



Critical Incident Stress Management Foundation Australia Newsletter

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Special Points of Interest in the President's Report

- *How CISM relates to members of the community*
- *CISMFA Conference*
- *Feature article: The Bali Bombings*

PRESIDENTS REPORT *Robyn Robinson*

Conference planning is a wonderful opportunity to catch up with people and find out what they are doing. I am always so impressed with the dedication of the people who drive and manage staff support programs and it is evident that there has been much growth in this field in Australia over the past decade.

CISMFA's emphasis is on the workplace and on early intervention. Nevertheless, what we do interfaces with other bodies of knowledge and areas of practice. For example we link our programs into longer term care where appropriate and we recognize that people in the workplace can have issues that relate to other than work matters. We therefore facilitate access to resources that can assist people with personal problems.

Increasingly, people are looking to apply Critical Incident Stress Management (CISM) interventions to members of the community. Since CISM programs are so oriented towards workplace systems and human services occupations, care is needed in doing so. I prefer to see the issue as follows.

The body of knowledge known as crisis intervention, or more recently described as early intervention, espouses certain principles that relate to assisting people following their exposure to crises, trauma and emergencies. There is recognition of the value of appropriate early intervention. Emphasis is placed on providing information and support rather than traditional psychological counselling and of being sensitive to the fact that people can have varying and quite different support needs. There is of



ten acknowledgement of the resilience of humans in adverse situations and people's responses are predominantly seen as a reaction to the situation they have faced.

The principles of early intervention that underpin CISM in the workplace are also the foundation for many excellent programs that support members of the community, some of which have been operating successfully for decades.

The Road Accident Support Team assists survivors of motor vehicle accidents. Some city councils are developing outreach programs for members of the community following disasters. Several organisations have, for many years, provided invaluable early assistance to the community following disasters including the Salvation Army and the Red Cross. There are crisis support agencies, operating around the clock, such as Lifeline, other crisis phone lines, CASA's

Presidents Report (cont)

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**CISMFA
Third Conference
3rd—6th
August 2004**

Don't miss this great opportunity to network with national and international experts and colleagues

and refuge centers.

I was interested to learn, from working with Malaysia Airlines, that their CISM team is designed both for staff support and also to assist families of passengers in times of aviation disasters.

Any early intervention program (such as CISM in the workplace) will have unique parameters that are important to understand. But equally, they will have similarities with other programs of early intervention.

There are two excellent articles in this edition. Julie Mackenzie outlines care to Bali bombing survivors and explains how important it was to be flexible in providing that care. She describes differences in peoples needs and in doing so reminds us that we must be careful not to make assumptions about what is helpful and unhelpful to others. Michael Ryan discusses the Tasmania Combined Emergency Service CISM program and the vital role of peer support. He considers issues of evaluating CISM programs and the current debate around debriefing. Throughout he stresses the need to listen to clients and emergency service workers in their assessments of CISM programs.

Conference registrations are coming in. The concurrent seminar sessions are being finalised and will be posted on the CISMFA web site shortly. An interesting range of presentations has been scheduled including debriefing applied to different cultures, workplace bullying, the role of psychologists in a community's response to disaster and the impact of SARS on health workers in Hong Kong.

Thank you to those members who are assisting us in distributing the conference brochure and bringing it to other people's notice. For those of you who are attending the conference, I look forward to seeing you there.

Congratulations Rhys Maggs & Peter Kueffer

Rhys Maggs

Mr Rhys Maggs is the Director of the Victoria State Emergency Service. He was recently awarded the Order of Australia. He is on the Advisory Committee of CISMFA and has offered support and wisdom to the Foundation since its inception. He was one of the earliest chiefs of an emergency service in Australia to speak out for early intervention staff support programs and has implemented and ensured the successful continuation of a CISM/peer support program in his own organisation. We congratulate him on this well deserved honour and the tireless work that underpins this recognition.

Peter Kueffer

Mr Peter Kueffer, Treasurer of CISMFA, has been given a Director's Award for his work as Clinical Director of the Victoria State Emergency Service CISM program. The citation stated that the award was "for outstanding service to the community and Victoria State Emergency Service through his leadership of the Critical Incident Stress Management Program...through his professional skill, superior leadership and personal determination, Peter Kueffer has created a committed and skilled team of peers and has ensured the provision of high quality stress management services within VICSES" Congratulations Peter. A well merited recognition of your work.

Bereavement Through the Bali Bombings (cont)

"In supporting the bereaved families and friends of the Bali Bombings, the uniqueness of the grieving process experienced has been uncovered. Recognition of this experience is essential in order to best meet the needs of individuals bereaved through terrorism in the future."

Services responded to the needs of the bereaved through its pre-existing structure. However, the unique presentation and nature of the tragedy demanded a response more specifically targeted at the particular needs of the bereaved from Bali.

The experience also highlighted the relative inexperience of the service to respond to an act of terrorism. This was understandable, due to limited prior exposure to this kind of incident. However, it served to demonstrate that within an evolving political and social landscape it would be necessary to engage in reflective program evaluation and development to maintain effectiveness and relevance.

In response, a full time senior social worker position was created in January 2003, funded for 12 months by the office of the Attorney General Victoria. The senior Social Worker position was targeted at providing a service for the families and other persons bereaved as a result of the Bali tragedy. The scope of the position has been diverse, and has changed radically at times to meet the needs of the bereaved. In short, the practical application of the role has been to help people understand what they are experiencing, and who they are, subject to their loss. This process has required immense flexibility in approach and response. There needed to be a consciousness at all times of allowing the bereaved to self-direct their support needs. Choice to engage either therapeutically, or on an information provision basis, has been critical in the effective delivery of service to the bereaved population. It has been essential that no assumptions be made about the existing support structures people have access to, and which they may prefer to a formalized intervention.

Trust, for many of the bereaved became a resource of ill reserve as a result of the perceived lack of intervention on behalf of government agencies. An importance existed then, in allowing the bereaved to form a relationship out of their own best interest, as opposed to being imposed

externally. The development of trust would be paralleled by the creation of empathy, and a genuine human interest and interaction.

In supporting the bereaved families and friends of the Bali Bombings, the uniqueness of the grieving process experienced has been uncovered. Recognition of this experience is essential in order to best meet the needs of individuals bereaved through terrorism in the future. The process has been unique because of a number of factors, and at a number of differing levels.

- The geographic significance of the event cannot be overlooked when understanding the experience for the bereaved. The panic and confusion which surrounds much of the initial response to a traumatic event was amplified dramatically for those who feared that it would be, or was their loved one who had been killed by the blasts.
- For many, difficulties accessing reliable information from Bali were exhaustive. Language barriers, and the struggle to navigate through a foreign countries process, meant that some family members resorted to travelling to Bali themselves in an effort to achieve peace of mind either way. For others, a reluctant reliance on inconsistent and traumatic media coverage was the closest and most tangible link to establishing the fate of their loved one.
- Either way, for many of the bereaved this time was coloured by in-orderable chaos. The context of the loss was so far outside of their normal framework of understanding, that the reality was difficult to process. Their assumptions of the world were destabilized, and replaced with shock, hopelessness, disbelief, and numbness, from which they would at some point be required to explore in order to recreate meaning.

For many, the eventual resolution of

Bereavement Through the Bali Bombings (cont)

For many, the eventual resolution of the struggle to determine whether or not their loved one had been killed, was soon replaced with another traumatic process. The time that followed for the bereaved would be a period that presented them with the physical reality of their loved ones death. Some would engage in the process as a part of establishing meaning, and others would not. Individuals were faced with the grappling complexities of disaster victim identification, the return of a loved ones body, repatriation of body parts and the decision of whether or not to expose themselves to the medical reports and photographs, which in turn would have the potential to shatter their fantasy, hope and illusion, or confirm the worst fears about their loved one.

Bereaved families were labelled as the Bali victims or Bali survivors of Australia. This became their identity in their local communities and social networks. For some people this experience was a life sentence that kept them isolated and restricted. For others it was a comfort that allowed them to express pain and find a connectedness with one another and within the community.

Community symbolism and recognition of the bereaved in floral displays, memorial services, tributes, and media portrayal have for some been a formal and valued validation of their loss. For others, this spotlight has left them feeling exposed, generalized, and shrouded in a fear that the reminders of their loss, and the daily reliving of the trauma will never end. For bereaved families and friends, the Bali bombings were a senseless and random act that shattered their sense of security. The perception of many that the world is no longer a safe place impacted their lives so significantly that the ensuing uncertainty and fear even presented itself in their ability to negotiate day-to-day functioning.

The insidious nature of the terrorist act meant that for many, an established and accepted worldview was forced to alter in order to accommodate this new vulnerability. Our understanding of the bombings is that they were targeted at

the places and people that represented the western value and belief system. For some of the bereaved, this understanding has resulted in the belief that their loved ones death was a senseless act of political and religious murder. Understandably then, the struggle for many to achieve a sense of justice or revenge is complicated by their own value systems, and the values and beliefs of the perpetrators with which they struggle to relate.

Studies of loss and grief have long identified that the process of grieving is an individual and highly fluid experience. However, the death of a loved one through traumatic circumstances sets up a format for a potentially highly complicated grieving process. Much valuable work has been achieved in the management of disaster recovery. However, within the context of the new wave of terrorist action directed toward the Western world and its interests, it is timely that the bereaved experience of loss and grief following major disaster be evaluated and reconsidered to allow for the development of some pre-emptive strategies particular to terrorist acts. The Bali bombings of 2002 have set the framework for this evaluation. They exemplify the challenges that the social work and broader community faces in responding to the complicated process of healing following the loss of a loved one to terrorism.



Julia Mackenzie is a Senior Social worker at the State Coroner's Office Grief Counselling and Support Service. She was assigned to provide support to those Victorians bereaved by the bombings in Bali. Her role has involved the co-ordination and delivery of therapeutic and support services to the bereaved. The position has provided a critical link between the Coronial process and the social and emotional support needs of the bereaved through Bali.



"Bereaved families were labelled as the Bali victims or Bali survivors of Australia. This became their identity in their local communities and social networks."

CISM: An Intensely Personal Viewpoint

Michael Ryan PhD,

Manager, Psychological Services, Tasmania Police;

Clinical Consultant, Tas. Emerg. Services CISM Program

"Emergency service workers are human and, as a result, do have human responses, but also they are relied upon by the rest of us humans to be competent in what they do. They are expected to keep their heads when all about are losing theirs. This need for competence is instilled from the first day of training."

Over the past decade a debate about the efficacy of "debriefing", applied to a wide range of people following a wide range of incidents described as traumatic, has grown in intensity. On both sides, charismatic advocates have gathered their camps and withdrawn to the high tops leaving the battle ground strewn with confused and battered clinicians and consumers wondering what the hell they should be doing. I am one of those clinicians who has the daily pressure of facing my clients who are not interested in the fine niceties of academic debate. They just want me to do something to help them deal with their pain, their apprehension, their anger.

When I began working with Tasmania Police on the twenty first of February 1995— is it significant I remember the exact date? – I stepped into a functioning, well accepted program firmly based on the early, so called Mitchell Model. The program has lasted to this day although it has evolved into a broad matrix of early intervention services only one of which is debriefing. Still, despite the refinements, the persistent attacks on "debriefing" - debriefing does not prevent PTSD, debriefing does more harm than good and so on – cast a shadow over the whole program. To deal with this I resorted to an old tactic. I have found that when the Zeitgeists of academic debate are crashing all around I gain some clarity by withdrawing to my armchair to take stock of my own observations and to review what I have been told by the real experts in the business – my clients.

It seems obvious – and this point has been dealt with more than adequately by Robyn Robinson elsewhere – that to expect stand alone debriefings to be effective interventions is naïve at best and stupid at worst. The Tasmanian program has never relied solely on debriefs even in the earlier stages of its history. The main element of the programs early intervention has been the subtly structured contact made between one emergency

service worker (a trained peer) with another emergency service worker. Why is this important? The most difficult aspect of providing psychological/emotional assistance to a work culture, in which personal competence is paramount, is gaining acceptance of that assistance. An initial contact by a peer who shares an esprit de corps with the service recipient is the most efficient way of informing about available assistance, giving information, gathering information, and providing a contact for later access.

Emergency service workers are human and, as a result, do have human responses, but also they are relied upon by the rest of us humans to be competent in what they do. They are expected to keep their heads when all about are losing theirs. This need for competence is instilled from the first day of training. No doubt they develop resilience and a sense of control over their responses. They need to be because they most likely will have to deal with something similar the next day or hour. Nevertheless, I am told, almost inevitably there comes along that incident that breaks through the shield of compassionate detachment and dredges up a strong emotional response. Education about such effects can help to prepare for them but not always. Then comes not only the emotion connected to the content of the incident but the corrosive power of doubt and even guilt. This is a potentially destructive cocktail. Yet - once again I rely on my clients for this information – sharing the confusion in a safe environment, either in a group or individually, is of enormous benefit. It may interrupt the development of doubt and the guilt and even enhance the sense of competence. The lesson can be learned that being an emergency service worker and having a strong emotional response are not incompatible. My data might be seen

Critical Incident Stress Management: An Intensely Personal Viewpoint (cont).

by some as lacking in scientific rigour but my experience gives me the arrogance to be content with my conclusion.

While a sense of being competent and in control is of great importance in high demand situations, of equal significance is the perception that one is supported and valued. For emergency service workers, support and value is not always forthcoming from the public. Often that relationship, particularly for police, is ambivalent at best. As a result support from colleagues and the organisation gain added significance. "They don't care," is a statement often repeated with varying epithets and intensity in my office, and yet I also hear as often, "I was all right but it was good to know someone cared," when referring to a debrief or a phone contact. Does that stop someone developing PTSD? I don't think so but it might help someone to feel more valued in the job, more able to deal with the demand, maybe even feel able to ask for assistance if the need arises. Perhaps if the Vietnam Veterans had felt more

valued in their job the impact of that conflict would have been different.

As I write this I am aware that our program is currently dealing with the aftermath of a fire in which a number of children lost their lives. Amongst other things there will be a debrief held this evening for police and fire officers who attended the scene. While I cannot give a certain answer about the effect of our intervention, I draw from a comment made by a senior fire officer who will be attending: "We are going to a debrief tonight.... It will help us get through it." It could be argued that probably they would get through it anyway but surely truly caring organizations and clinicians are concerned about more than the mere survival of their members. Every effort has been made to assist the people tonight to deal with their experiences and enhances their ability to meet the next demand and the next and the next...

Having said this, I am as concerned that our program does no harm. The criticisms of debriefing, therefore, must be considered. However, I have been unable to find convincing research in emergency services wherein a multi-faceted program which flexibly applies peer contact, education, group and individual processes, and follow up has been evaluated. While we wait for that I will rely on the regular and frequent comments by users of our program that it helps them to understand their responses, it asserts their competence and shows that someone in the organisation values and supports them.

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ICISF Congress 2005

***Eighth World Congress on Stress, Trauma and Coping
16-20 February 2005
Baltimore USA***

Planning is underway for the eighth world congress on stress, trauma and coping. Updates and announcements will be provided via the ICISF website (www.icisf.org) as well as through CISMFA. If you are interested in receiving email updates directly from ICISF please send an e-mail message to Shelley Cohen, World Congress Program Manager, at scohen@icisf.org.

The call for presentations and papers will be posted on the ICISF website.

REFLECTIONS

***When we do the best we can,
we never know what miracle is
wrought in our life
or the life of another.***

Helen Keller, 1880 –1968





Six courses were conducted between 1st January and 31st March 2004. This included an Advanced CISM Course to Members of the Malaysian Airlines CISM Team.

Consider This...

When placed in extreme circumstances, when faced with the need to perform at our utmost, we will surprise ourselves with our capabilities.

We all have that little bit extra, we all have a reservoir of power within.

We are all capable of extraordinary performances!

CISMFA

Third Conference 2004

CHALLENGES IN EARLY INTERVENTION

3 – 6 August, 2004

Hilton on the Park, Melbourne

Key-note Speakers

Cherie Castellano MA, CSW, LPC. Program Director, Cop 2 Cop, USA
Moira Kelly AO. Executive Director, Children First Foundation
Jeffrey T. Mitchell PhD, CTS. President Emeritus, ICISF, USA
Gary Raymond APM. Chief Inspector, NSW Police Force
Michael Tunnecliffe PhD, General Manager, Prime Corporate Psychology, WA.

CISMFA Courses

There were six courses conducted from January to March, 2004. This included a CISM Advanced Course for 82 members of the Malaysia Airlines's CISM team. CISM basic courses were provided for the NSW SES, NSW Fire Brigades, Firecare Queensland and the Richmond Fellowship of Victoria.

Upcoming Courses

CISM Basic Course
17th & 18th June, 2004.
Melbourne

CISM Advanced Course
21st & 22nd June, 2004
Melbourne

We want to hear from you.....

We are interested in hearing about your views, news and experiences for publication in the CISMFA Newsletter. Content can relate to a range of topics including:

- Feature articles related to CISM and peer support
- CISM in Action — defusing or debriefing activities (ensuring confidentiality is not breached);
- Reports from related conferences, workshops or seminars attended by members.
- Profiles of individuals, groups, organisations.
- Achievements and acknowledgments of peers and peer teams.
- Inspirational, comic or any relevant prose or verse.
- Promotion of conference and educational events.