

UNIVERSITY OF WASHINGTON

Managing the Impact of a Critical Incident:

A Guide for Managers and Supervisors at the
University of Washington

Developed by APS Healthcare, the provider of the UW CareLink Faculty and Staff Assistance Program in
collaboration with UW Human Resources.

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The purpose of this guide is to provide information for managers and supervisors on how best to
manage the impact of a critical incident and to outline available resources and support.

CONTENTS

Introduction	2
The role of UW CareLink.....	2
What you can expect when you call UW CareLink - 866-598-3978	3
Types of services available, timing, and attendance	3
Critical incident stress debriefings and individual support	3
Additional support	4
Additional information - range of reactions and the recovery process.....	4
CISM checklist for managers/supervisors	6
Attachments – guides and forms.....	7-8

Introduction

Critical incidents, whether they occur in the workplace or in the community, have the potential to impact employees and interfere with their ability to cope and perform their jobs effectively. As they are referenced in this guide, critical incidents can encompass a wide range of events and include natural disasters, workplace accidents, homicides, suicides, or the death of a coworker.

The role of UW CareLink

UW CareLink is provided by APS Healthcare and is available for telephone and on-site support. All calls for assistance should be directed through the dedicated toll free number **1-866-598-3978** (dial 9 first if calling from a campus phone). Choose the option of manager or supervisor calling for consultation. This will connect with you with a member of APS Healthcare’s Management Services Team. These senior level clinicians are experienced in guiding workplaces through a variety of critical incidents. Following this initial contact the APS account executive for UW will be alerted as well as the manager of UW WorkLife and other central HR staff for the affected area. One or more APS staff members will stay in touch with the manager and help guide the process of providing an effective response to the critical incident from beginning to case closure.

What you can expect when you call UW CareLink

The APS clinician will gather necessary information about:

- what happened,
- those impacted (to the degree possible at the time),
- location,
- contact people and phone numbers,
- services requested, and time and location of requested services.

Guidance will be provided on the timing and most effective type of response. Call **1-866-598-3978** (dial 9 first if calling from a campus phone).

Types of services available, timing, and attendance

Consultation and guidance on how to structure the organizational response will be provided primarily by telephone by a member of the APS Management Services Team. In the case of a major event, it may also include in-person assistance with the UW CareLink account executive or local contracted providers that have been briefed on UW practices and culture.

On-site support by a UW CareLink provider can be arranged within a few hours of an event. However, since individuals are most often still in shock, the role of the counselor at this time is limited. Most events do not require immediate, individual one-on-one support by a trained mental health professional. The kind of immediate support that can be most helpful is best provided by colleagues who are known and familiar to those impacted. The support often focuses on making sure the person has a way to get home safely and that they have someone to be with or that they can reach out to if needed. UW CareLink is available for telephone support 24 /7. For urgent case, immediate telephone support is available followed by same day appointment setting.

Participation in Departmental Briefing

UW CareLink providers can be present as part of the management-led departmental briefing. If the departmental briefing occurs the day following the incident, it can be very helpful to have the UW CareLink provider participate in that meeting. He/she can then provide education about normal reactions to a critical incident before conducting critical incident stress debriefing meetings.

Critical Incident Stress Debriefings

These are best arranged within 24 to 72 hours after the event. The facilitator provides a supportive environment to guide employees through how they experienced the event, reviews the range of normal reactions, and provides education about effective self-care strategies. Group meetings are beneficial to participants because they raise awareness that what they are feeling and thinking is normal and is shared by others. It also decreases isolation at a time that some will withdraw from social contact.

Debriefings are not group therapy; rather they are a way to support employees who were impacted by a critical incident. Staff should be strongly encouraged to attend the debriefings, but their participation is not mandatory.

Schedule multiple meetings to accommodate groups of up to 15 employees. The meetings should be held in semi-private locations that offer flexibility for the facilitator to arrange the environment to best suit the debriefing.

On-site individual sessions

In conjunction with debriefings, having counselors on-site for potential one-on-one sessions, offers additional assistance to those most affected or those reluctant to participate in the group format. However, as a standalone intervention it is the least likely service to be utilized. If individual therapeutic assistance appears to be needed, an immediate referral to an APS network provider is often the best approach. UW CareLink staff are available to assist in getting same day and next day appointments as needed.

Additional support

UW Human Resources and other campus resources such as UW Police Department and Environmental Health and Safety are also available to support managers and supervisors in dealing with the range of issues surrounding most critical incidents. The HR consultant team can be found at www.uw.edu/admin/hr/contacts/servicetms/index.html.

Additional information - range of reactions and effective responses

The emotional, psychological, and physiological impact from traumatic events differs among individuals. This is because one's reactions are based on one's *perception* of the incident. If one interprets the incident as life-threatening to themselves or significant others, the stress response is instinctively activated. This physiological response allows us to fight or flee the incident and achieve safety. When the perception of safety is achieved, the stress response "burns out" and our usual coping strategies return us to healthy functioning. **Debriefings help to facilitate this.** Sometimes the stress response does not "burn out", either because the perception has not changed, or because the incident is long term, like in natural disasters. Sometimes past experiences are "awakened" by the incident.

The handout included with this guide provides a more complete picture of the range of possible responses following a critical incident; the more typical reactions are:

- feeling numb or detached,
- emotionally and physically drained or "lost in a fog",
- having difficulty concentrating,
- having intrusive thoughts about what happened,
- heightened sensory awareness,
- being easily startled,
- disruption in sleep patterns (sleeping more or less),
- body ache, and/or
- mood swings.

Some individuals will report not having any or few reactions. This may be the result of the individual's interpretation of the incident as non-threatening; therefore, no stress response was activated or they may have effectively blocked the event (another defense mechanism)—at least in the short term. Individuals that seem to be having exaggerated or incongruent

reactions should be brought to the counselor's attention. This may include appearing medicated, uncontrollable crying, and expressing threats to harm self or others.

Recovery occurs in four normal phases: **Shock, Denial, Disruption, and Reintegration.**

Shock phase is largely characterized by a sense of disorientation, and a commonly reported feeling that you feel like you are in a movie. During this phase it is important to:

- communicate with clear, easy to understand direction of what is expected,
- provide reassurance and basic assistance—water, rest, contact with supportive resources,
- identify those most impacted and plan outreach/monitoring activities as needed, and
- managers/supervisors should be visible and accessible but not intrusive.

As the shock reaction dissipates, details of the incident begin to emerge. Our body's natural response is to protect and set up a barrier of denial.

Denial phase is marked by disbelief of the event and its impact. Denial sets in when the incident is too big for the body/mind to process. Denial also allows one to seemingly maintain a level of functioning and attend to the regular routines of their day. What one must remember is that denial can be purposeful and helpful to the individual and should not be confronted or questioned. Instead, supportive observance and gentle acceptance will allow individuals to move through this phase.

Disruption phase is the phase where most reactions are noted with a greater sense of vulnerability. The details and memory of the incident may feel overwhelming and out of control. Added support, normalization, and professional assistance can be very helpful. Returning to routines and structure can also advance the healing.

At some point, when the impacted individuals have processed what they have gone through, they will move into the **Reintegration** phase. Here they begin to make sense of the event and integrate it into their lifestyle. Often new choices and priorities are made and a new sense of an empowered self emerges.

Consultation with APS Management Services Team, especially during crisis, can offer focused guidance on all the stages and processes involved in developing a coordinated response.

CISM checklist for managers/supervisors

Event occurs

- Address** immediate safety concerns (<https://www.washington.edu/emergency/what-do-case-emergency>)
- Call UW CareLink** – from campus phones dial **9-1-866-598-3978**. Choose the option of manager or supervisor calling for consultation.
- Notify** departmental contacts, UWPD, HR consultant
- Compile** a list of employees impacted by the event.
- Communicate** the facts of what has happened, what has been done so far, and plans related to operations, support, and assistance. This notification should occur as soon as possible. Departmental briefings or an all-hands meeting can be effective tools to accomplish this communication, but phone calls and email communication may be necessary. *Using email to initially notify faculty and staff of sensitive or personal information should be avoided, but may be necessary at times when timing is critical or staff are in remote locations.*
- Schedule** critical incident stress debriefings and individual support in consultation with UW CareLink. Please note that two hours of initial on-site services are available upon request, however, any additional hours must first be approved with UW WorkLife prior to scheduling.
- Provide** impacted employees with UW CareLink’s phone number to arrange individual sessions: Toll free, dial: **1-866-598-3978**, (dial 9 first if calling from a campus phone).
- Decide** best course of action based on the event such as closing early, sending staff home, limiting hours of operations for the remainder of the day and for subsequent days, etc.
- Communicate** status to stakeholders and others impacted.



UW CareLink
Faculty and Staff Assistance Program
1-866-598-3978

The Critical Incident

Something happens. It is sudden, random, senseless. It affects not only the victim(s), but also family, friends, co-workers, acquaintances, and those who have witnessed some aspect of the event. The incident can alter your sense of safety, well being, and competence. Your ability to function normally may be temporarily disrupted.

Individuals will react with different levels of intensity. However, most people will experience some form of reaction, that is outside the range of their usual way of coping. People may experience the following after a traumatic event:

Numbness. You may withdraw from others, feel down, emotionally drained or “lost in a fog,” and/or have difficulty concentrating.

Hyper arousal. You may feel irritable or have flashbacks to the incident. You may be easily startled, feel nervous, or have nightmares.

It’s not uncommon to go back and forth between these two states. You may feel numb one day and irritable the next. The traumatic experience may bring back situations from the past in which you felt helpless or out of control.

Wall off the pain. When a crisis occurs, the normal tendency is to put feelings and emotions aside. Your instinct tells you to try to keep the incident separate from the rest of your life.

This strategy may be necessary to keep you going in the immediate crisis. The problem is that it usually doesn’t work in the long run. Refusing to talk or think about what happened doesn’t undo it. Often the effects break through later.

What is a Critical Incident Response?

The critical incident response is a temporary reaction to a serious event. Understanding that you may be having a normal response to an abnormal experience, and then making a conscious effort to work through it, will ultimately help you to overcome the stress and pain.

Common Critical Incident Responses

Physical	Emotional	Productivity
Fatigue	Feeling jumpy or easily startled	Inability to concentrate
Appetite changes	Irritability	Making more mistakes than usual
Neck/back pain	Difficulty concentrating	Trouble remembering things
Headaches	Intrusive thoughts about what happened	Tendency to overwork
Chest pain/heart palpitations	Avoidance of people, places, and activities	Staying home from work more often
Insomnia/nightmares	Anger	
Nervous energy	Feelings of helplessness	
	Flashbacks	

Taking Care of Yourself

- **Relaxation** techniques can be helpful. Stress is completely normal at a time like this. Acknowledge that you may have a lot of unpleasant feelings. Learn some stress management strategies and use them frequently. Give yourself time to recover from the crisis.
- **Sleep** is always important—but especially now. Restlessness, nightmares, and obsessing about the event can disrupt your sleep. Make sure you allow enough time for a full night's sleep. If you have difficulty sleeping for more than a week, consult your doctor.
- **Exercise** can help clear the cobwebs. A brisk walk is good for the body and has a calming effect on the mind as well. Mild exercises can help combat stress but don't over do it. Even if you exercise regularly, over exercising can lead to injury. You don't need that right now!

Traps to Avoid

- **Smoking** is always a health risk. Unfortunately, many ex-smokers become current smokers during crisis. Try to avoid using cigarettes as a crutch.
- **Alcohol and other drugs** are substances people may try to use to "self-medicate". When you are in pain, it is hard to tell what is enough. Perhaps the best idea is to try to avoid mood-altering substances as much as possible. They may cause far more problems than they solve. Instead of a drink, take a walk. Instead of taking pills, try talking to friends or to your spouse.

Suggested Post Trauma Do's & Don'ts

- | Do | Don't |
|--|---|
| <ul style="list-style-type: none">• Get ample rest.• Maintain a good diet and exercise.• Take time for leisure activities.• Follow a structured schedule, but allow some flexibility in case you are unable to follow through.• Find and talk to supportive peers and/or family members about the incident.• Learn about post-traumatic stress.• Spend time with family and friends.• Expect the incident to bother you.• Call your Employee Assistance Program (EAP).• Get extra help from a post-trauma counselor if you need it. | <ul style="list-style-type: none">• Drink alcohol excessively.• Stay away from work.• Withdraw from significant others.• Use legal or illegal substances to numb consequences.• Have unrealistic expectations for recovery.• Reduce amount of leisure activities.• Look for easy answers.• Be hard on yourself or others.• Make major life changes or decisions at this time. |

When You Need Help

If you are concerned that your response is too intense or lasting too long, call UW CareLink. A professional counselor experienced in Critical Incident Trauma is available to help you. For an appointment or for 24-hour, seven days per week crisis support call 1-866-598-3978.