SOUTHERN REGIONAL
Children's Advocacy Center

Critical Incident First Aid

for Children's Advocacy Center Supervisors

Brian Miller, Ph.D.

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About the Author

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Contents

Introduction

CAC leaders will occasionally experience the need for guidance for those times when an extraordinary event has threatened the physical or psychological well-being of their team. The *Critical Incident First Aid Guide for Children's Advocacy Center Supervisors* provides information for supporting the staff in a children's advocacy center (CAC) setting who have been exposed to critical incidents that increase the risk of secondary traumatic stress (STS) or becoming emotionally overwhelmed. The guidance is directed toward supervisors and leaders in CACs regardless of professional training or background.

Critical Incident First Aid (CIFA) provides a descriptive overview of concepts and practices for any supervisor to employ when a critical incident has occurred in the CAC. It defines the immediate response of the supervisor (hence the "first aid" in the concept) as well as continuous support over the first 30 days.

A *critical incident* is an event that produces—or is likely to produce—an unusual level of stress, trauma exposure, or emotional strain on multiple staff members in the CAC. Examples include a client fatality, death of a co-worker or multidisciplinary team (MDT) member, act of violence against the center or center staff, or particularly heinous child abuse case.

Overview of the Critical Incident First Aid Approach

Moving Away from Critical Incident Debriefing

CACs have long employed debriefing approaches after the occurrence of a critical incident. Debriefing can refer to many varied approaches, but typically refers to an immediate retelling and detailing of the event, including images, evoked feelings, and staff reactions. In exactly the right circumstances, debriefing could be helpful. Considerable research evidence, however, has demonstrated that a specific debriefing approach (Critical Incident Debriefing, Mitchell, 1983) does not reduce post-trauma symptoms. Further, meta-analysis conducted by the Cochrane Collaborative concluded that Critical Incident Stress Debriefing (CISD) may be harmful for some individuals (Rose et al., 2002). There is yet more research about the ineffectiveness of one-time debriefing approaches. Although there is some controversy about research approaches and definitions, ***there is adequate evidence to conclude that convening a "debriefing" session after a critical incident may not be helpful and could be harmful***. Critical Incident First Aid (CIFA) is a better alternative to debriefing approaches.

Psychological First Aid

Psychological First Aid (PFA) is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster or terrorism to reduce initial distress and to foster both short- and long-term adaptive functioning. It was developed by the Department of Veterans Affairs (Brymer et al., 2006) and has the consensus endorsement of experts in the field of disaster mental health. PFA is in use and has been disseminated by the Red Cross, the American Psychological Association (APA), the National Child Traumatic Stress Network (NCTSN), and many others.

Although PFA was developed and is typically used as an intervention with individuals who have experienced a natural or man-made disaster, with adaptation, it provides an excellent, evidence-informed framework for responding to critical incidents of any kind.

Because PFA is, in essence, a framework for providing a sense of safety, support, and comfort for a person, it provides helpful ideas in the CAC setting for events unrelated to natural disasters. Because the aims of PFA and Critical Incident First Aid (CIFA) are the provision of support and comfort, they are not clinical interventions. They are, rather, very concrete problem-solving approaches, which means CIFA can be applied by supervisors whether they have clinical training or not.

Critical Incident First Aid

Critical Incident First Aid (CIFA) is Psychological First Aid (PFA) that has been adapted and focused to make it specifically applicable to

1. the CAC setting;
2. critical incidents of all types;
3. the entire range of potential secondary trauma stress reactions; and
4. supervisors/leaders in the CAC.

What Critical Incident First Aid Is Not

CIFA is not:

- **Therapy**—CIFA is an immediate, "first aid" support. When long-term support or professional assistance is indicated, your role is to help the staff member access that support.
- **Debriefing**—For reasons described below, debriefing is not the aim of CIFA. It is not essential to your provision of support to the staff member that they be coached to re-experience or describe the events or their related emotional reactions.
- **Long-term**—This first aid approach defines a means of support to staff immediately after a critical event has occurred.

CIFA Concepts, Principles, and Core Actions

CIFA Concepts

CONCEPT 1:

Debriefing approaches are not preferred practice after a critical incident within the CAC.

- Debriefing has been found to be at best, ineffective, and at worst, harmful (Rose et al., 2002).
- Single session approaches are likely to be ineffective at reducing post-trauma or providing a sense of support (Van Emmerik et al., 2002).
- Being re-exposed too soon to the trauma through the re-telling could lead to re-traumatization (Rose et al., 2002; Van Emmerik et al., 2002).
    - Immediately after the critical incident, the staff member may still be actively experiencing the trauma. They may have not yet consolidated or fully processed the event and may not be ready to re-experience it through the retelling.
    - Debriefing does not allow the staff member to control the amount of "triggering" before the intensity is increased by the debriefer.
    - The staff member may feel social pressure to respond to the invitation of the supervisor to relate their experience immediately. This does not allow them to feel in control of the timing and amount of exposure.

CONCEPT 2:

CIFA differs in important ways from debriefing.

CIFA	Debriefing
CIFA is evidence-informed	Debriefing is in contradiction to the evidence.
CIFA is individualized according to need.	Debriefing is a singular approach applied to all.
CIFA does not assume that secondary traumatic stress (STS) occurred or will occur after a critical incident.	Debriefing approaches assume secondary trauma will occur to all if debriefing doesn't occur.
The CIFA approach is directed by the staff member based on their felt need.	CISD assumes debriefing must occur and that it must occur immediately.

CONCEPT 3:

The most important factor in minimizing the impact of a critical incident is the support that the staff member receives from you as leader, and the support provided by the staff member's peers (that may be facilitated by you).

People who have experienced tragic circumstances in their job role consistently cite the factor that most effectively promoted their well-being, which was the support of their supervisor and their peers (Halpern et al., 2009; Herrema et al., 2020).

- Supervisors must feel proficient in how to provide this support should a critical incident occur. You will be an effective support if you know exactly what to do when the need arises.

CIFA Principles

PRINCIPLE 1:

CIFA adapts the eight core actions of Psychological First Aid.

1. **Contact and Engagement:** Initiate contacts in a non-intrusive, compassionate, and helpful manner.
2. **Safety and Comfort:** Enhance immediate and ongoing safety and provide physical and emotional comfort.
3. **Stabilization (if needed):** Calm and orient emotionally overwhelmed staff.
4. **Information Gathering on Current Needs and Concerns:** Identify immediate needs and concerns, gather additional information, and tailor interventions.
5. **Practical Assistance:** Offer practical help to staff members in addressing immediate needs and concerns.
6. **Connection with Social Supports:** Help establish brief or ongoing contacts with support persons and other sources of support, including workplace peers, family members, friends, and community-helping resources.
7. **Information on Coping:** Provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
8. **Linkage with Collaborative Services:** Link survivors with available services (such as an Employee Assistance Program [EAP] or professional counseling) needed now or in the future.

PRINCIPLE 2:

CIFA is a "first aid" approach.

The purpose of CIFA is to provide early assistance within days or weeks following an event. That means that you are providing the supports as soon as possible after the news about the critical incident is known by the staff member. As a "first aid," this is not necessarily about a long-term plan. You are addressing the immediate needs of the staff member and providing supports that address them. As a flexible approach, sometimes the supervisor's entire response may be limited to observing the staff member and inquiring about their well-being. No assumption exists that the staff member needs organizational support or that they must

accept support. The staff member's preferences are respected, and if they decline the need for support, they are not presumed to be "denial" nor that it will lead to negative effects. The goals of CIFA are to

1. communicate the support of the supervisor/organization
2. reduce distress of the staff member
3. assist with current support needs
4. promote a sense of social connectedness (and guard against isolation)
5. connect with on-going supports when indicated
6. *not* to elicit details of the traumatic experience

PRINCIPLE 3:

Taking your cues from the staff member.

Unlike debriefing approaches, there is no assumption that every staff member will experience trauma or distress after a critical incident, or that they will need to talk about it or accept support from others in the workplace. It is helpful to consider how different your role will be depending on which of these descriptions best fit your staff (and realizing that this may change over time):

1. The staff member is asking for your/your organization's support.
2. The staff member evidences the need of supports but is not requesting them.
3. The staff member is not in need of intervention or special supports.

In CIFA, all three positions may be appropriate ways to manage the aftermath of a critical incident. Accordingly, your role as supervisor is to observe, to inquire if supports would be welcome, and to respect the answer of the staff member in all cases.

PRINCIPLE 4:

CIFA is a modular approach.

Like PFA that it is based upon, CIFA is a modular approach. That means the components and core actions that compose it may be employed at any time, and in any order. Many of the actions will be occurring at the same time—there is no assumption that the core actions will occur in the sequence they are outlined here. Above all, CIFA is about providing supports in a flexible way based on the circumstance and the individual needs of the staff member.

Critical Incident First Aid in a Nutshell:

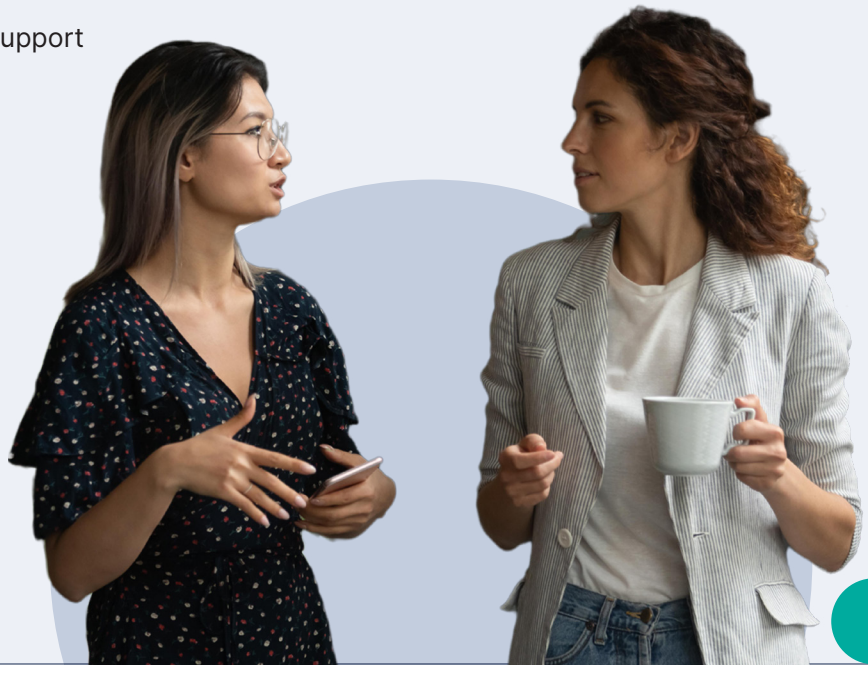
The Three Essential Activities

Before detailing the eight core actions of CIFA, it is helpful to describe in simple terms what you, as a leader, will do after a critical incident. The core actions described here are incorporated into three essential activities:

1. **Common meeting with staff members** to provide information about the critical event. **Your role is to:**
   - **a.** deliver the necessary information about the critical incident.
   - **b.** assure team members you are not ignoring the effect of the incident and to introduce the follow-up that will occur.
   - **c.** "carry the calm" for the team. You are concerned, but are confident, about what should happen in this situation.
   - **d.** communicate *compassion and curiosity*. Above all, your demeanor should express that you will remain curious about their sense of well-being and about how (and if) you can provide support.

2. **Individual contact with team members to assess need for support:**
   - **a.** Follow-up will be determined with respect for individual wishes.
   - **b.** The eight core actions are flexibly applied based on need.
   - **c.** Inquiry is made about well-being, supports are offered, and action plan developed (which might be that no further action is needed).

3. **Second contact (group or individual) to provide information about**
   - **a.** stress reactions
   - **b.** coping approaches
   - **c.** the importance of social support



CIFA Eight Core Actions

CIFA CORE ACTION #1:

Contact and Engagement

CIFA will be conducted by the CAC supervisor or leader who has an established relationship with the team. This assumes that you are already someone in whom the team members have trust, and whom they believe cares about their well-being. This foundation is essential to team members' acceptance of your support.

Individual or Group

The group setting is *not* the optimal setting to begin inquiring about individual reactions to the incident, or to ask details about how staff members experienced the incident.

- Emotions can be contagious. The reactions of one staff member might be intensifying to other staff members.
- There is an implicit expectation created in a group setting that may make it difficult for an individual staff member to access their own, individual response to the event. They may have difficulty identifying their own reactions when being strongly influenced by other members of the group ("group think").
- Staff members may respond to the incident at different rates of processing. Some may be actively experiencing a sense of trauma as they hear the news for the first time. The differential rate of response of each staff member should be respected, and not expected to conform to others in the group.
- Naturally occurring supports will be important. We shouldn't assume that the supervisor or work team is the only or best source of support.

The following information may be effectively shared as an initial contact in the group:

- The facts of the critical incident. Relevant and allowable facts without any unnecessary graphic details.
- Your recognition, as a leader/supervisor, of the significance of this event, and the impact it may have on the team members.
- Assurance that you will prioritize time for individual check-ins with team members and that you will maintain a watchful concern for their well-being.
- That you will follow up with the members of the team individually to assure their well-being and to respond to any needs for support.
- That you will—in individual contacts or subsequent meetings—provide information about what the team members should be observing in themselves in the subsequent days.

(This is not the time to share these potential effects, as the news about the incident is still being processed and will obscure any information that you provide now.)

- Individual opt-out is perfectly acceptable. Individual meetings can also be substituted for group meetings.

The initial contact may occur as you seek out your individual team members or may occur in a group setting that you have convened (or in a scheduled staff meeting). The advantages of the group context are

- everyone on the team hears the same report about the incident and hears it at the same time.
- questions can be responded to for the benefit of the entire group.
- the group setting confers a sense of team and "we are experiencing this together," which can buffer a sense of isolation in staff members.

Your goals during this initial contact are to

- deliver the necessary information about the critical incident.
- assure team members you are not ignoring the effect of the incident and to introduce the follow-up that will occur.
- "carry the calm" for the team. You are concerned, but are confident, about what should happen in this situation.
- communicate *compassion and curiosity*. Above all, your demeanor should express that you will remain curious about their sense of well-being and about how (and if) you can provide support.
- clarify, when confidential information may be involved, the organizational policy about sharing information related to the event.

Important: If any of the team members appear overwhelmed (appear unresponsive, panicked, or frantic), move immediately to stabilization (Core Action #3: Stabilization).

CIFA CORE ACTION #1: SUMMARY

The goals of the initial contact and engagement are the following:

1. Provide information about the critical event to all members of the team.
2. Communicate calm concern for team members.
3. Communicate that you will maintain an ongoing interest in assuring their well-being and in providing support when requested.

CIFA CORE ACTION #2:

Safety and Comfort

The second action is to provide for the safety and comfort of individual team members. *This must be given priority status* over your planned schedule.

1. After the initial contact, send a communication to your team that again acknowledges the incident, and your commitment to their well-being (see next page for a sample communication). Let them know you will be checking with each of them to support them as any emotional shock is absorbed. Make explicit that your approach will be sensitive to the fact some may need time and space. Indicate explicitly that you want them to communicate with you if they would like to discuss the incident or if they have other needs.
   - **a.** Plan to check in on your supervisees in as natural a fashion as is possible.
   - **b.** It is not essential that you contact all staff members immediately unless there is evidence of clear distress.
     - **i.** Prioritizing those for whom you have a special concern is important; check in with them first.
     - **ii.** Spreading your check-ins with your staff over days is perfectly fine and may even be desirable. Your sustained interest in them will communicate that your singular meeting was not the end of your concern and support.
     - **iii.** Allowing a short amount of time to pass will allow your team members to process the event and more accurately self-assess their well-being.
2. During the first few days after the critical incident, you will make individual "wellness checks" with each of your staff members.
   - **a.** Offer water, tea, or coffee to your staff member. The unstated, cross-cultural significance of this simple caring act can be profound.
   - **b.** Check in with each of your team members, but take care to give as much space as they want. You are taking your cue from them, not from any assumption about how much support or attention is optimal.
   - **c.** Your role during this core action is to assess the sense of physical and psychological safety experienced by each of your staff. This is accomplished both by direct inquiry, and by watching for signs of distress. Even when the incident did not threaten

What Worker Distress May Look Like:

- Unresponsive to questions or directions
- Disorientation—disorganized behavior or speech
- Strong visible emotional reactions, excessive crying, hyperventilation, rocking, extreme withdrawal
- Uncontrollable physical reactions (shaking, trembling)
- Incapacitated by worry

the physical safety of your team, the post-trauma response may produce a sense of feeling unsafe, being in "fight, flight, or freeze." The sources of this sense of threat may be:

i. Shock of the news.

ii. Recurring images or thoughts, which cause disturbing feelings related to the incident. These images may be intrusive and may interrupt sleep.

iii. Worry about blame. Depending on the nature of the incident, some staff may fear being faulted by the organization, or may self-blame. This is especially likely when there has been a bad outcome of a client case, or in the case of a suicide of a client or co-worker.

d. This core action relates specifically to assessing the safety sense in the staff member. Stabilization (when indicated) is the core action to be described next.

e. Your concerned interest, offer to provide comfort, and engagement with staff accomplishes a great deal toward bringing them to a sense of safety.

f. Support the sense of safety through concrete actions. For example:

i. Offer them the opportunity to talk to their partner or other supports.

ii. Do they feel safe to drive, or do you need to arrange transportation?

iii. Do they need assistance transporting their children?

What Is Psychological Safety?

In the context of CIFA, *psychological safety* is "a shared belief among team members that the supervisor and team will accept the open expression of emotions and vulnerability without judgement or criticism."

A sense of psychological safety is evidenced when team members feel safe to

- ask for help
- acknowledge distress
- express concerns and worries
- openly express emotions caused by the event
- communicate interest in the well-being of other team members

Post Initial Contact Communication: Sample

"We are all saddened to learn of _____(critical incident). I want to do whatever I can to support the well-being of you and the team as we absorb this shock. Please know that I will be checking with each of you as we have time to process this information. I am sensitive to the fact that some of you may need time and space. It is just fine to take time and to deal with this in your own way. For any of you who would like to discuss (the incident) or who have any other needs, I am eager to support in any way."

CIFA CORE ACTION #2: SUMMARY

The goals of supporting safety and comfort are the following:

1. Communicate your interest in the well-being of all staff. Let them know you will be checking in on them as the team members begin to process this event. Communicate that they can check in with you anytime they have questions or requests.
2. Prioritize check-ins for those staff members for whom you have special concern.
3. Assess the sense of physical and psychological safety experienced by your staff members.

CIFA CORE ACTION #3:

Stabilization (When Indicated)

During your interactions with team members, you will be observing for signs of acute distress that may indicate the need for stabilization.

Remember the goal of CIFA is not therapy — you are not being asked to provide "therapy." You are here to support your staff members in resolving alarm responses in the short-term.

1. Stabilization is, in short, helping your staff member turn off the fight or flight alarm message, so it feels safe again. This is usually a one-on-one interaction.
    a. Your presence and concern are the most important element in stabilizing a staff member. By remaining calm and concerned about what the staff member is experiencing, you are helping them begin to verbalize their responses. As they can verbalize their experience, you can decide about simply maintaining a supportive conversation or coaching the use of some grounding technique.

Grounding Exercise

1. Sit in a comfortable position with your legs and arms uncrossed.
2. Breathe in and out slowly and deeply.
3. Look around you and name five non-distressing objects that you can see.
4. Breathe in and out slowly and deeply.
5. Next, name five non-distressing sounds you can hear.
6. Breathe in and out slowly and deeply.

From Psychological First Aid, 2006.

b. Remain calm and present without forcing a conversation. They may just need a few moments to begin thinking clearly.

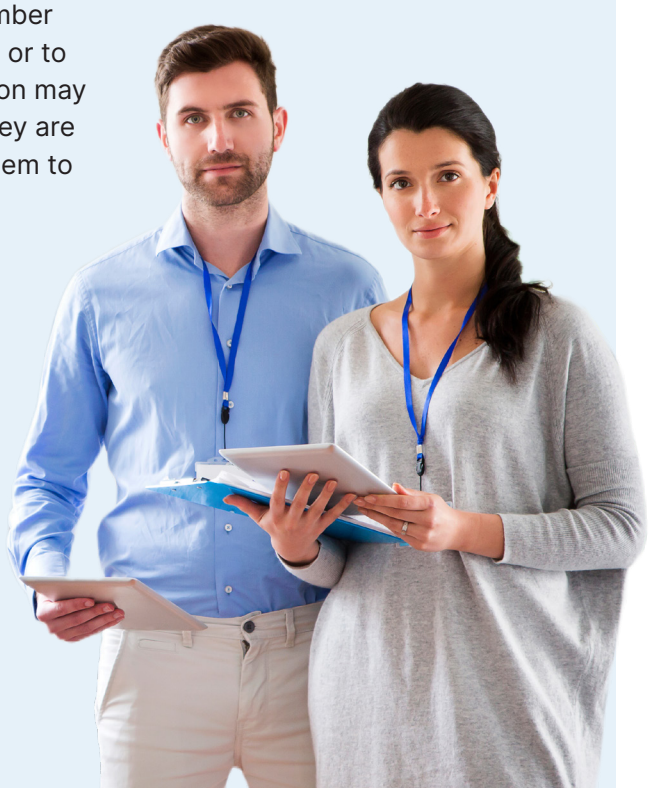
c. Breathing is the most used strategy for grounding in one's body. "Can we take a moment and just breathe together?"

d. Your team member may already have some mindfulness/grounding practices that they have used in the past. Now is a good time to inquire and to coach their use.

e. If the staff member is agitated, it may be difficult to hold still for a breathing or mindfulness practice. Walking or other movement may be helpful.

HOT WALK AND TALK

1. Ask the staff member if they would like to walk with you.
2. Offer them a bottle of water and drink along with them as you walk.
3. As you walk—allowing the staff member to set the pace—talk with them in a calm reassuring manner (from alongside them rather than "eye to eye").
4. Talk in an unhurried, thoughtful way. Silences are tolerated when walking in a side-by-side alignment. Allow the staff member to set the pace in walking and in conversation.
5. Your goal is to help the staff member begin to stabilize—not to debrief or to provide therapy. Your conversation may consist of inquiries about how they are coping, but you are not asking them to recount the critical events.
6. If they wish to describe events and their response to the events, that is perfectly fine (since it is at their initiation). You may wish to ask them if it is helpful to have you share their experience, or if retelling it is distressing to them. This is a gentle way of reminding them that they are in control of that decision and either answer is perfectly okay.



Fisher, P., 2012.

2. Problem-solve with the staff member whether there is benefit in remaining at the office with team members' support (and the focus of work) or if it is more beneficial to go home and seek the support of family and friends. Either may be best depending on the individual. Assure them that you will actively ensure that there is coverage in the office and, if needed, help them with transportation. This is an open invitation, and their answer may change over time.

3. As the staff member stabilizes, let them know the alarm response may happen in "waves." Should it return, they can engage in the same activities you just walked them through. Knowing they have a plan of what to do if they begin feeling distress can add a sense of assurance. Remind them that they can reach out if they feel unstable.

CIFA CORE ACTION #3: **SUMMARY**

The goals of stabilization are the following:

1. Help your staff member turn off the fight or flight alarm message. You are not conducting therapy with them.
2. Employ a calm and steadying presence. You can help them move out of fight or flight and into the present through any method of bringing their awareness to the body. Focusing on the breath is the most typical way of bringing them back to the here-and-now and away from the feeling of threat.
3. Walking while you talk with them can be helpful if their body wants to move in response to this stressor.
4. Reassure your team member it is perfectly acceptable if they wish to describe the event and their response to it. It is perfectly acceptable if they wish not to do so at that moment. It is their choice to tell their story about the situation or not.
5. Problem-solve with the team member whether continuing to maintain their normal work schedule would be helpful, or if taking time away would be helpful. Give them permission to choose.

CIFA CORE ACTION #4:

Information Gathering

NOTE: This information gathering will occur *only when the staff member appears calm and stable*.

The purpose of this core action is to calmly collect information about what the staff member says is needed to help them feel stable and supported. As always with CIFA, the staff member's wishes are respected—there is no assumption that they will require any particular form of support.

1. *Ask specifically about how the emotional toll is being experienced by the staff member.* Are they having physical or emotional expressions of stress, grief, or alarm? If the staff member reports they are doing well, accept it. If the staff member is exhibiting signs of distress but won't acknowledge it, do not push them to respond. Your role is to continue to observe and support, but not to push for disclosure.
2. *Assess the degree of personal and/or professional loss.* Depending on the nature of the event and the staff member's relationship to the effected individual(s), assess the nature of any loss experienced by the staff member. Is this a professional stressor, or is this the loss of a personal relationship? Knowing the answer to this will inform the support you will provide to the staff member over time.
3. *Provide information about any organizational procedures that are to follow* (if any). If there is to be an organizational review or other organizational follow-up to the event, describe them honestly and completely to the staff member. Inquire about any concerns they may have about the process, including the aspects that you may not be able to answer definitively.

How are *you* doing? Check in with yourself.

As you provide this support to your team, make sure you are also checking in with yourself. Supporting others can be helpful in managing your own emotions at this time—but it can also be an emotional strain. Make sure **you** are taking care of yourself:

1. Periodically, throughout the day, check in with yourself.
2. Check in with your body. Are you calm, or tense?
3. Notice how you are breathing—even for a quick moment. Are you completing your breaths, or breathing fast and shallow?
4. Do what you need to do to resolve your distress. Even a minute or two of intentionally breathing and relaxing back into your chair can help reset you.
5. Check in with your colleagues and family. Take a break by spreading your focus for a little while.
6. Use peer consultation and supervision to reduce your sense that you are doing this by yourself.
7. Ask for what you need. Do you need support from your supervisor in some way? Do you need someone to help you with your team?
8. Remember, psychological safety is the shared sense that you can express your experiences and vulnerabilities without fear or shame. That includes you.

4. *Assess and discuss any feelings of guilt or shame that the staff member may be experiencing*. Depending upon the nature of the incident, they may feel like they failed to do something that they should have done. Inquiries from the supervisor will differ depending upon the type of event and your relationship with and the comfort of the staff member. If there is something that the staff member did or did not do that might have contributed to the incident, now is not the time to focus on mistakes. Opportunities for learning from the incident can occur later.
5. *Invite a discussion with the staff member about whether they represent a risk to themselves*. If the need is apparent, develop a safety plan (what actions they will take if they should begin to feel that they are a risk of self-harming.)
6. *Discuss the importance of not isolating during this difficult time*. You can reinforce that each person will deal with this in their own way, but isolation is a special risk when it is prolonged. Inquire about their level of social support in the office and at home.
7. *Ask if this event is activating any past experiences*.

Reminder: You are gathering information but are not attempting "therapy" around any issues identified. You are assessing the need for immediate referral (an Employee Assistance Program or behavioral health) or any practical supports that you can offer immediately.

CIFA CORE ACTION #4: **SUMMARY**

The goals of information gathering are the following:

1. Your overall goal is to collect information about what emotional or physical supports this person needs to be best supported.
2. Ask in specific ways about the emotional toll of the critical event. This is done only if the team member is feeling calm and stable.
3. Have some questions in mind that elicit information and communicate your support. Examples may include whether they are having any physical symptoms of stress, how close their relationship was to the person(s) affected by the event, whether they may be having any feelings of guilt or responsibility for the event.
4. Communicate the importance of remaining connected with family, friends, or team members. Isolation is a professional risk factor after critical events.

CIFA CORE ACTION #5:

Practical Assistance

After adequate information gathering, Core Action #5 marks an important shift into active planning. The action plan will be developed with your team member fully in control. The action plan will be more active than saying, "If you need anything, let me know."

1. As always in applying CIFA actions, your response will be individualized based on the preference of the employee. If no actions are desired by the staff member, this preference will be respected. In this case, your role becomes one of active monitoring without imposing undesired attention or supports on them.
2. The action plan may include:

   Immediate Needs (today):

   a. Is there anyone in their family/support system they want to reach out to?
   b. Do they wish to remain at work or go home?
   c. Do they need transportation?
   d. Do they need assistance with childcare or child transportation?
   e. Discuss if they have any other needs or requests for support.

   On-going (over the next 30 days):

   a. When will you check back with them?
   b. Work-as-usual or paced re-entry? Depending on the circumstance and desire of the staff member, you may wish to discuss their preference for continuing to work to regain a sense of normalcy, or if they need respite from work to focus on recovery. This discussion and your offer of respite may communicate a sense of your support for their well-being. If you offer leave for the staff member, provide context and communicate as transparently as possible so that it is clear the leave time supports the staff member.
   c. Consider your role identifying peer support — ask if they would like you to invite a peer to stay close with them?
   d. Discuss if they have any other needs or requests for support.

CIFA CORE ACTION #5: SUMMARY

The goals of practical assistance are the following:

1. Develop practical actions that would be supportive to the staff member (beyond a passive, "If you need anything, let me know").
2. Honor the preference of the staff member without judgement. Many staff members will not request any specific assistance.
3. Provide practical assistance, such as routine check-ins, phased work re-entry, identifying a peer-support contact, or any other needs for support.

CIFA CORE ACTION #6:

Connection with Social Support

Social support—including peer support from the team—may be the single most critical factor in the employee's well-being. In well-functioning teams, considerable peer support is likely to develop naturally. But leaders can play an important role in assuring that no one on the team is left isolated and dealing with the critical event alone.

1. Communicate about the importance of social support to individuals and to the team.
2. Social support will come in several forms in addition to the support you provide as a supervisor:
    a. Family/friends
        i. You may ask the staff member who they derive support from in their social/family world. When appropriate, you may encourage them to reach out to those individuals.
    b. Peers/team
        i. Provide information to the team about the importance of team support, the mutual monitoring of distress in team members, and what they will be looking for in themselves and colleagues (Core Action #7).
        ii. Connect team members as support partners when indicated and when mutually agreed.

3. Professional (EAP, counseling services) (Note: See indications for referral for external support under Core Action #8.)
    - When the distress of the staff member is impairing them or is sustained, it requires more than "first aid." In this situation, referral should be made through organizational and health plan resources.

Who Supports the Leaders?

This guide provides information on how leaders and supervisors support their staff. But who supports the leaders? It is important that leaders proactively build themselves a support system, someone who will provide the same level of support that leaders are providing to their own staff. Here are some ideas for what this might look like:

1. Identify a sister CAC leader, a Chapter staff member, Regional Children's Advocacy Center staff member, or another professional outside your agency with whom you trust and feel safe.
2. Reach out and ask if they can support you over the next few weeks or months.
3. Set up weekly, standing meetings for check-ins. Protect this time on your calendar.
4. Share this guide with your support partner and discuss how they can support you.
5. Use this person to process your feelings and emotions related to the incident as you need to.
6. This person can also act as a sounding board as you plan how to deal with the incident's aftermath.

CIFA CORE ACTION #6: SUMMARY

The goals of connection with social support are the following:

1. Assure that all team members can access the amount of social support they desire as they manage their response to the event.
2. Communicate the importance of social support after a critical event and to play a role in linking individuals with support when requested.
3. Make referrals for professional support when the team member desires.

CIFA CORE ACTION #7:

Information on Coping

An important early action after a critical incident is to provide information on stress/trauma reactions and coping approaches. Some reactions to the event may develop after the initial shock of receiving the news. Therefore, you will provide information to team members about what to monitor for in themselves and in their colleagues that may indicate a response is needed to the distress.

1. Decide whether to provide this information in a group setting or to individual team members. This information sharing should not be done as part of the initial setting in which the event is announced, as individuals need time to absorb the events around the event before they can retain this information.
2. Team members should be informed about what to monitor for in themselves and in their colleagues (and given the handout, "Possible Reactions to a Critical Event"):
    - Intrusive reactions
    - Avoidance and withdrawal reactions
    - Physical arousal reactions
    - Trauma reminders
    - Loss reminders
    - Grief reactions
    - Depression
    - Physical reactions
    - Sleep problems
    - Changes in the way you think or feel
3. Describe possible coping strategies and provide them with the "Ideas for Coping" information sheet. Here are some possible adaptive coping strategies (adapted from Brymer et al., 2006). Monitor how you feel as you try any of these:
    - Talking to someone for support
    - Getting adequate rest, nutrition, exercise
    - Engaging in positive distracting activities (sports, hobbies, reading)
    - Maintaining a normal schedule
    - Allowing yourself to be upset for a while
    - Scheduling pleasant activities
    - Eating healthy meals
    - Taking breaks
    - Spending time with others

- Participating in a support group
- Using relaxation methods
- Using calming self-talk
- Exercising in moderation
- Seeking counseling
- Keeping a journal
- Focusing on something practical that you can do right now to manage the situation better
- Using coping methods that have been successful for you in the past

For more information on coping strategies, including anger management and sleep problems, refer to the Psychological First Aid Manual, pages 86-89: https://www.nctsn.org/sites/default/files/resources//pfa_field_operations_guide.pdf

4. Coping actions that are *unhealthy* include:
   - Using alcohol or drugs to cope
   - Withdrawing from activities
   - Withdrawing from family or friends
   - Working too many hours
   - Getting violently angry
   - Excessive blaming of self or others
   - Overeating or not eating enough
   - Using TV or computer games as a distraction
   - Doing risky or dangerous activities
   - Not taking care of yourself (sleep, diet, exercise, etc.)

CIFA CORE ACTION #7: SUMMARY

The goals of information on coping are the following:

1. Decide whether to provide information in a group setting or to individual team members.
2. Provide information on specific signs and symptoms of distress after a critical incident for team members to use in their self-monitoring.
3. Provide information on coping strategies to implement when distress is experienced. Pre-identify sources for this information for dissemination when indicated, e.g., https://www.nctsn.org/sites/default/files/resources//pfa_field_operations_guide.pdf
4. Offer information on coping actions that are unhealthy and should be avoided.

CIFA CORE ACTION #8:

Linkage with External Support

CIFA defines *first* aid, but some conditions require more than this initial support. You should confirm that you have referral information for an Employee Assistance Program (EAP) or professional counselors who work with your health plan. Referrals should made if the team member exhibits any of the following:

- experiencing enough disruption that immediate attention is needed;
- experiencing difficulty with work or personal responsibilities;
- having distress more than four weeks after the critical incident;
- hasn't slept within 72 hours; or
- other conditions are met (see list below).

Indications That May Indicate the Need for a Referral to External Help

The staff member exhibits any of the following:

- an acute medical or mental health problem requiring immediate attention;
- worsening of a pre-existing medical, emotional, or behavioral problem;
- a threat of harm to self or others;
- concerns related to the use of alcohol or drugs;
- a need for medication for stabilization;
- a desire for pastoral counseling;
- ongoing difficulties with coping four weeks or more after the incident; or
- whenever the team member asks for a referral.

From Psychological First Aid, 2006.

Tips for Selecting a Trauma-Informed EAP Provider

The following is a list of competencies that a mental health provider should have in order to work with individuals experiencing STS symptoms:

1. Specific knowledge about trauma and STS
   - **a.** Knowledge of the prevalence, incidence, risk and resiliency factors related to different types of trauma and STS
   - **b.** Understanding of the intersection between social, psychological, and neurobiological factors on symptoms of STS
   - **c.** Understanding of the social, historical, and cultural context of direct and indirect trauma experiences
2. Trauma-focused assessment
   - **a.** Willingness to ask about both indirect and direct trauma exposure
   - **b.** Understanding of how STS-related stress responses may affect the assessment process and the influence of culture and beliefs on responses
   - **c.** Ability to adapt assessment process in response to an individual's STS-related needs
   - **d.** Ability to identify an individual's strengths and other factors of resiliency and incorporate these into the assessment process
   - **e.** Use of appropriate psychometrics to help inform clinical decision-making and treatment planning
3. Trauma-focused interventions
   - **a.** Knowledge of the existing science on trauma-informed evidence-based treatments, including mechanisms of change common across evidence-based treatments for trauma and STS
   - **b.** Ability to use critical thinking to select and adapt trauma-focused treatment to an individual's specific needs, including an individual's symptoms, as well as cultural considerations
   - **c.** Ability to maintain a supportive, collaborative, and non-judgmental stance with individuals seeking care
   - **d.** Ability to collaborate with an individual's family as a part of treatment as needed
4. Trauma-informed professionalism
   - **a.** Ability to interact with outside systems, such as an individual's employer, that protects the individual
5. Trauma-informed systems
   - **a.** Ability to engage in interdisciplinary collaboration

b. Understand ways in which organizations and communities may contribute to the development of STS

c. Knowledge of the role of organizations in building resilience to help mitigate STS

The following is a list of questions that can help guide an organization in selecting a qualified trauma-informed mental health provider for their EAP:

- **What is the clinician's educational background?** The EAP clinician will need to have a master's or doctoral degree in social work, psychology, or a related field and be either independently licensed or under supervision for licensure.
- **Has the clinician received formal training on STS?** This may include graduate-level course work specific to STS, continuing education courses, or training in an evidence-based trauma-focused treatment that includes an STS component. Specific areas of knowledge about STS should include assessment of both PTSD and STS symptoms, the prevalence of STS for providers working in helping professions, and the potential interplay among social, cultural, historical, psychological, and neurobiological factors on severity of symptoms and functional impairment.
- **Is the clinician trained in any trauma-focused evidence-based treatments?** Examples of such interventions include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing Therapy (EMDR). While these interventions may not be utilized during EAP sessions to address STS, training in these interventions can be a helpful knowledgebase for intervening with STS.
- **Does the clinician have experience working with individuals who have experienced direct and/or indirect trauma exposure?** This should include length of time working with trauma in their practice and an estimated number of clients treated with direct/indirect trauma experiences. STS and PTSD symptoms can be complicated especially if an employee has their own experiences of direct trauma; therefore, it is essential that the EAP clinician have a high level of competence working with symptoms of STS, PTSD, and management of risk issues, such as suicidal ideation.

Sprang, G. & Eslinger, J., 2020.

CIFA CORE ACTION #8: **SUMMARY**

The goals of linkage with external support are the following:

1. Understand the general indications for referral for professional support.

2. Have knowledge of how to initiate a referral and contact information for referrals to an EAP or professional counseling.

Other Applications of CIFA

The CIFA framework can easily be applied to not only CAC staff and supervisors as outlined in this guide but also to those who support and work alongside CACs and face frequent exposure to trauma and critical incidents.

CAC State Chapter Organizations

Chapters often have an active role in supporting their member centers after a critical incident. This guide can provide a framework to support the Executive Director or other supervisors, as needed. As always with CIFA, the leaders' wishes are to be respected; there is no assumption that they will require any particular form of support. Your role as a Chapter is to inquire if supports would be welcome, and to respect the answer of the CAC leader in all cases. Other ways Chapters can support CAC leaders after a critical incident include:

1. Invite the leader to set up weekly, standing meetings with you with the intention of offering the same support they are giving to their staff.
2. Offer to be a sounding board to help the leader think through any action steps that might be necessary, depending on the incident.
3. If applicable to the situation, inform the CAC leadership of requirements related to Chapter membership policies or NCA's critical incident reporting policy.
4. If you know of another CAC that has experienced a similar event, offer to connect the leader with that CAC.

Multidisciplinary Teams (MDTs)

If you have a close relationship with your MDT partners, you will find that they naturally gravitate to the CAC for support during difficult circumstances. The principles and concepts of CIFA can easily be applied with members of the MDT.

Depending on the nature of the incident and your relationship with your MDT partners, CIFA might be a great resource to share with the MDT supervisors.

Keep in mind that some partner agencies may have required processes in place for responding to these kinds of incidents, which means that CIFA would be an additional means of support for members of the MDT.

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