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Multinational and Multicultural Trauma Support Services

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HR professionals are increasingly becoming familiar with the terms trauma and PTSD as the frequency and severity of traumatic events escalate around the globe and impact individuals, communities, and even workplaces. How employers respond after a traumatic event occurs can affect the psychological impact of employees, the ability for the organization to return to normal levels of productivity, and the company's long-term reputation and engagement with employees.

The authority and decision making to fund trauma support is often based in the head office HR department that may or may not have regional HR contacts. When a global subsidiary is affected by a traumatic event either in the workplace or in the community, caring head office HR staff who offer support are often surprised by the reactions and even pushback from local contacts. This reluctance to accept support is often based on a disconnect between the offering and the local history, society, cultural values, and cultural behaviors.

This paper provides insight into the nature of trauma, cultural differences in the experience of trauma, and tips for effective preparation and response so that HR professionals can be more effective in conversation with international colleagues and service providers. Informed decisions will help mitigate the impact of exposure to traumatic events on productivity and support employees toward recovery while helping to maintain business continuity.

Understanding the Experience and Impact of Trauma

According to the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV), a traumatic event occurs when "a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others. A traumatic event may evoke intense feelings of fear, helplessness or horror. Frequently, for a person exposed to a traumatic event, the meaningfulness of their world is challenged."

The traumatic nature of the event lies not in the event itself, but in the interpretation and meaning given by the person who experiences or witnesses the event. The path to recovery from such events should reflect the individual, social, and cultural meanings of the victims as they rebuild individual identities within their social and cultural context.

There is no doubt that the majority people exposed to a traumatic event will be affected in some manner. Research shows that, for a limited period, most people experience either short-lived symptoms of post-traumatic stress disorder or low level symptoms that are not severe enough to be diagnosed as post-traumatic stress. It is important to remember that when a potentially traumatic event takes place, not everyone will experience the event as a trauma or give it the same meaning.

Literature on trauma cites a broad list of common symptoms that people exhibit. These symptoms are slotted into the broader categories of physical, cognitive, emotional, behavioral and spiritual symptoms. The goal of these extensive overviews is to normalize and destigmatize common reactions to traumatic events. It also serves to legitimize symptoms as post-traumatic stress instead of signs of weakness or malingering. Ultimately there are no right or wrong symptoms.

The nature of the symptoms and how they are expressed by a traumatized individual will be affected by individual traits as well as cultural and social context. These same factors will also affect the individual's, community's and workplace's paths to recovery.

Research shows that the extent to which people become symptomatic after exposure to a traumatic event follows four trajectories:

- Resistance – characterized by no or only mild symptoms. There is no evidence that this is denial or pathological repression. Resistant people have a healthy experience of emotions and strong supportive relationships. This group is estimated at five to ten percent of people exposed to a traumatic event.
- Resilience – characterized by short-lived moderate or severe symptoms followed by a return to stable functioning. This group is estimated at between 50 and 80 percent of people exposed to trauma.
- Recovery -- characterized by moderate or severe symptoms followed by a gradual decrease of symptoms over time. This group is estimated at between 15 and 35 percent of people exposed to trauma.
- Chronic dysfunction – characterized by moderate or severe symptoms that continue over time. People with PTSD fall into this category. While it is important to acknowledge the existence and legitimacy of PTSD, it is equally important to bear in mind that the percentage of individuals who develop PTSD is a minority. Estimates of the number of people who will suffer from chronic dysfunction range from five to 20 percent.

- Relapse or delayed symptoms – characterized by either an initial recovery with a relapse in symptoms or a delay in display of any symptoms. Evidence and research into this group is inconsistent. This group is estimated between five and ten percent.

Within any organization, there will be employees who can be described as resistant or resilient as well as individuals who will either need to recover over time or who will develop chronic/long-term symptoms of PTSD.

Intervention and support should be offered in a way that does not interfere with individual natural resilience. Making decisions about when and how to support employees needs to be guided by the needs of the employees and the potential risks factors for PTSD.

A lack of social support correlates with a higher risk of developing PTSD while having strong social connections serves as a protective factor. Studies have cited social support as the single most important component of resilience and recovery. For most people, the workplace is an anchor in daily life that provides relationships, routine, stability, and time management. Support from the workplace on individual and organizational level can play a significant role in helping people back to normalcy and functioning.

Trauma in a Multinational and Multicultural Context

Many factors affect how people in different parts of the world experience and react to trauma and traumatic events. These include historical, geographical, and cultural differences.

Impact of History and Geography

The experience of natural disaster, war, and other violence are more commonplace in some parts of the world than in others. The societal response and meaning of these events will be shaped by this history. When a traumatic event happens, headquarters HR professionals should not make assumptions about how to respond, but instead should gather information from local counterparts and contacts to understand the event within local context and develop best practices given the situation.

For example, following the 2011 tsunami and earthquakes in Japan, the world was sensitive to the trauma and suffering of the Japanese people. With the suffering caused by the tsunami in mind, some North American-based HR departments wanted to offer trauma information and response to local employees. Even though this specific earthquake and tsunami caused much pain and suffering, Japan has a long history of earthquakes that caused severe damage and loss of life. In the 20th century alone there were at least 18 earthquakes in Japan with a magnitude of 7 or greater. Additionally, smaller earthquakes are a relatively common occurrence there. While these events are shocking and concerning for people who have had no exposure to earthquakes or natural disaster, people in Japan have learned ways to cope resiliently as well as developed community response systems to deal with the damage and to support one another.

Trauma support offered by companies could potentially be redundant and undermine cultural resilience and recovery.

Impact of Culture

Culture can also impact how individuals react to traumatic events, as well as impact the type of support that should be offered and how that support should be offered. In working across cultures and providing assistance, it is essential to understand local cultural values and to adapt support strategies accordingly. Culture affects how an event is given meaning, how people will tend to cope, and how they might express their suffering.

For example, after the 2004 tsunami, many caring and concerned psychologists and volunteers flocked to Sri Lanka to offer help. Choosing not to disrespect outsiders and the supposed expertise of the western helpers, local people reluctantly participated in interventions which generally were not effective. Local people were diagnosed using western diagnostic criteria. Additionally local societal rules were ignored. People of differing social stature and genders were treated together in a room which ran against local custom and expectations. Treatments were aimed at rebuilding individual identities in the western style and processing the event through verbalizing emotions, none of which fit with the local social context.

Culture is deeply programmed within individuals and in times of crisis cultural identity, values and behaviors can become polarized. In distress, even people who have been living a way from their culture of origin (i.e. expats and immigrants) or have adopted the cultural behaviors of their multinational employer in the workplace, will revert to their most core cultural programming.

Individualistic and collective cultures. People within individualistic cultures tend to believe they are able and responsible to determine their own destiny. Personal achievements may be pursued at the expense of group goals or the relationships with the group. For people from individualistic cultures rebuilding identity after trauma involves regaining an internal sense of self-determination, independence, and mastery over the environment and oneself. Examples of individualistic cultures include the U.S., Australia, Canada and most west European countries. In these cultures, people, may also experience a sense of guilt for not being able to prevent or affect the traumatic event. Individualistic cultures tend to turn inward to process events and efforts to help others are driven by both altruism and a need to re-establish a sense of control as well as a need to act.

In collectivistic cultures, personal identity is rooted in relationships to others, a person's role and status within a group, and the feedback from significant others. People from collectivist cultures do not consider themselves the architects of their own destiny. Traumatic events are much more likely to be experienced as interpersonal in nature. In many collective cultures, it is the norm to help others first before taking time to consider the impact on oneself. Ayumi Nishikawa of Peacemind JEAP and a local expert on trauma response in Japan describes Japan

as a stratified society, however, when a disaster happens these social differences are set aside and everyone works together for the greater good. Additionally, collectivist cultures typically have lower verbal and nonverbal emotional disclosure than individualistic cultures. Examples of countries with more collectivist cultures include Latin American countries, Japan, China, Korea, India, Morocco and Poland.

Masculine and feminine cultures. Individuals in a masculine culture demonstrate a preference for achievement, assertiveness and material rewards for success. Individuals in feminine cultures show a preference for cooperation, caring for the weak, nurturing, quality of life, and modesty.

Research has found that masculinity is the most important cultural dimension to predict lower levels of verbal and nonverbal expression of emotion, particularly the emotions of joy, anger and sadness. Examples of countries with a higher masculinity cultures include: Japan, Germany, USA, U.K., Mexico and Italy. Countries with a more feminine culture include: Sweden, the Netherlands, Spain, Korea, Thailand, and West Africa.

Many support services are predicated on the assumption that verbalizing and emotional disclosure are good and needed for recovery from trauma. Consider whether this kind of support is a good match for the local cultural context. Commonly applied psychological support models for trauma include Critical Incident Debriefing, Eye Movement Desensitization and Reprocessing (EMDR) and Exposure therapy. These are based on the belief that it is good to expose the individual to memories, emotions, and situations related to the event so that they can process them effectively. Individuals from more masculine cultures may have more difficulty responding to these verbal and sensory techniques.

Psychological first aid is a much less structured response and focuses on providing basic needs, safety, a sounding board, and compassion and specifically aims to be non-intrusive. This might be a more suited approach.

It can be difficult to adapt communication styles and to anticipate local cultural best practice. Awareness of culture as a relevant factor is a good starting point, acknowledgement and mutual respect of differences help open the way for collaboration and clarity.

Cultural values such as individualism and masculinity affect communication patterns. Many cultures have a more indirect style of communication than North Americans, who tend to say it like it is and ask for what they want. In consulting with stakeholders from cultures that tend towards indirect communication and nonconfrontation, it is important to listen for silent pauses and choice of words. Silence does not imply agreement and statements such as “that is a good idea and...” “we greatly appreciate and...” may be a compromise between nonconfrontation and a gentle no in cultures with an indirect communication style. HR managers should take the time to listen and ask for stakeholders to share their ideas and

suggestions for improvement on proposed initiatives. Rushing ahead can lead to frustration later on when local response stymies implementation efforts.

Best Practices: Effective Support for Multinational and Multicultural Workplaces

The three most important drivers for offering support to employees who have been exposed to a traumatic event are:

- The need for business continuity,
- The need for damage control, and
- The duty (and desire) for care.

Most if not all companies have some form of business continuity planning in case of a traumatic event. Generally, these plans assume that employees will be able and willing to carry out the protocols and needed activities. Often, they fail to incorporate psychological support services and overlook the fact that after a traumatic event people's ability to function, and to do so safely, may be impaired and that in the face of devastation personal priorities shift.

The relationship to people in the workplace and the relationship between employer and employee play an important role in the life of employees. Studies on engagement in the workplace show time and again employees want trust, respect, acknowledgment, and recognition from their employer. They can feel abandoned and betrayed by their employer in the same way they might feel in family or friend relationships. The PWC 2017 CEO survey indicates that people skills, such as leadership and emotional intelligence, continue to be among the top six skills needed to manage a successful organization. In the age of technology, people and culture continue to be competitive advantages for an organization. Mismanaging human support after a traumatic event can have long term impact on employee trust and relations.

Steps for Effective Support

Clarity of purpose. Providing psychological support to employees is often reactive in crisis situations. The need for urgent response overrides the need to define the purpose or desired outcome for the support and heightens the chance of mismanagement. Proactively defining the organizational intent and objectives for implementing psychological support at different phases of disaster preparation are key to decision making.

Components that should inform clarity of purpose and serve as a touchstone for decision making include:

- Need for damage control;
- Need for business continuity;
- Corporate vision of care;

- Desired corporate reputation as an employer of choice and the need for attraction, retention, and engagement of employees; and
- Desired corporate reputation and values regarding community, global citizenship, and social responsibility.

Identify stakeholders. When planning for traumatic event preparation and psychological support, it is key to identify and involve stakeholders early in the process. Furthermore, stakeholders should be aware of each other and of each other's mandate. Building a complementary network of providers and stakeholders with corporate oversight allows the organization to identify strengths and gaps in support and facilitates a continuum of care through mutual collaboration and cross referral. Roles and protocols should be clearly outlined. Roles and protocols should also include back-up protocols, i.e., what happens if an important decision maker is unable to effectively perform.

Internal stakeholders can include:

- Local HR and other country contacts,
- Security department,
- Training department,
- Medical department,
- Occupational health, and
- Management representatives.

Additionally, companies should consider whether organized peer support and connectivity within the workplace is feasible and could bring value to employees.

External stakeholder can include:

- Service providers such as benefit providers, Employee Assistance Provider, occupational health security and
- Local community resources and contacts.

Ideally, trauma response is offered with an integrated network of providers and resources working towards a shared mandate while integrating local best practice and resources to ensure relevance and effectiveness of the support services.

Proactive planning includes:

- bringing together and consulting with relevant stakeholders to establish protocols and resources that ensure the organizational purpose will be met;
- consultation with local contacts and resources to understand cultural best practice and existing resources (including community resources);

- establishing clear protocols around communication to employees, what the message should convey, what the role of senior management is, who will be responsible for ongoing communication updates, and how communications will take place;
- establishing guidelines regarding who may be eligible to participate in trauma support, (does it make sense to include spouses and other family members in trauma support services?);
- establishing authorization protocols for support services;
- developing training for resilience building and stress management for all employees;
- including resilience and crisis skills in recruitment criteria for key business continuity and damage containment positions;
- recurring training of key employees for resilience and crisis management skills;
- management training for effective people management during crisis; and
- arranging proactive agreements with service providers.

Acute intervention. At the time of a traumatic event response should be based on a thorough needs assessment and priority of needs on the ground. Psychological services may not be appropriate until later in time and must always tie in with local cultural best practice and existing systems for support.

A response assessment should include:

- Needs assessment for:
 - Shelter, water, food;
 - Connectivity with others (i.e. telecommunications, transportation);
 - Corporate reassurance and message of support;
 - Connection with management; and
 - Other unique needs, i.e. security for female employees, access to medication, protection from disease following traumatic event -i.e. cholera, radiation).
- Status of existing resources and support systems
- Determination of psychological support:
 - Is there a need for immediate intervention (defusing) to allow key employees to function safely and control damage or harmful fall out?
 - How is the event giving meaning within local history and culture?
 - How can the organization facilitate and support local societal and community coping mechanisms?
 - What kind of psychological support would be most appropriate and when should it be offered?
 - Check status of peer support system.

- How can the organization provide support through community and memorial rituals and dedications?
- What is the ripple effect fallout throughout the corporate community – i.e. international employees worried about family back home, virtual teams with members who have been impacted, workplace community need to support (i.e. charity drive, prayer service)?
- Check in with service providers for viability and logistics of service delivery.

Response. Based on the assessment, response will include:

- Taking care of practical needs for employees,
- Establishing clear ongoing communication from the company,
- Facilitating connectivity for employees and families,
- Activating peer supports, and
- Initiating support services.

NOTE: information communicated to employees about trauma, should include a recognition of difference and respect for how each individual experiences and expresses distress.

Review. Every traumatic event should include a retrospective review of what happened and how the company responded so that programs can be adjusted to better meet needs in emergency situations. Companies should address questions such as:

- Did the response meet corporate purpose and vision?
- Were timelines appropriate and were they met?
- Was management able to deal with the crisis and provided appropriate leadership for staff?
- What was the uptake and feedback from employees?
- What can be improved for future events in general and specific to the affected country and culture?

Conclusion

Providing employees psychological support after a traumatic event helps both employees and organization recover and return to normalcy. Employee support and psychological services need to be included in corporate trauma response planning and need to be delivered as part of an integrated network of resources. In order to be relevant and effective support services should not interfere with natural resilience and recovery and take into account cultural, social and historical identity of the affected employees. Collaboration with local contacts and

resources and understanding the meaning and reactions to a traumatic event, within local context can guide international HR to the most effective and meaningful support.

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