Crisis Response for Significant Disclosures and Reactions

A critical incident, crisis or adverse event can occur in any health care organization. What differentiates organizations, positively or negatively, however, is their culture of safety and how they respond before, during and after such an event.

When staff are exposed to such adverse events or crises at work, not responding in a timely, effective and compassionate manner raises significant risks, including loss of trust, absence of healing, no learning and improvement, and the sending of mixed messages about what is really important to the organization. See more detailed definitions of terms such as ‘critical incident’ and ‘adverse event’.

Preparing to take care of staff during and after a critical incident
All health care organizations should have a formal process or protocol for addressing a critical incident.

Proactive preparation:
1. Define expectations around communication, what to do and what not to do
2. Identify and train members of a crisis team
3. Identify debriefing protocols for staff
   Find Information about critical incident stress management and debriefing here.
4. IHI offers further guidance on planning for a clinical crisis—especially focused on leadership

In the crisis:
1. Offer Psychological First Aid (see page 4 for more) —
   Stay with a person, use their name, provide information
2. Engage the crisis team or other trained professional as needed and requested by the person

After the crisis:
1. Implement the debriefing protocol
2. Consider whether restorative circle would be applicable

When a staff member discloses their own significant psychological pain

- Be non-judgmental
- Be genuine and respectful
- Be comfortable with silence
- Be aware that the person’s feelings are very real
- Be positive with your feedback
- Be aware of your body language and facial expressions
- Be helpful with language without telling them how they feel or ‘should’ feel

Do: Offer consistent emotional support, provide information, give practical help, acknowledge the limits of what you can do, give them hope.

Do not: Give advice, make promises you cannot keep, dismiss the problem or their emotions, focus on ‘right’ vs. ‘wrong,’ try to ‘fix’ the situation, engage in communication that is: belittling, sarcastic, or patronizing.

1 IHI. (2010). Respectful management of serious clinical adverse events.
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De-escalating the situation:

- Appear confident, stay calm, and avoid nervous behavior
- Speak slowly and confidently with a gentle, caring tone of voice
- Do not argue or challenge the person
- Do not threaten
- Do not raise your voice
- Do not talk too fast
- Use positive words
- Take a break from the conversation

A Sensitive Conversation with a Staff Member to Address a Referral for Support

You are wondering what to do in your role as colleague or boss when you see a provider struggling with stress who may need professional help. It starts with a sensitive conversation that explores the stress and what support looks like from the person’s perspective. In fact, the first few times these discussions happen, you may not even discuss referrals. It is essential for a person to feel your care and support before a referral is offered. These tips will set the stage.

1. Approach the person of concern in a nonjudgmental way.
2. The tone of the initial conversation is important. The employee may be afraid to reveal their vulnerability or fear that they are being evaluated in some way. They may fear losing their job. (see page 4 for more on the reluctance to seek help or support among providers)
3. Meet with them privately. Emphasize that this is just between the two of you and is a confidential conversation.
4. Start positively by indicating that all providers deserve to be well and supported to be at their best at work. It’s a tough job.
5. “I have noticed…. (list behavioral signs of stress you have observed) and I was wondering how I can best support you.”
6. Start with open-ended questions…

   - Is this observation (my concerns) a good fit for what is true for you?
   - What do you need to be at your best at work? We all need to feel supported at work. What would good support here at work look like for you?
   - I wonder how your collegial relationships are going, and what might help or might be beneficial from your peers here at work?
   - What about work/life balance? How might that be adjusted?
   - Being a health care provider often requires you to “be on” all the time. I wonder how you can get breaks or support throughout your work day?
7. **Listen carefully** and without judgment as the person describes what is happening for them. A strong emotional response (tears) or defensiveness is normal. Remain calm and compassionate.

8. Resist moving to problem solving too quickly, or advising. Being heard can be helpful in and of itself.

9. The important element here is to **explore the provider’s view of the problem and helping them to come up with solutions.** (Recall the steps to compassion action in Section 1 of the toolkit.)

10. Ambivalence about seeking and accepting help is to be expected. It should not be seen as resistance.

11. Emphasize that there is no shame in taking care of yourself. ("You can’t pour from an empty cup").

12. **Offer open-ended questions** to explore a goal or a referral:

   - What is one thing you could do this week that would leave you in a better place? (Encourage them to choose something small and achievable that will send them down a better path.)
   - There is support available outside of work. Would you like to hear more about that? (Eliciting permission to offer resources before we give them is important.)

13. If you do offer resources, explore with the staff what they would hope to get from outside support. Address any worries or concerns they have. If there is an EAP in the organization, share the contact information.

14. Ask if it would be okay to check back in with the person, and set a specific time to do so.

15. Upon closing of the meeting, affirm and indicate your respect for them for their willingness to talk openly and continue to grow as a provider. A statement about your caring for them as a person and a professional goes a long way.
**Psychological First Aid (PFA):** It is important to remember that addressing the emotional, often invisible, impact from responding to or experiencing a crisis or adverse event is as important as addressing any physical impacts. PFA is an evidence-informed approach built on the concept of resilience that aims to reduce stress and its symptoms, and assist in a healthy recovery following a traumatic event.

**Resources to support compassion resilience when there is a significant disclosure or crisis:**
SAMHSA offers a [useful brochure](#) on managing intense emotions people may face during or following a crisis.

An [article](#) that touches on 5 key principles of psychological first aid—Safety, Calming, Self-efficacy, Connection, and Hope.

**Combating the reluctance to seeking help:** Health care providers are not immune to the public- and self-stigma related to mental health, and are at times reluctant to seek help or support when they are experiencing difficulties.

The following articles offer, from the perspective of physicians, why health care providers may choose not to seek mental health care or support:

- 5 reasons physicians are less likely to seek support
- Stigma and Professional Fears Keep Doctors With Mental Illness From Seeking Treatment

**For more information on mental health stigma:**

- Principles of Stigma Reduction
- Mental Health & Stigma