



Building a Safe Workplace and Community

Providing Trauma Support to Your Workforce Following an Incident or Threat of Violence

Introduction

In 2021, the American Hospital Association’s Hospitals Against Violence (HAV) Advisory Group developed the Building a Safe Workplace and Community [framework](#) to guide health care leaders in their efforts to prevent and mitigate violence. The framework focuses on four pillars necessary for implementing a comprehensive violence mitigation strategy: culture of safety, violence intervention, trauma support and risk mitigation. For each domain, the advisory group develops an issue brief to examine that area of focus.

This issue brief examines trauma support for hospital and health system team members. It was developed from discussions the HAV Advisory Group had with the Medical University of South Carolina’s [National Mass Violence Victimization Resource Center \(NMVRC\)](#) team about the challenges and opportunities to provide trauma support to health care workers following an incident or threat of violence.

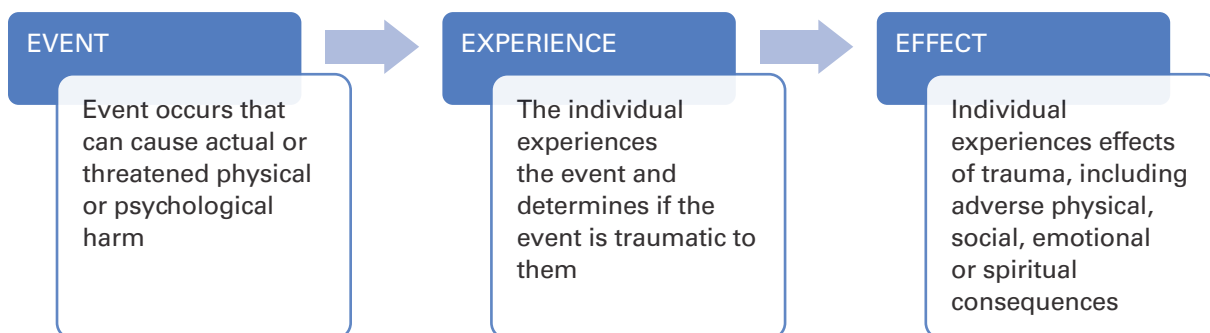


Trauma, Violence and Your Workforce: What Leaders Need to Know

According to the American Psychological Association, trauma is any disturbing experience that results in significant fear, helplessness, dissociation, confusion or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior and other aspects of functioning. Traumatic events include those caused by human behavior as well as by nature and often challenge an individual’s view of the world as a just, safe and predictable place (APA, 2023).

Experiencing, witnessing or responding to violence and threats of violence in the health care setting can be a traumatic experience for many health care workers and team members, regardless of their role within an organization. Whether experiencing verbal or physical violence directly inflicted by a patient or their family member, encountering incivility from a colleague, or providing care to patients in the wake of a community or mass violence incident, many health care workers may need support in coping with violent and traumatic events.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA)’s Three Es of Trauma Framework explains how individual trauma occurs:



Whether a health care worker perceives a violent incident as traumatic can be determined by a range of factors, including their proximity to and/or their involvement in the violent situation, their available social support system, their life experiences and their cultural beliefs. Two health care workers who experienced the exact same violent incident may perceive the event very differently, and as a result, there may need to be different levels and types of support moving forward based on their experiences and perceptions of the event.

It is possible for health care workers who have experienced trauma caused by witnessing, experiencing and responding to violence to learn to cope and heal when they have the right types of support in place to help them. Health care organizations play a critical role in ensuring health care workers experiencing the effects of trauma receive the resources, care and tools they need to start and stay on a path to recovery.

Providing Violence-focused Trauma Support

Health care organizations should strive to offer a wide range of supportive services to the workforce after a violent incident or threat occurs. However, this does not mean that an entirely new approach or program needs to be implemented to provide this type of support. Violence-focused trauma support services can and should be incorporated into the spectrum of well-being programs already offered by an organization.

As you work to identify the best approaches to develop or expand current well-being efforts, take the time at the senior leadership team level to review what exists, how successful you have been, and where the continued needs are. These assessments will help direct next steps. It is important to include perspectives from human resources, clinical, operational, facilities, quality, technology, chaplaincy and patient experience teams to review current activities and outline an approach for the organization to engage in well-being.

Safety
Strategies
that Worked

Centra
Health

Response Toolkit Guides Staff to Resources after Workplace Violence

Centra Health, based in Lynchburg, Va., is a regional nonprofit health care system with 7,300 employees serving as the dominant provider of critical medical services in Central and Southern Virginia. Understanding how workplace violence and the mental well-being of the workforce can be connected to each other, Centra Health has systems in place to provide the tools and support their workforce needs after a violent event occurs.

Centra Health's workplace violence response toolkit guides leaders and staff on the steps to take following an incident of violence. The toolkit includes a letter from the chaplaincy team, an infographic on what feelings to expect after an incident occurs and contact information for supportive resources, such as the organization's Employee Assistance Program (EAP). The toolkit is distributed to all employees and can also be accessed 24/7 via the employee portal.

The toolkit encourages five key actions:

- **Pause:** After the employee is safe, take a pause to evaluate the situation and determine next steps.
- **Communicate:** Immediately communicate the event to the employee's supervisor, human resources and the EAP.
- **Treat the Injury:** Coordinate for the employee to have their physical and emotional injuries treated before returning to work.
- **Report:** Help the employee report the incident.
- **Provide Resources:** Ensure the employee has access to the workplace violence toolkit so they have easy access to resources later.

Inventory Organizational Well-being Support Services

- Review your organization’s current well-being programming offerings. Understand what you already have in place to support the mental and physical well-being of your workforce and consider how you can use those tools and resources to support workers when they encounter violence.
 - Does your Employee Assistance Program include behavioral health services that can be easily and confidentially accessed?
 - Does your organization’s health insurance plan adequately cover services from a variety of behavioral health providers who can accommodate the schedules and unique experience of health care workers?
 - Do you have a peer support or second victim program in place that is prepared to support employees after they encounter violence?
 - Do you offer an option for a trained mental health professional to lead a debrief with employees after they experience a potentially traumatic event?

Safety Strategies that Worked

Geisinger Health

Personnel Crisis Response Team Coordinates Interdisciplinary Response to Crisis Situations

Located in Pennsylvania, Geisinger Health employs more than 25,000 individuals who work in 10 hospitals and 133 clinics across 67 counties. Under the guidance of Geisinger’s Center for Well-being, the Personnel Crisis Response Team (PCRT) was developed to better support their workforce after incidents that create significant impact. A “personnel crisis” is defined as an active event where business unit continuity is disrupted due to the emotional state of the staff. This can include workplace violence or other significant sentinel events.

The PCRT can be activated by the administrator on call, any leader at the director level or above, or human resources. When activated, a message is sent to the PCRT coordinator, who gathers information about the crisis and formulates a plan of action. The coordinator then huddles with the Office of Well-Being, Human Resources, Spiritual Care, Bioethics and the Department of Behavioral Health to create a response plan. By responding as a team as opposed to independently, Geisinger is able to utilize the resources available more appropriately and free other teams to focus on other priorities.

Geisinger found that having a central point of emotional impact coordination allows leaders to focus on business continuity, managing risk, safety and other key operational challenges that arise in crisis. The crisis response mechanism also facilitates ongoing follow up with teams and individuals for weeks following the initial event, acknowledging that the emotional impact from a crisis does not end after the first contact or intervention. Because Geisinger has numerous behavioral health and well-being resources, the response team allows experts to ensure the correct resources are being used in appropriate scenarios. The team also has the opportunity to improve access and awareness of these resources. Since its inception in June of 2022, the PCRT has been activated 37 times, impacting over 100 teams, and reaching more than 1,300 individuals.

- Examine the availability of both individually and organizationally focused well-being resources and ensure that both types of resources are available to the entire workforce. Some members of the workforce may opt to seek support alone, while others may be interested in finding connection with others who have also encountered violence. Ensure both options are available and easily accessible.
- Explore the opportunity to partner with community-based organizations that can provide additional support to your workforce. Connect with your community's local social service, victim and survivor assistance and mental health organizations to see what types of trauma support services they offer to community members that you might recommend to your workforce.

ACTION STEP

Offer Training Opportunities

- Invest in well-being programming that facilitates continual education, training and support for your workforce, such as those from The Schwartz Center for Compassionate Healthcare. Consider programs such as [Schwartz Rounds](#) and [Stress First Aid](#) that aim to improve psychological safety and encourage sharing, empowerment and support amongst the members of your workforce.
- Provide de-escalation training to enable team members to confidently and safely play a role in preventing workplace violence.
- Empower your workforce to intervene when witnessing harassment, discrimination, incivility and lateral violence through regularly offering Bystander Intervention [Training](#) and [Cognitive Rehearsal Training](#).
- Ensure affected members of your workforce have access to trained and licensed professionals to facilitate evidence-informed early interventions after a traumatic event occurs. See below for more about Critical Incident Stress Debriefing.

FOCUS

Critical Incident Stress Debriefing: Helpful or Harmful?

According to the [U.S. Department of Veterans Affairs National Center for Post Traumatic Stress Disorder \(PTSD\)](#), early intervention of some kind should be offered to those affected by a potentially traumatic event. This intervention can be offered either individually or in a group setting. Critical Incident Stress Debriefing (CISD) is a commonly used debriefing methodology, but evidence about its efficacy is conflicting. Research suggests that some debriefing components, such as sharing details of the actual event in a group format, may not necessarily improve recovery and could be potentially harmful to some. Debriefing may be useful for low stress exposure events, but for individuals with severe exposure to trauma or acute grief,

debriefing may not be recommended. Over the years, CISD models have shifted as part of a large [Critical Incident Stress Management](#) approach.

Guidelines for early intervention after trauma and disaster are to promote safety, calm, connectedness, self-efficacy and group efficacy, and hope. Components should include: (1) facilitating screening of those at risk (e.g., direct exposure to life threat, prior trauma exposures, prior mental health difficulties, and low social support); (2) disseminating education about trauma, mental health resources; and referral information; (3) improving organizational morale; (4) connecting to social support; and (5) monitoring recovery.

Empower Managers and Leaders to Identify Trauma and Provide Support

- Teach managers and leaders to identify some common reactions that may occur after a traumatic event so they can identify team members who might benefit from trauma support resources (see *Common Responses to Trauma, right*).
- Educate managers and leaders on the types of well-being resources available at your organization so they can easily share those resources with their teams. Ensure managers and leaders know who the point person or team is that is coordinating response resources so employees can be connected to the appropriate support services.
- Provide each manager with a summary resource that includes information about how to access services. Encourage managers to proactively share this summary resource with their teams.
- Encourage managers and leaders to consider how they can proactively communicate and support their team members who were not directly involved in a traumatic violent event, but still may be affected by the event.
- Implement a system to consistently check-in with the managers and leaders who are providing support to employees who have experienced violence to ensure that they also feel supported and able to connect with resources as needed.
- Discuss employee well-being and trauma support regularly at leadership and board meetings to ensure the organization is proactively ready to respond to team members' needs.

Common Responses to Trauma

(Adapted from: U.S. Department of Veterans Affairs National Center for PTSD)

- **Psychological:** losing hope for the future, feeling detached, losing a sense of concern about others, being unable to concentrate or make decisions, startling easily, feeling on guard and alert, having upsetting dreams and memories, having problems at work, avoiding people, places and things related to the traumatic event.
- **Physical:** Stomach upset, trouble sleeping, fatigue, pounding heart, rapid breathing, shakiness, sweating, increased substance use, reduced interest in keeping up with regular self-care, exercise or diet.
- **Emotional:** Feeling nervous, helpless, fearful, or sad, feeling numb, feeling irritable or angry, getting easily upset or agitated, self-blaming, trouble trusting others, withdrawing from relationships, feeling detached.

Additional Learning

General Resources

- [AHA's Hospitals Against Violence Initiative](#)
- [Medical University of South Carolina's National Mass Violence Victimization Resource Center](#)
- [The Schwartz Center for Compassionate Healthcare](#)

Learning More About Trauma

- [U.S. Department of Veterans' Affairs National Center for Post-Traumatic Stress Disorder \(PTSD\)](#)
- [How Recovery Leads to Resilience \(2022\)](#)
- [Mass Violence is a Public Health Crisis \(2022\)](#)
- [Trauma-Informed Care Implementation Resource Center, Center for Health Care Strategies](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

Tools to Improve Organizational Response to Trauma

- [Supporting the Health Care Workforce: Lessons Following the COVID-19 Pandemic \(2023\)](#)
- [Suicide Prevention: Evidence-Informed Interventions for the Health Care Workforce \(2022\)](#)
- [Strengthening the Health Care Workforce: Strategies for Now, Near and Far \(2022\)](#)
- [Collective Trauma: Respond Effectively as an Organization, American Medical Association \(2022\)](#)
- [Well-Being Playbook 2.0: A COVID-19 Resource for Hospital and Health System Leaders \(2021\)](#)
- [Well-Being Playbook: A Guide for Hospital and Health System Leaders \(2019\)](#)

Learning More About Debriefing

- [Single session debriefing after psychological trauma: a meta-analysis](#)
- [Critical Incident Stress Debriefing \(CISD\): Efficacy in Question](#)
- [Behavioral Health Interventions Following Mass Violence](#)

Case Examples

- [Members in Action: Northwell Health Center for Traumatic Stress, Resilience and Recovery \(2022\)](#)
- [Preventing Suicides in the Health Care Workforce: The Role of Resilience \(2022\)](#)
- [Trauma-Informed Leadership with Henry Ford Hospital and Henry Ford Wyandotte Hospital \(2022\)](#)
- [Trauma and Trauma-Informed Care \(2021\)](#)
- [What is Trauma-Informed Care? \(2019\)](#)