

Employees Don't Have to be Physically Injured to Suffer a Mental Blow When a Traumatic Workplace Event Occurs

Anyone who has ever witnessed a traumatic event understands the mental anguish it can cause. You don't have to be physically injured to suffer a mental blow. In workers' compensation, we often do a great job caring for the physical injuries, especially those that are commonplace. But what happens following the less common yet more severe incidents? Do we adequately care for or even acknowledge those unfortunate individuals who witness a catastrophic event? Too often the answer to both of those questions is no. It doesn't have to be this way. Addressing bystander trauma through crisis intervention can be good for workers and for the workplace.

Workplace injuries occur every seven seconds, according to the National Safety Council,¹ so it's to be expected that some of these are going to be severe. Nine in 10 people in the U.S. will be exposed to at least one traumatic event in their lifetimes.² For some, the events will carry lasting consequences. The estimated lifetime prevalence of post-traumatic stress disorder (PTSD) in the U.S. is 8.7 percent.³ For first responders such as paramedics, the rate is as high as 20 percent.⁴

Some of these traumatic events can unfold at work. Nearly two million American workers report having been victims of workplace violence each year.⁵ Even that large number understates the problem because many cases go unreported. Research has identified factors that might increase the risk of violence for workers in some situations. These include working alone, in isolated areas, or in small groups, as well as working where alcohol is served, late at night, in areas with high crime rates, and where money is exchanged in public. Certain occupations can face heightened risk as well. These include delivery drivers, healthcare professionals, public service workers, customer service agents, and law enforcement personnel.⁶

For most every death, there are ripple effects for those who are injured, involved, or simply witness an event. In workers' comp, we know what to do when someone is catastrophically injured. We can marshal an array of clinical resources to coordinate care for the injured employee. But oftentimes those who witness a catastrophic event without sustaining physical injury might be overlooked. Crisis intervention seeks to address the needs of those who are exposed to a critical event, which can upend the workplace.

Trauma can disrupt a worksite in many ways. Employees who witness a traumatic event may experience acute psychological crisis. An employee's response might vary depending upon factors such as proximity to the incident, relationship to the individuals involved, or ability to cope with stressful situations. A crisis situation at the worksite can reduce employees' motivation, hamper productivity, and even cause some people to leave a job. These effects can ripple through the organization.

Chaos and disorganization can harm overall productivity if employees are unable to cope or are absent from work. So, what can be done to support employees who witness a traumatic event? We can, in some cases, prevent the normal distress reaction from developing into PTSD.

The field of crisis intervention dates to WWI. However, the field of disaster mental health has been developing since the 1990s. In that time, groups including the American Red Cross and the Salvation Army, among others, have created disaster-response teams.

Critical Incident Stress Management (CISM) is a comprehensive, systematic, and multifaceted approach to managing traumatic stress within an organization or a community. It focuses on assisting both

individuals and groups that have experienced a traumatic event. The goal is to mitigate the effects of a critical incident and assist employees in recovering as quickly as possible. Often referred to as psychological first aid, crisis intervention can be administered with small groups (e.g., debriefings) or with individuals. This allows employees to share their thoughts and feelings about an incident while a crisis interventionist watches for signs of stress and discomfort. This professional can then offer to hold one-on-one meetings with any employee who wishes to participate. Typically, it's best to limit individual meetings to one or two sessions. Anything more than that likely would require psychological intervention through the employer's employee-assistance program (EAP) or through a health plan and/or community resource.

Keep in mind that most individuals exposed to a traumatic event will need some level of intervention. Participation should be voluntary unless the individual displays maladaptive behavior or appears as though they may harm themselves or others. And someone should not be required to talk about or relive an event unless they volunteer to do so. Being forced to do so can risk reintroducing the trauma.

The goal of any crisis intervention is to mitigate the harmful effect of traumatic stress, to provide support, and to offer encouragement in order to accelerate recovery. Doing so is not only the right thing to do, it can also mitigate losses to productivity at an individual and organizational level. And crisis intervention should seek to make appropriate referrals to qualified mental health professionals and other providers when indicated. If the needed resources are not available through an EAP or through an employer health plan, a referral should be made to community resources.

About the Author

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