



# Critical Incident Stress Management Foundation Australia Newsletter

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## Special Points of Interest in the President's Report Highlights of 2006 CISMFA Conference

- **Opening address—  
Mr Tim Costello**
- **CISM post Tsu-  
nami**
- **Journalists are  
people too.....**
- **A Peers Journey**
- **And much, much  
more**

## PRESIDENT'S REPORT

The bi-annual CISMFA conference is a peak activity for the Foundation. It provides an opportunity to catch up with members as well as to meet new people. This year we had a particularly strong program and the speakers were excellent in stimulating thought and ideas. There is no substitute for talking with others as an effective and satisfying learning environment.

There were many highlights and thought provoking speakers on the program including Mr Tim Costello, who regarded as one of Australia's most sought after speakers. After hearing him talk, it is clear to see why. Mr Costello gave an inspiring opening address reminding us that our compassion for and assistance to others should not be limited to our own geographical borders. This was followed by Gary Raymond who shared his experiences of taking a CISM team to Sri Lanka following the boxing-day tsunami. He urged us to prepare ourselves for overseas assistance and emphasized the need to be flexible when working in other countries following extraordinary events. His address contained graphic material of the effects of the tsunami, on people and land, and is a reminder of the emotions and thoughts that these events can engender in us, the helpers. Presentations such as these cause us to reflect on our own reactions and remind us that we too may need to be supported through these experiences. It is so easy to simply focus on the task ahead, especially if that task is overwhelmingly large.



There was a segment at the end of the first day titled "Journalists are People too: Covering Trauma and its Impact". Three speakers presented, skilfully co-ordinated by Cait McMahon who is the Director of the DART Centre for Journalism and Trauma, Australasia. All three speakers were excellent, however the first speaker Philip Williams was particularly noteworthy and set the scene for the segment. He described his experiences as a journalist in disaster situations in a way that was very moving. He did this (knowingly) to an audience that included people who have had antagonistic experiences with the media in the past. The outcome was a building of understanding and trust (between emergency service workers and journalists) which is a very positive outcome. I applaud him for his courage and judgment and the risk he took in sharing his personal vulnerability for the greater good of outreach to the emergency services.

The second day of the conference continued the pace that had been established on day 1. I was also

## *President's Report (cont).*

**"Several speakers gave examples of staff support programs. It was clear that there are differences in the way that particular organisations deliver these services. One size does not fit all."**

impressed with the honesty and integrity of Toni Hoffman, whistleblower in the Dr Death case at Bundaberg hospital. She spoke for just 20 of her allocated 45 minutes then handed the time over to the audience inviting them to ask questions of her and adding "you can ask me anything you like". The questions flowed and members of the audience verbalised that they were inspired by her.

Atle Dyregrov gave an insightful and clear description of self help techniques that can be used by workers following exposure to trauma. In doing so it was clear that his aim was to empower workers in managing their own stress response. In the conference evaluation forms delegates stated that this talk was too short (even though it was an hour) and that they wanted more time spent on this topic.

Several speakers gave examples of staff support programs. It was clear that there are differences in the way that particular organisations deliver these services. One size does not fit all. In many ways these presentations

illustrate the maturity of the field of early intervention. What was common, in effective programs, was the adoption of particular principles such as the need for early intervention, the need for multi-component programs, the importance of incident assessment and the vital importance of appropriate training of staff support service deliverers.

Several speakers have agreed to their presentations being posted on our website and this will occur in due course. As well we have included one paper in this edition of the newsletter titled "A Peer's Journey" by Wayne Young. This is an eloquent and insightful account of one person's experiences of being a peer that many will relate to. A second paper "Developing Emergency Staff Care Services for World Vision: A Work in Progress" is an account of an innovative program that was presented by Michael Hegenauer and Tony Culnane and is summarised for this newsletter by Jitka Jilich.

**We ran a total of 13 courses in the lead up to the end of the financial year. Organisations included:**

- **Wodonga Regional Health**
- **SES in Melbourne and Sydney**
- **Cabrini and St Vincent's Hospital, Melbourne**
- **PrimePsych, WA**
- **Ballarat Health**
- **Longmount Advantage**
- **ACT CISM**

## *ADMINISTRATIVE COORDINATOR'S REPORT*

*Debbie Rogers*

We ran a steady number of courses in the lead up to the end of financial year 2006. A total of 13 were held in 5 states. Organizations included Wodonga Regional Health, SES Sydney, Cabrini Hospital and St Vincent's Hospital in Melbourne, PrimePsych in WA, Ballarat Health, Langmont Advantage, SES Melbourne and ACT CISM. There was also a Train the Trainer course and we welcome Gregory Baynes, Gayle Cullinan, Jacqueline Downs, Heather Muir, Patricia Newton, Marcus Schmidt and Jill Wood as trainers on our team!

The 2006 Conference has just concluded. It was wonderful to see so many very familiar faces, and also many new ones, attending this year. The variety of the pre-Conference workshops proved very popular again and the Plenary Conference attracted a variety of speakers from around Australia and overseas. Many of the presentations will be available on the website in the near future, but please bear with us as like all good things.....it sometimes takes a little time!

We would like to thank, once again, our extremely hard working team behind the 2006 Conference. They all put in some very long hours, both before and during the Conference, but these times were mixed with laughter and fun. Every member of the team is an absolute delight to work with. We are so fortunate to have them all on board.

## A PEER'S JOURNEY

Wayne Young

Peer Co-ordinator, New South Wales Fire Brigade

This paper was presented at the fourth conference of the Critical Incident Stress Management Foundation Australia: "Crisis Intervention in a Changing World", 3<sup>rd</sup> –

### INTRODUCTION

I have worked at the NSWFB, as an operational fire fighter and currently as a relieving Station Officer at Castle Hill Fire Station, for the last 20 years. I resigned from the NSWFB Critical Incident Support Team (CIST) 18 months ago. Prior to my resignation I was part of the team as a peer for a period of 12 years. During those years I feel that I have provided a positive support to fellow fire fighters by way of having a good peer rapport, an understanding of Critical Incident Stress (CIS) (through my own experiences and further training in the area of CIS), an appropriate intervention style and through my accountability to a support network.

In this presentation I hope to provide food for thought by describing how I maintained a balance between giving to others, developing as a peer and growing as a person through the different experiences I have been exposed to.

In all my years as a peer with the NSWFB CIST there were never two interventions that I was involved in that were the same. Certain aspects of the role, however, never changed for me, no matter what the intervention was. They were the need for me to breathe, feel, be patient, provide space, and then be there in the peer capacity as required.

### SOME INCIDENTS OF EXPERIENCE

- My first debrief, which involved the death of a fire fighter in a motor vehicle accident (MVA) that the fire fighter's station attended (group debrief with the Chaplain).
- A landslide USAR operation (on scene for four days and part of the demobilisation with the NSWFB psychologist).
- An explosion whilst the Fire Brigade were in attendance (on scene, debriefings and follow up support).
- MVA, "oil on the road", where a car struck and killed a fire fighter (on

scene and follow up support).

- Three teenagers killed in an MVA and the mother of one of the deceased turning up on scene (on scene and follow up support).
- A fire fighters description of a fatal MVA in it's finest detail only to find out later he was describing a good mate of mine (one to one).

### EXTRACT FROM AN INCIDENT

I was called by the team coordinator one Sunday evening to make a couple of phone calls regarding an incident where a fire fighter had been hit by a car at an MVA. His condition was unknown. I was soon to find out that the fire fighter had actually died at the scene and I was required to go on scene. My mind was now "changing gears" from a point where I had just returned home after a night out and dinner with friends to where I was now attending a scene where a fire fighter had been killed. When going to previous incidents I was able to allow my mind to have a sense of freedom, to be relaxed, and to open myself up to feel what was going on so as to be more focused on others when I arrived.

Whilst driving to this incident (about 40 minutes) I found myself wanting to put up defences, put on my fire fighting uniform, make things better. It was like I was preparing myself for what lay ahead so I wouldn't be hurt. I knew a fire fighter was dead, but I didn't know much else apart from the fact there would be a lot of emotion.

I came to the realisation that my role here as a critical incident (CI) support peer would be enough to start with. It was not about being "fully kitted and spurred" ready to fight the fire or to make things better. There would be enough fire fighters there unable to do anything, struggling with feelings of helplessness and disbelief. Their mate was dead. As I continued driving my

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- A fire fighters description of a fatal MVA in it's finest detail only to find out later he was describing a good mate of mine.



## *A Peer's Journey (cont).*

***"I approached the incident and noticed a person under a salvage sheet; my stomach took its first turn. I took my last couple of big breaths in the safety of the car. "***

***"I am constantly faced with defining my role as a peer as opposed to my role as a fire fighter. Occupational traits of a fire fighter quite often are at the forefront, when as a peer very different responses are required from me at the incident. "***

thoughts were drawn to the enormity of what had happened and the need to treat everyone as an individual, to allow them to respond in their own way, and to be aware of the here and now not tomorrow.

I approached the incident and noticed a person under a salvage sheet; my stomach took its first turn. I took my last couple of big breaths in the safety of the car. With so many emergency services workers present and myself in civilian clothes with a reflective vest, I wondered where to start. I was recognised by a senior officer who knew why I was there. To say he was happy to see me would be an understatement judging by the way he grabbed me. He brought me up to speed with what had happened. I was then introduced to some other fire fighters, some of whom I knew by face. I was then informed the dead fire fighters crew were going to pass on their farewells and asked if I would I mind coming. As we made our way up there not a word was said. We arrived and bowed our heads. There was total silence even though everything else kept going on around us. We returned to the main area where the crew was released to go back to the station, a place of safety where they could begin their own process of coming to terms with what had happened. My involvement continued that night for another four hours and on into the following weeks as the team was involved at different levels of intervention.

A lot happened that night that I will never forget. As I drove home in the early hours of the morning thinking of my own vulnerability as a fire fighter I felt I had to bring the night to an end for me, say goodbye for myself to a fellow fire fighter. I bought a bunch of flowers at about 2.30 am and as I drove past the scene I stopped and placed the flowers on the dividing section of the road where the fire fighter had been hit. It was pitch dark and I definitely was not there long.

### **A PEERS JOURNEY**

#### **To Have My Own Experience and Gain an Understanding of it**

My journey started well before joining the CIST as a peer in 1993, and reflecting back seems, as if it was meant to be. Having no formal qualifications in CIS, counselling or psychology I was still a suitable candidate to become a peer support person. The qualifications I did have were the personal incidents of CIS such as a severe neck injury I sustained as a teenager, a fellow fire fighter collapsing at an MVA because it just got too much and the cutting of my hand at an MVA and possible blood contamination. What followed was the search for understanding, a passion and energy, the fact I had a good rapport with my peers and finally the opportunity to be involved formally in the Brigades CIS Team.

#### **Developing My Own Style as a Peer and Owning the Role**

This is constantly evolving. The process is on going as I am continually faced with many challenges and issues. A peer's role is not an easy one as there never seems to be a good time for an intervention. At times I have found myself "on scene" and placed in some difficult situations e.g., charged emotions, unclear direction and being recognised for something I am not – a counsellor, debriefer or problem solver. I am constantly faced with defining my role as a peer as opposed to my role as a fire fighter. Occupational traits of a fire fighter quite often are at the forefront, when as a peer very different responses are required from me at the incident. The drive to be action orientated, task focused, the need for control or the quick fix, perfection and the ability to 'do' opposed to 'be' are all necessary traits of a fire fighter, yet need to be checked when in a support role.

With all interventions being different it was important for me to recognise where my strengths and weaknesses lie and build a style around them that is adaptable, consistent and reliable un-

## *A Peer's Journey (cont).*

der pressure. Creating positive first up contacts and being appropriate are a major focus for me. So whether it is education, on scene or one on one interventions, I tend towards a relaxed, informal and empathetic approach. I rely on this approach with the hope in mind of building a rapport and gaining the trust and confidence of fire fighters first, then appropriately responding with resources/ interventions as required.

Using this approach I have found people can very quickly drop the words 'critical incident' from my role and allow me to become the peer support person. This can and has opened me up to an involvement in a whole range of Employment Assistance Program (EAP) issues such as suicide, relationships, drug and alcohol (use/dependence), teenage issues and management issues. These issues are normally involved, drawn out and require professional assistance. When I have found myself caught up in these issues I am aware that they can be draining and outside my boundaries as a CI support peer. This is often difficult, but through experience I have found the best thing is to involve the EAP service or chaplain sooner rather than later.

Owning the role of a CI support peer for me is like having an invisible confidence. It shows an importance and a value that what I do makes a difference. For me, owning the role came through small steps, giving myself time to develop my own style through experience, reflection, learning, and then being able to move on. In addition the team, peers and management played a vital role by providing a support network and training during this time.

Four thoughts that go everywhere with me are:

1. I am not there to make things worse
2. It is not about me
3. I do not know how they feel
4. Fellow peers have there own support networks.

### **Team Importance**

I found that the CIST, over the 12 years I was a peer, became *my* support network, not only as a peer but also as an opera-

tional fire fighter within the NSWFB. The team provided an invaluable place for me to learn as we shared not only different experiences, both positive and negative, but also our personalities and ways of getting the job done. I also had the opportunity to attend conferences and to hear from many guest speakers. This provided me with further experience, especially in the area of interagency contacts. Just as important as the peer team is the management team which consists of Chaplains, the CIS Coordinator and a consulting psychologist. The management team ensures the quality of the team is maintained by the provision of training and directional focus for the future.

The team also provides a place to rest and the space to take time out as a peer when required. I remember putting my hands up for this when I was witness to three separate incidents, over a short period, where pedestrians were hit by motor vehicles. One of those involved a man running across the road in front of a fire truck I was driving. He gave me a smile and a wave and then continued on straight in front of 4WD. He died instantly. I took time off to rest and gather my thoughts before continuing my role as a peer.

Teams, groups of people go through change whether it is in the form of peers moving on, a new structure or change in policy or management. At times the boundaries of the team and individuals can and will be unsettled. Even though I have been part of a team that has had tough times, it has not detracted peers from getting the job done at the business end, being there when we are called for.

### **Maintaining Integrity**

I feel this can be put no simpler than in 'ABC' format and for me to remember that my actions not only reflect me as a peer but also the team.

**A – Accountability.** This involves honesty with myself and others. If something doesn't go well, clear the air then try and get back on that level playing field. Have someone to be accountable to.

**B – Boundaries.** I need to maintain boundaries so that I stay where I belong and fulfil the duties of my role, maintain credibility. With areas of uncertainty I



### **The ABC of Integrity**

**A – Accountability.** *This involves honesty with self and others.*

**B – Boundaries.** *maintain boundaries so that you stay where you belong and fulfil the duties of your role.*

**C – Credibility.** *Ensuring credibility means being consistent, ensuring confidentiality and allowing people to move on.*

## *A Peer's Journey (cont).*

have tried to be patient, gain a greater understanding and appropriately respond. I have found that “my gut” feeling is never too far away from what I need to do.

**C – Credibility.** Ensuring creditability to me means being consistent, ensuring confidentiality and allowing people to move on.

### **Networking**

A fire brigade network is something that I had already in place before becoming a peer. I would like to think that I had creditability as a fire fighter and peer before joining the CIS team. It was now about being proactive, particularly when the pressure is off, and appropriately building credibility in the role of a peer on the CISP. This started small, using mates, local stations and lots of informal conversations. It grew into providing appropriate education and allowing fire fighters to share their own personal experience.

Social occasions, such as golf days, send offs, union meetings and Christmas parties, where the CIS Program was not mentioned were all an important part of networking. I feel that every positive minute put into a relationship or a contact paid dividends 100 times over when a potential critical incident did arise.

### **Secondary Exposure**

I can honestly say that over the 12 years I was on the CIS team, and though I had attended many fatalities, I have not been exposed physically to the deceased. Though the first question I normally get asked by the officer in charge when I arrive on scene is “Do you want to see the body?” My reply is “If you feel it is going to help you and the crew.” They reply “No”. I have no doubt even as a ‘third party’ by just being involved in an intervention I become a potential victim of CIS. Even before I arrive, knowing I will be needed as a peer, I also know that support is available for me. The need of support for me is not just related to the physical environment I am exposed to, but also to the psychological effect as I listen to many different views, concerns and emotions about the incident. Add on those incidents that I attend as an opera-

tional fire fighter and there is the potential for me to develop “accumulative stress.” It is important for me to have support networks, e.g. the CIST coordinator, chaplain, psychologist or team meetings so I can download and be able to close an incident in my own way. Closing an incident for me may be achieved through journaling, a run, going out for dinner or buying myself a new surf board. I need to move on too just as do those involved.

### **When is it Time to Call it a Day/When is the Time the Right Time?**

Don't wait until there is nothing left before you 'call it a day'. Combining everyday life with CI support, and other operational duties and pressures, whether for short or long periods, can become extremely draining. The warning signs need to be heeded and the appropriate response made. The warning sign for me was based around what I saw as one of my strengths; listening. This involved listening to myself, listening to those important to me, listening to those around me and generally listening to those I wanted to help. Over a period of time, however, this listening became distant. I just seemed to be going through the motions. My energy levels were no longer the same. I felt emotionally empty. I avoided some tough questions and in so doing neglected to look after myself and those who were important to me.

Finally I had to be honest and ask some questions: Who is important to me? How much do I value myself? What am I enjoying in life at the moment? Has the support that I offer my peers become a chore or a burden? The mistake I made was that I waited too long, I didn't talk it through, I procrastinated with the “I'm okay”, becoming my own worst enemy. I stayed too long. Instead of proactively talking through issues regarding my decision to leave or take time out, I dealt with it by reacting to circumstances and needs and so resigned. I attended an exit interview, a short time after resigning, with the teams consulting psychologist which was extremely important.

Looking back over my years as a peer it is unfortunate that I allowed things to finish the way they did. Now, 18 months down the track, resigning is not what I

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## *A Peer's Journey (cont).*

remember most about my time on the CI support team. It is the great mates that I made along the way, all the experiences that I have learnt from and the incredible privilege it has been for me to be there for my peers and assist them when needed.

### **CONCLUSION**

Finally, I have reached the point where I can bring closure to 'this journey'. This is the bringing together of what has been important for me over the 12 years as a

CI support peer. CI support intervention over this time for me at the peer level feels as if it has not changed all that much. I hope what is evident throughout this work is the importance and value of having 'a journey' to reflect upon. It cannot be bought and does take time to mature. I have had the fortunate opportunity to develop as a peer and a person by building upon a solid platform with experiences, education and support. Thanks to all those people that have been and continue to be part of my 'journey'.

## *DEVELOPING EMERGENCY STAFF CARE SERVICES FOR WORLD VISION STAFF: A WORK IN PROGRESS*

*Michael Hegenauer and Tony Culnane  
World Vision International*

This paper was presented at the fourth conference of the Critical Incident Stress Management Foundation Australia: "Crisis Intervention in a Changing World", 3rd – 4th August, 2006; Melbourne Australia.

We were delighted to have Michael Hegenauer and Tony Culnane present their work in setting up a staff care program for World Vision International as part of the organisations' Humanitarian Aid response to the Asian Tsunami on December 26th 2004. Having worked together for over 10 years Tony and Michael provided a thoughtful insight into supporting staff in the face of such a large scale disaster across cultures and borders. Detailed below is a brief overview of the key goals and learning's obtained in their work – not withstanding their subtext of 'a work in progress'.

More than 2,000 staff of World Vision have been and continue to respond to the Tsunami disaster since the day it struck on 26th December 2004. In addition many staff were victims themselves of this critical event. As part of the overall response by World Vision International a package of staff care services, including stress and trauma management (STM), was developed with the intention of assisting staff who were victims and witnesses to this disaster and its aftermath, staff who were/are helpers responding in many and various ways to the disaster, and

immediate family members of staff who were affected by the disaster.

To these ends, the Human Resources Department of the World Vision Asia Tsunami Response Office, located in Singapore, in coordination with the four affected World Vision National Offices (Indonesia, Thailand, Sri Lanka, India) developed a series of activities. These were intended to increase the capacity of staff to deliver emergency staff care services, assist in the delivery of emergency staff care services, provide coordination of the design and delivery of staff care services, and finally, provide on-going formal and informal training, coaching, mentoring, guidance and monitoring services to national offices.

The services that have already been and are being developed are not about assessing psychiatric disorders or providing "western-style" trauma counselling and psychotherapy. In the current context such services would be difficult to deliver and for the majority of World Vision International staff, would be culturally inappropriate.

Since January 2005 a major task has been to assist staff and their families in maintaining or regaining their psychologi-

***"More than 2,000 staff of World Vision have been and continue to respond to the Tsunami disaster since the day it struck on 26th December 2004. In addition many staff were victims themselves of this critical event."***



## *Developing Emergency Staff Care Services for World Vision*

**People express trauma and distress differently. It was therefore important not to impose a 'western model' of grief, trauma and distress.**

cal health through the development and delivery of staff care services. Some of the complex challenges to this included the immense size and scope of the Tsunami; the number of staff and/or family members who were killed; the large number of staff who were survivors and helpers and the ongoing personal impact of this; the fact that many of these staff also lost houses, incomes, and businesses; the difficulty of finding appropriate mental health services; and the issues of staff with different languages and cultures working together.

People express trauma and distress differently. It was therefore important not to impose a 'western model' of grief, trauma and distress. Consequently, the time spent with local leaders was valuable in order to understand the local language and culture, their own experience and expression of distress and trauma, and what they would view as the most helpful form and nature of support. It is envisaged that, in due course, local persons will be hired, trained and then deployed to areas where staff live and work. It is intended that these staff will then deliver staff care services to all staff, especially to those who were victims or witnesses of the Tsunami and its aftermath and also to those staff working directly with World Vision's Disaster Relief Response and subsequent resettlement/rehabilitation programs in various countries. In addition, immediate family members who were directly affected by the Tsunami have received and will

continue to receive similar services.

### **Outline of Proposed Staff Care Services**

Michael and Tony described a three year future plan to develop a comprehensive response to both the current crisis and future incidents. This involved a more formal staff care package with three general long-term objectives:

1. To mitigate the impact of this critical incident on those staff (and their immediate families) who were victims or witnesses of the Tsunami and/or those staff who are helpers responding to this disaster.
2. To accelerate the normal recovery processes in those staff and their families who are experiencing normal stress reactions to abnormal traumatic events.
3. To facilitate the identification of individuals who might need additional STM services or referral to culturally appropriate psychosocial services.

Achieving these objectives involves increasing the number of appropriately trained staff (both fully accredited practitioners and trainers); developing regional and country based CISM teams, developing mechanisms for rapid response; increasing monitoring and evaluation; continuing formal and informal education and further research.

Tony Culnane and Michael Hegenauer continue to manage these activities in collaboration with staff care and senior program staff in the four affected countries.

### **CISM COURSES MELBOURNE**

- **Establishing and Maintaining Peer Support Programs in the Workplace**  
Peter Kueffer: 17th October, 2006.
- **CISM: Basic Group Processes**  
Robyn Robinson: 16th & 17th November, 2006.
- **CISM: Advanced Group Processes**  
Robyn Robinson: 20th & 21st November, 2006.

For further information...please contact the office on (03) 9663 7999 or at [www.cismfa.org.au](http://www.cismfa.org.au)

### **CISMFA**

### *Annual General Meeting*

Saturday 14th October 2006

12 noon

145 Drummond Street  
Carlton Vic 3053

### **AGENDA**

- |                        |  |
|------------------------|--|
| 1. Welcome             | 4. President's report                        |
| 2. Apologies           | 5. Treasurer's report and financial accounts |
| 3. Minutes of last AGM | 6. Appointment of an auditor                 |

RSVP by 29/9/06 to Debbie Rogers phone: 03 9663 7999