

**Comparing Improvement After EAP counseling for  
different outcome outcomes  
Workplace Outcome Suite  
Annual Report 2017  
Appendix D**

**The Need for a Valid CIR Measurement Tool  
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**Introduction:**

Critical Incident Response (CIR) is probably the most visible and appreciated EAP service, according to Dr. John Pompe, Manager of Integrated Health Programs with Caterpillar, Inc. In fact, Pompe notes that if an EAP vendor does not offer a solid, empirically based CIR program, it may either lose current contracts, or not gain new ones.

Despite the importance of CIR, little empirical evidence is known about the actual workplace impact of these services, explains Dave Sharar, Director of Commercial Science with Chestnut Global Partners (CGP). The evidence that *does* exist consists mainly of individual case studies and reviews of archival records, which makes it difficult to generalize across different response approaches. Over the last five years, several studies (Gorter et al, 2015; DeFraia, 2015) *have* attempted to document the numbers and types of CIR interventions to help researchers develop an empirical tool to capture outcome data.

CGP and noted EAP researcher Patricia Herlihy have taken this important work one step further by developing a new, empirically based tool called the *Critical Incident Outcome Measure* (CIOM). The CIOM, which builds on the model and success of the Workplace Outcome Suite (WOS), seeks to quantify the positive workplace effects of CIR services offered by EAPs.

**CIOM: How it Works**

Similar to the WOS, the CIOM uses two of the same workplace constructs (Presenteeism, Work Distress), plus three **new** variables – *Resiliency*, *Return to work*, and the *Perception of leadership's role* (in its response to the critical incident). Presentations and focus groups have been used to help refine and gauge the level of interest in this tool. Several companies have expressed interest in the model while others remain hesitant about how to implement this measurement instrument and not disrupt the CIR intervention.

## **Beta Test Launched**

In spring 2016, a lengthy beta test was implemented with over 250 individual responses. The test demonstrated the scientific validity of the measurement tool, and an article on the specifics of the psychometrics used in the methodology is currently being written.

## **Current Challenges**

While the CIOM has been developed and validated, the research team is now confronting a series of challenges before this measurement tool can be widely implemented. The team gladly welcomes feedback and other suggestions from practitioners and researchers alike to make this tool and its administration more robust and effective. The challenges include:

1. How to implement both pre- and post-testing in order to capture individual changes in accordance with standard research practice;
2. Pre-test screening introduces evaluating how time of testing, when someone experiences a Critical Incident, and when the EAP intervenes all affect results.
3. Should the team base individual responses “retrospectively” in terms of what individuals remember *before* the critical incident occurred?
4. Do we have one administration of the tool post-event and then compare results to national norms on Emotional Distress; Presenteeism; Resiliency and Return to work data?

## **Timetable for Development and Implementation of CIOM**

2016 – Development of tool  
2017 – Beta test and article on basic psychometrics of CIOM  
2018 – Release of CIOM tool for EAP use

## **Summary**

The time has come for a scientifically validated tool to accurately measure the outcome of EAP services offered around critical incidents in the workplace. The EAP field in general is moving towards evidence-based practice, so it is only natural that we apply this yardstick to the increase in requests for CIR services. Meeting these challenges is an ambitious task, but the end result – strengthening the usefulness,

credibility, and effectiveness of this tool with the intent of returning employees and organizations to higher levels of productivity more quickly following CIR events – is well worth the effort.

## **References**

Attridge, M. & VanderPol, B. (2010). The Business Case for Workplace Critical Incident Response: A Literature Review and Some Employer Examples. *Journal of Workplace Behavioral Health*, 25:132–145.

Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.

DeFraia, G. (2015). Psychological trauma in the workplace: Variation of incident severity among industry settings and between recurring vs. isolated incidents. *The International Journal of Occupational and Environmental Health*, 6(3), 155-168.

Gorter, J., Frey, J. & O'Brien, Sharon. (2015). Broadening the value of critical incident response. *Journal of Employee Assistance*, 45(3), 10-13.

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148.

Masi, D. A. (1994). *Evaluating your employee assistance and managed behavioral care program*. Troy, MI: Performance Resource Press.

Mitchell, J. (2003). *Crisis Intervention & CISM: A Research Summary*. White paper for International Critical Incident Stress Foundation. Ellicott City, MD.