

Stress & Well-Being at Work

Assessments and Interventions for Occupational Mental Health

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Posttrauma Crisis Intervention in the Workplace

The past two decades have witnessed increased interest in the human response to traumatic events. A growing body of research exists on the psychological consequences of military combat, physical and sexual assault and abuse, mass disasters, and the effects of jobs such as law enforcement and emergency response that carry a high risk of exposure to traumatic stress. During the same period, practitioners from a range of fields have begun to view the workplace as an appropriate arena in which to promote the general health and emotional well-being of workers. This work has originated from both public- and private-sector initiatives. Since the establishment in 1971 of the National Institute for Occupational Safety and Health and the continued development in the private sector of technologies for workplace health promotion and stress management, research and program development in these areas has grown considerably, along with a substantial literature on the relation between workplace conditions and stress-related health issues. Investigators and practitioners from a range of disciplines have contributed to this effort. The list includes occupational medicine, occupational safety, organizational development, psychology, social policy, and the law.

This chapter integrates aspects of these diverse fields and describes a model of crisis intervention that focuses on the emotional well-being of managers and employees in the aftermath of traumatic events.

Psychological Trauma in the Workplace

It is only recently that companies have begun to pay attention to the effect of traumatic events in the workplace. Such events arise from many sources. Some jobs, such as law enforcement, emergency response, retail banking, and chemically intensive manufacturing, carry higher than normal risks of exposure to crime or injury. But sudden death or injury, violence, or the threat of violence can strike any work force and can have a profound effect on group and individual functioning,

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whether the event happens on or off the work site. Other less violent threats to security also affect a work force, such as the threat of job losses brought on by downsizings, restructuring, or relocation. Many companies have developed "disaster plans" for responding to crisis situations, which may include plans for evacuations, policies for public relations, procedures to protect the company from legal action, and policies for death benefits (Truitt & Kelley, 1989). What is often overlooked in any crisis response plan is the profound effect of the event on actual survivors and witnesses—the employees themselves. Despite the concern of individual managers or supervisors, there exist few companies that have developed comprehensive "crisis readiness" plans to directly confront the acute and long-term effects of traumatic events on the health and morale of employees. Equally rare are procedures to identify and treat the employee who, injured at work, may never return to work or to full productivity because of the effects of injury-related posttraumatic stress disorder (PTSD), even after the physical injury is healed. Although some industries, notably law enforcement, have begun to develop methods for avoiding PTSD in employees exposed to psychic injury, essentially no risk assessment of the losses associated with work-related psychological problems exist.

Posttraumatic Stress Disorder

There is a rapidly expanding body of literature on the human response to overwhelmingly stressful events. Growing societal awareness of the pervasiveness and importance of posttraumatic states was confirmed in 1980, when PTSD was recognized in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; American Psychiatric Association, 1980). Posttraumatic stress affects people who have been exposed to events or conditions that involve a shocking or serious threat to their own security or well-being or that of people close to them. PTSD results when a person's functioning continues to be disrupted as a consequence of the traumatic experience (Paton, 1991). PTSD is characterized by intrusive reexperiencing of the traumatic event, avoidance of activities or situations that are reminders of the trauma, emotional numbing, withdrawal from intimacy and social interaction, disruptions in intellectual and memory functions, and difficulties controlling emotions, especially anger. Clinicians and researchers have understood the seemingly contradictory sets of responses in PTSD, which can alternate within a single individual, as the attempt to master an experience that has overloaded normal mechanisms for coping with stress (Horowitz, 1986).

It is not known precisely why some people develop PTSD as a result of traumatic experiences and some do not. It seems clear that some form of active processing of the traumatic event is important to reduce the risk of long-term psychological impairment, and many forms of individual and group treatment have been advanced (van der Kolk, 1987). Researchers and practitioners agree that the presence of a supportive environment that conveys to survivors that their feelings are legitimate and provides an opportunity to talk about these feelings and reactions is crucial to a positive outcome (Mor-Barak, 1988; van der Kolk, 1987; Wilson, 1989). Without appropriate social or professional supports, traumatized people, unaware that their reactions are normal and overwhelmed by the physiological and emotional response

itself, may abandon the effort to process the experience at all. In his landmark article, Lindemann (1944) described the tendency to "wall off" the trauma from consciousness when conscious processing of the event fails. When this active processing does not take place, long-term "posttraumatic decline" can occur. This condition is marked by depression, development of chronic medical problems, progressive social isolation, and the loss of ability to work and maintain relationships (Rosen & Fields, 1988; Titchener, 1986).

Research on PTSD has focused on Vietnam War combat veterans, victims of crime and abuse, and survivors of natural disasters (Rundell, Ursano, Holloway, & Silberman, 1989). There is a substantial body of work on policy stress (Gersons, 1989; Mantell, Dubner, & Lipton, 1985) and a growing body of work on emergency and disaster personnel (Mitchell, 1983; Raphael, 1977). Recently a researcher reported on the long-term psychological adjustment of survivors of a Norwegian oil-rig disaster (Holen, 1990). Beyond this study, there have been no controlled investigations of the effects of traumatic events in the workplace. However, researchers and observers from a range of fields have reported on the variety of posttraumatic conditions observed in individuals who have been injured, have suffered accidents or violence at work, or have witnessed traumatic events in the workplace (Braverman & Gelbert, 1990; Doepel, in press; Dunning, 1985; Hillenberg & Wolf, 1988; Ivancevich, Matteson, & Richards, 1985; Levit, 1989; Raphael, Singh, Bradbury, & Lampert, 1984; White & Hatcher, 1988). Writers in psychology, occupational medicine, sociology, and law, noting the dramatic increase in disability claims relating to mental injury in the past decade, have called emotional stress one of the most important health and human resource issues facing the workplace (LaDoe, 1988; Sauter, Murphy, & Hurrell, 1990; Victor, 1988, 1990). Stress related to traumatic crises and situations is one of the most preventable of job-related health risks.

Crisis Management in the Workplace

The term *crisis management* has most commonly been used in connection with business crises involving financial emergencies or internal "disasters" such as executive crime, product liability, environmental damage, or mergers and acquisitions. Companies employ financial managers, attorneys, public relations professionals, or other business consultants to manage the business aspects of such crises, as well as for "damage control" with respect to the company's public image. In some cases, particularly those involving layoffs or the prospect of takeover or reorganization, this may involve seeking ways to inform or reassure employees about their future with the company. In the vast majority of cases, however, *crisis management* has applied to the company's relation to the public *outside* its boundaries and in particular to the media, (Fisher & Briggs, 1989). Few companies respond in an effective, organized manner to the needs of managers, supervisors, security and medical staff, and line employees and their families either during or after traumatic crises. Recently, exceptions to this situation have appeared among several high-risk fields including law enforcement, emergency medical services, and firefighting, many of which have adopted formal protocols for the emotional debriefing of personnel in the aftermath of work-related trauma (Bergmann & Queen, 1986; Mitchell & Bray,

1990). The banking industry has begun to institute procedures to protect employees from the psychological after-effects of robberies (Braverman, 1991).

Traumatic crises, however, are not limited to particular professions. They strike employee groups in workplaces of all kinds (Fisher & Briggs, 1989). Events that are shocking, dangerous, or otherwise traumatic can be especially difficult for people working in settings where they do not expect to confront such events. In most cases, such traumas involve death through suicide or homicide, sudden loss through industrial or motor vehicle accidents or heart attacks, violence or threat of violence, or threats to job security. Employees exposed to such events experience posttraumatic stress reactions similar to those reported by victims of disasters, assaults, and traumatic loss in other settings. Furthermore, such events have an impact not only on individual employees but on the work organization as a whole. It is the responsibility of management to respond with timely and effective action to the challenges posed by these unforeseen, stressful, and frightening events. The following case examples illustrate the kinds of challenges and problems that arise from traumatic crises in the workplace.

Case Examples'

The 150 employees of Mutual Finance, a midsized investment company, arrived at work to the news that George Smith, Senior Vice President, had committed suicide by shooting himself in the head at his home. As the shock waves spread throughout the office, questions were raised, fed by both rumor and fact. During the preceding year, the firm had undergone several reorganizations at the highest levels. Rumor held that Smith's performance had been unsatisfactory and that he was about to be fired or "kicked upstairs." Employees wondered if the firm's executives—with a reputation for poor people skills—had mishandled Smith's situation, contributing to his suicide. It was also rumored that Smith had been despondent because of "corporate secrets" that presaged the end of the company. As anxiety spread, fed by these rumors, leadership was increasingly unsure how to respond. Plagued by their own feelings of guilt (however irrational), they felt defensive about how they might be perceived by the work force. How much should they expose to the work force about Smith and the company as a whole? Traumatized by Smith's act, they too were unsure about what it might mean to [them.](#) at this juncture.

A group of six employees working in a branch office of a bank were held at gunpoint for 30 minutes. Blindfolded and forced to kneel on the floor, they were threatened with death while the bank vault was robbed. Severely traumatized, several of the employees refused to return to work. Morale among other employees suffered, with many expressing fears and resentment about perceived lapses in office security.

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¹The following are drawn from the author's practice; incidences are disguised to shield the identities of the companies.

The day after he was fired for poor performance, an employee of a large accounting firm entered the office of the vice president and emptied a pistol at close range, killing the vice president. Scores of horrified employees witnessed the killing.

International Electronics Corporation had recently built a facility that employed over 2,000 people in the design and manufacture of a new electronic component. One Sunday afternoon, an employee working with hazardous chemicals was fatally injured when a safety system failed. When he was discovered by co-workers, emergency medical personnel and nurses from International were called, and he was taken to the hospital where he was pronounced dead. Representatives from site management and corporate health and safety were on the scene and at the hospital. The corporate medical officer, in consultation with the site manager, convened a meeting with the heads of facilities, corporate communications, and corporate counsel. They considered what to do about employees on the scene as well as the arriving shift. They wanted to avoid a panic and provide reassurance about plant safety, but they were concerned about what they could tell employees at this early stage. How much could they tell people? Should they close the facility?

The Importance of Crisis Management

Faced with these questions, management often founders in its well-meaning attempts to manage a crisis. One typical response is to close the office or plant for a day or two, grant administrative leave to those directly affected, and try to return to normal activities as quickly as possible. Managers may try to deal with their own sense of shock and helplessness in the face of such events by trying to return to "business as usual." Employees, following management's lead, quickly "seal over" or deny the emotional impact of the events. Emotional sealing over is a common reaction to trauma (Horowitz, 1985, 1986; Lindemann, 1944) and is one of the main components that contributes to increased risk of posttraumatic stress reactions. Furthermore, sealing over has consequences for the functioning of the entire work organization. When those in leadership positions try to ignore the trauma, there is a marked disruption in communication, which in turn leads to lowered morale and productivity. Even well-meaning responses can work against recovery from trauma. Temporarily closing down or selecting several individuals for special accommodations can have the effect of blocking communication and separating those affected from needed peer support. The ensuing losses from productivity, increased turnover, and general health problems can be minimized when management initiates a prompt and well-planned trauma response.

The Role of the Workplace in Recovery From Trauma

People exposed to traumatic events in the workplace, like all other traumatized groups, may exhibit a range of reactions. These include emotional numbing, social withdrawal, irritability, fearfulness, depression, sleep disturbances, protracted med-

ical problems, substance abuse, marital disruption, work inhibition, and premature job change. In addition, many people with traumatic experiences in their backgrounds can be seriously affected when a current trauma "rekindles" the pain and upset feelings from a previous loss or exposure to harm (Horowitz, 1986). When a trauma is suffered collectively in a workplace, the importance of group support becomes all the more apparent. Writers in the field of stress have noted the importance of social support as a buffer or moderating variable (Ganster, Fusilier, & Mayes, 1986; Hurrell & Murphy, in press). Group support has been recognized as a critical factor in the outcome of traumatic events (Barrett & Mizes, 1988; Wilson, 1989). Like families, work organizations hold restorative and recovery-promoting attributes that can be activated under conditions of emergency or stress (Mangelsdorff, 1985; Raphael & Middleton, 1987). Under normal circumstances, these intangible connections are maintained daily through the informal communication and support networks that operate within and between work groups. Work organizations owe their ability to be productive and well functioning as much to these often invisible connections and ties as they do to sound operational procedures. The ability of a work organization to mobilize these internal group resources at times of stress will effect general morale as well as individual health. Thus, a primary goal of posttrauma crisis management is to ensure that these resources are mobilized.

Barriers to Workplace Group Recovery

The emergence of group support in the aftermath of a workplace crisis is not always spontaneous. Because of the disruption of normal group processes, management effectiveness, and individual functioning, significant barriers to the mobilization of group support may arise. This can take place at precisely those times when at which support is most crucial for the immediate and long-term recovery of individuals in the workplace. Furthermore, the organizational culture of the particular workplace may mitigate against activation of the support and communication necessary for a resolution of the trauma. Work cultures do not usually permit expressions of fear, vulnerability, or sadness. Where there is also little opportunity for communication about nonbusiness issues, employees will have limited means of expressing their reactions, concerns, and needs for information.

In the absence of explicit permission and sanctioned structures for interpersonal communication about a traumatic event, individuals in a work environment tend to seal over their emotions: Employees, assuming that there is in fact no permission to openly express their reactions to a trauma, will not share their reactions with others at work. Similarly, needs for information may go unmet, increasing the incidence of rumors and the rise in fearfulness among employees. This is especially true in cases of violence or threat of violence when a perpetrator is unknown or believed to be still at large. It can also occur when an industrial accident raises questions about site safety, as happened as soon as news of the fatal accident at the electronics manufacturer spread among employees. Construction sites pose a constant risk of individual and mass fatalities. The affects of these accidents on co-workers and rescuers are only beginning to be recognized. Other situations present threats that are less direct but equally serious psychologically. Heart attacks and suicides prompt fears about work stress or organizational upheaval. In the case of

the executive suicide, fears about the firm's stability escalated, along with questions about the leadership's ability to steer away from disaster. In situations like these, ignoring the needs of employees increases the risk of posttraumatic stress reactions in individuals.

Individuals suffering from posttraumatic stress reactions often feel confused, frightened, or ashamed about these reactions. They withdraw from interpersonal contact. Management, unsure of the appropriate response or harboring feelings of irrational (but understandable) guilt or defensiveness, may appear to "stonewall" employees and fail to provide the supportive, visible presence that is needed. In the absence of sanctioned, planned meetings and communications, extreme reactions may prevail. People who have been traumatized feel extremely vulnerable, and their level of emotional arousal is high. People may initially cluster together, but without structures to help them deal with their feelings, these same people become unwilling to talk with one another because of fear of overexposure in their state of heightened emotional arousal (Parson, 1985). Thus, it is imperative that structures be provided to ensure a safe and positive environment in which communication and group support can take place.

The Crisis Response Plan

The key elements of a crisis-response plan provide these structures. Taken together, they are designed to address three areas of primary concern (see Figure 1).

1. Communication. Traumatic events in the workplace inevitably disrupt established communication networks, both formal and informal. Breakdowns in interpersonal and intragroup communication correspond to the sealing over of the individual trauma victim. When employees are unable to talk about what has happened and to have their questions and fears addressed, their ability to carry out usual job functions suffers, both on a team and individual basis.
 - I. ESTABLISH COMMUNICATION
 - Ally with highest levels, organize crisis team
 - Determine relevant information and means of communication
 - Inform about plans for meetings and ensure further communication
 - II. DETERMINE CIRCLE OF IMPACT
 - Extend intervention as broadly as necessary
 - Identify appropriate employee groups
 - Identify rescuers, witnesses, and other affected groups
 - Determine need for services for families
 - III. CONVENE AFFECTED GROUPS
 - Information
 - Education
 - Sharing/Normalization
 - Referral for individual meetings
 - IV. COUNSEL/ASSESS INDIVIDUALS
 - V. EVALUATE/FOLLOW-UP

Figure 1. Components of crisis intervention.

2. Support for Management. Traumatic crises present an enormously stressful situation for management. Normal leadership *functioning* may suffer. During a crisis, those in positions of responsibility and leadership may feel an acute lack of control over operations and the well-being of their employees. They may feel unsure about how to respond effectively when they are struggling with their own feelings of shock, grief, and confusion. However, it is at just such a time that employees will look to management to restore the sense of control, safety, and normalcy that has been shattered.
3. Prevention of Traumatic Stress. Some individual employees will be at risk for posttraumatic stress reactions as outlined above. Posttraumatic stress problems in individuals will affect general workplace morale and the ability of the group to return to normal functioning and productivity within a reasonable period of time.

A Model of Posttrauma Crisis Intervention

The term *intervention* is used to describe the collaborative work of trauma specialists, management, and other key company personnel in response to a traumatic crisis at the workplace. A crisis intervention is composed of the following elements: (1) crisis readiness, (2) consultation with management, (3) meetings with affected groups, (4) assessment and counseling of individuals at risk, and (5) follow-up and recommendations. These elements are described more fully below, and illustrative cases are provided.

Crisis Readiness

When a traumatic event occurs, management must act immediately and decisively on several questions: Should the office or plant be closed and people sent home? What information should be given out, by whom, and to whom? Who needs to be involved in the planning and execution of a response? How can the organization be returned to normal functioning? To ensure such a response it is important to have a set of crisis-readiness procedures in place in advance (Braverman & Gelbert, 1990; White & Hatcher, 1988). A crisis readiness plan should include: (a) guidelines for identifying events and situations that need intervention, (b) procedures that include a chain of response, and (c) education for management and personnel at various levels about traumatic stress in general and the crisis response procedure specifically.

After the takeover at the bank branch, the corporate, vice president for human resources researched the frequency of robberies at the bank's branches. He discovered a marked increase in staff turnover and absences at branches that had been robbed. With regional managers of operations and security, he developed a crisis response plan. The plan included identification of serious incidents, 'designation' of human resources representatives responsible for determining the need for intervention, selection of outside resources to provide group and individual services, and guidelines for matching the level of response linked to risk factors (e.g., show of weapons, length of takeover).

Initial Consultation to Management

The decision to initiate an intervention is typically reached within 12 hr after an event. Management and the consultant will then identify a crisis response team (CRT), typically composed of crisis specialists and local and upper management. It may also include representatives from departments of human resources, health services, safety, corporate communications or public relations, employee assistance, security, and union.

Ultimately, the effectiveness of a crisis intervention effort depends on support from the highest levels in the organization. It is important to have senior management from those levels on site to participate in planning and to be visible to employees.

After the fatal accident at International Electronics, the site manager of human resources, in consultation with an outside crisis consultant, quickly assembled a team composed of the medical director, site manager, a representative from corporate communications (a public relations function), and representatives from the corporate legal department. Also included were counselors from International's employee assistance program (EAP), who would work with trauma counselors from the consultant's team. The team decided to organize meetings for every group involved in manufacturing. Special written communications about the tragedy went out to the other groups within the facility.

The situation at Mutual Investment required an intensive meeting with the top management team before finalizing plans for contact with employees. First, as with most cases of suicide, there was a need to decide how much to reveal to co-workers about the cause of death. Considerations included the wishes of the deceased's family, the impact of the news on the public, and the possible concerns of the Board of Directors. The group decided to state honestly that although the death appeared to have been a suicide, this was not yet official and that information must be kept within the company. This allowed co-workers to begin openly to deal with the difficult issues associated with suicide, while still respecting issues of privacy. Second, the members of this senior management group, who knew Smith well and had struggled with how to deal with his performance problems, needed to resolve any possible feelings of responsibility for his death (as well as feelings of anger at him for his act). Only when this was done could they decide how to answer employee's questions about his death and how to confront the rumors about why he-killed-himself.

After being briefed by management, the CRT has the following tasks:

Determining the circle of impact. Who are the groups affected, and what are the natural groupings? It is important to extend the "circle of impact as far as necessary and to not discount or underestimate the impact of an event on related or affiliated groups not seen as directly affected. Management's outreach to all who might be affected is crucial. It is unfortunately not uncommon to miss the-after-hours shift, the outside contractors, or the employee out of town on a trip or vacation (Doepel, in press). In the case of International Electronics, an entire work division housed

in a connected building was left out of the original intervention effort. Within days, the clamor arising from close to 700 engineers, clerical support staff, and accountants who felt ignored and slighted prompted the CRT to extend the intervention program to them. These employees were found to be experiencing levels of fear and distress equal to those in the manufacturing side of the facility.

It may also be important to identify particular groups who might ordinarily not receive much attention. For example, at International, the small force of security personnel assigned to the facility entrances were under particular stress as a result of dealing with arriving employees who were hungry for information. The "blue shirts," or custodial staff, who felt enormous responsibility for the smooth workings and safety of the facility, needed special meetings and follow-up meetings to deal with the many concerns that arose for them in the wake of the tragedy.

Determination of communications procedures. It is often useful for the entire team to make decisions about how to bring crisis-specific information to the attention of employees. It is crucial that this information come from management. There must be a coordinated process for deciding the method of communication, whether usual electronic or written means, or face-to-face meetings. The outside specialist is often helpful in guiding these decisions. There must be a clear, easily accessible, and consistent means for notifying employees about the intervention, its purpose, and times and places for group and individual meetings. This is also the time for establishing what the facts are, outlining what if any constraints there may be on what information can be shared (including legal issues and issues of confidentiality), and, if necessary, dealing with the media.

Confronting representatives of the media can be stressful for employees as well. Reporters will often approach employees as they enter or leave the workplace or try to reach them over the telephone. Managers can use the initial communication to remind employees of their right *not* to talk to reporters. Employees should be made aware of the appropriate corporate channels to which they can direct reporters.

Identification of individuals at risk. The crisis consultant, in collaboration with the EAP, is responsible for determining who may be particularly affected because of their connection to the event, closeness with victims, or other individual risk factors (e.g., recent personal losses or tragedies, health issues).

Meeting with affected groups. Before groups are convened, it is important to identify the appropriate natural groupings. These can be organized according to shift, location, work task, or proximity to trauma (either emotionally or physically). It is my experience that having something in common helps to ensure a necessary level of trust. Although the model that follows has been used with groups of 50 people or more, the optimal size is from 10 to 25. The smaller number is particularly important for groups who share a closeness to the event and when strong feelings are likely to be present.

Figure 2 presents the outline for a typical group meeting. These meetings combine an informational, educational, and emotional-sharing approach. Running the meeting is not delegated to the crisis consultants: It must remain very much

- I. Introduction, Framing (*Management*)
 - Identification of the event, sharing of feelings
 - Introduction of consultants, others, purpose of the meeting
- II. Information (*Management*)
 - Update, assurance of continuing information
 - Questions and answers
- III. Trauma Education (*Consultant*)
 - Theory of posttraumatic stress
 - Normalization of signs and symptoms
 - Coping strategies
- IV. Group Sharing (*Employees, Management, Consultant*)
 - Ground rules, agreements for safety
 - Voluntary sharing of reactions, thoughts, concerns
- V. Wrap-up (*Management, Consultant, EAP*)
 - Review and reinforcing of group themes and issues
 - Information about counseling services

Figure 2. Posttrauma employee meeting.

the manager's meeting. At the outset, management introduces the crisis consultants and any other unfamiliar people, such as EAP or other corporate personnel, and explains their presence. The first order of business is information. For people in crisis, information is essential, particularly as it pertains to safety. Furthermore, by taking responsibility for providing information, management establishes itself both as being in control and as caretakers. Throughout a crisis, information confers both control and comfort. Although it is important that the managers directing the meeting be connected with the work organizations, in the case of events involving violence or safety issues, it is often important to add the presence of senior management or managers with special information or relevant expertise.

After the murder in the accounting firm, the president of the firm flew in, visiting not only the site of the murder but each of the four other branch offices in the city. Similarly, the division vice president of the bank that was robbed held a special meeting to discuss security issues with the affected employees. It is impossible to overstate the value of this kind of visibility of top leadership. When employees are frightened and shocked, they need the reassuring presence of leaders and are sensitive to their absence. For example, despite recommendations of consultants, the top-ranking vice president for the electronics facility refused to attend meetings with employees, preferring to delegate this to middle management. This created 'bad feeling,' particularly among line supervisors and middle managers. In contrast, the same company's international facilities manager was present at the meetings for each of the half-dozen work organizations at the stricken site to answer questions about the technical aspects of the accident. This was of immense value to employees and managers alike.

During the information section, managers provide facts, address rumors, answer questions, and explain company policy. The crisis consultant then describes the normal range of posttraumatic stress reactions to normalize what people may already be experiencing. It is important to predict what reactions they may experience in the coming days and weeks.

Group Sharing

The consultant then introduces a process through which both management and employees can share their reactions to the event. Confidentiality needs to be agreed to by all because a sense of safety is paramount. Although the expression of strong emotion is allowed, there is no pressure to do so. Again, the presence of management is crucial here. When managers open up discussion of difficult topics and express feelings, employees feel free to follow suit, and group support is activated. In my experience, in companies in which management has called in experts but then withdrawn from the process, essentially turning over their employees to consultants and not attending the meetings, employees have been reluctant to attend the meetings at all.

After the group sharing, the consultant reviews the dominant themes and concerns of the group, taking care to emphasize that they are normal for the event at hand. For example, in a case of suicide, it is important to note the difficulty of resolving the conflicting feelings of anger, sadness, and guilt. In the aftermath of an industrial accident, questions of safety and trust are paramount. It is crucial that these feelings be validated.

At the conclusion of the meeting, employees are offered a variety of ways to access a counselor, taking into account needs for privacy. When EAP counselors are present, they should take the lead in coordinating this process. A feedback questionnaire is distributed asking for a self-report on how each employee is feeling and feedback for management and providing the opportunity to request individual counseling. A follow-up meeting may be scheduled before closing the meeting.

"Isn't This Going to Stir Them Up?": Dealing With Managers' Concerns

Managers are often concerned about the emotional content of such meetings. For many people, expressing emotion and losing control are synonymous. Thus, management is often concerned that a return to order and normalcy will be jeopardized by allowing the expression of feelings. However, under the guidance of a skilled professional, these meetings permit the expression of thoughts and feelings in an atmosphere of control and safety. After such meetings, employees feel relieved and reassured and are able to return to adequate levels of job performance much more quickly. These concerns are also related to fear of reliving the emotional impact of the traumatic event (Horowitz, 1986). It is important to reassure management that by conscious recollection of the traumatic event, mastery, of the event is achieved sooner, with a more rapid relief from the unwanted intrusive memories and thoughts of the traumatic event. Therefore, when managers, say, as they often do, "Isn't this going to stir people up?" the answer must be, "Your people *are* already stirred up. These meetings will restore a sense of control to individuals and to your entire organization."

Crisis Counseling for Individual Employees

Once employees *are informed* that counseling services are available, they will often self-refer for such services. Those who may need such services but who do not self-

refer can be contacted tactfully, confidentially, and nonintrusively by counselors. Primary victims and witnesses are always met with, if only for a short "check in" if the employee is unwilling or fearful about such a contact. Typically, employees seek counseling because they feel particularly stressed by their closeness to the event (e.g., direct witnesses to an accident or death, close connection with an injured or dead co-worker, involvement in a rescue attempt) or because the event evokes another event in their lives (e.g., the suicide of a relative or friend, a similar accident, a recent loss, the current illness of a family member). In general, between 10% and 15% of employees participating in a crisis intervention will be seen individually. In cases of severe trauma, such as a murder or disaster witnessed by entire groups within a workplace, a company may mandate individual contact with a counselor for everyone in an office or plant. This was accomplished in the accounting office with almost 100% cooperation on the part of the over 125-member office staff. In these cases, mandating counselor contact with all employees removes the "stigma" of counseling that may inhibit some employees from using the service.

Follow-Up

At the conclusion of the first day of an intervention, and at intervals thereafter for the duration of the intervention, the CRT meets to evaluate and to plan for the future. The consultants provide feedback to management about the state of the organization and offer recommendations for possible future action to ensure the most complete recovery. This information can be quite important in the recovery and healing process; it is always important for a work organization or community to use a trauma as an opportunity for productive change. This may come in the form of improved safety regulations, the implementation of improved intragroup or labor-management communications, or the establishment of a fund or activity in memory of a colleague. At Mutual Investment, in response to overwhelming positive feedback from employees about the response and accessibility of management during the crisis, the firm instituted frequent brown-bag lunches with top management and a new formal meetings structure to improve face-to-face communication with employees. International Electronics considered a high-visibility safety program, emphasizing employee participation. In the case of another company, the fatal heart attack of a sales manager prompted managers to institute a health-promotion program, including a smoking cessation course.

The Relation Between Management and Outside Consultants

Whether outside consultants are engaged to assist with a traumatic crisis, it remains management's job to respond to employee needs. Management should serve as the primary source of information about a crisis or a tragedy, as well as of a model of positive, humane response. Their attitude could be expressed as follows: "We're in this together, and we are doing all we can do to help us pull through." If consultants are present, they are to be seen as a resource brought in by management to support the organization, rather than a replacement for the leadership. The position taken by management could be stated as follows: "Our priority is your well-being. We

want to get back to normal as soon as we can, but not by avoiding the impact of this event on all of us. We have invited these experts in to help us accomplish these goals as effectively and completely as possible."

Some models of crisis intervention that emphasize peer support as the primary therapeutic element raise concerns about the effects of outside intervention: Does the presence of experts communicate that the group lacks the skills and resources needed for its own recovery? This is an important question. The value of self-help and restoring a sense of control to a stricken organization is central to the model of intervention presented here. The consultant must not compound the organization's feeling of helplessness by fostering a sense that they lack the ability to recover on their own. The alliance with management is founded on establishing management as in control and as the source of the recovery process. The heart of the group meetings is the normalizing and supportive effect of communal sharing. However, the expertise brought by the consultant is a crucial ingredient in this process. A knowledge of psychological trauma theory is important in demonstrating to management the risks of sealing over and the need for active intervention. Educating employees and managers alike on the effects of trauma is crucial for preventing stress disorders. Therefore, the consultant should not hold back in the initial alliance setting and education phase. A strong, focused approach to helping the leadership face a crisis aggressively, with an emphasis on full visibility for management early on in the crisis, leads to a more rapid return to normal leadership and a sense that the group is back on its feet. Similarly, full attention to the resolution phase of a crisis should allow the consultant to leave the organization with a sense that the experience has begun to be integrated as a meaningful part of the life and history of the group.

Consideration, too, must be given to how the organization will respond to the entry of a consultant. Williams (1991) pointed out that high-risk occupations, such as law enforcement and emergency response, tend to have cultures that emphasize strong peer support. Such organizations rely heavily on internal resources to respond to the relatively frequent occurrence of trauma. These should never be supplanted by outside resources. However, Williams went on to point out that even in organizations with a strongly established internal trauma response capacity, some events, such as the death of a colleague, may require the support of an outside consultant. In such situations it is essential that the consultants be fully familiar to and with the organization (Williams, 1991). When an EAP or other specialized human resource service exists, it is important to assess how its functions will interact with the external resources. An accurate assessment of the limits of internal resources should be conducted so that an adequate and well-coordinated response can be mounted (Queen & Bergmann, in press).

Evaluation of Workplace Trauma Intervention

Researchers have reported on the incidence of posttraumatic morbidity in disaster workers (Ersland, Weisaeth, & Sund, 1980; Raphael et al., 1984), police-officers (Gersons 1989), firefighters-(Hyttén & Hasle, 1989), and in the general population (Green, 1982; MacFarlane, 1987). Writers in Scandinavia and Australia have pro-

posed research methods for this work and for the evaluation of methods to prevent stress-related problems in responders (Lundin & Weisaeth, 1991; Raphael, Lundin, & Weisaeth, 1989). However, beyond Holen's study (1990) on oil-rig survivors, there are no data on the incidence of stress or health problems in a work force following a workplace trauma. Similarly, no studies have evaluated the effectiveness of workplace posttrauma crisis interventions, either in measures of individual health, organizational functioning, or workplace productivity. As workplace trauma intervention continues to grow as a practice area, so does the need for studies to demonstrate its usefulness and to direct further development, refinement, and applications. Clearly, methodological and ethical problems exist in the design of controlled studies to evaluate workplace interventions. However, useful opportunities exist in quasi-experimental designs such as retrospective studies, record surveys, and naturalistic studies (Hurrell & Murphy, in press; Murphy & Hurrell, 1987). For example, a readily available and rich source of data exists in the personnel records of retail banks. These data could answer some interesting questions. What has happened to employees who have been the victims of robberies? How do their levels of absenteeism, health or disability claims, and length of employment compare with those of other employees? If a robbery response protocol has been instituted, what will a retrospective study of personnel data reveal about its possible effect on employee recovery?

Approaching this research presents an opportunity to integrate the work on traumatic stress with the broader literature on work stress (Hurrell & Murphy, in press). Interest on the part of employers concerning more critical aspects of worker injury and workplace stress is increasing as such critical stressors as restructurings, violence, and serious accidents attract more attention. Many health-promotion, stress-reduction, and trauma-intervention programs are applied in a fashion that takes little account of the characteristics of the population served. They may be poorly suited to the culture of the organization or inappropriate to the prevailing organizational climate. In view of the unique nature of this work, evaluation research should be designed to account for these organizational aspects. By and large, work-stress research has focused on the qualities of the stressor (i.e., job conditions) and the vulnerabilities in the exposed individual or group and how these might interact. Conditions relating to organizational factors have been subsumed into one of these two categories or have been conceptualized as moderating variables of the main stress-health effect. Evaluation research should consider elevating organizational culture and climate from the status of additional or moderating variable to that of a primary variable.²

The study of workplace trauma intervention also presents an opportunity to expand knowledge about the relation between group culture and individual health. Working with a group in the throes of a trauma opens a window on the values and culture of a work organization, much as the experience of a trauma presents an individual with a sometimes-shattering confrontation with the limits of his or her personal resources. How the group deals with the stressor will reveal much about the underlying beliefs and values of the company, the structure and style of lead-

²There are problems in the definitions and uses of the terms *culture* and *climate* when applied to the workplace. The research being proposed will have to begin with a review of these terms and adopt working definitions for their applications.

ership, and the characteristics of the individuals that make up the work force. The investigation of these phenomena will require the development of theoretical constructs and practical measures that can begin to describe the complex interaction among organizational, group, and individual factors.

Summary: Crisis to Opportunity

When the members of a company or work group suffer a disaster, a company crisis, or the loss of a colleague, they are faced with an opportunity—one that they certainly did not ask for but that, nevertheless, presents them with a choice. Choosing to deny the effects of a traumatic crisis causes communication to close down and brings a general constriction in the energy and commitment of a company's employees. This results in lowered morale, increased illness, and loss of employees. Most important, however, failure to recognize and respond to a traumatic event represents the loss of an opportunity to expand and deepen communication among employees and between employees and management. Traumatic events threaten one's sense of trust in the world. Temporarily—sometimes permanently—they shatter one's assumptions about safety and predictability. For a workplace in crisis, similar qualities are threatened. These include loyalty to the company, confidence in its leadership, and a sense of mutual support and trust among co-workers. When the leadership of an organization responds actively to a crisis, they acknowledge the importance of these interpersonal bonds for the over-all functioning and well-being of the organization. In so doing, they can take advantage of a powerful opportunity to raise organization functioning to a level even higher than existed before the traumatic event.

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