

Promoting Recovery and Building Resilience for Individuals and Communities

Eileen Britt, *University of Canterbury*

Martin Dorahy, *University of Canterbury*

Janet Carter, *University of Canterbury*

Petra Hoggath, *University of Canterbury*

Ainslee Coates, *Mental Health Education Resource Centre*

Marie Meyer, *Registered Psychologist*

Katharina Naswall, *University of Canterbury*

This paper will describe the development and implementation of a series of workshops for frontline community and support workers, professional social work agency staff, community leaders, and Non-Governmental Organisation managers. The workshops were initiated and funded by the Ministry of Social Development as part of the Canterbury Earthquake Psychosocial Support Response following the September 2010 and February 2011 earthquakes.

Introduction

In March of 2011, following the two major earthquakes in Canterbury in September 2010 and February 2011, the Ministry of Social Development (MSD) invited organisations to apply to provide training to volunteers and paid employees of organisations who would deliver the first level of support to those affected by the Canterbury earthquakes. This call was part of the Canterbury Earthquake Psychosocial Support Response to the first earthquake which struck outside of the city in the early hours of 4 September, measuring 7.1 on the Richter scale, and the 22 February earthquake

measuring 6.3 which struck the city of Christchurch by another at 12.51pm. Although this second large earthquake was smaller on the Richter scale, its shallower depth and close proximity to the city meant it had a much more significant impact, with more widespread damage, the death of 181 people with the collapse of many central city buildings, substantial injuries of others and detrimental effects for many.

The call for applications from the MSD noted that: “well-being and resilience is central to the healthy psychosocial recovery of the Canterbury communities. The Canterbury Well-being and Recovery

Strategy recognises that strategies need to be put in place to help to minimise and mitigate the effect of stress and other psychological reactions for people of the Canterbury region”. It further specified that “the training is to be specifically focused on the entry level of support for those people in need of, or seeking, support – that is below the level of diagnosable illness that would require the intervention of the mental health services”.

In response to separate applications from the Department of Psychology (University of Canterbury - UC) and the Mental Health Education Resource Centre, the MSD

invited the two organisations to collaborate on providing the training. The decision also stemmed from a strategic decision from the MSD to empower the community in its own recovery and therefore to contract local organisations to develop and implement the training. This strategic decision facilitated the process and sharing both within the team developing and implementing the workshops and within the workshops themselves as the workshop facilitators too had experienced, and were living, the same events that the participants had and were continuing to experience, and allowed 'us' and 'we' language to be used. What followed was a rewarding collaboration which resulted in delivery of a series of workshops (either one day or two half days) to four different target audiences: frontline community and support workers, professional social work agency staff, community leaders, and Non-Governmental Organisation (NGO) managers in relation to managing change and supporting front-line staff. In addition, to the standard workshop described below and train the trainer workshop was also provided for participants who had attended one of the standard workshops and wished to then go back to their workplaces or communities and train others on the workshop material.

Workshop Development

The workshops were developed collaboratively within the UC/MHERC team, drawing upon different team members' expertise. The team members from the Department of Psychology (UC) initially comprised all Clinical Psychologists, one of whose areas of specialty included working with trauma, while the team members from MHERC had considerable experience in working with and training some of the key target groups for the workshops, namely frontline community and support workers and professional social work agency staff. However, because community leaders and NGO managers were also targets for the workshops, the team also drew upon the expertise of an Industrial – Organisational Psychologist from within the Department of Psychology

(UC), whose primary focus for research is on work-related stress and well-being, with a special interest for uncertainty in the workplace, balance between work and life outside work, as well as factors which aid coping with work-related stress, such as social support and leadership factors. The development phases also included consultation with Kai Tahu, a Māori Clinical Psychologist, and the Australia Centre for Posttraumatic Mental Health.

Workshop content and process

The focus for all the workshops was to describe normal emotional, cognitive and behavioural responses or reactions to abnormal events; to explain the philosophy, then apply and demonstrate the five elements of support (Hobfoll et al, 2007) and how these can be used in the participants' own lives and the lives of the people they work with; and to better identify when individuals need to seek further help, and increase awareness of referral pathways. In addition to this core focus, each of the four workshops had additional areas covered or different focus for the areas (e.g., for the managers the focus was on their staff as well as on themselves) to meet the particular needs of each. For the frontline community and support workers this included the opportunity to engage in reflective practice to consolidate and develop learning, whereas the workshops for the professional social work agency staff, community leaders, and NGO managers included building resilience and preventing burnout.

All of the workshops were conducted using a hui process to guide the overall format of the workshops. This meant that each workshop commenced with a karakia (prayer) and whakataukī (proverb), followed by mihi (greetings), the take (reasons for meeting), whakawhānautanga (making connections), establishment of the tikanga (guidelines) for the workshop, after which followed the kaupapa - the focus and learning, knowledge sharing, then the poroporakī (closing), which included a review of learning from workshop and shared understanding, a discussion of what next, an evaluation of the

workshop and a whakataukī and closing karakia. As well as being appropriate for an Aotearoa/New Zealand context, the karakia and whakataukī gave recognition to the existential and spiritual aspects associated with trauma and loss (Boehnlein, 2006). Additionally, the whakataukī ("Nā tō rourou nā taku rourou, ka ora ai te iwi" - With your food basket and my food basket the people will thrive; "Waiho i te toipoto, kua i te toiroa" - Let us keep close together not far apart) were specifically chosen to acknowledge self- and community-efficacy and the importance of connections.

The kaupapa part of each workshop commenced with a discussion of normal reactions to abnormal events, which was framed using Te Whare Tapa Whā (Durie, 2004), and included an introduction to the Grief Wheel (Goodall et al., 1994 as cited in Spall & Callis, 1997), Worden's (1991) Four Tasks of Grief, and Myers and Zinin's (2000) research on changes in community well-being after an adverse event. In particular, it was noted that Myers and Zinin's work suggests that there is a baseline level of community well-being which rises sharply after an adverse event – the honeymoon phase, when people pull together and deal with the immediate concerns, but that this plummets when the realisation of the full impact of the event, and then gradually improves over time, anywhere from 1-3 years, and typically reaches a new plateau at a level of well-being higher than the original baseline level of well-being.

Following the Canterbury earthquakes, it was also noted that the disillusionment dip happened more than one time—recurring in response to significant aftershocks. This was particularly so for participants when the workshops commenced in July 2011, just over a month after the third large (magnitude 6.3) earthquake struck Christchurch on 13 June. This earthquake, apparently more than the other two earlier large earthquakes, provoked a sense of hopelessness and disillusionment among those who had remained in Christchurch.

Hobfoll's five elements of support were then introduced. Hobfoll et al. (2007) suggested that there are five elements of psychological safety that should be engaged in after a mass disaster as part of immediate and midterm intervention. These five elements are promoting: a sense of safety, calming, a sense of self- and community efficacy, connectedness, and hope. In addition to providing the workshop participants with knowledge and skills to apply these elements of support in their own work, as well as with their families and communities, the workshops themselves served to promote these elements (in particular a sense of self- and community-efficacy, connectedness and hope), in a parallel process, among the participants and facilitators.

These five elements of support were then expanded upon, with the focus on developing or strengthening skills for applying these five elements. This included promoting calming using grounding techniques, listening effectively to people in distress after trauma, and being sensitive to issues of culture and diversity. The workshops for the professional social work agency staff also included affect regulation techniques, management of flashbacks, and an overview of evidenced based treatments for trauma.

Outcome

In total 20 workshops were provided over a eight week period (July-September 2011) to over 270 participants from 93 different organisations from Christchurch City and the wider Canterbury area. Post-workshop feedback indicated there were high satisfaction levels with the workshops' content and delivery, and high levels of knowledge gain were reported using a pre- and post evaluation tool. The following are typical statements participants provided when asked to provide feedback on the benefits of the workshops and how they would use learning:

- The ability to put into practice the tips learnt in the workplace (and home)
- Felt the workshop was complete and well prepared
- Work on increasing my cultural competence
- Tips and Practical tools – to recognise behaviour, normal reactions to abnormal events
- Practice the tools in the workplace e.g. Hobfoll's elements of support
- Share it with others, use listening tools, and recognise own stresses.
- Grief Wheel, graph that communities end up at a higher level than before the trauma.
- Hope for better future, reflective, empowering, clarifying questions.

Thus, the workshops fulfilled a strong need to process the events since the earthquakes started, and the participants expressed appreciation for the opportunity to reflect on their own actions and coping strategies. The focus on the importance of prioritising one's own well-being in order to better help others was also highlighted as a valuable reminder for the participants to take care of themselves. In many cases it also became evident that the participants had coped well with the many stressful events, and that new, more effective and more positive ways of dealing with the environment had come out of the experience. This realisation served as encouragement and was in line with the promotion of psychological safety – pointing out that the participants already had shown their ability to cope promoted a stronger sense of hope.

References

Broehnlein, J.K., (2006). Religion and Spirituality in Psychiatric Care: Looking Back, Looking Ahead. *Transcultural Psychiatry*, 43, 634-651.

Durie, M., (2004). *An Indigenous Model of Health Promotion*. 18th World Congress of Health Promotion and Health Education, Melbourne.

Hobfoll, S.E., Watson, P., Bell, C.C., et al., (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70, 283-315.

Myers, D. & Zunin, L. (2000). Phases of Disaster. In D. DeWolfe (Ed). *Training manual for mental health and human service workers in major disasters*. Washington DC: US Government Printing Office.

Spall, B. and Callis, S., (1997). *Loss, Bereavement and Grief: A guide to effective caring*. UK: Nelson Thornes.

Wardon, J.W. (1991). *Grief Counseling and Grief Therapy (2nd ed)*. Springer Publishing.

Author Notes

Eileen Britt, Department of Psychology/Health Science Centre, University of Canterbury

Martin Dorahy, Department of Psychology, University of Canterbury

Janet Carter, Department of Psychology, University of Canterbury

Petra Hoggath, Department of Psychology, University of Canterbury

Ainslee Coates, Mental Health Education Resource Centre, Christchurch

Marie Meyers, Registered Psychologist, Christchurch

Katharina Naswall, Department of Psychology, University of Canterbury

Corresponding Author

Dr Eileen Britt, Department of Psychology / Health Science Centre, University of Canterbury, Private Bag 4800, Christchurch, New Zealand 8140. Tel +64.3.3642987 ext 7195. Email: eileen.britt@canterbury.ac.nz