD). Astute businesses are now looking increasingly to ensure that their EAP provider brings a specialty partnership to bear on their workplace crisis needs—not only to help them respond, but also to assist the company in conducting risk and hazard analyses related to human resource impacts, help the company and its EAP develop plans and protocols to ensure timely and responsive reactions from the first moments of a crisis, and work to ensure that all efforts reflect the very latest in evidence based best practices to address the entire range of needs and expectations that will unfold as the event evolves.

Crisis planning and preparedness has become a highly specialized enterprise as risks, on the one hand, have proliferated while research and experience, on the other, have refined approaches and techniques. Where once workplace crisis response focused on limited and more isolated events such as industrial accidents, robberies, or similar events—companies must now be prepared for situations as diverse and far-reaching as terrorist attacks, workplace violence, and large-scale natural disasters. Sometimes the impact will not come from an event that strikes the workplace directly, but may be part of cascading social and economic consequences of events that occurred elsewhere and impact the company’s markets, suppliers, financing, or resources. As important as it is to plan for probable and even possible scenarios, few companies are in a position to anticipate all the things they might confront, much less to develop detailed plans for each.

Plan First for the Expected

A substantial portion of workplace crisis responses may actually involve situations that do not involve direct traumatic impacts *per se*. In this volume Greenwood et al. (2006) note that the majority of all requests involve “death impacting the workforce,” a category that includes and may even be dominated by death outside the workplace, unrelated to occupational accident or injury. Layoffs and downsizing were another leading category, accounting for more than a quarter of responses in the manufacturing sector and more than 10% of all responses. Robbery and “accidents/injury” together accounted for slightly less than 20%

of responses. Services directed toward prevention of post-traumatic stress disorder (PTSD) and similar techniques would appear misdirected in circumstances where Criterion A exposure has not explicitly occurred (cf. DSM-IV-TR; American Psychiatric Association, 2000).

This is not meant to imply that services in these situations have limited value—indeed, the fact that they represent the majority of client requests indicates their importance to the organizations seeking these services. It should, however, lead us to strongly reconsider the nature of the value these services bring the employer and to reconfigure and redirect our services to most effectively address the client's outcome needs. The shift has been increasingly from delivery of services built around notions of preventing PTSD and similar dysfunctions to approaches centered on supporting resiliency by helping to moderate initial uncertainty and distress, assisting with practical needs, and expressing a compassionate concern for and involvement with employees and work groups as they navigate the demands and impact of any particular event.

The Need for Alternative Approaches

There has been an increasing number of findings reported in the refereed empirical literature regarding inefficacy of debriefing and related approaches to organizational crisis intervention in controlled trials (Van Emmerik et al., 2002) including recently reported data from a large longitudinal sample of military personnel before and after deployment in intact groups, based on strict adherence to the dominant CISM model (Litz, Gray et al., 2004). Some well controlled studies with extended follow up have reported paradoxical outcomes for some subsets of trauma exposed individuals (see, for example, Mayou et al., 2000). Yet most persons receiving the intervention express appreciation (see McNally et al., 2003, for extensive analysis).

The currently favored alternative approach to care has been dubbed *psychological first aid*. It is, by intent, a much more flexible approach to assessing impacts, determining viable points for productive assistance, and generating helping strategies specifically geared toward the express needs and expectations of the organization being served and the employees affected. As such, it is consultative rather than clinical and advocates assistance rather than intervention. Its objectives are practical and palliative rather than therapeutic or therapeutically preventative (see Brymer et al., 2005, for manualized approaches to psychological first aid). While it contains a number of techniques that are in many ways similar, the distinct differences in assumptions, construction, and

objectives require a fundamental redesign of the approaches taught to and ingrained in most contemporary EAP providers.

Contemporary crisis consultation approaches, however, require considerably more both before and after any particular crisis event to offer client organizations true “state of the art” assistance (Deville & Cotton, 2003). Solid crisis planning involves working with clients and EAP responders to assess risks and exposures, develop pre-impact protocols that can be easily accessed and implemented by client HR staff, ensure that effective options for information management and practical assistance can be readily mobilized for any particular event, and provide immediate help with assessing impacts and generating options. If providers from the EAP’s own panel or network will be first on scene, it is important to ensure that they’ve had proper training and preparation to respond according to today’s evidence based best practices. If additional response resources will be needed, it is critical that they be ready to merge seamlessly into response, employing the same standards of training and approach. It is also vital to ensure that the client organization receives well structured information regarding the effectiveness of actions taken on its behalf and consultation as needed with predicting and planning for future response needs.

Why Specialty Partnerships?

Today’s EAPs bring a widening range of services to employees’ disposal, including techniques reaching far beyond traditional counseling roles. Health promotion and wellness resources are often available, along with easily accessible information on dealing with all sorts of life issues and circumstances. Many provide online access for 24/7 availability to employees in the privacy and confidence of their own settings of choice. “Concierge” type services provided through an increasing number of EAPs permit employers to help their workers access anything from childcare to dry cleaning. Crisis response is usually a central element in EAP services that can be best delivered through specialty organizations not unlike some of the EAP services listed above.

Universal approaches such as debriefing and defusing were widely accepted as the standard of care and could be mounted easily by most any provider, needing only limited training (often a single workshop would do). No matter what the circumstance or setting, the same basic pattern could be adapted to meet the demand. Surge capacity for larger incidents seemed the only obstacle requiring preplanning or outsourcing.

The events of September 11th, 2001, changed the nature of workplace crisis response—indeed, some might say that it changed almost everything. It became quickly apparent that ordinary approaches to crisis response were not fully addressing the needs and issues employers and employees perceived to be central. It became increasingly evident that the issue for most was not *trauma* in the way that mental health practitioners ordinarily perceived it but represented instead a broad gamut of intersecting and interacting matters ranging from the practical and the pragmatic to the ethereal and the enigmatic. Moreover, ongoing debates in academic and research circles have spilled into the public arena regarding the prevalence of reactions such as posttraumatic stress disorder (PTSD), the nature and course of post-impact distress, and the efficacy of widely accepted intervention rubrics (Kadet, 2002; Smith, 2005).

But there is also evidence that organizations that reach out to employees at times of workplace disruption see benefits in how their employees fare over time (Boscarino et al., 2005). While these tendencies do not show preventative efficacy for particular interventions, they may indeed indicate overall better affective outcomes where some effort to address employee impact has been visibly attempted. Current research strongly advises that what efforts are to be mounted must be well tailored to the organization, event, work group, and circumstances as they exist and as they evolve. The one thing on which most early intervention authorities seem able to fully agree at this juncture is that we must base our responses first on a direct assessment of these considerations (ISTSS Early Intervention SIG, 2005; Ritchie et al., 2003).

Building productive approaches to evidence informed best practices is no longer as simple as tracking a single resource of information or attending an occasional workshop. There is extensive research to be evaluated, and new techniques are emerging and evolving rapidly. Specialty partnerships ensure that EAPs with primary responsibility to help organizations plan, assess, respond, and react have constant access to the best information available and the most productive practices built on that information, no matter the circumstance or situation. They also help ensure that as new information becomes available and new approaches evolve, the EAPs service to its clients will always represent the best practices available for the matter at hand.

What to Expect from Your Specialty Partner

“Debriefing on demand” was only recently the implied mantra and industry standard. Yet much recent data seriously question whether im-

mediate debriefing response is desirable or even appropriate while empirical evidence increasingly demands that we seek strategies beyond basic debriefing and defusing. Evaluating the situation and circumstance to decide what options and what timing are indeed appropriate is now seen as the essential first step in crisis response. Since few EAPs are likely to have expertise immediately at hand that cuts across the many possible variations in situation and circumstance, it is reasonable to seek the support of an organization that holds a broad range of experience with a wide variety of industries and employers. A partner with a stated and proven commitment to evidence informed best practices is also, of course, critical.

There does, however, appear to be a clear service core that a specialty partner should be prepared to deliver to the EAP and its customers:

1. *Training, information, and preparation in evidence informed best practices.* This extends beyond simple workshops and “cook-book” approaches in any one technique or strategy. EAP providers must constantly assimilate ongoing information from all domains of their practice, not simply from crisis intervention. This creates a huge demand on time and resources. A solid specialty partner should be able to provide access to training materials, information updates, techniques and revisions, and evolving strategies as these emerge to enable the EAP and its personnel to efficiently digest and apply the best practices of the enterprise at any juncture.
2. *Consultation and assistance with client crisis planning.* Crisis planning is a specialty in itself and few clinical providers would expect to be fully adept in its intricacies. But competent planning is the foundation of competent responding, and adapting risk analysis, hazard assessment, and protocol planning for the wide variety of employers in any EAP’s customer base is an essential element of providing state of the art crisis response. A solid specialty partner should have the resources to equip and assist its EAP partners to help their clients prepare.
3. *Access to tools, techniques, and instruments.* Sometimes a full specialty response is warranted, but many times a bit of expert assistance and access to some well developed tools can enable the primary responder to address a situation without additional resources. The specialty partner should be a readily accessible resource to ensure that whatever tools the provider needs can be quickly brought to bear. Where training or experience beyond

what the provider holds may be necessary to appropriately or effectively utilize the tool or approach, the specialty partner should be able to provide whatever assistance is needed to ensure that the EAP can be quickly and suitably responsive to the needs of its clients. Quick and easily usable assessment tools for PTSD, for example, are now available for application at three to five weeks post-impact (Brewin et al., 2003) and can be adapted for a wide range of situations; access to such tools and assistance in their dissemination and utilization are important contributions of a competent specialty partner.

4. *Rapid access to trained and capable response staff.* Surge capacity is still a major consideration in larger incidents, and immediate availability of specialty staff for complex or highly sensitive events is a resource that can prove especially valuable. The ability to know and trust the consistency of response strategy and provider performance no matter where or what the incident helps ensure quality performance at the point of service delivery, where the value of the service is formed in the eyes of the client.
5. *Access to evidence based tools and techniques for responding beyond the crisis situation.* Current empirical evidence suggests that development of PTSD, depression, or other serious psychiatric impairment from the types of incidents most frequently seen in occupational exposures will be far less than previously estimated (Bonanno, 2004; Galea et al., 2002 & 2003). Nonetheless, it is also clear that disequilibrium and discomfort are far from uncommon (Silver et al., 2002) and that in those cases where PTSD or depression develop, prompt application of demonstrably efficacious treatments can ameliorate suffering for many.

There are indeed well researched, manualized treatments with demonstrated efficacy for these conditions (NICE, 2005). These are variants of cognitive behavior therapy (CBT) that, while well described, are not widely practiced in many of the settings where they may be needed following occupational trauma. A solid specialty partner should be able to help local practitioners associated with the EAP to prepare themselves to deliver effective follow up treatment and/or to provide access to a network of qualified providers. The capacity to offer assistance through alternative vehicles and approaches (e.g., online intervention) can also be an asset (Litz, Williams et al., 2004).

6. *Evaluation, follow up, and impact analysis.* There is usually much a client needs to know following a major occupational event.

Much of this information will be collected in the observations and syntheses of crisis responders while others will need to be derived from other sources of data and information. Assistance in gathering information, developing data, and assisting clients in planning for future organizational impacts and responses is the critical closing arc of the consultation circle. A solid specialty sponsor can assist the EAP in cementing the value of its crisis assistance by facilitating effective analysis and reporting.

CONCLUSIONS

What employees need most from their organization in times of crisis is informed, compassionate leadership; what organizations need most from their EAP is the professional planning, preparation, response, and reaction that will make that leadership palpable to the client. What the EAP needs from its specialty partner is the training, information, tools, resources, and support needed to ensure that the best practices and approaches consistent with the latest evidence are always at hand for any client situation or need.

The needs are reasonably straightforward. Impacted organizations and people must be able to visualize a new normal and to develop an expectation of recovery. Leading this recovery requires that vision plus execution capability to guide, support, and monitor a series of transitions:

1. *Deprivation of access to basic resources.* The key to this is practicality. Employees at early stages will find themselves almost exclusively focused on gaining safety, shelter, sustenance, and medical care. Application of intrusive clinical models prior to completion of this phase will be met with resistance and results will be harmful or inert.
2. *Moving from isolation to connectivity.* This entails providing opportunities to connect in familiar, natural supportive relationships such as family, friendships, workgroups, neighborhood, and places of worship. When the people and systems that typically surrounded employees reach out to provide support, employees become grounded and focused much quicker than if they must access formal, unfamiliar systems. Involvement of response specialists should not be viewed as a clinical response to the incident, but rather as a means of facilitating and guiding employees toward their natural communities.

3. *Transitioning from chaos to structure.* When overwhelmed by multiple, urgent needs, building a sense of order and structure is beneficial. Simply pulling people together into situations where they can receive pertinent, practical information can provide increased calm. Resumption of normal routines, tasks, and schedules facilitates a sense of control and safety.
4. *Replacing helplessness with efficacy.* Workplace crises produce situations in which people may at first feel helpless. Employees benefit when led toward a focus upon what they can do rather than upon what they cannot. Individual, workgroup, and organizational recovery are facilitated when opportunities are structured for accomplishment of tasks that build momentum towards real and perceived self-efficacy.
5. *Avoiding victimhood.* As recovery progresses to the point where one attempts to make sense of the incident, people and groups behave in fashion consistent with their perceptions of themselves and their situations. Organizations should strive to identify and make visible the achievements accomplished in the process recovery. Doing this reinforces perceptions of one's capacity to act as a positive active agent in one's life rather crystallizing an identity encapsulated by the tragedy.

Plan, prepare, respond, react . . . the contemporary EAP must be prepared to assist clients throughout the process, using the latest in evidence informed best practices to ensure that client needs are anticipated, identified, assessed, and addressed, and to ensure that ongoing impacts of both the incident and the organization's responses are evaluated and reported in ways that facilitate organizational resilience and recovery. Well chosen specialty partnerships provide the contemporary EAP with the assurance that its obligations will be met consistently, reliably, and effectively, no matter the situation or circumstance.

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