

The High Cost of Workplace Trauma: Leading Employees Through Crisis



Understanding a trauma in regard to how employees experience it and how a response works to help them is key to survival for the company.

Bob VandePol, Crisis Care

WHEN TRAGEDY STRIKES THE WORKPLACE, employers face not only the obvious human loss but also increased exposure to significant financial loss. Stemming from the psychological damage to the organization's human resource, cost drivers include:

- Increased exposure to workers' compensation claims
- Litigation
- Pursuit of medical, psychiatric, and legal opinions
- Workforce attrition and recruiting challenges
- Increased absenteeism
- Protracted medical treatment for "unrelated" ailments
- Diminished concentration and accuracy
- Negative image within the business community
- Increased conflict between employees and with customers
- Increased use of alcohol and drugs to self-medicate

In retrospect, business leaders often pinpoint a workplace tragedy (violence, catastrophic accident, robbery, employee fatality, terrorism) as pivotal to the ongoing productivity of their work teams. Some identify how the incident launched a new sense of loyalty, community, and commitment to excellence. Others bemoan the event as triggering a collective negative image, increased conflict, and distrust of leadership. Whereas effective leadership manages these risks by addressing the psychological undercurrent beneath them, not all business leaders have the training or expertise to do so.

When impacted by tragedy, people experience a flood of biological and neurological changes that overwhelm their normal defenses/coping mechanisms and produce a very predictable set of symptoms. See the **Workplace Tragedy Symptom Set sidebar** for a list of these symptoms. Upon review of these symptoms, it is easy to understand why the Workplace Violence Research Institute (1998) reported that productivity typically decreases by 80 percent for the two weeks following a violent incident at work.

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Following a tragedy, the allegations of blame

Trust of leadership and a desirable corporate culture are at risk. A dynamic common to workgroups after a traumatic incident is increased *we/they* thinking and blaming of administration for problems related and unrelated to the incident. People impacted by trauma predictably tend to do the following:

Regress to more basic, primitive impulses and defenses.

- The brain is recircuited toward use of functions focused on creating an immediate sense of safety. These thought patterns are not necessarily logical, as the portions of the brain dealing with advanced abstract thought are put on hold.
- Decisions tend to be impulsive, extreme, and based more on emotion than on logic.
- Emotional responses are magnified and self-protective.

Immediately attempt to make sense of the incident in effort to gain a feeling of control over it.

- The belief is that if one can understand the incident, he or she can be safer by preventing it next time.
- When the answer to “Why?” isn’t available, people will create one.
- The understanding is likely to be reactive and lack objectivity.

Isolate from others.

- The lack of control experienced in the tragedy leads people to pull away from others in distrust.

Add these factors together and conditions are ripe for hostility and blame, with the company’s leadership positioned as the most convenient target. Following tragedy, the allegations of blame need not be accurate to be powerfully destructive.

Managers should respond immediately and effectively, because how they handle the first hour after a tragedy offers both tremendous opportunity and serious risk for their management relationships and outcomes. The incident and its aftermath will not go away if ignored. Work groups will go through a reactive process—with leadership or without it. If ignored, the employees feel as though insult was just added to injury, and feelings of betrayal further fuel the likelihood of blame. According to Gerry Spence, founder of the Trial Lawyers College, “The pure rage that stems from unredressed injury can be more fearsome than that produced by the original wrong.”

The ACT model provides business leaders with a structured process to facilitate both individual and organizational recovery:

Acknowledge and name the trauma.

- Have an accurate understanding of the facts and avoid conjecture.
- Demonstrate the courage to use real language that specifically names what occurred. When there has been a fatality it is important to use the word “death”.
- Acknowledge that the incident has an impact on team members and that individuals will be impacted differently.
- Personally acknowledging the trauma positions leadership as also impacted by the event and can align leaders with other employees.

Communicate compassion and competence.

- These characteristics are not mutually exclusive and must both be present to productively lead a traumatized group.
- Leaders may benefit from the support of a colleague, EAP consultant, or trauma expert to help script a response and provide coaching/feedback.

The Workplace Tragedy Symptom Set

Physical Reactions

- Rapid heart rate
- Chills
- Insomnia
- Diminished appetite, gastrointestinal upset, nausea
- Increased blood pressure
- Headaches
- Chest pain

Cognitive Reactions

- Confusion
- Distractibility and inattention
- Difficulty with simple math
- Disorientation of time, place or person

Behavioral Reactions

- Hypervigilance
- Increased startle response
- Withdrawal/isolation
- Increased irritability and blaming behavior

Emotional Reactions

- Fear
- Anxiety
- Shock
- Anger
- Guilt
- Sadness
- Hopelessness
- Numbness

| High Cost |

- Have a crisis response plan that includes use of trauma-trained mental health professionals. These experts can help design the response plan and deliver structured clinical interventions to mitigate the effects of trauma. Inherently, exercising this plan communicates compassion and competence.

Transition.

- Communicate an expectation of recovery. Those impacted must gain a vision of survivor rather than victim.
- Communicate flexible and reasonable accommodations as people progress back to return to work and return to life normalcy. Employees should not be expected immediately to function at full productivity, but will recover more quickly if assigned to concrete tasks. Structure and focus are helpful. Extended time away from work often inhibits recovery. “If you fall off a horse ... get back on a pony.”
- Lead visibly for several days and be especially accessible to employees for support and information.
- Destigmatize and encourage using the trauma counselors.

In 2002, the National Institute of Mental Health convened a task force of experts to outline best practice standards for the delivery of psychological first aid. Their recommendations for a phase-specific, multicomponent approach closely mirrors the model called Critical Incident Stress Management (CISM). Initially developed as the intervention of choice for high-risk

“Prevention is better than dealing with the situation in its aftermath.”
—Larry Chavez,
Critical Incident
Associates

occupational groups such as fire safety, law enforcement, the military and emergency medicine, today CISM is recognized as the standard of care for the world of business and industry. The U.S. Department of Labor and Occupational Safety and Health Administration (OSHA) advise employers to “arrange appropriate treatment for victimized employees” and identify CISM as an “emerging trend” to reduce the symptoms of psychological trauma and stress among victims and witnesses.

With tools ranging from the precrisis phase (consultation and training for prevention and readiness) through the acute crisis phase (on-scene support and individual/group interventions) to the postcrisis phase (a range of individual and group interventions), appropriate application of the CISM continuum has been found to mitigate the effects of traumatic stress and facilitate recovery. Immediate, effective use of this model

applied to the company’s human resources saves money. People “get better faster and get better better” and return to work at accelerated rates.

How Employers Can Help

While rising mental health costs may place an undue burden on some employers, research shows that the cost of untreated employees is higher, resulting in lower productivity and frequent time off. A recent study of 46,000 employees by Health Enhance Research Organization, a consortium of employers, found that depression and high stress topped the list of ten factors leading to increased medical costs. Depressed employees incurred 70 percent more medical costs, whereas those reporting high stress had 46 percent higher medical costs than employees without such problems.

Workplace psychologists suggest that employers can help in the following ways:

- Remind employees to seek help through employee assistance programs (EAP) or other counseling services.
- Encourage employees’ need to help. Sponsor blood drives and fundraisers. Support such as this helps channel positive energy, fulfilling the need to help and giving a sense of hope.
- Increase workplace communications to explain changes in business policies, and frequently conduct pep talks to reassure employees.
- Use this period of heightened interest and attention to offer *lunch and learn* classes and other educational opportunities to better understand religious and cultural differences.

Understand that psychological trauma is real. Expect employees to request more time off and understand that some may be more distracted than others.

Courtesy of AFLAC Healthlink. For more information, visit www.aflac.com.

Employees should not be expected immediately to function at full productivity, but will recover more quickly if assigned to concrete tasks.

Typically, the operational flow begins with the company's human resources or risk management department making an immediate referral to the organization's employee assistance program (EAP) or crisis response organization (CRO). Sometimes the property and casualty insurer may assume the role of referrer. The EAP or CRO will have protocols already in place by which the referrals are received, responses are managed logistically and crisis response counselors are dispatched to meet with impacted employees onsite. These counselors should meet the following criteria:

- Masters or doctoral education in a mental health field
- Certified or licensed to practice
- Crisis response–specialized training

Some organizations also include pastoral counselors or chaplains and trained peer helpers as members of a response team.

The crisis counselors arrive onsite and immediately establish communication with a designated onsite contact, typically from human resources or other management position. Before meeting with employees, it is clinically important to draw circles of impact and arrange groups of similarly impacted individuals. For example, people who experienced risk to their safety or witnessed horrific scenes will typically inhibit verbalization if coworkers are present who were not first-hand witnesses and, conversely, exposing nonwitnesses to gruesome images can secondarily traumatize them. Another rule of thumb generally advises against mixing employees and those who supervise them in the same group.

As outlined by founders of the International Critical

Incident Stress Foundation, Jeffrey Mitchell, Ph.D., and George S. Everly Jr., Ph.D., the counselors work to apply the *Five Antidotes for Crisis*:

- Structure for chaos
- Cognition for excessive emotion
- Catharsis and disclosure for psychological tension
- Understanding for loss of control
- Action for helplessness

Selecting from a continuum of structured group and individual interventions, the counselors provide a safe, directed environment to promote constructive verbalization, identify normal reactions to an abnormal event, engender group support, outline self-help recovery strategies, brainstorm solutions to immediate return-to-work and return-to-life obstacles, and triage movement toward more adaptive functioning and/or additional care. Information is shared regarding access to EAP or other community resources. The counselor also engages in immediate assessment for suicide or violence indicators. After intervention completion, the counselor provides the company's management with recommendations for next steps.

When business leaders manage the risk of a traumatic event via this process, they speed individual and organizational recovery and gain greater likelihood that employees will positively view their involvement. Tragedy needn't lead to additional tragedy.

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Guest Editorial



The theory of crisis debriefing, which has its roots in World War II and Vietnam battlefield counseling, is that ... just telling the story is important. It's important for people to put all of the puzzle pieces together, to be validated in their feelings, and to get information.

—Fast Company (www.fastcompany.com)

dealing with grief? Could you benefit from practice drills so you're better prepared for the next incident? Come to an agreement about the changes that you plan to make in order to lessen the likelihood of this episode reoccurring.

Give Each Other Support and Respect.

During a crisis, employees are faced with many decisions that must be made in a matter of seconds. They are often their worst critics if things do not go well. Allow people to express their feelings and concerns. This is the time to give one another reassurance and encouragement.

In the final analysis, corporations are worth nothing without their employees. If we spend as much time and money on protecting them as we spend on protecting our data and other resources, we will be far ahead of the game. By using these employee debriefing strategies after every major crisis or traumatic event, we will be protecting our most valuable assets—our staff.

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Judith Schubert is president of the Crisis Prevention Institute, Inc. (CPI). For more information, visit the company web site (www.crisisprevention.com) or call 800-558-8976 to speak to a support specialist.