

References

- Akabas, S.H., & Kurzman, P.A. (1982). *Work, workers and work organizations: A view from social work*. Englewood Cliffs, New Jersey: Prentice Hall. Inc.
- Altbeker, A. (2002). Comparing crime in the provinces: Trends since 1994. *Nedbank ISS Crime Index*, 6, 7–13.
- Anderson-Klontz, B.T., Dayton, T., & Anderson-Klontz, L.S. (1999). The use of psychodramatic techniques with solution focussed brief therapy: A theoretical and technical integration. *International Journal of Action Methods*, 52(3), 113–120.
- Arthur, A R. (2000). Employee assistance programmes: The emperor's new clothes of stress management? *British Journal of Guidance & Counselling*, 28(4), 549–559.
- Arkava, M.L., & Lane, T.A. (1983). *Beginning of social work research*. Boston: Allyn and Bacon.
- Arnold, H.J., & Feldman, D.C. (1998). *Organizational behaviour*. McGraw-Hill International Editors.
- Armfield, F. (1994). Preventing post-traumatic stress disorder resulting from military operations. *Military Medicine*, 159, 739–746.
- Babbie, E. (1992). *The practice of social research*. 6th Edition. Thomson information/Publishing Group.
- Bailey, L.J. (1990). *Working skills for a new age*. New York. Delmar Publishers.
- Bohl, N.K. (1991). The effectiveness of brief psychological interventions in police officers after critical incidents. In Reese, J., Horn, J. & Dunning, C. (Eds), *Critical Incidents in Policing*. Washington, DC: U S Government.
- Berker, A. (2003). Work first, study second: Adult undergraduates who combine employment and post secondary enrollment. Post secondary education analysis report. National Center for educational statistics. Washington DC.
- Bernard, L.C., & Krupat, E. (1994). *Health psychology: Biopsychosocial factors in health illness*. London: Harcourt.
- Bisson, J.I. (1995). Psychological reactions of victims of violent crime. *The British Journal of Psychiatry*, 176(6), 718–720.
- Brende, J.O., & Goldsmith, R. (1991). Post-traumatic stress disorder in families. *Journal of Contemporary Psychotherapy*, 21(2), 115 – 125.
- Brewin, C.R, Andrews, B., & Valentine, J.D. (2000). Meta-Analysis of risk factors for post-traumatic stress disorder in trauma exposed adults. *Journal for counselling and Clinical Psychology*: vol 68 No5 748-766.

- Bryant, R.A. (2007). Early intervention for post-traumatic stress disorder. *Early Intervention in Psychiatry*, 1(1), 19–26.
- Bruce, W.M. (1990). *Problem employee management*. New York: Quaram Books
- Burke, P.A., Carruth, B. & Pichard, D. (2006). Counselor self-care in working with traumatized, addicted people. *Psychological trauma and addiction treatment: The Hawarth Press*.
- Carson, R.C., & Butcher, J.N. (1992). *Abnormal psychology and modern life*. Harper Collins Publishers. New York.
- Carlson, E.B (1997). *Trauma assessment: A clinicians guide*. New York Guidford.
- Claussen, L. (2009). After the incident: How to deliver the message to employees and family members about workplace victims. *Safety and Health*, (November), 48–51
- Compton, B.R., & Galaway, B (1984). *Social work processes*. Homewood III: Darsey Press
- Conference on “Police Officials as Victims of trauma and Crises” The national trauma committee of the SA police services. Technikon SA 25–26 February 1998.
- Cresswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand oaks: Sage.
- De Shazer, S. (1985). *Keys to solution in brief therapy*. W.W. Morton and Company: New York.
- De Shazer, S. (1991). *Putting difference to work*. A Mortor Professional Book, New York.
- De Vos, A.S. (1998). *Research at grass roots: A primer for caring professions*. Pretoria: J.L. van Schaik Publishers.
- De Vos, A.S. (2002). *Research at grass roots: for the social sciences and human service professions*. Second Edition. Pretoria: Van Schaik Publishers.
- De Vos, A.S., Fouché, C.B., & Venter, L. (2002). Quantitative data analysis and interpretation. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- De Vries, A., Kassam-Adams, N., Cnaan, A., Sherman-Slate, E., Gallgher, P., & Winston, F. (1999). Looking beyond the physical injury: Post-traumatic stress disorder in children and parents after pediatric traffic injury. *Pediatrics*, 104(6), 1293–1299.
- Dolan, S.L. (1995). Individual, organizational and social determants of managerial burnout: Theoretical and empirical update. In Rick Crandall and Pamela, L Perrewe, *Occupational stress – A Handbook*. Washington DC, USA. Taylor and Francis.
- Diagnostic criteria for DSM – IV - TR. (2000). American Psychiatric Association. Washington DC

- Dryden, W. (1995) *Brief rational emotive behaviour therapy*. New York: J Wiley and Sons.
- EAPA South African Chapter (1999). *Standards for employee assistance programs in South Africa*. Compiled by: Standards Committee of EAPA – SA.
- EAPA South African Chapter (2010). *Standards for employee assistance programs in South Africa*. Compiled by: Standards Committee of EAPA – SA.
- EAP Clinical practice. (2004). Retrieved from www.ppcworldwide.com
- Engelbrecht, A.S. (1997). *The impact of crime on the family*. Dissertation presented at the Family therapy Michael White Conference. Johannesburg: Helderfontein.
- Everly, G.S. Jr (1995). The role of critical incident stress debriefing (CISD) process in disaster counselling. *Journal of Mental Health Counselling*, 17(3), 273–291.
- Everly, G. S. Jr., & Flynn, B. W. (2006). Principles and practical procedures for acute psychological first aid training for personnel without mental health experience. *International Journal of Emergency Mental Health*, 8(2), 93-100.]
- Everly, G. S. Jr., Flannery, R. B., & Eyler, VA. (2002). Critical Incident Stress Management (CISM): A statistical review of the literature. *Psychiatry Quarterly*, 73(3), 171-182.
- Feldner, M.T., Monson, C.M., & Friedman, M.J. (2007). A critical analysis of approaches to PTSD prevention. *Behavior Modification*, 31(1), 80–116.
- Feuer, B. (1999). Responding effectively to traumatic events in the workplace. In Cher, J.M (E.d). *The employee assistance handbook*. New York: John Wiley and Sons Inc.
- Flannery, R. B. (2001). The Assaulted Staff Action Program (ASAP): Ten year empirical support for critical incident stress management (CISM). *International Journal of Emergency Mental Health*, 3(1), 5-10.
- Flannery, R, B., & Everly, G. S. Jr (2004). Critical Incident Stress Management (CISM): Updated review of findings, 1998–2002. *Aggression and Violent Behavior*, 9(4), 319-329.
- Flannery, R. B., Everly, G. S. Jr., & Eyler, V. (2000). The assaulted staff action program (ASAP) and declines in assaults: A meta-analysis. *International Journal of Emergency Mental Health*, 2(3), 143-148.
- Fouché, C.B. (2002a). Problem formulation. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Fouché, C.B. (2002b). Research strategies. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

- Fouché, C.B., & De Vos, A.S. (2002). Quantitative research designs. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers
- Figley, K.J. (1994). *Helping traumatized families*. San Francisco: Jossey Bass Publishers.
- Franklin, L. (2003). *An introduction to workplace counselling. A practitioners guide*. Palgrave Macmillen New York.
- French, G.D., & Harris, C.J. (2000). *Traumatic incident reduction (TIR)*. CRC Press Washington DC.
- Friedman, M.J. (2003). *Post-traumatic stress disorder. The latest assessment and treatment strategies*. Kansas: Compact Clinicals.
- Gerbode, F.A. (1995). *Beyond Psychology: A introduction to metapsychology*(third edition). Menlo Park CA: IRM Press.
- Gerbode, F.A., & Moore, R.H (1994). Beliefs and intentions in RET. *Journal of Retional-Emotive and Cognitive Behaviour Therapy*. 12, 27–45.
- Gilliland, B.E., & James, R.K. (1993). *Crises intervention strategies*. Pacific Grove, California. Brooks/ Cole Publishing Company.
- Gingerich, W.J., & Eisengart, S. (2000). Solution focused brief therapy: A review of outcome research. *Family Process*, 39(4), 477.
- Googins, B., & Godfrey, J. *Occupational social work* (1992). Englewood Cliffs, Prentice Hall Boston: Allyn and Bacon.
- Greeff, M. (2002). Information collection: interviewing. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Greenstone, J.J., & Leviton, S. (2002). *Elements of crises intervention: a crises and how to respond to them*. Brooks\Cole; Pacific Grove, Australia.
- Grinnell, R.M. (1981). *Social work research and evaluation*. Itasca Illinois: Peacock
- Grinnell, R.M. (1993a). *Social work research and evaluation*. 4th Edition. Itasca Illinois: Peacock.
- Harris, J.F. (1990). Reporting delays and the incidence of AIDS. *Journal of the American Statistical Association*: Vol 8.
- Hartwell, T.D., Steele, P., French, M.T., Potter, F.J., Rodman & Zarking. G.A. (1996). Aiding Troubled Employees. The prevalence, cost and characteristics of employee assistance programs in the united states. *American Journal of Public Health*. June. Vol 86. No

- Harbert, K.R. (2000). Critical incident stress debriefing. In Dattilio, F.M. and Freeman A (E.D). *Cognitive-behavioural strategies in crisis intervention*. 2nd Ed. New York. The Guilford Press.
- Herman, J.L. (1992). *Trauma and recovery*. New York: Basic Books.
- Holtyn, K. (2006). *Wellness Program Management Advisor*. Health Resources Publishing.
- Huysamen, G.K. (1994). *Metodologie vir die sosiale gedragwetenskappe*. Sigma Pers (Edms) Bpk. Pretoria.
- Ivancevich, J.M., & Matteson, M.T. (1987). *Controlling work stress: Effective human resource and management strategies*. San Francisco, Calif.: Jossey- Bass.
- Jannoff-Bulman, R. (1997). *Understanding reactions to traumatic events*. The Harvard Mental Health Letter. Forum October.
- Judd, C.M, Smith, E.R., & Kidder, L.H. (1991). *Research methods in social relations*. London: Holt, Rinehart and Winston.
- Kalat, J.W. (2001). *Biological psychology*. Belmont: Wadsworth.
- Kaplan, H.I., & Sadock, B.J. (1988). *Synopsis of psychiatry. Behavioral Sciences Clinical Psychiatry*. 5th Ed. Baltimore: Williams & Wilkins.
- Kessler, R. C., & Stang, P. E. (Eds.). (2006). *Health and work productivity: Making the business case for quality health care*. Chicago: University of Press.
- Kleber, R.J., & Brom, D. (1992). *Coping with trauma: Theory, prevention and treatment*. Amsterdam: Swets & Zeitlinger.
- Landy, F.J. (1989). *Psychology of work behavior*. 4th Edition California: Brooks/ Cole Publishing Company.
- Landman, E.F. (1990). Relevante temas in die hedendaagse navorsings metodologie en die betekenis daarvan vir die ontwerp van 'n navorsings program. Ongepubliseerde D-Phil proefskrif: Universiteit van Pretoria.
- Leggett, T. 2003. The Facts behind the figures. Crime statistics 2002/2003. *SA Crime Quarterly*,(6), 17.
- Lewis, G.W. (1996). *Critical incident stress and trauma in the workplace: Recognition, response, and recovery*. Accelerated Development Inc Publishers.
- Logan, J. (1996). Client satisfaction with brief therapy. *EAP Digest*, (July/August), 30–31.
- Loar, I. (1999). Short term dynamic therapy as a unique container. *American Journal of Psychotherapy*, (4), 5173–529.

- Lombard, J. (1995). Die posisionering van maatskaplikewerk in die werksmilieu. Ongepubliseerde D.Phil. Randse Afrikaanse Universiteit.
- Louw, D.A. (1994). Menslike Ontwikkeling. HAUM Tersier
- Macgregor, J. (1998). *The victim's experience of hijacking: a qualitative approach*. Rand Afrikaans University: Johannesburg
- Mark, R. (1996). *Research made simple: A handbook for social workers*. Sage Publications: London.
- Masi. D.A (2000).Aids issues in the workplace: a response model for human resource management. Lavoisier.
- McCarthy.P. (2000). The patient transit assistance scheme: A social work advocacy. Australian Social work. James Cook University: Townsville
- McLeod, J., & McLeod, J. (2001). How effective is workplace counselling? A review of the research literature. *Counselling Psychotherapy Research*, 1(3), 184-191.
- McKendrick, B.W. (1990) *Introduction to social work in South Africa*. Pretoria : HAUM Tertiary.
- McWhirter, E.H., & Linzer, M. (1994). The provision of critical incident stress debriefing services by EAPs: A case study. *Journal of Mental Health Counselling*, 16(4), 403–415.
- MedicineNet.com. Retrieved from www.medterms.com.
- Meichenbaum, D. (1994). *A clinical handbook/ practical therapist manual for assessing and treating adults with post-traumatic stress disorder (PTSD)*. Canada. Institute Press.
- Mercer, M. (2007) *Survey of health, productivity and absence management programs*. New York: March and McLennan Companies.
- Miller, D.C. (1983). *Handbook for research design and social measurement*. New York: Langman.
- Miller, G. (1997). Systems and solutions: The discourses of brief therapy. *Contemporary Family Therapy*, 19(1), 5–22.
- Milkovich, G.T., & Bourdreau, J.W. (1991). *Human resource management*. 6th Edition. Boston: Irwin Press.
- Mitchell, J.T. (1986). Assessing and managing psychological impact of terrorism, civil disorder, disaster and mass casualties. *Emergency Care Quarterly*, 2, 51–58.
- Moore, R.H. (1993). Traumatic incident reduction: A cognitive-emotive focus of treatment of post-traumatic stress disorder: In Dryden, W. and Hill, L.K. (Eds) *Innovations in rational-emotive therapy*. Newbury Park. C.A : Sage Publications.

- National Institute of Mental Health. (2002). *Mental health and mass violence: Evidence-based early psychological intervention for victims/survivors of mass violence. A workshop to reach consensus on best practices*. NIH Publication No. 02-5138. Washington, D.C.: U.S. Government Printing Office.
- Neuman, W.L. (1994). *Social research methods, qualitative and quantitative approaches*. Second Edition: Allyn and Bacon.
- Newman, B.M., & Newman, P.R. (1999). *Development through life. A psychosocial approach*. California: Wadsworth.
- Newman, R. (2007). *New therapist*, 49(May/June).
- O'Brien, L.S. (1998). *Traumatic events and mental health*. Cambridge: Cambridge University Press.
- O'Conner, J., & Jeavons, S. (2002). Nurses perceptions of critical incidents. *Issues and Innovations in Nursing Practice*, 53–62
- Oss, M.E. & Clary, J. (1998). EAPs are evolving to meet changing employer needs. *Open Minds*, January: 4-10
- Parkinson, F. (1993). *Post-traumatic stress*. London Sheldon Press.
- Plaggemars, D. (2000). EAPs and critical incident stress debriefing. A look ahead. *Emerging trends for EAP's in the 21 Century*, 77–93.
- Plug, C., Louw, D.A.P., Gouws, L.A., & Meyer, W.F. (1997). *Verklarende en Vertalende Sielkunde Woordeboek*. Heinemann: Johannesburg.
- Prinsloo.I.J. (2006). Sexual harassment and violence in S A Schools Education Association of SA (EASA)
- Quick, J.D & Tetrick, L. (2007).Advances in occupational health: From stressful beginnings to a positive future. *Journal of Management*. 33 No 6 December.
- Ramanathan, C.S. (1992). EAP's response to personal stress and productivity: implications for occupational social work. *Social Work*, 37(3), 234–239.
- Roman, P.M. & Blum, T.C. (1988).The core technology of Employee assistance programs: A Reaffirmation. *The Almacan*,18: 17-22.
- Ribner, D.S. (1993). Crisis in the workplace: The role of the occupational social worker. *MaatskaplikeWerk / Social Work*, 38(3), 333–338.
- Reid, W.J. (1989). An intergrative model. In: Wells, R.A and Phelps, P.A. *Handbook of brief psychotherapies*. New York: Plenum Press.

- Retief, Y. (2004). *Genesing vir trauma in die Suid- Afrikaanse konteks*. Pretoria: Struik Christelike Boeke.
- Roos, V. (1997). A psycho-education program for the handling of children in a violence contaminated environment. Unpublished D-Phil dissertation. Pretoria: Department of Psychology, University of Pretoria.
- Roos, V., Du Toit, R., & Du Toit, M. (2003). *A counsellor's guide in dealing with trauma death and bereavement*. Van Schaik Content Solutions, Pretoria.
- Rothermel, S., Slavit, W., Marlo, K., & Dan, D. (2008). *An employer's guide to employee assistance programs: Recommendations for strategically defining, integrating and measuring employee assistance programs*. Center for Prevention and Health Services.
- Robinson, R. (2004). Counterbalancing misinterpretations of critical incident stress debriefing and critical incident stress management. *Australian Psychologist*, 39(1), 29–34.
- Royse, D. (1995). *Research methods for social work*. Nelson-Hall Publishers: Chicago.
- Ruzek, J.I., Brymer, M., Jacobs, A.K., Layne, C.M., Vernberg, E.M., & Watson, P.J. (2007). Psychological first aid. *Journal of Mental Counseling*, 29(1), 17–49.
- Ryan, C. (1994). Scientific study of brief therapy outcomes is still scarce, *Psychotherapy Letter*, 6(9), 5–7.
- Sack, W., Clarke, G., & Seeley, J. (1995). Post-traumatic stress disorder across two generations of Cambodian refugees. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(9), 1160–1166.
- Sacks, S.B., Clements, P.T., & Fay-Hillier, T. (2001). Care after chaos: Use of critical incident stress debriefing after traumatic workplace events. *Perspectives in Psychiatric Care*, 37(4), 133–136.
- Schulz, H., Van Wijk, T., & Jones, P. (2000). *Trauma in Southern Africa. Understanding emotional trauma and aiding recovery*. Traumatology Services International.
- Schurink, E.M. (1998). Deciding to use a qualitative research approach. In de Vos, A.S. *Research at grass roots: A primer for the caring professions*. Pretoria: J.L. van Schaik Publishers.
- Scott, M.J., & Stradling, S.G. (1994). *Counselling for Post-Traumatic Stress Disorder*. London. Counselling in Practice Series. Sage Publications.
- Shalev, A.Y., Freeman, S., Peri, T., Brandes, D., Sahar, T., Orr, S., & Pitman, R. (1998). Prospective study of post-traumatic stress disorder and depression following trauma. *American Journal of Psychiatry*, 155, 630–673.

- Solomon, R. (1986). *Trauma and the rescue worker: Theory and Treatment*. Paper presented at the meeting of the Society for Traumatic Stress studies. Denver. CO.
- Sonderup, L. (1996). When trauma comes to the door. *People Dynamics*, (September), 12.
- Spiers, T. (2001). *Trauma. A practitioners guide to counselling*. Brunner and Rauthledge, Londen.
- Smith, E. (2005). Trauma and family. Retrieved from www.betterhealth.co.au.
- Smith, G.B., & Rooney, T. (1999). EAP intervention with workers' compensation and disability management. In J. Oher (Ed.), *The employee assistance handbook* (pp. 337–360). NY: Wiley.
- Smith, M. (2001). Critical incident debriefing in groups: a group analytic perspective. *Psychodynamic Counselling*, 7.3(August), 330.
- Sonnenstuhl. W.J & Trice. H.M (1990). *Strategies for Employment Assistance Programs: The Critical Balance 2nded* . Inhaca NY: ILR Press.
- Stalker, C.A., Levene, J.E., & Coady, M.F. (1999). Solution focussed brief therapy – one model fits all?. *Families in Society: The Journal of contemporary Human Services*, 80(5), 468–477.
- Steers, R.M., & Porter, L.W (1991). *Motivation and work behaviour*. New York McCrow Hill.
- Stephenson, D., & Schneider, D.U. (2006). Case studies of federal occupational health's EAP responses to natural disasters. *Journal of Workplace Behavioral Health*, 21(3 & 4), 35–38.
- Strydom, H. (2002a). Ethical aspects of research in the caring professions. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*.Pretoria: Van Schaik Uitgewers.
- Strydom, H. (2002b). The pilot study. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik Uitgewers.
- Strydom, H., & Venter, L. (2002). Sampling and sampling methods. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions* .Pretoria: Van Schaik Uitgewers.
- Strydom, H., & Delpont, C.S.L. (2002). Sampling and pilot study in qualitative research. In De Vos, A.S. (Ed.) *Research at grass roots: For the social sciences and human service professions* .Pretoria: Van Schaik Uitgewers.
- Tedeschi, R.G., & Calhoun, L.G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Londen: Sage Publications.

- Tehrani, N. (2002). Workplace trauma and the law. *Journal of Traumatic Stress*, 15(6), 473–477.
- Tehrani, N. (2004). *Workplace trauma. Concepts, assessment and Interventions*. California Wadsworth.
- Terr, L.C. (1991). Epidemiology of trauma: Frequency and impact of different events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60(3), 409–418.
- The Careways group. (2005). Careways Procedure Manual (Unpublished)
- The Careways group. (2009). Careways ICARE report (Unpublished)
- Thompson. R (1990). Substance abuse and employee rehabilitation. Washington, DC: BNA Books.
- Tirbutt. E. (2005). Helping hands that can save you from drowning in debt. Delinsky NY.
- Tripodi, T. (1983). Evaluative research for social workers. Prentice Hall (Englewood Cliffs NJ)
- Van der Kolk, B. (1991). The psychological processing of traumatic events: The personal experience of post-traumatic stress disorder. In Reese, J., Horn, J. & Dunning, C. (eds), *Critical incidents in policing*, Washington DC: U S Government.
- Van der Kolk, B.A., & McFarlane, A.C. (1996). *Traumatic stress: The effects of an overwhelming experience on mind, body and society*. New York: Guilford Press.
- Van der Walt, M.J. (2001). 'n Groep analitiese eksplorasië van psigiese uitbranding by sielkundiges in die Suid-Afrikaanse Polisie Diens. Unpublished D. Phil Dissertation: University of Pretoria.
- VandePol, B., Gist, R., Braverman, M., & Labardee, L. (2006). Strategic specialty partnerships: Enabling the EAP for evidence informed best practices in workplace crisis response. *Journal of Workplace Behavioral Health*, 21(3/4), 119–131.
- VandePol, B., & Beyer, C.E. (2009). Crises management: The critical human element. *CMFA - Building profits*, (September/October), 10–17.
- Veronen, C.L., & Kilpatrick, D.G. (1983). *Rape: A precursor of change*. San Diego: Academic Press.
- Vineburgh, N.T., Ursano, R.J., Gifford, R.K., Benedek, D., & Fullerton, C.S. (2006). Disaster preparedness in the 21st century. *Journal of Employee Assistance*, 36(4), 14–17.
- Wells, R.A, & Phelps, P.A (ed) (1989). *Handbook of brief psychotherapies*. New York: Plenum Press.

- Wilson, J.P., Friedman, M.J., & Lindy, J.D. (2004). *Treating psychological trauma and PTSD*. New York Guilford Press.
- Wilson, J.P. (1989). *Trauma, transforming and healing: An integrative approach to theory, research and post-traumatic therapy*. New York: Brunner & Mazel.
- White, M., & Epsom, D. (1990). *Narrative means to therapeutic end*. New York: W.W. Norton & Company.
- Wyatt, W. (2007). *Staying at work report, building an effective health and productivity network*. Washington, DC Watson Wyatt Worldwide.



APPENDIX 1

Dear Therapist

PARTICIPATION IN RESEARCH PROJECT

I am a doctoral student at the University of Pretoria and the topic of my dissertation is: **“An impact assessment of exposure to a critical incident on the psychosocial functioning and work performance of employees”**.

The purpose of the envisaged study is to determine the effect critical incidents have on employees and how their functioning, psychosocially and at work, is affected. Furthermore, the researcher wishes to determine how the employees' functioning changes after accessing the EAP. The study will differentiate between different levels of intervention in order to better assess the impact of that particular intervention.

For the purposes of this study, a critical incident is determined as: “An event that is extraordinary and produces significant reactions in the intervening person. It may be so unusual that it overwhelms the natural abilities of people who have to cope with difficult situations. It may lead to stress, burnout or even Post Traumatic Stress Disorder (Lewis, 1996:15). O’Conner and Jeavons (2002:53) define a critical incident as an extraordinary event that has the potential to cause unusually strong emotional reactions. Although these definitions may seem broad, the researcher agrees that when defining a critical incident the focus should be on the reaction of the individual. **The researcher therefore defines a critical incident as any incident that causes emotional distress to a person and affects his or her psychosocial functioning to some extent, whether temporarily or permanently.**

The research approach will be both qualitative and quantitative in nature. As part of the quantitative study, the researcher will make use of the one-group post-test design. With the assistance of The Careways Group, **30** affiliates in the Gauteng area have been identified. Data will be collected by sending each affiliate two questionnaires to be completed by two different respondents. The therapist should use his/her own integrity to decide which clients to involve based on the abovementioned definition of a critical incident and his/her clinical expertise regarding traumatised clients. The questionnaire will explain the purpose of the study, assure confidentiality and gather information regarding the impact of a critical incident on the psychosocial functioning and work performance of the employee.

The data collection instrument consists of four parts. Parts 1 and 2 of the questionnaire form part of the quantitative study. The employee completes part 1 (section A and section B) and the therapist completes part 2 of the questionnaire. This procedure will not take up time during a therapeutic session as the employee can take the questionnaire home and bring the completed questionnaire back the following session when both parts of the questionnaire can be placed in the provided envelope. Participation in this part of the study is voluntary and anonymous.

The approach applied to the second part (parts 3 and 4) of the study is qualitative in nature. The researcher will use qualitative research methods to establish how and to what extent the psychosocial functioning and work performance of the employee have been affected by the critical incident.

Respondents will be selected if they indicate that they are prepared to participate in the qualitative part of the study (part 1 section B). These employees and their first-level managers will be interviewed separately, using a semi-structured interview schedule as a means of data collection. Case notes submitted by the therapist will also be used for data collection.

Your participation and cooperation in this regard will be highly appreciated.

Yours faithfully

Andre van Wyk

Senior Casemanager

THE CAREWAYS GROUP

Block K Central Park 16th Road Midrand
PO Box 31461 Kyalami 1684
T +27 11 847 4089 F +27 86 660 4919
E-mail: avanwyk@carewaysgroup.com Web www.carewaysgroup.com

After completing both the questionnaires and receiving back the completed questionnaires from the client, please call me or sms me on 083 277 0674



APPENDIX 2

**AN IMPACT ASSESSMENT OF EXPOSURE TO A CRITICAL INCIDENT
ON THE PSYCHOSOCIAL FUNCTIONING AND WORK PERFORMANCE
OF EMPLOYEES**

Dear Therapist

As part of my doctoral thesis I am conducting research to establish the impact of a critical incident on the psychosocial functioning and work performance of employees.

By completing this questionnaire you will contribute to the collection of valuable information necessary for the completion of the research report. It is a short questionnaire and you are requested to complete it with regard to the selected client. The questionnaire will take approximately 15 – 20 minutes to complete.

In answering the questionnaire you will be requested to indicate the reactions and symptoms presented by your client as a result of exposure to a critical incident. Participation is anonymous and all the information will be treated as confidential.

The information gathered from the questionnaire will be analysed in order to assess the impact of exposure to a critical incident on the psychosocial functioning and work performance of employees. The researcher hopes to reach some valuable conclusions and make recommendations that will benefit other employees and help their respective organisations to assist them.

For any further information please contact me on (011) 8474089 (W) or 083 2770674 (C).

Thank you for your interest and participation.

**ANDRE VAN WYK
RESEARCHER**



APPENDIX 3



PART 1
AN IMPACT ASSESSMENT OF EXPOSURE TO A CRITICAL INCIDENT ON THE PSYCHOSOCIAL FUNCTIONING AND WORK PERFORMANCE OF EMPLOYEES

RESEARCH QUESTIONNAIRE

The questionnaire consists of 2 sections (Section A and B). Sections A and B should be completed by all participants.

SECTION A
To be completed by the client

1. BACKGROUND INFORMATION

(Please mark all applicable information with an X)

1.1. Age

Please state your current age

v2

1.2. Gender

Male

1

v3

Female

2

1.3. Highest qualifications

Grade 8

1

v4

Grade 10

2

Grade 12

3

Post school certificate or diploma

4

Degree

5

Other/specify (e.g. computer literacy)

1.4 Years worked for present employer/company

Please indicate the duration of your current employment (in years)

v5

1.5 Level of functioning in the organisation

Senior manager	1	V6 <input type="text"/>
Middle manager	2	
Supervisory	3	
Non-supervisory	4	
Other (please specify)		

1.6 Marital status

Never married	1	V7 <input type="text"/>
Married	2	
Divorced	3	
Widowed	4	
Other (e.g. living with someone, please specify)		

1.7 Dependants
(Please indicate the number of dependants)

Spouse	<input type="text"/>	V8 <input type="text"/>
Children	<input type="text"/>	V9 <input type="text"/>
Parents	<input type="text"/>	V10 <input type="text"/>
Relatives (e.g. uncle, cousin)	<input type="text"/>	V11 <input type="text"/>
Other (e.g. domestic worker, please specify)	<input type="text"/>	V12 <input type="text"/>
		V13 <input type="text"/>

2. MEANING OF WORK

2.1 Indicate your motive(s) for performing your current job (Mark all applicable boxes with an X)

2.1	Having a job is an opportunity to earn money	1	V14 <input type="text"/>
2.2	Job performance is an opportunity for social interaction	2	V15 <input type="text"/>
2.3	Job performance gives me work satisfaction	3	V16 <input type="text"/>



2.4	My work gives me a position of status	4	V17	<input type="checkbox"/>
2.5	My work gives me an opportunity for self-development	5	V18	<input type="checkbox"/>
2.6	My work contributes to my physical well-being	6	V19	<input type="checkbox"/>
2.7	My work gives me the opportunity to express my interests	7	V20	<input type="checkbox"/>
2.8	My work gives me the opportunity to apply my skills	8	V21	<input type="checkbox"/>
2.9	Any other reason why you are working (please specify):			
	_____		V22	<input type="checkbox"/>
	_____		V23	<input type="checkbox"/>
2.10	Which one of the motives you have marked is the most prominent motive for performing your current job (Please specify number, e.g. 2.8)			
	_____		V24	<input type="checkbox"/>

3. CRITICAL INCIDENT

3.1. To which of the following critical incidents have you and/or family member or someone close to you been exposed? (Mark the applicable boxes with an X)

In the case of a family member/someone close to you, please specify (Please mark applicable box)

Spouse	1	V25	<input type="checkbox"/>
Child/children	2	V26	<input type="checkbox"/>
Other relative	3	V27	<input type="checkbox"/>
Co-worker/employee	4	V28	<input type="checkbox"/>
Friend	5	V29	<input type="checkbox"/>
Other	6	V30	<input type="checkbox"/>



		Self			Family member/loved one				
		1 Repeatedly	2 Within the last 6 months	3 Prior to the last 6 months	4 Prior to the last 6 months	5 Repeatedly	6 Within the last 6 months		
3.1.1	Assault	1	2	3	4	5	6	V31	
3.1.2	Torture	1	2	3	4	5	6	V32	
3.1.3	War situation (e.g. in the DRC)	1	2	3	4	5	6	V33	
3.1.4	Industrial accident and/or fire	1	2	3	4	5	6	V34	
3.1.5	Motor vehicle accident	1	2	3	4	5	6	V35	
3.1.6	Natural disasters, e.g. floods, fires, hurricanes, tornadoes and earthquakes (e.g. abroad)	1	2	3	4	5	6	V36	
3.1.7	Child molestation and/or child abuse	1	2	3	4	5	6	V37	
3.1.8	Incest	1	2	3	4	5	6	V38	
3.1.9	Rape and/or sexual violence	1	2	3	4	5	6	V39	
3.1.10	Civil violence/riots	1	2	3	4	5	6	V40	
3.1.11	Crime situations and crime	1	2	3	4	5	6	V41	
3.1.12	Armed robbery	1	2	3	4	5	6	V42	
3.1.13	Robbery	1	2	3	4	5	6	V43	
3.1.14	Hijacking	1	2	3	4	5	6	V44	
3.1.15	Smash and grab	1	2	3	4	5	6	V45	
3.1.16	Physical violence either as a victim or as a witness	1	2	3	4	5	6	V46	
3.1.17	Responsible for shooting incident or accident	1	2	3	4	5	6	V47	
3.1.18	Witnessing a shooting incident or accident	1	2	3	4	5	6	V48	
3.1.19	Domestic violence	1	2	3	4	5	6	V49	
3.1.20	Divorce	1	2	3	4	5	6	V50	
3.1.21	Death of a loved one	1	2	3	4	5	6	V51	
3.1.22	Retrenchment	1	2	3	4	5	6	V52	
3.1.23	Retirement	1	2	3	4	5	6	V53	
3.1.24	Loss of income	1	2	3	4	5	6	V54	
3.1.25	Any other event that traumatised you or a family member/loved one (please specify):	1	2	3	4	5	6	V55	

3.2 Trauma risk factors

There are a few variables relating to the type of critical incident you might have experienced that seem to be influential on its impact (Please mark one option per category)

Which of the incidents as specified in 3.1 was the most traumatic (Please specify, e.g. 3.1.14)

V56

(Questions 3.2.1 to 4.4 refer to the incident that was specified as the most traumatic as indicated above)

3.2.1 Degree of life threat

None

Mild

Moderate

Extreme

V57

3.2.2 Onset of the critical incident

Unexpected

Expected

V58

3.2.3 Degree of disturbance in home routine

Not disturbed

Mildly disturbed

Moderately disturbed

Severely disturbed

V59

3.2.4 Degree of exposure to death, dying and destruction

None

Moderate

High

Extremely high

V60

3.2.5 Degree of moral conflict inherent in the situation



None

Moderate

High

Extremely high

V61

3.2.6 Your role in the trauma

Heard about

Witness

Indirectly involved

Directly involved

V62

3.2.7 Proportion of community affected

Small

Large

Total community

V63

3.2.8 Degree of bereavement

None

Moderate

High

Extremely high

V64

3.2.9 Duration of feeling traumatised

Less than 1 week

1-4 weeks

5 weeks – 3 months

Longer

V65

3.2.10 Potential for recurrence of the incident

Not likely

Likely

Very Likely

V66

3.3 Situational factors

3.3.1 Please indicate whether the critical incident occurred in one of the following ways (mark only one):

1. Suddenly
2. Suddenly but expectedly
3. Expectedly
4. Suddenly but unexpectedly

1
2
3
4

V67



5. Unexpectedly

5

3.3.2 Nature of the crisis.

(Please mark the applicable box with an X)

Man-made situation (critical incident as a result of the action of another human being)

1

V68

--

Natural disaster/natural incident (impersonal event)

2

3.3.3 Severity of the crisis

In your experience was the critical incident

1

Minor

2

Moderate

3

Severe

4

Unbearable

V69

--

3.3.4 Physical proximity to the incident

1

Far/Distant

2

Moderately close

3

Close

4

Very close

V70

--

3.3.5 Feelings of guilt

1

None

2

Some feelings of guilt

3

Intense feelings of guilt

V71

--

3.3.6 Duration of the incident

1

Less than an hour

2

More than an hour

3

1 Day

4

More than 1 day

V72

--

3.3.7 Psychological proximity to person involved in the incident (Please refer to incident as indicated in question 3.2)

Self

1

V73

--

Child

2

V74

--

Spouse

3

V75

--



Parent	4	V76	<input type="text"/>
Sibling	5	V76	<input type="text"/>
Relative	6	V78	<input type="text"/>
Friend/colleague	7	V79	<input type="text"/>
Someone I know	8	V80	<input type="text"/>

3.3.8 Your stress level directly after the incident

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	V81	<input type="text"/>
Low	Medium	High		

3.3.9 Role and conflict overload

Were you exposed to the critical incident as a:

Social worker	1	V82	<input type="text"/>
Psychologist	2		
Counsellor	3		
Nurse	4		
Paramedic	5		
Not applicable	6		
Other (please specify)			

3.4 Post-trauma non-risk factors

Did you experience any support after the critical incident?
(Please mark the applicable box with an X)

3.4.1 The availability of a close loving relationship and support	1 Yes	2 No	3 NA	V83	<input type="text"/>
3.4.2 A stable and supportive family environment	1 Yes	2 No	3 NA	V84	<input type="text"/>
3.4.3 Sources of emotional support outside the family, e.g. community, church,	1 Yes	2 No	3 NA	V85	<input type="text"/>

school

3.4.4 Role models who display positive problem solving skills and who themselves have lived through a critical incident

1 Yes	2 No	3 NA

V86

3.5 Reactions to a critical incident

Which of the following symptoms did you experience after the critical incident?
(Please mark all applicable boxes with an X to indicate reactions and their frequency)

3.5.1 Physical symptoms

	Once	Daily	Weekly	Regularly for more than 3 months		
1. Chills	1	2	3	4	V87	
2. Thirst	1	2	3	4	V88	
3. Fatigue	1	2	3	4	V89	
4. Nausea	1	2	3	4	V90	
5. Fainting	1	2	3	4	V91	
6. Muscle twitches	1	2	3	4	V92	
7. Vomiting	1	2	3	4	V93	
8. Dizziness	1	2	3	4	V94	
9. Weakness	1	2	3	4	V95	
10. Chest pains	1	2	3	4	V96	
11. Headaches	1	2	3	4	V97	
12. Elevated blood pressure	1	2	3	4	V98	
13. Rapid heart rate	1	2	3	4	V99	
14. Muscle tremors	1	2	3	4	V100	
15. Grinding of teeth	1	2	3	4	V101	
16. Visual difficulties	1	2	3	4	V102	
17. Profuse sweating	1	2	3	4	V103	
18. Breathing difficulties	1	2	3	4	V104	
Which one of the symptoms you have marked did you experience as most prominent? (Please specify number, e.g 14)					V105	

3.5.2 Cognitive symptoms

	Once	Daily	Weekly	Regularly for more than 3 months		
1. Confusion	1	2	3	4	V106	<input type="text"/>
2. Nightmares	1	2	3	4	V107	<input type="text"/>
3. Uncertainty	1	2	3	4	V108	<input type="text"/>
4. Hyper-vigilance	1	2	3	4	V109	<input type="text"/>
5. Suspiciousness	1	2	3	4	V110	<input type="text"/>
6. Intrusive images	1	2	3	4	V111	<input type="text"/>
7. Blaming someone	1	2	3	4	V112	<input type="text"/>
8. Poor problem solving	1	2	3	4	V113	<input type="text"/>
9. Poor abstract thinking	1	2	3	4	V114	<input type="text"/>
10. Poor concentration	1	2	3	4	V115	<input type="text"/>
11. Poor memory	1	2	3	4	V116	<input type="text"/>
12. Disorientation i.t.o. time	1	2	3	4	V117	<input type="text"/>
13. Disorientation i.t.o. place	1	2	3	4	V118	<input type="text"/>
14. Disorientation i.t.o. person	1	2	3	4	V119	<input type="text"/>
15. Heightened alertness	1	2	3	4	V120	<input type="text"/>
16. Lowered alertness	1	2	3	4	V121	<input type="text"/>
Which one of the symptoms you have marked did you experience as most prominent ?(Pease specify number, e.g. 4)					V122	<input type="text"/>

3.5.3 Emotional symptoms

	Once	Daily	Weekly	Regularly for more than 3 months		
1. Fear	1	2	3	4	V123	<input type="text"/>
2. Guilt	1	2	3	4	V124	<input type="text"/>



3. Grief/loss	1	2	3	4	V125	
4. Panic	1	2	3	4	V126	
5. Denial	1	2	3	4	V127	
6. Anxiety	1	2	3	4	V128	
7. Agitation	1	2	3	4	V129	
8. Irritability	1	2	3	4	V130	
9. Depression	1	2	3	4	V131	
10. Intense anger	1	2	3	4	V132	
11. Emotional shock	1	2	3	4	V133	
12. Emotional outbursts	1	2	3	4	V134	
13. Feeling overwhelmed	1	2	3	4	V135	
14. Loss of emotional control	1	2	3	4	V136	
15. Inappropriate responses	1	2	3	4	V137	
Which one of the symptoms you have marked did you experience as most prominent? (Please specify number, e.g.4)					V138	

3.5.4 Behavioural symptoms

	Once	Daily	Weekly	Regularly for more than 3 months		
1. Social withdrawal	1	2	3	4	V139	
2. Anti-social acts	1	2	3	4	V140	
3. Inability to rest	1	2	3	4	V141	
4. Intensified pacing	1	2	3	4	V142	
5. Erratic movement	1	2	3	4	V143	
6. Change in social activities	1	2	3	4	V144	
7. Change in speech patterns	1	2	3	4	V145	
8. Increased appetite	1	2	3	4	V146	
9. Decreased appetite	1	2	3	4	V147	
10. Hyper-alert to environment	1	2	3	4	V148	
11. Increased alcohol consumption	1	2	3	4	V149	
12. Decreased alcohol consumption	1	2	3	4	V150	



Which one of the symptoms you have marked did you experience as most prominent? (Please specify number, e.g. 4)

V151

3.6 Shattering of assumptions

Did the critical incident shatter any of the following assumptions you had made about your world? (Please mark all applicable boxes with an X)

3.6.1	The assumption of my invulnerability	1	V152	<input type="checkbox"/>
3.6.2	The assumption of my rationality	2	V153	<input type="checkbox"/>
3.6.3	My sense of other people's morality	3	V154	<input type="checkbox"/>
3.6.4	My sense of self-identity	4	V155	<input type="checkbox"/>
3.6.5	Specify other assumptions about the world that were disturbed by the critical incident		V156	<input type="checkbox"/>
	_____		V157	<input type="checkbox"/>

3.5.6 Which of the shattered assumptions you have marked did you experience as most prominent? (Please specify number, e.g. 3.6.1)

_____ V158

4 INTERVENTIONS

4.1 Did you receive any defusing from a therapist immediately after the critical incident? (Defusing is done in a group context. The goal of defusing is to defuse the impact of the event and to assess the needs of the group. The process is brief and usually takes between 20–45 minutes)

(Please mark applicable box with an X)

1 Yes	2 No	V159	<input type="checkbox"/>
-------	------	------	--------------------------

If 'yes', please complete the following; if 'no' move to question 4.3

Did the defusing process help you to

(Please indicate by marking all the applicable boxes with an X)

4.1.1	Recover your sense of safety	1	V160	<input type="checkbox"/>
4.1.2	Rebuild your confidence	2	V161	<input type="checkbox"/>
4.1.3	Calm down	3	V162	<input type="checkbox"/>
4.1.4	Establish/clarify what happened	4	V163	<input type="checkbox"/>
4.1.5	Feel supported emotionally	5	V164	<input type="checkbox"/>
4.1.6	Deal with practical or physical needs	6	V165	<input type="checkbox"/>
4.1.7	Regain control and routine	7	V166	<input type="checkbox"/>

4.1.8 Understand the process of intervention

8	V167	
---	------	--

4.2 In which way do you feel the defusing process helped you most? Refer to the ones you marked above (Please specify the number e.g. 4.14)

_____ V168

4.3 Did you receive any debriefing after the critical incident from a therapist? (This is usually done in a group format, within 24 hours of the critical incident, following the defusing process)

(Please mark applicable box with a X)

1 Yes	2 No	V169	
-------	------	------	--

If 'yes', please indicate if the debriefing process helped you in any of the following ways (Please indicate by marking all applicable boxes with an X.) If 'no', move to question 4.4

4.3.1	Educated me about stress	1	V 170	
4.3.2	Helped me to think clearly/clarified my thoughts	2	V171	
4.3.3	Reassured me that the stress response is controllable and that recovery is likely	3	V172	
4.3.4	Decreased individual or group tension	4	V173	
4.3.5	Prepared me for possible symptoms and reactions	5	V174	
4.3.6	Indicated that I might need additional support	6	V175	
4.3.7	Referred me for additional support	7	V176	

4.4 Aftercare

4.4.1 Did the therapist/debriefer indicate that further assistance was available for those individuals who needed it after the debriefing?

(Please mark applicable box with an X)

1 Yes	2 No	V177	
-------	------	------	--

4.4.2 Did you feel that you needed further assistance after the debriefing process?

(Please mark applicable box with an X)

1 Yes	2 No	V178	
-------	------	------	--

If yes, please explain why

	V179	
	V180	
	V181	

4.4.3 Did the therapist/debriefer suggest or arrange further assistance for you?

(Please mark applicable box with an X)

1 Yes	2 No	V182	<input type="checkbox"/>
-------	------	------	--------------------------

If 'yes', please specify the type of assistance which was arranged. (Mark applicable boxes with an X)

Medical assistance	1	V183	<input type="checkbox"/>
Legal assistance	2	V184	<input type="checkbox"/>
Family support	3	V185	<input type="checkbox"/>
Individual counselling	4	V186	<input type="checkbox"/>
Other (specify) _____		V187	<input type="checkbox"/>
_____		V188	<input type="checkbox"/>

4.4.4 Did you make use of this referral to a professional after the debriefing?

(Please mark applicable box with an X)

1 Yes	2 No	V189	<input type="checkbox"/>
-------	------	------	--------------------------

If yes, please specify who you consulted

_____	V190	<input type="checkbox"/>
_____	V191	<input type="checkbox"/>
_____	V192	<input type="checkbox"/>

4.4.5 Did you find that the assistance you received from a professional (as indicated in 4.4.4) helped you to recover from the trauma?

(Please mark applicable box with an X)

1 Yes	2 No	V193	<input type="checkbox"/>
-------	------	------	--------------------------

If yes, please specify in what way

_____	V194	<input type="checkbox"/>
_____	V195	<input type="checkbox"/>
_____	V196	<input type="checkbox"/>

4.4.6 Did you experience any of the following after the individual counselling?

(Please mark all the applicable boxes with an X)

1. Felt just the same

1 Yes	2 No	3 N/A	V197	<input type="checkbox"/>
-------	------	-------	------	--------------------------



2. Felt less emotional	1 Yes	2 No	3 N/A	V198	<input type="checkbox"/>
3. Felt my life was back to normal	1 Yes	2 No	3 N/A	V199	<input type="checkbox"/>
4. Felt my sleeping pattern had normalised	1 Yes	2 No	3 N/A	V200	<input type="checkbox"/>
5. Felt my eating pattern had normalised	1 Yes	2 No	3 N/A	V201	<input type="checkbox"/>
6. Felt my energy levels had normalised	1 Yes	2 No	3 N/A	V202	<input type="checkbox"/>
7. Felt less irritated	1 Yes	2 No	3 N/A	V203	<input type="checkbox"/>
8. Felt my memory had normalised	1 Yes	2 No	3 N/A	V204	<input type="checkbox"/>
9. Felt my work performance had improved	1 Yes	2 No	3 N/A	V205	<input type="checkbox"/>
10. Felt less depressed	1 Yes	2 No	3 N/A	V206	<input type="checkbox"/>
11. Felt less anxious	1 Yes	2 No	3 N/A	V207	<input type="checkbox"/>
12. Felt my alcohol usage had stabilised	1 Yes	2 No	3 N/A	V208	<input type="checkbox"/>

4.4.7 Did you benefit from the individual counselling?
(Please mark applicable box with an X)

1 Yes	2 No	V209	<input type="checkbox"/>
-------	------	------	--------------------------

If yes, which one of the outcomes in 4.4.6 was the most prominent? (Please specify number, e.g. 4)

V210	<input type="checkbox"/>
------	--------------------------



SECTION B

This section should be completed by all participants

1. The second part of the research study is focused on work performance and the normalisation of reactions after the critical incident. This part of the study is also voluntary and confidential but will require contact with your manager to verify if she or he experienced any changes in your psychosocial functioning and work performance. This will entail a short telephonic interview with both yourself and your direct manager regarding your psychosocial functioning and work performance before and after the incident.

1.1. Will you be willing to participate in a telephonic interview to determine changes in your psychosocial functioning and work performance?

(Please mark applicable box with an X)

Yes	No
-----	----

If yes, please provide information about where you can be contacted

Cell number : _____
Tel no (home) : _____
Tel no (work) : _____
Email address : _____

1.2 Are you willing to give permission for the researcher to contact your manager or immediate supervisor to establish if he or she feels there were any changes in your psychosocial functioning and work performance as a result of the incident?

(Please mark applicable box with an X)

Yes	No
-----	----

If yes, please supply the following details

Name and surname of manager : _____
Tel no (work) : _____
Email address : _____

Signature of employee

APPENDIX 4



Respondent V1

PART 2

**AN IMPACT ASSESSMENT OF EXPOSURE TO A CRITICAL INCIDENT
ON THE PSYCHOSOCIAL FUNCTIONING AND WORK PERFORMANCE
OF EMPLOYEES**

(To be completed by therapist)

1 TRAUMA REACTIONS

1.1 Did the client experience, witness or hear about an event or events that involved actual death, or threatened death or serious injury, or a threat to the physical integrity of self?

(Please mark the applicable box with an X.)

1 Yes	2 No
-------	------

V2

1.2 Did the client experience, witness or hear about an event or events that involved actual death, or threatened death or serious injury, or a threat to the physical integrity of others?

(Please mark the applicable box with an X.)

1 Yes	2 No
-------	------

V3

1.3 Did the person's response involve any of these feelings?
(Please mark the applicable boxes with an X.)

Fear	1 Yes	2 No	V4 <input style="width: 30px; height: 20px;" type="checkbox"/>
Helplessness	1 Yes	2 No	V5 <input style="width: 30px; height: 20px;" type="checkbox"/>
Horror	1 Yes	2 No	V6 <input style="width: 30px; height: 20px;" type="checkbox"/>



1.4 Re-experiencing the event

Did the client re-experience the critical incident in any of the following ways? (Please mark applicable boxes in each case)

1.4.1 Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions

1 Yes	2 No	v7	<input type="checkbox"/>
-------	------	----	--------------------------

1.4.2 Recurrent distressing dreams of the event

1 Yes	2 No	v8	<input type="checkbox"/>
-------	------	----	--------------------------

1.4.3 Acting or feeling as if the critical incident were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes)

1 Yes	2 No	v9	<input type="checkbox"/>
-------	------	----	--------------------------

1.4.4 Intense psychological distress on exposure to internal or external clues that symbolise or resemble an aspect of the critical incident

1 Yes	2 No	v10	<input type="checkbox"/>
-------	------	-----	--------------------------

1.4.5 Intense psychological reactivity on exposure to internal or external clues that symbolise or resemble an aspect of the traumatic event

1 Yes	2 No	v11	<input type="checkbox"/>
-------	------	-----	--------------------------

1.4.6 What was the duration of re-experiencing the event?

Less than 3 months	1	v12	<input type="checkbox"/>
More than 3 months	2		
More than 6 months	3		



1.5 Avoidance of the event

Does the client experience persistent avoidance of stimuli associated with the incident and numbing of general responsiveness (not present before the trauma)? Please indicate which of the following are or have been present:

1.5.1 Efforts to avoid thoughts, feelings or conversations associated with the incident

1 Yes	2 No	V13	<input type="checkbox"/>
-------	------	-----	--------------------------

1.5.2 Efforts to avoid activities, places or people that arouse recollections of the incident

1 Yes	2 No	V14	<input type="checkbox"/>
-------	------	-----	--------------------------

1.5.3 Inability to recall an important aspect of the incident

1 Yes	2 No	V15	<input type="checkbox"/>
-------	------	-----	--------------------------

1.5.4 Markedly diminished interest or participation in significant activities

1 Yes	2 No	V16	<input type="checkbox"/>
-------	------	-----	--------------------------

1.5.5 Feelings of detachment or estrangement from others

1 Yes	2 No	V17	<input type="checkbox"/>
-------	------	-----	--------------------------

1.5.6 Restricted range of affect (e.g. unable to have loving feelings)

1 Yes	2 No	V18	<input type="checkbox"/>
-------	------	-----	--------------------------

1.5.7 Sense of a shortened future (e.g. does not expect to have a career, marriage, children or a normal life after this)

1 Yes	2 No	V19	<input type="checkbox"/>
			<input type="checkbox"/>



1.5.8 What was the duration of the avoidance of the event?

Less than 3 months

1

V20

More than 3 months

2

More than 6 months

3

1.6 Increased arousal

Has the client experienced persistent symptoms of increased arousal (not present before the trauma)?

Please indicate which of the following are or have been present:

1.6.1 Difficulty in falling or staying asleep

1 Yes	2 No
-------	------

V21

1.6.2 Irritability

1 Yes	2 No
-------	------

V22

1.6.3 Outbursts of anger

1 Yes	2 No
-------	------

V23

1.6.4 Difficulty in concentration

1 Yes	2 No
-------	------

V24

1.6.5 Hyper-vigilance

1 Yes	2 No
-------	------

V25

1.6.6 Exaggerated startle response

1 Yes	2 No

V26



1.6.7 What was the duration of the increased arousal?

Less than 3 months	1	V27 <input type="checkbox"/>
More than 3 months	2	
More than 6 months	3	

1.7 Did the disturbance or incident cause any of the following?
(Please mark all applicable boxes with an X.)

Clinically significant distress	1 Yes	2 No	V28 <input type="checkbox"/>
Impairment in social functionality	1 Yes	2 No	V29 <input type="checkbox"/>
Impairment of occupational functioning	1 Yes	2 No	V30 <input type="checkbox"/>
Or any other area of functioning	1 Yes	2 No	V31 <input type="checkbox"/>
If yes, please specify _____			V32 <input type="checkbox"/>
_____			V33 <input type="checkbox"/>
_____			V34 <input type="checkbox"/>

1.8 Did the client present any of the following reactions as a result of the critical incident?

1.8.1 Behavioural problems (please mark)

Impulsiveness	1	V35 <input type="checkbox"/>
Aggression	2	V36 <input type="checkbox"/>
Sexual acting out	3	V37 <input type="checkbox"/>
Eating disorders	4	V38 <input type="checkbox"/>
Alcohol abuse	5	V39 <input type="checkbox"/>
Drug abuse	6	V40 <input type="checkbox"/>
Self-mutilation	7	V41 <input type="checkbox"/>
Any other (please specify) _____		V42 <input type="checkbox"/>
_____		V43 <input type="checkbox"/>



1.8.2 Emotional problems (please mark)

Emotional instability	1	V44	<input type="checkbox"/>
Anger outbursts	2	V45	<input type="checkbox"/>
Panic attacks	3	V46	<input type="checkbox"/>
Depression	4	V47	<input type="checkbox"/>
Any other (please specify) _____		V48	<input type="checkbox"/>
_____		V49	<input type="checkbox"/>

1.8.3 Cognitive problems (please mark)

Fragmented thoughts	1	V50	<input type="checkbox"/>
Dissociation	2	V51	<input type="checkbox"/>
Amnesia	3	V52	<input type="checkbox"/>
Any other (please specify) _____		V53	<input type="checkbox"/>
_____		V54	<input type="checkbox"/>

2. DISSOCIATIVE SYMPTOMS

2.1 Did the client experience any of the following dissociative symptoms? (Please mark all applicable boxes with an X.)

2.1.1 Numbing

The subjective experience of numbing

Detachment	1 Yes	2 No	V55	<input type="checkbox"/>
Absence of emotional reactions	1 Yes	2 No	V56	<input type="checkbox"/>

2.1.2 Dissociative amnesia

The inability to remember important aspects of the trauma	1 Yes	2 No	V57	<input type="checkbox"/>
---	-------	------	-----	--------------------------



2.1.3 Reduction in awareness

A lack of attention or response to the immediate environment as if in a “daze” or “world of his or her own”.

1 Yes	2 No	V58	<input type="checkbox"/>
-------	------	-----	--------------------------

2.1.4 Derealisation

Feels estranged or detached from the environment
Has a sense that the environment is unreal

1 Yes	2 No	V59	<input type="checkbox"/>
1 Yes	2 No	V60	<input type="checkbox"/>

2.1.5 Depersonalisation

Manifests as a distorted perception of one’s body, one’s identity or oneself as a coherent entity

1 Yes	2 No	V61	<input type="checkbox"/>
-------	------	-----	--------------------------

2.1.6 In addition, have any of the following symptoms been present after the experience of the critical incident? (Please mark all applicable boxes with an X.)

Re-experiencing	1	V62	<input type="checkbox"/>
Avoidance	2	V63	<input type="checkbox"/>
Anxiety	3	V64	<input type="checkbox"/>
Arousal symptoms	4	V65	<input type="checkbox"/>

3 INTERVENTION

3.1 Do you feel the client benefited from the individual counselling she/he received from you as a therapist?

1 Yes	2 No	V66	<input type="checkbox"/>
-------	------	-----	--------------------------

3.2 Which treatment model did you use in the therapy process, e.g. Mitchell's mode /Trauma incident reduction model?

Mitchell's Model	1	V67	<input type="checkbox"/>
Trauma incident reduction model	2	V68	<input type="checkbox"/>
Any other (please specify) _____		V69	<input type="checkbox"/>
_____		V70	<input type="checkbox"/>

3.3 Please indicate the reaction to the intervention (Mark the applicable box with an X.)

No improvement	1	V71	<input type="checkbox"/>
Mild improvement	2	V72	<input type="checkbox"/>
Improvement	3	V73	<input type="checkbox"/>
Significant improvement	4	V74	<input type="checkbox"/>
Excellent improvement	5	V75	<input type="checkbox"/>

Please support your answer by providing detail

<hr/>	V76	<input type="checkbox"/>
<hr/>	V77	<input type="checkbox"/>
<hr/>	V78	<input type="checkbox"/>



APPENDIX 5



PART 3

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR THE EMPLOYEE (QUALITATIVE STUDY)

Thank you for your willingness to participate in the qualitative part of this research study. Participation in this part of the study is confidential.- I (the researcher) will ask you a few questions and your honest answers will be appreciated. Your answers to these questions will be recorded in writing and will be processed as part of my doctoral thesis. However you will not be identified to anyone else and your name will not be used in the thesis.

1. **When were you traumatised by the critical incident?**

2. **Are you still affected as a result of the critical incident? (Please indicate in what way you still feel affected).**

3. **Did the critical incident ever affect your work performance?**

Yes

No

4. **How would you describe your work performance at the present moment?**

5. **Did the critical incident impact on your work attendance?**



Yes	No
-----	----

6. If your answer was “Yes” in question no 5, please describe in what way the critical incident is still impacting on your work performance.

7. Did the critical incident ever affect your relationship with people at work?

Yes	No
-----	----

8. Does the critical incident impact on your relationship with people at work at the present moment? Please specify.

9. Did the critical incident affect your family and family life?

Yes	No
-----	----

Thank you for you participation.



APPENDIX 6

PART 4

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR THE MANAGER (QUALITATIVE STUDY)

Thank you for your willingness to participate in the qualitative part of this research study. Participation in this part of the study is confidential. The employee gave consent that you may be contacted as his/her manager and gave permission for you to answer these questions regarding his/her functioning. I (the researcher) will ask you a few questions and your honest answers will be appreciated. Your answers to these questions will be recorded in writing and will be processed as part of my doctoral thesis. However you will not be identified to anyone else and your name will not be used in the thesis.

1. **When was the employee traumatised by the critical incident?**

2. **Is the employee still affected as a result of the critical incident?
(Please indicate in what way you feel the employee is still affected)**

3. **Did the critical incident ever affect the employee's work performance?**

Yes	No
-----	----

4. **How would you describe the employee's work performance at the present moment?**

5. **Did the critical incident impact on the employee's work attendance?**



Yes	No
-----	----

6. If your answer was “Yes” in question nr 5, please describe in what way the critical incident is still impacting on the employee’s work performance.

7. Did the critical incident ever affect the employee’s relationship with people at work?

Yes	No
-----	----

8. Does the critical incident impact on the employee’s relationship with people at work at the present moment? Please specify

9. Did the critical incident affect the employee’s family and family life?

Yes	No
-----	----

Thank you for you participation.



APPENDIX 7



THE CAREWAYS GROUP

Mr André van Wyk

Application for Research as part of Doctoral Studies

Dear André,

Your proposal and request for studies in The Careways Group refer. I support your field of study and give you permission to do your research in our organisation.

Please contact me to set up a meeting for the practical arrangements.

Kind Regards,

Dr André van Jaarsveld
0836539021

2005/5/3

Please file
at Jan
2005/5/28

Obsie Plan:

- Nov 2005; Begin met studies; uit
- CI SD. → betrek kom; → Oek betrek
- Stun CI SM + CI SA Bij insidete
- Wandy Kruger → kry les ra by kom;
- Identifiseer 2 monthlike customers;
- Trauma week; verwyse ra kom;

APPENDIX 8

Certificate

I hereby declare that the thesis entitled

**Impact Assessment of a Critical Incident on the Psychosocial
Functioning and Work Performance of an Employee**

by

Andre van Wyk

**was language edited during
March 2011**



InterWord Communications CC

012 346 2653
082 579 6966

**Magda van Deventer
MA (Publishing), UP**

PO Box 36747
0102 Menlo Park
interword@icon.co.za

