

For Better or for Worse: How Initial Support Provision Adapted to Needs

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Everyone is affected by an incident like the Christchurch Feb 22 quake - the impact on community, families, individuals and businesses is vast and for all involved unprecedented in scope and impact. Some directly suffer severe loss, such as death of loved ones or destruction of personal property. Others experience secondary trauma, the vicarious affects from knowing someone who is affected - a colleague, family member, neighbour, even the stranger who we never knew before they told us their story of loss over a coffee, a quiet word in the supermarket, or at a shop that has barely re-opened. Ongoing uncertainty and unpredictability affects all, along with new found strength and resilience that many never knew they had. For the vast majority, the effects linger whereby the destruction becomes disruption – life and its routines and structures continually change and people have no option but to adapt in unplanned and unknown directions. Psychologists are not immune to such effects: we too have to adapt. Two Christchurch-based psychologists speak about their experiences providing community support, observations of the community impact, and their vulnerabilities whilst trying to work with earthquake victims when their own homes, businesses, and communities are also affected. They acknowledge that resilience to such events is linked to an awareness of our frailty, the importance of self-management, and the dilemma of helping those who need our help when we ourselves are also receiving support in various ways.

I'm an Industrial / Organisational psychologist, so this is our particular perspective - from a corporate and commercial perspective in terms of the priority of services to the business part of the community. But more than that, what I really want to do is take you on an experienced journey, in answer to a question put to us: *'As practitioners, what was it like being part of the community (and being seriously impacted personally as a member of that community) with tremendous pressure and demand to provide a whole range of support services to the community – at a whole range of different levels as well, covering individual or team recovery work, as well as strategic leadership work, policy work and so on.'*

I have my own company based in Christchurch but I work around New Zealand. Most of the work I do is typical I/O consulting work—whilst you may have a preference or expertise in certain areas your hand is often turned to related areas as much

as those you might specialise in. I've spent eight and half years with New Zealand employers.

It's from that background I have an understanding of trauma and health and its impact in a disaster context, as well as the importance of leadership and decision-making. I also learned the impact of stress, both chronic and acute, on cognitive and physical capacity. There are some significant I/O issues post-disaster that are impacted by, and in turn impact on, individual, family and community health outcomes and the resilience of a community when it comes to recovery.

I really want to convey what you can expect when you are affected and you've got to manage all the varying individual, family and professional responsibilities of being a practitioner living and working in a disaster zone.

As I mentioned earlier, this is an experiential journey about what we

have been through as well as what we have looked to deliver and what we have experienced in a corporate setting.

Jay McLean was with the New Zealand Defence Force at the time the earthquakes took place and is now the Leadership Development Manager with Tait Radio Communications. Jay's perspective was very much the New Zealand Defence Force experience. His house was severely damaged in February. He moved out to another home, and at the time of speaking has moved his family yet again to, hopefully, a more permanent home.

Everyone's experience is a little bit different. When we look back clinically at the past, it loses that richness of what it was like going through and responding to a particular event. The tyranny of distance and memory often means we do not convey some of the realities and it is important, to convey our own

challenges and ensure appropriate empathy and understanding with clients, that we better understand the personalised impact of a disaster of this magnitude. I'll also look over our initial response and requests for our services, or those of our colleagues in various fields.

I think that our profession has some really stark lessons to learn from having responded to this event to a certain degree, and the community has some quite stark lessons too. If we don't address these things then we are doomed to repeat the same mistakes.

Finally I will finish off on some of the professional challenges and lessons for you, and hopefully the audience today can gain from someone who was actually part of that disaster but also providing professional services.

What we did

On day one, February 22, I was asked to come and start doing things. Immediately, there was a need to develop systems and structures that, in a coherent manner, meet the particular needs of both an organisation's performance needs and organisational and individual health needs. And these must be put in place across a whole wide variety of organisations and circumstances.

A lot of the work that was done used technology as a medium of information delivery. For example we used podcasting to put information on company intranets and spread through the wider community. We used everyday language and narrative that was short, practical, accessible, and convenient for people to understand. Most of the community had power after five days, and many business had relocated within the first few weeks (the smart ones) to somewhere power was available. Relocation was critical: it provided stability, a focus, a routine, and social contact with colleagues – all factors that enhance personal resilience.

Podcast topics included the impact of a disaster on children, the impact on families, the impact on relationships. Use of the web meant they were

available and accessible in a convenient manner whether at home or at work and using this approach we could reach between probably 25,000-30,000 employees in the Canterbury along with their colleagues nationwide who had family affected. That was the kind of scope we were looking at and trying to be creative in terms of making an impact.

Model of support

The model of support we developed was a three step process. We developed it to provide a simple means of conveying key information that was needed by teams and groups at the time.

- educational briefings that followed three stages of recovery and could be adapted to the needs at the time of the group and the community
- advice and education to management teams and leaders of how to support their staff and what to look for over time and small group defusings/debriefings for specialist roles
- a referral capacity to specialist treatment support through a network of clinicians.

It worked very well for those organisations that used it, and for those attending the educational briefings in turn had the ability to take specific messages home to family and friends and so, in turn, widen the awareness and resilience in the broader community. We avoided the term 'trauma' at all times other than to explain what it actually is and isn't when asked. Use of the term seemed to be largely lead by the media rather than health professions.

Alongside, we had a simple screening process of what managers might need to watch for.

My Situation

My house is a 100 year old wooden frame weatherboard villa. One whole side was a double brick fire wall and it simply fell off. On September 4, 2010, it just collapsed. I had no more condensation problems. I had wonderful indoor outdoor flow,

and the need to paint suddenly seemed irrelevant. That's the funny side, if you can find one. On the non-funny side, I was burgled once in September when I had tarpaulins along the side of the house. I had to build my own temporary wall after 76 days. At the time of delivering this paper there has been no repair work started on the house, no damage figure is available, and I live in two rooms. That is life. Many others are in the same situation. It is from that context one tries to rebuild life, business or job, assist friends and family....

Looking back it is indeed quite funny what we do at times like that. It was dark when the 4 September earthquake hit. I realised what had happened, and my first thought was for friends up the road about 120 metres. They had a very old house. So I knew I could get out of my house and check on them before the sun came up and people saw what was going on. The whole side of my house was missing, exposing three rooms and their contents floor to ceiling and wall to wall to the street. It's pitch black, there's no power, you cannot see a thing. I go out the front door and I lock it! Why on earth did I walk out my front door and lock it when I could have chose any of three rooms to simply step outside from? I blame automatic pilot – you fall back on your habits.

Audience Comment: Just coming back to that, the difference between someone who remembered at that moment to lock their door and to someone who was so distressed that they didn't remember to lock their door is probably the difference 6 months, 18 months and so on down the track of someone who is coping robustly and someone who has gone under at least once.

What does Coping Look Like?

There were two keys things that I looked at from a triage perspective in terms of 'How is this person coping?' and 'Can I justify referring them on to more specialist treatment from a traumatic kind of perspective?' One was simply functionality. How do you function now compared to the way you were functioning before? How

were we mapping and measuring that functioning of their progress over a period of time? Often all that a lot of people simply needed to be aware of was the fact that ‘Oh, I *am* improving, I am not sleeping well but I’m obviously getting to bed earlier than I was.’

The other thing to look at was evidence of disassociation, which we know is one of the bigger predictors of likely post-traumatic impact anyway. This is that sense of surrealness of not really being part of what’s going on, about whether you belong here, a sense of being out of body—disassociated from our shared world. These reactions were actually rare. But we certainly see it a little bit more amongst the part of the community that is usually more high-needs when it comes to health needs anyway.

Fast Forward to February

22 February. My office building was damaged. I haven’t set foot in it since. It was pulled down, probably late May. So I’m running a business with no counselling notes, no property, no records. Not even a business card. I have to, again, process and provide services and run things in this context. Simply another layer of complexity and challenge to be managed as well! You rapidly have to adapt. We start from scratch and rebuild again, and the early decisions and cognitive framing are obviously critically important to successful adaptation. How you redefine what is important and what is necessary in order to function both personally and professionally is essential to coping.

In the middle of March I was giving a lecture to an International Aid Conference in Melbourne and I offered to do an additional presentation on the Christchurch earthquake. I said ‘Yes, I’m more than happy to.’ It was, after all, very topical, very relevant, very professionally challenging and right there in the moment trying to deliver services and recover personally as well. To be fair, it really pushed me to my limits. When you are so busy doing the myriad of tasks of personal and professional recovery, alongside providing professional support, getting

on a plane and then writing a paper is really are pushing yourself to your limits. I don’t regret it but it brought home that no matter how resilient we are we have limits.

And so that whole issue of self-management comes into it as well. And when I put map of Christchurch, it brought the impact home to that audience in Melbourne. It’s very difficult to give people an idea of the impact of this event, especially given narrow media coverage. This map shows the entire eastern half of the city affected after 22 February. Until you can see it visually the reality simply does not sink in. On 4 September 2010 the damage was significant but isolated. On 22 February 2011 it was vast. It is difficult for people to comprehend the scope of the community impact.

Community Divergence

The reason why that’s important is this - there’s a phenomena that’s taking place, what I call community divergence. When I was at this conference in Melbourne, someone there from International Red Cross - and bearing in mind these people had been to Indonesian tsunamis and Pakistani earthquakes and so on - said to me it must be very difficult being in a first world environment and all of a sudden being a third world environment. Everything, at a stroke, is taken away from you. You have no power, no water, no sewerage, your car may be stuck somewhere and so you have no transport, you poo into a bucket in a hole in the ground. You’re just part of it all.

And here you are as an advisor trying to take care of people and you are going through the same experience; you have no relief. It’s there constantly, on a regular basis. I told the audience member that it was not the removal of services and first world conditions that was my key stressor. It’s hard, true, but it’s not the hardest, because when you’re in a community going through that it’s actually a very unifying experience; everyone’s in the same boat. What is most difficult is the fact that you can drive 5 kms away and it’s as though nothing has happen whatsoever.

People act and talk as though nothing has happened. That’s ‘community divergence’. It’s the dramatic and uncontrollable separation between the “haves” and the “have nots”, and you can’t escape it. Even though someone may be living over here, may care and be sympathetic or whatever, they can easily say simple things that reinforce to people who live in the affected areas that you don’t care, you don’t understand, and you’re not ‘one of us’.

Audience Comment: One of the important things to recognise about that is that, workers live in the more-damaged eastern part of the city.

I think they live where they can afford. Worker or manager, they often live and work in areas that are either close to where they work and their children go to school. If we look at the link between socio-economic status and self-determined behaviour there is a positive correlation. It is extraordinarily bad luck that the poorest parts of the city are in parts of the eastern suburbs. Then again that is also where the cheapest land has historically been available. We’ve seen a lot of comments in the media for example, from members in the eastern suburbs who do not believe that they have been given services that they particularly need. But these hill suburbs are some of the most affluent suburbs in Christchurch, and yet you don’t hear a peep out of them. It’s not that they’re not affected, more likely that they engage in self-help activity more rapidly and have personal support networks more capable and with greater resources at their disposal.

Fast Forward to June

The 13 June 2011 aftershock had a huge impact on the community, because at that point almost everyone was working on the basis of surely it won’t happen again, and it did, and the impact was just massive psychologically.

Audience Comment: One of the difficulties that I think we are facing, and I work at the University, is that management, for all that they are able

to say the right things, still believe that it's business as usual. It's not. That's one of the things that, being in a middle-management position, I've had to find: ways to educate the bosses. Some think that, "Your house is all right, you are back again in a functioning office, so you're fine." And you kind of think that things are normal again. But they aren't normal. And they're not going to be for some people for the next 18 months or more.

And you forget that those of us who remember, who were in Christchurch, living and working, will never forget what it was like but we will lose the richness of the experiences we went through at the time. If you go back to our emails and the telephone calls and the Facebook updates some wrote at the time, including myself, they had this wonderful rawness of a national experience. We can see the community divergence I'm talking about not just from the eastern part of the city to the west, but more broadly too. You see it between Christchurch, and Wellington or Auckland.

You even see it when one street gets sewerage back on line, your street doesn't, and you think it's unfair. Or that my street has been seen by EQC, I have been, you haven't been and it's unfair. I've had a pay out, and you haven't – so many factors that, as much as the experience unifies people, it also creates distinct separation and, over time, feelings of loneliness, isolation and abandonment.

Community divergence is a key factor that is impacting on the psycho-social recovery process. And it will be ongoing for quite some time. A lot of the initial energy and effort around psychological health goes into that first acute response in the first month, and that's not where the need is at. I think as psychological health professionals we've really got to try and get the message out there politically, where the resources need to go and the best means in which they can be applied.

When I worked with businesses based over in the east, or where the managers live in the east, those

managers automatically 'get it'. We empathise when we share the same experience. One of the challenges with the university has been that managers often don't live over in the east, and they don't 'get it' automatically – we can't expect them to, so it's an ongoing challenge. From a support perspective, we'd not just propose to talk to people who are experiencing and going through this, we are also providing advice to managers how to deal with it, the whole process of rehabilitating someone that comes from the worst places, some of the challenges around that, what can be said and simply explain what's going on.

Initial personal response

On the afternoon of February 22, I had requests to come and do some work. My clients were working inside the cordon, on the cordon and doing recovery work inside the cordon as well. I pushed it away. Again this is something that you may do as well, although I know other colleagues who made themselves available that afternoon.

My reasoning for turning away work immediately afterwards? I hadn't got in touch with my family, I hadn't got in touch with friends, I knew a very close friend who was working inside one of the buildings in Christchurch that was badly damaged, and knew there was a fatality there. I didn't manage to find out that she was okay for about four days. Her office was destroyed completely but she'd left it to get a cup of coffee five minutes earlier. So that was my reality. My community was damaged, friends needed help, liquefaction needed clearing and I chose to focus on that for two reasons.

First, I believed I would not be as effective as I could be until the people I cared about were safe and supported.

Secondly, it just felt bizarre dressing to go to work when so much clearly needed to be done close to home.

I had an 86 year old diabetic neighbour with two artificial hips staying with me because his house

was flooded. My house is missing walls and I'm putting him up? That reflects the reality of the community challenges at the time.

I pushed work out for six days before I got in the car. And that was a surreal experience: to get into your car and you drive through an utterly devastated part of the city and go to another part of the city to try and deliver some kind of support. I almost felt like I shouldn't be doing it when I knew I had to do it.

The Initial Work

A lot of my initial work was around education, developing a model around some common experiences. I avoided using the language of trauma or coping and prescriptive predictions, such as of 'This is what you can expect', but more in the descriptive language of 'Here's some common experiences that people go through'. It's a subtly different kind of language. I liken it to rather than painting a picture for someone, we show someone where the canvas is, we given them the palette, colours and the brush and ask them to draw a picture of their experience. We give the framework and they fill in the gaps that suit their circumstances and their own experiences. That approach worked very well as determined by repeated requests for education sessions, questions asked, and observed changes in staff health, morale and confidence.

Leadership

One of the challenges too was explaining to business managers and leaders, all of whom were affected, what to expect and what can be done to support staff after such an event. When I contacted colleagues overseas who work in different disaster zones in different capacities, one of the key post-event stress buffers they all described to me was the impact of leadership, giving direction and giving clarity as being big factors aiding the psycho-social recovery process.

Having said that, we've got managers and leaders whose own stress buckets can be incredibly full. So we need to make things very

simple for them, and not complicate things unnecessarily.

A Psychologist's Role

What role does a psychologist play in the recovery process?

- We have a responsibility to clear up any myth or misinformation about what we can do or what we can't do
- We need to work in with a recovery process if it exists, develop one if it doesn't
- We need to be flexible enough to adapt to a less than ideal environment, resources, venue or attitude of those we are working with.

There were instances where I was told 'I need you to see this person', 'This person is not coping well', or asked to make a performance evaluation on someone's current mental state or suitability for a role. All these requests are made with limited planning, a lot of urgency, and based upon the need for expertise and answers that give confidence.

This is an opportunity to educate on what can and cannot be done, clarify the problem through good questions, develop a plan to move forward, adapt to specific personalities, and utilise psychology in a way it is not normally seen.

Everyone versed in psychology has done the basics around post-disaster recovery. There's lots of good material out there. The ability to communicate it is a key skill we should use for our communities. However, not everyone shares this view. Some of us focussed on reasons for which we couldn't help, rather than reaching out and learning about how we could. I think a minority of clinical psychologists think that other psychologists shouldn't be in the health field at all and have got nothing to contribute, a view which is both incorrect and counter-productive.

From a professional point of view, what are the most effective tips and advice we can give to help practically? We can look at where things are at in terms of planning and what has been

missed from our perspective, what we know most staff need. What do we need to be able to assist effectively? And what advice do we give that actually contributes to the recovery process rather than complicates it?

The final point about role that I would like to make is around self-management. This experience has been a really interesting learning curve around self-management and self-limitations. A difference we might expect between a professional and a volunteer is that the professional knows his or her their limits are and will take a break - even when there is energy in reserve, saved for time to re-engage. The volunteer might keep going until he or she burns out. It's been an effort to try and practice that over the last ten months. I doubt professionals have a monopoly on knowing limits.

Mistaken focus on trauma

Semantics and the power of appropriate communication were a concern. Never once, and I have some very strong views on this, did I focus on trauma. The media were obsessed about the word 'trauma', and it's so counterproductive it's not funny. Commentary usually came from individuals not particularly aware of what was going on in the community or who were affected personally - the latter were too busy doing what needed to be done.

The focus on trauma essentially leads to self-diagnosis, often via Google, and it was often unwarranted and harmful. We need to focus on positive pro-social constructive coping mechanisms and normalising what is a very normal process. We need to reinforce to people that 'This is simply your journey. Because your journey is different from your colleague's journey or your partner's journey doesn't mean anything other than the fact that that's just your journey.'

These messages had a tremendous positive impact, not just to the individuals who were affected or merely curious, but also to their friends and their colleagues and their families. People pass credible and useful information on, so we see viral

spread of positive coping tools and messages.

The language we use, professionally, is really important. People often expect us to talk in terms of psychopathy. When we use normal everyday language it increases receptivity of our message so much more.

Mistaken focus on damage

A lot of the focus was on the destruction the earthquakes brought about. It was around fatalities, injuries, buildings destroyed and damage, roads and crevasses, things like that.

When it came to community health, we found it was not the destruction as such that was upsetting. Destruction was difficult and challenging for all those affected but worse was the disruption to life as we knew it.

That's the thing that kept coming up in different ways, such as frustration over delays and detours getting from A to B. It was the frustration of getting the necessities of life. It was not knowing what was open and what was closed, what was working and what was not, whether we should leave or whether we should stay.

It was being unable to plan, unable to prepare, unable to know what was actually going on, the lack of information, and getting different information. In particular during the second and third months after 22 February, this inability became the greatest factor I saw creating stress and negatively affecting resilience. It was disruption: the interference in daily life and routine.

Useful areas of attention

Two key things helped identify those whom we referred for further support or to whom we provided further support. One was evidence of disassociation, and the second one was evidence of impaired functionality, with no sign of improvement.

I taught people to do comparisons of how they were a day or two ago and

how they are now. This allowed them to gauge their own progress. This was particularly helpful for parents of children who were worried about their children. Often the message I'd give out, with kids and with parents too, was if you want to understand the child, look at the parent. For example, I saw a person who wasn't coping well after a few months. "How are your kids doing?" I asked. "I think they're doing really well," she replied. "I'm hiding what I feel from them really well." I told her that was highly unlikely. "Their whole life they've been watching you, they know you far better than you actually realise. If you want to help them, help yourself to recover and you'll find they'll feed off your own recovery quite naturally."

In the majority of cases this worked quite well, depending on personal circumstances, resources, and willingness to listen to that message.

Levels of Support

The model of support developed, as mentioned earlier, had three basic levels. It was designed to be simple and generic so it could be adapted to a broad range of organisations. I'd developed the basic model after September 2010 and so the architecture was there already.

Education

The first tier's priority was education. We developed a 30 minute briefing tool on a three stage model on post-disaster recovery, using language that was common to the Christchurch experience. We used stories, sharing community experiences and anecdotes. It took what we knew from past disasters and fitted it into a simple education format.

Feedback showed it normalised things for a lot of people, but it also meant that it encouraged people to realise that they weren't alone in terms of experiences. Others were having similar experiences — little way unique to them, their family, or their community or business.

Individual support

The second tier was individual support: self-referral or a referral

through the organisation itself, for somebody who was struggling. We know that the biggest determinate of post-event functioning is the level of pre-event function.

I would have seen perhaps 100 people in the first three weeks after 22 February 2011. The correlation seemed very high between those who were experiencing work place stress or life stress at a high level prior to the event and those who were struggling immediately after the event. We were not dealing with impact of the earthquake only in the few weeks after the events—we were dealing with other issues that had been brought forward, and the earthquakes were complicating the recovery process.

These turned up in individual discussions and lead to either a successful, calmer outcome or a referral to a clinician with expertise in the field most appropriate to that individual. Perhaps 1% of individuals reached that threshold and were referred. By and large the community had actually coped very well, although the continuation of that is clearly dependant on a host of factors. It seems likely that the long-term challenges of the recovery process will reveal more people who would gain from professional psychological support at some stage.

High risk and needs

The final level in that model is a select group of those particularly affected and exposed: those working in the recovery zone, or for example, a client of mine who has a 'Spill Crew' - the staff who would go out and pick up fatalities after road accidents and sweep away stuff on the road.

Needs are met, initially, by pulling in people who are available and willing. But none had received any specialist training in urban recovery and rescue with the exception of the Fire Service.

While resilient, motivated and determined, these people could have their psychological health awareness suppressed for the greater good of getting the job done. Often an education session with such groups

was most appropriate, simple and brief, as part of a process of ongoing monitoring.

The model at work in stages

This three level model enabled us to do a lot of education, deliver information very broadly and to a wide audience base, normalise the experience and encourage and promote effective support and awareness of responsibilities to each other, ourselves and our families. When applied, it worked very well and was portable across organisational types.

The basic educational model we used covered three stages – up to 7 days, up to a month, and a month or so onwards. The first stage is pretty much reactive. In the second stage, when we start plan and become aware of the broader picture, community divergence starts to happen. People recognise that some can actually move on, but not me. The third stage focuses on the recovery challenges.

We highlight different points in each stage, based on audience experiences and prior discussion with management, about what they had noticed about their teams and the challenges in their organisation. This meant that we'd go over the whole model but highlight whatever was most relevant to that particular audience.

Corporate versus Public Health

I want to talk about the corporate versus public health processes when it comes to disaster response. This was a key learning, to me, in addressing needs quickly and effectively.

The traditional way of delivering psychological health is mostly by referral through the GP or a known provider. But if your GP is injured, or their office is destroyed or they're dealing with personal damage in their home, or other families issues, then what system deliver supportive services?

The District Health Board was rapidly planning what to do next. Not yet ready. Not their fault. They had wanted to prepare and I understand

funding was refused. We can't prepare for everything. But the usual mechanisms we rely upon to provide services were broken, and the need for those services went up exponentially. It was very disruptive, doubly so as it was inconsistent in what worked or and didn't work. We've got to think far more innovatively to provide an effective contribution to psychological recovery post-disaster.

A corporate community model is different. Almost every team leader has their staff cell phone numbers handy. It's very easy to text and ask, 'What is your situation and what do you need?' And do that on a regular basis to provide immediate need and immediate support. A lot of organisations used this sort of 'evolving system' and it worked. The psycho-social support was effective because the sense of 'I am not alone' is really important. There might be benefit in working alongside those emerging systems and not solely relying or promoting a public health system that, for a period of time, is fundamentally broken or under huge strain.

The symbolism of finding ways to provide aid cannot be over-stated in terms of its impact on community health and morale. A good example of symbolism was the impact of seeing somebody in a high-visibility jacket (whether the wearer knew what they were doing or not) on Day 2 or 3. This gave the impression that help was here, that somewhere someone actually knew what we were going through, and that services we're being provided, whether they were or not.

The power of symbolism is really important, because people talk, and they gossip. We have tended to look at providing psychological health support services through traditional approaches, when non-traditional approaches are as likely to work. We're probably far more effective if we embrace innovation and looking at how we can use the corporate model rather than model that we traditionally might use, as the former takes time to repair while the latter responds more quickly and more decisively. If, as a profession, we can encourage this

approach I believe we will be far more effective – a key lesson applied.

Audience Comment: In the corporate context only some leaders have the numbers to contact people. Some did have them but never used them. Where I work there's quite a range: some people months after said 'I still haven't heard from my head of department'. Part of it had to do with just moving ahead and not being aware, or not having the information on hand. Remember that lots of people on February 22nd fled their offices leaving their diaries and that kind of thing ... their car keys and whatever behind. You need a backup system somewhere that lets you recover the information that you need. I think that one of the lessons for me about this, in addition to having your computer backed up is that there are other things you need to have backed up—an address list and stuff like that. That was one of the things that we talked a lot about and after September we were in the process of starting to try and rectify that. The February one complicated life a bit more. And you do run into problems in some organisations that say 'Oh, this is a Privacy Act issue'. It is rubbish but it is a bit of a blocker, and it's an effective blocker if people don't know their way around. I suppose in my experience people have made a bit of a shift and they're more willing to be realistic about that now. I think you're in one of the worst positions when trying to implement things where bureaucratic obstacles get in the way. That's not the same as education—it's even more serious.

Feeling Understood is Vital

It'll be interesting to see what others who live in Christchurch think of an experience I had. Initially I wrote it off, and then later on I heard of others going through a similar thing. I think about week 1 or 2, someone said to me "Oh we've flown someone down from Auckland." My first response was, excuse my French, "What the **** does someone from Auckland know about what it's like being in Christchurch?" That's how I felt at the time, and I quickly thought to myself, 'Don't be precious, let it go.'

I heard of similar reactions by others in the community, and by friends in other professions, and other areas in other sectors that went through a very similar experience. That includes the emergency services, whose people were grateful for the help, as we all were, but also had huge ownership that it was 'our' city and others don't understand or can't, in some cases, be as effective.

In a desire to provide support, we may miss what's available locally, and this starts to become a credibility issue. In all the businesses I dealt with—east and west—one of the first questions would be, "Tell me your story!" What they were doing was testing whether or not I understood what was going on.

The confidence of usefulness was conveyed in the little stories—the way that people start to trust and really communicate, often with little bits of black humour. It's not to be underestimated. I think it's good.

People need outside support, but there's a way to do it. I would not like to be from Christchurch and flown into Auckland after a major incident. Often the decision to do that comes from a manager not actually living in the affected city or who is unaffected. A group of senior managers flew a colleague down from another city Auckland to give them an hour long lecture on earthquake recovery. They then flew him back. This felt really offensive to those working in the community and available. It's not being precious: it's about credibility and understanding. With support from both near and far, the advice and support given is more effective and better received. External support needs to be merged with local operators and use their contacts and observations to maximise what the profession can provide.

Audience Comment: I think one of the issues is right there Jonathan. It's not only just what the **** would someone from Auckland know about what we're going through. It's the complete gap in communication. For example, we've been trying to set up something and we all just suddenly

find out that there are counsellors or whatever being flown in from Australia. No one knew who they were, what their qualifications were, where they were going, what they were doing, who was organising it and to some extent still don't. There'll always be the kind of reactions that you're talking about, but they can be managed a lot better.

Locus of control

What would happen if those resources had been locally matched, and not merely arrived from outside of the existing environment and in an unknown way. For a business, including large corporates, the frustration that local staff experienced having to report and get permission to do things and authorisation from someone sitting in Wellington, Auckland, Hamilton or Dunedin was so frustrating. They felt like they had to go through the whole, 'You don't get what I trying to explain', layers of decision-making, and justify actions that were blindingly obvious in benefit.

This is an important point our profession needs to convey in future situations, the importance of local decision-making authority and incorporating resources effectively with local knowledge.

Audience Comment: I think one of the morals of the story here is that in a particular operation, enterprise, whatever, you need to identify the local controller and you need to have people coming in through a briefing system so that you actually know what their roles are and there is no compromise that it's the local person who's the leader and in-charge of the show. I've got a family member who works for a Government Department and they're still miffed about the fact that the Government Department in Wellington thinks we're all completely munted in Christchurch and everything that's a bit more complicated they send to Wellington head office first when it can easily be done here.

Audience Comment: All the information that got to Auckland was based on TV. After a day or so I

switched over to a second channel and I saw heaps more damage. Each television station covered the disaster a little differently but few reached out into the suburbs. Also, we were involved in Lifeline in Auckland because Christchurch was out. You could feel a real culture change when taking callers from Christchurch, 'What do those ***** Aucklanders know?' I was with some engineers and they lined up the Aucklanders, the Wellingtonians and the Christchurch people, and they looked distinctly different, from completely different cultures.

I've worked with some of the assessors and there was resentment of external help at first. While I think it was appreciated there was also a sense of 'You don't understand what we're going through here.' The outside help, at times, was really resented, especially when those who hadn't been through the experience found themselves unable to understand the impact initially.

Again, the benefit of a good briefing and orientation reinforcing these key psychological points is very worthwhile but very few organisations appreciated it. The view was, 'We know our job, we have a task to do, we've seen the pictures.' All good stuff, but all decisions made by managers, generally, outside of Christchurch. In the rush to be helpful, and helpful it was, a few small changes to how people were deployed and melded into groups would have really helped. Trying to reinforce the message we are all part of the same community, the impacts may be different but we're all part of the same community, was a really beneficial thing to do. This was one I focussed on a lot when working with teams facing these kinds of challenges.

Audience Comment: While we're talking about the geographic difference here, I'm reminded of one of the stories that came out of Hurricane Katrina where the shortage of water in New Orleans was one of their problems. It was going to be a major problem. The military got on to it and they had a plan within a couple of hours - it was going to take three

days to get water there. Walmart had a suggestion system. One of the nearby Walmart store managers used the system to say "Don't really care how you get it here but we need water." They had water within half a day. Now that's an example of the nimbleness of a system that is responding to local need having given local leadership the opportunity to do something compared with the might of American defence forces.

Audience Comment: I can give you an actual Christchurch example. My neighbour works for one of the very large national hardware stores; he's the manager of one of the large hardware stores in Christchurch. He rushed off to work at 6am on September 4th but he got to the store to find people were lined up outside wanting to buy things and there was an incredible rush on generators so the farms can milk their cows and a huge rush on all kinds of other essential items. He got a phone call from head office in Auckland saying "You guys just do what you have to do. We have the computers to monitor what you're selling. We're loading trucks. They'll be there within two days." So that's the kind of support we needed. And it's interesting example of using modern technology to actually make sure that you're responding as the need is arising.

We see the same thing in a local community where I had someone come up to me when the side of my house was first missing after September 4. He said "Oh you better call the Fire Service." I responded, "Mate, I can't rely on the Fire Service. They're too busy with other things. I've got to rely on you." That's another example of meeting immediate need. The irony about small businesses is that they don't have the same resources, but they have flexibility due to their small size. Any decision made by committee slows things down dramatically.

Timing of delivery is also a factor. A flood of people and resources coming in, without considering whether the timing was appropriate, how to use that particular resource in some kind of way, and having a plan

led by the local leaders to actually use what was available and also probably resist the initial resource availability as well if there were good grounds to. I had colleagues asking “Can we come down? Can we help?” in the first couple of weeks. Fantastic support but in the first few weeks people need a shovel, a digger, a ute and a wheelbarrow – not psychologists. There’s time to get organised but we do need people with an understanding of the issues, leadership skills, and knowledge of post-disaster recovery to coordinate and be part of a planned and flexible response.

PTSD Rates and Timing

I believe the research literature on estimated PTSD rates we can expect is over-estimated. I’ve seen some estimates of PTSD frequency of 10-15%. We’re just not seeing that much, and I don’t expect that to be the case.

Audience Comment: We’ve talked about this several times over the last two days. It’s too early to know. The rates range from different studies, some say 5-15%, some say up to 30% of people that will have PTSD or PTS symptoms and then over time that will drop down to probably a core of about 5% with severe symptoms. The reality is we don’t know in this context. It’s different for all sorts of reasons: so many earthquakes; the June aftershock and everything that’s gone with it. It’s hard to know but we agree that — to date — we haven’t seen the flood of cases predicted. We believe there will be an increase over the two or three years ahead.

I wonder if the psychological health referrals we have seen and will see are not due to the earthquake itself, or the sundry aftershocks, but to the challenges around the recovery process and the underlying ongoing disruption and lack of control?

Audience Comment: Pre-existing vulnerability is as large a factor as the significance of exposure.

Audience Comment: One of the things we shouldn’t forget is that Christchurch has good psychiatric data now although it’s a bit out of date -

late 1990s - so we know that Christchurch, for example, does have a relatively vulnerable population, perhaps more so than maybe most other centres in New Zealand.

And the earthquakes hit the more vulnerable in the population harder.

The Service Proposition

How did the profession build its brand before the event and not afterwards? We are poor, as a profession, at communicating what we actually add. It’s fine to say ‘We can do this and that and that.’ We should be doing that prior to a crisis, rather than after the crisis. We’ve got to justify our involvement in some way.

We should be the first point of call and have systems and skilled people to set it up, providing support in a variety of different levels like individual health, corporate and so on.

The place of plans

The principle of the emerging systems is a well-known principle in emergency management: after a disaster there are things that naturally emerge and become available to meet immediate needs from no plan. To paraphrase Dwight D Eisenhower’s quote about planning, ‘Planning is everything but plans are useless.’

The point of planning means we can adapt on the spot. The reason I say that is I came across a number of things that contributed to stress organisationally, where people who were on the ground at the time adapted, reacted, made things up as they were going along to meet those changing needs. Then they’d have someone else come in two days or a week later and criticise them for what they did saying “That’s not the way you’re supposed to do it”.

So when we get involved, I don’t think it’s a matter of automatically thinking ‘Here’s a plan of how are we going to apply our skills’ but to have good people with the skills and some key principles, ready to adapt and work within the systems that develop over a period of time to meet local needs and conditions.

Language and Timing

The importance of language cannot be over-estimated. Language is the conduit by which people understand what we do and through which we make an impact. Rather than instruct people that ‘This is what you will experience’, we need to subtly shift our language around to, ‘Here’s some of the things that people experience or are going through.’ It’s not so confrontational and people fit themselves and their own circumstances into what we are saying more readily, and more easily as well.

The timing of input is another lesson learned. There’s often a lot of pressure to get stuff done, from two angles. It’s vital that we push back the demand for our services when we are personally affected in some particular way. Post traumatic growth advocates claim that people grow through the experience. We will see. It will be interesting to see what the frequency of post traumatic disorder responses, to a clinical test, happens to be over time. We see the majority of people have actually coped extremely well. They’ve been up and down and all over the place, but rather than focussing on trauma we should be focussing on growth and the personal learning path that comes from this in order to promote community health.

Circle of Impact

The ‘circle of impact’ is an important insight for managers. We’ve been through discussion in Christchurch of ‘Will people be willing to come back into tall buildings, and park in car parks with three layers about them?’ and so on.

One of the challenges has been that one person might be comfortable coming back in to where he works, but his wife and kids might not be comfortable with that at all. Another person might be comfortable going to the cinema, but her friends might not.

The circle of impact is broad. Whilst a minority may or may not want to undertake an action, they influence others behavioural choices in turn which has a commercial and community impact. There’s only so many conversations someone can have

with their children who don't want them to leave or go to a particular place of work before you start to think about your location options.

Preparedness

I remember giving a quick briefing to half a dozen company directors in Wellington several months after the February event and I asked them "Do you have enough water for your staff to stay the night?" Their response was, "What do you mean, 'to stay the night?' They'll go home!"

I told them to look outside the window "You're on the sixth floor. Look at the number of high rise buildings in Christchurch city. We had stairwells collapse in some buildings and it took up to eight hours for some people to be rescued by crane. How many cranes do you have that will get through streets clogged with cars, debris and the like in the unfortunate eventuality that the stairwell in this building collapses?"

It was a lightbulb moment for those in the room. There are lots of implications for the rest of the country that often people don't think about.

Another example, there are 25 over bridges between the CBD in Auckland and the Auckland airport. Every time there's a magnitude 5 earthquake, every single over-bridge and public building has to be reassessed by engineers; everything closes down. Just because one building works it doesn't mean the building next to it does. You might be able to get to your building but not be willing to get in to it. The circle of impact is broad.

Audience Comment: On preparedness, we saw two phases in the recovery. One was the establishment of what needed to be done and who had jurisdiction over what. The second was when the state of emergency was lifted and those responsibilities had to be reallocated. We talked about the second one before it happened ... if I remember right we said "Well we can predict it but there's no one in those organisations that actually wants to admit at the

moment that this problem is bound to happen."

So it's one of those things that's like the earthquake itself: you can predict it will happen but because you know about these things differently to the people who are actually in them there's no value in the prediction. So we sat on this insight. We had no one to take the problem to, about the risk we knew would eventuate. Why would anyone want to know?

Adaptability

From an adaptability perspective, emergency services and the military are excellent first responders. The irony is that they find it harder to adapt to some degree—they've got such strong processes that they follow no matter what. They only realise those processes aren't working effectively long after they fail. It's about inertia and the ability to change direction, tactics, strategy when needed. The larger the organisation the longer it takes to change where the bow of the ship is pointing.

Governments, or at least the responses of institutions of government, are slowest of all. The private sector has no template to follow after a disaster, they just make it up as they go along and to a certain degree they actually adapt far more effectively over the long-term.

A good example of learning was Urban Search and Rescue. They responded in September, they thought 'Yip we've learned from this'. They re-did plans and swung in to action in February and within a few days, in some areas, thought 'Hold on this isn't working the way we thought it was going to work. Right we've got to adapt.' But the September event had forced them to change focus in part and so they had no hard and fast template that had captured their processes when the February event happened.

We as individuals and professionals especially need to adapt and think outside the square.

Audience Comment: Is there a way that we can put that message

forward to the policy makers? It seems to me that they've got a real opportunity here with the Christchurch experience to try to get the message through about the importance of adaptability and problem solving compared with being locked in processes. I've been involved in a whole range of disaster of different types. But I absolutely deplore some of what has come out of Australia's worship of rules because each of the organisations that are involved in disaster recovery - they've got plans and they've got procedure and they've got rule and we do it this way - and the inhumanity as a result of that is just appalling.

An advantage we have in New Zealand is that we don't have a general system. While we have many systems that act in a time like this, there is no overall control permanently established. This helps us retain adaptability.

Audience Comment: We've got a different option. If we chose, we could reconvene this symposium at our next conference. We are doing it in Wellington. We could do it in such a way that we have workshops around just this. We compile an agenda and bring in a whole lot of policy people into it and what we think should and can be done to assist more effectively when it comes to the areas we can add value in.

Audience Comment: There has been a body of sorts set up. It had representatives from MSD, the DHB, various other key people involved. Under CERA it's got a different name, but it's an entity that has the potential to address some of these issues.

Audience Comment: If we act in some kind of unison, even loosely connected, something might happen. There's a risk of success.

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