



Critical Incident Stress Management Foundation Australia Newsletter

Editor: Sonia Zyntek

Volume 9, Issue 2

October 2007

Inside This Issue

| | |
|---|---|
| <i>President's Report</i> | 1 |
| <i>CISMFA New Treasurer</i> | 2 |
| <i>Feature Article: The Creative Place Within Counselling, Supervision and Group Work</i> | 3 |
| <i>Feature Article: STAR Celebrates 10 Years!!</i> | 5 |
| <i>Notice: CISMFA Webmaster</i> | 7 |
| <i>Notice: A New Publication By Michael Tennecliffe</i> | 8 |
| <i>CISMFA Courses— November 2007</i> | 8 |

PRESIDENT'S REPORT

One of the great challenges of crisis intervention is to provide appropriate and timely support to individuals and members of a workplace. Unfortunately, it is not possible to specify in advance of a critical incident or major event what particular support will be the most helpful because individuals vary in their response to these situations. What impacts on one individual may not impact on another for a whole range of reasons. All we can do, therefore, is to identify the basic principles of early crisis intervention. For example, we know that every situation needs a thorough assessment. We know that crisis intervention and practical support is best provided soon after an incident. We distinguish between crisis intervention and therapeutic practice. We know that models of support that embrace a multitude of interventions (such as CISM) provide flexibility and value.

A new course titled *Strategic Response to Crisis* addresses these very issues. It was introduced into Australia last August when approximately 80 individuals took the 2 day course in Sydney under the excellent instruction of Professor Jeffrey Mitchell. Included in this course were sixteen trainers from around Australia who are now qualified to teach the course. (Please consult our web site for further information on the course, the trainers and how to contact them).

Some of you may have followed re



cent discussions on Charles Figley's email forum -"traumatology"- which examined the merits or otherwise of discussing feelings and emotions following exposure to a critical or traumatic event. Different views have been expressed on the matter. My clinical understanding is that in the days after exposure, memories are somewhat fluid and change. Thoughts may emerge. Feelings, thoughts and images may link. New information may be presented and there can be attempts to reach a full understanding or "gestalt" of the experiences. Dr Francine Shapiro argues that in the hours and days after a trauma, clients tend to focus on all of the details of an experience in the time sequence that it occurred. However after a few days, a hierarchy seems to develop and only the "worst" aspects become the focus.

The view has been put that discussing a traumatic event soon after an experi-

President's Report (Cont)

"in the hours and days after a trauma, clients tend to focus on all of the details of an experience in the time sequence that it occurred. However after a few days, a hierarchy seems to develop and only the "worst" aspects become the focus."

"Helpful and appropriate listening ...can be experienced very positively by the client. Any negative emotions that have been stimulated by the event have basically been created prior to discussion."

ence may "re-traumatise" people. My view of re-traumatisation is that the healing/recovery process, for whatever reason, is reversed in a way that is not helpful to the individual. The expected course is that there will be a forgetting or reduction of intrusion of the aftermaths of the experience. With re-traumatisation there is an interruption to this recovery process.

You are unlikely to get re-traumatisation in the days after exposure because, in this time frame, the individual is still grappling with the experience and their reactions to it. The point at which issues are resolved and memories start to fade has not yet occurred. You can only get re-traumatisation after this point.

Helpful and appropriate listening to a client talk about an event can be experienced very positively by the client. Any negative emotions that have been stimulated by the event have basically been created prior to discussion. Notwithstanding, a distinction should be made between the client's negative emotions to the event and negative feelings that can be created by inappropriate and unhelpful support.

Guidelines are essential in order to assist helpers in providing crisis interven-

tion. Issues which need to be addressed include timing of intervention, who provides support, the nature of support and the training of helpers. It is a strength of the CISM model, but not all early intervention models, that such guidelines have been developed (decades ago) and are incorporated into helper training.

On another matter, it is my pleasure to inform you that Mr Wade Leach has taken on the position of Treasurer with CISMFA. The Management Committee extends a very warm welcome to him. Wade was introduced to us through Great Connections; an organization that links expert help to assist non-profit organizations like CISMFA. Check their website (www.greatconnections.com.au)

This edition of the newsletter contains two articles: one on creative approaches to therapeutic intervention by Linda Espie and another on the successful STAR peer support program at St Vincent's Hospital, Melbourne by Jacqui Bloink. There is also a profile of our webmaster, George Gimion who has expertly and efficiently managed our website for nearly a year. He generously donates his time to assist us.

CISMFA TREASURER—MR. WADE LEACH

CISMFA has a new Treasurer - Mr. Wade Leach.

Wade is a business manager. He is trained in several fields including electronics, electrical engineering and as a primary school teacher. Working from private practice he has been contracted

to run companies in such fields as electronics, the automobile industry and plastics. He now consults in the field of high technology security. His interests include photography and journalism.

THE CREATIVE PLACE WITHIN COUNSELLING, SUPERVISION AND GROUP WORK

"All in all, art represents the need of one human being to communicate with another by whatever means – each is as good as each other"

Edvard Munch

Creative approaches to therapeutic intervention are gaining in popularity, and because they are held within a variety of group process settings they are becoming more accessible. Experiential Creative Art Therapy encompasses a rich breadth and blend of ways to engage with clients and participants. Creative and art processes, have a great capacity to provide extensive opportunities for assisting in general and therapeutic enquiry. Various approaches are used, for example an invitation to:

- draw
- paint
- journal
- sing
- hammer
- make music
- play
- act
- select a card/symbol
- create within the sand tray

will afford a 'look in', a valuable representation with which to get closer to a clients experience 'through their eyes'.

The development of creative strategies may be used in various settings including counselling, therapy, group work, schools and work places. Such strategies can be a direct and powerful way to deepen the potential for those we work alongside to engage in conversation, reminiscing, remembering, writing, reflecting and meditating on experience – past, present and future.

Despite my formal training in experiential art therapy, I've always had a natural inclination to invite those I work with, in counselling, supervision, support groups and educational settings, to explore their thoughts and feelings using reflection cards and drawing materials. Depending on levels of comfort, exposure and readiness on the part of the client or group, creative approaches may be met favourably, with some excitement or perhaps with ambivalence, reticence or anxiety.

In my experience, in a group setting in particular, an invitation for participants to draw would most often be met (metaphorically) with a large wave of anxiety and associated verbal and non-verbal reactions. There is potential for activities to trigger some not so welcomed memories of primary school, or art and drama in secondary college, as well as a fear of being judged as if in a competition. Care and reassurance is necessary by the facilitator. Acknowledgement of fear and discomfort as potential blocks to free flowing expression is important. Generally, though not initially welcome, most participants find meaning and learning from such an exercise.

Further, in some training settings focusing on grief and bereavement, I may invite participants to draw 'the grief of illness' and then 'the grief of bereavement'. The drawings are placed on the floor and participants are invited to walk around and 'look'. As a large group we then explore what we each notice – in colour, symbolism and shape. Without 'interpretation', interesting discussion unfolds most often describing and acknowledging the uniqueness of the art depictions - both the similarities and the differences of



"Depending on levels of comfort, exposure and readiness on the part of the client or group, creative approaches may be met favourably, with some excitement or perhaps with ambivalence, reticence or anxiety."

The Creative Place Within Counselling, Supervision and Group Work (Cont).

"As counsellors, educators, supervisors and health care professionals, we are in a privileged position, sometimes eliciting, witnessing and holding the client 'story'."

people's expression.

One client I was working with recently selected a 'bridge' from a set of 'symbols'. She said "holding this bridge with both hands gives me a sense of hope that I can work toward bridging the vastness between my extreme states of thinking". Another client reflecting on a photograph she chose out of a range of pictures said she was able to see that the image resembled her overwhelming sadness. She had reported this sadness as 'intrusive and overpowering'. This external image helped her see this part of her experience from a different angle and she came to notice aspects of her grief response, appreciating her feeling state of sadness, unlike before.

As shown in these examples creative and artistic interventions can elicit content and process which bring new awareness to participants. We all, each and every one of us, has a story within. "All human beings have an innate need to hear and tell stories and have a story to live" (Harvey Cox). As counsellors, educators, supervisors and health care professionals, we are in a privileged position, sometimes eliciting, witnessing and holding the client 'story'.

Individual, couple, group and work-place stories may be expressed in as many ways as our imagination will allow. A painting, a collage, a body sculpture, a drama enacted, a poem developed and journal entries are just some of the ways to deliver the story – the experience. In exploring and creating with art, music, movement and various other therapeutic tools, valued and rich context to an experience or event can emerge. This further assists us in the way we come to understand and appreciate those we are engaged with.

Finally, in remaining open to exploring new and creative ways of further developing our 'therapeutic repertoire' we can expand in our role, regardless the setting, in mindful, heart-full and soulful practice.

Linda is a counsellor, supervisor, educator and consultant in Private Practice in Melbourne specialising in loss, grief and trauma. She is the author of 5 publications and is on the Committee of Management, CISMFA.

STAR: SUPPORT TEAM ACTION RESPONSE – CELEBRATES TEN YEARS!!

Jacqueline Bloink, St Vincent's Health, Melbourne

The First 10 Years

Highly commended as a shining example of workforce innovation for St Vincent's Health at the 2006 Victorian Public Healthcare Awards; Support Team Action Response (STAR) is a peer support program with an 80 strong team of rich, diverse and expert St. Vincent's employees from many health professions and occupations.

STAR began in 1997 with a small number of staff being trained in Critical Incident Stress Management (CISM). Recognised internationally, CISM was first introduced to Australia in the mid 1980s in Victoria's ambulance service. A St Vincent's staff survey at that time revealed the need to support staff who experience critical events and to help them develop coping strategies to use when dealing with work related challenges.

In the healthcare environment, where emotional and physical demands can be high, it is vital that staff are supported to deal with normal reactions to stressful situations. Research increasingly points to the value of timely support in the prevention of emotional stress and limiting the long term impact of a traumatic event. It also supports the value of having peers or colleagues provide that support.

The STAR team is trained to provide first line support to colleagues, empowering them to manage stress and deal with critical incidents in an often challenging healthcare environment. They also provide a gateway to other employee support services offered through St. Vincent's. The STAR program is not designed to replace qualified counsellors but rather to supplement them through front line support by colleagues.

Since its modest beginnings STAR has grown and been tailored to the particular needs of the healthcare setting. Supported by a part-time coordinator the STAR team are available 24 hours a day, on a rostered basis. Each member of the team vol-

unteer their time, with the support of their managers. Every week STAR team members listen to and support staff one-to-one or in groups. They provide information about critical incident stress management, facilitate group interventions such as defusings or debriefings, and provide early interventions in response to major incidents.

The STAR approach recognises the challenges of working in the healthcare environment and seeks to:

- support staff who experience a critical incident or cumulative stress, ensuring no staff member is left for protracted periods feeling isolated
- improve workplace performance by enhancing employee wellbeing, boosting morale and fostering strong collegial relationships
- reduce absenteeism, enhance staff retention by ensuring staff feel valued and supported and reduce claims for stress.

STAR Statistics

For a decade the STAR team has been providing collegiate support at St. Vincent's. The program continues to strengthen in terms of team size and utilisation rates. The contribution of the hundreds of STAR team members who have volunteered their time in the past 10 years cannot be over-stated.

The STAR team have assisted and supported staff in a wide range of situations including the death or series of deaths of patients, suicide, death of a colleague, brain death and organ retrieval, assault or threat of assault, health and safety issues (such as needle stick injury) and personal issues. From January 2006 to December 2006 alone, 264 staff participated in STAR group sessions and 123 individuals called on STAR team support. During the same period the STAR team connected staff members with support services which they may otherwise not know about or feel



"Research increasingly points to the value of timely support in the prevention of emotional stress and limiting the long term impact of a traumatic event. It also supports the value of having peers or colleagues provide that support."

STAR: Support Team Action Response – Celebrates ten years!! (Cont).

"Every week STAR team members listen to and support staff one-to-one or in groups. They provide information about critical incident stress management, facilitate group interventions such as defusings or debriefings, and provide early interventions in response to major incidents."

"A workplace in which there are multiple approaches to supporting and empowering staff in stress management helps to build individual and organisational resilience and creates the right environment for high quality patient care"

too overwhelmed to access. One hundred and ninety seven referrals were made to other services including the Employee Assistance Program, STAR Coordinator, St. Vincent's Human Resources Department, doctors, pastoral care and St. Vincent's managers.

All of this has only been possible because of the confidence St. Vincent's staff have in STAR and because of the accessibility of the service it provides. Without a peer support program like STAR hundreds of incidents or occasions of stress could pass without intervention each year.

The STAR Training Program

To become a member of STAR applicants go through a rigorous selection process. Successful applicants undertake an accredited training program which has been delivered by Dr Robyn Robinson in conjunction with St Vincent's Human Resources. This ensures that members of the STAR team are well suited and prepared for their role and that staff can be confident in the quality and confidentiality of the support provided. New STAR team members are provided with clear guidelines, a role statement and are mentored by more experienced members of STAR.

Each team member participates in an annual calendar of seminars and training in areas associated with critical incident stress management. The training not only enhances their ability as an active member of the STAR team but also provides them with valuable professional and personal development.

Since 2002 all members of the STAR team have undertaken advanced CISM training in 'early intervention'

techniques for implementation in response to major incidents.

Benefits of the STAR Program

STAR is central to St. Vincent's commitment to staff support and embodies its values of compassion, justice, human dignity, excellence and unity. St. Vincent's recognises the strong link between a satisfied, valued and supported workforce and the ability to achieve its mission of providing the best possible health care. A workplace in which there are multiple approaches to supporting and empowering staff in stress management helps to build individual and organisational resilience and creates the right environment for high quality patient care.

As a central element of St. Vincent's staff support strategy STAR has the following benefits:

- improved morale and productivity
- reduced absenteeism and higher retention rates
- improvement in the quality of communication and of the work environment
- fewer workplace accidents and stress claims
- improved employee satisfaction

While the benefit to our patient community is difficult to quantify there is little doubt that supporting staff, and helping them resolve work-related or personal issues, leads to greater work satisfaction and the capacity to deliver more efficient and sustainable services. Better services mean better outcomes for patients, clients and our communities.

Evaluation of the STAR program indicates it is seen as an integral and highly regarded employee benefit and that:

STAR: Support Team Action Response – Celebrates ten years!! (Cont).

- staff are aware of the program
- there is a need for this type of support
- staff trust the process
- STAR members are committed to their role

St. Vincent's is a recognised leader in peer support and CISM training within the public and private hospital sector. The STAR Program Coordinator plays a significant role in promoting STAR throughout the health sector and is a recognised mentor and adviser to new peer teams in Victorian health services.

St Vincent's has enjoyed a long association with CISMFA through sharing of professional knowledge and deliv-

ery of accredited training in CISM and peer support programs.

As a dynamic peer support model, STAR has great applicability to other organisations and sectors and will continue to be an important component of St. Vincent's employee support and wellbeing strategy.

For further information about the STAR program please contact Jacqueline Bloink, Employee Relations Consultant, Human Resources, St Vincent's Health, telephone (03) 9288 3945 or email at

Jacqueline.bloink@svhm.org.au

CRITICAL INCIDENT STRESS MANAGEMENT FOUNDATION (AUSTRALIA) WEBMASTER

CISMFA's webmaster is Mr George Gimian.

George has a background in Computer systems engineering and works at Latrobe University as Web Administrator/Applications Programmers. George also runs his own business - *Prestige Computer and Software Solutions* - in which he builds and maintains web pages, custom applications, computer systems, laptops and computer networks. In addition to this George also works in home theatre installations.

George has worked at a number of computer companies, starting off with a small computer shop called B & D Computers, slowly moving up to running a business with a friend of his

and onto running his own business at the moment.

From a very young age George has had an interest in computers and classic cars — two of his greatest passions. In his spare time he enjoys rebuilding old classic cars, building model cars, playing basketball/ soccer and just spending time with his close friends.

George has offered his expert services to CISMFA on a voluntary basis for which we are greatly appreciative.

George can be contacted on 0405 562 286 or emailed at info@prestigecomputer.com.au

"While the benefit to our patient community is difficult to quantify there is little doubt that supporting staff, and helping them resolve work-related or personal issues, leads to greater work satisfaction and the capacity to deliver more efficient and sustainable services. Better services mean better outcomes for patients, clients and our communities."



A LIFE IN CRISIS: 27 LESSONS FROM ACUTE TRAUMA COUNSELLING WORK

A New Publication By Michael Tunnecliff

"As a Clinical Psychologist Michael has spent many hundreds of hours working with victims of numerous crises, including the murder of a family member, robbery, violent assault, random shootings, home invasion, suicide of a colleague, workplace fatalities and the variety of tribulations inflicted by nature, such as flood, fire and cyclone."

Crisis has been a common theme through Michael's professional life. As a Clinical Psychologist he has spent many hundreds of hours working with victims of numerous crises, including the murder of a family member, robbery, violent assault, random shootings, home invasion, suicide of a colleague, workplace fatalities and the variety of tribulations inflicted by nature, such as flood, fire and cyclone.

A Life in Crisis presents 27 key lessons learnt from working in the area of acute trauma counselling, including:

- *Good intentions don't always result in good practice*
- *Perception determines severity*
- *Blame is an easy way to express*

emotion

- *The body expresses what the mind cannot manage*
- *Disturbing discoveries create secondary stress*
- *It's OK not to get over it*

These lessons, and others, are clearly illustrated in a manner which takes the reader into the world of the trauma counsellor, removing the myths and outlining the realities of trauma practice.

Michael's book is available now! It can only be purchased directly from the Emergency Support Network website: <http://www.emergencysupport.com.au>

A LIFE IN CRISIS:
27 LESSONS FROM ACUTE TRAUMA COUNSELLING WORK
RRP = \$22

| CISMFA COURSES | |
|--|--|
| <p>Course Group Crisis Interventions</p> <p>Date 15th and 16th November 2007</p> <p>Venue Downtowner on Lygon, Melbourne</p> <p>Trainer Robyn Robinson</p> | <p>Course Advanced Group Crisis Interventions</p> <p>Date 19th & 20th November 2007</p> <p>Venue Downtowner on Lygon, Melbourne</p> <p>Trainer: Robyn Robinson</p> |