EMOTIONAL RESILIENCE

A guide for business when preparing for, and recovering from, major incidents
WHAT IS EMOTIONAL RESILIENCE?

The stresses and strains of modern life can affect many of us. According to the World Health Organization, one in four people in the world suffer some form of mental ill-health at some points in their lives. One way to help manage stress is to improve emotional resilience. See Box 1.

Major incidents at places like Lockerbie (air crash, 1988), Cockermouth (flash flood, 2009) Grenfell Tower (fire, 2017), and Manchester Arena (suicide bomber, 2017) can create major stresses for those directly and indirectly affected, often lasting for years or lifetimes, and impact organisations and communities for generations.

Post-traumatic stress disorder (PTSD) is now a widely recognised term, affecting not just soldiers returning from combat zones. PTSD and other mental ailments such as depression or anxiety disorders can and do affect people at home and at work.

Box 1: According to the mental-health charity, MIND: ‘Taking steps to look after your wellbeing can help you deal with pressure, and reduce the impact that stress has on your life. This is sometimes called developing emotional resilience. Resilience is not just your ability to bounce back, but also your capacity to adapt in the face of challenging circumstances, whilst maintaining a stable mental wellbeing. Resilience isn’t a personality trait – it’s something that we can all take steps to achieve.’ (1)

Mental health difficulties rarely occur as a result of a single issue. They can be exacerbated by secondary stresses e.g. legal, housing or financial difficulties, but they are TREATABLE by suitably trained professionals and caring managers.

Figure 1

PTSD post-incident

Direct Survivors

Rescue Workers

General Population

Around 30-40% of direct survivors from a terrorist attack develop some form of post-event psychiatric disorder. See Figure 1 (2)
WHY IS IT IMPORTANT?

There are many benefits to be gained from raising the awareness of, as well as embedding, best practice in an organisation. These include:

- Makes good business sense – importance of duty of care as employer and cost of getting it wrong. See Box 2
- Reduces workplace stress
- Reduces absenteeism
- Increases trust and commitment to job
- Improves physical health, wellbeing and resilience. (Traumatised people have been shown to face a higher risk of life-threatening infections such as meningitis and septicaemia)
- Increases respect
- Increases productivity
- Reduces accidents and injuries
- Reduces impact before and prepare for the unexpected
- Increases personal and team adaptive capacity and learning power

WHAT ARE THE FUNDAMENTALS?

There are many factors behind understanding and strengthening emotional resilience. A useful summary of the key factors that make it more or less likely that an individual will succeed in resolving a personal crisis or overcome trauma is offered in a book titled Upheaval (3):

- Acknowledgement that one is in a crisis
- Acceptance of one’s personal responsibility to do something
- Building a fence to delineate one’s individual problems needing to be solved
- Getting material and emotional help from other individuals and groups
- Using other individuals as models of how to solve problems
- Ego strength (i.e. self-confidence, sense of purpose, courage, and an ability to keep going. It can also be referred to as self-leadership, it is the key to learning. See Education, Training & Learning)
- Honest self-appraisal
- Experience of previous personal crises
- Patience
- Flexible personality
- Individual core values
- Freedom from personal constraints
- Increases personal and team adaptive capacity and learning power
- Reduces accidents and injuries
- Reduces impact before and prepare for the unexpected
- Increases personal and team adaptive capacity and learning power

Standards & guidelines

An authoritative report on core and enhanced standards for achieving mental wellbeing is Thriving at work, together with an accompanying guide by the City Mental Health Alliance UK. (4, 5)

Signposts and symptoms of stress can be found in Trauma Risk Management (TRIM) and Critical Incident Stress Management (CISM) guidelines. (6-8) These guides are used widely in the armed forces and emergency services.

Box 2: A large high-street retailer faced a legal challenge from a family of a security guard who took his own life after an armed robbery at a store at which he served. The family claimed that the guard was not given adequate post-incident counselling and support to cope with the long-term effect of the incident. The claim was that there was inadequate duty of care shown by the company.
WHAT TO CONSIDER BEFORE AN INCIDENT?

PROACTIVE LEADERSHIP

Emotional resilience must not be viewed as an ‘add-on’ that is left to others such as HR departments to implement. Rather, it is something that matters to all across the organisation. It should be embedded in the culture and behaviours of that organisation, and must be inspired by the leadership.

- Motivation to implement a robust policy towards emotional resilience should come from the top but should also be built from the ground up (front line).
- A policy of empowering staff should help to ensure they are able to adapt effectively, both personally and professionally, especially if the normal management chains are disrupted. It will also help staff to buy into the mission-critical objectives of the organisation.
- Overall levels of mental health matter: ensuring that employees get enough rest; they feel supported and valued in their role; responsibilities and lines of reporting are clear; and there is good two-way communication between staff and management.

BUILDING TRUST

- Building trust is an ongoing process, whatever the size of the organisation.
- There is a need for transparency in dealing with individuals and victims trust can quickly evaporate behind a veil of secrecy or misinformation.
- It is important to build relationships with people and communities beforehand i.e. have a plan and an active programme for community outreach.
- Bonding of teams and building partnerships by working together routinely will help to strengthen trust and confidence, and provide mutual reassurance when difficulties arise – a problem shared!

EDUCATION & TRAINING

- Imparting knowledge (education) and skills (training) are separate tasks i.e. training people how to respond to a distressed person is different from explaining why someone reacts the way they do. Both elements are important for groups and communities in trauma management. (9, 12, 17)
- There is a need to develop both ‘soft’ skills (e.g. networking, leadership, empowerment, learning, etc.) alongside ‘hard’ skills (e.g. policies, plans, protocols, standards, etc). See Figure 2, on page 9.
- Training introduces a level of confidence and familiarity with tough situations. There are various techniques for assisting in the thinking about traumatic events in advance, including reviewing lessons learnt from previous incidents and storytelling. See Box 3.
- It is not generally possible to ‘inoculate’ employees against the risks of trauma because everyone will be affected differently. We each have an individual threshold where manageable short-term stress becomes something more chronic and long-lasting.
- Coaching can help if delivered by qualified professionals. Training for staff, particularly people managers, is a critical element in driving positive change in culture and practice in organisations.
- Coaching for learning can strengthen self-leadership in the workplace and develops the personal qualities necessary for adaptive change. These qualities include creativity, curiosity, sensemaking, collaboration, hopefulness and openness.
- It is important to signpost key resources e.g. Samaritans. They should not be viewed as a one-off contact but invited to offer regular input, especially in advance of memorials and commemorations.
- The charity PTSD Resolution offers Trauma Awareness Training for Employers (TATE). This introduces line managers and other staff to the issue of trauma - what it is, how to recognise it, how it affects performance, and how to resolve it. It is aimed at line managers, security and counter-terrorism operatives, HR, and Learning & Development employees. (14)
- The CARE Programme, designed by Southampton Airport, provides a training package to increase knowledge, skills, and confidence around the subject of mental health, while providing information and guidance to managers to support colleagues who may be experiencing mental health issues. The programme has four key concepts: confidentiality, awareness, respect, and encouragement. (12)

Key actions

- Train people for their defined roles.
- Provide high quality leadership.
- Embed a sound culture and strong values.
- Ensure the good management of employees.
- Provide occupational health and support at time of ill health and personal stress.
- Ensure good HR procedures and policies.

Box 3: With more than five million people at risk from flooding or coastal erosion in the UK, a report by the Environment Agency advocates narratives and storytelling to help people cope with traumas such as having to vacate properties and abandon communities because of climate change. (12)

Other techniques to help communities ‘process difficult emotions and choices’ i.e. sensemaking include:
- Role-play simulations.
- Visualising change.
- Conflict analysis.
WHAT TO CONSIDER DURING AN INCIDENT?

REACHING OUT

- Symptoms of trauma may not appear immediately and be common to all affected – different people react differently. Some may feel numb, disorientated, angry, or even self-harm. Talking, understanding and human connections can help people reassert control – we cannot take the hurt away but we can show we care.

- There is also a need to issue a sympathetic and compassionate holding message to the wider community until facts are known. The tendency to say ‘let’s wait until we know all the facts’ is inadequate. It may be better to say ‘Something has gone wrong. We are working flat-out to resolve it and will inform you as soon as we can’. Speculation and falsehoods can quickly undermine or destroy trust.

- Victims need ‘space’ to grieve and reassert control. A safe, neutral space where victims can come together can be beneficial.

People will usually be seeking answers to their predicament, trying to make sense of suffering. There may be a feeling of guilt – why have I survived? – or shame – what did I do wrong to warrant this? – which cannot be explained away logically. This may require spiritual as well as emotional guidance.

- Faith groups can be supportive, especially for community services, but contact should be established before an event. See Box 4.

COUNSELLING

- Research suggests that organisations should NOT routinely provide counselling or therapy to staff members for trauma after a major incident. Many employees will adapt over time and come to terms with what happened. The process can be viewed as part of our personal and professional growth, at least if trauma symptoms dissipate after a short time.

- If symptoms do not disappear, putting people affected in touch with the right counselling services is important. (14) They must be qualified and arranged beforehand. PTSD treatment should only be offered by trained and supervised clinicians.

- Getting people to share experiences (from directors downwards) is crucial but needs careful, professional supervision. Others in a group can become traumatised by hearing the trauma victim’s horror story, which can only reinforce the victim’s mental health issues.

- Voluntary peer-group support can be introduced but should only be with professional guidance and supervision.

- Voluntary peer-group support can be introduced but should only be with professional guidance and supervision.

- Voluntary peer-group support can be introduced but should only be with professional guidance and supervision.

- Voluntary peer-group support can be introduced but should only be with professional guidance and supervision.

Box 4: A CEO found he was too upset to bring himself to tell his employees of a suicide of a member of staff. He sought help from a local church who gave reassurance and help on how to deal with the situation. Ahead of the anniversary of the death, the CEO arranged for the Samaritans to come in and talk to staff about watching for warning signs amongst others.

Key actions

- Arrange a thorough debrief.
- Check on staff’s wellbeing.
- Check on the bereaved.
- Encourage peer support.
- Provide reassuring information.
- Plan for recovery and restoring cohesion.

Figure 2

Soft and hard skills

<table>
<thead>
<tr>
<th>Soft Skills</th>
<th>Hard Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>Policies</td>
</tr>
<tr>
<td>Leadership</td>
<td>Protocols</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Planning</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Crisis</td>
</tr>
<tr>
<td>Learning</td>
<td>Management</td>
</tr>
<tr>
<td>Neighbourliness</td>
<td>Business</td>
</tr>
<tr>
<td>Networking</td>
<td>Continuity</td>
</tr>
<tr>
<td></td>
<td>Disaster</td>
</tr>
<tr>
<td></td>
<td>Recovery</td>
</tr>
<tr>
<td></td>
<td>Standards</td>
</tr>
</tbody>
</table>

Personable

Institutional

Adaptable

Directional
WHAT TO CONSIDER AFTER AN INCIDENT?

LONG ROAD TO RECOVERY

- Everyone has their own way of dealing with traumatic incidents. Signs may also not manifest themselves for years after the event. Recovery can be painfully slow. Professional help is often required.
- Communities are a key feature of helping deal with trauma. There is frequently a need to commemorate events by coming together and sharing experiences. Parades have been features of community gatherings to commemorate major incidents e.g. Remembrance services.
- Organisations should understand the time it takes and be prepared to support for the long term. This also applies to staff dealing with a long-running incident: the need to pace a team for several days or weeks, with potential lack of sleep, requires its own solutions e.g. multiple rosters and designates, sleep clinics.

LEARNING LESSONS

- Organisations with cultures suited to learning are better placed to deal with trauma.
- It is important to develop people’s learning power through self-awareness, identification of vulnerabilities, and limits, i.e. ego-strength or self-leadership.
- Post-incident debriefings can be helpful. Awareness of what went wrong should precede what went right. It is important that the appointment a person with responsibility for implementing change and progress is openly recorded, pursued and signed off.
- Techniques used to prepare people can also be used post-incident. (See Box 3) This may include drama through theatre and role play.
- The Jearni Learning Journey Platform provides resources and ideas around building personal resilience with people and teams, and then applying this to a workplace challenge as a way of preparing for incidents/shocks or as a way of evaluating an event/shock that has occurred and requires processing both psychologically and in terms of personal growth and learning lessons. (??)

References & useful contacts

1. MIND: www.mind.org.uk
7. The Trauma Risk Management (TRIM) system: https://strongmindresilience.co.uk/courses/trauma-risk-management-trim-an-overview
8. Critical Incident Stress Management (CISM) system: www.healthassured.org/trauma-management/critical-incident-management
15. CARE Programme (Southampton Airport): www.southamptonairport.com/take-care
17. Jearni Learning Journey Platform: www.jearni.co

Further reading

- Van der Kolk, B. The Body Keeps the Score, Allen Lane, 2014.
- Social Scaffolding: Applying the Lessons of Contemporary Social Science to Health and Healthcare (Royal College of Psychiatrists), 2019.

Watch the video

This video contains a powerful illustration of the above, through three sets of pairings – emotional and spiritual, individual and community, immediate and long term. http://vimeo.com/562798332?d=0&w=1280&h=720
CONTRIBUTORS

Thanks to: John & Susanne Deverell, Deverell Associates; Katie Bale, Head of Safety, Environment & Business Continuity, Southampton Airport; Adrian Cameron, Manager, CARE Programme, Southampton Airport; Georgie Mudd, Police Now; Professor Ruth Crick, Director, Jearni; Laurence Davies, Head of Training & Consultancy for Rethink Mental Illness and Mental Health UK, Lynn Combe, Peer Support Manager, NATS, Rev Jennifer Mills-Knutsen, Rector, American International Church, London, David Millar; Farimah Darbnyshire, City Mental Health Alliance; Patrick Rea, PTSD Resolution, Dr Idit Albert, South London and Maudsley NHS Foundation Trust; Ed Persson, Researcher, Resilience First; Robert Hall, Executive Director, Resilience First.