

SAFER-R ADAPTATION

One-On-One: Telephone Intervention Check List

Handout prepared by Gregory Janelle, 2009
SAFER-R reference: George Evertly, PhD, 2001
Critical Incident Stress Management (CISM) reference: International Critical Incident Stress Foundation (ICISF)

Instructions: This publication may be helpful to use as a refresher of your Basic CISM training and a helpful conversation guide for One-On-One interventions. Read through at least once before making a telephone call to assist someone who may have been involved in a real or potential critical incident. Keep the Check List handy during the call to assist you in keeping the conversation on track through the seven phases as necessary.

IMPORTANT: THE FOLLOWING IS AN ADAPTATION OF "SAFER-R" – A MODEL FOR INDIVIDUAL CRISIS INTERVENTION. This technique may be utilized by Peers for individual intervention, in person or on the telephone, where powerful group dynamics are not an issue.

KNOW YOUR LIMITATIONS: If you run into trouble and you feel the employee needs more help than you are equipped to provide, interrupt sensitively and advise them so (e.g. "It sounds like you're really having trouble with this...can I get someone else to speak with you?"). GET HELP IMMEDIATELY – call your Program Director or Coordinator without delay.

1. STABILIZATION of the situation:

Introduce yourself and tell the person why you are calling. (e.g. "...I'm with the Critical Incident Team...the Company has advised me that you had an emergency today..."). Ensure the person is in a secure setting, and diverted away from immediate stressors. Ask if it is a good time to talk. Reassure confidential nature of call and explain your intentions (and limitations) as a helpful trained listener ready to assist the person through a crisis situation.

2. ACKNOWLEDGEMENT of the crisis:

Ask employee to describe what happened during the incident, bringing focus toward the cognitive (thinking) level. (e.g. "...Can you tell me exactly what happened, from the beginning?") Avoid interruption, and do not critique. Do not ask overly probing questions that may insinuate wrongdoing or operational errors. Resist the urge to self-disclose (do not tell you own "war stories").

3. FACILITATION of understanding:

Try to "normalize" the person's reactions to the crisis – reassure that most stress reactions are normal human responses to an abnormal situation. Allow person to speak freely about what may be upsetting to them. Ask the person to describe any experiences or symptoms of distress that they may have had, or continue to have, since the incident. Encourage the person to describe their symptoms in their own words (you may have to "prime the pump" a little – i.e., list a few typical or common symptoms – to get the person thinking about their physical and emotional state since the incident. Avoid planting ideas or assumption of "you must be stressed").

Note: The person may become emotional during this phase. Empathize and acknowledge all feelings and emotional reactions.

4. **ENCOURAGE adaptive coping:**

Provide information on stress management in a crisis situation, and help the person develop an immediate coping plan. Ask the person if they have seen/heard/have knowledge of the volunteer CISM team at work. Remind them that the purpose of this call is to help them get through a difficult time and return to their normal, productive life routine as soon as possible. Reassure again that physical and emotional reactions to stressful situations are normal (e.g. "It was the situation that was abnormal, not you...").

e.g. "...It is good to connect with your "support system" about how you feel. Talk to your friends, family co-workers about it. Try not to suppress or deny your emotions – vent it out as best you can..."

e.g. "...Some tips from the experts include:

- physical exercise – what is normal for you?
- limit caffeine intake (tea, coffee, cola)
- limit alcohol, tobacco and depressants (sleeping aids, etc.)
- do not decrease/increase intake of prescription medication – consult your doctor
- stick to your routine as much as possible (work included)
- eat nutritiously and regularly
- get plenty of rest
- contact friends and family – keep in touch with support
- treat yourself nicely but do not overindulge
- remember the goal: returning to normal life as soon as reasonably possible

5. **RESTORATION of adaptive, independent functioning, or REFERRAL:**

If you feel confident that the person is stabilized and referral is not necessary, attempt to close the conversation. (e.g. "...I'm glad we had this chance to talk...I hope this has been helpful for you..."). Ask if there is anything else they wish to talk about (be careful not to volunteer to perform tasks they should do for themselves – e.g. calling supervisor, booking time off, etc.). Provide resources (EAP, local support, etc.) and advise that expert help is available at any time through in-house and external agencies. Promise a personal follow-up call from yourself at an agreed time and date. Give out your telephone number and any other appropriate contact numbers for additional assistance (EAP, etc).

If a need for acute treatment and **REFERRAL** is indicated: Suggest to the person that professional assistance may be very useful to them, to help get them through their immediate crisis. Offer to help the person get in touch with professional resources and put a plan of action together.

Reassure confidentiality.

Say thank you.

KEEP YOUR PROMISES.

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