

## Position Leaders to Lead Management Consultation following Workplace Crisis

“Nothing frustrates a customer more than receiving a service the EAP provider wished to deliver if it is *not* what was desired.”

| By Bob VandePol, MSW

**B**ehavioral health professionals are uniquely qualified to serve as critical incident response (CIR) specialists. Due to their training, they understand human behavior and the effects of potentially traumatic events, they communicate empathetically, and can usually maintain poise under stressful conditions. They have also been trained in how to assess and triage situations in which access to additional services are required – especially imminent danger of harm to self or others. However, when they misunderstand their role within a business context, behavioral health professionals are uniquely *dis*qualified as critical incident response specialists. Adherence to research-based best practices and clinical excellence are foundational to effective delivery of CIR services. In fact, this is mandatory! But this excellence can be wasted if there’s a lack of sensitivity to their role and to the business culture and objectives of the organization being served.

A great deal has been written over the past decade about modifying clinical approaches in CIR and understanding the complexities of simultaneously serving both individual and organizational clients. This is fine and well; but what has often been missed has been the simple question: “*Why do businesses call us in the first place?*”

➤ *Are they looking to prevent Post-Traumatic Stress Disorder?* Much of our research focuses around PTSD but such clinical discussions with chief financial officers tend to end rather quickly.

➤ *Is there an evidence-based clinical reason why banks expect on-site responses within two hours of the request?* The branch and district managers certainly care about people but their commitment to this time frame is primarily motivated to re-open the doors promptly to support the business/financial needs of their customers.

➤ *What is the business professional’s main concern?* Those in construction safety seem more highly invested in a prompt return to productivity so as not to incur missed-deadline penalties, while self-insured managers are mostly focused on reducing Workers’ Compensation claims and disability reserves. These business professionals define recovery in functional rather than clinical terms.

➤ *What is the CEO’s primary business concern?* CEOs may genuinely care about their employees, but they also have to concern themselves strategically in terms of their reputation, business continuity, and brand issues.

It is important to connect evidence-informed best practices with the business objectives of the cus-

tomers requesting the CIR services. These perspectives have largely been absent in most clinical programs and, until recently, have been invisible in most traditional CIR trainings. However, they must be clearly understood to ensure a successful response. Nothing frustrates a customer more than receiving a service the EAP provider *wished* to deliver if it is *not* what was desired.

Another differentiator between successful and unsuccessful CIR responses has to do with the specialist’s understanding of his/her role. Even though businesses may ask for “trauma counselors,” a much greater positive impact is available when the specialist functions more as consultant/psycho-educator to the organization’s leadership than as a therapist.

### The Need for Consultation amidst Crises

Effective crisis leadership manages behavioral risks by addressing the psychological undercurrent, but not all business leaders have that training or expertise and could benefit greatly from the consultation of a CIR specialist. The corporate-wide visibility of these incidents coupled with the level of impact puts employers at high risk. When tragedy strikes an organization stakeholders immediately look to leadership for direction. The

business leaders are challenged with making critical decisions – often outside of their training, expertise, and comfort zones. How they respond during the first hours of a crisis offers both tremendous opportunity *and* serious risk for the subsequent outcomes. The positive – or negative – response will echo throughout the organization.

Those looking for leadership will never forget those initial hours. Neither will the leaders! In retrospect, business leaders will often pinpoint a workplace tragedy as a pivotal point for the ongoing productivity of their work teams. Some identify how the incident actually launched a new sense of commitment to the organizational mission, loyalty, team cohesion, and engagement. Others bemoan

the event as triggering a collective *negative* image with increased conflict and distrust of leadership. Whereas business continuity issues such as IT recovery, infrastructure integrity, logistical issues, etc., must be addressed, ultimately, crisis recovery is about *people*.

Effective leadership manages behavioral risks by addressing the psychological undercurrent, but not all business leaders have the training or expertise to benefit from the consultation of the CIR specialist. Effective partnership *between* leadership and the CIR specialist is instrumental in facilitating individual and organizational resiliency. The critical incident and its aftermath will not go away if ignored. Work groups will go through a reactive process

– with leadership, or without it. Help them lead it!

### Crisis Consultation Recommendations

➤ **Enter the workplace as an invited expert.** Enter humbly and yet confidently because while it is their “home turf,” you are an expert on this subject matter. Those charged with leading their organization may be wonderfully skilled in many ways, but the human element in crisis response is *your* area of expertise. Present yourself as someone with solutions to this type of situation. Explain that you need to know how to best apply those solutions within the context of this particular corporate culture, history, and business objectives.

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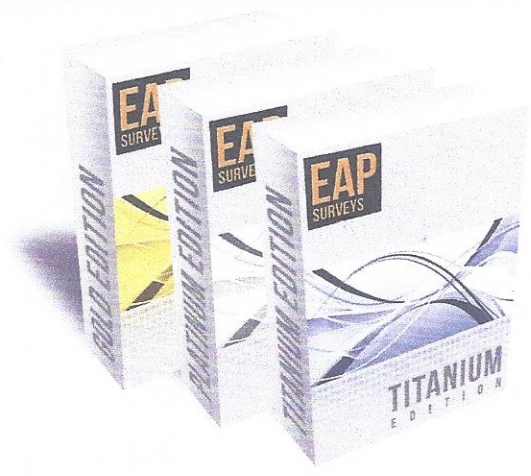
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Use language such as “Here are some steps that have been helpful to other organizations that experienced similar incidents. How do you think this plan will fit with your organization?” Clinical skills are foundational, but only when used with business savvy. *Listen*. Initially, demonstrate expertise by asking pertinent questions that they likely have not considered. Confidently propose a plan. Be flexible in case your plan doesn’t fit the organization you are serving. *Always have a plan*. You may not get to use it, but always have a plan.

➤ **Start by caring for business leaders.** It is easy to forget that leaders are human – it’s easy for you to forget, and it’s easy for them to forget. Perhaps they are also within the inner circle of those affected by the crisis and are experiencing the physical, emotional, cognitive, and behavioral reactions common to traumatic stress. The boundary between “professional” and “personal” may have been breached. They may be additionally perplexed because they are not at their best when their best is needed, and all eyes are upon them.

Check in with them in a caring way regarding their own status. They are likely to look past their own care until they’re assured that the CIR response is going well for their *employees*. At this point, examine the business leaders’ status again.

➤ **Consult with leaders to shape the crisis response.** Develop a response inclusive of large group psycho-educational briefings, interactive small groups, one-to-one private conversations, additional

management consultations, and any other resources based upon perceived circles of impact, the logistics of their work environment, and employee preference. If they are highly stressed, the leaders may truly need your ability to focus and think operationally.

➤ **Position leaders to lead visibly.** Emphasize the fact that your primary objective is to partner with them in a way that fosters resiliency and positions them to lead their work team back to productivity. Encourage them to engage those they lead by communicating the plan in a way that makes them visibly interactive. Employees are scrutinizing closely to assess whether leadership cares and is capable of leading effectively. The received message from leadership must be “*I care and I know what I’m doing.*”

Many times it is helpful for the CIR specialist to script a response for the leader and offer coaching and feedback regarding its delivery. One such crisis communication process that can be taught to leaders is the simple acronym ACT – **A**cknowledge, **C**ommunicate, and **T**ransition:

◆ ***Acknowledge & name the incident:***

◆ Be visible and available. People tend to assume that you have something to hide when you are perceived as absent.

◆ Demonstrate the courage to use real language that specifically names what has occurred.

◆ Acknowledge that the incident has impacted the team and that individuals will be affected differently.

◆ Acknowledge that the incident has also had an impact on *you*. Doing so positions leadership as also affected by the event and can align leaders with other employees; thereby reducing the likelihood of blame.

◆ Recognize that there is tremendous power in showing a calm presence – especially when demonstrated by someone in leadership.

◆ ***Communicate pertinent information with compassion & competence:***

◆ Acknowledge that in these situations, leaders must “know their stuff” in a caring way. Because leaders are also human and affected by traumatic stress, their communication style often becomes polarized toward either “competence” or “compassion”. Neither position alone demonstrates a sense of safety for those looking to be led. As noted, employees are scrutinizing closely to assess whether leadership cares and is capable of leading effectively.

◆ Have an accurate understanding of the facts and avoid conjecture.

◆ ***Transition to a future focus & next steps:***

◆ Triage employees back to work or to additional supportive care.

◆ Communicate an expectation of recovery. Those impacted must gain a vision of “survivor” rather than “victim.”

◆ Identify security and/or training strategies to prevent similar incidents in the future.

◆ Communicate flexible and reasonable accommodations as people progress to “return-to-work” and “return-to-life” normalcy.

♦ Recognize that employees should not all be expected to immediately function at full productivity (although some will), but will recover more quickly if assigned concrete tasks.

♦ Acknowledge that structure and focus are helpful. Extended time away from work often inhibits recovery. 'If you fall off a horse . . . get back on a pony as soon as possible.'

♦ Lead visibly for several days and be especially accessible to employees for support and information.

♦ De-stigmatize and encourage utilization of the CIR specialist.

➤ **Support them as both strategic and tactical leaders.** Effective crisis leadership must convincingly cast the strategic vision of a "new normal" that includes an expectation of recovery. Consistently identify how *expecting* to get better actually *leads* to getting better. Business leaders who sensitively communicate an expectation of resiliency rather than victimhood make recovery more likely to occur.

Tactical next steps must also be laid out gradually for those impacted by potentially traumatic events. For example, if safety is now a prime concern, emphasize that perception equals reality and leaders would do well to immediately implement security, infrastructure, and logistical steps that visibly demonstrate increased safety. Employees not only need to BE safe after violence – they need to FEEL safe, from a visible leadership presence that communicates both caring and competence. When employees perceive, correctly or not, that their leaders are minimizing their situation or are helpless to rectify it, they become increasingly panicked and angry.

➤ **Encourage leaders to acknowledge and reward employee loyalty.** Employees have choices and business leaders want their organization to present itself as an "employer of choice." Responding poorly can lead to employee attrition, litigation, increased workers' compensation claims, reputational damage, and diminished morale. Nothing supports employee loyalty more than having an employer that's really there for them during an extremely difficult time.

➤ **Prepare leaders for the days ahead.** Whereas the CIR specialist is often on-site for a matter of hours, the leader must return tomorrow, the next day, and on into the future to lead people facing the aftermath of tragedy. Predict anticipated challenges and provide recommendations that communicate both strategic vision for an expectation of recovery, as well as practical, gradual tips for a return to productivity.

### Summary

Critical incident response specialists who function effectively as consultants

can extend the positive outcomes of their efforts well beyond the dimensions of the limited time they are on-site and the people with whom they interacted. Let's make a bigger difference. ♦

*Bob VandePol serves as president of Crisis Care Network, the largest provider of critical incident response services to the workplace. Crisis Care Network responds 1,000 times per month following workplace tragedies to facilitate employee/organizational return to productivity. He is active as a keynote speaker, author, and video trainer. VandePol managed CCN's Command Center in Manhattan after the 2001 terrorist attacks and has led numerous leadership summits and consultations following other tragedies. He is a board member of the National Behavioral Consortium, and co-chairs the National Action Alliance for Suicide Prevention's Workplace Taskforce.*



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