References


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Conference on “Police Officials as Victims of trauma and Crisises” The national trauma committee of the SA police services. Technikon SA 25–26 February 1998.


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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
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

1.2. Gender

Male
Female

1.3. Highest qualifications

Grade 8
Grade 10
Grade 12
Post school certificate or diploma
Degree
Other/specify (e.g. computer literacy)

1.4 Years worked for present employer/company

Please indicate the duration of your current employment (in years)
1.5 Level of functioning in the organisation

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior manager</td>
<td>1</td>
</tr>
<tr>
<td>Middle manager</td>
<td>2</td>
</tr>
<tr>
<td>Supervisory</td>
<td>3</td>
</tr>
<tr>
<td>Non-supervisory</td>
<td>4</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

1.6 Marital status

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never married</td>
<td>1</td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
</tr>
<tr>
<td>Other (e.g. living with someone, please specify)</td>
<td></td>
</tr>
</tbody>
</table>

1.7 Dependants
(Please indicate the number of dependants)

<table>
<thead>
<tr>
<th>Dependancy Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>Relatives (e.g. uncle, cousin)</td>
<td></td>
</tr>
<tr>
<td>Other (e.g. domestic worker, please specify)</td>
<td></td>
</tr>
</tbody>
</table>

2. MEANING OF WORK

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

- Having a job is an opportunity to earn money [1]
- Job performance is an opportunity for social interaction [2]
- Job performance gives me work satisfaction [3]
2.4 My work gives me a position of status 4 V17
2.5 My work gives me an opportunity for self-development 5 V18
2.6 My work contributes to my physical well-being 6 V19
2.7 My work gives me the opportunity to express my interests 7 V20
2.8 My work gives me the opportunity to apply my skills 8 V21
2.9 Any other reason why you are working (please specify): V22

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

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
Child/children 2 V26
Other relative 3 V27
Co-worker/employee 4 V28
Friend 5 V29
Other 6 V30
### 3.1.1 Assault

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.2 Torture

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.3 War situation (e.g. in the DRC)

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.4 Industrial accident and/or fire

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.5 Motor vehicle accident

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.6 Natural disasters, e.g. floods, fires, hurricanes, tornadoes and earthquakes (e.g. abroad)

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.7 Child molestation and/or child abuse

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.8 Incest

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.9 Rape and/or sexual violence

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.10 Civil violence/riots

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.11 Crime situations and crime

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.12 Armed robbery

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.13 Robbery

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.14 Hijacking

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.15 Smash and grab

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.16 Physical violence either as a victim or as a witness

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.17 Responsible for shooting incident or accident

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.18 Witnessing a shooting incident or accident

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.19 Domestic violence

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.20 Divorce

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.21 Death of a loved one

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.22 Retrenchment

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.23 Retirement

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3.1.24 Loss of income

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Any other event that traumatised you or a family member/loved one (please specify):

<table>
<thead>
<tr>
<th>Self</th>
<th>Family member/loved one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Repeatedly</td>
<td>6 Within the last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
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)

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

<table>
<thead>
<tr>
<th>3.2.1 Degree of life threat</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>V57</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2.2 Onset of the critical incident</th>
<th>1</th>
<th>2</th>
<th>V58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2.3 Degree of disturbance in home routine</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>V59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not disturbed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mildly disturbed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately disturbed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely disturbed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2.4 Degree of exposure to death, dying and destruction</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>V60</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely high</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2.5 Degree of moral conflict inherent in the situation
3.2.6 Your role in the trauma

Heard about

1. None
2. Moderate
3. High
4. Extremely high

Witness

1. Indirectly involved
2. Directly involved

3.2.7 Proportion of community affected

1. Small
2. Large
3. Total community

3.2.8 Degree of bereavement

1. None
2. Moderate
3. High
4. Extremely high

3.2.9 Duration of feeling traumatised

1. Less than 1 week
2. 1-4 weeks
3. 5 weeks - 3 months
4. Longer

3.2.10 Potential for recurrence of the incident

1. Not likely
2. Likely
3. Very Likely

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
5. Unexpectedly

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)  
Natural disaster/natural incident (impersonal event)

3.3.3 Severity of the crisis
In your experience was the critical incident

Minor  Moderate  Severe  Unbearable

3.3.4 Physical proximity to the incident

Far/Distant  Moderately close  Close  Very close

3.3.5 Feelings of guilt

None  Some feelings of guilt  Intense feelings of guilt

3.3.6 Duration of the incident

Less than an hour  More than an hour  1 Day  More than 1 day

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

Self  Child  Spouse
3.3.8 Your stress level directly after the incident

1 Low
2 Medium
3 High

V81

3.3.9 Role and conflict overload

Were you exposed to the critical incident as a:

Social worker
Psychologist
Counsellor
Nurse
Paramedic
Not applicable
Other (please specify)

V82

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

3.4.2 A stable and supportive family environment
1 Yes 2 No 3 NA
V84

3.4.3 Sources of emotional support outside the family, e.g. community, church,
1 Yes 2 No 3 NA
V85
3.4.4 Role models who display positive problem solving skills and who themselves have lived through a critical incident

<table>
<thead>
<tr>
<th>1 Yes</th>
<th>2 No</th>
<th>3 NA</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Once</th>
<th>Daily</th>
<th>Weekly</th>
<th>Regularly for more than 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Thirst</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Fatigue</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Nausea</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Fainting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Muscle twitches</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Vomiting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Dizziness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Weakness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Chest pains</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Headaches</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Elevated blood pressure</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Rapid heart rate</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Muscle tremors</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Grinding of teeth</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Visual difficulties</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Profuse sweating</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Breathing difficulties</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Which one of the symptoms you have marked did you experience as most prominent? (Please specify number, e.g. 14)
3.5.2 Cognitive symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Once</th>
<th>Daily</th>
<th>Weekly</th>
<th>Regularly for more than 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confusion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Nightmares</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Uncertainty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Hyper-vigilance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Suspiciousness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Intrusive images</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Blaming someone</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Poor problem solving</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Poor abstract thinking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Poor concentration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Poor memory</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Disorientation i.t.o. time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Disorientation i.t.o. place</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Disorientation i.t.o. person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Heightened alertness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Lowered alertness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

3.5.3 Emotional symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Once</th>
<th>Daily</th>
<th>Weekly</th>
<th>Regularly for more than 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fear</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Guilt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
3. Grief/loss
4. Panic
5. Denial
6. Anxiety
7. Agitation
8. Irritability
9. Depression
10. Intense anger
11. Emotional shock
12. Emotional outbursts
13. Feeling overwhelmed
14. Loss of emotional control
15. Inappropriate responses

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

### Behavioural symptoms

<table>
<thead>
<tr>
<th></th>
<th>Once</th>
<th>Daily</th>
<th>Weekly</th>
<th>Regularly for more than 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social withdrawal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Anti-social acts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Inability to rest</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Intensified pacing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Erratic movement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Change in social activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Change in speech patterns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Increased appetite</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Decreased appetite</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Hyper-alert to environment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Increased alcohol consumption</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Decreased alcohol consumption</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Which one of the symptoms you have marked did you experience as most prominent? (Please specify number, e.g. 4)
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

3.6.2 The assumption of my rationality

3.6.3 My sense of other people’s morality

3.6.4 My sense of self-identity

3.6.5 Specify other assumptions about the world that were disturbed by the critical incident

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)

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)

4.1.1 Recover your sense of safety

4.1.2 Rebuild your confidence

4.1.3 Calm down

4.1.4 Establish/clarify what happened

4.1.5 Feel supported emotionally

4.1.6 Deal with practical or physical needs

4.1.7 Regain control and routine
4.1.8 Understand the process of intervention

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)

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)

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
4.3.2 Helped me to think clearly/clarified my thoughts
4.3.3 Reassured me that the stress response is controllable and that recovery is likely
4.3.4 Decreased individual or group tension
4.3.5 Prepared me for possible symptoms and reactions
4.3.6 Indicated that I might need additional support
4.3.7 Referred me for additional support

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)

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

(Please mark applicable box with an X)

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

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

Medical assistance  1  V183
Legal assistance  2  V184
Family support  3  V185
Individual counselling  4  V186
Other (specify)  V187

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

If yes, please specify who you consulted

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

V190
V191
V192

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

If yes, please specify in what way

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

V194
V195
V196

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
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Felt less emotional</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>3. Felt my life was back to normal</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>4. Felt my sleeping pattern had normalised</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>5. Felt my eating pattern had normalised</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>6. Felt my energy levels had normalised</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>7. Felt less irritated</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>8. Felt my memory had normalised</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>9. Felt my work performance had improved</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>10. Felt less depressed</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>11. Felt less anxious</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
<tr>
<td>12. Felt my alcohol usage had stabilised</td>
<td>1 Yes</td>
<td>2 No</td>
<td>3 N/A</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>2 No</td>
</tr>
</tbody>
</table>

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

Helplessness

1 Yes 2 No  V5

Horror

1 Yes 2 No  V6
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

1.4.2 Recurrent distressing dreams of the event

1 Yes 2 No

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

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

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

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

Less than 3 months
1

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

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

1 Yes  2 No  V14

1.5.3 Inability to recall an important aspect of the incident

1 Yes  2 No  V15

1.5.4 Markedly diminished interest or participation in significant activities

1 Yes  2 No  V16

1.5.5 Feelings of detachment or estrangement from others

1 Yes  2 No  V17

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

1 Yes  2 No  V18

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

- Less than 3 months
- More than 3 months
- More than 6 months

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

1.6.2 Irritability

1 Yes 2 No

1.6.3 Outbursts of anger

1 Yes 2 No

1.6.4 Difficulty in concentration

1 Yes 2 No

1.6.5 Hyper-vigilance

1 Yes 2 No

1.6.6 Exaggerated startle response

1 Yes 2 No
1.6.7 What was the duration of the increased arousal?

- Less than 3 months
- More than 3 months
- More than 6 months

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

- Clinically significant distress
- Impairment in social functionality
- Impairment of occupational functioning
- Or any other area of functioning
- If yes, please specify

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
- Aggression
- Sexual acting out
- Eating disorders
- Alcohol abuse
- Drug abuse
- Self-mutilation
- Any other (please specify)
1.8.2 Emotional problems (please mark)

- Emotional instability: 1
- Anger outbursts: 2
- Panic attacks: 3
- Depression: 4
- Any other (please specify): [Blank]

1.8.3 Cognitive problems (please mark)

- Fragmented thoughts: 1
- Dissociation: 2
- Amnesia: 3
- Any other (please specify): [Blank]

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
- Absence of emotional reactions: 1 Yes, 2 No

2.1.2 Dissociative amnesia

The inability to remember important aspects of the trauma

- 1 Yes, 2 No
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”.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>V58</th>
</tr>
</thead>
</table>

2.1.4 Derealisation

Feels estranged or detached from the environment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>V59</th>
</tr>
</thead>
</table>

Has a sense that the environment is unreal

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>V60</th>
</tr>
</thead>
</table>

2.1.5 Depersonalisation

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>V61</th>
</tr>
</thead>
</table>

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 |
- Avoidance
  | 2 | V63 |
- Anxiety
  | 3 | V64 |
- Arousal symptoms
  | 4 | V65 |

3 INTERVENTION

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>V66</th>
</tr>
</thead>
</table>

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 |
- Trauma incident reduction model
  | 2 | V68 |
- Any other (please specify)
  |                              | V69 |

|                              | V70 |
3.3 Please indicate the reaction to the intervention (Mark the applicable box with an X.)

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>No improvement</td>
<td>1</td>
</tr>
<tr>
<td>Mild improvement</td>
<td>2</td>
</tr>
<tr>
<td>Improvement</td>
<td>3</td>
</tr>
<tr>
<td>Significant improvement</td>
<td>4</td>
</tr>
<tr>
<td>Excellent improvement</td>
<td>5</td>
</tr>
</tbody>
</table>

Please support your answer by providing detail:

<table>
<thead>
<tr>
<th>Details</th>
<th>V76</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>V77</td>
</tr>
<tr>
<td></td>
<td>V78</td>
</tr>
</tbody>
</table>
APPENDIX 5
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?
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 your 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?
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 your participation.
APPENDIX 7
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
021 365 3021

Nov 2005: Base met Studies. Wi


- Stim. CTISM + CTISD


- Gentilieze. 2 Montly. Customers.

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
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InterWord Communications CC
012 345 2653
082 579 6986

Magda van Deventer
MA (Publishing), UP

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