Recovering from Workplace Traumatic Events

By taking steps to build resiliency and demonstrating support for mental health and wellness initiatives, organizational leaders and EA professionals can set the stage for a more successful recovery from a traumatic event.

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On April 16, 2007, the Virginia Tech University community was tested in a way never previously imagined. On that chilly morning in Blacksburg, Virginia, a student killed 32 people and wounded many more before taking his own life. The massacre remains the deadliest shooting incident by a single gunman in U.S. history and required a massive response by the university, its Human Resources Department, and its EAP.

At a special convocation the following day, Nikki Giovanni, an English professor and poet, introduced the phrase “We will Prevail” in a poem she wrote titled “We Are Virginia Tech.” This theme of resiliency resonated with and was promptly adopted by the Virginia Tech community, contributing to the restoration of community wellness, engagement and productivity.

The optimal time to build resiliency, of course, is before a tragedy occurs. But what can an organization do to foster resiliency among its members and, should tragedy occur, reinforce the sense that the organization, its mission and its members will prevail?

The following tips are based on best practices learned from the Virginia Tech tragedy and on research into disaster response from other catastrophic events. Organizations should consider these tips when designing, implementing and evaluating their crisis response plans.

1. Have a plan but hold to it loosely. There is no “one size fits all” playbook for the unthinkable. For example, a crisis plan based on the assumption of terrorist activity or a natural disaster (as so many recent plans have been) will prove ineffective for providing guidance or structure following an event such as a mass shooting. There is a definite “shelf life” for plans that are too specific or narrow in approach. Crisis response plans must be fluid and flexible and based upon the situation at hand, the conditions on the ground, and the needs of the affected population.

2. Leaders must be highly visible following a crisis. Leaders set the tone for resiliency and recovery within an organization. A strong but compassionate response from recognized leadership is both calming and reassuring; conversely, the absence of a competent and caring presentation from those in authority will encourage emotions of blame or outrage (e.g., “They just don’t get it!”) and add fresh wounds to an already painful situation. To be sure, anger and frustration are expected and understandable reactions to any critical incident and should not be misinterpreted or discouraged, but leaders can avoid becoming the focal point by acknowledging the situation honestly and communicating openly throughout the process.

3. Frequent communication and dissemination of information during and after a crisis are critical to supporting recovery efforts. Confusion, misinformation, and a sense of helplessness are inevitable by-products of a mass disaster, and it is human nature for people to “fill in the gaps” with their worst possible fears in the absence of credible information. Providing dependable status updates will reinforce a return to individual self-efficacy.

4. Responding to a mental health disaster requires considerable and well-coordinated resources. Large-scale events are, by definition, beyond the capacity of any one entity to handle. Certain tasks, therefore, should be addressed before an incident occurs—establishing strategic partnerships with community
resources, developing support materials, identifying logistical challenges, and ensuring that an adequate crisis response infrastructure is in place. Even after taking these steps, it is critical to understand that questions will arise during and after an event and that what constitutes an effective crisis response must evolve as the community goes through the various phases of disaster recovery.

5. A consistent history of investment in, and support of, general wellness concepts and programs by an employer sets the tone for future responses. A track record of promoting the development of a resilient and healthy workplace prior to an incident is the greatest indicator of how well an organization will respond following a crisis. If employees believe their employer cared about them before the crisis hit, they are more likely to trust and follow the lead of management during the aftermath. This highlights the value of a pre-established, ongoing dialogue between administration leaders, human resources managers, and EAP representatives.

6. Resilience is a strength-based (versus a pathology-based) concept. Factors that contribute to resilience include promoting the visibility of, ensuring easy access to, and encouraging the utilization of support resources following a critical incident. Institutional leaders must embrace the idea that there are no bystanders when mental health issues surface.

7. Resilience is a strength that can be developed through goal setting, intentional pursuit, and training. Building a capacity for resilience and an effective response involves networking, resource development and education. Again, a dialogue between administration, human resources, and EAP representatives is instrumental in achieving this goal.

8. Cast a vision of hope. A well-articulated belief in, and commitment to, resilience from administration, human resources, and line leadership will do much to reinforce the internal hardness necessary to face a major challenge. Regardless of whether resilience characterizes the workplace before an incident occurs, recovery from a mental health disaster requires that resilience be reinforced or learned after an incident occurs.

9. Recovery is an ongoing process, and educational and counseling support should be provided at critical dates and milestones following a tragedy. Events such as a return to normal work or class schedules, six-month and one-year anniversaries, and commencement ceremonies should be acknowledged with sensitivity and support. These shared communal experiences can elicit a wide range of reactions, from anxiety to anger to grief. They can also provide powerful opportunities to join together and honor those who were lost through reflection and resolution.

10. Encourage community members to be respectful of others’ unique responses and mindful that there is no single “right way” to respond and recover. In addition, be prepared for setbacks. A sudden death or loss of any kind following a crisis can arouse traumatic memories of the incident and PTSD-like symptoms.

These tips are by no means exhaustive or comprehensive, but they do capture many of the key elements that contributed to the resilience and ongoing recovery of the Virginia Tech community. Although nothing can change what occurred on the Virginia Tech campus on April 16, 2007, the university community has faced the event with courage. We hope that by sharing this information, other leaders, organizations and communities can be better prepared to respond should the unthinkable happen to them.

References