Improving Lives Through Excellence

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Rapport

Editorial

Dr Ester Cole

The awaited report by the Mental Health Commission of Canada was published during the Mental Health Awareness Week in May. Following a process of consultations and research, the Commission launched its Mental Health (MH) National Strategy. The report highlights the public's need for increased access to mental health services. To date, funding challenges continue to present barriers for those wishing to access services provided by psychologists. Developing blueprints for the implementation of the MH Strategy, will hopefully lead to more timely access to effective services across the country.

This newsletter provides CRHSPP members with one facet of services provided by psychologists, concerning disaster response and trauma. With the launch of the new website, members will be able to increase communication avenues with colleagues, share information, and contribute to future publications.

Please send your paper to ester.cole@sympatico.ca.

PROFESSIONAL TRAUMA CARE DIRECTORY – TRAUMALINE1

Dr. Anna Baranowsky,
CEO, Traumatology Institute*

In 1999, the Traumatology Institute in Canada was established to offer a comprehensive training curriculum in post-trauma care. Courses included Early Intervention Field Trauma; Intake, Evaluation & Assessment; Group Approaches in Trauma Care; Tools for Trauma care using a Cognitive Behavior Approach; Supervision and Compassion Fatigue programs. As the Institute grew, individuals, organizations and institutions began to request information about professionals who could provide training and services within communities beyond the immediate reach of the Traumatology Institute. Requests for trained clinicians within Canada and the United States came more frequently and with this the realization of a need for a directory of trauma care professionals. This was the beginning of the idea for TraumaLine, 1 a web based directory to meet this specific need.

What is Trauma and why do we need TraumaLine1?

The goal of "TraumaLine1" was to establish a well known professional trauma care directory making it easier for clinicians to practice in their specialty area and survivors to get the care they need when they need it. Although post-trauma care is a highly specialized service, it is clear that appropriate, timely and skilled responders are in great demand. Trauma can occur any time and any place and a timely response can make the difference between years of unnecessary suffering and a reasonable and healthy recovery process.
Access to skilled professionals is an uncertain road as up until recently there is no centralized database to showcase those specializing in Trauma care.

Post-Trauma Responses including Post-Traumatic Stress Disorder (PTSD) may occur after exposure to a very stressful event. Events that tend to lead to PTSD and other related stress disorders tend to include those typified by serious injury, illness, or threat of death personally or to those who you know or have contact with. A traumatic event is generally something that is terribly frightening that leaves you feeling hopeless, helpless and out-of-control of the unfolding events.

In the course of one's lifetime approximately 60% of men and 50% of women directly experience at least one significant traumatic event. Women are more at risk of exposure to childhood sexual abuse or a sexual assault later in life; while men are more inclined to experience physical violence, war combat, natural disaster, and accident or to witness another's serious injury or death.
The good news is that although exposure to trauma is fairly common only 7-8% of the general population is diagnosed with PTSD over the course of their life-time. Women tend to be more vulnerable to the development of PTSD (approximately 10%) while only 5% of men exposed to trauma will develop PTSD. In the U.S. approximately 5.2 million adults will meet the diagnostic criterion for PTSD in any given year. This number represents only a small percentage of individuals who have experienced a trauma over the course of the same year. So although diagnosis of PTSD is relatively small compared to exposure those suffering from the aftermath of trauma but still managing to cope is quite a large number and requires care in order to lead to an optimal outcome for the individual.

There are numerous professional and public websites that focus on information for trauma survivors, databases for specific professions (psychologists, social workers, etc.), trauma specific information sites for professionals specializing in trauma and trauma networks **.** However, www.TraumaLine1.com was built to raise awareness of the needs of trauma survivors and those professionals with the skills to respond.

For more information contact Dr. Anna B. Baranowsky, E-mail: info@psychink.com; Phone: (416) 229-1477 ext 335; Web: www.ticlearn.com & www.traumaline1.com . She is the CEO; Traumatology Institute (Canada) is a psychologist who works with trauma survivors.

TRAUMA CERTIFICATE COURSES GO ON-LINE:

E-LEARNING FOR MENTAL HEALTH PROFESSIONALS AND OTHER TRAUMA RESPONDERS

Dr. Anna Baranowsky,
CEO, Traumatology Institute*

The Traumatology Institute has developed a series of courses for professional trauma responders and counselors in a comprehensive trauma training certification that is now available on-line, and on demand at your own pace. These courses are all based on "best practices" research and developed over many years through careful examination of what works in real settings with those who have been seriously injured, ill or traumatized. The Institute is dedicated to training individuals, organizations and groups to offer skilled care to trauma survivors in your community and anywhere around the world.

The Traumatology Institute launched their comprehensive Clinical Traumatologist training curriculum on-line (May 2011) in an e-learning platform which is on-demand. Students can now take courses anywhere in the world at any time www.ticlearn.com. The new on-line school will help caring mental health professionals around the world build skills that work when helping trauma survivors struggling with Post-Traumatic Stress Disorder (PTSD). Courses for personal resiliency skills in a Compassion Fatigue (CF) program are also offered for care-givers (Compassion Fatigue is defined as secondary stress and burnout—a debilitating condition impacting care-providers).

With the new on-line format, busy professionals and those living in remote locations can develop skills in post trauma care and protect themselves from Compassion Fatigue symptoms. Trauma response skill development and self-care act as buffers to the impact of caring for trauma survivors.

The new, cutting edge on-line program teaches participants how to:

- ✦ Become skilled in offering emotional first aid care and long-term counseling interventions to trauma survivors
- ✦ Develop a comprehensive toolkit for working with individuals, groups and organizations following a traumatic event

Identify symptoms and build Compassion Fatigue resiliency skills

By designing a flexible and affordable program that professionals can complete any time and in the comfort of your own home or office the Traumatology Institute hopes to reach out to those who may not otherwise have access to comprehensive trauma training.

The curriculum is well-suited to counselors, psychologists, social workers, psychiatrists, clergy, employee assistance professionals, clinical supervisors, emergency responders and other helping professionals. There are two training streams. The Clinical Traumatology stream trains counselors and other clinical professionals while the Community and Workplace stream trains people who work with trauma survivors but do not have a counseling focus.

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COPING WITH TRAGIC EVENTS IN SCHOOL COMMUNITIES

By: Dr. Ester Cole*

As in a personal crisis, when a tragedy takes place in a school, students, staff and parents experience feelings of grief, shock, denial, confusion, sorrow and helplessness. If a crisis is not resolved, overwhelming feelings of depression or burnout may occur. School-age children/youth who have faced traumatic events in their past, tend to be particularly vulnerable in such situations. For them, a school crisis is likely to activate past memories and may result in cumulative stress reactions. Such students will likely require individualized or small group support facilitated by a mental health professional.

Disasters and tragedies can take many forms. In some cases, pre-planning can be done (i.e. an anticipated death). Others may be sudden and allow little or no time for pre-planning of interventions. Specific situations call for particular responses. Nonetheless, given the challenges faced by schools, education systems have established crisis intervention teams which can be called to provide assistance with management procedures and supports. In smaller communities, however, mental health services are provided by few members who do not have established teams. Given community needs, the following summary maybe of help during a consultation process.

Crisis Teams

1. Team membership is usually comprised of mental health professionals, administrators and educators. The role of the team is to support staff in decision making following a tragedy; to assist in identifying at-risk students; to support effective coping behaviours during extreme emotional states; to provide information about resources and community supports.

2. When teams are formed, it is recommended that training include: warning signs of at-risk students; active listening skills; reporting procedures; crisis interviews; grief reactions; explaining death to children; postvention; legal considerations in emergency situations; changes in confidentiality dealing with the media; documentation of action plans and activity checklists and sharing of information. The training may include case studies role play intervention techniques; dealing with caregivers' reactions; communication techniques; team debriefing and multicultural and religious considerations.

3. During a crisis, the role of the team is dynamic. Needs may change very quickly and members may be called upon to act as consultants, spokes people, crisis counsellors, providers of information and organizers of activities. Mental health professionals should indicate to the team leader and the school principal their areas of competence and preference in working with staff, students or parents. This is likely to assist in administrative planning and maximize appropriate services.

4. Crisis teams need to maintain active lists of resources, emergency telephone numbers, helpful websites, referral procedures, lists of trained translators/interpreters and appropriate community agencies.

5. When called upon, a crisis team often conducts a brief needs assessment and plans intervention steps which should be reviewed as the needs change during the school day. At the end of the day, the team should have a debriefing, record administrative procedures and plan follow-up activities.

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Crisis Intervention Steps

1. Determine how staff, students and parents will be informed about the tragedy. If a death occurred outside the school, the principal or designate should confirm the information by contacting the affected family to discuss their wishes. Immediate action is called for. The administration needs to be prepared to deal with staff and students as soon as possible.

2. All teachers should be informed if possible, in a short staff meeting. The circumstances will determine whether it is desirable or possible first to convene a teachers' meeting. Mental health professionals should take part in such a meeting since vulnerable reactions are to be expected.

3. Staff members need to talk to students about the event in order to help control the spread of rumours. Immediate attention will show students care and respect for their reactions. See, for example, www.NCTSN.org.

4. Decide about scheduling changes. This decision will likely depend on the nature and extent of the crisis, and might vary from grade to grade. In general, the sooner the needs of individuals or groups are met, the less complex it will become to return to a normal routine.

5. Regular classes will need to be suspended while discussions take place. Teachers have to know who will provide immediate out of class assistance to overwhelmed students and where to send them to.

6. An effective method for informing parents may be to prepare a letter (or email where applicable) by the principal, with input from a mental health professional, to be sent home.

7. Parents whose children's reactions are assessed as extreme should be contacted by phone and counselling services offered.

8. In case of a death, funeral and memorial services will require decisions about staff and/or student attendance. If possible, parents should accompany their children.

9. It is important to support younger students without giving too much prominence to the tragedy in day to day activities. Students may feel anxiety, confusion and guilt. It is thus important to stress that the death was not their fault. They should be encouraged to re-establish routines so they can begin to feel more control. Staff should stress that they cannot fully answer the question "why did it happen?". However, large group and small group sessions can provide opportunities to express mutual and communal feelings of loss by staff and students.

10. Mental health professionals should consult with the school about on-going opportunities to deal with the crisis. This may include long-term counselling in and out of the school.

11. Teachers who deal with students' reactions on a daily basis may require support and information about additional resources. It is important for the helpers to take time to deal with their own reactions in order to prevent burnout and maximize functional working relationships at school.

12. Counsellors should inform staff and parents about delayed reactions in children/youth. A similar crisis in another location may trigger intense renewed feelings of stress. Furthermore, anniversary dates may reactivate depressive feelings. Planning remembrance events or acknowledging the date may divert renewed stress reactions.

Coping with Bereavement

The acceptance of a tragic event concerning death varies from person to person, and reactions may continue to occur for a long period. It may be months before the significance of a death is fully realized. In some people the grief process may cause depression; in others it may result in numbness or anger. Children's reactions must be understood in the context of developmental stages. Children's cognitive development plays a significant role in the extent to which a child/youth will understand the meaning of death.

1. Caregivers need to consult with educators and parents about developmental phases in understanding death as final and inevitable. As well, children's process of grieving may vary over time.

2. Cultural differences must be considered when working with students during a tragic event. Some backgrounds encourage overt expression of grief, while others condone suppression of such feelings. It is thus important for caregivers to familiarize themselves with cross-cultural expressions of grief in order to understand students' reactions, and to identify accurately those in need of more individualized support.

3. Mental health professionals should consult with educators and parents about the developmental phases of grief resolution. The first phase is often characterized by shock and numbing of feelings. Denial and disbelief may also be expressed at this stage. The second phase of acute grief follows reactions of alarm. It may be characterized by disorganization, sadness, internal conflict and guilt. It may take over three months for these intense feelings to subside. In students who have experienced early losses, it may take about two years before the grief process is completed. The third phase involves the understanding and acceptance of the loss, and a decrease in symptoms such as frequent crying. Most children/youth are able to verbalize their awareness of the loss and increase their self-reliance, and coping skills.

4. Mental health professionals should share with educators relevant literature/websites on tragic events. Many school systems have developed central resource materials and curricula which are likely to help students deal with their feelings and stressful experiences. Through age-appropriate readings and discussions, students are likely to learn that their thoughts and feelings are seen as a normal part of the bereavement process. Readings and web-based links for teachers, parents and counsellors should also be included in the central resource materials. It is important to select multicultural and multilingual readings which represent an inclusive school community.

5. Help identify for staff and parents normal grief reactions in school-aged children/youth. Symptoms may include: sadness, distraction, withdrawal from activities, anxiety, fears and bad dreams. Indicate that delayed grief may result in suppression of feelings, preoccupation with morbid thoughts, increased isolation or aggression.

6. When mental health professionals become involved during a tragic event they are likely to provide an example of appropriate caring, openness and immediate availability. Parents should be encouraged to inform educators about changes they have noticed in their child's functioning. This is likely to facilitate an appropriate appraisal of the situation, and a referral for counselling if the reactions are prolonged or disturbing in their intensity (for example, frequent nightmares; bedwetting or regressive behaviours).

7. Counsellors who provide secondary prevention activities in classrooms may consult with teachers about the following activities:

- Discussion - this constructive group activity may support the healing process following a debriefing about the tragedy. The students are likely to have questions and associations. They might choose to share memories or brainstorm about coping strategies. Based on the students' developmental stages, different issues will likely be addressed. Encourage communication since it is a powerful avenue for alleviating negative pressures.
- Drama - this type of flexible activity allows children to project their feelings in safe ways. For younger children, use puppets as a way to encourage communication and validation of emotions. Older children may like to use mime or act out a short skit which they have created about the event.

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- Creative expression - writing, art, music or sharing of poems from home may be presented to the group ("I brought a CD of a song I like to listen to when I am sad..."). Some older students may not wish to share their writings or art work with others. Their privacy should be respected in order to minimize stress and pressure.

- Physical play - during a crisis period students' time is often structured. Yet, physical play and choice activities in and out of class can release tension and is viewed as an important way to channel feelings and stress reactions. Although younger children may exhibit different levels of activity, including play will provide a balance during a difficult day or period.

- Readings - students may choose to be read to since this is a familiar activity associated with attention and care. The reader may select a story or poem with a theme related to the tragic event. This can be followed by a discussion in a caring atmosphere.
- Group projects - this type of activity is likely to enhance students' sense of belonging and control. By planning and working together, students are likely to feel less isolated with their thoughts. Activities such as writings, memory projects, graphic art, murals or planning an assembly will allow for projection of emotions and decrease of anxiety.

8. Some students may benefit from participating in peer counselling or a support group. This will likely help them integrate their crisis experiences and losses. This type of group counselling is usually facilitated by a mental health professional. The objectives of this secondary or tertiary intervention are- a) to offer opportunities to express feelings related to the event; b) to provide sharing opportunities and learn effective copying skills; c) to assist students in problem identification and sharing of problem-solving strategies, and d) to enhance self-esteem and resiliency.

9. Specific efforts should be made by educators and mental health professionals to identify students whose personal adjustment is fragile. In individual counselling, review the circumstances surrounding the event. Listen with empathy and reflect back the reactions expressed. Indicate that the feelings and reactive behaviours are understandable. Establish a relationship which will facilitate future meetings for support and the restoration of coping skills.

10. When consulting with parents/caregivers about helpful interventions share some of the following strategies:
- Children/youth under stress benefit from hearing that they are not alone and that a parent will stay with them to comfort and reassure them.
- Establish continuity in the daily routines for the child.
- Let the children stay close to you in order to feel secure, and answer questions with simple and accurate information.
- Provide extra attention and allow children to express their feelings. Your comfort will reassure them.
- Acknowledge that regressive behaviours may reflect children's fears rather than misbehaviour. Encourage age appropriate conduct by focusing on joint activities and verbalizing your approval and acceptance.
- Model for the children how to cope with a crisis situation. Try to have activities which involve all family members. Allow children to help others in the family.
- If the children continue to experience signs of stress or grief, counselling may be necessary. Contact the school for a referral to an appropriate mental health professional at school or to a counselling service in the community.

This summary has been enriched over the years by consultations with many psychologists and educators. My thanks and gratitude goes to those who continue to support communities in times of need.

Helpful Websites

To date, few Provincial Associations developed a Disaster Response Network (DRN). However, service providers are involved in a range of activities in response to community needs. CRHSPP members may wish to visit the Ontario Psychological Association's website for DRN resources.
Section I – informs members and site visitors about OPA's DRN activities, and the process of becoming a volunteer. This can be of help to groups considering the establishment of a local committee or multi-disciplinary partnerships.
Section II- APA Resources-includes the 2012 DRN Resources organized by 17 Categories for user friendly 'hand-on' information. The section includes, for example, categories on preparedness; response; culture; training; self-care; communication/technology, and flood specific resources. This section will be updated as a whole, once a year.
Section III- General Updates- from time to time, additional information will be posted in this section concerning national and international DRN information.

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