



Preparing for CISM Response: Lessons Learned

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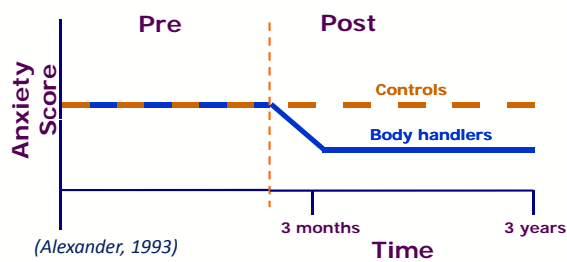
CISM NETWORK IRELAND, 19TH JUNE 2012

Piper Alpha Oil Platform Disaster 1988



- 193 km NE of Aberdeen
- 167 deaths
- 59 survivors
- 105 bodies missing

Pre and Post Body Retrieval Exercise (n=35)



Positive outcomes



- glad to be a member of team (75%)
- benefit to future career (88%)
- would volunteer again (71%)

Coping strategies



- a problem to be solved
- a meaningful task
- a sense of altruism
- black humour
- talking to colleagues

Most helpful factors




- management/organisation
- physical needs
- definition of duties [purposeful]
- appreciation
- “black humour”
- speaking to colleagues

Scottish Ambulance Service:

Aimed to identify:


- impact of emergency work on:
 - emotional welfare
 - job satisfaction
- effect of serial exposure to critical incidents
- how emergency personnel cope

Alexander & Klein (2001)

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Sample (n=110)

	n	%
Males	95	86
Females	15	14
> 15 years service	80	73

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Most disturbing incidents (6 months)

- child victim
- knew victim
- very severe injuries
- false information
- delayed back up

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Most disturbing incident: duration of effect

	%
A few hours	10
About a day	12
A few days	41
About a week	16
A few weeks	17
About a month	1
A few months	3

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Sufficient time to recover

Always	Frequently	Sometimes	Never
0%	8%	23%	69%


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Level of psychological problems

General psychopathology
 "Caseness" on GHQ - 32%

Burnout

- "high" emotional exhaustion - 20%
- "high" depersonalisation - 26%
- "low" accomplishment - 36%

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Job satisfaction associated with...

- fewer years of experience
- better mental health
- less “burnout”

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Support from fellow paramedics

Support	Always	Frequently	Sometimes	Never
Colleagues	17%	27%	37%	19%
Managers	2%	6%	24%	68%

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Reluctance to discuss emotions with colleagues

Concerns	Always	Frequently	Sometimes	Never
Confidentiality	26%	28%	40%	6%
Threat to career	17%	29%	43%	11%

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At risk factors: (i) “immunity assumptions”

- well selected
- well trained
- well managed and led
- “hardened through experience”

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Effects of increased exposure

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Reactions?

- “normal” reactions
- “secondary traumatisation”
- performance guilt
- difficulty in “letting go”
- compassion fatigue
- physical symptoms (*delayed*)

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At risk factors: (ii) personal

- altruism
- empathy
- identification
- unrealistic expectations
- other “baggage”
- minority groups

At risk factors: (iii) operational

- exposure to death, injury and suffering
- inadequate PPE
- poor diet
- sleep loss
- work overload
- helplessness
- threat to life
- conflict of interest
- anger/criticism
- “double jeopardy”

Reluctance to seek help?

- stigma
- unworthy
- unrealistic expectations
- “just part of job...”
- confidentiality
- career blemish

Clues for needing professional help

- excessive denial and “dissociation”
- unusual carelessness and poor concentration
- work decline and poor time keeping
- under (or over) work
- excessive irritability and moodiness
- excesses (alcohol, cigarettes, food)
- unexpected tearfulness
- unexpected physical symptoms (especially pain, insomnia, and loss of appetite)

Peer support: advantages

- shared culture, values, language
- credibility
- ready access
- less intrusive

Resilience factors

- meaningful task
- good leadership
- good organisation
- physical needs
- team work
- appreciation

Lessons learned

- Resilience is the norm
- “Growth” through adversity
- Beware of hidden victims/ “ripple effect”
- Do not “medicalize”
- Interventions (best evidence)
- Organisational practices can be protective
- Preparation is essential

Philosophy of care: NATO Guidelines (2009)

- Tailor services to meet needs
- At risk factors should guide interventions and psychosocial responses
- Anticipate:
 - longer term needs
 - subsequent unexpected events
 - delayed reporting of post-traumatic psychopathology
 - anniversary reactions

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