

Advancing Best Practices in Critical Incident Response Services

Success in any endeavor brings its own set of challenges. Employee Assistance Providers (EAPs) have demonstrated time and again that providing timely, proactive service to employees in times of crisis and transition brings benefit to the employees and their organizations. Initially targeted toward problem employees whose substance or behavioral issues created difficulties in the workplace, EAP services continue to expand in breadth and depth of specialty. EAP professionals now support employee and management development, assist human resource professionals in framing and implementing policies, train supervisors and employees in a wide range of human dynamics, and facilitate employee access to a widening range of services and support. The more EAPs have shown that they can add value and increase return on investment by meeting the employers specialized human resource needs, the more they must specialize. This is a challenging proposition because specializing adds cost which in turn impacts the ROI equation. So how can EAPs continue to deliver the specialty services increasingly requested by employers while also controlling costs?

Partnering. Demands for best practice approaches and specialization along with pressure to reduce the cost of service makes outsourcing a good option. Changes in the “core technology” for employee assistance professionals, fueled by technology-driven performance improvement standards in business and industry, continue to drive EAPs and their specialty services partners. Many of the tried and true essentials in the early days of the industry have given way to multiple refinements, and the levels of training, preparation, certification necessary to deliver today’s services at today’s standards have evolved with them. Contemporary drug and alcohol policies, for example, reflect changes in the industry’s understanding of substance abuse, and its approach to effective treatment. The industry has weathered modifications in how payment for services is brokered and how access to service is managed. Although the changes have been extensive, EAPs and their trusted service partners have grown with the challenges to provide a continually improving standard of responsiveness and care while also demonstrating efficiency and return on investment. The same evolution is taking place now with respect to critical incident response services.

Response to critical incidents in the workplace has become a mainstay for most Employee Assistance Providers. The importance of addressing the “people side” of workplace issues, demonstrated by EAPs since their inception extends readily to the unexpected and escalating critical incident. EAPs have taken the lead in helping organizations reach out to all their impacted workers to ensure that the employer’s concern for their well being is communicated, emphasized, and translated into tangible, practical efforts at the times and places they’re needed most. It’s a “value added” service employers have come to expect. The critical incident response services historically provided by EAPs are appreciated, expected, and valued by employers. Practical assistance with addressing the wide range of immediate needs that appear in a crisis situation and compassionate attention to the emotional impact of these events turn out to be especially helpful on a subjective, palliative level. At the same time, a growing body of research suggests that some of the specific intervention approaches traditionally employed have fared less well than expected in controlled scientific investigations. As with all advances in behavioral medicine the approach to critical incident response must always endeavor to incorporate best practices and standards evolving out of ever-emerging research.

Best practices reflect the best evidence from the research community. Even more importantly, best

practices fold that evidence into systems and approaches built from broad and extensive experience in working with the people, problems, and situations involved in an area of application. Excellence in application comes when best practices are delivered in effective partnership with those who know the client best, the EAP.

Critical incident response organizations partner most effectively with EAPs by ensuring access to a continuum of care from telephonic to on-site services augmented with web-based resources, assessment tools, on-line and on-site training and a steady stream of new information consistent with evidence based behavioral medicine and grounded in best practices. Together, critical incident response organizations and the EAPs they serve ensure that the human capital needs of employees and organizations exposed to critical incidents are assessed and addressed at each step of impact and recovery. Applying best practices in critical incident response service enhances employee perceptions of organizational responsiveness, minimizes time and talent lost, optimizes organizational recovery, and facilitates return to work and full productivity.

An ever-increasing body of knowledge including views and research cited by the World Health Organization, the National Institute of Mental Health, The National Center for Post Traumatic Stress, NICE, the British Psychological Society, the American Psychological Association and other leading organizations and researchers conclude the following with regard to the impact of trauma, recovery and critical incident response practice standards :

- *The vast majority of people exposed to traumatic events will exercise their innate resilience and will recover within 4-6 weeks of the event without the need for clinical intervention.*
- *The most pressing needs at the time of impact center on practical, instrumental assistance and the reassurance that comes from well-structured, comprehensive, and responsive actions from their organization.*
- *Immediate assistance for victims of disaster and other traumatic events should center first and foremost around non-clinical, humanitarian support that involves addressing basic needs (food, clothing and shelter) and supportive palliative care.*
- *The best predictor of an individual's potential to recover is pre-morbid functioning/disposition, not the intensity or duration of event, or type of clinical intervention provided within the first 4 weeks. The best facilitation for the climate of recovery comes from the perception of social support and responsiveness on the part of the workplace and employer.*
- *The most effective evidence-based post-trauma clinical intervention currently available for individuals indicating, via assessment, the persistence of symptoms 4-6 weeks post incident, is Cognitive Behavioral Therapy(CBT).*
- *Response services should support natural expressions of resiliency while also ensuring that associated re-telling of the event or cathartic expressions are neither encouraged programmatically nor allowed indiscriminate expression.*
- *Rather than "identify and treat", response services should enhance and support the resilience of the organization and its employees.*
- *Response services are most effective if delivered within the first days and weeks of an incident and as part of a continuum of care tailored to unique needs of individual and organization, distinct from interventions that become relevant only following later assessments and which require referral to appropriate settings and providers.*
- *Response services should be controlled, monitored, and improved like other management services via*

statistical process control and Continuous Quality Improvement (CQI) mechanisms.

- *Response services should utilize appropriately trained and credentialed specialists to work with the client organization to define objectives and to create responses which can realize those objectives in an efficient, effective, and responsible manner.*
- *Organizations are best served by critical incident response specialists operating with the latest information on best practices in critical incident response, access to online and in person training in evidence based techniques (such as CBT) for post-crisis recovery, empirically supported tools in areas such as crisis assessment and crisis response planning, and ongoing access to emerging research and its implications for their practice.*

EAPs have successfully established critical incident response as a highly valued EAP specialty service. In order to become leading providers of critical incident response services EAPs must meet the challenges imposed by a business and industry environment that is continually raising the bar on quality, value and best practices. Now, more than ever, EAPs will benefit from partnering with critical incident response organizations that have the experience, technology and resources. The organization must be committed primarily to a comprehensive and efficient process for researching, identifying, communicating, training in, and delivering best practices. While clinical degrees, licensure, experience and general critical incident training remain necessary, these pre-requisites are no longer sufficient. Specialists delivering critical incident response services today must have access to evolving research and best practices and receive ongoing training in best practice approaches. They will be best equipped to participate in the delivery of a continuum of care, as recommended by best practices, and also meet the rigorous reporting and service standards of business and industry by delivering service in the context of a highly specialized critical incident response network: a network capable of leveraging extensive industry experience, tracking and implementing best practices, collecting and recycling outcomes data to continuously improve performance, and ensuring on-going support and training in evidence based behavioral medicine and best practices.