



Critical Incident Outcome Measure

By Dr. Lakshmipriya Kannan; Noi Quao, & Dr. Ivan Steenstra

Critical incident response (CIR) has evolved to require a high level of cultural competence, customization, and adaptability to meet the needs of client organizations while incorporating clinical best practices and current research.

The Critical Incident Outcome Measure (CIOM) is a timely and pioneering evidence-based evaluative tool developed by Morneau Shepell over the course of a four-year period. The CIOM tool, based on the Workplace Outcomes Suite (WOS) tool originally developed in 2010, was developed in 2016 [Herlihy et.al., 2018]; beta tests and modifications, along with the publication of a validation paper, were completed in 2017; further feedback was incorporated and an implementation plan developed in 2018; and full program implementation began in 2019.

With tested reliability and validity, the CIOM measures the effectiveness of critical incident response interventions provided to organizations and their employees.

As with any new evaluation and outcome tool, a solid plan is essential to a successful launch. For the CIOM, this involved clearly defining the scope of the tool, outlining confidentiality and privacy best practices, defining its clinical intention, inviting and integrating key stakeholder feedback, setting reporting standards, and training the clinical providers in its implementation.

Why an Outcome Measure is Necessary

Empirical research methods that address the effectiveness of EAP response to CIR events in the workplace

Figure 1

Critical incident outcome measure – Questionnaire #1					
GENERAL INSTRUCTIONS					
Below are a series of statements that refer to aspects of a recent critical incident or distressing event that occurred at work. Your Employee Assistance provider addressed this incident or event with your on-site service. Please read each item carefully and answer as accurately as you can.					
INSTRUCTIONS FOR QUESTIONNAIRE 1					STRONGLY AGREE
The following statements reflect what you may feel on the job or at home. Please indicate the degree to which you agree with each statement at this moment in time. Please use the 1-5 response keys to the right of this form.					STRONGLY DISAGREE
EMOTIONAL DISTRESS	I feel sad or anxious most of the time.	①	②	③	④
PRESENTEEISM	The incident keeps me from concentrating on work.	①	②	③	④
RESILIENCY	I believe I can grow in positive ways by dealing with difficult situations.	①	②	③	④
RETURN TO WORK	There shouldn't be any problem with me doing my regular work.	①	②	③	④

© 2018 Morneau Shepell Ltd.

Figure 2

Critical incident outcome measure – Questionnaire #2						
GENERAL INSTRUCTIONS						
Now after the completion of your session with your Employee Assistance Provider, we are asking you to fill out this second form.						
INSTRUCTIONS FOR QUESTIONNAIRE 2					STRONGLY DISAGREE	STRONGLY AGREE
These statements may seem familiar to the earlier ones you filled out today. But now we are asking you as best as possible to <i>think about the 30 days before the incident occurred and how you felt and were functioning</i> . Again, please use the 1-5 response keys to the right of this form.					STRONGLY DISAGREE	STRONGLY AGREE
EMOTIONAL DISTRESS	I felt sad or anxious most of the time.	①	②	③	④	⑤
PRESENTEEISM	I have had trouble concentrating at work.	①	②	③	④	⑤
RESILIENCY	I believe I can grow in positive ways by dealing with difficult situations.	①	②	③	④	⑤
RETURN TO WORK	I feel that I can perform my work without any problems	①	②	③	④	⑤
© 2018 Morneau Shepell Ltd.						

have been lacking. “In the current practice environment of evidenced-based science, it is imperative that data demonstrate that an intervention performs beneficially and as intended.” [Herlihy et.al., 2018]

The CIOM is an evidence-based tool that is modeled after and builds on the earlier success of the Workplace Outcome Suite (WOS). Like the WOS, the CIOM tool is:

- Scientifically validated and tested;
- Focused on workplace (not clinical) outcomes;
- Free with the signing of a license agreement (included); and
- Easy to administer [Attridge et.al, 2017].

The Critical Incident Response is designed to help people normalize their reactions to very abnormal situations and to help them return to normal functioning. The tool measures three key stages of the intervention process by employing a series of virtually identical questions to provide:

1. An initial check-in administered in person at the beginning of the session to attain a baseline of the client’s current state of distress (See *Figure 1* graphic);

2. Contemplation, administered in person immediately following the session to gauge the client’s ability to return to their normal level of functioning (*Figure 2*); and

3. A follow up administered via email 30 days after the intervention to evaluate lasting gains made since the intervention and to determine if any further assistance is required (*Figure 3*).

Scope (Intention and Best Use of the Tool)

The World Health Organization’s (WHO) definition of ‘critical incident’ as “an event out of the range of normal experience – one which is sudden and unexpected, involves the perception of a threat to life and can include elements of physical and emotional loss”, formed the basis of inclusion criteria for the CIOM.

Inclusion guidelines:

- A critical incident is an unexpected traumatic event involving direct harm or threat of harm to oneself or another individual or group of individuals closely related;
- Must be either an incident in the workplace or a large-scale event impacting the community where the workplace is situated (for example, a natural or man-made disaster);

Figure 3

Critical incident outcome measure - Questionnaire #3						
GENERAL INSTRUCTIONS						
About a month ago, there was an incident at your workplace. Employee Assistance providers came in and provided a supportive session that you attended. We would like to check back in with you to see how you are doing at this point in time.						
INSTRUCTIONS FOR QUESTIONNAIRE 3		STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
The following statements are similar yet slightly different than the ones you responded to a month ago post-session with the Employee Assistance providers. Would you please answer as honestly as possible how you are doing in general by responding to these questions using the 1-5 scale at the right of this form.						
EMOTIONAL DISTRESS	I feel sad or anxious most of the time.	①	②	③	④	⑤
PRESENTEEISM	The incident keeps me from concentrating on work.	①	②	③	④	⑤
RESILIENCY	I believe I can grow in positive ways by dealing with difficult situations.	①	②	③	④	⑤
RETURN TO WORK	There shouldn't be any problem with me doing my regular work.	①	②	③	④	⑤

© 2018 Morneau Shepell Ltd.

- The request for support is made by someone in a people-management role or someone authorized thereof; and
- The request is for onsite support, typically at the workplace, and for the employees therein.

Exclusion guidelines (when CIOM is not applicable):

- Terminations and downsizings;
- Corporate investigations;
- Defusing interventions;
- Requests for supporting an individual in crisis;
- Requests made by an individual employee on his/her personal behalf and not on behalf of the organization; or
- Requests for training or for other support services.

Incidents falling outside of the range of inclusion and exclusion are considered on a case-by-case basis via consultation between the person doing the requesting and the trauma specialist or clinical manager.

Should a request be deemed unsuitable for critical incident trauma services, it is redirected to the relevant EAP department for follow up and coordination of appropriate support. Requests for support for

an individual in crisis are transferred to the 24/7 EAP crisis counsellor.

Privacy and Confidentiality

Employees who participate in the CIOM process are informed that their participation is purely voluntary and without prejudice, and they can withdraw their participation at any point in time.

The EAP’s privacy policy, included on the client consent form, clearly outlines that no personal identifiable information is being collected and used (only aggregate data is included in reports) and indicates compliance with all national, provincial, and organizational privacy and confidentiality regulations and policies.

Clients are required to sign/initial their acknowledgement of these terms before proceeding with the actual survey.

Key Stakeholder Input

Key stakeholders were involved and consulted in the development and fine-tuning of the CIOM.

➤ *Account management.* Our Account Managers advocated for the CIOM with clients,

explaining the value of the tool, working with customers to finalize the survey questions, and discussing expectations regarding reporting survey results. Account managers then relayed the customer's level of interest, openness to using it, and other valuable input.

➤ **Organizational clients.** All clients in English-speaking Canada where the tool was to be launched, were contacted and asked to review the CIOM as well as the procedures integrated into the process to ensure privacy and anonymity. Based on feedback received from this group, we removed one question from the survey due to its perceived potential for fostering distrust of the intervention and thus posing a threat to its validity.

Reporting Standards

Another key element of the CIOM tool is the process of data collection and reporting back to clients. It is rooted in privacy and data security standards, data analytic boundaries, and alignment with ethical and clinical best practice standards. Only aggregate data (no identifying information) is collected or reported.

To ensure client anonymity and privacy, recommendation is that a minimum of 10 clients must participate in any given intervention for industry-specific data collected from the survey to be shared (as in each subgroup). Business rules require the collection of a minimum of 100 surveys per 400 administered in order for results to be statistically significant.

Training

As we are working with already highly skilled trauma specialists, counsellor training focuses exclusively on tool implementation as well as privacy and data integrity standards. This hour-long training is provided telephonically by members of the trauma specialist team.

The training provides counsellors with the information they need to explain and position the CIOM survey with clients, including privacy standards for data collection and reporting as outlined earlier.

Counsellors are prepared to describe to clients how the CIOM results measure the short-term effectiveness of the intervention support as well as to monitor long-term improvement and any opportunities for further support that may be needed.

Summary

Launching a new tool to measure the effectiveness of onsite Critical Incident Responses is an exciting step forward and welcomed by organizations, critical response managers, as well as counsellors and other stakeholders.

We believe that the development process has made the CIOM a robust tool, attuned to the factors that will make it more valid and relevant to the world of Critical Incident Response. We are excited to analyze the impact of this new tool, which we will continue to share as we continue this journey. ❖

Ivan Steenstra, PhD, is Manager Research & Analytics with Morneau Shepell. An epidemiologist and human movement scientist, Ivan has co-authored over 40 peer-reviewed publications ranging from predictive modelling studies and systematic reviews to randomized controlled trials and presented at numerous international conferences. He may be reached at ISteenstra@morneaushepell.com.

Lakshmi Priya Kannan, PhD, is Regional Manager of Global Critical Incident Response (CIR) Services with Morneau Shepell. Dr. Kannan, a registered clinical psychologist in British Columbia, Canada, has spent over 17 years working in the field of psychological trauma, and over 10 years working in global EAP and with international disaster management teams. She has presented many research papers at international conferences pertaining to traumatology. Contact Dr. Kannan at lkannan@morneaushepell.com.

Noi Quao, BA, MA, is Director Global Critical Incidents, Morneau Shepell. Noi currently oversees Morneau Shepell's Global Critical Incidents services providing on-site response to client organizations that experience a traumatic event. These include incidents such as the bus crash in Humboldt Saskatchewan, the mosque shooting in Quebec City, the van attack in Toronto, and the rail accident and explosion in Lac Mégantic QC. Noi may be reached at nquao@morneaushepell.com.

References

- Attridge, Mark; DeLapp, Gregory P.; Herlihy, Patricia A.; Ihnes, Pamela; Jacquart, Mike; Lennox, Richard; London, Marina; Servizio, Lou; Sharar, David A. *Comparing improvement after EAP counseling for different outcomes and clinical context factors in over 16,000 EAP cases worldwide*. Workplace Outcome Suite (WOS) Annual Report, 2017. <https://archive.hshsl.umaryland.edu/handle/10713/7171>.
- Herlihy, Patricia A.; Lennox, Richard; Mollenhauer, Matthew; Sharar, David. Development and validation of a critical incident outcome measure. *International Journal of Health and Productivity*, Special Edition, December 2018. <https://archive.hshsl.umaryland.edu/handle/10713/8964>.