



**City and County of San Francisco  
Department of Human Resources  
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# **Critical Incidents and How to Handle Them**

**Employee Assistance Program  
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# 1 Purpose

This document was developed to inform and provide resources for departmental supervisors, managers and human resources professionals whose staff may experience, witness or be involved in a critical incident in the workplace. Over the years, the Employee Assistance Program (EAP) has prevented and responded to a wide variety of critical incidents at many of the City's workplaces. The EAP provides a critical incident structured group process on site, offers individual counseling, and assists management and human resources personnel to help employees heal from workplace trauma and return safely and productively to their personal and working lives.

# 2 Definitions

## 2.1 What is a Critical Incident?

A Critical Incident can be defined as: Any event outside the realm of daily human experience that causes an unusually intense stress reaction and has the ability to limit a person's ability to cope, impair their ability to adjust and negatively impact their work performance and environment.

Examples of traumatic events that produce such reactions include:

- Death of a coworker through illness, accident, suicide or homicide
- Injury to oneself or one's coworkers
- Exposure to a violent or threatening incident
- Natural or manmade disasters

## 2.2 Critical Incident Stress

Critical incident stress is the normal reaction to an extraordinary, traumatic event. This event may produce significant reactions in the employees and/or their family members.

A critical incident reaction may manifest itself as a combination of physical, cognitive, emotional and behavioral symptoms. Physical symptoms include fatigue, nausea, dizziness, muscle tremors. Cognitive changes can involve memory impairment, mental confusion, intrusive thoughts or recurring visions. Some of the emotional effects of a traumatic or critical incident can be anxiety, fear, guilt, irritability, hopelessness and depression. Management and co-workers may notice behavioral changes in the context of an employee's work performance and working relationships.

## 2.3 Defusing

Defusings always take place immediately or relatively soon after the critical incident for individuals or a group whose normal coping mechanisms have been overwhelmed. The purpose of this meeting is to both prepare employees for what they may experience following a traumatic

incident, and to educate and normalize any symptoms employees may have become concerned about.

The Defusing is a 20- to 45-minute psycho-educational discussion reviewing symptoms employees may experience. Due to the brief time allotted for a Defusing, it can be considered a starting point for intervention, leading to a Critical Incident Stress Debriefing (CISD).

## **2.4 Critical Incident Stress Debriefing**

A Critical Incident Stress Debriefing (CISD) is a voluntary, structured group process that helps people cope with, and recover from, an incident's after-effects. CISD enables participants to understand that they are not alone in their reactions to a distressing event, and provides them an opportunity to discuss their thoughts and feelings in a controlled, safe environment.

Typically, the formal CISD is scheduled to take place 72 hours following the event. This meeting usually takes one and-a-half hours. In this facilitated meeting, those participants (staff) who wish to speak will be guided through a process of debriefing the traumatic incident, where they discuss their thoughts, feelings and reactions to the event, normalize their physical, cognitive, and emotional symptoms, and offer resources for further support. It is not a therapy group or a way to place blame on any person(s) for the event; the sequence is designed to give employees the opportunity to express their experience, heighten their awareness of trauma and normal trauma response, and explore positive ways to help themselves and their co-workers through this difficult time.

At the conclusion of this meeting, the EAP will discuss further support services available to employees at the EAP and within the community. The EAP facilitator will stay after the meeting to discuss in private any questions participants may have. EAP intervention also includes a follow-up phone call to management approximately one month after the debriefing to check in about how employees (and management) are handling the previous event at this point, to discuss any further intervention, and to offer additional services.

## **2.5 The EAP's Role**

When a critical incident occurs, the EAP staff is available to respond immediately. Initially, we provide phone or "in- person" consultation with management to discuss both what to expect from employees who have been involved in a critical incident and when, logistically, the most effective time to schedule an intervention would be.

## 3 CISD Response

### 3.1 What Managers Need to Know

Everyone who experiences a traumatic event is affected by it. It is not your responsibility to solve a critical incident, but it is your job to manage the effects the situation will have on your employees and their productivity. You should know that after exposure to a traumatic or life threatening event, your employees may not perform their duties as well as before the event. Exposure to the event may produce predictable reactions that will generally subside over time. Some likely reactions can be:

- **Shock and disbelief.** In light of the sudden realization of loss or traumatic exposure, most people will be somewhat surprised, shocked and confused as the reality of the situation has yet to be understood and/or accepted.
- **Sadness.** If the person was well liked, it is natural that co-workers will be sad. We must remember that we sometimes see our co-workers for more hours on any given day than we see our family members.
- **Anxiety.** If the traumatic event was due to violence, co-workers may be naturally worried for their own safety. If the loss was the result of natural causes, co-workers may wonder about the state of their own health.
- **Regret.** Co-workers many times express regret for something they believe they should have done that they hope, in retrospect, would have prevented the traumatic event.
- **Painful memories.** It is not uncommon when experiencing a loss that we find ourselves remembering other important losses.
- **Anger.** Employees can be angry at the employee for actions taken that might have caused the traumatic event, like riding a motorcycle without a helmet; or actions not taken, like not taking a needed medication. There are some times in which employees can be upset with management when they believe the stress of the job contributed to causing the traumatic event.
- **Numbness.** Given a significant loss, employees may simply shut off feelings as a way to avoid feeling pain.

It is natural that an employee's performance may not be up to standard immediately following a critical incident. The manager should know that "the normal rules do not apply." This does not excuse the employee from their duties, but it does provide an allowance for the need of employees to talk to each other; the reality that concentration and detail orientation will likely be reduced; the likelihood they may be briefly flooded with emotions; and the need for some flexibility around deadlines.

The major role of the supervisor/manager will be to:

- Provide consistency; keep employees informed as information about the event becomes known.
- Communicate with the family – if allowed and appropriate.
- Check in with the employees offering support.
- Get support from your superiors for temporary relief from deadlines to lighten your burden of administrative work and make it easier for you to focus on helping your employees and your organization return to normal functioning.
- Contact the EAP at 415-701-5880. The EAP is available to offer professional counseling to those who wish it, and to provide debriefings to groups affected by trauma. It can ease healing as people express their painful thoughts and feelings in a safe environment, and come to realize that their reactions are normal and shared by others. Encourage your employees to take advantage of the EAP as a way of preserving health, not as a sign of sickness.

### **3.2 What Supervisors Need To Do**

The following steps are to be taken after a traumatic event:

#### ***Lead***

You represent the organization to your employees, and your presence can mean a great deal in helping them feel supported. You do not have to say anything profound; just be there, do your best to manage, and let your employees know you are concerned about them. Be visible to your subordinates, and take time to ask them how they are doing. Offer your support.

#### ***Listen***

Listen to employees if they come to you and talk about their painful experiences. This is hard to do, but eases healing as people express their painful thoughts and feelings and come to realize that their reactions are natural, normal and temporary. You may want to have the EAP come in to facilitate a special meeting (a CISD) for this purpose (415-701-5880), or your group may prefer to discuss the situation among themselves. Do not be afraid to participate, and to set a positive example by discussing your own feelings openly. Your example says more than your words.

#### ***Inform***

Share information with your employees as soon as you have it available. Do not be afraid to say, "I don't know." Particularly in the first few hours after a tragedy, information will be scarce and much in demand. If you can be an advocate in obtaining it, you will show your employees you care – this will help lessen their anxiety. If not you, decide who will be the person acting as “point person” in keeping up to date with the organization and the family.

### *Support*

Ask for support from higher management. Relief from deadlines and practical help such as a temporary employee to lighten your burden of administrative work can make it easier for you to focus on helping your employees and your organization return to normal functioning.

### *Understand*

After a traumatic event it is normal for employees' performance to be disrupted. Employees' concentration may be off. Employees may be preoccupied with the traumatic event or their reactions to it. Understand that your employees are likely experiencing normal reactions to an abnormal event.

Do not be distressed by differences in the ways people respond. One person may react very calmly, while another expresses strong feelings. One person may have an immediate emotional response; another may be "numb" at first and respond emotionally later. Emotions are rarely simple; people who are suffering loss often feel anger along with grief. Unless you see signs of actual danger, simply accept the feelings as that person's natural response at the moment. If a person is usually rational and sensible, those qualities will usually return once their painful feelings are expressed.

### *Provide Structure*

Helping your employees to keep to their previous work processes and organizational structure as much as possible will be helpful. Structure brings consistency, control and a sense of normalcy to a time of uncertain change. Being consistent does not mean having to be rigid. Keeping structure means informing the employees of any changes in reporting lines, keeping to break/lunch times, and providing adjustable but appropriate time lines.

### *Refer*

If an employee or a work unit is severely impacted by a traumatic event and having difficulty dealing with that experience, make the Employee Assistance Program's number available to employees. The EAP's number is **415-701-5880**. The EAP is available to offer professional counseling to those who wish it, and to provide debriefings to groups affected by trauma.

## **3.3 Setting Up a Critical Incident Stress Debriefing**

### **3.3.1 Timing for Crisis Intervention**

It is important to note that the timing for crisis intervention – specifically for a Critical Incident Stress Debriefing (CISD) – is based not on the amount of time that has passed since the traumatic event, but on the psychological readiness of the employees who have experienced it. Conducting a CISD immediately following the stress event is not advisable, since employees may still be in shock and not yet ready to objectively discuss their thoughts and reactions to the event. Psychological response and evidence of distress related to the critical incident may not yet

have begun to emerge. In addition, employees may not have the ability, at this early stage, to make use of the educative, support, and referral aspects of the CISD. Premature intervention following an event can overwhelm and further destabilize employees, so crisis intervention services must be well timed and tailored to the specific incident and the specific population affected. For most positive impact, the CISD should take place 72 hours after an incident, no sooner.

Here is a chart that can help in making a decision about scheduling appropriate interventions:

<b>Intervention</b>	<b>Timing</b>	<b>Activation</b>	<b>Goal</b>	<b>Format</b>
<b>Defusing</b>	Post-crisis (within 12 to 72 hours)	Usually symptom driven	Symptom mitigation. Possible closure. Triage.	Small groups
<b>Critical Incident Stress Debriefing (CISD)</b>	Post-crisis (72 hours after the event)	Usually symptom driven, can be event driven	Facilitate psychological closure. Symptom mitigation. Triage.	Small groups
<b>Individual Crisis Intervention (1 : 1)</b>	Anytime Anywhere	Symptom driven	Symptom mitigation. Return to function, if possible. Referral, if needed.	Individuals
<b>Organizational Consultation</b>	Anytime	Either symptom driven or event driven	Foster support and communications. Symptom mitigation. Closure, if possible. Referral, if needed.	Organizations
<b>Follow-up/ Referral</b>	Anytime	Usually symptom driven	Assess mental status. Access higher level of care, if needed.	Individual

Source: Everly, G. & Mitchell, J. (1999) Critical Incident Stress Management (CISM: A New Era and Standard of Care in Crisis Intervention. Ellicott City, MD: Chevron Publishing)

### 3.3.2 How to Set Up a CISD at Your Worksite

1. Call the EAP and ask to speak to one of the staff counselors.
2. Describe the critical incident to the counselor. Here is the information the EAP needs in order to provide a CISD:
  - What happened - the nature of the incident or event
  - Where and when the incident occurred – how long ago?

- Who was involved? Who experienced it? Who witnessed it?
  - What has happened in the meantime, since the event?
  - What kinds of reaction or behavior have you noticed among your staff?
3. The EAP counselor will schedule a CISD at your worksite 72 hours from the time of the critical incident.
  4. Encourage employees to attend the CISD, and grant time (90 to 120 minutes) during the workday for employees to participate.

### **3.3.3 What You Can Expect from a CISD**

- A CISD is a confidential, non-evaluative discussion of the involvement, thoughts, and reactions resulting from an incident.
- A CISD reduces the stress impact resulting from exposure to a critical incident through a venting of reactions along with educational and informational components and active peer support.
- It is not a form of therapy or treatment, an inquiry into the incident or an operational critique.
- Typically a debriefing takes place about 72 hours after the incident and lasts about two hours.
- CISD reduces stress and feelings of isolation resulting from a critical incident. It improves coping skills, helps prevent the onset of delayed psychological reactions, and promotes well-being.

### **3.3.4 What You Can Expect from the EAP**

- The EAP provides responsive, timely CISD services at your worksite upon request.
- Follow-up services can include additional CISD session(s), consulting with supervisor/managers, coaching in how to handle employees' ongoing concerns, problematic behavioral reactions, and delayed stress resulting from the incident.
- Individual confidential counseling for employees at the EAP office
- Assistance in identifying individuals in need of further services
- Targeted referrals to City and County, community, local, and other resources and providers

## 4 Delayed Stress

### 4.1 Delayed Stress: What Management Needs to Be Aware of in the Workplace

Normal people experience abnormal events. Sometimes these events are beyond their ability either to foresee, to control or even to make sense of. The disturbance can run deep and impact an employee physically, cognitively, emotionally, behaviorally and spiritually. While activities such as CISD soon after a critical incident can do much to help relieve employees' pain and suffering, some symptoms of trauma can resurface as time goes by, weeks or even months after the event. This is Delayed Stress, a natural and normal reaction to a traumatic incident. Since employees may demonstrate these symptoms in the work environment, supervisors and managers need to be able to recognize them and be prepared to take action to help their employees deal with them as well.

### 4.2 Several Common Signs of Delayed Stress

#### *Depression*

This is one of the most common symptoms of Delayed Stress. It can include general feelings of hopelessness, helplessness and/or worthlessness, and the view that others cannot possibly understand what they are going through. In the workplace, you may notice a reduced ability to concentrate, solve problems or make decisions. The employee may appear preoccupied, slow to grasp details and facts, impatient or irritable with others. They may feel "emotionally dead" and unable to enjoy lighter moments or social connections.

#### *Rage*

Employees may react angrily or even explosively to slight annoyances or perceived inequities. They may be verbally – and at times physically – assaultive, or they may direct their rage at inanimate objects, for example throwing something or punching/kicking the wall or furniture. It may be helpful to view this rage as a reaction to the employee's feeling unable to control the traumatic events that have happened.

#### *Isolation*

People isolate for a variety of reasons. They may believe that others do not want to hear about their traumatic experience, sensing that talking about it would put a burden on others. They might feel that others could not relate to their situation or understand it. They often feel rejected and do not reach out to others for support or information.

#### *Avoidance/Denial of Feelings*

As a way to distance themselves from the pain and trauma they have experienced, people may protect themselves by avoiding or denying them. This is a defense against fully experiencing the feelings associated with the incident, and it can enable them to function and get through a painful period of time without being incapacitated or overwhelmed by thoughts of their experience. The

numbness they suffer actually helps them cope in the short term, but it is of great concern if it persists over time. The person may be fearful that if they release/express their feelings, they may not be able to control their emotions.

### ***Anxiety***

Generalized anxiety may result from a traumatic experience. The employee may be unable to calm him/herself, may exhibit jumpiness, a startle reflex, or have panic attacks. S/he may become vigilant about their safety, as their heightened senses and nervous system are now attuned to anything out of the ordinary.

### ***Intrusive Thoughts***

Employees may “relive” the disturbing event over and over again, envisioning it vividly and unable to turn off the images that intrude in their mind’s eye. They will find it tremendously difficult to concentrate on their work, as their mind speeds repeatedly over the same thoughts. They may blame themselves for the incident, look for ways in which they could have prevented it, and/or feel guilt over what they might have done but didn’t.

### ***Sleep Disturbances, including Nightmares***

The ability to fall asleep and stay asleep is frequently impaired after a critical incident. Anxiety reactions, intrusive thoughts, rage and depression can prevent an employee from experiencing the deep sleep they require to enable their bodies and minds to rest and heal from the trauma. The hours before bedtime can be especially upsetting, as the person senses that sleep will be elusive, and the night will be a long one.

### ***Guilt/Survivor Guilt***

Painful memories can sometimes last the rest of one’s life, especially when a person feels deeply that they could have made a difference, “if only....” Employees may ruminate about what they might have done to change the outcome of the incident, prevent it, or actually save the victim. They may blame themselves, even knowing they could not realistically have acted differently than they did. They suffer continually and may be unable to put these feelings to rest, feeling helpless and powerless. They feel intense guilt since they survived when other(s) did not.

### ***Self-medication***

Employees may try to alleviate their suffering by “self-medicating:” using, increasing their use, or abusing alcohol and/or drugs. This may be an act of desperation, as they seek a swift means of forgetting, dulling or numbing the painful thoughts and feelings they experience as a result of the incident.

### ***Resurfacing of Previous Trauma***

Current trauma frequently causes previous trauma to re-emerge in a heightened manner. Employees who have experienced (or are currently experiencing) Domestic Violence, childhood abuse, rape, assault, war, or any other type of violence may suffer a flooding of intensified negative sensations, thoughts and images in addition to their reactions to the most recent incident.

### ***Anniversary Reactions***

The anniversary of a traumatic incident can rekindle feelings of grief, fear, longing, pain and guilt, as well as frustration and anger. These reactions can be seen as the employee's unresolved grief and unfinished mourning. While not every person will experience anniversary reactions, employees who have not taken adequate time to reflect on their loss and deal with their grief may experience a regeneration of the trauma at the same time each year.

### ***Angry Outbursts***

If an employee is having an angry outburst, allow them to vent for a minute to release their tension if you feel safe enough to let them do this, then let them know that their behavior is inappropriate and unacceptable, and it must stop. If there is present risk to the safety of any persons (including the employee, co-workers, or members of the public) or property, call 9-1-1; the employee must leave the premises.

## **5 How to Make a Referral to the EAP: Individual Employees**

### **5.1 How the EAP Works**

- The EAP is a cost-free, confidential, and voluntary counseling and wellness center for City and County employees, their family members, and their significant others. We are staffed by licensed Masters-level therapists who have 17 years of experience working with this population.
- Employees should not be forced, constrained or mandated to come to the EAP for any service. We know from experience that this approach simply does not work.
- The EAP offers up to six counseling sessions of 50 to 60 minutes each. We will make every attempt to schedule an appointment within 48 hours of an initial phone call.
- The first session is called a Screening session. The employee becomes a client by completing a short screening form and by reading and signing the EAP Consent for Services, which discusses issues of confidentiality and other topics related to legal and ethical issues.
- The EAP provides clients six sessions per year, per employee or per issue; however, if a client feels the need to return for further counseling, their EAP Counselor will assess whether the concern can better be addressed through a targeted referral to the employee's health plan, a therapist for ongoing/long-term therapy, or a specialist.

### **5.2 Referring an Employee to the EAP**

In referring an employee to the EAP, you need to be clear about the purpose and goal for doing so. The best way to make a referral to the EAP is:

1. First call the EAP to let us know you are thinking about referring an employee to us and provide us with some information that will help us plan our intervention. We will consult with you on the best ways to make a strong case to the employee for the need to address their issues through EAP counseling, and will brief you on what you can expect as a result of the referral. If the EAP counselor does not know that the employee is being referred by their supervisor/manager, and the nature of the problem, the counselor will not be able to plan for the most effective way of helping the employee.
2. Sit down with the employee to discuss your work-related concerns, nothing about the employee's personal life. Be warm, compassionate and understanding about their situation while explaining that the work must also be done. Let them know your expectations,
3. **DO NOT DIAGNOSE!** Do not try to assess the employee's problem. Just state the specific work performance behavior that you notice. Don't speculate as to the origin or personal impact of the behavior.
4. Set one or more behavioral goals with the employee, such as an improvement in work performance, or a decrease/elimination of a certain type of behavior in the workplace. Encourage, urge and advise them to use the EAP as a prime resource for reaching the goals you have set.
5. If you are giving the employee work time to visit the EAP, you may want to be certain that they follow through. The best way to do this is for the employee to sign a Release of Information (Release) during their screening session. Most supervisors and managers simply want to know that the employee successfully made and kept their appointment(s). Let the employee know that you don't need any details of their session, only the fact and date/time of attendance.
6. The EAP counselor will work with the client to sign the Release. After the session, the counselor will contact you to verify the employee's attendance and to discuss any other information specified in the Release as permissible to share. It is crucial to the process of meeting your behavioral expectations for the employee that there be communication between you and the EAP.

### **5.3 How to Contact the EAP**

**Location:** 1 South Van Ness Avenue, on the fourth floor.  
**Phone number:** (415) 701-5880  
**Fax:** (415) 701-5860

## Critical Incident Stress Reactions

Signs and symptoms of **Critical Incident Stress**:

### **Physical reactions:**

fatigue	insomnia
nightmares	exhaustion
dizziness	change in appetite
headaches	stomach problems

### **Cognitive reactions:**

memory impairment	difficulty with decision making
intrusive thoughts/visions	difficulty solving problems
mental confusion	difficulty with concentration
Inability to attach importance to anything other than this incident	

### **Emotional Reactions:**

anxiety	depression
fear	feelings of helplessness
guilt	grief
irritability	remoteness/numbness
anger	frustration

### **If you do experience some of these reactions:**

- Try to eat regularly even if your appetite is disturbed.
- If sleep is disturbed, do not toss and turn in bed. Read, watch TV, etc., until you feel tired.
- Do not try to drink away feelings, thoughts, visions....they will diminish in time
- TALK to coworkers, EAP, clergy, spouse, friends.
- Remain active and try to maintain a regular schedule.

### **Remember!**

**Critical incident stress is the body's and mind's coping response of normal person to an abnormal situation. Symptoms will resolve; you can help the process.**

## 6 Other CISD Resources

If EAP staff are not available, there are other available resources within and outside the City system to consult, advise, inform and provide CISD services.

### 6.1 Within the City & County

#### **Community Behavioral Health Services (CBHS) Department of Public Health**

CISD Coordinator:

David Nakanishi, MPH, LCSW  
Community Programs Administration  
Tel: 255-3647  
Fax: 252-3036

### 6.2 Outside the City/County System

#### **International Critical Incident Stress Foundation, Inc.**

Tel: 410-750-9600  
Fax: 410-750-9601  
Emergency: 410-313-2473

Bay Area CISD teams are located in the following cities:

San Rafael (2)  
San Bruno  
Benicia  
Fremont

#### **CAMFT (California Association of Marriage and Family Therapists)**

Crisis/Trauma Response Team Coordinator:  
Nancy Paine-Lewis, 415-861-6681

#### **EAPA (Employee Assistance Professionals Association)**

CISD Coordinator:

Alice Tanner, 415-717-3675  
[alicearcs@worldnet.att.net](mailto:alicearcs@worldnet.att.net)

#### **United Behavioral Health (UBH)**

1-800-888-2998

There are currently 82 licensed clinicians in San Francisco listed on UBH's provider list who are identified as having expertise in CISD.

[www.lww-trans.com/ClinicianSearchSummaryAction](http://www.lww-trans.com/ClinicianSearchSummaryAction)

**Note: SF City/County health plans do not provide Critical Incident Stress Debriefing.**