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Effective Interventions for Victims of Workplace Violence as Perceived by Employee Assistance Professionals

William Anthony Curti
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Effective Interventions for Victims of Workplace Violence as Perceived by Employee Assistance Professionals
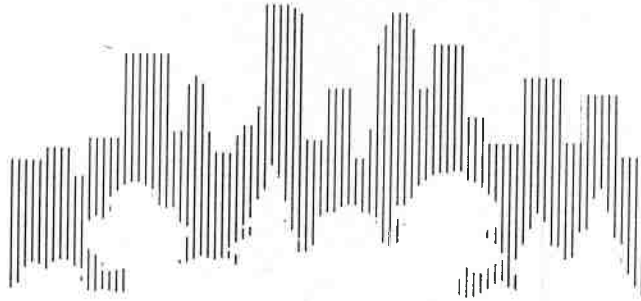
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MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

William Anthony Curti

has been approved by the Examining Committee for the thesis requirement for the
Master of Social Work Degree.

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Thesis Committee: _____
Thesis Advisor Clarice Staff, D.S.W.

_____
Thesis Reader Laura Boisen, Ph.D., LICSW

_____
Thesis Reader Jacqueline R. Fendler, M.S.W., LICSW

EFFECTIVE INTERVENTIONS FOR VICTIMS OF WORKPLACE VIOLENCE

AS PERCEIVED BY EMPLOYEE ASSISTANCE PROFESSIONALS

WILLIAM ANTHONY CURTI

Submitted in partial fulfillment of
the requirements for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2000

ABSTRACT

EFFECTIVE INTERVENTIONS FOR VICTIMS OF WORKPLACE VIOLENCE
AS PERCEIVED BY EMPLOYEE ASSISTANCE PROFESSIONALS:

AN EXPLORATORY STUDY

BILL A. CURTI

March 2000

The purpose of this exploratory study is to describe effective interventions in helping victims and witnesses of violence in the workplace. The literature review revealed the problem of workplace violence, and the potentially negative effects this violence has on the individuals who are victims or witnesses to this trauma. Companies and organizations have enlisted the support of Employee Assistance Program counselors who are trained in Critical Incident Stress Debriefings. The goal of this type of debriefing is to help prevent the long-term negative effects of critical incidents. Questionnaires were sent to two hundred twenty Employee Assistance Professionals in the upper Midwest.

Thirty four of these questionnaires were returned completed, giving an overall usable response rate of 15 percent. Common interventions given by the respondents included encouraging the verbalization of feeling, normalizing their reactions, and identifying possible sources of future support. The data also suggests the effects a witness and victim experiences depends on what type of workplace violence occurred.

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CHAPTER I

INTRODUCTION

This chapter presents the issue of the rising problem of violence in the workplace, and the harmful consequences an individual may experience as a result of being the direct recipient or a witness to that violence. This section identifies the background of the problem and statement of the problem. This section concludes with the purpose of this exploratory study and the research question.

Background of the Problem

Violence is a major problem in our society. Not only are our communities and homes affected but our workplaces as well. Violence and trauma in the workplace is being reported in the media at alarming rates. As the media touches on cases of workplace violence around the world and in our communities, many of us recognize that we are vulnerable to the possible intrusion of the chaotic and unsafe world being portrayed. It seems that no workplace is immune. Examples of violence in the workplace include but are not limited to: aggravated assaults, robbery, suicide or attempted suicide, murder or attempted murder, rape, showing or using weapons, hostage or siege situations, sabotage, stalking terrorism, verbal threats, or any other serious accidents or incidents (Wolf, Leonhardi, Polancih, and Knight, 1994). Violent victimization is usually a traumatic event, and victims of human violence generally suffer a crisis. Reactions to that crisis are both physiological and psychological (Gist & Lubin, 1989).

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Employee Assistance Programs (EAP) are one source of help if a workplace is disrupted by violence. Assistance by EAP counselors consists of a broad range of service provided by companies and organizations to help their employees with resolving any personal, work, or family problems which are interfering with their productivity and effectiveness (Kurzman, 1993). Social workers often serve as EAP counselors for employers. In addition, EAP counselors are often called upon to respond to traumatic incidents such as workplace violence and trauma that are affecting employees.

Providing crisis services to people in need continues to be a key social work intervention (Ell, 1996). The need for providing immediate aid to people in severe emotional distress is undeniable no matter which form the counseling takes. When a traumatic event happens at work, people may be assisted by their EAP counselor who may use an intervention called a Critical Incident Stress Debriefing (CISD). A Critical Incident Stress Debriefing is a structured crisis response which can be provided within hours by EAP counselors for groups of employees who are being affected by a critical incident such as violence in the workplace (Mitchell & Everly, 1995). Traumatic incidents in the workplace range from robbery, worksite accidents, assaults, injury to oneself or others, murder, suicide, layoffs, and other traumatic events which may tax an employee's ability to cope. In incidents such as these, the EAP counselors typically provide a CISD where the client is located. These debriefing sessions are usually scheduled one to three days after the initial shock of the incident has subsided, and the sessions typically last from one to three hours (Everly, 1995). Follow-up sessions are scheduled after the debriefing and referrals for longer-term counseling are given at the

conclusion of the debriefing (Mitchell & Everly, 1995).

Statement of the Problem

The stressful effects of a critical incident can pose painful and serious hazards to the victims who have experienced this critical incident stress (Mitchell, 1988). According to Andreason and Black (1995), "Posttraumatic stress disorder (PTSD) develops in persons who have experienced a traumatic event that has involved being a witness to or being confronted with actual or threatened death, serious physical injury, or a threat to one's physical integrity" (p. 314). The goals of Critical Incident Stress Debriefing are to alleviate psychological distress and minimize any future occurrence of post-traumatic stress disorder (PTSD), (Mitchell & Everly, 1995). As stated, this debriefing is considered to be important for the long-term health of the employee. The EAP counselor who performs the Critical Incident Stress Debriefing can have an important role in helping the individual recover from the negative impact of the violent incident. Thus, the quality of the interventions can be important for the recovery of the individual who experiences workplace violence. This research project will focus on the range of specific interventions an EAP counselor has used in the CISD process when assisting victims of workplace violence.

Purpose and Significance of the Exploratory Study

The purpose of this study is to explore what are the effects of workplace violence on its victims, and then what are the subsequent interventions to combat these effects as perceived by EAP counselors performing CISDs.

According to Rubin and Babbie, social work exploratory research is conducted for

two main reasons 1) to begin to explore a new and/or underdeveloped area of social work practice and, 2) to test the feasibility of further research or expand additional methods of research (1993). Currently, there is little research that explores effective interventions using the Critical Incident Stress Debriefing process with witnesses and victims for workplace violence. This study only begins to explore these areas.

The potential significance of the study's findings will consist of providing information for those interested in intervening with individuals in crisis, more specifically for providing helpful information for those mental health professionals who intervene with victims of workplace violence using the CISD process. By gathering current perceptions from their colleagues, this research project may provide new and insightful ways of helping victims deal positively with this traumatic experience. In some cases EAP counselors may have begun delivering effective and helpful interventions which have yet to be shared with their professional colleagues.

This exploratory research project seeks to gather current information on the practices of EAP counselors who have performed Critical Incident Stress Debriefings with victims and witnesses of workplace violence. The information gathered in this exploratory research project is not limited to benefit only those who administer Critical Incident Stress Debriefings but it may also aid any individual or professional who finds him or herself assisting an individual or group in crisis due to encountering a traumatic event involving workplace violence.

Research Questions

This exploratory study will address the following two research questions.

1. What are the effects on the victims and witnesses of workplace violence as perceived by Employee Assistance Program (EAP) counselors performing Critical Incident Stress Debriefings (CISD)?

2. What are the specific interventions used by EAP counselors performing CISDs which assist individuals in overcoming the negative effects of being a victim or a witness to violence in the workplace?

CHAPTER II

LITERATURE REVIEW

The literature review is organized into three general categories: workplace violence, the effects on the victim, and the response by Employee Assistance Professionals.

Workplace Violence

"Endemic stress, access to deadly weapons, a glorification of violence in the media and popular entertainment, coupled with the 'downsizing' of organizations once seen as offering secure employment, all contribute to a climate where hostility can flourish" (Broderick, 1995, p. 8). Violence and assault in the workplace is widespread. "It cuts across every type of work setting and hits at every occupational group. No one, no matter what level he or she achieves on the organizational hierarchy, is immune from workplace violence" (Engel, 1991, p. 34).

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) reports on average three workers died under violent circumstances each day in 1993. In addition hundreds of thousands of workers, particularly those in health care and service sectors, experienced some type of non-fatal violent assault while on the job (OSHA, www.osha.gov., 1998). In 1993, twenty five million people were victimized by fear and violence in the workplace (Mantell & Albrecht, 1994). Broderick (1995) quotes a survey conducted by Northwestern National Life Insurance in 1993: "more than two million Americans working in civilian jobs were victims of assault during the previous year" (p. 7). The same study concluded that two thousand five hundred workers per one

hundred thousand have been physically attacked on the job (Broderick, 1995). In fact, homicide is the leading cause of death for women in the workplace, and the second leading cause of death for men according to the United States Department of Labor Bureau of Statistics (OSHA, www.osha.gov., 1998). Examples of violence in the workplace include but are not limited to: aggravated assaults, robbery, suicide or attempted suicide, murder or attempted murder, rape, showing or using weapons, discharge of firearms, hostage or siege situations, sabotage, stalking, terrorism, verbal threats, or any other serious accidents of incidents (Wolf, Leonhardi, Polancih, and Knight, 1994).

Effects on the Victim

For the purpose of this study, a victim is someone while at work who has experienced harm, injury, or loss as a result of the intentional or negligent actions of other human beings, or whose life has been disrupted by catastrophe (McCann, Sakheim, & Abramson, 1988).

"Traumatic events are powerful and overwhelming incidents that lie outside the range of usual human experience" (Bell, 1993, p. 36). People who experience a traumatic event may be left feeling upset and shaken. The effects of critical incident stress can pose painful and serious hazards to the victims who have experienced critical incident stress (Mitchell, 1988).

Theoretical Framework: Crisis Theory

In order to understand what a victim of violence may experience, it is important to understand crisis theory. It is important to note that "There is no single theory or school of

thought that encompasses every view of human crisis or all the models or systems of crisis intervention" (Gilliland & James, 1993, p. 16).

However, following the lead of Lindemann (1944, 1956) and Caplan (1964), basic crisis theory focuses on helping people in crisis recognize and correct temporary cognitive, emotional, and behavioral distortions brought on by traumatic events (Gilliland & James, 1993). Caplan (1964) viewed crisis as a state resulting from impediments to life goals that cannot be overcome through customary behaviors. Gilliland & James (1993) summarize their research on crisis theory with a definition of crisis; "Our complete definition of crisis... is a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person" (p. 23).

Ell (1996) stated that "state of crisis is commonly described as a severe emotional upset, frequently accompanied by feelings of confusion, anxiety, depression, anger, and disorganization in usual relationships and social functioning." (p. 660). The individual experiences heightened psychological vulnerability, reduced defensiveness, and a severe breakdown in coping and problem-solving ability (Slaikeu, 1984). "Psychological homeostasis is destroyed because an individual finds him/herself unable to cope with a challenging or aversive situation. A dysfunctional spiral of distress and decompensation is initiated in response to this failure of usual defenses and coping mechanisms" (Mitchell & Everly, 1995, p. 67). Symptoms associated with acute or sustained stress may include cognitive impairments such as diminished memory, decision making capability, attention span, emotional reactions of increased anger, irritability, guilt, fear, paranoia, and depression: and physical problems ranging from fatigue, dizziness, migraine headaches,

and high blood pressure (Everly, 1995).

      According to McCann, Sakheim, & Abramson (1988), there are five stages of victim and witness response to trauma: emotional, cognitive, biological, behavioral, and interpersonal. These responses do not necessarily occur in a linear order. The following table (McCann, Sakheim, & Abramson, 1988, p. 538) describes the psychological response patterns among victims and witnesses of trauma:

Figure 1: Psychological Response Patterns among Victims

(McCann, Sakheim, & Abramson, 1988).

Emotional

Fear, anxiety, and intrusion

    Depression

    Self-esteem disturbances

    Anger

    Guilt and shame

Behavioral

Aggressive behavior

    Suicidal behavior

    Substance abuse

    Impaired social functioning

    Personality disorders

Cognitive

    Perceptual disturbances

Biological

    Physiological hyperarousal

Somatic disturbances

Interpersonal

    Sexuality problems

    Relationship problems

Phillips (1990, p.367), quoting the work of van der Kolk (1987) states that "the actual severity of the response to traumatic stress is affected by four factors: nature of the trauma, age of the victim, predisposing personality, and social support resources." Wolf adds that there several factors which influence the subjective intensity of trauma. "These factors include the duration of the event, the amount of terror or horror the victim experienced, the sense of personal control (or lack thereof) the employee had during the incident, and the amount of injury or loss the victim experienced" (Wolf, et al. 1994, p. 27).

Bell (1995), in reviewing the work of van der Kolk (1987), Figley (1985), and Ochberg (1988), states that "For people subjected to human induced catastrophes, such as violence, the assault on basic life assumptions or normal expectancies is particulary devastating." (p. 36). Violent incidents in the workplace are sudden and unexpected, disrupt one's sense of control and may shatter one's expectations of reality (Wolf et al. 1994).

As stated, the loss an individual feels as a result of witnessing or being the direct recipient of a violent act can be devastating. A person loses their sense of safety and security. Frolkey (1992) suggests that "after a traumatic event, an individual may feel unsafe or afraid to be alone at home or in the workplace. Places that represent safety or sanctuary may be lost or violated" (p. 36). The experience of victimization shatters the assumption of invulnerability and is replaced by overwhelming feelings of vulnerability. "Feelings of intense anxiety and helplessness accompany the victim's lost sense of security and safety. The victim's new perception of vulnerability frequently manifests itself, in

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part, in the victim's preoccupation with the fear of reoccurrence" (Janoff-Bulman, 1985, p. 19). Victims no longer perceive themselves in a safe and secure environment. They have experienced a malevolent workplace. "In human-induced victimizations, such as criminal assaults, this is particularly distressing, for the victim is no longer able to feel secure in the world of other people (Janoff-Bulman, 1985, p. 20).

According to Frolkley, the loss of relationship due to the death of a co-worker can also be traumatic for an individual. Even if there is no loss of life, the trauma may be sufficient to end a close relationship, for example, if a co-worker is unable to return to work due to the trauma experienced (Frolkley, 1992).

The loss of self-esteem is another issue that victims of workplace violence may experience. Being victimized leads to serious questioning of self perception. The trauma of victimization activates negative self-images in the victim. "Victims perceive themselves as powerless and helpless in the face of forces beyond their control" (Janoff-Bulman, 1985, p. 22). Janoff-Bulman (1985) continues by suggesting that "this sense of helplessness can serve as a catalyst for revision of one's self-concept, leading to a loss of self-esteem" (p. 22). This loss of control is a threat to their autonomy and self-esteem. Janoff-Bulman (1985) further suggests:

> The coping task confronting victims is a remarkably difficult one.
> Basic assumptions about themselves and their world, built over years
> of experience, have been shattered, and a new assumptive world-one
> that incorporates the experience of victimization-must be rebuilt (p. 31).

The loss of meaning could be another result of witnessing or being a victim of

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violence. "In the cases of serious crimes, accidents, and diseases the problem of loss of meaning often seems to focus not on the question, Why did this event happen?, but on the more specific question, Why did this event happen to me?" (Janoff-Bulman, 1985, p. 21). The coping process will involve coming to terms with a world in which bad things can happen to oneself. "The victim will also face the tasks of reestablishing a view of the world as meaningful, in which events once again make sense, and regaining a positive self image, including perceptions of worth, strength, and autonomy" (Janoff-Bulman, 1985, p. 22).

According to Mantell & Albrecht (1994), survivors of violence in the workplace may spend time passing through three stages. The first stage is shock, disbelief, then denial and numbness. Stage two is where the victim may run through a gauntlet of different emotions as they try to cope with their experience. The third stage is where the surviving victims start to regain their emotional and mental balance. He calls this stage the reconstruction of equilibrium. Wolf, et. al. (1994) called this the "reconciliation stage in which the employee tries to make sense out of the event, understand its impact and through trial and error reach closure of the event so it does not interfere with his or her ability to function and grow" (p. 26).

The psychological after-effects of violent incidents are both distressing and disabling, and can prevent a return to normal work relationships. A victim or witness to a traumatic event such as workplace violence may develop a clinical diagnosis of Acute Stress Disorder or Posttraumatic Stress Disorder. Both are similar diagnoses but are dissimilar in the duration of the symptoms.

Acute Stress Disorder and Posttraumatic Stress Disorder (PTSD)

Both the clinical diagnoses of Acute Stress Disorder and Posttraumatic Stress Disorder have as their diagnostic criteria: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and (2) the person's response involved intense fear, helplessness, or horror (American Psychiatric Association, 1994).

In Acute Stress Disorder the individual can have a subjective sense of numbing, detachment, or absence of emotional responsiveness. In Acute Stress Disorder there is a reduction in awareness of his or her surrounding, derealization, depersonalization, and dissociative amnesia (American Psychiatric Association, 1994).

The primary difference in Acute Stress Disorder and Posttraumatic Stress Disorder is the duration of the symptoms. "The essential feature of Acute Stress Disorder is the development of characteristic anxiety, dissociative, and other symptoms that occurs within 1 month after exposure to an extreme traumatic stressor" (American Psychiatric Association, 1994, p. 429). The disturbance lasts for at least 2 days and does not persist beyond 4 weeks after a traumatic event (American Psychiatric Association, 1994). "When symptoms persist beyond 1 month, a diagnosis of Posttraumatic Stress Disorder may be appropriate if the full criteria for Posttraumatic Stress Disorder are met" (American Psychiatric Association, 1994, p. 430). According to Wolf et. al, "If a combination of post-incident reactions continues for more than one month, the employee may be at risk of developing Post-Traumatic Stress Disorder" (Wolf et al. 1994, p. 26).

The DSM IV definition of Posttraumatic Stress Disorder is as follows: "Post-

traumatic Stress Disorder is characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma" (American Psychiatric Association, 1994, p. 424). People with PTSD experience recurrent or intrusive thoughts recollections, and/or recurring nightmares about the event (American Psychiatric Association, 1994).

Andreasen & Black (1995) suggest that there are three general categories of characteristic symptoms of PTSD:

(a) re-experiencing- including thoughts of the event that are difficult to control, flashbacks, nightmares, and increased distress when exposed to reminders of the event; (b) avoidance- including numbness, depression, withdrawal from friends, family, important events and activities, and efforts to avoid reminders of the event;

(c) increased arousal -sleep and concentration difficulties, hypervigilance, and increased startle response, and increased anger and irritability. PTSD can be diagnosed if the length of the symptoms is longer than one month and the symptoms cause clinically significant distress (American Psychiatric Association, 1994).

The Response by Employee Assistance Professionals

According to Mitchell & Everly (1995), Critical Incident Stress Debriefing (CISD) is widely used as a formal, group post-trauma intervention for the prevention of posttraumatic stress in certain high-risk occupations, such as emergency medical technicians, battle soldier in times of war, police, and fire fighters. CISD is also used with groups, such as students in school and employees in the work site, when critical incidents arise such as deaths and accidents (Mitchell & Everly, 1995).

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Sometimes a Critical Incident Stress Debriefing (CISD) response is delivered on an individual basis but usually this intervention is used when two or more people experiencing a crisis or traumatic event (Mitchell & Everly). The CISD is usually done between twenty four and seventy two hours after the incident. The entire CISD process can last anywhere from one-and-a half to three hours if the group consists of eight to twelve participants (Mitchell & Everly, 1997).

Several researchers (Everly, 1995; Mitchell,1983; Speaker, 1988) have described the formal CISD process as consisting of seven stages or phases:

1. Introduction phase. In the first phase, CISD team members introduce themselves and give an overview of the debriefing process. Objectives include the following: (a) setting expectations, (b) introducing the team leaders, (c) reviewing the process, (d) increasing participant motivations, (e) responding to any initial concerns, (f) discussing guidelines for disclosure and confidentiality, and (g) establishing a foundation for initiating CISD.

2. Fact phase. In the second phase, the facts or the personal perceptions of the critical incident are elicited from the CISD participants. Facts are elicited by asking open-ended questions and asking the participants to focus on the facts of the event.

3. Thought phase. There is a gradual shift from a fact-orientated process to a more thought-orientated process next.

4. Reaction phase. Most highly charged emotions typically emerge in this phase.

5. Symptom phase. The CISD participants in the symptom phase report physical or psychological symptoms of distress.

6. _Teaching phase_. This phase reinforces the concept that posttraumatic stress is a normal reaction to an abnormal event. Treating the symptoms as normal is an important task in this phase.

7. _Reentry phase_. The reentry phase reinforces constructive coping mechanisms, identifies dysfunctional ones, answers any other questions participants may have, and attempts to provide some psychological closure on the event, or set the stage for closure.

Spitzer and Neely (1992) reported that the CISD model developed by Mitchell was applied in a successful program with hospital-based, health-care personnel after critical incident stress that occurred in the hospital worksite. They reported the CISD program enabled the hospital staff to provide better patient and family care, and fewer medical mistakes.

However even the originators of CISD, (Mitchell and Everly), recognized CISD is a limited intervention mechanism. Critical Incident Stress Debriefing is not psychotherapy. "It is designed to lessen acute symptoms, mitigate the impact of traumatic stress, and screen for those who may need additional support" (Mitchell & Everly, 1997, p. 92).

Theoretical Framework: Crisis Intervention

According to Everly (1995) the CISD process uses important aspects of crisis intervention and educational theory. For decades EAP counselors have been providing crisis services on an in-person basis, where the EAP counselor goes out to the location of the people who need services (Van Den Bergh, 1992). CISDs build upon their earlier history of on-site crisis intervention services by EAP counselors. According to Van Den

Bergh (1992), the provision of CISDs by EAP counselors has grown since the early 1980's.

CISD is a form of crisis intervention. "There is no single theory or school of thought that encompasses every view of human crisis or all the models or systems of crisis intervention" (Gilliland & James, 1993, p. 16). However, the earliest person to formulate a model of intervention is Lindemann (1944, 1956). Gilliland and James (1993) in reviewing the work of Janosik (1984) state, "Both Lindemann and Caplan dealt with crisis intervention following psychological trauma using an equilibrium/disequilibrium paradigm. The stages in Lindemann's paradigm are (1) disturbed equilibrium, (2) brief therapy or grief work, (3) client's working through problem or grief, and (4) restoration of equilibrium" (p. 16).

Critical Incident Stress Debriefing is similar to what Karl Slaikeu (1984) calls psychological first aid in crisis intervention. Psychological first aid involves immediate assistance and usually takes only one session. Its main focus is on immediate coping (Slaikeu, 1984). "Psychological first aid is primarily intended to provide support, reduce lethality, and link the person in crisis to other helping resources" (Slaikeu, 1984, p. 82). There is no effort in psychological first aid to finalize a psychological resolution of the crisis. An aspect of psychological first aid is for the helper to assist in sorting out what needs to be addressed immediately and what issues can be postponed until later. (Slaikeu, 1984). Second-order crisis intervention, or crisis theory on the other hand, refers to a short-term therapeutic process that goes beyond restoration or immediate coping, and aims instead at crisis resolution (Slaikeu, 1984).

Slaikeu's idea of psychological first aid in crisis intervention is similar

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to the intervention of Critical Incident Stress Debriefing. "The primary goals of CISD are to mitigate posttraumatic stress and make early identification of the persons who may need more intensive psychological support" (Everly, 1995, p. 281). This mitigation of postraumatic stress includes lessening a possible negative arousal and to assist the individual in reestablishing psychological and physiological balance as rapidly as possible (Mitchell & Everly, 1995). Goals of crisis intervention include stopping the acute process of psychological deterioration, stabilizing the cognitive and affective processes, managing acute symptoms of psychological distress and dysfunction, restoring independent adaptive functioning or providing assistance in receiving continued acute care (Mitchell & Everly, 1995). It is designed to speed the recovery of normal people who have been exposed to abnormal events (Mitchell & Everly, 1995). Also in the CISD process, the interventions should address the hierarchy of needs, initially physical and safety needs. "Taking care of basic needs provides a bedrock for positive mental health" (Meichenbaum, 1994, p. 512).

Role as Educator

The CISD process uses important aspects of crisis intervention and educational theory (Everly, 1995). "Educational theory, it has been maintained, is a species of practical theory, an argument whose conclusion consists of recommendations for practice" (Moore, 1972, p. 24). The CISD process offers a structured meeting that allows an opportunity for education, ventilation, support and the development of stress management skills (Mitchell & Bray, 1990).

The role of the educator is a crucial one for an individual performing a Critical

Incident Stress Debriefing. "The educational component of the debriefing is key to helping victims understand the wide variety of stress symptoms, become familiar with various stress reduction techniques, and become capable of replacing maladaptive coping strategies with constructive and effective ones" (Bell, 1995, p. 41). The CISD allows people to verbalize their distress and form appropriate concepts about stress reaction before false interpretations of the experience are fixed in their minds. It also reassures that the stress response is controllable and that recovery is likely (Mitchell & Everly, 1995). An important aspect of the CISD process is to normalize reactions and assist participants in putting the event into an understandable context (Mitchell & Everly, 1995).

Although there is no empirical evidence that Critical Incident Stress Debriefing helps those victims overcome the trauma of a critical incident, there are supporters of this intervention method. "Psychological help to prevent the psychological after-effects of violent incidents is not a luxury but a necessity and can, if given at the earliest possible time, prevent severe psychological problems from developing later on" (Bamber, 1992, p. 115).

Broderick (1995) writes of an actual incident involving a homicidal ex-employee named Costalupe who brought a gun back to his previous place of employment with the intention of murdering his ex-supervisor. Costalupe was shot and killed by a police officer before he was able to use his weapon on this supervisor:

> Whenever an event like Costalupe's violent death occurs in a
> workplace, there is a general unsettling of employees and a rise
> in stress, anxiety, and fear that in and of itself can lead to more

problems. This is the reason why experts stress the absolute

necessity of proper postincident response (Broderick, 1995, p. 10 & 11).

Pennebaker and Beall (1986) suggest that "according to previous work, failure to

confide in others about traumatic events is associated with increased incidence of stress-

related disease and confronting the event, then should help the individual categorize the

experience into a meaningful framework" (p. 274). Mitchell and Everly (1997) suggest

that "psychological debriefing can be effective in reducing intrusive thoughts, possibly by

validating the person's experience of the trauma, allowing a reinterpretation of their

attributions and providing a forum in which emotions can be discharged" (p. 90).

CISD as a Group Intervention

Critical Incident Stress Debriefing is an exercise in group intervention. The group

process is fundamental to the CISD process. The Employee Assistance Counselor who

uses the CISD process can take advantage of all the beneficial elements of group support

and group process.

Judith Herman (1992) asserts that:

> A group crisis intervention may at times be helpful sooner if all of
>
> the group members have suffered the impact of the same event, such
>
> as a large-scale accident, natural disaster, or crime. In these cases,
>
> the shared experience of the group can be an important resource for
>
> recovery (p. 219).

Understanding that others feel the same strong emotions under such circumstances

communicates to each other that they are not alone. Also, members can learn coping

techniques from others (Beck & Franke, 1996).

Everly (1995) asserts that using a group format allows numerous healing mechanisms to emerge. "These mechanisms include the useful exchange of information, catharsis, dissolution of the myth of unique vulnerability, communication of a sense of self worth, communication of a sense of caring, and the generation of hope and control" (p. 285). Everly asserts that there is strength in realizing that we are not alone in our shock, grief, and anger (Everly, 1995). The group format also reaches a greater number of victims in a shorter period of time than traditional interventions provided to individuals.

Dyregrov (1997) asserts that the background, training, and personal qualities of the CISD leader are extremely important in making a successful debriefing. Further he believes the leader's task is to give group members a sense of having made a good investment in being present at the debriefing. It is important to effectively engage participants at the beginning of the debriefing. "Being it is a single time limited session, this means that the trust, authority, and structure needed to conduct a meeting and achieve results have to be established at the beginning of the meeting" (Dyregrov, 1997, p. 591-592). This is also an opportunity to reduce resistance in the group (Dyregrov, 1997).

According to Dyregrov (1997), "communication and educational skills are crucial, and an outgoing, directive and active leadership, without being too authoritarian is needed" (p. 593). Other important factors for the leader to be aware of in the group process include finding the right balance between activity and passivity, between individual and group focus, and they have to time the ending of some issues and the introduction of new ones (Dyregrov, 1997). The focus is on issues of collective interest,

not on those particular to some individuals. However, if the leader does not acknowledge these individual issues, the impact on the group process may be detrimental (Dyregrov, 1997). Lastly, always the leader should use the group itself to normalize the reactions and thoughts put forward by the participants, and the leader should encourage members to share coping strategies (Bell, 1993).

The Critical Incident Stress Debriefing interventions discussed previously, with the Mitchell model and the examples used under the section entitled Crisis Intervention, were not written specifically addressing a singular kind of critical incident. The reason is that these interventions discussed previously are used in all debriefings. However, each Critical Incident Stress Debriefing is unique because each critical incident is unique, and individuals and their subsequent reactions to the trauma are also unique. "Each person and each crisis situation is different. Thus, crisis workers must view each person and the events precipitating the crisis as unique" (Gilliland & James, 1993, p. 18). Is it possible a witness or victim of workplace violence would experience different effects depending on the different types of workplace violence incidents? The variables present in each debriefing are why performing a CISD is a very challenging task. An intervention dealing with a natural disaster where there are fatalities will be different in content to gunfire in a bank where there are no fatalities. The variables to the various types of critical incidents are numerous.

There are common elements to all debriefings whether the trauma has a natural cause such as a devastating tornado or a man-made traumatic incident such as an armed robbery. But it is this researcher's belief that there are interventions unique to performing

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a CISD with victims and witnesses of violence in the workplace. The purpose of this research project is to explore what are those interventions used by employee assistance counselors who have experience in performing CISD's involving workplace violence. The literature which specifically addresses the CISD interventions with these victims and witnesses of workplace violence is limited. However, there is important information found in the literature.

CISD interventions specific to violence in the workplace include early intervention, ventilation of emotions or catharsis, verbalizing the trauma, normalizing the painful reactions of the employees, teaching stress management skills, preparations for symptoms or reactions which may arise, group support, and identifying those who need follow-up counseling (Mantell & Albrecht, 1994; Wolf et.al. 1994; Everly, 1995; Mitchell & Everly, 1995; Bamber, 1992). Mental health professionals trained in on-site crisis intervention strive to provide a highly supportive environment and offer a sense of efficacy of the experience to the survivors.

Mantell & Albrecht (1994) state:

> Using the techniques of "ventilation" and "validation," they help
> victims identify their feelings, release stress by talking to an un-
> involved third-party about the event, and offer coping mecha-
> nisms: "This happened and I'm sorry it did. You survived and
> will continue to survive. Let's talk about what you're feeling now
> and what you can expect to feel later on." (p. 242).

During the violent act, the victim may have had thoughts of being killed and losing

all that is meaningful. A helpful recovery strategy is to point out to the employee how precious and fragile life is. With this knowledge, he or she can then choose to more fully appreciate and participate in life, make more fulfilling use of available time and transcend the traumatic event (Wolf et al., 1994).

Summary

Workplace violence is a serious problem in our society. Anyone who is affected by this trauma can experience a myriad of intense, complex, and troubling emotions. The effects include anger, anxiety, helplessness, shock, vulnerability, depression, loss, guilt, and shame. Knowing the effects workplace violence can have on an individual is important to effectively intervene and help the person. A popular intervention used by organizations to combat the harmful after effects of a traumatic incident is called a Critical Incident Stress Debriefing. This is a structured response developed by Jeff Mitchell which uses important aspects of crisis intervention and educational theory (Everly, 1995). The Critical Incident Stress Debriefing is oftentimes administered by Employee Assistance Professionals who are licensed therapists. According to many authors, this debriefing has seven stages or phases. They include the introduction phase, fact phase, thought phase, reaction phase, symptom phase, teaching phase, and lastly the reentry phase. (Mitchell, 1988; Everly, 1995; Speaker, 1988). A few of the ways a debriefing helps those affected by workplace violence is by the ventilation of feelings and reactions, the promotion of a clear understanding of events and reactions, emphasizing the normality of the experience, preparation for symptoms or reactions which may arise, and identifying resources

available for help (Bamber, 1992).

CISDs are oftentimes administered to a group of individuals. The group format allows numerous healing mechanisms to emerge (Everly, 1995). One of which is it communicates to each other that they are not alone in their experience of trauma (Beck & Franke, 1996). Also important to the success of a debriefing include the background, training, and personal qualities of the CISD leader (Dyregrov, 1997).

All effective Critical Incident Stress Debriefings share common interventions, however each CISD is unique because each critical incident is unique. The literature which specifically addresses the CISD interventions with the victims and witnesses or workplace violence is limited. The purpose of this research project is to explore further what those interventions are using the information provided by Employee Assistance Professionals who have experience in performing CISD's involving workplace violence.

CHAPTER III

METHODOLOGY

This exploratory study addresses the following research questions:

1. What are the effects on the victims and witnesses of workplace violence as perceived by Employee Assistance Program (EAP) counselors performing Critical Incident Stress Debriefings (CISD's)?

2. What are the specific interventions used by EAP counselors performing Critical Incident Stress Debriefings which assist individuals in overcoming the negative effects of being a victim or a witness to violence in the workplace?

Research Design

The research design was exploratory in nature. An exploratory research design traditionally does not examine hard data empirically, it merely enlightens the beginning observations of research and/or identifies the need for further research in a given area. The questionnaire was designed to enable clinicians to respond to questions regarding practices which he/she found useful when performing a Critical Incident Stress Debriefing with victims or witnesses of workplace violence. A qualitative approach was used to evaluate participants' practices. Units of analysis in the study are individual counselors who have performed a Critical Incident Stress Debriefing with victims and witnesses of workplace violence.

Sampling Procedures

The questionnaire was sent to those who are identified as Employee Assistance

Professionals in the 1999 Employee Assistance Professionals Association (EAPA) Member Resource Directory. All fifty states are represented in this directory but the questionnaire was sent only to those with addresses in four Midwest states. The EAPA Member Resource Directory does not identify those Employee Assistance Professionals who have experience performing a CISD, therefore the first part of the questionnaire asked if they have performed a CISD involving workplace violence. If their answer was yes, they were asked to continue. If their answer was no, they were asked to return the questionnaire in the self addressed stamped envelope. A total of 220 questionnaires were mailed to ensure an adequate number of replies.

Definition of Key Terms

Critical Incident Stress Debriefing (CISD): is an intervention used with victims or witnesses within 24 to 72 hours after a critical incident to mitigate traumatic stress (Mitchell & Everly, 1995).

Workplace Violence: An exertion of physical force so as to injure or abuse in the workplace.

Victim: Someone who has suffered harm, injury, or loss as a result of the intentional or negligent actions of other human beings, or whose life has been disrupted by catastrophe. (McCann, Sakheim, & Abramson, 1988).

Employee Assistance Counselor (EAP): A licensed mental health professional who is contracted by companies and/or organizations to provide counseling and crisis intervention services for their employees.

Crisis: An individual experiences a heightened sense of psychological

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vulnerability, reduced defensiveness, and a severe psychological breakdown in coping and problem solving ability (Slaikeu, 1984).

Intervention: A psychological means for assisting individuals in a state of crisis.

Instrumentation

The questions were developed from data presented in the literature review. This instrument was constructed by this author, and was not pretested before it was mailed out to the participants.

The study instrument used questions pertaining to demographic, mutually exclusive, ordinal data from study subjects in order to secure background data concerning each respondent. In the first part of the questionnaire, information was gathered about professional degrees, certifications, number of years as a mental health clinician, experience in performing a CISD, and if the CISD included working with victims or witnesses of workplace violence.

The second question asked the participants to identify the type or types of workplace violence they have been involved in as a Critical Incident Stress Debriefing professional. In question three respondents were asked to identify the effects they have observed in witnesses and victims of workplace violence. For the purposes of answering question five the respondents were asked to identify one type of workplace violence incident in question four. In question five there was a list of possible effects a witness or victim of workplace violence may experience. Using the type of incident identified in question four the respondents are asked to give an corresponding intervention they have used to counter the negative effects listed. The remaining questionnaire includes two

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closed-end questions and four open-ended questions exploring the practice each of these EAP counselors use when performing a Critical Incident Stress Debriefing. The questionnaires were expected to take participants approximately 30 minutes to complete.

Data Collection

Through the cover letter, potential research participants were informed of the project and its purpose. Participants were identified in the national directory of Employee Assistance Professional Association (EAPA) member resource directory. Seventy of the 220 questionnaires were returned. Thirty four out of those seventy questionnaires were usable for this research project.

Protection of Human Subjects

Ethical protections were employed to protect human subjects and to minimize risk. One procedure for the protection of human subjects included an expedited review and approval from the Institutional Review Board at Augsburg College. A consent letter was mailed with the questionnaire, and respondents were informed that returning the questionnaire would serve as their consent to participate in the study. I provided the self addressed stamped envelope. Also noted is that data received from the respondents will be destroyed by March 31st, 2000.

In order to ensure anonymity, the following steps were taken: a) Each clinician was asked not to include any identifying personal data on the questionnaire: b) Return addresses were not indicated on the letters of response, so there would be no way of knowing which clinicians responded to the survey. c) The clinicians were informed they could refuse to answer any question or questions on the survey without being dropped

from the study or experience any impact on their affiliation with Augsburg College.

CHAPTER IV

RESULTS

This chapter presents the results of the study. Initially the chapter gives demographic data concerning the participants. It is then organized according to the research questions.

Respondent Demographic Characteristics

Two hundred twenty questionnaires were mailed to Employee Assistance Professionals who were listed in the 1999 EAPA Member Resource Directory. Seventy of the 220 questionnaires were returned representing a total response rate of 30 percent. Thirty four questionnaires were completed, thus giving an overall response rate of 15 percent. Thirty six respondents had not completed the questionnaire because they had no experience in performing a Critical Incident Stress Debriefing with victims or witnesses of workplace violence.

Table 1 reveals that 33 out of the 34 participants have earned an educational degree at a masters level or higher. One of the respondents has a RN degree. At least ten of the respondents have a Master in Social Work degree.

Table 1

Educational Preparation of the Respondents

Degrees	Name of Degree	# of Respondents
RN	Registered Nurse	1
MSW.	Masters in Social Work	10
MA.	Masters of Arts	10
MS.	Master in Science	8
MTH.	Masters of Theology	1
MDIV.	Masters of Divinity	1
DMIN.	Doctorate in Ministry	1
PHD.	Doctoral Degree	2

n=34

The following table illustrates the experience the respondents have as Employee Assistance Professionals and also in performing Critical Incident Stress Debriefings. The years of experience performing Critical Incident Stress Debriefing is about one third less than the respondents total years as Employee Assistance Professionals.

Table 2

Years of Experience as EAP Counselors and as Critical Incident Stress Debriefing (CISD)Counselors.

	EAP experience	CISD experience
Total years	384 years	220 years
Average years	11.3 yrs.	7.66
Median	10 yrs.	7 yrs.
Range	3yrs. to 22yrs.	2yrs. to 19yrs.
	n=34	

As seen in Table 3, one third of the respondents have performed 20 or more Critical Incident Stress Debriefings whereas those who have performed 10 or less CISDs make up nearly 50 percent of the respondents.

Table 3

Number of CISD's performed by Respondents

Number of CISD's	Number of respondents
1-5 CISDs	9
6-10 CISDs	7
11-15 CISDs	5
16-20 CISDs	1
20+ CISDs	12
	n=34

Table 4 lists the types of workplace violence for which the respondents have provided Critical Incident Stress Debriefings. Six out of the 34 respondents did not put a number next to the type of incident but instead put a check mark. Thus, these participants were left out of the findings presented in table 4. Respondents performing a CISD involving suicide and attempted suicide had the highest participation. However, the type of incident with the greatest number of cases and the highest average number of cases was serious accident. The average number of cases involving a serious accident was more than one third higher than the next category of suicide and attempted suicide.

Table 4

Number of CISDs performed by type of Workplace Violence.

Type	N	# of cases	average # cases
Serious Accident	19	154	8.1
Suicide/Attempted Suicide	21	94	4.8
Robbery	11	47	4.3
Physical Assault	12	50	4.2
Threat of Violence	9	31	3.4
Rape	5	14	2.8
Murder/Attempted Murder	5	10	2
Terrorism	2	4	2
Discharge of Firearms	8	14	1.7
Hostage Situation	4	5	1.2

n=28

Effects on Victims

The first research question is: What are the effects on the victims and witnesses of workplace violence as perceived by Employee Assistance Program (EAP) counselors performing Critical Incident Stress Debriefings? Data for this research question was gained through question number three on the survey instrument. The following table is a list of possible effects a victim or witness of workplace violence may experience as reported by the respondents. The respondents were asked to put a check mark next to the type of effects they have observed in their debriefing. All 34 respondents observed anger in their debriefings with witnesses and victims of workplace violence. The effect observed the least among the respondents was paranoia with 12 observations.

Table 5

Types of Effects experienced by Victims or Witnesses of Workplace Violence

Effect	Number Observed by CISD counselors
Anger	34
Anxiety	31
Helplessness	31
Shock/Disbelief	31
Fear	30
Guilt/Shame	29
Loss of Safety and Security	29
Confusion	29
Vulnerability	28
Powerlessness	28
Loss of Meaning	26
Denial	24
Depression	23
Paranoia	12

n=34

Types of Interventions

The second research question is: What are the interventions used by EAP counselors performing CISDs which assist individuals in overcoming the negative effects of being a victim or a witness to violence in the workplace? Respondents were asked to identify one type of critical incident and then to write what they have done or said to counter the effects caused by the incident. Serious accident was the incident most frequently identified for the purposed of illustrating the respondents interventions.

Serious Accident

Ten out of the 34 respondents chose serious accident as the type of incident for the description of intervention. Two out of the ten respondents either chose not to give interventions or did not understand the question and did not give any interventions. Eight respondents did give interventions used in this study.

As seen in table six, the two most common interventions in response to a serious accident are to help encourage witnesses and victims of workplace violence to vent and verbalize their feelings, and to normalize the victims feelings. Another frequent intervention listed in all but one of the reactions is to reframe their experience or to use a counseling technique called cognitive restructuring. In response to the victims anger, a majority of the respondents see the necessity of allowing and encouraging these victims to verbalize their feelings. Another intervention cited multiple times in response to the effect of guilt and shame is to normalize the victims feelings. Interesting to note is the response to the effect of Shock and Disbelief. Two respondents would encourage victims to tell the details of experience and would also teach the stages of grief.

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Table 6

Types of Interventions used with Victims and Witnesses of a Serious Accident.

Type of Effect	Intervention	# of Respondents
Anger	Vent & Verbalize	6
	Normalize Feelings	1
	Reframing, Cognitive Restructuring	1
Loss of Safety & Security	Normalize Feelings	2
	Establish New Safety Plans	2
	Empowerment	2
	Vent and Verbalize	1
	Reframing, Cognitive Restructuring	1
Guilt & Shame	Normalize Feelings	3
	Vent and Verbalize	1
	Reframe and Put in Perspective	1
	Discuss Concept of Accident	1
Shock & Disbelief	Taught the Stages of Grief	2
	Encourage Victims to Tell the Details of Experience	2
	Vent and Verbalize	1
Anxiety	Reframing, Cognitive Restructuring	2
	Vent and Verbalize	1
	Validation	1
	Breathing Exercises, Meditation	1
Loss of Personal Control	Normalize Feelings	1
	Vent and Verbalize	1
	Reframing, Cognitive Restructuring	1
	Help Reestablish Control	1
Loss of Meaning	Vent and Verbalize	1
	Reframing, Cognitive Restructuring	1
	Promote Grieving	1
	Focused on Concept of Accident	1

n=8

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Robbery

The workplace violence incident of robbery was chosen by seven respondents to describe the interventions they use to assist a robbery's victims. All seven respondents gave interventions. The intervention cited most frequently was to allow and encourage these individuals to vent and verbalize their feelings. This response was listed multiple times for each type of reaction. It was listed by four of the respondents under the effects of anger, anxiety, loss of personal control, and shock and disbelief. Helping to normalize these victims feelings was listed multiple times under all the effects except for the effect of loss of safety and security. The importance of identifying or providing support resources was an intervention given under four different reactions. This information as well as additional interventions are given in table seven.

Table 7

Types of Interventions with Victims and Witnesses of Robbery.

Type of Effect	Intervention	# of Respondents
Anger	Vent & Verbalize	4
	Normalize Feelings	3
	Identification of the Emotions that underlie Anger.	1
	Open discussion of injustice	1
Anxiety	Vent & Verbalize	4
	Normalize Feelings	3
	Refocus of Energy on things one does have control over.	1
	Build Support System	1
Loss of Personal Control	Vent & Verbalize	4
	Normalize Feelings	2
	Identifying Things under One's Control	1
	Provided Support Resources	1
	Educate on Need to Regain Feeling of Control thru Intentional Choices	1
Shock & Disbelief	Vent & Verbalize	4
	Normalize Feelings	3
	Provided Support Resources	1
Loss of Safety & Security	Vent & Verbalize	3
	Provided Support Resources	2
	Give New Meaning on Return to Same location	1
	Give Personal Safety Tips	1
Guilt & Shame	Normalize Feelings	3
	Vent & Verbalize	2
Loss of Meaning	Vent & Verbalize	2
	Normalize Feelings	2
	Explanation of Denial & Loss/Grief Stages	1

n=7

Suicide

The critical incident of suicide was chosen by five respondents to illustrate the interventions they have used. One participants did not fully understand the question and therefore did not share any specific interventions. The interventions of normalizing, validation, and encouragement of verbal expression were again given by the respondents. The only intervention listed by two respondents under the same effect was to encourage verbalization of details of experience. This was under the effect of shock and disbelief. This information as well as additional interventions are given in the following table.

Table 8

Types of Interventions used with Victims and Witnesses of Suicide.

Type of Effect	Intervention	# of Respondents
Anger	Vent & Verbalize	1
	Normalize Feelings	1
	Validate	1
	Encourage Recognition of Helplessness	1
	Encourage Physical Activity	1
Loss of Personal Control	Vent & Verbalize	1
	Validate	1
	One on One Counseling	1
	Provided Handouts on Suicide	1
Anxiety	Vent & Verbalize	1
	Deep Breathing Exercises	1
	Physical Exercise	1
Guilt & Shame	Vent & Verbalize	1
	Normalize Feelings	1
	Validate Helplessness	1
Loss of Safety & Security	Normalize Feelings	1
	Validate	1
	Review Safety Policy	1
Shock & Disbelief	Encourage Verbalization of Details of Experience	2
Loss of Meaning	Vent & Verbalize	1
	Handouts on Loss & Self Care	1

n=4

Most Important Interventions

In the sixth question in the questionnaire these participants were asked to share what they do or say to help encourage individuals to talk about their feelings and reactions. Thirty two out of the thirty four respondents think it is important to encourage the expression of emotions in the CISD process. The answers given were varied but there were common responses. Common responses include telling the witnesses or victims of workplace violence that sharing is voluntary, and creating an atmosphere of trust and encouragement by emphasizing the confidential nature of the process. An approach shared by the respondents is to have those affected describe what happened in detail. They believe the telling of the story together usually leads naturally into an expression of feelings. Also listed by the respondents to encourage the expression of emotion is to normalize their feelings and reactions by pointing out other people feel the same way.

The majority of the respondents believe the group process contributes to the healing process of its members. The reasons given by the respondents are that the group process normalizes the feelings and reactions of its members, it breaks the isolation people often feel after a traumatic event, the group itself becomes a support group and the members find acceptance, and the group process can be more beneficial in that often gaps in information can be filled in providing a more complete picture of the event to help people come to closure.

The respondents were asked in the questionnaire what they believe is the most important intervention in the CISD process that helps those affected by workplace violence. There was more than one answer given but many shared similar ideas as to

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what is the most important intervention. Thirty two out of the 34 respondents replied to this question. The following table illustrates the responses given including compassionate response, normalization of feelings, support and peer support provided, the group experience, a safe avenue to process their feelings, and venting and validation.

Table 9

Most Important Intervention

Intervention	# of Respondents
Normalization of Feelings (Giving info. on typical emotions reactions)	12
Providing Support/Listening	5
Group experience	4
Quick Response	3
Providing Safe Environment	3
Venting/Verbalizing	3
Helping with the flow of Emotion (Facilitating Process)	2

n=32

Seventeen out of the 34 participants responded with additional specific interventions they have used or would like to use in the CISD process. Seven out of the 17 who responded thought follow-up or the necessity to do appropriate referrals was important. The importance of the healing effects of the group process is mentioned twice more, however one individual wrote, individual versus group interventions should be carefully considered depending on the type of trauma, and whether and how the deaths occurred. According to one respondent, the CISD counselor should indicate that this is a process and a celebration that you are here because of your rational thinking at the time of the incident. However, if others died as a result of the workplace violence is it fair to assume they did not act rationally?

CHAPTER V

DISCUSSION AND CONCLUSIONS

Comparison of Findings to Literature Review

Findings in this study appear to be consistent with information presented in the literature regarding the effects witnesses and victims of workplace violence experience, and the interventions used in the Critical Incident Stress Debriefing process.

Effects Experienced by Victims or Witnesses of Workplace Violence

According to Everly (1995), the five symptoms associated with acute or sustained stress include increased anger, guilt, fear, paranoia, and depression. McCann, Sakheim and Abramson (1988) present six symptoms in response to trauma. These include fear, anxiety, depression, anger, guilt and shame. Ell (1996) adds confusion as an effect experienced by individuals in a state of crisis. Janoff-Bulman (1985) includes other effects a witness and victim of workplace violence may experience such as helplessness, powerlessness, vulnerability, loss of personal control, loss of safety and security, and loss of meaning. According to Mantell and Albrecht (1994) survivors of violence in the workplace may spend time going through shock, disbelief, then denial and numbness.

Most of the possible effects identified by these authors are listed in question three of this research project. The respondents were asked to identify the effects they have observed in their Critical Incident Stress Debriefings.

At least 28 out of the 34 respondents have observed anger, anxiety, helplessness, shock and disbelief, fear, guilt and shame, confusion, powerlessness, loss of safety and security, and vulnerability. Paranoia is the only effect not observed by the majority of the

respondents.

Although Everly noted paranoia as an effect, only 12 out of the 34 respondents in this study perceived the participants in their CISDs as being in a state of paranoia. It is unclear if Everly's definition of paranoia means the clinical definition of paranoia which is that "the essential feature of Paranoid Personality Disorder is a pattern of pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent. This pattern begins by early adulthood and is present in a variety of contexts" (American Psychiatric Association, 1994, p. 634). It is more likely Everly sees the paranoid reaction of witnesses and victims to traumatic events to be a reaction to the situation and not a clinical diagnoses of paranoid personality disorder. The key phrase in the DSM-IV definition is this paranoid condition is present in a variety of contexts. Becoming paranoid due to experiencing a traumatic event can sometimes be a normal reaction to this abnormal situation. Why is the effect of paranoia observed by only 12 out of the 34 respondents? However, the answer could be dependent on the type of workplace violence incident. The effects could be determined by the type of critical incident. For example, a paranoid reaction may be more likely to occur from a bomb scare or terrorism than an incident involving a serious accident or suicide. This example lends further evidence to the findings about differential effects on a witness or victim to a specific trauma. It may also be that it is difficult to identify paranoia in a group setting.

The data suggests that the dominant effects a witness and victim of workplace violence may experience depends on the type of workplace violence that occurred. For example, in a serious accident all eight respondents gave interventions to counter the

potentially negative effects of anger and loss of safety and security. These effects may be dominant in an individual who is affected by a serious accident since all eight respondents gave interventions. Four was the lowest number of interventions given by the respondents and this was for the effects of loss of personal control and loss of meaning. Knowing that anger and loss of safety and security are the dominant effects a witness and victim of a serious accident experiences can help a CISD professional anticipate the needs of these individuals and plan their interventions accordingly.

In a robbery there were nine interventions given for the effects of anger, anxiety, and loss of personal control, and only five given for the effects of guilt and shame and loss of meaning. Therefore, the dominant effects in a robbery could be anger, anxiety, and loss of personal control. With this knowledge a CISD professional may anticipate the dominant effects robbery victims may experience and may then be able to plan their interventions in advance.

Interventions Used by CISD Providers

The interventions used by CISD counselors are oftentimes determined by the reactions of the victims and witnesses of workplace violence. According to the data from this exploratory study, participants reported that these reactions are determined by the type of critical incident these individuals have been involved in. For the purposes of illustrating the different interventions used, the respondents were asked in the questionnaire to identify one type of workplace violence incident. Using this specific type of incident they were asked to give the interventions they have used to counter the destabilizing effects. The respondents were asked to give specific interventions for each

of the observed effects. The types of incidents chosen by at least four or more respondents were serious accident, robbery, and suicide.

The two most dominant interventions given by the respondents when intervening with witnesses and victims of a serious accident, robbery, and suicide are to help them vent and verbalize, and to normalize their feelings. Helping those witnesses and victims of a robbery vent and verbalize their feelings was listed at least two or more times under each of the effects. Venting and verbalizing was listed 23 different times as an intervention used when assisting victims of robbery, and venting and verbalizing was listed 12 different times as an intervention used in response to employees being affected by a serious accident. It was listed 5 times as an intervention when assisting those affected by suicide. This is consistent with the information in the literature. Psychological debriefing can be effective because it can provide a forum in which emotions can be discharged (Mitchell & Everly, 1997). The CISD allows people to verbalize their distress (Mitchell & Everly, 1995).

It seems with the incident of robbery it is important to allow and encourage those affected to verbalize feelings. However, with the incident of serious accident, it is important but perhaps not as important as with the incident of robbery since it is not listed as an intervention as often.

With the incident of robbery the intervention of normalizing feelings was listed two or more times under all effects except for loss of safety and security. Normalizing feelings was listed multiple times for the incident of serious accident under the 4 effects of anger, loss of safety and security, and guilt and shame. Normalizing was also listed as

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an intervention used in three out of the seven effects in response to a suicide incident. The respondents have made it clear that normalizing is an important intervention. This is consistent with the information presented in the literature. An important aspect of the CISD process is to normalize reactions (Mitchell & Everly, 1995). The sixth phase of the CISD process called the teaching phase reinforces the concept that posttraumatic stress is a normal reaction to an abnormal event (Everly, 1995; Mitchell, 1983; Speaker, 1988). Twelve of the 34 respondents believe normalizing feelings is the most important intervention provided in the CISD process.

In traumatic incidents such as serious accident and suicide, two respondents believe having those affected do breathing exercises will help lessen anxiety. Three respondents in response to three different types of incidents, serious accident, robbery, and suicide, believe teaching the stages of grief is a way to help those affected cope with loss of meaning.

There is no information in the literature about an intervention which specifically addresses the effects of shock and disbelief after a workplace violence incident. However, in this study four respondents gave an intervention. This intervention is to encourage those experiencing shock and disbelief to verbalize the details of the experience. Having those affected recall the details of the experience was an intervention used to counter the effects of shock and disbelief.

Cognitive restructuring or reframing is an intervention listed for all the effects in response to a serious accident with the exception of the reaction of shock and disbelief. Reframing is mentioned once under the effect of losing one's safety and security as a

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result of being affected by an robbery. An example of reframing or cognitive restructuring was given by a respondent when he seeks to give new meaning to the same location for those affected by robbery. However, this technique was not listed by any of the respondents when they perform CISDs with those affected by suicide. This intervention was found in the literature review but expressed in different ways. For example, CISD allows people to form appropriate concepts about stress reaction before false interpretations of the experience are fixed in their minds (Mitchell & Everly, 1995). Another way to describe the concept of cognitive restructuring using the CISD process is explained by Bell (1995). "The educational component of the debriefing is key to helping victims become capable of replacing maladaptive coping strategies with constructive and effective ones" (p. 41).

An intervention given by the respondents which was identified as unique to the incident of serious accident is to discuss the concept of accident. This is listed twice, once each under the reaction guilt and shame, and loss of meaning. Providing support resources is given three different times under three different effects by the respondents when they perform a CISD with witnesses and victims of a robbery. There is an intervention the respondents identified as unique to the incident of suicide in countering the effects of anger and guilt and shame. This intervention is to validate the sense of helplessness or to encourage the recognition of helplessness.

Slaikeu's psychological first aid in crisis intervention was compared in the literature review to the intervention of Critical Incident Stress Debriefing. "Psychological first aid is primarily intended to provide support, reduce lethality, and

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link the person in crisis to other helping resources" (Slaikeu, 1984, p. 82). However in this study only five of the 34 respondents listed providing support as the most important intervention they provide in the CISD process. Further, only three of the 34 respondents believe providing a safe environment is the most important intervention to be provided.

Although only three of the thirty four respondents believe the quick response provided by the CISD is the most important intervention, Bamber suggests that, "psychological help to prevent the psychological after-effects of violent incidents is not a luxury but a necessity and can, if given at the earliest possible time, prevent severe psychological problems from developing later on" (Bamber, 1992, p. 115).

Thirty one out of the thirty four respondents believe the CISD group process helps with the healing of its members, of that high number, four out of the thirty four respondents believe it is the group process itself that is the most important intervention. This is supported by Everly who asserts that using a group format allows numerous healing mechanisms to emerge.

Implications for Social Work Practitioners

The information gathered in this research was derived from reports of current practices of Employee Assistance Professionals who have experience performing Critical Incident Stress Debriefing with witnesses and victims of workplace violence. Those individuals who are interested in or who already perform CISDs can obtain helpful information on the practices of current CISD professionals through this research project. The interventions given by the respondents may also provide useful information to any practitioner who intervenes with those who have experienced a traumatic event such as

violence. The skills needed to effectively help individuals in crisis is fundamental to the practice of any mental health professional. The specific interventions given by the respondents in this research project may add to their practice. For example, in helping witnesses and victims of violence in the workplace overcome shock and disbelief, an intervention that was reported to be helpful to these individuals is to have them recount the details of the experience.

The data also suggests that a particular type of trauma or incident will produce a specific set of dominate effects. This has implications for social work practice in that if a CISD counselor knows what types of incidents will produce what dominant effects a CISD provider can better anticipate and prepare the interventions needed in their debriefing. For example, according to the data presented in this research project the dominant effects in a serious accident may be anger and loss of safety and security. Having this knowledge beforehand a CISD counselor may be able to better anticipate the needs of those affected by a serious accident, and therefore be better prepared to offer effective interventions to counter the negative potential of these dominant effects.

The majority of the respondents in this survey believe the group process is beneficial to helping individuals cope with workplace violence. This research confirmed that the group process can help to normalize the victims reactions and feelings, provide a support network, and break the isolation one feels as a result of being a victim or witness to violence. Knowing the benefits of the group process, a practitioner can accentuate the positive aspects to better intervene and help those who have experienced workplace violence.

Limitations of Study

There are some limitations that need to be taken into consideration concerning this study. Critical Incident Stress Debriefing practices can be subjective and therefore difficult to measure. There is not one correct way to perform a CISD since each traumatic incident is unique as are the individuals who are its victims. The interventions will vary according to these variables. The information gathered in this research project was based upon a specific type of workplace violence incident, and not on a singular incident. A more detailed account of a singular incident which occurred would provide a more comprehensive understanding of why those interventions were used. Knowing what the specific needs and reactions of a group or an individual are helps in understanding why a CISD professional used that particular intervention. The knowledge gained in this research project is relevant however a more detailed look at the interventions used would be more apparent if we knew more about the particulars of the incidents and the individuals who were affected.

The third question in the questionnaire which asks the respondents to put a check next to the effects a victim or witness or violence in the workplace may experience has limitations for practical use. Knowledge attained from this question is limited to merely confirming that these effects have been observed by these respondents. It does not add to our knowledge of ways to intervene to counter the negative effects of these reactions. A different question may have been asked of the respondents, such as a question asking them to identify what they believe are generally the three most harmful effects or reactions these witness and victims of violence may experience, and what they do to

intervene to help these individuals overcome these potentially harmful effects.

Future Research

This research as an exploratory study begins to explore the Critical Incident Stress Debriefing interventions used by Employee Assistance Professionals when assisting those affected by workplace violence. Additional information on the interventions used can be obtained through a case study. Future research can focus on a singular critical incident of workplace violence. By knowing the specifics of an incident and the reactions of those affected a more detailed and thus comprehensive understanding of the interventions used may be obtained. This research project deals with types of incidents and the interventions given may seem more abstract and generic than specific and detailed.

An analytical tool could be developed that explores in depth what dominant effects are more likely to be produced or generated by certain types of incidents. For example, a future study can focus on finding the dominant effects of other types of critical incidents in the workplace such as murder and physical assault.

Future research can address the issues surrounding a debriefing when those affected are from different cultures. A tragic incident which involves individuals from different cultural backgrounds such as this summer's airline crash of Egypt flight 990 may illustrate the need for a CISD to be culturally sensitive. Different cultures ascribe different meaning to various life events such a death. For example, a practitioner would first have to explore the meaning certain cultures ascribe to death before going ahead and teaching the American understanding of the grief process. Future research could include

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tailoring Critical Incident Stress Debriefings to specific cultures.

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Interventions with Victims of Workplace Violence   IRB # 99-48-3
"Consent Form"

You are invited to be in a research study which explores the effective interventions used by Employee Assistance Professionals conducting Critical Incident Stress Debriefings with victims of workplace violence. You were selected as a possible participant because you are listed in the 1999 Employee Assistance Professional Association member resource directory. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by me as part of my master's thesis at Augsburg College.

Background Information:

The purpose of this study is explore the effective interventions used by those Employee Assistance Professionals who have conducted a Critical Incident Stress Debriefing with victims and/or witnesses of violence in the workplace.

Procedures:

If you agree to be in this study, we would ask you to do the following things. Please fill out the attached questionnaire only answering the questions you feel comfortable responding to. The questionnaire will take approximately 30 minutes to complete.

Risks and Benefits of Being in the Study:

By completing this questionnaire you may be reminded of feelings or experiences that are associated with a traumatic event. You may choose to skip questions that are uncomfortable to answer without risk of being dropped from the research study. Also, you may choose not to participate at all, or you may cease to participate at any point and either send back the questionnaire in the self addressed stamped envelope or disregard the questionnaire altogether.

There are no direct benefits to participating in this research study, however it provides an opportunity for you as a counselor to share your experience and knowledge. The feedback received in this study may provide helpful information for those who work with people who have experienced a traumatic incident involving violence.

Confidentiality:

I am not requesting any identifying information to be a part of the returned questionnaire. The records of this study will be kept private. Completed and returned questionnaires will be kept in a locked file drawer in my home and will be destroyed by March 31st, 2000. Only I and my thesis advisor will have access to the data. Information from this questionnaire will be used for my thesis in summarized form only.

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Voluntary Nature of the Study:

Your experiences and knowledge are important! Your decision to participate in this study is completely voluntary and will not affect your current or future relationship with Augsburg College.

Contacts and Questions:

If you have any questions regarding this research study please feel free to contact Bill Curti or my thesis advisor at Augsburg College, Dr. Clarice Staff at 612-330-1374.

Thank you for considering to participate in this research study. Once you have completed the questionnaire please return this questionnaire in the enclosed self addressed stamped envelope as soon as possible and no later than October 6th 1999. The completion and return of this questionnaire will indicate your consent to participate in this research study and will also complete your role in this research study.

Please keep this copy for your records.

1. Demographic information:

     Professional degrees and certifications: _____

     Number of years as an Employee Assistance Professional: _____

     In which State do you practice: _____

Have you provided a Critical Incident Stress Debriefing (CISD)?   Yes   No

     If no, please return survey in envelope provided. If yes, please continue ...

When did you begin providing CISDs? (month/year) _____

     How many CISDs would you estimate you have completed?   Please circle one.

      1-5:   6-10:   11-15:   16-20:   More than 20:

     Were any of these CISDs having to do with actual workplace violence or the threat of violence in the workplace?   Yes   No

     If no, please return survey in envelope provided. If yes, please continue ...

2. What critical incidents debriefings involving workplace violence have you been involved in?
Note how many times you have performed a CISD involving this type of critical incident:

       A. Attempted murder: _____

       B. Attempted suicide: _____

       C. Discharge of Firearms   _____

       D. Hostage of siege situation: _____

       E. Murder: _____

       F. Physical Assault: _____

       G. Rape: _____

       H. Robbery: _____

       I. Serious accident   _____

       J. Suicide   _____

       K. Terrorism: _____

       L. Threat of Violence: (i.e. bomb scare). _____

       M. Other: _____ _____

3. Below is a list of possible effects a victim or witness of violence in the workplace may experience. Please put a check next to the ones you have observed in your debriefing(s).

A. Anger   _____

B. Anxiety   _____

C. Confusion   _____

D. Denial   _____

E. Depression   _____

F. Fear   _____

G. Guilt & Shame   _____

H. Helplessness   _____

I. Loss of safety & security _____

J. Loss of meaning, "Why did this happen to me?" _____

K. Paranoia   _____

L. Powerlessness   _____

M. Shock/Disbelief _____

N. Vulnerability   _____

O. If applicable, identify any additional ones: _____

_____

_____

4. Of all the incidents you have been involved in as critical incident stress counselor, please focus on one type of workplace violence incident for the **next question**. Please identify the type of critical incident using the categories found in question #2: _____

5. In thinking about the victims and the witnesses of this type of traumatic event, I have listed some of the effects these individuals might have experienced. If you have observed this effect, indicate what specific intervention you have used. If you have not observed this effect put N/A next the effect. Also, even if you have observed the effect you may choose not to give an answer with a specific intervention. If this is so, please feel free not to respond.

Effect	Specific Intervention used to counter the negative aspects of this effect.

A. Anger: _____

_____

B. Anxiety: _____

_____

C. Guilt & Shame: _____

_____

D. Loss of safety & security (Vulnerability): _____

_____

_____

E. Loss of personal control, (powerlessness & helplessness): _____

_____

_____

F. Loss of Meaning, "Why did this happen to me?" _____

_____

_____

G. Shock & Disbelief: _____

_____

H. Other: _____

6. Do you feel it is important to encourage the expression of emotions in the CISD process?

Please circle one:　　　　　　Yes　　　　　　　　No

If your answer is yes, What do you do or say to help encourage individuals to talk about their feelings and reactions? _____

_____

_____

_____

7. Do you believe the group process rather than individual interventions used in CISDs helps or hinders the healing process for those affected by workplace violence?

Please circle one:　　　　　　Helps　　　　　　　　Hinders

Please elaborate on your answer. _____

_____

_____

8. What do you believe is the most important intervention you provide in the CISD process that helps those affected by workplace violence? _____

_____

_____

_____

9. Do you have anything to add about specific interventions you have used or would like to use in the CISD process when working with those affected by workplace violence? _____

_____

_____

_____

_____

　　　　　　THANK YOU!!