

What is a critical incident?

A traumatic event, known in the workplace as a critical incident, is an abrupt, powerful crisis event that creates an unusually strong emotional reaction. The impact of the critical incident may interfere with normal coping abilities. The stress response can be immediate or delayed and can be triggered by one or by a series of events. Critical incidents can be unexpected, involve personal danger or loss, create uncertainty and involve exposure to shocking sights, sounds or smells. Some examples which may occur in various types of workplaces are:

- Serious injury/death of an employee
- Robbery, assault, homicide
- Workplace violence
- Cumulative events involving serious trauma
- Unexpected death of infant/child
- Natural disasters (i.e. wildfires, floods, tornadoes, hurricanes)
- Terrorism, man-made tragedies

Why respond to a critical incident?

It is to both the employees' and employer's benefit to help workers manage the impact of a workplace critical incident. Research indicates that employees who are exposed to a critical incident that is dealt with inappropriately, are more likely to experience an increase in personal and health-related problems; and are at greater risk of using more sick days, having lower productivity or leaving their employment following the critical incident.

Two factors greatly reduce critical incident stress

Pre-trauma awareness - Education and familiarization with critical incident stress can help protect your work group.

Prompt support after a critical incident - Most workers feel that their bosses rather than company policies set the tone for workplace response to trauma and grief.

What is my role as Manager/Supervisor?

Managers and supervisors are leaders in times of crisis. Depending on the nature of the event, immediate outreach to employees acknowledging the critical incident may be enough to reduce distress. If the critical incident has caused evident signs of considerable distress, impairment or dysfunction amongst the workforce, a formal critical incident intervention can effectively address concerns.

Step One: Immediate Crisis Consultation

Consult with the EAP by immediately calling **855-775-4357** or emailing **cisd@acispecialtybenefits.com** to determine the most appropriate response. During that consultation, an EAP crisis response team member will request information to establish whether the event was out of the realm of ordinary experience for your work group and/or whether the event(s) are being experienced strongly by individuals, and if an intervention would be helpful.

Step Two: Execute Critical Incident Response Action Plan

If an intervention is required, the next step is to schedule a Critical Incident Stress Debriefing (CISD) through ACI's EAP. Led by a mental health professional, a CISD is a specific, small group, supportive crisis intervention process that combines group story-telling with practical information to normalize group member reactions to a critical incident, facilitate their recovery, and build a sense of resiliency. The CISD process does not constitute any form of psychotherapy and it should never be utilized as a substitute for psychotherapy.

Be sure to let the staff know that any intervention is for their support, is confidential and will not be used as a performance critique or evaluation. Managers and supervisors are not part of the CISD group session, a separate consultation for management can be arranged.

What should I expect of the CISD process?

Phase 1 – Introduction

In this phase, the team members introduce themselves and describe the process. They present guidelines for the conduct of the CISD and they motivate the participants to engage actively in the process. Participation in the discussion is voluntary and the team keeps the information discussed in the session confidential. A carefully presented introduction sets the tone of the session, anticipates problem areas and encourages active participation from the group members.

Phase 2 – Facts

Only extremely brief overviews of the facts are requested. Excessive detail is discouraged. This phase helps the participants to begin talking. It is easier to speak of what happened before they describe how the event impacted them. The fact phase, however, is not the essence of the CISD. More important parts are yet to come; but giving the group members an opportunity to contribute a small amount to the discussion is enormously important in lowering anxiety and letting the group know that they have control of the discussion. The usual question used to start the fact phase is “Can you give our team a brief overview or ‘thumbnail sketch’ of what happened in the situation from your view point? We are going to go around the room and give everybody an opportunity to speak if they wish. If you do not wish to say anything just remain silent or wave us off and we will go onto the next person.”

Phase 3 – Thoughts

The thought phase is a transition from the cognitive domain toward the affective domain. It is easier to speak of one’s thoughts than to focus immediately on the most painful aspects of the event. The typical question addressed in this phase is “What was your first thought or your most prominent thought once you realized you were thinking? Again we will go around the room to give everybody a chance to speak if they wish. If you do not wish to contribute something, you may remain silent. This will be the last time we go around the group.”

Phase 4 – Reactions

The reaction phase is the heart of a Critical Incident Stress Debriefing. It focuses on the impact on the participants. Anger, frustration,

sadness, loss, confusion, and other emotions may emerge. The trigger question is “What is the very worst thing about this event for you personally?” The support team listens carefully and gently encourages group members to add something if they wish. When the group runs out of issues or concerns that they wish to express the team moves the discussion into the next transition phase, the symptoms phase, which will lead the group from the affective domain toward the cognitive domain.

Phase 5 – Symptoms

Team members ask, “How has this tragic experience shown up in your life?” or “What cognitive, physical, emotional, or behavioral symptoms have you been dealing with since this event?” The team members listen carefully for common symptoms associated with exposure to traumatic events. The CISM team will use the signs and symptoms of distress presented by the participants as a kicking off point for the teaching phase.

Phase 6 – Teaching

The provider conducting the Critical Incident Stress Debriefing normalizes the symptoms brought up by participants. The facilitator provides explanations of the participants’ reactions and provides stress management information. Other pertinent topics may be addressed during the teaching phase as required. For instance, if the CISD was conducted because of a suicide of a colleague, the topic of suicide should be covered in the teaching phase.

Phase 7 – Re-entry

The participants may ask questions or make final statements. The CISD team summarizes what has been discussed in the CISD. Final explanations, information, action directives, guidance, and thoughts are presented to the group. Handouts maybe distributed.

Please keep in mind that every mental health provider may have their own method or variation of the process. Remember, to determine if CISD services are necessary, contact the ACI’s EAP to consult with a crisis response team member. Even when CISD services are not required, it is always a good idea to remind employees to contact the EAP for personal support services following a critical incident: **855-775-4357** or **rsli@acieap.com**.

Questions?

Contact ACI Specialty Benefits toll-free at **855-RSL-HELP** (855-775-4357)
rsli@acieap.com
<http://rsli.acieap.com>



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