When Tragedy Strikes: Crisis Management for Critical Incidents and Post Traumatic Stress Disorder

by

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When tragedy strikes, military contractors face the obvious human cost as well as resultant financial costs due to loss of productivity, employee attrition, litigation, increased workers' compensation (WC) and disability costs, and reputational risk. If the tragedy is a WC loss related to an injury, employers typically provide immediate first aid and report the incident to the appropriate personnel. However, if the tragedy is psychological in nature, employers often fail to provide immediate, effective psychological first aid for employees. The appropriate and timely application of Critical Incident Response (CIR) has been found to mitigate workers' compensation or disability costs and help facilitate prompt individual and organizational return to productivity.

It’s critical that military contractors determine whether their company is appropriately assessing Post Traumatic Stress Disorders (PTSD) and incorporating CIR into their crisis management plan. It’s the right thing to do and it’s good for business.

What is CIR?

CIR is a comprehensive crisis intervention approach for addressing the human emotional factors of critical incidents. It is designed to reduce acute distress following an extreme event, encourage short- and long-term employee functioning, and facilitate both employee and organizational resiliency. Employees impacted by traumatic events typically experience variations of a predictable set of reactions:

Physical – gastric upset, digestive difficulties, insomnia, tension
Emotional – anxiety, fear, sadness, increased irritability, feelings of powerlessness
Cognitive – intrusive thoughts about the event, difficulty concentrating, increased mistakes
Behavioral – avoidance of stimuli associated with the event, hyper-vigilant behavior, increased hostility

These reactions may have survival value when facing an actual threat, but their continuance post-incident is troublesome for these employees and inhibits work and life activities.

CIR Specialists are professionals uniquely trained in behavioral health. The CIR professional should be able to respond to an employer tragedy on-site as quickly as possible to consult with the organization’s leadership and then provide a safe, directed environment to:

- Position the company’s leadership favorably
- Let people talk if they wish to do so
• Identify normal reactions to an abnormal event so that people don't panic regarding their own reactions
• Build group support
• Outline self-help recovery strategies
• Brainstorm solutions to overcome immediate return-to-work and return-to-life obstacles
• Triage movement toward either immediate business-as-usual functioning or additional care.

What is PTSD?

Posttraumatic Stress Disorder (PTSD) is technically an “anxiety disorder,” but its key features are the tendency to experience intrusive recollections of some traumatic (often life threatening) event and resultant stress, depression, and avoidance reactions. The traumatic experience serves to rearrange the individual’s life so that it seems to revolve, not around family, work, or friends, but rather around the traumatic experience. It’s almost as if the traumatic experience drains the precious energy so as to leave the individual irritable, defensive, impulsive, hyper vigilant, and lacking the desire to do all but the most basic of tasks. Withdrawal from friends and even family is common.

Early recognition and support appear to be keys to facilitating recovery. Managers should be alert to observe if employees’ immediate reactions persist as this would indicate the characteristic signs of PTSD. The most clinically significant early reactions include:

• Withdrawal from co-workers, friends, and family
• Psychological numbing and loss of the ability to experience the positive aspects of life
• Relentless obsessive thoughts about the event; intrusive reliving of the event.

Rather than adversarial, the organization’s response to those affected by PTSD should be seen as consistent and unrelenting. An organizational culture of support and resilience appear to be imperatives to facilitating return-to-work, and reducing workers’ compensation claims and other forms of litigation.

Although managers may find it tempting to avoid these situations, a proactive, caring approach is most effective. Employees will key off their leaders as they make decisions about their own reactions. Two critical questions are “Does the company care?” and “Does leadership know what they are doing?” Simply approaching the impacted employee to express concern for his/her well-being based upon observed reactions, asking what would be helpful, and triaging to professional resources communicates that the organization both cares and is competent to handle the frightening situation. The ACT crisis communication process – a simple process that provides leaders with a structured way to facilitate both individual and organizational recovery – has been found to be helpful.

Acknowledgment and name the incident

• 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’s important to use the word “death”.
• Acknowledge that the incident has an impact on team members and that individuals will be affected differently.
• Personally acknowledging the trauma positions leadership as being impacted by the event and can align leaders with other employees. This reduces the likelihood of blame.

Communicate pertinent information with both compassion and competence

• In these situations leaders must “know their stuff” in a compassionate way.
• Leaders may benefit from the support of a colleague, attorney, or CIR Specialist to help script a response and provide coaching/feedback.

Transition

• Communicate an expectation of recovery. Those impacted must gain a vision of “survivor” rather than “victim”.

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• Communicate flexible and reasonable accommodations as people progress back to return-to-work and return-to-life normalcy. All employees should not be expected to immediately function at full productivity (although some will) but will recover quicker 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.

Employees must witness a confident, competent person who doesn’t minimize the effect of the incident but communicates an expectation of recovery. People tend to get better when they expect to get better.

Techniques such as relaxation training, physical exercise, and low stress games and puzzles that stimulate intellectual mechanisms seem to aid in recovery. Early referral to specially trained mental health clinicians can also facilitate recovery. Techniques such as cognitive therapy appear highly effective. Medically, selective serotonin reuptake inhibiting drugs have proven useful in pharmacologic treatment, but should not be used in the absence of counseling. There is even some suggestion that beta-adrenergic drugs, when given soon after traumatic experiences, may serve to diminish the adverse reaction to that trauma. Group therapy can be especially helpful as it communicates that PTSD can happen to anyone - if they are in the wrong place at the wrong time - and it disputes the myth of “individual weakness.” Bibliotherapy (reading about one’s problems) can also be helpful. To learn more about these techniques, visit The Dart Center Web site (www.ptsd.va.gov) or the National PTSD Center (http://www.ptsdinfo.org).

In the final analysis, recovery from PTSD does not mean forgetting the traumatic experience. It means learning to live with it as an experience, rather than as the center of one’s life.

Resources
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