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Innovations

Lothians post disaster counselling service

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In mid 1988 after Piper Alpha but before the Lockerbie disaster, the Social Work Department and the Mental Health Unit independently began to discuss plans for a post disaster counselling service. Over the next few months a joint working party was set up which during 1988 and early 1989 evolved the service described below.

Lothians area has a well worked out disaster plan (the Lothians Displan) but there was no mention in this of post disaster counselling or psychiatric support other than support that would be immediately available at the rest and refreshment centre. In all the UK disasters up until now the post disaster response has had to be an *ad hoc* one and people have had to develop a service during the post disaster phase learning their skills on the job.

Our aim was to develop a response that was at least to some extent pre-planned and where personnel would have had a degree of training and experience both in post disaster organisation and in counselling. We were aware from the start that such an aim might be unrealistic and that to maintain morale, cohesiveness and expertise over a period of many years while waiting for a disaster to happen might not be possible.

The structure of the service

A Post Disaster Steering Group was formed during 1988; its composition is described in Table I.

This steering group meets regularly about six times per year. Its purpose is to provide representation for all interested parties and to provide direct channels of communication from the service to all the groups listed above. The day to day running of the service is by a small core working group which reflects the tripartite nature of the service. Currently this group consists of a senior social worker, a consultant psychiatrist (myself) and a representative of the voluntary services (currently from CRUSE). This

TABLE I
Composition of LPDCS Steering Group

Deputy Director of Social Work
Senior Social Worker
Consultant Psychiatrist
Voluntary Agencies
CRUSE (Counselling Services for Widows and Widowers)
Marriage Guidance (Relate)
LMCS (Lothian Marriage Counselling Service)
Samaritans
PLUS (Self Help Association)
SAVS (Scottish Association for Victim Support)
Health Board Emergency Planning Officer
Lothian Regional Emergency Planning Officer
Lothian Regional Information Officer
General Practitioner (Member Lothian Area GP Sub Committee)
Senior Police Officer
Senior Fire Officer
Senior Ambulance Officer (Receives Minutes and can attend if wishes)
(Recently a psychologist has been co-opted)

working group has organised the recruitment, training and supervision of the team of counsellors and generally supervises the organisation of the service. It reports back regularly to the steering group. One of the unique features of this service has been the degree of cooperation and flexibility between the three arms of the service and the amount of autonomy that has been granted by the parent bodies.

Recruitment of counsellors

A letter was circulated widely throughout the Social Work Department, health service personnel and voluntary agencies asking people who might be interested to write for an application form. The letter made it clear that at least initially potential counsellors would have to give up some of their own free time and the application requested applicants to discuss the matter with their line manager and obtain his or her signature and recommendation on the application form. Line managers were also required to state that in the event of a major disaster the applicant would be released from at least some of their regular clinical duties. In the first round nearly one hundred people replied and approximately 55 were able to come to our first induction course and training sessions. This was a very satisfactory response. We estimated we needed a *team* of between 35 and 40 counsellors so that allowing for holidays, unavailability for other reasons and natural wastage in between training courses we could rely on between 20 and 25 counsellors to respond to a given disaster. Applications came approximately equally from the health service, social work and voluntary agencies. Recruitment since that time has tended to be by a snowball effect rather than by further widespread circulations.

Training sessions

Two to three day courses have been held at annual intervals since the inception of the service. These have been funded by the Social Work Department. The courses have involved didactic lectures on the PTSD syndrome, treatment approaches to PTSD, dealing with children in disasters, the managerial and organisational aspects of post disaster planning, and descriptions of the existing Lothians Displan. We have tried to make a clear distinction between common, perhaps predictable and acute reactions to trauma and longer term more chronic reactions. We have invited a wide variety of speakers who have had experience in major disasters in the UK and abroad. Over two-thirds of the course time has been in small group sessions. These have involved discussion of the topics described above, case discussions and most importantly role play of various aspects of counselling using professional actors and actresses. Small groups were led by experienced workers who were personally known to the core group and who had had extensive experience of such small group work. The groups were organised to include a balance of all professionals involved.

During these training courses a certain element of self-selection went on. It was clear that some people who had volunteered as counsellors were coping with major losses in their own lives and they realised after the small group sessions that they would find it difficult to cope with counselling disaster victims. In only one or two cases were the course leaders or small group leaders concerned about an individual's suitability in the absence of concern from the individuals themselves. There was no formal assessment at the end of the course and in all but one case differences were dealt with by individual discussion between the counsellor and one of the group leaders. In that one case we reluctantly had to agree that if a disaster occurred that person would just not be called up.

No attempt was made in training to insist on a particular model of counselling or psychotherapy. Counsellors were advised to use the model of counselling that they had been trained in and which they felt most comfortable with, rather than to import a new one. Nevertheless different types of counselling technique were discussed including the use of cognitive behaviour therapy.

Our teaching has stressed the importance of recognising non-PTSD reactions after disasters. The development of diagnostic criteria for PTSD has no doubt done much to enhance the recognition and treatment of such disorders, but many other reactions can occur following disasters. These include typical grief/bereavement reactions, major depressive illnesses, agoraphobia, chronic anxiety disorders, specific fears and panic disorder. We also anticipate that acute perhaps short term reaction to trauma would be what the counsellors had to deal with initially and built this in to our training.

Counselling teams

Following the second annual training session it was decided to sub-divide the counsellors into small teams based round a group leader. Counsellors were also asked to choose which type of work they would like to do: telephone counselling, short-term work in the first two or three months after a disaster and long-term work. We had heard from workers in several other disasters that it was important to keep at least some counsellors in reserve for long-term work because of the burn-out that appears to occur with those involved in the hectic and sometimes overwhelming initial response. One group has continued to meet on a monthly basis as described below.

Other educational events

Regular half day meetings have been held approximately three times a year. These have involved descriptions of the development of the service, reports back on the activity of the service, invited outside speakers or case discussions. Attendance at these meetings has been high. Before each annual training meeting, an induction course of about half a day has been held for new counsellors thus avoiding repetition of the basic structure of the service, and its aims for the more experienced counsellors.

Members of the core group have frequently given talks to interested local groups including GPs, social workers, community nurses, and health visitors. The existence of the service was made known to all GPs through the local GP Newsletter.

"Maintaining morale while waiting for a disaster to happen"

We were aware that training a group of counsellors, raising expectations and then letting them sit on a register would create frustration and low morale and I am sure this has happened with some counsellors. Nevertheless the activity of the service has been quite high, despite the fact there has been no major disaster in Lothians area.

PTSD Clinic

We decided that in my psychotherapy service we would set up a limited post traumatic stress disorder clinic and that interested counsellors could be allocated one or two individual clients and come to the Psychotherapy Department for supervision. One group has made good use of this and has met regularly in the Unit on a monthly basis in the evening with the Unit's Charge Nurse as group leader. Some counsellors have been allocated cases and others have brought cases from their own practice. There has been a small but steady set of referrals from GPs of burns victims, people involved in car crashes, bank raids or other traumas. It was with some amusement that I heard on the radio recently of the "first PTSD Clinic in Britain which is about to be set up at the Maudsley". Our clinic has now been running for two years.

Newsletter

We have produced a newsletter which has been circulated to all counsellors informing them of the activity of the service and with articles about disasters that have occurred elsewhere. We have a reading list and there are the regular events referred to above.

Activity of the service

Lockerbie

Shortly after the service had been set up, the Lockerbie Air Disaster occurred on Wednesday, 21 December 1988. It was four days before Christmas and large numbers of rescue workers were drafted in to Dumfries and Galloway region, which is one of the smaller Health Boards in Scotland in terms of population but covers a very wide area. These included 900 Lothians and Borders policemen, who were mainly involved in searching the surrounding fields and hillsides for bodies or body parts over a period of the next ten days. They were also involved in mortuary service. When it became clear that a bomb had been involved the FBI requested that all the remains, however small, be x-rayed again. This involved the policeman washing off all the embalming fluid so that the remains could be re-x-rayed. We were asked by the Lothians and Borders Police Force to set up a service and this was done rapidly in the New Year. All policemen were circulated with a leaflet about PTSD, small anonymous premises were made available in the centre of Edinburgh and there was a dedicated phone line. Policemen and their families were reassured that this was a totally private service quite separate from their own force or welfare service. The office remained opened for six months and was manned by a social worker and secretary with counsellors being paired up with individual policeman and using the premises for counselling sessions.

Themes similar to those reported by Alexander & Wells (1991) emerged. Although there were many cases of individual horrific experiences, much of the distress, anger and frustration was centred on the inevitable chaos that occurs in such operations. Because the policemen had to be available very early in the morning to travel the two and half hours by bus down to Dumfriesshire and often getting back very late at night, they were separated from their families over Christmas and New Year. It was pouring with rain throughout much of this period (as it often does in the West of Scotland) and having to get up at 5 a.m. on Christmas Eve and then sit waiting for most of the day near Lockerbie because someone had forgotten to organise the wellington boots produced marked feelings of frustration.

School disaster

In the Spring of 1990 three weeks before the Highers (A level) Exam, four children from the Sixth Form of a large Edinburgh school were killed in a road traffic accident. They were in a BMW belonging to one of the fathers and were hit by another car. This occurred close to the centre of Edinburgh and was not a particularly high speed accident. It did not appear that

the children had been at fault. The children were some of the most popular in the Sixth Form and were clearly peer group leaders. On this occasion we were asked by the Education Department to provide advice. The school were concerned about a number of matters. Other schoolchildren had spontaneously set up a memorial on the pavement at the site of the accident and this had been disturbed by other children and some children had been beaten up or threatened by adolescents from a rival school. There had been one or two incidents in the playground. One younger boy had made a joke in the playground about what a waste of a good BMW it was, and this had caused a fight. There was also concern about how these incidents would interfere with preparation for exams. I went to speak to all the teaching staff about grief, PTSD and other post trauma reactions and how they might be handled. There was particular concern about whether there might be disturbances at the memorial service that was being held the following week. The teachers, particularly the guidance teachers, were able to identify those children who they felt were particularly vulnerable and this mainly appeared to be those who had had recent personal losses or those who had previously been involved in car crashes. At the same time other members of the working group saw all pupils from the fourth, fifth and sixth years in the groups. We told staff and children that we would provide a walk-in clinic five days a week for the next two or three weeks. This was used by between 15 and 20 students and the most common theme that emerged was children who wanted reassurance that it was all right to feel upset and to grieve for their friends. Interestingly, two pupils came along and said that they felt fine and wanted reassurance that was also appropriate. Some more serious cases emerged. One student had witnessed the accident and two parents contacted us about their children who had been close friends of one of the girls. They had definite PTSD/grief symptoms. In another case we gave support to the class teacher and she did the counselling.

We contacted the GPs of the families involved to remind them of our service but did not make any more direct contact.

Other activities

(a) Gas explosion, University Halls of Residence.
(b) Fire, two small boys died.
(c) Child drowned on residential school trip.
(d) Many individual referrals.

Keeping it a local service

We feel this is particularly important and we would want to keep it that way. If a disaster did happen in or around Edinburgh we would very much want "so-called experts" to stay away. We feel it is much preferable for the local service to ask for advice if and when it is needed rather than wasting valuable time and energy fending off offers of help. We are particularly concerned about the development of some semi-private disaster and post disaster teams who appear to turn up at disaster sites uninvited. We also have considerable reservations about a national disaster service and think this would be particularly inappropriate for the post disaster response. We are very relieved that this is no longer being considered as part of a national policy. We are particularly fortunate in the Lothian Region that the boundaries of all the emergency services, Social Work Department and Health Board coincide for the whole of the Lothians area though the emergency services, particularly the Police also cover the Borders region immediately to the south.

Conclusions

1. For such a service to work a tripartite structure including Health Board, Social Work and voluntary agencies is essential.
2. There needs to be a great deal of flexibility, goodwill and good communication between the three parts of the service and an overall co-ordinator belonging to one service who deals with correspondence, maintains a register, papers, agendas for meetings and ensures that decisions are implemented.
3. The service needs to have continuing activity such as regular meetings, links with the PTSD clinic and small group supervision, if it is to remain alive over many years.
4. Like all such services we could have done with proper secretarial help; each of us has had to use our own secretaries all of whom are very overloaded.
5. It has been our experience that there is plenty of activity and plenty of work to do even in the absence of a major national disaster.
6. We hope we have developed a service which is constantly available for the local community but which will never have to be used in a major disaster.

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