

In the business of trauma

Geoff Holmes reflects on the ACW conference to bring back humanity into trauma support

The recent ACW conference, 'Trauma and crisis management – organisational responses', was a great opportunity to learn from various organisations and academics involved in the business of trauma. I attended as an ACW Executive member and also as a senior manager of an employee assistance provider. Part of the product we sell at Care First is trauma and critical incident response. Supporting organisations and their staff through traumatic incidents is a vital part of our role and often proves to be a focused opportunity for affirming the worth of employee assistance services and its range of clinical and business-focused interventions.

I was trained some 10 years ago in a full psychological debriefing model, which at the time I accepted as offering an appropriate intervention for people who had been exposed to traumatic incidents. As my career in EAP work developed I met several variations on the theme and have followed with interest and, at times, discomfort the debate about the efficacy or possible harm debriefing may cause. Organisations need something from their EAP providers when staff are distressed and managers feel the burden of staff reactions to difficult situations. Employees may become angry and upset, blaming the organisation for its response to accidents, sudden death or violence perpetrated by individuals on public-facing staff. Very often a team in the workplace will become unfocused and distracted by what has happened and managers feel powerless to address issues that may touch raw nerves in their staff and in themselves too.

I have no doubt that counsellors and other allied professionals have a role to play in helping organisations manage these processes in the workplace but the nature of our responses needs careful examination. I believe the primary need is to have professionals available who can understand the organisation's imperatives and its staff's needs. While my organisation delivers a brief defusion model where appropriate, it is not the first or automatic response to organisations' traumas.

At times during the conference I wondered whether we were in danger of losing the reality of what happens in the workplace when employees face traumatic situations, in favour of theoretical discussion. Services and interventions are many and varied in this field and I became uncertain

about what forms of intervention were being challenged. There are many things counselling professionals can do very effectively following traumatic incidents. One of the primary tasks is to provide managers with support that empowers them to maintain control of a situation. Sometimes that support will be focused on helping them understand that individuals will all have their own reactions and that it is normal to be upset, tearful and possibly angry when difficult things happen. Often there is a myth to be exploded, for example that counsellors coming on site can make everything better quickly, thus avoiding the painful period of individuals working through natural reactions to trauma. Sometimes a great deal of this tutoring of managers can be done on the phone when an incident has taken place. Often an on-site visit from a counsellor aimed at meeting with managers and providing some basic education about trauma and checking out the range of responses evident in teams, will suffice.

Psychological first aid

If a structured group session is needed due to a shared level of distress, a facilitative approach, which allows individuals to speak briefly about their experience of the trauma and which mobilises peer support for each other, can be extremely productive. Such a meeting needs to have as its basis a healthy and optimistic view of individuals, treating them as coping individuals rather than victims. A good model will be one in which the professional facilitating the session will be making an assessment of the people within the group. S/he will be aiming to recognise those who may show signs of coping less well and who may need to speak to a counsellor in a one-to-one meeting in order to establish an appropriate way forward. I like the analogy of providing psychological first aid or triage, which to me seems infinitely more appropriate than surgery! While I listened with interest to those at the conference who commended a model of peer support and facilitation, I believe that a trained professional counsellor will bring to the situation a range of skills, not least of which is some discernment regarding which interventions are appropriate and in what circumstances.

At its best, post-incident support allows three main things to take place:

- not getting in the way of normal human

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processes through which individuals will integrate difficult episodes into their experience

- assisting managers to be more comfortable with staff reactions and guiding them in how to monitor the local situation for signs of concern

- recognising individuals at risk who, for a variety of reasons, may need professional interventions on a one-to-one basis to assist a healthy return to functioning using focused, structured debriefing or defusing meetings sparingly and in a managed way which takes care of the safety of individuals and does not encourage re-experiencing of the trauma.

During the conference I overheard conversations that demonstrated a healthy debate about the dialogue taking place concerning appropriate responses to trauma in the workplace. It is always positive to place assumptions about clinical interventions under the searchlight and to test their validity, as far as this is possible. However I heard practitioners who have, up to now, incorporated into their professional portfolio skills in providing post-incident response, contemplating abandoning that kind of service.

Don't abandon ship without due consideration of what's good about this work and what might be reworked into a more positive approach! Babies and bathwater come to mind.

The debate needs to continue with an openness that brings energy and with a will to find the kind of support interventions that match a need which is real in the world of the workplace. I would hate to see a lack of dialogue in this area lead to post-trauma interventions going underground (no reference to Alison Dunn's presentation on the London Underground intended!). Many organisations and individuals are proud to provide professional post-incident interventions. Let's continue to look at the shape and format of those interventions to ensure they provide optimum support, and guard against any harm such interventions might cause. Is that not a challenge appropriate to any professional therapeutic intervention? ■

Mediation video/DVD review

This DVD is split into three parts. The first section presents an explanation of workplace mediation. Parts two and three cover role-plays of two face-to-face mediation meetings featuring different work conflict scenarios

Nora Doherty, the presenter and mediator in the DVD (and director of PMR), explains at the start, 'Where there are people there will be conflict'. How true this is. Management of conflict is what mediation is all about. And with such a diverse range of characters and personalities in organisations, there are bound to be times when people disagree with one another.

Ms Doherty begins with an introduction to her organisation, PMR, what it offers and the kinds of disagreements or conflicts that mediation can help with. She presents a clear overview of workplace mediation, the potential benefits and the core principles. She goes on to discuss the '6-step process' of a face-to-face meeting. This is a good overview of mediation and its uses in the workplace.

Introducing parts two and three it is stressed that the role plays are staged, face-to-face mediation meetings because in reality mediation meetings can take several hours. This section aims to give viewers an idea of the entire set of a face-to-face mediation meeting. There is an on-screen explanation about the mediator needing to be more directive than usual in order to complete the meetings within the time available and that usually discussions and emotional communications are allowed to flow and can take some time. This is helpful information to know before you watch the two role-played scenarios that follow.

It is a challenge in itself to structure and script two short role-plays in a way that fully captures the emotions, hostility and miscommunication that can form the heart of conflict, let alone demonstrate the intricacies of how to manage this by way of mediation.

I would like to have seen one face-to-face meeting allowing time for the exchange part to develop and enabling the mediator to demonstrate more conflict management skills. This would show more clearly what happens when things get heated and people are having a much freer exchange of views. While the scenarios are played out in an accelerated way to fit into the DVD, I am a little anxious that people new to mediation may be left with the impression that mediation meetings are very directive and managed by the mediator with little room for the thoughts and feelings of the participants. As a result its value as a training tool is limited because it doesn't encapsulate the full breadth and depth of the mediation process.

However, with the price suggesting the DVD will be aimed at organisations, trainers and consultants, viewers will find this a useful aid to demonstrate some of the basics of the mediation process.

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Workplace mediation: rebuilding working relationships

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2005, £299

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