Follow-up to Victimization and Trauma

1. Communication and Staff Support System - CASS

A. Introduction

Even with the best safety planning there are events occurring beyond an agency’s control. It can happen overnight. Your agency is engulfed in a staff safety crisis. It becomes an issue of confidence, and staffs begin to question both role and purpose within the agency.

How to deal effectively with post-incident trauma becomes critical. Trauma results from crises and fear; trepidation, and uncertainty are normal reactions. There needs to be an agency-wide response that gives staffs the comfort they need to hold on. As negative news unfolds, a sense of direction is the one advantage the agency can truly control.

Whether it’s signaling that there has been a serious on-the-job injury, or, horror of horrors, announcing a death, the agency must tell its story as positively and as powerfully as it can. The point is not to mislead, but to reassure both staff and outsiders that those in charge have a good grip on the problem and a reasonable plan for attending to everyone’s needs.

Sounds easy enough, but in practice, many agencies on the hot seat are caught with little post-incident pre-planning. They are forced to focus on the press release, and lose sight of the process of crisis communications. Staff and outsiders look beyond what has happened. They look at the agency’s reactions and how willing it is to deal with the pain. The agency has to demonstrate that it is not paralyzed.

Crucial, too, is delivering a consistent, accurate message. It is really management-labor relations in a tense situation. The key is making sure everybody representing the agency agrees on the basic game plan. As the facts unfold, there has to be agreement. Someone has to ensure that actions are taken to assist everyone in a recovery process that is as healthy as possible.

Developing a staff safety and support approach has many steps. Communication and staff support are the focus.

• What are the variables that affect the impact of a traumatic event on staff and agency?
• Can these variables assist in ascertaining the impact of trauma to a victim and others?
• Where should an agency focus its energy in response to a traumatic event?

These critical questions recognize the stressful nature of frontline human services work. They also point out the necessity of providing for an agencywide support system to assist workers with the impact of such serious incidents and post incident effects. While it is recognized that every case in which staff intervenes may involve hostile confrontations, serious maltreatment, emotional illnesses, and public scrutiny, certain experiences evoke stronger and deeper emotions.

Serious incidents, such as a personal threat, assault, or a staff fatality are significant emotional events. These have the power, because of the circumstances in which they occur, to cause unusual psychological distress in a healthy, normal individual. Agencies must:
• review the circumstances surrounding a serious incident in a non-threatening and thoughtful manner,
• support workers who are dealing with serious incidents,
• build coping mechanisms for individuals who are experiencing incident related stress and anxiety,
• protect staffs from similar incidents by identifying necessary supports.

The following section details how to set up and maintain a post-trauma (post-incident) response system within an agency. The types of incidents and activities that would be developed are discussed in detail in the section.

1. Consultant Model - There are two basic routes that an agency can take in the development of a post-trauma or CASS system. The first, is to seek an outside consultant who would be available to an agency on an “as needed” basis. This consultant would have to be well-versed in agency operations or minimally knowledgeable about the role and operation of a similar type program operating in the United States. In addition, the consultant must have clinical skills or an interest in the area of victimization and trauma.

   • The agency and consultant would develop an “open” type of agreement for provision of services. Agreed upon rates and payment schedules would be developed in advance, but not started until services are necessary and delivered. The clinical person would become the “Team Leader” as described in the body of this section.

2. Peer Model - The second method for developing a CASS system is through a peer model. Here, an agency would develop an internal group of staff to become CASS team members. The number of overall incidents within a month or year period would dictate the utility of such an approach. The peer model has limitations if team members, and particularly the team leader, are not practicing and developing the needed skills on a regular basis. If training and updates are provided with regularity a person can maintain the necessary skills. If there are long periods of time when little is being done those very important skills can wane and be less than desirable at the point of crisis.

   • The ideal situation is a blending of the two models. This ideal would consist of a consultant who would be regularly available and working with a group of agency “peers” to maintain an agency CASS system and team over time. The group would be formed, trained, and made ready for deployment, well before an incident.

Whichever model is chosen the following guidelines are for the selection, training, and assignment of “team” members. In addition, the formulated guidelines are to assist in the development of a comprehensive approach to post-incident response. If the consultant model is chosen, a streamlining of these guidelines could take place if the consultant is well-prepared for dealing with the post-incident needs of the agency and individuals involved. In such a case, the agency would turn over the process to the consultant.

The feasibility of either model has to be determined well before the need for post-incident services. Availability of a consultant, ability of that person to respond at the
point of crisis, and commitment of the time needed to complete the process are critical considerations.

The peer model, if maintained properly, offers a “pool” of individuals to cover all of these aspects. The commitment to prepare and maintain the peer support team members are key elements for the managing agency.

B. Administrative Critical Incident Response Policies

When an incident requiring an agency response occurs there will be a multiplicity of activities that the agency must organize and implement. The nature of the incident will have a direct bearing on the necessary actions. Yet, care needs to be taken administratively to avoid actions that might lead to a further victimization of those involved. How this is managed becomes a very important aspect of intervention.

1. Serious Incident - A serious incident is any significant emotional event that has the power, because of its own nature or because of the circumstances in which it occurs, to cause unusual psychological distress in healthy, normal people. Serious incidents may include the following:

   - Personal assault/injury or death of a worker in the field
   - Death threat made to a worker by parents or caretakers
   - Child fatality (including SIDS deaths) or serious injury to a child
   - Suicide of a child or parents to whom services were provided
   - Missing children
   - House fires caused by child abuse or neglect
   - Violent/criminal acts of parent or caretaker, particularly murders
   - Situations that attract prolonged and/or critical media attention
   - High number of critical situations in a short time period

   Agencies need to approach situations in which a staff person is involved in a serious incident in a straightforward manner. Recovery sessions are one such method. Clear guidelines are needed for these sessions and supportive actions to make them effective. Defining the scope of activities and their relationship to other groups or actions such as internal affairs investigations, child fatality reviews, etc., becomes critical.

2. Fact-finding - Post-trauma sessions should not be intended for just fact-finding. All related activities would be severely compromised if they are thought to be only part of agency efforts to determine possible culpability or for recrimination. Post-trauma inquiries can be used to determine future safety needs such as actions to protect staffs from additional harm or to formulate a new or revised method for agency operations. Fact-finding can occur but it must be done cautiously.

   - An incident of the magnitude discussed herein will undoubtedly trigger significant emotional reaction from the injured staff person, colleagues, and family, as well as supervisory and administrative staff. It is therefore critical that everyone be particularly sensitive to the needs of the people involved during this period.

A very human approach to providing assistance to those who are “injured” in the line of duty must be in place throughout the agency.

   - What do we do when an incident occurs?
Who do we talk to?
What do we look for?
How do we minimize trauma to the injured parties?
What supports can be offered to assist all staff in the recovery process?

All the above questions and more need to be addressed so that a reasonable response to an unreasonable situation can take place. The overriding factor throughout the process is one of “sensitivity,” to the victim, other staff, client, agency, and community.

3. Policies and Planning - Administrative policies to support staff experiencing serious incidents may include any or all the following:

- Structured leave of up to three days following a serious incident
- Reduced workload during the agency review process (Including fatality reviews)
- Time allowed to participate in recovery sessions
- Protection from media contact
- Community involvement in the recovery process

No plan conceived will ever be perfect and cover all situations equally, but the absence of a plan often leads to more devastating results. The importance of a cohesive and comprehensive crisis response plan is readily seen in those situations where both agency and staffs are apt to lose control.

These steps are positive approaches to providing appropriate supports. When agencies’ are:

- working with a plan,
- providing appropriate and clear information,
- explaining remedial actions, and
- announcing when a system is in place and has assisted staffs, they are going to be in a stronger position to assist everyone in a healthy recovery.

C. Protocol for Recovery Sessions

The recovery session is a first level response to a serious incident that has the potential to overwhelm the capacities of staff or units. A session provides:

- A structure for ventilation of feelings by workers and for assessment of the intensity of stress;
- Psychological support and reassurance; and
- Information to plan for further action and referrals, if necessary.

The program will need to have a coordinator, consultant clinician, and staff trained to work as peer supports. Depending on the size of the agency there could be one person handling all tasks or a multiplicity of individuals operating within the CASS system. If the agency had all CASS program positions in place, and handled by separate individuals, the program would operate as following:

1. An administrator receives information that an incident has occurred. This person in turn notifies the agency’s Central Office that a serious incident has occurred and requests services of an outside consultant or internal recovery team.
2. Central Office or a designee contacts the CASS Program coordinator (agency wide or regional). (Depending on the size of the agency there could be coordinators for regions or the whole agency.)

3. Coordinator contacts a consultant or peer team member who will be the recovery Team Leader as well as the staff administrator who initiated the request. (The team leader will have been designated when the system was set up.)

4. Coordinator contacts the unit needing the service to assess the specific support that is necessary and then helps setup a time and place for a recovery session.

5. CASS Team Leader contacts the unit to gather any additional information and to confirm the time and place of the session. (This is if the Coordinator and Team Leader are separate individuals.)

6. Team members meet together before the recovery session to gather facts concerning the incident. They also plan to meet for a brief time following the session to discuss the debriefing strategy used and any concerns or issues raised.

7. Within 48 hours after a session, the Team Leader is responsible for contacting the affected unit supervisor to assess effectiveness of the session and too follow-up on any referrals made.

8. Within 72 hours after the session, the Team Leader is responsible for filing a recovery session report with the program coordinator.

9. Coordinator contacts local director or designee to report completion of service.

10. Turn-around time between initial notification of service request and definitive arrangements for a session is three to five hours. The session takes place, usually, within 72 hours after a serious incident. Depending on the type of incident, it is important to meet with staff as soon as possible after the incident.)

Note: All recovery sessions need to be held in absolute confidence. Team leaders will be responsible for making sure that the CASS group participants are aware of the confidential nature of the session. Press persons are never to be allowed in a CASS session. All participants must agree to keep the names of the persons participating in, and the content of the session, confidential.

D. Recovery Session (CASS) Content

A CASS Session is a psychological and educational group process designed for two purposes. First, a session is designed to lessen the impact of the traumatic event on personnel. Second, a session helps individuals involved in the event to understand what has happened to them. The session accelerates recovery in people who are experiencing normal stress/grief signs, symptoms, and reactions to abnormal events. A session is structured according to the following guidelines:

1. **Introduction** - ground rules, such as confidentiality, are set.

2. **Fact Phase** - participants talk about their role during the incident and what happened.

3. **Middle Phase** - participants talk about their thoughts about the incident, what they could have done and their response to each other. Participants state their overall feelings, emotions, and guilt about the incident. Participants also identify personal reactions, and physical, cognitive, emotional, or behavioral symptoms.

4. **Teaching Phase** - group leader provides reassurance that what members of the group are experiencing is a set of normal reactions to a bad incident and that they are not going crazy.
5. **Reentry Phase** - is the concluding phase, in which people get a chance to ask questions and clarify what has occurred. The leader makes referrals for additional help and summary statements.

E. **Possible Recovery (CASS) Team: Roles and Functions**

There are a variety of roles that can be assigned to staff participating in the CASS team. The size of the agency, the available expertise of both consultants and staffs, and geographic size of the territory covered by the agency all will have impact. The following details a regional response.

1. **Regional Coordinator - Team Leader**
   **Role:** To be alert to the possible CASS needs of staffs in a given regional or sub-regional office.
   **Functions:**
   - To initiate contact with those units, who have handled a serious incident (refer to definition),
   - To estimate the number of personnel affected by the incident,
   - To assess need for debriefing,
   - To inform/update regional administrator, and where applicable the sub-regional administrator, of the situation and needs for counseling,
   - To arrange with local personnel a time and place for a CASS session,
   - To attend session and to facilitate counseling process, and
   - To make post-session contact(s).

2. **Peer/Volunteer Team Members - Co-Leaders**
   **Role:** To conduct, evaluate and follow-up on recovery sessions
   **Functions:**
   - To respond to the recovery session request,
   - To be a part of the team during the session,
   - To assess the process,
   - To complete and file the report,
   - To follow-up on the recovery session, and
   - To keep an up-dated list of referral sources.

3. **Local Administrators**
   **Role:** To be a clearinghouse for recovery team activity in a region or sub-region.
   **Functions:**
   - To identify and monitor local volunteers and/or consultants,
   - To make request for a specific recovery session, and
   - To support the work of the recovery team in the region.

4. **Statewide Coordinator**
   **Role:** To direct, maintain and evaluate the CASS program.
   **Functions:**
   - To review requests for assistance and provide a coordinated team to respond to the need for the recovery session,
   - To provide a team membership selection process,
   - To monitor and evaluate team members’ functions,
• To collect and maintain data of team activities,
• To keep abreast of current research and theories of occupational stress and serious incident stress, and
• To coordinate activities with other state departments, e.g., Departments of Corrections, Mental Health, Health, etc.

F. Peer Support Persons Selection Criteria
Workers and supervisors who apply or are recommended for positions as volunteer CASS Team members must meet the following criteria:
• Permission to participate in the program from their immediate supervisor,
• A caseload that is not considered to be higher than the average established for that unit, jurisdiction or established state standard,
• At least two years of experience in the agency,
• Is not involved in more than one other extra job assignment,
• Has received a satisfactory or above evaluation for the last year of employment,
• Is not currently undergoing a serious stress incident,
• Permission to attend and participate in training sessions and maintenance meetings for the program during the day or evening as scheduled,
• Is able to make a one year commitment to participate in the project.

Note: The number of agency peer support positions needed is to be established based on the size of the jurisdiction served.

1. Selection Criteria for External Leaders/Co-Leaders - Possible Leaders can be recruited from the community and local Departments of Mental Health, Health, Emergency Services, etc. External Leaders must meet the following criteria:
• Knowledge or previous work experience with the agency or a similar agency,
• A masters degree or above in social work, psychology, psychiatry and/or mental health counseling,
• Permission to participate in the support program from employer or supervisor,
• Training and/or experience in post traumatic stress disorders,
• Training and/or treatment experience in group counseling,
• Ability to make a commitment to participate in training sessions or maintenance meetings for the program during the day or evening as scheduled,
• Is able to make a one year commitment to participate in the program, and
• A satisfactory evaluation for the last year of employment.

2. Training
   a. Team Leader Training - The Team Leader is the specialist who works towards minimizing personal trauma interruptions to service deliver operations. Team Leaders conduct CASS sessions, evaluate the process, and follow-up with participants. Team Leader training will include the following:
• Orientation to the recovery program,
• Pre-incident evaluation and preparation for debriefing,
• Debriefing/defusing.
• Team building,
• Counseling family members,
• Individual follow-up training,
• Post-traumatic stress (shock, denial, impact, and resolution), and
• Referral/networking/resources.

b. Volunteer Team Member Training - Co-Leaders - Volunteer/Peer support persons serve as co-facilitators in the delivery of psychological services and as “front-line” participants in the process. The volunteer/peer support person assists in initiating the CASS process and follow-up. The volunteer support person becomes a trusted peer. Volunteer/Peer support training includes the following:

- Post-trauma stress/grief,
- Factors affecting employees performance,
- Intervention: identifying and reaching the troubled employee,
- Building relationships,
- Steps to achieving wellness,
- Stress management,
- Debriefing/defusing, and
- Referral/networking/resources.

G. Suggested Media Protocol in Response to Serious Incidents

It is important that agency staff be protected from the media following serious incidents. Requests for information, interviews, pictures, etc., from the media (newspapers, radio, and television) must follow agency protocols. A suggested procedure is:

- Any media request made to the agency will be coordinated through one individual, not involved in the serious incident, who will take responsibility for public communication.
- Involvement of the Office of Public Information (if such an office exists in the agency) about any serious incident and provide details of the media request.
- Office of Public Information will provide guidance for media contacts.
- Identity of staff involved in the serious incident is to be protected from media exposure.

Throughout this process the emphases are the:

- Need for rapid communications,
- Confidentiality, and
- Importance of local news presence.

H. Internal Communication

Just as critical to the recovery process is the development of a responsive internal communication system. Once an incident has occurred it is important that supervisors and administrators disseminate clear, concise information, in writing or verbally. The information shared must be sensitive to the victim’s status and personal comfort. Whenever possible, seek the victim’s approval of the communiqué before release.

Written communication helps other agency offices to become immediately aware of a situation that could affect their own staff operations. It also reinforces the need to be conscious of risk management/safety factors throughout the agency and to provide new information about a possible emerging trend.
Communication internally is critical to the overall recovery system. A memorandum that captures the essence of the serious incident needs to be developed and distributed agency wide to acknowledge incidents and prepare staffs for adjustments in daily practice. “Develop in each regional office a mechanism for communication of critical incidents...to all field staffs as soon as possible after occurrence of an event. A Safety-Gram would keep staff informed in a timely manner. It would also decrease the development of inappropriate and incorrect rumors and provide support for general staff efforts” (See Section 10 D-5).

I. Suggested Structured Leave Agenda
In some situations, agency staff directly involved in a serious incident, may need to be allowed to be away from their regular assignments for a one to three-day period as a part of the recovery process. This leave is effective as long as the employees are engaged in some type of structured activity. The rationale is the same as is used for other instances when an employee is engaged in alternative activities, such as training, conferences, etc.

The structured leave policy is particularly effective for employees experiencing severe physical and psychological reactions following a serious incident. The use of structured leave may not be realistic for all serious incidents. The intensity of agency work as well as the psychological needs of the individual are factors to consider in deciding to use structured leave as a support tool.

When the protocol is used, it is important that specific activities be scheduled. The suggested daily plans include activities for stress reduction (See Attachment #1).

J. Basics of a CASS System in Action
There are many reasons why an agency must be prepared to address a serious incident.

- Because we live and operate in a society that is becoming increasingly complex and volatile, it is essential to develop a serious incident plan within the agency.
- When administrators and staffs are prepared to deal with a serious incident, all employees can continue to be productive healthy individuals.
- Divisiveness and further trauma can be averted.
- With proper preparation, a serious incident can unite staff in a healthy recovery process.

By providing the CASS system a basic reduction of the effects of traumatic stress will take place. The level of reduction is dependent upon many factors. Yet, minimally administrators and staff will have access to easily understood guidelines for a proactive response. The agency can drive the response in a positive direction.

1. Planning for a CASS session(s)
   a. What are the goals of a CASS session? - As stated earlier they are:
      - To review the circumstances surrounding a serious incident in a non-threatening and thoughtful manner,
      - To support workers who are dealing with any of the defined classes of serious incidents,
      - To build coping mechanisms for individuals who are experiencing incident related stress and anxiety,
• To protect staffs from similar incidents by identifying needed supports and protective efforts, and
• To provide local staffs with support for dealing with a negative community or media/press response.

Thus, as the planning process develops, there is a desire to try to provide communication and support that considers achievement of these goals. A workable plan must be comprehensive. Initiating the Communication and Staff Support System (CASS) lies in the hands of the agency administration. The specific administrator is the one person in the region or sub-region that staff holds responsible for action taken and not taken.

However, this does not mean the administrator operates in isolation in starting CASS. The agencywide coordinator and team leaders are critically important. The investment and willingness to respond to a serious incident by each of these individuals help to ensure that support will be far-reaching—beyond the administrator’s office. By following the guidelines laid out earlier in this text, the essential elements for good planning will be available as knowledge of the serious incident unfolds.

b. Components of a Good Plan - In developing the plan, there are certain components that need to be considered. These are:
  • Gathering the team(s) together,
  • Checking the facts,
  • Adapting the plan to fit the current incident,
  • Announcing meetings, and
  • Assigning roles and responsibilities:
    Administrator(s) Communications Office
    Team Leader Co-Leader
    State Coordinator Community Resources Person(s)

c. Checklist - Create a checklist of things to be done for each incident. A checklist will assist the planning process and ensure that all aspects are covered. Attachment #2 contains an outline of the basic information needed.

2. Who should be involved in a CASS action? - Coordination between the Agency Coordinator and Team Leader(s) is a key planning element. Knowledge of resources, who has been trained, who is available, and what is the needed response, will in many ways dictate who is additionally involved. The Team Leader and Agency Coordinator are the initial planners. Availability of others, such as a Co-Leader, a therapist, clergy, or some other community resource person, would expand the response.

   Note: Depending on the seriousness of the incident, the role of the administrator could be as a part of the planning for a CASS session (See 11B - A “Meeting With Staffs”).

3. Training and Competency - Consultant and/or internal recovery team members must have training in debriefing/defusing, team building, counseling of family members, crisis intervention, post-traumatic stress, victimization and trauma, and resource development. Members must also have poise, creativity, flexibility, quick mental reflexes, and self-reflection.
4. Initial Response - Team members need to decipher the following for effective intervention:

- Which problem is of most immediate concern?
- Which problem would prove most damaging if not treated immediately?
- Which problem can most quickly be resolved?
- Which problem needs to be dealt with first before others may be handled?
- What resources for handling problems are available?
- What barriers and obstacles will hinder problem solving?

Note: Some of these questions will be difficult to answer until after the first meetings with staffs and victims.

Not all recovery responses will be greeted with support. Are there union actions involved, lawyers, compensation claims, etc.? Most of these interested parties want a healthy recovery process, yet team leaders need to be prepared for any obstacles that special interest groups might present. Coming to an incident from a planned intervention approach and being timely are the keys to access and success.

K. Additional Concerns

Assault behavior by clients or others toward staff may result in psychological trauma as well as memories of painful past events. In addition, other types of incidents may trigger trauma, albeit at differing levels.

A critically important aspect of the aftermath of a serious incident is the victim’s perceived loss of a sense of control. Many staffs will not have a readily available support system and will be unable to make sense of the incident. Assaulted or traumatized staffs without a sense of control, a support network, or the ability to make sense of the assault remain at high risk of developing symptoms associated with post traumatic stress disorder and other psychological impairments. Compensation claims, staff turnover, and general staff morale are often results of serious incidents.

Coupled with other programmatic and administrative changes CASS effects have a high probability of being positive. Results of CASS related activities can overcome many of the impairments mentioned above. Additional benefits to be derived will include increased agencywide awareness regarding the benefit of specific post-incident intervention in working toward successful resolution of staff conflicts.

Finally, employee resistance is dealt with by offering the employee the option to refuse an intervention and by regularly providing employees with information about psychological trauma and the program. Employee concerns (for example, whether information supplied to CASS team members is truly confidential, or whether CASS is a management policing force) are dealt with clearly, directly, and in writing. CASS offers a flexible model of an occupational trauma program. As the program is implemented it should lead to enhanced quality of life for staffs clearly at risk.

2. CASS System in Action

A. Meeting(s) With Staffs - Who to Interview?

Depending on the type of incident team responses will vary. Generally, it is a good plan to meet with staff that are involved or are directly connected to the office involved within
72 hours. The exact time will depend upon the type of incident, status of victim(s), and time between incident and team notification.

The process starts with a review of the event, updates on the health of the victim(s), and a focus on the thoughts, affects, and symptoms that the victim might be experiencing. This area is very critical in the CASS process. As mentioned earlier extreme sensitivity to the plight of the victim, victim’s family, colleagues, and supervisor needs to be taken into account.

In addition, team members must be cognizant of the fact that all staffs involved in agency work may have been traumatized by the incident. There literally can be a cessation of work agencywide because of this factor. The stoppage can be recurring, based upon the circumstances, but it is not unusual to see an agency’s work output come to a halt once, twice, even three times until a point when everyone has regained a sense of safety and resolution of the conflict going on around them.

The first person to be interviewed in the process should be the administrator who is responsible for the overall functioning of the office. This needs to be followed by or conducted in conjunction with an interview of the direct supervisor of the staff person(s) who was victimized. Whenever possible, these interviews need to be done on-site, with a preliminary telephone call from the central office being made before the team’s arrival, to introduce the team and schedule interview time(s).

The interviews also should focus on assisting the administrator in determining how the overall staff will be informed and kept abreast of developments in the situation. Some methods that could be employed productively here are unit and agency-wide informational meetings to share concerns, updates, reassurances, etc., (See below). If available an Office of Public Information representative or media specialist also needs to be considered to give media briefings and to allow him/her to gain a personal sense of staff response to the incident. The sequence and timing of interviews from this point on will be dependent upon circumstances of the incident and status of the victim.

1. **Individual Victim** - When an assault occurs, Central Office calls the agency Program Coordinator or Team Leader. If the incident is serious, emerging, and involves a staff person who has been injured in an attack, the Coordinator/Team Leader needs to consider going immediately to the site of the assault. If the victim is accessible the Leader debriefs him or her. During this debriefing the Team Leader needs to assess whether the staff victim:

   - is able to continue work and to manage unpleasant effects (control),
   - is able to share the experience with significant others or with staff (social support), and
   - is able to make sense of the incident.

The victim is advised that a team member will call again soon. The Team Leader or Co-leader will follow-up by contacting the victim and his/her family to determine any additional needs or concerns they might have. A second meeting and any other contacts will be determined then.

2. **Non-Fatal Injury** - If an injury requires hospitalization and other staff are present, someone needs to accompany the victim to the hospital. This could be an administrator, supervisor, or coworker. Try to avoid having the victim transported without someone accompanying him or her.
If the victim is hospitalized the initial interview needs to focus on making sure that the victim’s concerns about leave time, pay, medical insurance, compensation, etc., are minimized. The team will need to be briefed by the staff person’s direct administrator about the status of these areas of concern.

The administrator(s) and/or supervisor might accompany team members to the hospital to provide additional familiar faces for the victim. Hospital staffs need to be consulted beforehand about the impending visit and its advisability; particularly from a medical standpoint. The victim need not be forced to relive details of the incident if he/she is reluctant. Hospital social work staff or other hospital clinical staffs need to be consulted for advice before the meeting.

If the victim has returned home, the interview should take place there. The victim should be asked if there is a spouse or some other significant family member he/she would like present during the discussion. The interview needs to be conducted with continual appropriate assurances provided by team members.

Either of the settings (hospital or home) will present circumstances for an emotional meeting for all concerned. The victim might not be ready to give detailed descriptions while still hospitalized. If detailed information is not needed immediately, this aspect of interviewing might have to wait until the victim has been sent home. The team will need to make this determination at the time of the scheduling of the interview or as the initial interview unfolds.

Generally, victims will have thoughts of self-blame for what has happened or, at a minimum, will generate internal feelings that others view them as different and, thus, at fault in some way for what has occurred. There will be a sense of confusion about what has happened as well as what will happen. Depending on the timing of the interview, the victim most likely will express anger at any or all the following: the client/perpetrator, agency, colleagues, and media. The anger at the agency often will be because of the perceived lack of support, low pay, difficult work conditions, etc. This anger is a normal response and should be expected.

Team members should take time to assure the victim that the agency supports his/her efforts and needs to speak with him/her to ensure the future safety of other staff and to take needed action to rectify existing danger areas. The victim and his/her family need to be assured that the team is not interested in disciplinary action, but rather in just how it can provide support. In addition, individual concerns of family members need to be solicited at this time. It would be of enormous benefit if an opportunity presents itself or can be created whereby one team member can meet with the spouse or other significant family member(s) separate from the victim. Sometimes a candid response to the family’s reactions to the situation, and future needs, can only be gained by separate interviews.

Colleagues of the victim need to be encouraged to visit the victim in the hospital or at home and to provide other supports. Examples of other supports are: reassurance that work is being covered, asking if any of the victim’s caseload tasks can be taken on by a colleague, providing prepared meals for the family, etc.

3. **Victim’s Immediate Family** - One additional aspect of CASS that Team Leaders need to be trained is assisting the victim’s immediate family to recover. The program may arrange for family meetings, or other resources to help family members adjust to the impact of trauma. These meetings could be with team members or with a
community resource. All too often, family members are not consulted about their reactions to the incident and their subsequent needs. This is of particular importance because of the emotional pressures that come about after someone is victimized.

Families will be exerting pressure on a victim(s) that is different from those in the workplace. It is not unusual for family members to want the victim to isolate him/herself from work, colleagues, etc.; including termination of employment. Victims will be struggling with a loss of control over the presenting situation, work, and family life. At the same time, reactions of agency personnel are usually aimed at continued employment.

This loss of control is both dangerous and an opportunity to develop alternative coping mechanisms. The trauma that the family is experiencing may need as much attention as that of the victim to ensure a healthy recovery for both. The ideal is to have everyone recover at an even higher level of functioning then previously experienced. Minimally, the CASS system wants to assist everyone in getting back to a healthy pre-incident level.

4. **Fatalities** - If the incident has resulted in a fatal injury there are some additional options that should be considered in the interview process. Each incident of this nature more so than the non-fatal type will require a high degree of flexibility on the part of the team. The options available to the team need to be considered carefully.

   a. **Gathering Information** - First, the team should attempt to gather as much information as possible from individuals outside the immediate agency staff. The information gathering would most likely start with law enforcement officials, medical examiner, and or District Attorney’s office. Second, the immediate agency staffs, need to be contacted. If there were other staff members present at the time and site of the fatal incident they need to be considered for contact and possible direct interviews. These interviews need to be conducted with careful consideration for other authorities and to minimize the trauma of repeated interviews. These additional staffs who were witness to the incident will be victims themselves and the team must be sensitive to this and convey this aspect to other agency personnel.

   b. **Interviews** - How are interviews to be conducted? The first group of individuals, or sources, can be contacted initially by telephone, with follow-up on-site interviews taking place during the ensuing days following an incident. The second group is more difficult to manage. As stated above, witnesses need to be interviewed but, first and foremost, they need support and assurances that the agency is interested in their well-being. The time for interviews, needs to be centered on what the team hopes to accomplish. Support, assurances, protection of staff, a secure work environment, and cooperation with other officials, are initial goals.

   - The team might initially use a telephone contact to let witnesses know that the agency is concerned for their well-being and that if they need assistance they should let their supervisor or regional manager know. The team needs to be prepared, as in other types of incidents, to go to the victim’s office.
c. **Funerals** - If a funeral is to be held the team should make an appearance. At this point the Agency’s Director should have expressed condolences and team members can be part of the Agency’s delegation to the funeral.

- *Timing now becomes important. There should not be a long delay in time between the incident and follow-up interviews with witnesses (if there are any) and other staff from the victim’s office. Depending on the time of week when the funeral occurs, there needs to be an attempt to bring remaining staffs together. This needs to occur within a reasonable time. This is the point when the team must start to assist local staffs, witnesses, and administrator(s) to move forward in the bereavement process. Time and timing still is critical at this juncture.*

- *The purpose of these initial interviews is to allow the team, sometimes the victim (in non-fatal situations), and other staff to become as familiar with each other as possible. The sequence of events that have taken place and will continue to unfold can create considerable turmoil and mistrust. The team must be conscious of this aspect to continue to be both supportive and effective.*

- *From this point on, the sequence of new interviews and re-contacts will be dependent upon the circumstances and number of individuals involved in a given situation. The main factor is to be sensitive to who is to be considered a victim(s), the victim’s immediate family, other agency staff, and administrative concerns.*

**Note:** Particularly when dealing with a death of a staff person, outside consultation may be needed. Agencies need to have a contingency plan that identifies additional outside specialists who have expertise in trauma and victimization, and can assist the agency in dealing with a severe or fatal incident.

5. **Individual Meetings** - Secondary to the individual victim, and dependent upon the nature or level of incident, it is necessary to perform some type of triage. Initially it might be necessary to meet with individual staff members who witnessed, were involved, or are particularly touched by the event. These initial meetings are pre-large group and can help establish rapport, ease misconceptions and fears, establish the need for larger group meetings, and to encourage participation.

- These individual meetings might be held in the work place. Often this is the area where staffs are most available and accessible. As this process develops team members are assessing the level and extent of trauma to all staffs. Meetings would be held for short periods to encourage participation in the recovery process.

6. **Group Meetings** - Larger meetings would take shape in either of two ways. First, there would be meetings with each direct work unit (usually 5-7 person units). Second, there would be larger gatherings of all section, division, sub-regional or regional, etc., personnel in one location. The key would be information sharing and support.
• *In establishing the size of the group, try to decide on the initial purpose. Will there be the need for further contact? Often this is not determined until after the initial meeting. Ongoing meetings might be necessary for sharing information as the “story” unfolds. The group might express a need to meet again. Or the natural process might be to go from the larger group, to the next meeting being with a smaller unit or division. The smaller the group meeting the better the opportunity for a productive problem solving process. In addition, the smaller the group the more time that is available for individual participation.*

7. **Location for Meetings** - Whenever these meetings can take place off the worksite the better it will be for processing the experience. The setting is important. Depending on the size of the group, a pleasant setting needs to be obtained. A historical house, conference center, hotel meeting room, etc., are examples of good locations.

• *Whenever food and refreshments can be served it will help to set a positive tone for the group meeting. Danishes, doughnuts, coffee, teas, and soft drinks, are examples of such items. With early preparation and good planning there might be an opportunity to have local businesses “sponsor” the meeting space or refreshments.*

• *If the meetings are held on-site a few rules need to be observed. The room selected should be private and as free from noise as possible. All telephone calls and interruptions need to be held until the meeting is over. “Free-up” regular staff by temporarily bringing in extra support staff. These individuals could come from another office or another region or sub-region.*

• *Be sure to include on-site clerical and support staff in the meeting(s). It is a mistake to leave clerical and other support staff out of the process. Consideration also needs to be given to holding separate homogeneous group meetings. For example, all clerical, or social workers, or supervisors, or community aides, etc. This allows for each group to give their special perspective of the situation, and allows for flexible office coverage during meeting time(s).*

8. **Length of Meetings** - Consideration will need to be given to the composition of the group, needs of individuals as the group progresses, and limitations of the work place. Large group meetings can last two-three hours. Some will consume a full morning. Individual meetings need to be planned for a minimum of 20 minutes but could last up to one hour.

• *The decision to terminate a group can come from the leader and a majority of the group. If time constraints are evident then a specific ending time may be necessary. Ideally, the initial meeting will end around lunch time. Individuals will be able to go to lunch before returning to work. This extra hour or so will provide a break period before resumption of work in the afternoon.*
9. **First Group Meeting** - The following is an outline of how to start a first meeting with staff:

   a. The local administrator or supervisor can give a brief introduction to the purpose of the group.

   b. Team leader should make sure that necessary introductions are completed. In addition, basic ground rules, including confidentiality, honesty, non-judgmental acceptance of others, etc., needs to be discussed. If a basic agenda can be established, this also needs to be shared with the group.

   c. Inform staff that they have the option of not participating in the discussion if they feel uncomfortable. Make sure there is a lounge, lobby, or breakout room that individuals can go too to relax if they decide to leave.

   d. The Co-Leader, and possibly other designated helpers, need to be assigned the role of monitoring participants who want to leave. This is particularly true if it happens after the meeting has started. This is to insure the emotional safety of the person and might involve going to the “other” space with them.

10. **Follow-up Meetings** - Optionally, there could be some type of follow-up meeting by the Leader and or Co-Leader three to four weeks after the initial session. This could be to present further developments, resolution of problems, etc.

   - Memoranda are also used to let staffs know what is happening. A Safety-Gram or some other internal memorandum would keep staffs apprised of events as they unfolded. Follow-up meetings or memoranda tend to give staffs an understanding and “closure” to the CASS process (See Sec 10).

   - Safety committees can be used to develop clearer lines of communication around a particular or series of incidents. In addition, the ideal would be that Team Leader(s) and Co-Leader(s) would have been drawn from staff that had or were part of the safety committee movement within the agency (See Sec 2).

B. **CASS Session Counseling**

1. **Defusing Session** - If the team is called into an active situation (it is occurring at that moment), or one where the incident has just occurred, a defusing session should be held before staff leave the premises. The session is essentially to talk about what happened, where everyone was during the incident, and listening to the emotional reactions and letting staffs know that it is “normal” to experience this kind of reaction. This is mainly a listening and comforting session. Most staffs at this time are in too much shock to explore their feelings or make sense of the situation.

2. **Dispelling Rumors** - Discussion among staff and team members is essential to dispel rumors about the incident. Enabling staffs to understand the incident prepares them in an honest way for what has and will occur. Without these initial and ongoing CASS sessions and other approaches to communication, rumors will fill the information void. Rumors will spread untruths and perpetuate the feelings of a “loss of control,” that staffs are feeling.

3. **Exit Interview(s)** - When the team has finished a defusing session, there should be an attempt to have an exit interview with the local administrator or supervisor. This meeting is to inform them of the preliminary findings and allow for comments. The
more sensitive the results of the staff or victim meeting(s), the greater the level of consideration for sharing information gained.

- These exit interviews can keep key “players” informed as to the future needs and direction of the CASS program team. Exit interviews also might prove helpful with other sessions as well. This would depend on how involved the administrator and supervisor(s) have been. By keeping key people informed and consequently involved, the CASS process has a better chance of success.

4. Preparation of Teams - For the CASS team(s) to perform their tasks competently it is essential that regular ongoing training be available. Initially, limiting the number of volunteers and teams will maximize each member’s opportunities to practice and develop confidence in their skills.

Having team members participate in, “Critical Incident Stress Response Training,” and possibly some other agency’s debriefing sessions, would be one method for obtaining the CASS/crisis practice. Individual background of selected volunteers is another way to obtained skilled personnel. Staff who are involved in emergency response groups, such as, volunteer ambulance workers, firefighters, or hospice staff, would be excellent candidates.

When staffs spend the greater amount of time on extraneous, non-counseling activities, they will not necessarily be the strongest source for skills needed for CASS activities. These skills need practice with some regularity. This can become the PRIMARY reason for an agency to use outside consultants for recovery sessions.

C. Resolution of Grief and Trauma

Throughout this model, the theme of “sensitivity” has been repeated because of the need to provide as non-threatening an intervention as possible. The ramifications of not following this course of action can be great. All staffs are in essence victims of any incident of violence against agency personnel.

Colleagues of the fallen worker can easily identify with the victim and will say things such as “if not for the luck of the draw there go I.” Ancillary staffs see their own vulnerability and the unsafe nature of the client population. Administrators and supervisors realize that the work environment and mission of the agency may be at odds with one another. Even the community in which the agency operates becomes more skeptical of the agency and assistance it offers.

Finally, the victim will be living through a series of events that will shake his/her confidence both personally and professionally. Self-doubt, blame, and a redefining of future actions will become the rule rather than the exception. There will be fear of repetition of the event and feelings of responsibility for the assault. The gender, and cultural and ethnic background of the victim may play a critical role in both the stresses experienced and in the particular content and manifestations of post-trauma symptoms.

The following sections are descriptions of a process for assessing the impact of victimization and the resultant trauma, what can be anticipated to occur after an incident of victimization, and what needs to be done to assist individuals and groups to recover in a healthy manner.
1. **Assessing the Impact of Trauma** - There are many variables that affect the impact of a traumatic event on staff and agency. Some of these variables need to be used as definitive indicators of the impact of trauma to a victim and others. These variables start to give some measure of the magnitude of an assault and its resulting trauma. Similar to the “ripple” effect when a rock is thrown into a pool of water, victimization is the center point of impact. Instantaneously, after the moment of attack, the effects of victimization are felt by many others in the victim’s environment. From colleague to supervisor, from supervisor to administrator, from all the personnel in the agency to citizens and clients served by the agency, to families and friends of those involved, the impact can be substantial.

Reality has been altered for all people touched by the assault. Depending upon the severity of the assault, the method by which the victim was injured, whether the victim thought they were safe at the time of the assault, the presence or absence of mitigating circumstances, and the victim’s experience in the work place, the extent of trauma will differ. Yet, it is known with some certainty that there will be some negative effects. Intervention methods must minimize the further extension of the negative effects of victimization.

**Variable 1: The Severity of an Assault** - Were the injuries extensive enough to hospitalize the individual or was the person able to “walk away” needing just minor attention?

**Variable 2: The Use of Weapons** - Were weapons used against the person? Was it a stick, knife, gun, etc.? Or did the victim receive a physical pummeling by hands?

**Variable 3: Where the Event Occurred** - Did the assault take place at a location the victim thought was a relatively safe place—e.g., office, waiting room, client’s home, etc.? Or was the victim assaulted where there was an element of danger such as a dangerous neighborhood, violent project area, or late night visit?

**Variable 4: The Presence of Mitigating Circumstances** - Were there any actions taken that could have added to the traumatizing effects of the incident? For example, did the victim request police escort or security guard accompaniment and there was no response. Did the staff person ask a colleague to accompany them on a home visit and either a supervisor vetoed the request or a colleague couldn’t free up the time? Had the worker requested a transfer from the case/client because of previous problems and it had been denied. Did a colleague or other person flee the scene leaving the victim with no assistance?

**Variable 5: The Relationship of the Victim to the Agency** - Was the staff person/victim a “new” employee or did he/she have “years” of experience.

A Continuum - Rather than relying on a simple response to whether a variable was present, it is useful to think of the impact by use of a continuum. This allows for intermediate points between the extremes of no impact and total immobilization. This continuum does not supersede the judgment and common sense of the people involved.
Rather, it serves as a tool for developing and implementing a plan that will enhance the recovery process for all those affected by the event.

<table>
<thead>
<tr>
<th>No Impact</th>
<th>Total Immobilization</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<tr>
<td>2</td>
<td>3</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

0. No Impact
1. Impact on Staff Only.
2. Impact on Staff and Client.
3. Impact on Staff, Client, and Supervisor.
4. Impact on Staff, Client, Supervisor, and Unit.
5. Impact on Staff, Client, Supervisor, Unit, and Agency.
6. Impact on Staff, Client, Supervisor, Unit, Agency, and Community.
8. Impact Immobilizes Service Delivery Region.

2. The Aftermath of Trauma: Shattered Reality - When preventive efforts of staff have failed and trauma occurs, the victim is faced with the task of rebuilding a conceptual framework. Basic assumptions about self and the world are challenged because they are unable to account for the occurrence of such extreme events. There are three types of assumptions that are especially affected by traumatic events: the belief of personal invulnerability; the perception of the world as meaningful and comprehensible; and the view of ourselves in a positive light.

a. The Assumption of Invulnerability - This assumption is operational in everyday life and protects us from stress and anxiety. Although we are aware, intellectually, that trauma can occur to anyone, we believe that such events can’t happen to us. For the victim, the assumption of invulnerability is replaced by a sense of acute vulnerability accompanied by intense anxiety and feelings of helplessness. There is a preoccupation with the possibility of reoccurrence because it is now easy to see oneself as a victim again. The staff person may find it extremely difficult to operate, even in circumstances unlike those in which the trauma occurred.

b. The Perception of the World as Meaningful and Comprehensible - Underlying this perception is the basic belief that the events in our lives are comprehensible and meaningful and that what happens to us is controllable. By exercising sufficient care and by being good and virtuous, we believe that we can prevent misfortune. For the victim of trauma, the world has abruptly become confusing and meaningless with focus on the question of “Why did this happen to me?” This can be especially traumatic for staffs who, before the trauma, have felt in control during client contacts.

c. The View of Ourselves in a Positive Light - Generally, we view ourselves as worthy, decent people, maintaining a relatively high level of self-esteem. The trauma of victimization, however, generates strong negative self-images. The sense of helplessness starts feelings of weakness, being helpless, fearful, and lacking control. These feelings may be accompanied by a sense of deviance--that
somehow the victim has been singled out, making them different from others. This can be particularly devastating for staffs who have felt they had superior observational and interpersonal skills.

3. **Stages of Recovery from a Traumatic Event** - Although recovery from a traumatic event proceeds at an individual pace, the stages of recovery are similar, regardless of the nature of the event. The process of recovery may be influenced by the phenomenon of “after-burn,” which refers to the tendency of the human mind to dwell on traumatic events after their actual occurrence and these can be as vivid as and even more upsetting than the original event.

   a. **Catastrophe Phase** - This phase lasts until the victim regains a sense of safety. It is based on the victim’s perception and lasts as long as the victim believes it exists.
   
   b. **Relief and Confusion Phase** - This phase is a period of reflection: relief that the trauma is over, but confusion about exactly what happened, why it happened, and what the consequences will be.
   
   c. **Avoidance Phase** - This coping strategy provides relief from anxiety and stress, but is a temporary respite.
   
   d. **Reconsideration Phase** - This is the point at which the victim is prepared to confront the trauma and begin the transition from victim to survivor.
   
   e. **Adjustment Phase** - Through early intervention and resources such as CASS and peer support groups, the victim is able to adjust to the experience.

4. **The Role of the Unit in Recovery** - When a catastrophe occurs to a staff person(s), the effect is felt throughout the agency--but particularly in the worker’s unit. As mentioned earlier, for many staffs, the work unit serves as a rather extended family and the effects on are similar to effects on the family of any victim. There are simultaneous effects that involve the entire unit. Everyone is a survivor (it didn’t happen to them) as well as a victim.

   Even while under stress, the unit plays an important role in the victim’s recovery. Because of its relationship to the worker, the unit can provide essential social supports. The following are some of the ways the unit can facilitate recovery.

   a. **Detecting Traumatic Stress** - The workers in a unit usually know one another fairly well and are sensitive to a coworker’s departure from his/her normal behavior. For victims of trauma, some departure from the norm is to be expected.
   
   b. **Confronting the Trauma** - Once stress has been detected, coworkers are in key positions to help the victim confront the causes. Because of the relationship among unit members, coworkers can tailor their approach to the needs of the individual worker.
   
   c. **Urging Recapitulation of the Catastrophe** - Reconsideration of the traumatic event is an important part of recovery. Recalling details of the trauma helps the victim process the experience.
   
   d. **Facilitating Resolution of the Conflicts** - Unit members play important roles in helping the victim work through the trauma. As facilitators, individual members can adopt a variety of positions (e.g., active/passive, confrontive/non-confrontive)
as well as serving as a sounding board by active listening, correcting distorted perceptions, and putting the catastrophe in perspective.

D. Special Concerns

1. Legal Position - Although CASS intervention and team members functions are not necessarily about the legalities involved, one should still consider how these legalities relate to intervention. We live in a litigious society, where lawsuits are often used as remedy. Lawsuits can be filed against anyone, at almost anytime and for almost any reason if a plaintiff feels that a personal wrong or injury has been caused.

At some point in the CASS process victims’ might be under legal counsel to not work with team members. As the CASS system develops in an agency, and the benefits of being involved are known, lawyers representing victims will generally become supportive. Most attorneys understand of the need for a victim to receive professional support and guidance. Nothing stated in this model should be construed in any way to be legally definitive or to replace others’ research into the laws of the state in which the incident occurred. Nor should anyone take this information as legal advice or negation of the importance of seeking competent counsel from a licensed attorney.

No matter what is otherwise occurring, work can continue with a victim, and most certainly with those others’ involved. Assistance must always be reasonable and prudent and must be based on a level and kind of training the team member has received and now applies.

2. Victim’s Right To Prosecute - Does the victim wish to prosecute the client for assault? Has local law enforcement supported the victim’s right to do so? Has the Prosecuting Attorney supported and expedited action on behalf of the victim?

This area can become very important for resolving conflict between the agency, victim(s), staffs, clients, etc. If a staff person wants to prosecute a client for assault, will the agency support that effort? Will the agency be willing to express this support to the appropriate authorities who are able to provide victim assistance? Team members must have information on this aspect to formulate, before initial interviews, responses to staffs and victims’ concerns.

In North Carolina in 1990, an angry client assaulted a public agency worker. The worker received critical injuries. The case initially seemed to be a simple assault and consequently received a “low” priority by the local prosecuting attorney and went to the “bottom of the pile.” Approximately one month later the Prosecuting Attorney’s case investigator received the file. This action was the day before the criminal court hearing for the client. The investigator only contacted one clerical person and one worker. The injured worker showed up at court with no one from the agency present, and a very low profile prosecution. The assaultive client was released with a sentence of time served--eleven days.

Later it was learned that the worker involved was severely injured, possibly for life. Everyone involved became extremely upset and angry at the seeming lack of agency support. Many other staffs were equally upset and disturbed by how this case was lost in both the agency system and the Prosecuting Attorney’s office.

Are team members also victim’s advocates? When a serious incident occurs do team members also assume an advocacy role? Minimally, team members need to be prepared
for questions about any pending legal actions, and how to resolve these in a favorable manner for both the victim and agency.

E. Conclusion
No plan conceived would ever be perfect and cover all situations equally, but the absence of a plan is often the cause of devastating results. The importance of a cohesive and comprehensive plan is readily seen in those situations where both agency and staffs are apt to lose control. "Serious Incidents," such as those described herein are situations that tax the best administrators, supervisors, and staffs. A negative event is bad enough. We cannot make matters worse by sending the wrong signals to victims, their families, colleagues, and community.

An agency that mishandles bad news in crucial early stages of crisis, often does so because it is; ignoring or denying the problem, maintaining that the serious incident is not an agency-wide problem, lying or telling misleading half-truths, dribbling out bad news, assigning blame, panicking, becoming paralyzed, or overreacting. All of these are not healthy for the life and well being of both agency and staffs.

Working with a plan, providing appropriate and clear information, explaining remedial actions, and announcing when the CASS system is in place and has assisted staffs are all part of a CASS system that can provide guidance in an area that needs to have “direction.”
### Attachment #1: Structured Leave Agenda

<table>
<thead>
<tr>
<th><strong>Day One</strong></th>
<th><strong>Day Two</strong></th>
<th><strong>Day Three</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:00 Call in to supervisor</td>
<td>8:30-9:00 Call in to supervisor.</td>
<td>8:30-9:00 Call in to supervisor.</td>
</tr>
<tr>
<td>9:00-10:00 Perform some kind of exercise, e.g., walking, jogging, swimming, meditation or a hobby. Exercise helps reduce stress-related chemicals in the bloodstream and returns the person to a more relaxed state. The activity is best if it is vigorous and not related to the job. Exercise should include 20 minutes of warm up, 20 minutes of exercise and 20 minutes of cool down. Gardening or yard work is another good stress reducer.</td>
<td>9:00-10:00 Perform some exercise (See Day One’s description).</td>
<td>9:00-10:00 Perform some exercise (See Day One’s description).</td>
</tr>
<tr>
<td>10:00-10:30 Take a break and/or eat breakfast or a snack. Call a friend or talk briefly with a family member. Good support from family and friends is a variable that can help to reduce stress.</td>
<td>10:00-10:15 Take a break and/or eat breakfast or a snack. Call a friend or talk briefly with a family member.</td>
<td>10:00-10:15 Take a break, eat, call a friend or family member.</td>
</tr>
<tr>
<td>10:00-10:30 Take a break and/or eat breakfast or a snack. Call a friend or talk briefly with a family member. Good support from family and friends is a variable that can help to reduce stress.</td>
<td>10:15-11:00 Prepare recording for a case not involving the serious incident, preferably one with a successful outcome and/or progress.</td>
<td>10:15-11:00 Prepare recording for third case not involving serious incident.</td>
</tr>
<tr>
<td>10:30-12:00 Work on case involving incident, pull together notes, prepare case recording, and prepare for staffing.</td>
<td>11:00-11:15 Take a short break. 11:15-12:00 Prepare case recording for a second case. Again, preferably a case with successful progress and/or outcomes.</td>
<td>11:00-11:15 Take a short break.</td>
</tr>
<tr>
<td>12:00-1:00 Eat lunch. Proper diet with an emphasis on wholesome foods is another element of stress control.</td>
<td>12:00-1:00 Eat lunch.</td>
<td>12:00-1:00 Eat lunch.</td>
</tr>
<tr>
<td>1:00-1:30 Travel time.</td>
<td>1:00-1:30 Travel time.</td>
<td>1:00-2:00 Prepare case recording for a fifth case.</td>
</tr>
<tr>
<td>1:30-3:30 Attend staffing on case involving incident.</td>
<td>1:30-2:00 Meet with supervisor for additional assignments, follow-up re: serious incident and or additional staffing.</td>
<td>2:00-2:15 Take a short break. Call in to supervisor. Begin planning for return to work the next day.</td>
</tr>
<tr>
<td>3:30-4:00 Meet with supervisor. Make plans for days’ two/three if necessary.</td>
<td>2:00-4:30 Attend recovery session.</td>
<td>2:15-3:30 Meet with counselor or peer support person.</td>
</tr>
<tr>
<td>4:00-4:30 Meet with peer support person</td>
<td></td>
<td>3:30-4:30 Perform light exercise or hobby.</td>
</tr>
</tbody>
</table>
Attachment #2 Checklist

Type/Class of Serious Incident (Describe):

Meeting Site (Where):       When:

Groups Needed:

1. 

2. 

Breakout Room Available:

Refreshments:

Administrator:

Team Leader:

Co-Leader:

Resources Person:

Communication Office Contacted:

Safety-Gram Prepared: