



# *Critical Incident Stress Management Foundation Australia Newsletter*

Volume 6, Issue 4

January 2005

## *PRESIDENT'S REPORT Robyn Robinson*

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### **Special Points of Interest in the President's Report**

- *The Tsunami Disaster*
- *Preparing for Humanitarian Work Overseas*
- *Feature Articles by Dr Jeffrey Mitchell, Dr Charles Figley and Ms Kylie Loughton*
- *CISMFA Membership Renewal*

The Tsunami disaster and its long term consequences are difficult to comprehend, even now. While we were visually flooded with the details of the terror of September 11th, there was very little visual information to make sense of the sudden and massive destruction of life, property and land that occurred following the tsunami. The earliest pictures I saw of the sea, terrible though they were, did not match the knowledge of the many kilometres of inland total annihilation. The receding waters of the ocean were even more difficult to visualise. As well, earliest reports of the size of the tsunami damage turned out to be a gross underestimation of what had actually happened. The reports started off with a terrible incident but not one which will be the worst that many of us will see in our lifetime. As the full nature of the tragedy was uncovered, it seemed to mirror the peeling back of denial that such a terrible thing really could and had happened.

My initial observations on the psychological assistance that is being offered include the following: It seems that there is a greater general understanding of the dangers of unwanted and un-coordinated assistance. Warnings of this abound. This caution shows our capacity, as helpers, to learn from mistakes made at prior disasters and to better orient what we do to the needs of those we hope to assist. Excellent information web-sites have been set up by psychological and trauma societies to inform people on trauma response



and coping. What I have seen is mostly good, common sense advice and should be useful to many members of the community. Finally, it seems as though initial support responses in the affected countries have included a healthy component of training; especially training of nationals. This will serve to resource and empower countries.

As we grapple with the dimensions of this disaster, it needs to be recognised that in many ways it is different from other disasters. For example, the communities that usually help people to work their way through loss and grief are in this circumstance often non-existent or so strongly impacted that they are not in a position to help others. We may be looking at a recovery process that takes generations in some areas. It is important that we listen to the needs of the people and respect different recovery/non-recovery patterns without judgement. It is also important, I believe, not to lose sight of the individual. With disasters of this magnitude, comparisons are easy to make but not always helpful. The information that we have about human re-

## President's Report (cont).

sponse to disaster will be useful and at the same time, I suspect, there will be a big learning curve for helpers.

I am also mindful of the needs of helpers and educators themselves. It has been difficult for some who are prepared and want to help and to be active in the field. Mixed emotions can be generated as they see others go and serve, and then return home with their experiences. However, as Jeff Mitchell's article states in this newsletter, there will be many different ways that people can assist. Help will be needed for a long time to come. I am aware of one Australian work place, for example, where a staff member lost a partner while holidaying in Thailand. That workplace paid for counselling for the staff member and other staff where required. This very positive response demonstrates how we can provide support where it is needed and that this can occur at home and abroad.

CISMFA has asked members to indicate their availability and willingness to assist if required. I would like to thank those people who have responded to this request. CISMFA training courses have been implemented (e.g. for World Vision in Bangkok) and others are planned. These all follow requests for assistance. Both CISMFA and ICISF will waive registration fees for any training that is conducted in connection with the Tsunami disaster.

The Foundation is offering a new course to prepare people for humanitarian aid work overseas. It will be conducted by Ms Amanda Allan. Further information about the course is enclosed for members with this newsletter. I am also pleased to announce that CISMFA is joining with the Australian Critical Incident Stress Foundation and the Australasian Society for Traumatic Stress Studies to jointly auspice a symposia in Victoria on Disaster Management. A preliminary notice is given in this newsletter and information will be posted on our web-site at a later date.

Moving on to administrative matters, and as you may already have noted from the membership renewal mailout, we are changing the dates of our membership year to coincide with the financial year. There will be a transition year to achieve this, which means that the upcoming membership year will cover 16 months instead of 12. Thereafter, membership will return to a 12 month period.

In this edition there is an article by Dr Jeffrey Mitchell on the Tsunami disaster. I am grateful to Dr Mitchell for writing this for us at short notice. There is an interview with Dr Charles Figley, who describes the Green Cross responses in Sri Lanka and what we can do to help. Finally, there is an article by Ms Kylie Laughton who describes a CISM response to a critical incident in Western Australia with excellent examples of crisis management briefings.

### Administrative Coordinators Report *Debbie Rogers*

It is with shock and disbelief that we enter the new year of 2005. It is hard to comprehend the amount of devastation and heartbreak that has occurred in Asia over the past few weeks. How fortunate we are to be safe, healthy and have our families around us.

In the last few months of 2004 we ran 3 CISM Basic Courses and 1 Advanced Course. We received some wonderful comments from participants who valued the courses immensely and found them extremely rewarding.

You will have received your CISMFA membership renewal form in the mail. Please take this opportunity to continue your membership and to subscribe to the Journal.

***"The communities that usually help people to work their way through loss and grief are in this circumstance often non-existent or so strongly impacted that they are not in a position to help others."***

***"CISMFA has asked members to indicate their availability and willingness to assist if required. I would like to thank those people who have responded to this request."***

## TSUNAMI RELIEF: DOING THE RIGHT JOB

*Jeffrey T. Mitchell, Ph.D., CTS*

*President Emeritus*

*International Critical Incident Stress Foundation*

A friend just returned home from providing tsunami disaster relief services in Sri Lanka. He was part of an overhead team (think logistics coordination and resource management). His team was there primarily to advise the local leadership and to coordinate the movement of huge quantities of relief supplies and numerous personnel. He noted how very difficult it was for him and his team not to become physically involved in the direct provision of services to people who were immediately accessible to his team in the local area. He had to constantly remind himself and his fellow team members that giving out water in bottles to the relatively small numbers of people in the local area might be very gratifying in the short run. But, in the long run, such activities will only sap energy and lessen the opportunities for developing appropriate helpful responses to the tragedy. So, my friend and his team did the right job. They did what they were sent in to do – locate, obtain, ship and distribute relief supplies for many hundreds of thousands of people throughout the land, not just for the few hundred they would reach by direct services.

There is a lesson here for all of us involved in CISM services. Sometimes the right job is the small, unnoticeable job. It may consist of training a team to provide a broad range of crisis support services in their own communities rather than to try to provide those services directly. Or it may be that the right job is to provide some financial support to a relief organization rather than try to fly into the disaster zone to provide a limited amount of first hand care. Sometimes the right thing to do is to just listen carefully to someone who did provide direct services and allow the person to ventilate the experience so he or she can return to as normal a

level of function as possible. Sometimes the right job is to stay out of the way and not rush in to help. Not everyone can be a front line relief worker in this horrible disaster which took the lives of nearly a ¼ of a million people.

Over many years of responding to disasters we have learned that the best help must be controlled and coordinated. Even crisis intervention help must be strategically planned out in advance and timed to be applied when the victims of a disaster are most psychologically ready to accept and utilize that help. Psychological help must often wait on the sidelines while rescue and recovery efforts are underway. If support teams wait patiently and time their support services and consider the issues involved in the disaster, they have a greater chance of being successful when they are asked to intervene.

This massive disaster has many issues or themes that must be considered before a CISM response occurs. There are national, cultural, religious, language, custom and tradition issues that must be considered. A pressing question is, "Can we carefully match the right resources with people who need those resources at the right time and under the right circumstances?" Another question is, "Can we do all of that without interfering with the response of legitimate disaster relief agencies?"

Before responding it is important to figure out what people need from a psychological point of view. Most likely, once essential survival issues such as food, water and shelter are managed, people will need information, guidance and direction. Then they may need support dealing with trauma, loss and grief. We have had to discourage people from going in



***"Sometimes the right job is the small, unnoticeable job. It may consist of training a team to provide a broad range of crisis support services in their own communities rather than to try to provide those services directly."***



## Tsunami Relief: Doing the Right Job (cont).

***"The victims of this catastrophe experienced a destructive tidal wave on the 26<sup>th</sup> of December, 2004. They do not need to be subjected to a tidal wave of uncoordinated and ill conceived help. Let us plan and respond in a coordinated fashion."***

when the only intervention they planned to utilize was the Critical Incident Stress Debriefing. It is a good intervention if the people you are working with are homogeneous groups who have experienced the same type and intensity of the traumatic event. But it would be quite useless with diverse collections of people who had vastly different experiences during tsunami. The teams that have gone in from Australia, the US and other parts of the world have had to assess the situation, make a strategic plan, determine what needs to be done for whom, when and under what circumstances

before they boarded the aircraft to go to the disaster zone. Those who are planning to go in the near future need to incorporate the experiences of those who have already been there. In that way the most appropriate responses can be arranged.

The victims of this catastrophe experienced a destructive tidal wave on the 26<sup>th</sup> of December, 2004. They do not need to be subjected to a tidal wave of uncoordinated and ill conceived help. Let us plan and respond in a coordinated fashion.

## INTERVIEW WITH DR CHARLES FIGLEY *President, Green Cross Foundation*

### ***What is the Green Cross Foundation?***

The Foundation was established in 1997 to support the work of the Green Cross Projects (now called the Green Cross Assistance Program), and the Academy of Traumatology through various activities and fund raising. The Academy of Traumatology works with 40 internationally acclaimed trauma specialists, including George Everly, to establish the Standards of Practice for the field and oversees the Journal, Traumatology.

### ***What is the Green Cross (a) doing and (b) trying to achieve in their current response to the Tsunami disaster?***

The mission is to train and provide paraprofessionals (called mental health assistants (MHAs), who are trained in crisis/trauma intervention (e.g., emotional first aid), in the 4-7 camps throughout Sri Lanka that are supported by Sri Lanka Cricket Aid. Phase I is training 83 MHAs. This was achieved the week of January 17-21 by our Team 1 of Green Cross volunteers (from Canada, Turkey, UK, and the US). Our standard Field Traumatology course was retrofitted.

***We have seen an emphasis on training as well as counselling/support by***

***teams from around the world who are trying to assist people in the affected countries. What do you see the benefits of this to be?***

The benefits of effective, culturally appropriate crisis/trauma intervention are proven (see Boscarino, Adams & Figley, 2005), and will benefit those affected by this horrific disaster. The additional benefits are that training first starts with retrofitting western ideas and approaches with the contextual requirements that are consistent with the culture, language, traditions, history, and standards of practice of the host. The Green Cross, of course, never goes anywhere unless invited by an appropriate host. We never stay any longer or depart any earlier than they wish. Thus, when we DO depart, we are leaving behind a fully self-sufficient program that fits the needs of that community. Another benefit is that by the experience, the host and their country teach the world about the complexities of the traumatic response.

***You have had a longstanding and intensive experience in the field of Traumatology. In this early, formative stage, how is this disaster and our response to it different from other***

***"The mission is to train and provide paraprofessionals, who are trained in crisis/trauma intervention, in the 4-7 camps throughout Sri Lanka that are supported by Sri Lanka Cricket Aid."***

## Interview with Dr Charles Figley (cont).

### **large scale tragedies?**

It may be too early to tell. At this early stage, we are very pleased because the operation is far smoother than any other I have known. This is largely due to the skills of the Green Cross Assistance Program leadership – especially Kathy Regan Figley (Incident Commander), but also Karen Trotter (Operations Manager), Sam Bernard and David Fine (Deputy Incident Commander), and the fine Team Leaders (David Tredeau, Peter Teahen, and Sandy Ramsy). But equally important is our host, Sri Lanka Cricket Aid with their excellent social capital as the beloved Sri Lanka Cricket. This combination of a powerful and creative host, together with a well-trained and coordinated response team, accounts for the early successes and the chance of making the overall operation a success.

### **What do you predict will be the greatest challenges that lie ahead of us in the years to come?**

As with any international venture in the wake of an extraordinary catastrophe, chaos gradually leads to a reestablishment of order, with the emphasis on order. The greatest challenge for this humanitarian mission is to be flexible in the face of greater and greater government controls to maintain the status quo. We certainly saw and continue to see this in the US following 9-11. The same is true for natural disasters, such as the Kobe earthquake. Order abhors change. To be successful we must adjust the mission to fit the need for returning to normality and recognize that being welcomed as outsiders has a time limit.

### **It is very difficult for many of the helpers who are not involved in an active response to sit and wait and “do nothing”. What advice do you have for them?**

Yes indeed. We ask their help with three activities: (1) Generate funds and friends for Green Cross. We must some-

how acquire \$200K to pay for this 30-day operation. We must use this period to spread the word about Green Cross to generate interest and support for future operations, and membership. (2) Generate publicity for those who ARE going and show support for them. Media are far more responsive about stories of the operation if they are aware of a local who is involved in some way. Interesting, though, they are more interested if the tip comes from OUTSIDE their local area. (3) Standby. We anticipate at any time an invitation from Indonesia to assist them in the same way we are assisting Sri Lanka.

### **How can people in Australia assist Green Cross?**

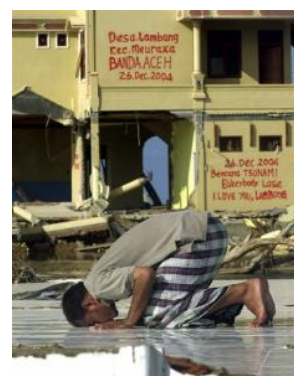
Join Green Cross. We are establishing joint venture agreements – both temporary and permanent – with ICISF, CISMFA, the Association of Traumatic Stress Specialists (ATSS), the National Organization for Victim Assistance (NOVA), and others to coordinate and consolidate our efforts for mutual benefits. However, we really need an international contingent of well-trained members who are connected to the same network, and can act as a coordinated team. Green Cross forms teams based on the mission of the mobilization.

What is needed immediately is funding. We are unable to complete our mission in Sri Lanka and take on more unless sufficient funds are raised. If you visit [WWW.GreenCross.Org](http://WWW.GreenCross.Org) there is a way to donate on line. Please help.

Charles Figley, Ph.D., Penn State Alumni Fellow, Fulbright Scholar and Florida State University Traumatology Institute Director  
Professor, School of Social Work, Email: [CFigley@FSU.Edu](mailto:CFigley@FSU.Edu)  
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Phone: 850-644-9598



***“What is needed immediately is funding. We are unable to complete our mission in Sri Lanka and take on more unless sufficient funds are raised.”***



## PEER SUPPORT – IMPACT ON COPING DURING A CRISIS

*Ms Kylie Jane Laughton, BA, BSocWk, Senior Social Worker  
Swan Kalamunda Health Service*

*Ms Annemarie Alexander, Hospital Program Manager  
Swan Kalamunda Health Service*

***"In March 2004, while conducting a routine assessment, a Community Mental Health Nurse and a Senior Social Worker were violently assaulted, receiving life-threatening injuries."***

Swan Districts Hospital (SDH), part of the Swan Kalamunda Health Service, is a 163 bed hospital in the foothills of Perth, Western Australia. Services include Obstetrics, General Medical, Surgical, Paediatrics and Aged Care. The SDH Emergency Department sees 2500 presentations on average, per month. The site also includes an extensive speciality Mental Health Service, encompassing Elderly Mental Health, Adult Mental Health, Child and Adolescent Services and Rehabilitation Services. Swan Mental Health Service has 41 inpatient beds, split between Adult (18 – 65) and Elderly (65+), and can accommodate both voluntary and involuntary admissions. A substantial part of the Mental Health Service is Community Based Case Management, and in-reach is the preferred service provision model.

The Swan Kalamunda Health Service employs a total of 1000 staff members, with the vast majority working at the SDH site. The Executive Committee of Swan Kalamunda Health Service supports stress minimisation for all staff, and the desire to retain and sustain the workforce has led to the formation of broad-based policies on Staff Support. This includes a contracted Employee Assistance Provider, to provide confidential counselling to staff and their immediate families, a Critical Incident Debriefing Policy to harness a culture of no-blame, and a Peer Support Committee. The Peer Support Committee was formed in 1996, and is one of the longest running Peer Support Programs in Western Australia. An Executive Sponsor supports the Peer Support Committee, and provides a direct link to the Executive Committee.

In March 2004, while conducting a routine assessment, a Community Mental Health Nurse and a Senior Social Worker were violently assaulted, receiv-

ing life-threatening injuries. At the time of writing, only one staff member had returned to the work place in a part time capacity. The alleged assault, which was covered extensively in the media, had far-reaching implications for staff all over the state. It is understood to have been the first time an assault of such magnitude had occurred, and as both staff members involved were long-standing and well known Health Care Professionals, the Western Australian Health Care Community was shaken by the event. The alleged assault occurred on a Saturday afternoon and the immediate impact for the staff at the SDH site was based on both perceived and real threat.

This article seeks to identify the role played by Swan Kalamunda Peer Support Team in addressing this stressful workplace event, and highlight the creative measures used to support both staff and supporters.

### **1. IMMEDIATE RESPONSE**

In the aftermath of the event, the Peer Support Committee were requested by executive members to provide support to all staff as necessary. Two members of the Committee came in on their personal time to attend briefings, and to be available for the staff on shift. They arrived on Saturday afternoon and worked through until the early evening. They remained in the Hospital, and particularly in the Adult Mental Health Inpatient Unit, for several hours and provided practical assistance in the form of answering telephones and providing refreshments to the shocked staff, as well as assistance in the form of emotional first aid. The same staff members returned on the Sunday, and repeated their show of support for all staff involved.

## Peer Support – Impact on Coping During a Crisis (cont).

### 2. GOOD INFORMATION

On the Sunday afternoon, the Peer Supporters attended several other wards, allaying fears, and providing accurate and updated information for the staff in the units surrounding Mental Health. It was noted that several wards had been incorrectly informed that the alleged perpetrator was at large on the campus, and staff required reassurance and information to minimise their fears and assist them to continue to provide a high level of service.

By the Monday, all Mental Health Staff for the region were aware of the magnitude of events. A briefing session was arranged to ensure that all staff were given accurate information about the events leading up to the alleged assault, the immediate response and the current condition of their colleagues. Members of the Peer Support Committee attended the briefing, and contributed information to the session, inviting staff to contact them, should they have the need to discuss any issues. Additionally, other Peer Support Committee Members with Mental Health experience attended the clinic, and assisted the skeleton staff to deal with walk-in clients and emergencies.

### 3. COMMUNICATION WITH EXECUTIVE

An extra-ordinary meeting of the Peer Support Committee was called, and team members received a special briefing from the Members of the SKHS Executive. At that meeting, the Executive Committee acknowledged the contribution of the Peer Supporters. In consultation with the Executive Committee, the Peer Supporters contributed to planning for the overall management of the situation. Two senior members of the Peer Support Committee met with the General Manager, and helped to plan a number of information

sessions held by Executive. These sessions were designed as communication forums, and scheduled at morning and afternoon tea breaks, to enable staff from all areas of the hospital to receive information direct from the General Manager. The sessions were advertised by the Peer Support Committee, both via electronic communications and word of mouth. A total of 10 Peer Supporters participated in a supportive capacity at these sessions.

### 4. FLEXIBLE APPROACH TO CHANGE

During the regular Peer Support Committee meeting, held 5 days after the assault, it was apparent that all Supporters had contributed significant amounts of time and energy to providing First Aid to their colleagues. The decision was made to create an updated list of contact numbers for the members of the Peer Support Committee. The intention was to enable Supporters to quickly identify other members of the committee, should they feel themselves unable to provide support to a colleague. Additionally, a Global Peer Support E-mail address was created to increase the capacity to contact all Peer Supporters, and minimise the time taken to communicate information.

### 5. KEEPING STATISTICS

The most obvious impact on the individual members of the Peer Support Committee was the intensive increase in the amount of Support provided to colleagues. The figures for the period indicated an almost immediate impact on time spent, with the equivalent of 188 hours of support given to colleagues in the month following the assault.

### 6. CREATIVE SUPPORT

Levels of anxiety and arousal increased dramatically across the site, but particularly in Mental Health Sections and in the Emergency Department. A member of the Peer Support Committee undertook, in their own time, to assist the Emergency Department Staff to coordinate a petition regarding security matters. This was

*"It was noted that several wards had been incorrectly informed that the alleged perpetrator was at large on the campus, and staff required reassurance and information to minimise their fears and assist them to continue to provide a high level of service."*



## Peer Support – Impact on Coping During a Crisis (cont).

### COURSES, CONFERENCES AND MEETINGS



#### CISMFA COURSES

##### CISM Basic:

4<sup>th</sup> & 5<sup>th</sup> April 2005

##### CISM Basic:

15<sup>th</sup> & 16<sup>th</sup> August 2005

##### CISM Advanced:

18<sup>th</sup> & 19<sup>th</sup> August 2005

##### Ready and Willing:

27<sup>th</sup> April 2005



#### AUSTRALIAN COLLEGE OF AMBULANCE PROFESSIONALS NATIONAL CONFERENCE 2005

13 – 15 October, 2005  
Canberra

[www.acap.org.au](http://www.acap.org.au)



#### MEETING: PRELIMI- NARY NOTICE

ACISA, ASTSS & CISMFA are presenting a symposium on Disaster Management Thursday 5<sup>th</sup> May 2005 (afternoon session) Melbourne.



felt to empower Emergency Department Staff, and decrease their levels of distress.

*In keeping with Western Australian Health Department policies, the Office of the Chief Psychiatrist undertook a review of the event, and a final report detailing the event and recommendations was released in May 2004. On the day that the final report from the Office of the Chief Psychiatrist was released, the Peer Support Committee Chairperson was contacted by the Area Director for Mental Health, and asked to notify Peer Supporters of the graphic nature of the report in order that they could be mindful of the potential impact on colleagues. Members of the committee report a slight increase in collegiate support during the first week after the report was received, but not to the same scale as previously noted.*

#### 7. AFTERCARE

The Executive Team approved and paid for a follow up debriefing session with an external service provider. Committee members were invited to participate in a two-hour session, designed to allow for venting, and debriefing in the aftermath of events. A willingness to discuss the impact on themselves, and thereby minimise the risk of vicarious traumatisation, was considered a strong safety mechanism for the committee.

The Peer Support Committee were debriefed by an external Facilitator, recognised as a specialist in the field. The Facilitator has had a long relationship with the committee, having provided all training and refresher courses since the inception of the Peer Support program. Seven Committee representatives attended the Debriefing, and reported anecdotally that the session was helpful.

#### SUMMARY

Communication factors were felt to have played a significant role in the aftermath of the alleged assault. The decision to create an updated list of contact numbers for the members of the Peer Support Committee and a Global E-mail address was made quickly, and served

to minimise the time taken to communicate information. Both speed of communication and quality of information were felt to have assisted the Supporters in the first few days.

In the six months after the incident occurred, Swan Kalamunda Health Service undertook a full review of its Critical Incident Debriefing Policy, and five members of the Peer Support Committee contributed to the review panel. The experience gleaned by Peer Supporters was felt to be a vital consideration in the future of Critical Incident Stress Management at Swan Kalamunda Health Service.

The immediate involvement of the Peer Support Committee ensured that the staff who volunteer their time to support their colleagues were well-informed and able to address the issues as they arose. The Peer Support Committee were able to contribute to planning and participate in creative ways to support colleagues, both during and after the critical incident occurred.

It was acknowledged that the clear pathways of communication between the Peer Support Committee and the members of the Hospital Executive contributed significantly to the Committee's willingness and capacity to absorb the workload that ensued. The full support of the Executive is considered to be a factor in the ongoing long-term success of the current Peer Support Program.

Finally, the commitment and drive of the members of the SKHS Peer Support Committee is the most significant factor in the overall success of the Program. Strong internal leadership, demonstrated by willingness to rotate the role of Chairperson, and recognition of the individual strengths of members characterises this Program and ensures its survival into the future.