TRAUMA READJUSTMENT — A GROUP WORK RESPONSE TO THE BLACKHAWK TRAGEDY

Lynda Beaven, <u>Amanda Nickson</u>, Defence Community Organisation, Townsville

Overview

This paper intends to Focus on Critical Incident Stress Management, drawing on practice experienced gained by Defence Social Workers in the aftermath of the 1996 Blackhawk accident. Two Army helicopters collided mid-air during a training exercise resulting in 18 fatalities.

Social Workers have a unique perspective drawn from their professional knowledge and skill base. This places them in an ideal position to be involved in the coordination of large scale critical incidents such as that which we encountered.

From a holistic framework, we intend drawing on the beliefs and values of our own profession in order to focus on the overall impact of such an event - a macro rather than a micro approach. Highlighting not only the impact on the individual directly involved in the incident but also on the community to which they belong.

Drawing primarily from the Mitchell model[1], Critical Incident Stress Debriefing (CISD) has become a well recognised intervention for dealing with trauma. However 'once a disaster affects more than a few people it becomes a community event.'[2]. The possible destruction such an event causes is far greater than the sum of the individuals involved.

It is suggested that the ability to link with a whole community and respond at a macro level has far greater benefits for all concerned as opposed to an individual crisis response.

As Social Workers we found ourselves in the unique position of being the only support service within Defence specifically mandated to work with the families of service personnel. The accident that took place had a profound impact on an entire defence community, all well aware that this could just as easily have been their partner, mother or father.

It brought home in a very real way the fact that these people do not just have an ordinary job. The reality is, even if rarely admitted, that in carrying out their duty they on a regular basis put themselves at risk.

An army unit is a large close knit work group. The Townsville unit involved (5 Aviation) in this incident consisted of 500 serving members. Many felt a direct link or had personal involvement in what was one of the greatest peace time disasters the Australian Defence Force has ever experienced.

When you then place this unit within the wider Defence Community the picture grows even larger, with retrieval teams and other support services being called to assist on the night of the accident and days following. Army and RAAF personnel were involved in rescue and retrieval, securing of the site, location of body parts and wreckage; with every person the picture and this accidents' impact grows larger. The ripple effect of the trauma was enormous.

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[1] Mitchell, J. & Bray, G., 1990, *Emergency Services Stress; Guidelines for Preserving the Health and Careers of Emergency Services Personnel.* Prentice- Hall Inc.
[2] Gordon, R., 1996 *Community Process and Personal Responses in Disaster*, Health and Community Services, Victoria.

Many people were effected. They could be divided into three main groups. Those directly involved in the accident (primary group); those involved directly after the accident (secondary group) and those in the wider Defence community stressed by the incident (tertiary group). For the purposes of this paper we shall limit this tertiary group to the city of Townsville. This group identified with the uniform, the lifestyle and the job, all feeling the impact of an incident that brought home the inherent danger of the job they perform.

CISD's were organised for all personnel identified in the primary or secondary groups by the uniformed Army psychologists. These same people at the end of the day however, go home to their families who themselves were in many ways traumatised by the incident. Added to this burden is the additional strain in that they so often play a key role in the members recovery. Family members are the principle supports, assisting in the recovery process by providing encouragement, consolation and a listening ear, whilst they themselves are trying to deal with the horrendous impact of the event.

Gordon would argue that Community recovery is essential to personal recovery[3]. Any trauma of this scale must be viewed as a community crisis ; an event that disrupts their emotional life and therefore has significance for all.

Army psychologists are not mandated to work with the families of uniformed personnel. Many requests for assistance and support were made via the links the Social Workers have with the defence community. It was at this point that the Defence Community Organisation's (DCO) Social Workers identified a primary role for themselves in dealing with the aftermath.

Why groupwork

Social work recognises the role and importance of the group as a powerful system to facilitate the healing process[4]. Groups have several unique advantages over solitary contemplation and dyadic discussion for those who want to grow, develop and change. Groups generate a sense of community, belonging, support, acceptance and assistance that eases the pain ....and encourages risk taking in achieving growth goals.[5]

Stemming from this belief, Groupwork was identified as the most appropriate initial response strategy for working with families and next of kin. This was for a number of reasons.

- The sheer numbers involved rendered individual Social Work responses impossible.

- It was hoped that through the group experience members would gain from the shared experience, assisting to normalise their own thoughts, feelings and emotions.

- The arena would provide a forum to develop peer support.

- This allows for a proactive rather than a reactive response.

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[3] Gordon, R., 1996 *Community Process and Personal Responses in Disaster*, Health and Community Services, Victoria.
[4] Bell J.L, 1995, 'Traumatic Event Debriefing : Service Delivery Design and the Role of Social Work', *Social Work*, Vol 40, Jan 1995, p 52
[5] Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions, pp379-381.

Why target populations

Although we ran a number of groups we targeted specific individuals for each. This was in an attempt to draw those with similar issues or common backgrounds together.

The groups were as follows.

- Primary support persons for the Air crew directly involved in the accident.

- Primary support persons for others within 5 Aviation.

- Primary support persons for the RAAF personnel involved in the securing of the site and subsequent work (fire fighters/photographers).

- Primary support persons for Army personnel involved in the securing of the site and retrieval of bodies.

- Open to any interested member of the defence community.

Group work education strategy

The Group Work Support and Information Strategy was decided on as a pro active response to the growing problems associated with the incident. It was decided that by normalising the reactions of people and providing information & support in a timely manner, we social workers may prevent a flood of requests for individual and family counselling as numerous families struggled with the strain of the Blackhawk aftermath.

Our desire was to create support networks by bringing together people with similar reactions and perspectives on the Blackhawk incident. This was a deliberate planning decision.

The essential nature of a group is dynamic. An important function of the group is to create certain conditions that enhance the probability that change will occur in individuals. Conditions for learning do not cause change; they make it possible for change to occur.[6]

The establishment of a diagnostic criteria for post traumatic stress disorder (PTSD) in 1980[7] helped clarify that a traumatic event was one that was 'outside the range of everyday human experience'. Many of the family members targeted to attend the groups had experienced secondary trauma from their partners' involvement, whether they were directly or indirectly involved. The continuous and detailed media coverage exposed many service families to images that in themselves caused trauma because of the sense of 'family' amongst all military - it brought home that it could have been their partner.

Watts, Anson and Battistel noted several trauma situations that indicate social work intervention could be beneficial following severe road accidents[8]. The similarities between road accident trauma and critical incidents in general would suggest that there is a need for social work intervention in this

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[6] Cohen, A. & Smith, R. D. 1976 *The Critical Incident in Growth Groups: Theory and Technique*, International Authors, B.V., US. p58.

[7] American Psychiatric Association, 1987, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition, rev, Washington DC.

[8] Watts, R., Anson, D., & Battistel, L., 1997, 'Social Work Intervention in Acute Care after road trauma', *Australian Social Work*, 50(2), Jun 1997. pp29-31.

situation. Mitchell and Bray[9] state that a Critical Incident need not be personally life threatening, but must be: 'related to an event that is outside the range of ordinary day-to-day living and of such a nature that it would create significant stress to almost anyone.'

Lewin's research highlighted the importance of active participation in groups in order to learn new skills, develop new attitudes and obtain new knowledge about groups. His research demonstrated that learning is achieved most productively in groups whose members can interact and then reflect on their mutual experiences.[10]

Content of the support groups

Three Defence Social Workers planned the content and process of the group work response. Prior to offering these groups, we took the initiative by providing some information in the form of written handouts. These were distributed at the unit memorial service held after the incident. The contents included an introductory letter with contact details of support services within Defence and in the wider community; a handout we wrote on Grief and Loss in Children; a pamphlet on Coping with the Effects of Critical Incident Stress and a handout we wrote on How to Help a friend in Grief.

At the start of each group, ground rules were established to facilitate a safe environment in which to offer education and support. The rules were:

- what is said here remains in these four walls (is confidential);

- to respect the views and feelings of others;

- do not interrupt when someone else is speaking; and

- there are no right or wrong reactions - we are all individuals who react in different ways to events. All reactions are valid. It was acknowledged that individual needs may differ.

Content overview

- Part 1 — the **official military 'debriefing'** received by the serving members was presented by the army psychologist. She briefly described the way in which people were grouped together for the debriefings (people with similar experience of the incident being grouped together); and the process that was used during the debriefings. This followed the model developed by Jeffrey Mitchell[11]. The process included seven stages which moved from the cognitive level to the emotional level, through the facts of the incident, thoughts, reactions, symptoms, education and finally re-entry to the cognitive level again.

- Part 2 — **normal stress reactions and symptoms**. This centred around the 'ABC' Stress Management Model of Awareness, Balance and Control[12]. This included an overview of the issues relating to stress; symptoms of stress; knowing how to identify the causes of stress in your life; the effects of stress on your body including the flight /fight response; ideas on managing

[9] Mitchell, J. & Bray, G., 1990, *Emergency Services Stress; Guidelines for Preserving the Health and Careers of Emergency Services Personnel*. Prentice- Hall Inc.

[10] Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions p16.

[11] Mitchell, J. & Bray, G., 1990, *Emergency Services Stress; Guidelines for Preserving the Health and Careers of Emergency Services Personnel*. Prentice- Hall Inc.

[12] Health Development Foundation, *Sorting Out the Stress Mess*.

stress including developing a plan of action that could include relaxation, nutrition, exercise, humour, setting goals, support groups and monitoring your progress.

- Part 3 — **grief reactions in children and how to help**. The stages of grief - shock, anger, denial, guilt, anxiety, depression, acceptance (after Kubler Ross) were mentioned[13]. It was explained how children are often denied the opportunity to grieve with adults, and that their understanding of such events is underestimated. The way children experience and express grief can vary dramatically depending on their age and stage of development.

- Part 4 — **the effects of trauma on relationships**. The practitioners focused on how and why traumatic events can effect relationships. Those affected may appear disconnected from the world and those close to them. They shut out others while concentrating all their energies on coming to terms with what they have experienced. This egocentric behaviour may be misinterpreted as selfishness, rejection, and /or uncaring. These behaviours could in fact simply be a survival strategy. After such an incident it may be necessary for those directly involved to rethink and restructure their view of the world. Normal grief reactions and how to help someone who is grieving were other areas covered.

- Part 5 — **communication issues**. Often in times of stress, communication can become strained, adding to an already difficult situation. Strategies to enhance communication and minimise conflict were covered.

Process

The groups were primarily facilitated by three professionals. Each professional covered different topics, addressing key areas of concern.

The groups were well structured and yet informal enough to allow us to go to where the group wanted to be led. This democratic style fitted with Lewin's emphasis on the importance of active participation in groups in order to learn new skills, develop new attitudes and obtain knowledge.[14]

Raphael notes that the process of review helps the individual master and make meaning of the event, which is outside the natural order of his day-to-day life. This process also takes place at the family level, as the event is integrated into a system of family life.[15]

Groups influence the behavioural and attitudinal patterns of members[16]. Johnson & Johnson also state that groups provide opportunities for participants to understand and support their peers; provide a variety of perspectives that stimulate insight into and understanding of one's problems and behaviour; provide sources of comparison for participants and provide a variety of sources of feedback.[17]

Groups typically move through several stages. Tuckman identified four stages: forming, storming, norming and performing. Johnson and Johnson applied Tuckman's conclusions to cooperative learning groups and identified seven stages of development which closely resemble the processes that occured in the groups conducted. These were

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[13] Kubler Ross, E., *On Death and Dying*, Routledge.

[14] Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions p16.

[15] Raphael, B., 1986, *When Disaster Strikes*, Butler & Tanner Ltd., Great Britain. p309.

[16] Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions p379.

[17] Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions pp379-380.

- defining and structuring procedures and becoming oriented
- conforming to procedures and getting acquainted
- recognising mutuality and building trust
- rebelling and differentiating
- committing to and taking ownership for the goals, procedures and other members
- functioning maturely and productively
- terminating.[18]

Response strategies as requested by the group

At the conclusion of each of the groups we asked the question, 'What can we do to assist you in the aftermath of what has happened?'

There were two primary responses, the first was that they simply felt that they needed to, have some fun. In the past weeks their entire lives had been consumed by the accident. It was decided to have a family fun day in the park, games and activities for the children and a picnic lunch. This day was a resounding success.

Gordon points out that after a disaster people are often so consumed with the tasks of recovery they often forget the fabric that makes up their daily lives, as a consequence of the disruption to their routine. 'In particular, they loose the recreational and leisure interests that were such an important part of their ability to meet stress and adversity before. Their is a danger that people focus too much on the problems and do not allow their own personal recovery. Often they need stimulus and encouragement to recognise their need for enjoyment.'[19]

The picnic assisted in fostering community, developing support networks and linking people with other members of the defence community.

The other request was for techniques to deal with the stress they were and would have to face in the coming months. The DCO responded by running a number of stress management courses. These ran over a period of six weeks. Out of this grew the notion of a Woman's rainforest retreat focusing on the areas of personal growth and stress management. This proved to be a profoundly powerful experience for all concerned.

Perceived outcomes

'Workers' perspective' — many positive outcomes were viewed from a worker's perspective including the satisfaction of being able to normalise many of the family members' reactions; seeing the value first hand of linking people together for mutual support; receiving feedback on what would have been helpful from the group participants; and the hunch that this intervention may have reduced the number of individual referrals for counselling following the critical incident.

'Group perspective' — some members displayed anger for a number of reasons, including the intrusive nature of the media and the perceived delay in response to the needs of families by Defence. The group allowed expression of this emotion in a safe and supportive environment, that meant that this was not expressed inappropriately at children or partners. Some group members were very quiet and gave feedback that they valued simply being able to listen to others and know that they were not alone in their anxieties, turmoil and feelings. Various group members actively supported others.

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[18] Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions p361.

[19] Gordon, R., 1996 *Community Process and Personal Responses in Disaster*, Health and Community Services, Victoria.

Feedback also included that it was good to be able to cry freely in the group. Many felt unable to do so at home as they perceived a need to be strong in order to provide support for their husbands. A different response was expressed by a woman who felt that she was crying and having difficulties coping 'for' or 'in lieu of' her husband. He had to be strong to carry out his duties, searching for answers as part of the aviation investigation team, having to examine photos and wreckage in detail. The group gave her permission to talk about this and a venue to gain support.

'Management perspective' — in carrying out group work, management was able to express their concern and offer support for families of serving members beyond that which is available on an individual basis. With regard to critical incidents involving military personnel, 'debriefing' is not a process offered to those outside the military system.

Enhancement of future responses

Harris points out in her work that Critical Incident Stress and its impact on public safety personnel in particular has only recently been acknowledged as an issue of concern. 'If public safety personnel have been "the neglected", their families have certainly been the forgotten'.[20]

As practitioners within the field it is our responsibility to address this discrepancy. The key to doing this is through education and the development of critical incident management strategies which view community responses as vital elements of any recovery program.

As social workers we must acknowledge the practice wisdom we gain through experience and be prepared to share this. In so doing we enhance future responses by broadening the knowledge base and expertise from which we work.

If we learned anything out of the tragedy of 12 June 1996 it was that debriefing though important is only part of the overall recovery process. Management of such an incident involves a long term commitment and as one would expect when dealing with grief and loss. There is no quick fix.

It is vital to utilise all the resources at your disposal and develop strong working relationships with your colleagues including those across disciplines. In our case, this included the military psychologists, chaplains and other uniformed personnel responsible for members' welfare. Strong links must also be developed with various community resources that may assist in providing information or expertise.

There must be an acknowledgment that with a disaster of this scale, it takes a coordinated effort by all involved, utilising the diversity of skills brought together in the team, so as to formulate the most appropriate response.

Conclusion

Points to be considered:

■ develop an operational plan to respond to critical incidents;

■ ensure that all personnel are aware of the plan and are clear about their role and responsibilities;

■ ensure ongoing CISM training and skill development;

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[20] Harris, V. (undated) 'Working with Families of Emergency Services Staff', *CISD and PTSD*, 1st Psychology Unit, Australian Army Psychology Corp. (undated).

- respect the resilience of the individual and the personal resources they possess in order to overcome adversity;

- look to them for guidance in so far as what they would find useful. Don't set yourself up as the experts, the group concerned is best qualified to identify their needs;

- as soon as possible after the disaster, establish an opportunity for individuals to gather in an informal way, for example a morning tea, or drop in centre. This provides an opportunity for ventilation of emotions and identification with the community. This in itself can facilitate the healing process;

- at these gatherings, have support staff available to field questions as required;

- maintain open communication amongst the team. Each member where possible should be informed of updates and information as it comes to hand; and

- utilise any avenue at your disposal to circulate useful information out to the community.

This may require some creativity on behalf of the worker.

Disclaimer: The findings and views in this article are a result of the authors' research studies and practice experience and are not to be taken as the official opinion of the Department of Defence.

Bibliography

Armstrong, K. et al,1995 'Multiple Stressor Debriefing and the American Red Cross : The East Bay Hills fire experience' *Social Work* 40(1) Jan 1995

American Psychiatric Association, 1987, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition, rev, Washington DC

Bailey, L. 1994, *Critical Incident Stress and Psychological Debriefing*, Workshop Notes.

Bell J.L, 1995, 'Traumatic Event Debriefing : Service Delivery Design and the Role of Social Work', *Social Work*, Vol 40, Jan 1995, p 52

Cohen, A. & Smith, R. D. 1976 *The Critical Incident in Growth Groups: Theory and Technique*, International Authors, B.V., US.

Critical Incident Stress Management (CISM) Operating Manual, (undated), 1st Psychology Unit for Director of Psychology -Army, Australian Army Psychology Corps, Canberra.

Gordon, R., 1996 *Community Process and Personal Responses in Disaster*, Health and Community Services, Victoria.

Harris, V. (undated) 'Working with Families of Emergency Services Staff', *CISD and PTSD*, 1st Psychology Unit, Australian Army Psychology Corp. (undated)

Health Development Foundation, *Sorting Out the Stress Mess*

Johnson, K., 1989, *Trauma in the Lives of Children*, Hunter House Inc.,U.S.

Johnson, D.W. & Johnson, F.P., 1987, *Joining Together: Group Theory and Group Skills*, third edition, Prentice - Hall International Editions

Kubler Ross, E., *On Death and Dying*, Routledge.

Mitchell, J. & Bray, G., 1990, *Emergency Services Stress; Guidelines for Preserving the Health and Careers of Emergency Services Personnel*. Prentice- Hall Inc.

Parkinson, F.,1993, 'Coping with Trauma', *Groupwork* 6 (2) 1993.

Rabin, C., 1995, 'The use of psychoeducational groups to improve marital functioning in high risk Israeli couples: a stage model' *Contemporary Family Therapy* 17(4) Dec 1995.

Raphael, B., 1986, *When Disaster Strikes*, Butler & Tanner Ltd., Great Britain.

Rose, S.D. et al, 1986, 'A Multimethod group approach - program development research', *Social Work with Groups*, 9(3) Fall 1986.

Wallen, J, 1993, 'Protecting the Mental Health of children in dangerous neighbourhoods' *Children Today* 22(3) 1993.

Watts, R., Anson, D., & Battistel, L., 1997, 'Social Work Intervention in Acute Care after road trauma', *Australian Social Work*, 50(2), Jun 1997.pp29-34.

Werner, H. et al, 1992, 'Critical Incident Stress in Victoria State Emergency Service Volunteers' *Australian Psychologist*, 27(3), 1992, pp.159-165.

Wilson, J.& Raphael, B., eds, 1993, *International Handbook of Traumatic Stress Syndromes*.