



Critical Incident Stress Management Foundation Australia Newsletter

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Special Points of Interest in the President's Report

- *CISMFA 3rd Conference*
- *Conference Presentation
by Professor Ron
McCallum and Ms Kim
Smith*
- *Feature Articles by An-
nie Cantwell-Bartl*
- *A Report by Debbie
Rogers*
- *CISMFA Annual General
Meeting*

PRESIDENTS REPORT Robyn Robinson

Our third CISMFA conference, *Challenges in Early Intervention*, was held in August and a brief review is presented in this newsletter. We were pleased to see members amongst the delegates and also to welcome some new faces. This newsletter lists the winners of awards that were presented at the conference dinner. It is a great pleasure to recognise some of the people who have made outstanding contributions to the field of CISM and staff support.

One of the conference presentations that received special attention from the audience was that given by Professor Ron McCallum and Ms Kim Smith, who are lawyers specialising in occupational health, including duty of care. They cited Australian examples in which emergency service employees (and others) brought cases against employers following the development of PTSD. The speakers described a climate in which there is increased recognition by the courts of the duty of employers to provide safe working conditions. Professor McCallum stated, in response to a question from the audience, that in his opinion it is wise for organisations to invest in staff welfare in this area and try and prevent some of the negative effects from occurring. I am sure I was not the only one to focus on his remark, and our constant efforts to build and strengthen prevention in our programs. At the same time, and in the context of criticism of debriefing and the need for research, I know how difficult it is to empirically evaluate prevention efforts.



For example, it is difficult to measure that which you prevent from occurring. Also, as I thought of this paper, I was reminded of how important it is to conceptualise psychological health as a joint responsibility of the individual and the workplace, and of the pitfalls of locating responsibly in one party only.

This edition contains an interesting article by Annie Cantwell-Bartl, which explores the relationship between grief and trauma. When Annie submitted this article she attached another one on kindness. I was so taken by it I requested her permission to print it as well. It is delightful.

Also in this edition is a report by Debbie Rogers, CISMFA Administrative Co-ordinator. Debbie is known to many of you. Her reports will be a regular feature of the newsletter.

There is the usual inclusion of notices, in particular, notice of the Annual General Meeting of CISMFA is given. Members are welcome to attend.

Is This Person Suffering Grief or Trauma or Traumatic Grief?

Annie Cantwell-Bartl

"It is important to understand the symptoms of grief and trauma as separate entities and then to consider that a person may manifest both sets of symptoms."

"Traumatic Grief is defined as a concept where a person suffers from grief as a result of a death and also from traumatic distress (Jacobs, 1999)."

Traumatic Grief is a new concept emerging in the field of bereavement and trauma. Over the years there has been extensive literature on loss and bereavement. The literature of trauma and its impact is still new. As with bereavement, where there has been an emphasis on a person suffering from trauma, it has usually been viewed as a single entity. It is only recently that there is more formally acknowledgement that a person may be struggling with the joint manifestations of both grief and trauma.

WHAT IS THE DIFFERENCE BETWEEN TRAUMA AND GRIEF?

It is important to understand the symptoms of grief and trauma as separate entities and then to consider that a person may manifest both sets of symptoms.

GRIEF?

Grief, in this context, is defined as a primarily emotional reaction to the loss of a loved one through death. It incorporates diverse psychological (cognitive, social-behavioural) and physical (physiological-somatic) manifestations (Stroebe, Hansson, Stroebe & Schut, 2001). The bereaved person will experience separation distress, which is a normal grief response. They are preoccupied with the person who has died, seek reminders of them and are aroused and continually focused on the dead person.

TRAUMA?

Trauma is defined as any event that is outside of the usual realm of human experience that is markedly distressing e.g. evokes reactions of intense fear, helplessness and horror. Such traumatic stressors usually involve the perceived threat to one's physical integrity or to

the physical integrity of someone in close proximity (Mitchell & Everly, 2001). In contrast to a grief response the traumatized person is preoccupied with the scene of the trauma and the violent encounter of death, or an experience that could have resulted in death. They wish to avoid reminders of the event; they are hyper-vigilantly aroused and orientated to threat, danger, or the return of a similar threat. There is a great deal of anxiety and the world seems an unsafe place.

WHAT IS TRAUMATIC GRIEF?

Traumatic Grief is defined as a concept where a person suffers from grief as a result of a death and also from traumatic distress (Jacobs, 1999). If people are grieving and experiencing separation anxiety the symptoms will consist of yearning, searching and loneliness. When there is concurrent traumatic distress the person will also be experiencing numbness, disbelief, distrust, anger and a sense of futility about the future. *Traumatic Grief* captures both dimensions of a person's response.

CRITERIA FOR TRAUMATIC GRIEF AS PROPOSED BY TRAUMA SPECIALISTS (JACOBS, 1999)

- A. First, a person has to be exposed to an event or events that they regard as horrifying. The response involves intrusive, distressing preoccupation with the person who has died (yearning, longing or searching).
- B. In response to the death the following symptoms are present:
 - Frequent attempts to avoid reminders of what has happened.
 - Feeling of purposelessness and a sense of futility about the future.

Is This Person Suffering Grief or Trauma or Traumatic Grief? (cont).

- Subjective sense of numbness, detachment or an absence of an emotional response.
- Feeling stunned, dazed or shocked.
- Difficulty acknowledging the death.
- Feeling that life is empty or meaningless.
- Difficulty imagining a fulfilling life.
- Feeling that part of oneself has died.
- Shattered world view (e.g. a lost sense of security, trust or control).
- Assumes symptoms of harmful behaviours of, related to, the deceased person
- Excessive irritability, bitterness, or anger.

C. The duration of the disturbance or the symptoms is at least two months.

D. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

SOME FURTHER POINTS OF CLARIFICATION (JACOBS, 1999)

- Other losses may seem traumatic but do not qualify under this classification e.g. a loss of a job does not fit into the category of *traumatic grief*.
- The symptoms of *traumatic grief* may result from a sudden, violent or unexpected death but the death may not have been objectively traumatic in order to make the diagnosis (Horowitz, Siegel, Holen, Bonnano, Milbrath & Stinson, 1997).
- Symptoms of *traumatic grief* may follow any death that is personally devastating, e.g. where a bereaved person had a close and confiding relationship (this comes from the particular relationship with the deceased person and

other personal vulnerability factors).

- As distinct from normal grief the separation anxiety persists at a marked level of intensity, remains intrusive and distressing, and along with other symptoms, interferes with social, occupational and other important areas of functioning.

WHY IS IT IMPORTANT TO CONSIDER THAT PEOPLE MAY BE SUFFERING TRAUMATIC GRIEF?

There is a need to consider the impact of both grief and trauma on people. This is important because if people are suffering from both, their grief is more complicated and a failure to recognize traumatic grief may result in inadequate support and care.

WHAT ARE THE POTENTIAL PREDICTORS FOR TRAUMATIC GRIEF?

There are a number of predictors for *traumatic grief*. Some possible ones are:

- Sudden unexpected death or even unexpected death in terminal illness.
- Violent death: suicide, sudden accidents and vehicle accidents.
- The death of a child, a family member or someone very close to the mourner (Rando, 1999).
- A mourner's psychological predisposition to trauma: e.g. when a mourner is very dependant on the person who has died.
- People are pre-disposed to traumatic grief when they are carrying other unresolved trauma from the past.



Is This Person Suffering Grief or Trauma or Traumatic Grief? (cont).

SOME GENERAL POINTS TO KEEP IN MIND IN ASSISTING A TRAUMATIZED PERSON

- Be aware of the significance of emergency mental health intervention, as practiced by the model, Critical Incident Stress Debriefing (CISD) and its parallel traumatic “stress defusing” (Mitchell, 2001), where appropriate.
- People first need basic practical help. The effected person will be emotionally raw and overwhelmed with what to do next. It is likely that there will be many things to do and people traumatized may not have the initial resources to consider their own emotional requirements.
- When a distressed person has time, remember the importance of attentive listening and spending time with them. Never under-estimate the value of empathy and compassion.
- The person and the family may require some education about the impact of traumatic death. Don't rush to intervene and be careful about strategies too early.
- Keep in mind the vulnerability of the effected person.
- Most people will recover and will not need professional help but helpers need to recognize their limitations if someone needs further assistance.
- Remember self-care yourself! Don't under-estimate your own vulnerability to vicarious trauma or the impact on your family if you are trauma-

tized which can result in secondary trauma (Catharall, 1992).

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“Don't underestimate your own vulnerability to vicarious trauma or the impact on your family if you are traumatized which can result in secondary trauma.”
(Catharall, 1992)

REFLECTIONS

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BELIEVE IN MIRACLES

*Miracles are instantaneous;
they cannot be summoned but they come of themselves,
usually at unlikely moments
and to those who least expect them*

Has Kindness Been Forgotten?

Annie Cantwell-Bartl

“Don’t you think kindness is underrated?” my friend Jane asked me recently. As senior health professionals we note the lack of recognition of the power of simple acts of kindness in modern life.

I recall the person I saw at home with terminal cancer. The nurses had visited earlier to relieve the overwhelming pain. And yet when I arrived, the man didn’t speak about this all-important pain relief but about his delight at the nurse’s interest in his photos and life stories.

Kindness is holding the person’s humanity in mind. It means looking beyond ourselves and wondering how it might be for another. In hospitals when there is a need for efficient clinical intervention with very ill patients and limited time for further engagement, clear communication about what is happening, some touch, some warmth, and an understanding of the patient’s fear or vulnerability can make a big difference to his or her sense of safety. Even when contact is fleeting a small act of personal recognition can be highly significant.

In situations of profound trauma people don’t need initial counselling, they need safety, food, warmth and care. Anyone can be attentive to these needs without specialist skills. It is what many of our mothers offered in their neighbourhoods to each other’s families in difficult times: simple acts of support that kept people going.

Sometimes clinical skills can even be a hindrance. I was in a public place when a woman collapsed. A number of health professionals were present and able to make an appropriate clinical assessment, but when the woman regained consciousness and awaited an ambulance, these same professionals fussed with unnecessary technical tasks. The woman was embarrassed and frightened and started

to cry. At this stage she needed reassurance and tenderness and a supportive arm around her shoulders. So often we are overactive in responding to a crisis so that our feelings are anaesthetized. It can be more important to give ourselves the time to share the fright and the sudden shared insight into the fragility of our lives.

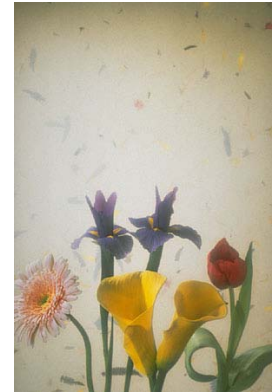
I have been struggling lately with how to relate to street people who beg for money. Sometimes they are so wounded by life that their eyes look dead and their hearts seem to be shut down in the sheer struggle for survival. I find them intrusive and discomforting.

I was walking along Elizabeth St when I heard, “Any small change love?” from an Aboriginal woman sitting in an alcove. I kept walking to the end of the block but something called me back. She jumped up in response to my “Want a cup of coffee?” and we scanned the street for a café.

Having come from Swan Hill to be with her nephew who was dying of liver failure, she was now trying to raise some money to help organize the funeral back home. We talked about funding options and I learned about the politics of Aboriginal services. Suddenly I felt humbled and grateful in recognition of the role reversal that had occurred; I had become the student and she the teacher, with the authority and dignity which goes with that position.

But it is easy to shut down. Another day I was approached by a homeless man “Can you spare me fifty cents?” “No” I said looking away.

Life is difficult for us all. We are fragile creatures, no matter what the trappings of success. When I can slow down enough to be open to myself and to others, I find that I can hold onto our common humanity. I believe it is what Christ stood for: acts of kindness that affirmed people’s full humanity, which in a struggling way I try to emulate. A commitment to such kindness provides nourishment not only to those who re-



“Kindness is holding the person’s humanity in mind. It means looking beyond ourselves and wondering how it might be for another.”

"Approximately 300 delegates, with representation from Australia, New Zealand, Papua New Guinea, USA, Hong Kong, Singapore, Malaysia and Japan, attended the conference."

Conference 2004

The Critical Incident Stress Management Foundation Australia held its third conference in August this year with the theme of *Challenges in Early Intervention*. There were five keynote speakers. Dr Jeffrey Mitchell gave a very valuable overview of CISM and future directions. Ms Cherie Castellano described the CISM response in New York post September 11, and her now highly recognised work. Mr Gary Raymond, a NSW police officer, spoke on "Seconds To Think" giving gripping examples of the quick decisions that emergency service personnel sometimes need to make to protect both their own lives and the lives of others. Ms Moira Kelly, from the Children First Foundation, was an inspirational speaker who described her work of bringing children in need of medical care from third world countries to western medical facilities. Finally Dr Michael Tunnecliffe posed the question of whether we are doing enough to support our workers and emphasised the importance of evaluation and research.

Approximately 300 delegates attended the conference. Although they mostly came from Australia, New Zealand, Papua New Guinea, USA, Hong Kong, Singapore, Malaysia and Japan were also represented. Delegates comprised of emergency service workers (33%) and mental health/welfare professionals (40%), as well as personnel from nursing, airlines, administration, education and the private sector.

During the conference a Pacific Asian Network was formed, with delegates from these regions, with the purpose of facilitating communication and support.

Delegates were asked to rate the overall value of the conference. Sixty six percent of respondents rated it '4' and 33% rated it '3'. (Where 1 = no value to 4 = high value).

CISMFA AWARDS

Congratulations to the following people who were recipients of CISMFA Awards for outstanding contributions to the field of Critical Incident Stress Management:

- ★ *Greg Chilvers, Solicitor, NSW Police Association*
- ★ *Stephen Hollowood, Paramedic, Metropolitan Ambulance Service, Vic*
- ★ *Colin Horwell, Paramedic, Rural Ambulance Victoria*
- ★ *Karen Ott, Manager of the ACT CISM Information Centre*
- ★ *Jill Scott, Consultant Psychologist to CFA, SES & ESAU, SA*
- ★ *Lesley Tunnecliffe, Co-Director, Emergency Support Network, WA*



Patricia Murdoch, Co-founder of CISMFA, also received an award and became the first recipient of Life Membership to CISMFA.



CISMFA AWARD RECIPIENTS

- ★ *Greg Chilvers*
- ★ *Stephen Hollowood*
- ★ *Colin Horwell*
- ★ *Karen Ott*
- ★ *Jill Scott*
- ★ *Lesley Tunnecliffe*
- ★ *Patricia Murdoch*

Administrative Coordinators Report

Debbie Rogers

It has been an extremely busy three months at CISMFA with a CISM Basic and CISM Advanced Course being run in Melbourne (not to mention a Conference!). We also held a Train-the-Trainer Course for 11 people, with a mixture of local, interstate and overseas participants. We would like to welcome all of them as Trainers.

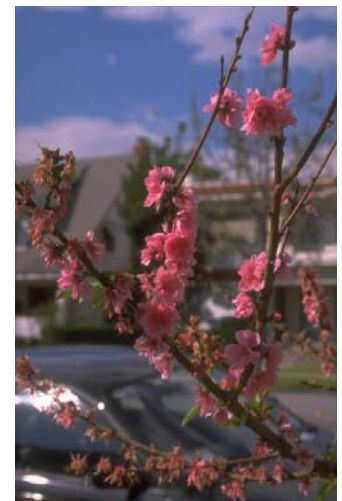
In addition there were 9 specialised workshops held prior to our **Challenges in Early Intervention** Conference. All of the presenters received wonderful evaluations with comments like:

"Informative, entertaining, relevant, engaging, easy to relate to, great presentation style, a

warm environment to share in, loved interaction with other delegates, thank you for the opportunity to participate in the workshop!"

"Absolutely excellent, content reinforced with a wealth of experience, excellent guidelines for do's and don'ts, well done!"

A very big thank you to all our wonderful 'behind the scenes' helpers at the conference. Never once was anything too much to ask. Their dedication, enthusiasm, warmth, humour and friendship was so greatly appreciated and made the Conference another success. Thank you!



CISMFA ANNUAL GENERAL MEETING

The Annual General Meeting of the Critical Incident Stress Management Foundation Australia Inc. will be held

Saturday 27th November, 2004
5.00 pm
at
145 Drummond Street
Carlton Vic 3053

Agenda

1. Welcome, apologies
2. Minutes of last AGM
3. President's report
4. Treasurer's report and financial accounts
5. Appointment of an auditor

RSVP by 15/11/04 to Debbie Rogers



Twelve courses were conducted between 1st July 2004 and 30th September 2004.

CISMFA Courses July —September 2004

There were twelve courses recorded for this quarter, including 9 pre-conference workshops and three of our 'regular' courses:

A CISM Basic Course at Stawell Community Health, Melbourne.

A CISM Advanced Course at Royal Melbourne Institute of Technology, Melbourne.

A Train the Trainer Course which attracted local, interstate and international participants.

Upcoming CISMFA Courses

CISM Basic Course

Monday 15th and
Tuesday 16th November, 2004
Melbourne

CISM Advanced Course

Monday 22nd and
Tuesday 23rd November, 2004
Melbourne