

Crisis Response Team Work Group
Draft Outline for Service Response

MISSION:

The mission of the Federal EAP Crisis Response Working Group Committee is to develop a standardized Federal EAP Crisis Response Plan (CRP). This CRP will establish Federal EAP responses, communications and linkages (collaborations) with other agencies & service providers. The Federal EAP response to a crisis must utilize appropriate crisis intervention and crisis counseling techniques.

Note: There is an over-riding mandate that we adhere to the “Framework and Guiding Principles as outlined by another committee in a document dated 4/19/06

Requirements for EAP Counselors to Serve in Capacity as Crisis Responder to be Deployed: Credentials of EAP’s doing federal work are discussed in writing in “principles informing the Accreditation committee. We recommend that for Employee Assistance Professionals who respond to large scale federal crises, especially those providing pre-deployment, demobilization, and on-site and (of the disaster) services; that they meet a minimum standard of training in CISM, PTSD, and Psychological First Aid provided by approved accredited trainers (exact parameters yet to be determined)

From start to finish, the EAP needs to be seen as an integral component of the continuum of Crisis Response, rather than a separate adjunct service or program. Within the boundaries already discussed, in collaboration for continuity of care with other responders, we propose that Employee Assistance Professional Crisis Responders provide the following services throughout the crisis process:

EAP Services: Standard EAP service functions will be further delineated and expanded upon under each heading to follow, but will almost always include the basics, as appropriate for that category, meaning:

1. Short-Term Counseling (Crisis Intervention.... Psychological First Aid , Traditional CISM Model)
2. Consulting – with managers, safety officers, health staff...
3. Training
4. Resources and Information & Referral
5. Follow-up

Family Services

Assistance to immediate family and/or household members of employees should be made available through the EAP, throughout all stages of the crisis, to be discussed under subsequent headings, including:

1. access to 24 hour telephone support, information & referral, assessment, crisis intervention and counseling
2. facilitating pre-deployment training/briefing sessions open to family members to help prepare them with expectations

Pre-deployment

The EAP needs to remain highly visible and make its presence, expertise, and function understood “at the table” with management, decision-making, & training personnel of significant federal response agencies such as FEMA., Public Health Service, HHS, and HUD.

When a disaster strikes, the EAP would then be a part of pre-deployment preparatory briefings/trainings with employees before they are sent to the disaster site.

Off-(disaster) site

- Standard EAP services for federal employees not directly affected by the disaster and not deployed would continue
- Federal staff left behind to fill in the gaps for extended periods of time while their coworkers are deployed need to be reached out to for EAP orientations and stress management
- Agency POC’s, training coordinators, and EAP providers should be making extra coordinated efforts to assure the availability & scheduling of relevant Health and Wellness presentations
- Temporary or Relief EAP staff must be adequately trained in Crisis Management/EAP practice on-site or prior to deployment. This training should be conducted by experienced EAP crisis responders
- Technology-based services will need expansion during an extended crisis response, especially if the disaster precludes much on-site service, such as with an infectious epidemic or an unsafe-to-enter disaster area. Such services would include maintenance of a web-site with relevant disaster-related and stress management information; possible scheduling of “chat room” sessions and/or instant messaging communication, along with telephone support.

On-site services

As EAP Counselors and Consultants, we provide support to First Responders; therefore we need to be familiar with the concept and risk of “vicarious PTSD”. In responding to extended crises, some of the federal and “federalized” employees, especially newly hired temporary workers, may themselves be victims, who are also dealing with survivorship and adjustment to their new jobs at the same time. The EAP should be prepared to offer services at disaster sites including:

- Traditional EAP services adapted to the crisis, such as individual and group support, management consults, information and referral
- Coordinated response for safety and health, working together with nursing and health staff
- Psychological first aid
- Providing literature, information and referral on: stress management, healthy self-care, warning signs of stress overload, anxiety and anger management, and relaxation training.

- When responding to extended crises, with employees on extended deployments (2 – 4 weeks and more); the EAP should be coordinating with management of the Joint Field Office, checking on staff regularly at the camps and Disaster Response Centers, providing workshops on above topics as appropriate and possible; and being available to employees at Orientation and Demobilization.

Follow-up

Some EAP support services need to be available after employees return home from deployment in addition to the standard services available all year, depending on the scope of the disaster. For “federalized” and temporary workers, we recommend telephone support, short-term counseling, and information and referral be made available for 90 to 120 days. Additionally, the EAP needs to be pro-active to reach out to returning employees from large scale disaster deployments at one month intervals, either in person or via phone, depending on the needs of the group and the type of crisis,