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Using Technology in Mass Disasters

Technology offers EAPs the opportunity to provide employer and employee clients with more service options during mass disasters and do so faster, cheaper, and more efficiently.

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EAPs, healthcare providers, and health insurance companies increasingly are using information technology applications to address a wide range of concerns facing their client populations. For example, when addressing health and wellness issues, EAPs and healthcare providers are using Websites and e-mail campaigns to help educate employees about topics such as fitness, elder care, and preventive medicine. When addressing the needs of people who have already received a diagnosis of a physical health problem or a mental health disorder, healthcare providers and EAPs are using technologies such as online cognitive behavioral therapy programs to try to help people recover and return to productive functioning.

Within the specific domain of critical incident response (CIR), EAPs and healthcare providers are assisting people who have experienced an abnormal event that can overwhelm their normal coping mechanisms. The World Health Organization recommends use of a phase-sensitive, multi-component response for populations exposed to extreme stressors. Technology can help make that happen.

Historically, critical incident response has depended upon application of a single-intervention, one-size-fits-all approach. An evidence-informed approach posits that people and organizations get better in a variety of ways, and care providers such as EAPs need to be sensitive to where their clients are in that process and offer them options. Technology allows EAPs to offer more options, no matter where clients may be in the recovery process.

Offering More Care Options

Information technology offers many advantages to EAPs involved in critical incident response. First, it enables them to provide services more efficiently and cost-effectively than traditional methods allow. It also offers a level of safety that's missing in face-to-face care settings. For example, in the event of a pandemic flu threat, an EAP will not want to send out counselors to meet with groups of employees, because that approach risks infecting more people. Using technology can allow an EAP to provide services more safely in these circumstances.

Providing technology-driven options also provides an increased sense of psychological safety for some service recipients. Whereas many people will wish to interact in face-to-face groups and private conversations, some will feel safer via virtual communication. The last thing a CIR professional should do is further strip defenses from someone who just experienced a frightening event.

Another advantage to technology is that, as mental health and employee assistance professionals have always understood, it is important to communicate within the language of the recipient. Information technology really is the language of Generation Xers and especially the Millennials. They are more likely to use technology both professionally and personally. As new generations enter the workforce, it is important for EA professionals to use the language and media with which service recipients are most comfortable.

Perhaps the biggest advantage to using technology is that it allows EAPs to give their clients access to a broader matrix of care options. Not everyone recovers from crises or problems in the same way. We tend to assume that seeing a therapist face to face is natural for everyone, but it is actually quite intrusive, time-consuming, and foreign for most people. It's also expensive.

Not every person needs to be face to face with a care provider or hear a provider's voice to recover. Some people might have disabilities that make it difficult to access care, or they may want to avoid the stigma associated with seeing a counselor. Even if they do want face-to-face care, they may find it difficult to get an appointment at a convenient time.

By incorporating technology into your EAP, you are saying to your clients that they have a lot of different ways to access care. They absolutely have the right to see an EA professional one on one—technology doesn't take away that option. But with technology, they also have the ability to go online and access a knowledge base, forum, chat program, or cognitive behavioral therapy program specific to their concern.

Technology helps empower people to take charge of their recovery if they so desire. In fact, by using

technology to offer more care options, EAPs may increase service utilization by clients who ordinarily would not come forward to ask for help.

Three Phases of CIR

Within the realm of disaster or critical incident response, care encompasses three phases: preparedness, response, and recovery. EAPs can utilize technology in each of these phases to minimize the impact of a crisis and ensure a faster and more thorough resiliency process.

Preparedness. Disaster preparedness presents a wide variety of opportunities for EAPs. Prior to the attacks of September 11, business continuity preparedness for crises focused on computers, telephones, and other infrastructure concerns. Since then, health experts have come to understand that there is no business recovery unless you take care of your people.

Experts have pointed out that the negative ramifications triggered by isolation, panic, loss of routine, grief, and distrust can exceed those of the disaster itself. Information provides inoculation, and technological tools can mitigate panic and its sequelae by efficiently and effectively providing timely information to individuals and large numbers of people. Figure 1 shows how EAPs can use technology to help disseminate information and prepare for a mass disaster.

In the preparedness phase (as in the other phases), it is important that events occur in a phase-sensitive, multi-compliant way. In the case of a Level I or Level II flu pandemic, for example, if you roll out a big information campaign about how to mass bury multiple fatalities, you will only incite panic and create additional problems. If you wait until Level V to provide instructions about how to use a face mask, your tardy efforts will be ineffective and actually trigger rage and a sense of powerlessness.

Response. Even if you inundate people with knowledge and take all the preparedness steps that experts recommend, a mass disaster or crisis will still entail a response phase. Research has shown that the following factors determine the psychological and behavioral responses to a disaster:

- Pre-existing knowledge;
- Availability and accessibility of information;
- Perceptions of equity;
- Perceived faith and trust in institutions; and
- Perceived or actual economic impact.

CIR professionals must remember to focus on the impact rather than the event as they plan and scale their response. Each person and organization responds differently to similar events. The impact is contingent upon the client's experience of the event, not ours. For example, one of the greatest indicators predicting subsequent difficulty is whether an individual regards incident causation and his/her negative reactions to it as indicative of personal blame or weakness. Therefore, the same bank robbery is not the same bank robbery for all involved employees.

During the Response phase, technology delivers solutions by offering those affected a number of options to accomplish the following tasks:

- **Task One:** Maximize employee trust and effectively communicate risk and health information. Position organizational leadership as competent and compassionate.
- **Task Two:** Maximize adaptive behavior change. Provide the means to quickly resume functional tasks and adopt typical resiliency behaviors and resources.
- **Task Three:** Reduce negative social and emotional impact and improve healthy coping. Normalize reactions and triage toward adaptive functioning or additional care.
- **Task Four:** Support key personnel in critical functions. Provide leadership consultation and access to pertinent resources.

The response must also be delivered in a phase-sensitive, multi-component way. Behavioral health professionals err when they immediately rush in to "do clinical things." Competently and compassionately facilitating a series of phase-based transitions is most helpful (see Figure 2).

Based upon an assessment of need, those leading the response must help individuals and organizations transition through the identified phases. Sequencing is crucial—asking people how they feel when they lack food, clothing, and shelter does not empower them.

Begin by ensuring access to safety and basic resources. Tragedy tends to isolate, so connectivity to natural social supports and professional resources is helpful. Often the work team is the best resource for social support because members shared the incident and understand the experience better than friends and family.

Tragedies produce external and internal chaos. People and teams find it helpful when they transition from chaos to a predictable structure. Sharing pertinent information to guide understanding and facilitation of re-involvement in normal, comfortable, familiar tasks fosters resiliency.

Timely return to function or adaptive functioning helps replace the sense of helplessness with a self-identification of efficacy. Successful transit to this objective provides a sense of confidence and hope. The focus should be on what one can accomplish vs. what one feels helpless to address.

As the immediate impact shifts in intensity, people begin to attribute meaning to the incident and integrate it into their world view. A self-definition as a survivor is more life-giving than that as a victim.

Technology can efficiently support delivery of a wide range of tools (Webinars, Web-enabled videos and audio conferences, forums, etc.) to address each of these transitional phases. For example, videos can provide a refresher for managers on immediate support and referral skills, deliver "semi-face-to-face" briefings on current status, and provide psychological first aid briefings that include information regarding self-care coping

strategies.

Because disasters sometimes overwhelm common communications technologies, it is important to have a lot of redundant options available. These options include mass communication capabilities, knowledge-based content, asynchronous and live chat, videoconferencing, cellular phones, and voice over Internet protocol (VOIP), to name a few. Mass notification empowers organizations to lead and communicate effectively to do the following:

- Ensure constant and consistent communication;
- Notify employees about public infrastructure shutdowns;
- Reschedule resources and staffing;
- Tell employees where to obtain reliable information; and
- Provide phase-specific education and information.

Recovery. After the response phase has been implemented, EAPs need to begin helping their clients move into recovery. It is important to remember that even in the worst of scenarios, people are more resilient than initially believed. The vast majority of them, with the application of psychological first aid and some good self-care, will not reach diagnosable levels of behavioral health illness.

Just as your employee clients need to recover, your employer clients need to recover as well. Figure 3 identifies some of the stressors that can affect the long-term health of organizations affected by mass crises and disasters.

These concerns are not new to EAP professionals and fall within the realm of everyday service delivery. Technology applications simply multiply the ways EAPs can deliver services and keep pace with how our customers now conduct business. We do important work and must embrace technology to do it well.

Figure 1: Using Technology to Prepare for Disasters

- Increase the capacity of remote access facilities
- Increase the trunk capacity of telephone systems to accommodate greater use of teleconferencing and telephone meetings
- Increase the capacity of Internet connectivity
- Improve information security in anticipation of increased technology use
- Assess EAP policies on teleworking and telecommuting
- Develop media statements for use during disasters
- Develop a multi-component communication plan that utilizes various types of technology including mass notification for employers and employees
- Use training videos that address individual, family, and workplace preparedness
- Utilize preparedness assessments
- Post preparedness content on your employer clients' websites
- Update employers' websites with employee policies specific to pandemic protocols and procedures

Figure 2: Phase-sensitive Leadership

Deprivation	Basic resources
Isolation	Connectivity
Chaos	Structure
Helplessness	Efficacy
Victim	Survivor

Figure 3: Ongoing Stressors Affecting Corporate Recovery

- Actual or perceived reduction in workplace safety
- Pursuit of legal, medical, and/or psychiatric opinions
- Employees coping with issues related to grief/loss, increased financial strain, family concerns, and physical needs
- Harsh employee and public judgments if emergency decisions were handled poorly (and sometimes even when handled well!)
- Tolerance among departments and personnel often decreases as stress, role conflict, and extreme fatigue set in
- Employees having difficulty concentrating at work and the resulting increase in mistakes
- Irritability with fellow workers and customers
- Increased absenteeism and presenteeism
- Decreased productivity
- Employee attrition
- Increased Workers Compensation costs
- Ongoing corporate financial concerns
- Negative community and marketplace image

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