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UNIVERSITY OF CAPE TOWN

DEPARTMENT OF SOCIAL DEVELOPMENT

"The perception of the desirability of instituting peer Critical Incidence Stress  
Debriefing within a Local Municipal Fire and Rescue Service"

University of Cape Town

By

Patrick Egan

Student Number: EGNPAT001

(As part requirement for the degree of Masters in Social Science)

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University of Cape Town

**"The perception of the desirability of instituting peer Critical Incidence Stress Debriefing within a Local Municipal Fire and Rescue Service"**

This study explores the perceived desirability within a sample of fire fighters of introducing a peer Critical Incidence Stress Debriefing (CISD) support structure within the Fire and Rescue Services of Blaauwberg Municipality. The research took the form of a descriptive inquiry by means of a semi-structured interview using a questionnaire developed by the writer. The research findings indicated that generally support was given to the notion of peer CISD structures, subject to some concerns that would need to be addressed through effective training and planning. From the finding it can be identified that peer support is desirable, and provided a CISD system is structured in a careful, non threatening manner, will lead to development on both a micro and macro level.

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## **CHAPTER 1**

### **INTRODUCTION**

#### **STUDY BACKGROUND AND RATIONALE**

Traumatic events such as bomb blasts and natural disasters have highlighted the role emergency personnel play in the efficient handling of crisis situations. The impact of the exposure to trauma related to the nature of their employment, combined with a precedence of machismo attitudes in dealing with trauma within the Fire and Rescue Services has led, in many cases, to instances of post traumatic stress disorder and a multitude of psycho-social problems being identified within the employees of Fire and Rescue Services.

In the light of these problems, as well as the financial and productivity constraints that are present within all organisations, an approach needed to be devised to lessen the impact of trauma within the organisation. One such methodology is the introduction of peer Critical Incidence Stress Debriefing (CISD) services to assist employees support one another within traumatic situations.

## STUDY OBJECTIVES

This research undertook to describe and evaluate the perceived desirability of introducing a peer Critical Incident Stress Debriefing (CISD) support structure within the Fire and Rescue Services of Blaauwberg Municipality, a medium sized local authority in Cape Town. The key questions addressed will include:

The desirability of introducing CISD services within the Fire and Rescue Services

The desirability of peer support structures.

The level to which fire fighters trust and are confident in their peers as facilitators of CISD interventions.

The level to which peer CISD was seen as developmental by the respondents.

## ASSUMPTIONS AND SCOPE OF STUDY

The study assumes that exposure to trauma (detailed in the study) results in a significant risk for the employee. The writer's experience in the Employee Well-being Program ∇ has exposed him to the degree to which fire fighters are traumatized. He has listened to accounts, talked to families, worked with many fire fighters suffering the side effects of varying degrees of trauma. In terms of the social and corporate responsibilities of the employer, it is assumed that preventative steps should be taken to reduce the

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∇ The Employee Well-being Program is an organizational initiative to assist troubled employees within the organization on an individual and group level with a wide variety of psychosocial problems. The program operates in terms of a corporate policy that offers confidential counseling, support and occupational social work services to all employees. All service are offered on a voluntary basis. The program is run by a full time social worker who is a member of Human Resources staff.

risk to the employee of the effects of occupational exposure to trauma. The study also examines the degree to which the fire fighters themselves desire systems to address societal trauma and violence.

The study was conducted with the Fire and Rescue Services of Blaauwberg Municipality, a medium sized local authority in Cape Town and it is further assumed that this study represents Blaauwberg Municipality as a functional entity as at the end of October 2000. This assumption is necessary due to the impact and changes that are expected from the local government restructuring which occurred on the 5 December 2000, which effectively disestablished Blaauwberg Municipality.

The study assumes that it is the responsibility of society, both civil and corporate, to care for the health (physical and psychological) of all its members.

It is further assumed that the management of Blaauwberg Municipality is willing and able to provide such a service, in terms of Blaauwberg Municipality's policy and resource base. This is based on the previous support by management of Blaauwberg Municipality (and all the other Municipalities in Metropolitan Cape Town), of Occupational Health and Employee Assistance Services.

## **RESEARCH DESIGN AND METHODOLOGY**

The research took the form of descriptive research using a questionnaire designed by the writer to look at the perception of firefighters regarding the desirability of setting up a peer Critical Incidence Stress Debriefing Service. The research used a semi-structured interview to gather data, which was analysed in terms of a number of themes.

### **LIMITATIONS OF THE STUDY**

The study is limited in terms of its external validity. The study was conducted with a relatively small sample of recipients within a single organisation.

### **OUTLINE OF THE STUDY**

The study will focus on the broad impact of trauma within the South African context (chapter 2), and, following a brief socio-economic profile of the Blaauwberg Municipal region, will focus on why Blaauwberg Fire and Rescue Services could be seen as being at risk (chapter 3). The process of Critical Incidence Stress debriefing will then be discussed (chapter 4); while the methodology (chapter 5) and results (chapter 6) of a survey of fire fighter opinion will be considered. The conclusion (chapter 7), will focus on why the institution of CISD services is necessary, why programmes need to be developed to that purpose, and what the desired outcomes of such an intervention may be.

## CHAPTER 2

### SOCIAL DEVELOPMENT AND TRAUMA IN SOUTH AFRICA

The chapter will briefly discuss the impact of trauma and development on personkind from caveman to information age within the context of South Africa. It is the contention of the writer that social development and violence are linked, and within the South African context have an influence on the general state of trauma within South Africa.

Social Development is best defined as the process through which society changes and develops on all levels in a given economic, socio-political, technical and structural context. The change and development within society can be seen from a number of perspectives, including social, political, technical and economic. All social development is accompanied by changes in the society in which the person or organisation is present and involved at a particular period in time (Midgely:1997:8). Swannepoel & De Beer (1997:42) indicate that development ultimately concerns people. To this end the life experiences of all people in the population need be considered when looking at the issue.

The process of development and change within society has broad influences on the behaviour, arrangement and coping mechanisms of all persons in the society. A good example of how this change is illustrated in popular media can be found in the opening minutes of Kubrick's motion picture "2001 A Space Odyssey" (MGM: 1968), when humanity develops from primitive primeval to the stage of space travel, symbolized

through the progress from primal humanity beating one another with animal bones to "peaceful" space flight. The irony within the motion picture is that technology (the HAL9000 computer) becomes adversarial to the human being, perpetuating the human characteristics of killing.

The Industrial Revolution that began in Western Europe in the late 18<sup>th</sup> through 19<sup>th</sup> Centuries and reaching its peak in the 20<sup>th</sup> Century, can be seen as the single most fundamental influence on societal structure and life as a whole, in that it changed and influenced the world's social structures irrevocably. The Industrial Revolution brought about the growth of paid labour and the change in the notion of work. It saw the progressive migration of people from rural subsistence agriculture to work in waged employment in the cities. This movement of the population, due to industrialisation, changed the basic fabric of society resulting in the organisation of society in "modern" industrial units. Swannepoel & De Beer (1997:7) indicate that rapid urbanisation resulted in a multitude of problems for both the individual and society as a whole. These problems include housing and a general increase in the state of poverty, which may result due to the influx of a large population to the cities in search of work, which creates a labour glut in a capitalist society.

As the paramount phenomenon of our age, globalisation signals far-reaching fundamental changes in the way the world is organised, how it is run, and how it is known. (Kalekin-Fishman, 1996 : 809). Globalisation is seen as a result of centuries of social, economic and political change that has gradually fostered the emergence of the modern world system as we currently experience it.

The causes of globalisation include:

- (1) The rapid development of technology, especially information technology;
- (2) global migration, trade or conquest;
- (3) economic factors; or
- (4) political factors

(Midgely; 1997 : 25)

Kilmartin (1998) defines the essential elements of globalisation as follows:

- low controls of movement of capital, information and human resources
- rapidity of change
- the use of technology for transmission of information
- the growth of income and power of trans-national corporations, and
- threats to the sovereignty of the nation state

The current world capitalist economic order and the growth of globalisation can be seen as structures that have fundamentally changed society. The growth of information technology and the so called "information age" further impacts on society, the effects of which will be clearly evident in the new millennium. We have moved – or seem to be moving – beyond the age of labour-intensive industry to a Post-Industrial Revolution, where technology is replacing people in production leading to mass retrenchments. Technologization and the emergence of globalised capital has resulted in the collapse of any feasible local labour mobilization: countries with progressive labour legislation simply do not get foreign investment. Socialist states are also no longer viable. Corruption, patronage and what some political scientists have termed 'kleptocracy' (rule

by theft), are formulas for social decay: by the magic of modern technology capital can be shifted out of such societies. "Goodbye, communists versus capitalists. Hello, free-market democracy versus free-market kleptocrats" (Friedman,2000:155). Yet in many societies unemployment and underemployment generates poverty; poverty contributes to crime; crime makes foreign investment even more unattractive. What one experiences under such circumstances are rapid, and at times violent, changes, which ultimately can be seen to amount to global economic violence.

Modern society has been characterized by a series of ongoing episodes of violence and destruction. The nature of social order is thus, that modern social order has been built in the wake of unrest, war, violence and human and natural disasters. All major changes in societal organization have resulted in some level of trauma. The rapid industrialisation of the 1900s, for example, while being a period of rapid economic development, resulted in the growth of the industrialized society, in turn also resulted in high levels of trauma associated with the migration of persons from rural to urban environments, the destruction of the extended family, the loss of control of the individual over their life and the means to survive.

In the light of societal violence, individuals and organisations have attempted to offer protection and aid to others put into life and property threatening situations. Such organizations and people will exist even in the New World order; indeed the new order makes their existence essential.

Kopel & Friedman (1997:307) indicate that given South Africa's longstanding civil conflict characterized by high levels of violence, any person exposed on a regular basis to violence could present a variety of reactions to the exposure. Such reactions can include violent behavior itself (often directed against one's own family or community), belief in the 'inevitability' of violence which can lead to fatalistic resignation or depression (sometimes with substance abuse as side effect), deep paranoia about fellow human beings, and – for those within the middle and upper classes with the ability to do so – emigration. Robinson (1998:64) indicates that violence and social structural disadvantage in relation to areas such as property ownership are endemic in the South African situation.

South Africa currently has a high rate of crime and social violence. Domestic violence and murder is very common. South Africa has a high mortality rate due to road traffic accidents as well as a high rate of physical violence. South Africa can be considered a very violent society. Surveys indicate that South Africa is rated second or third most violent society on earth – after Colombia, a country where politics and crime have helped spawn a new criminological phenomenon, 'narco-terrorism'. South Africa is the country with the highest rape rate (possibly as much as one every 26 seconds); the next highest, the USA, has one sixth as many. It has the highest car hijacking rate, third highest murder rate after Colombia & Swaziland etc. Societal violence takes many forms and includes institutionalised structures, gender issues and individualised instances of violence. (Cock 1992).

Social development, while aiming at improving the lives of all persons within the community, can further be seen as a cause of trauma in a given situation. Any change, be it small or global, results in both positive and negative outcomes. Tedeschi & Calhoun (1995:4) comment that not all trauma is negative, and that growth is often the result of a traumatic event within life. It can hence be argued that social development and trauma are definitely linked, impacting on all person's lives, from both a constructive and destructive perspective.

## CONCLUSION

It can be suggested that given the violent nature of society and that the development of society is potentially violent, all South Africans are steadily exposed to violence on a day to day basis. The level of exposure to violence in society varies from context to context within a given community. South Africans, it can be inferred, have been socialised into a system of traumatic violence and all this contributes to a rather matter-of-fact attitude to traumatic experience. It can further be contended that this over exposure contributes to what might be called a 'culture' of Post Traumatic Stress.

The long term exposure of all South Africans to both direct and indirect violence implies that while for all persons exposure to violence is ongoing and steady, and that the accumulation of this exposure ultimately affects the ability of the individual to cope in his /her own situation. For those without the privilege of flight, it means dealing – and more often failing to deal – with situations of deep trauma, trauma not unlike combat related stress and post traumatic stress disorder.

The context of this situation forms the base for the study of desirability of setting up a structure to address the issue of trauma. It is the writer's contention that the general state of trauma prevalent within the context of the South African situation, has a significant impact on persons working within traditionally trauma exposed occupations. To this end it is the already high levels of societal trauma and violence which act as the basis of the individual's exposure to trauma, and hence persons are overdosed with trauma. A peer support structure can hence be seen as a method to address the accumulation of the societal and occupational exposure of trauma in a preventative manner.

## CHAPTER 3

### **BLAAUWBERG MUNICIPAL FIRE AND RESCUE: THE SOCIAL CONTEXT OF PERSONS AT RISK**

Following a brief history of the creation of Blaauwberg Municipality, this chapter will describe aspects of the demographic structure of the Blaauwberg Municipal area. The chapter will further describe the Blaauwberg Municipal Fire and Rescue Service structure and outline the nature and variety of calls they have received. The chapter will finally show why employees within Fire and Rescue could be considered at risk of being adversely affected by exposure to traumatic events. This will be discussed in terms of the following themes:

History and Development of Blaauwberg Municipality

Blaauwberg Municipal Area: Socio economic Profile

The Structure of the Blaauwberg Municipal Fire and Rescue Service

Fire and Rescue: A community at Risk

#### **HISTORY OF THE DEVELOPMENT OF BLAAUWBERG MUNICIPALITY**

After the 1994 democratic elections it was necessary to look at the structure of society,

how municipal services were delivered and the fact that these services were traditionally divided along racial lines. The Local Government Transition Act 1993, (Act 209 of 1993) allowed for the rearrangement of local authority structures to form new democratic representative structures, which were more socio-economically and racially integrated. Following a process of negotiation around boundaries, structural definitions and municipal election issues, amendments to the Local Government Transformation Act in 1995 and delays by the Western Cape Provisional legislature (due to the municipal elections process of 1996), a structural rearrangement of the local authority organization occurred. Structures were reduced from 12 local authorities to 8 with staff being transferred to the new local authorities with effect from 1 July 1997.

Blaauwberg Municipality became one of the smaller municipalities within the greater Cape Town area, but one with the biggest growth potential due to large areas that are relatively undeveloped.

The rearrangement of both the municipal services and employee base had a negative effect on the morale of the employees and the community, with examples of "loss" and change related behaviour being evident. High levels of confusion existed regarding roles, responsibilities and functions within the employee groups resulting in loss of productivity and psychological distress (Gibson, Ivancevich & Donnelly 1997:217).

## **BLAAUWBERG MUNICIPAL AREA: SOCIO ECONOMIC PROFILE**

For the purpose of this discussion the Blaauwberg Municipal area will be considered in

terms of three criteria: race and gender division, type of living environment and personal income/level of employment of residents. These factors all impact on the employee groups within Blaauwberg Municipality in that employees both work in the socio-economic realities of the area and to some extent are also resident with the area.

Blaauwberg Municipal area consists of urban, informal urban, commercial farms and non-urban areas, with population divided along racial and economic lines. The region offers high-density formal and informal communities as well as industrial, commercial and agricultural settings. The Blaauwberg Municipal area has a total of 125 020 persons residing in the area (Statistics SA :1996) divided as follows on racial and gender lines:

	Male	Female	Total
African	5187	4394	9581
Coloured	28830	31437	60267
Indian / Asian	357	361	718
White	23730	25340	49070
Unspecified	2783	2601	5384
Total	60887	64133	125020

(Statistics SA 1996)

**Figure 1: Race and gender Statistical breakdown Blaauwberg Municipal Region**

From these statistics it is evident that the area is primarily racially divided between white and coloured persons, still largely along geographic lines. These divides are mirrored within the employee composition of Blaauwberg Municipality and at times results in some level of organizational conflict.

#### i) GEOGRAPHICAL AREA

Blaauwberg Municipal area covers a geographical area defined from the N1 National Road edge of Brooklyn to Mamre, with its borders being further defined by the Atlantic coastline and the N7 National Road. The municipal structure came about by the

combination of segments of the old City of Cape Town, areas previously controlled by the Cape Metropolitan Council, and two local authorities, Mamre and Milnerton.

The municipal area is composed of areas of high volume affluent residential development (Table View and Milnerton), areas of apartheid ghettos (like Atlantis) and informal urban setting, such as Du Noon. Population is distributed within the differing kinds of types of areas as follows:

	Urban: Formal	Urban: Informal	Commercial Farms	Other Non-urban	Total
White	48061	2	862	145	49070
Unspecified	4510	50	162	662	5384
Total	108983	6194	4405	5438	125020
Indian / Asian	713	-	3	2	718
Coloured	52942	560	2327	4438	60267
African	2757	5582	1051	191	9581

(Statistics SA 1996)

*Figure 2 Settlement Type per Racial Group Blaauwberg Municipality*

From this it is evident that racial division is a primary factor in determining the kind of area of residence for the individual.

## ii) PERSONAL INCOME AND UNEMPLOYMENT

Blaauwberg Municipality is one of the largest employers within the geographic region. While the Blaauwberg Municipal area has been described in the media (local community newspapers) as experiencing steady economic growth, this growth has been largely seen through specific commercial activity and as such may not have necessarily influenced the general state of income of the employees of the municipality and the community as a whole.. A significant number of Blaauwberg Municipal employees are

resident within the Blaauwberg region and thus form part of the personal income profile described as follows:

	None	R1 - R1000	R1001-R4500	R4501- R30001or more	Total
African	5026	2223	1152	239	8640
Coloured	32836	6289	13232	763	53120
Indian / Asian	333	61	176	66	636
White	15413	4411	14221	9469	43514
Unspecified	2294	454	964	200	3912
Total	55902	13438	29745	10737	109822

(Statistics SA 1996)

**Figure 3: Family Income per racial Group Blaauwberg Municipality**

From these statistics it is clear that once again racial divides affect the number of persons earning the upper bracket incomes within the area.

Unemployment rates mirror the racial division of the community. It is further evident that income inequality is along racial lines, as is unemployment. The employment rate within Blaauwberg Municipality is 39.17% (Statistics SA 1996) of the population divided racially as follows:

	Employed
African	3568
Coloured	19222
Indian / Asian	273
White	24200
Unspecified	1716
Total	48979

(Statistics SA 1996)

**Figure 4 Racial Division of Employed Persons Blaauwberg Municipality**

It needs to be emphasized that while 39.17 % employment rate is lower than the estimated national average, this figure does not include persons engaged in informal employment, persons at school and retired / disabled persons.

## iii) SOCIO-ECONOMIC DIVIDE WITHIN BLAAUWBERG MUNICIPALITY

From the statistical discussion it can be seen that Blaauwberg Municipal area can best be described as consisting of two distinct components, divided economically and racially in terms of the apartheid system of areas. An economically affluent area composed of Milnerton, Table View, Blouberg, Melkbos (historically white areas) is best described as upper middle class, while the poor areas are Atlantis and Mamre (traditionally "coloured" working class). Pinnock in James and Simons (1989:150) indicated that urban planning history in the post World War II Cape Town can best be described as a process of disastrous social sanitation which, although masquerading as urban renewal, became a process to relocate vast populations to ghetto communities based on a racial ideology, outside of the central city structure. Atlantis can be seen as a classic microcosmic example of the Colonialism of a Special Type that was the essence of Apartheid South Africa (cf South African Communist Party, 1962). It was a cheap labour reserve (a Periphery) serving the needs of Cape Town (the Metropolis), a model of the system of apartheid which saw black South Africa (townships, homelands) as the periphery to capitalist South Africa. Atlantis, as an example of this ghetto community structure, is isolated from the broader Cape Town as a geographical feature, some 60 km from the centre of Cape Town .

An additional factor has been the influx of Africans, mainly to poor areas and to informal settlements, after the end of influx control. Swannepoel & De Beer (1997:7) indicate that rapid urbanization results in a multitude of problems for both the individual and society as a whole. This has certainly been the case for new Capetonians.

Blaauwberg Municipality, as one of the biggest employers within the region, has an important role to play in economic upliftment of the community. The employees of Blaauwberg are to a large extent also residents of the Blaauwberg Municipal area, and as such are directly affected by the performance of Blaauwberg Municipality as an organization. The poverty, underdevelopment and legacies of apartheid within the community thus affect employees to significant levels, culminating in a high level of background social trauma. Blaauwberg Municipality, neither as community or employer, has any policy or programmes to address this social trauma. As employer, Blaauwberg Municipality does have an Employee Well-being Program to assist its employees to deal with adjusting and developing within both the contexts of a changing society, and with the development of community.

## **THE STRUCTURE OF THE BLAAUWBERG MUNICIPAL FIRE AND RESCUE SERVICE**

The Fire and Rescue Service forms a small part of the broader Blaauwberg Municipal Structure, being one component of the Community Services Directorate. The Community Services Directorate of Blaauwberg Municipality also includes other functional areas such as Amenities, Traffic and Protection Services and Library Services, but excludes Health and Housing, which forms an independent directorate in its own right.

## i) OBJECTIVES

The key aim of all Fire and Rescue Services is to prevent the loss of life and property due to fire, disaster, accidents and hazardous situations, within the community in which they serve. The primary objectives of Fire and Rescue Services includes:

1. To offer an effective and efficient service to respond to incidents of fire, accident and hazardous situations.
2. To prevent fire, accidents and hazardous situations through the maintenance of educative and awareness actions.
3. To regulate and control situations by means of recommending and enforcing fire safety regulations.
4. To maintain good community relations.

(Blaauwberg Municipality Mayoral Report 1999/2000:21)

## ii) STRUCTURE

The Fire and Rescue Service employs a total of 139 persons and is geographically spread between four fire stations found in Milnerton, Brooklyn, Atlantis and Melkbos.

The main control functions are located at Milnerton Fire Station, which is the locale of the branch's management. Each station operates with three Platoons of fire fighters, headed by a station commander (also referred to as a stationer officer). These platoons work a 24 hour long shift, on a one-day work, two day off rotation. Two senior divisional officers co-ordinate the north and south regions, reporting to the Manager: Fire And

Rescue Services. A limited day staff composed of support, administrative and prevention services further exist. They report to the Manager via administrative and training station officers.

Gibson, Ivancevich & Donnelly (1997:329) comment that organizational structure facilitates purposeful goal orientation. To this end the Platoon structure allows the individual fire fighter to know his position within the organization, especially in terms of the hierarchy. The organizational structure ultimately affects the behaviour and functioning of individuals and groups within an organization (Gibson, Ivancevich & Donnelly 1997:330) The hierarchical nature of the Fire and Rescue Service can be seen to limit the individuals ability to make changes within the organization, especially in terms of effecting changes.

The staff component is primarily male, with only 13 female staff employed by Fire and Rescue, most of them within non-operational support and administrative roles. Recently 3 female staff have been appointed as fire fighters, in line with other Fire and Rescue Services in the metropolitan area, where the use of female fire fighters has become more common. This introduction of female fire fighters has both challenged the organization to address its gender issues and has caused a significant amount of "discomfort" within the fire services.

Fire and Rescue Services are rooted within a militaristic environment and as such still operate within the parameters of a rank based, hierarchical structure. It has as a result a 'macho' mentality with militaristic overtones.

### iii) FUNDING

Fire and Rescue Services are primarily funded from Municipal income derived through rates and services charges. Some funds are, however, generated from "charges for fire services" made in the case of Fire Service delivery. These charges are limited, and most of the services provided which are medical rescue in nature are provided at no cost to the community. The key focus of the Fire and Rescue Service can thus be seen as service delivery and not economic gain. It needs to be remembered that Fire and Rescue Services' primary goal is to serve the population, and as such, forms part of a civil responsibility of the state, through local authorities.

The Fire Service is economically capital intensive, due to the need for specialist Fire and Rescue technology. Resources are limited, resulting in much inter-station conflict over access to capital. Municipal budgets tend to not allow for the full resourcing of the Fire Services, resulting in work occurring with outdated and aging technology and equipment, which demotivates the staff who provide the service.

### iv) SERVICE DELIVERY

Blaauwberg Fire and Rescue Service delivers 2 broad categories of services, fire response calls and "special services" calls. As the statistics below indicate, special services, best described as medical rescue services, constitutes a greater part of the fires services work load.

SERVICE	2000	1999	1998	1997
Fire calls	1479	1000	1042	889
Special Service Calls	3693	2770	3004	2434

(Blaauwberg Municipality Mayoral Report 1999/2000:20)

**Figure 5: Fire and Rescue Services Delivered Blaauwberg Municipality**

Special service calls, which significantly exceed fire calls, can be further broken down into specific categories:

Category of Service	Types of problems	% of calls in 1999/2000
Medical	Cardiac, Collapsed, Maternity, Seizures	35%
Trauma <sup>1</sup>	Assault, burns, gunshot, drowning. Suicide	33%
Motor Vehicle Accidents (MVA)	MVA, Pedestrian, trapped	19%
Miscellaneous	Person trapped, underground tanks, animal rescue, body recovery	12%
Hazmat	Spills, gas leaks, road/rail tanker accidents	1%

(Data derived from: Service Records of Blaauwberg Fire & Rescue 1999/2000:20)

**Figure 6 Special Services delivered by Blaauwberg Fire and Rescue Services**

<sup>1</sup> For the purposes of this study Trauma will not be limited to only the problem areas defined, but will also include Motor Vehicle Accidents and Miscellaneous items

These statistics indicate that firefighters, in addition to 'normal' duties, are exposed to significant levels of violence and social trauma. The rate of loss of life by the "customers" of the services related to these occurrences is approximately 2% for special service calls and 1 % for fire calls. (Service Records of Blaauwberg Fire & Rescue 1999/2000:21)

## **FIRE AND RESCUE: A COMMUNITY AT RISK**

In the light of the nature of the rate, frequency and type of the trauma inducing situations to which personnel of Blaauwberg Fire and Rescue are exposed, it is without any question that the fire services personnel could be considered at risk of trauma related psychological problems.

Given that Social Development is concerned with the needs of people in community, a response is necessary to address the well being of the personnel. A planned intervention is necessary to minimize the effects of trauma. Critical Incidence Stress Debriefing (described in Chapter 4) is one such method of dealing with trauma. The institution of such a program, both on a policy level and as a practice, can be seen as the employer's response to addressing this issue.

Currently no formal plan exists within the Fire and Rescue Services to help employees deal with the impact of trauma on themselves and their lives. The Employee Well-being Program (EWP) is the only service currently offering services to assist individuals, with his/her psychosocial wellbeing. The nature of these services however tends to be

curative, with preventative service delivery not being addressed. The Employee Well-being Program (EWP) tends to focus on the treatment of the pathologies that result from trauma, such as alcoholism, and depression.

While offering professional services, the resources of the EWP are highly limited, especially in the light of it being a corporate initiative and not a Fire and Rescue Services only initiative. The use of a dedicated structure, with its roots in the Fire and Rescue Services can hence be seen as a manner of delivering services which are appropriate and available at short notice.

Further in the light of the Occupational Health and Safety Act, 1993 (Act No 85 of 1993), the employer is obliged to ensure a safe healthy working environment. To this end it can be argued that the employee's psycho-social health becomes the responsibility of the employer, making the management of the exposure to trauma of the Fire and Rescue employees a potential legal responsibility.

Blaauwberg Municipality needs to commit to a policy of CISD intervention, in the light of the legal requirements of the Occupational Health and Safety Act, and the fact that prevention makes good economic sense to the organisation by minimising staff turnover due to burnout. (Gibson, Ivancevich & Donnelly 1997)

Peer support structures form the ideal base for the supply of "emergency" emotional first aid and, as they are part of the recipient structure, allow for the expanded use of limited resources.

**CHAPTER 4****CRITICAL INCIDENT STRESS DEBRIEFING****INTRODUCTION**

This chapter will start by looking at the relationship between stress and the emergency worker. This will be followed by a brief look at post traumatic stress disorder and the possible links to occupational stressors. Critical Incident Stress Debriefing (CISD) will be looked at as a technique, as well as the links CISD has to group processes and the validity of CISD as a treatment. Finally the use of peer support structures will be briefly discussed. The chapter will address the following issues:

Stress and the Emergency Worker

Post Traumatic Stress Disorder

Critical Incident Stress Debriefing

CISD and the Group Process

The Role of the Facilitator / Counselor in CISD

The Disputed Validity of CISD

The Value of Peer Support

## STRESS AND THE EMERGENCY WORKER

Stressful events occur in everyday life in all situations and contexts and may result from a broad range of conditions and events. While stress is normally experienced as part of everyone's daily life, a crisis can best be defined as the experience of being overwhelmed as a result of a particular situation, when the individual or group can no longer find a way to cognitively explain the occurrence. (Hoff 1984:5)

Hoff (1984:6) comments that personkind has been experiencing stress, predicaments and crises from the beginning of time. The recent focus on the area of crisis work however has highlighted the many debates that are present within crisis intervention theory. Hoff (1984:8) indicates however that underlying the theoretical perspectives crisis theory ultimately holds the following values and beliefs:

- People in crisis are basically normal from the standpoint of diagnosable illness, even though they are in a state of high tension and anxiety.
- People in crisis are social by nature and live in a culturally specific community.
- People in crisis generally have the desire to help themselves, their capacity for growth being enhanced by the assistance of others.

What is fundamental to the successful handling of crisis situations is the level to which individuals working in highly stressful situations and environments can deal with the

effects of the work on their personal and professional lives. The effect of regular exposure to "secondary trauma", the trauma associated with observing or being involved with traumatic situations, has a profound impact on the personal and occupational functioning of each individual. This, often combined with a precedence of machismo attitudes to dealing with trauma, eg. the "I'm OK" denial, has led in many cases to instances of Post Traumatic Stress Disorder being diagnosed in specific individuals.

(Choy & De Bosset 1992:578-580)

In the light of this potential occurrence, a proactive approach needs to be devised and implemented to lessen the effects of secondary trauma and reduce the potential instance of post traumatic disorders amongst all persons exposed to traumatic events.

Due to the very nature of their work, emergency workers encounter traumatic phenomena on a regular basis (Briere,1997:6). These encounters leave many unresolved issues, which need to be dealt with by the individual and, at times, by the members of the work group as a whole. These traumatic experiences often however occur on a regular basis and form part of the day-to-day life experience of emergency and protection workers. Emergency workers and police officers experience potentially traumatic events as part of their professional duty, Stephens (1996:2) comments, and in these instances are prepared for potential traumatic events. It is however the exceptional single distressing incident or chronic traumatic exposure, which results in psychologically disabling outcomes

Tunnecliffe (1997:3) indicates that personnel confronted with stressful incidents and

situations may cope well in the short term, but that few are immune to long term exposure within this kind of environment. Moran & Massam (1997:2) indicate that a healthy adaptation to dealing with stresses can be maintained, and may be derived, through the positive use of humour as a coping strategy. This strategy allows for cognitive reframing of the event, which aids the individual in coping with the trauma. Taylor (1998:2) stresses that no matter how difficult the situation or traumatic the event, the underlying reason for utilizing peer-support, defusing, debriefing counselling, psychotherapy or any specific intervention, is to prevent the memory of the trauma from becoming fixed inaccessibly and troublesomely within the individuals cognitive framework.

Paton et al (1998:6) states that amongst high-risk individuals there is often a cohesive culture that suppresses persons from emotionally disclosing following a traumatic event. This culture of silence is further perpetuated within the context of a male dominated machismo attitude held by many working in the emergency/protection field. When the work situation of an emergency worker is both occupationally and personally non-supportive of the notion of dealing with issues on emotional levels, the employee runs the greatest risk in terms of his/her long-term psycho-social well being. Murphy et al (1994: 57) identifies a number of factors which impact on the job related stressors including the structure and content of the job.

Cooper (1995:147) indicates that since the beginning of the 19<sup>th</sup> century, there has been a preoccupation with masculinity within fire services. Fire fighters have traditionally been associated with "manliness", referring to boldness, strength, stoutness, nobility,

physical strength, control of emotions and not being 'womanish' in behaviour or attitude in any situation. The concept of manliness relating to the fire services was further mirrored in the armed forces and protection services, where persons occupying positions were entrusted with taking responsibility for and assisting women and children.

The core feature for these areas focussed on the ability for the male to be in control of his subordinates and the physical world. Any physical (and emotional) vulnerability was ultimately seen as weakness. The fact that fire services followed male dominated lines allowed for the growth of camaraderie – male bonding. Recently a major change has threatened the male dominance, control and support within the fire and other male related services due to the development of a more enlightened vision within these services, and the inclusion of female co-workers within the functional ranks.

Cooper (1995:165) comments that the whole concept of masculinity has been challenged by a number of factors in recent years including the growth of the feminist movement, the emergence and evolution of a homosexual culture (one continually evolving and challenging popular stereotypical images), and personal and economic pressures which have forced a change in the gender composition of labour. These changes have ultimately resulted in the need to rethink the perceptions of gender roles in society and have influenced the change in the roles of the emergency / protection services worker.

The commonly held perception that persons are born into emergency and protection services work has in recent years been questioned, with an emerging growth in the

recognition that the choice to work in this sector needs not be limited to persons with particular personality characteristics nor physical attributes. It is however necessary to recognize that the ongoing functionality of employees in this sector is determined by a number of physical and emotional factors. Recognition of the need for and use of emotional support structures by the emergency / protection worker has been identified as necessary for supporting continued individual functionality (Gist & Woodall 1998 ). Individual psychological fitness as a precondition to effective functioning in stress related positions has further been noted, specifically in terms of how psychological health is assessed. (Johnson 1995:193). While no clarity exists in these areas a common intervention for dealing with trauma, Stephens(1997:2) indicates, is the use of psychological debriefing for organised groups following exposure to trauma.

The diagnosis of Post Traumatic Stress Disorder and the increased enlightenment of many in the field, has resulted in the growth of structures and systems to address the psychological / emotional needs of those exposed to high levels of stress. Gist & Woodall (1998:5) indicate that in the past decade a substantial growth in treatment protocols for post-traumatic stress disorder has been witnessed. These treatments are offered by a range of professionals, paraprofessionals and peers with varying levels of success.

A stressful work environment can be seen as a cause of many social and emotional problems, impacting on a wide variety of professions and occupational groups. Work stress is further not unique to predominantly male environments. Fullerton et al (1992:371) indicates that the rescue worker is exposed to multiple layers of stress, as

a response to the primary event and as a secondary response to having to respond effectively at the event.

The structure of emergency work with employees working shifts, with relatively low pay and long periods of off-duty time, may allow emergency / protection workers the opportunity to engage in second jobs, allowing these to influence the functioning of the individual (Murphy et al 1994:58). In a job that confronts the individual with regular situations involving destruction, various forms of violence, loss and death in a low control, high demand environment, high levels of stress could be experienced (Murphy et al 1994:58). Put this into a multi-layered culture of violence like South Africa, and the picture gets even bleaker.

Murphy et al (1994:59) indicate that women in emergency and protection services also experience gender-related stressors often related to the attitude of their colleagues towards them.

## **POST TRAUMATIC STRESS DISORDER**

Tedeschi & Calhoun (1995:17) comment that trauma can best be considered in terms of being the result of an event out of the ordinary, which creates long term effects.

Tedeschi & Calhoun (1995:55) indicate that the degree of negativity that a crisis holds is not fully determined by the crisis as such, but also as a result of the individuals reaction to a crisis / trauma and the perceptions of the individual in terms of the

situational analysis. From this we see that different people react differently to a traumatic event, some positively and some negatively. Crises can hence also be seen as potential areas for improvement and development. The key factor that needs to be considered in any crisis is how people and systems cope with crises and to what level these can lead to development as a whole. Tedeschi & Calhoun (1995:128) warns however that traumatically challenged people must not simply be told that the trauma they are experiencing is developmental, nor have the developmental gains of the crisis be simply identified to them, but they need to achieve an acceptance and understanding of the event in the long term. It is the long term acceptance and understanding of the event, which results in the level of development for the persons involved.

Choy & De Bosset (1992:579) indicate there are many debates regarding the exact cause of Post Traumatic Stress Disorder (PTSD). It is however emphasized that while all disasters have an impact on the individual, be these events rape, kidnapping, automotive and industrial accidents, violent crimes, natural disasters or war related incidents, the nature of the reaction appears to be related to the intensity and duration of the traumatic event. Choy & De Bosset (1992:579) comment that the onset of post traumatic stress disorder needs to be seen relative to factors including the individual's strength of personality, the type of stressor and the environmental influences. They conclude that no person is ultimately exempt from a PTSD episode.

PTSD can develop within individuals when their reality and sense of order is profoundly disrupted by an event or situation ( Van der Kolk et al 1995:10). This disruption can be singular or be built through an accumulation of events that are built up over a time

period. There is in many cases a lack of predictability of the onset of PTSD and for most persons their first awareness of PTSD is through the onset of symptoms related to the PTSD. One of the key factors that characterizes PTSD is a dissociative symptomology ( Van der Kolf et al 1995:2 -12; Marmar et al 1996: 95) , where the person not coping with the trauma protects themselves by depersonalization, derealisation, an altered sense of time and out-of-body experiences. Marmar et al (1996:95) indicates that findings from Vietnam combat veterans with PTSD experience greater levels of dissociative disorders and the dissociative disorders are often linked to chronic PTSD.

Post Traumatic Stress Disorder (PTSD) has five characteristic symptom features as defined by the DSM III-R (1987) namely:

1. That most people would consider the precipitating event unusual and distressing.
2. That Recurrent and distressing thoughts, feelings or dreams cause the event to be constantly re-experienced. That these intrude into normal daily activities, that the person may feel the event is going to be repeated.
3. That avoidance of thoughts, feelings activities or situations occurs in order to prevent the traumatic event being remembered.
4. That an increased level of arousal, heightened startle response towards previously neutral or moderately arousing stimuli would be present.

5. That the symptoms above would have persisted for at least a month.

In a study conducted with two groups of fire fighters, Fullerton et al (1992:372) indicate that four types of responses to rescue work were identified: identification with the victim, feelings of helplessness and guilt, fear of the unknown and psychological reactions. Fullerton et al (1992:375), while recognizing the limitations of the study, found that peer support and group rituals were effective ways of dealing with the effects of the traumatic exposure. It was evident that social support was a key factor in allowing fire fighters to deal with the trauma.

Residual trauma has been identified in police officers, who were occupationally exposed to a multitude of stressors over a number of years, even after they have discontinued with protection service work. (Violanti 1997:3). A culture of avoidance of addressing the stress provoking issues and an emphasis on the overtly negative "worst case" scenario can be seen as factors which influence the lack of resolution of the trauma. Kopel and Friedman (1997:313) conclude the lack of the resolution of trauma is ultimately affected by the machismo attitude of many police persons, and police culture which pathologies individual reaction to factors that influence PTSD.

## CRITICAL INCIDENT STRESS DEBRIEFING (CISD)

### i) BACKGROUND

One key structure to address societal trauma which made its appearance in the 1980's was Critical Incident Stress Debriefing (CISD), which offered a model to assist emergency workers cope more effectively with trauma. The CISD movement has gained strength and acceptability within the emergency and protection fields and to some extent the broader community. Echterling and Wylie (1981) ( cf Gist & Woodall 1998 ) indicate that CISD has its roots in the 1970's crisis intervention movement and was transplanted into the arena of traumatic stress and disaster response. Gist & Woodall (1998) comment that within the fire service tradition "veteran to rookie chats" was held as a common notion. This one-to-one process was at times random, so the birth of CISD could be seen as a move towards the formalization, organization and broadening of a pre-occurring protocol within the fire tradition. The true psychological value of CISD has however never been fully substantiated and some debate will be identified about this at a later stage.

### ii) PROCESS

The process of CISD proposes to address the emotional reaction to an event swiftly and so minimize the effects of PTSD and other adverse reactions of the individual, including the level of individual secondary trauma, and as such follows a crisis intervention model.

Mitchell & Everly(1995:4-7) and Mitnick (1996:2) indicate that Critical Incident Stress Debriefing is not therapy or a substitute for therapy; it is a group process based on the principles of crisis intervention; may not be able to solve all problems presented in the time frame of the intervention and ultimately attempts to accelerate the rate of the individual's normal recovery to abnormal events. Irrespective of the eventual model used for CISD the key role can be seen as allowing the individual to ventilate thoughts, images and feelings to lessen the effects of the trauma in the long term (Weaver 1995).

Critical Incidence stress debriefing (CISD) is defined broadly as a group meeting or discussion about a critical incident. Mitchell & Everly (1995: 4-9) and Mitnick(1996:2) identify that CISD meetings provide crisis intervention and education in order to reduce the impact of a critical incident. It has been found that generally the literature supports the notion that effective post-traumatic debriefing occurs in the period of 48 to 72 hours following a specific event. Paton et al (1998) states that debriefing is seen as a 'prevention' in that it aims to minimise reactivity of the individual to an event after the occurrence of the traumatic event.

The effects of factors such as organisational design and ethnic variability play a further role in the person's ability to deal with traumatic events. It has been further noted that emergency employees who regularly participate in a structured intervention to address stress, and are able to deal with day to day issues effectively, have an increased resilience to the effects of secondary trauma. (Paton 1997:5)

Critical incidence stress debriefing uses a short term group process to allow all persons

to re-evaluate the incident, and to come to terms with their reactions and the broad consequences of the event that they have experienced (Weaver 1995:2). Hybels-Steer (1995:129) & Herman (1992:222) emphasise the effectivity of the use of groups for effectively dealing with past trauma.

The basic format of the Critical Incident Stress Debriefing Model proposed by Mitchell in 1983 (in Mitchell & Everly 1995) covered six areas:

1. Initial Phase - introductions, a discussion about confidentiality, purpose and guidelines for the session, and any specific group rules. Key issues that need to be raised include:
  - that each person should speak for themselves,
  - that no rank exists during the session
  - that no outsiders / press are allowed in the session
  - that beepers, phones and interruptions not to be allowed
  - that the session will not serve as an investigation or critique
  - that people should feel free to ask questions
  - that all are requested to stay for the full session
  - that no one has to talk, if they do not want to do so

2. Fact Phase - focuses on a review of what happened during the incident. Key Issues to be looked at include:
  - What the individual heard, smelt, touched etc
  - That each individual has the opportunity to describe their experience, without judgement or criticism, thereby constructing a personal realisation of the event.
  
3. Feeling Phase - review of feelings each person had at the time of the incident and in the time since the incident. Key issues include:
  - What the individual felt before, during and following the event
  - That each individual has the opportunity to describe their feelings, in order to allow individual and collective ventilation of emotions.
  
4. Symptom Phase - an examination of the physical and psychological after-effects of the incident. Key issues include:
  - What the individual experienced following the event, specifically by ways of flashbacks, dreams etc
  - That each individual has the opportunity to describe their experience, without judgement or criticism, for mutual support and the recognition of the normality of reaction.

5. Teaching Phase - to remind everyone that the symptoms are normal responses to the stressful events which they have experienced. Key issues include:
- To educate group members about possible symptoms that may occur in the period following the incident.
  - To normalise these symptoms to reduce overt concern regarding their presence.
6. Re-entry Phase - to wrap up the session and identify further interventions were necessary. Key issues include:
- The termination of the group process using a brief structured feedback exercise looking at feelings based on the experience of the CISD session.
  - Referral to relevant sources of further support and the arrangement of any follow up / mutual support sessions if required.

(in Mitchell & Everly 1995: 58-66)(Weaver 1995:1-6))

## **CISD AND GROUP PROCESS**

The constricted time frame of the CISD intervention makes the process of the CISD group usually restricted to a limited number of sessions. Anstey (1983:42) comments that theories of group development recognise that groups experience changes in internal processes over time. Anstey (1983:35-57) indicates that these processes broadly include:

1. The Pre Formation Phase
2. The Formation Phase
3. The Group Building Phase
4. The Work Phase
5. The Termination Phase

(Anstey 1983: 41-43)

CISD groups tend, as they are based on crisis intervention, to be very short term, usually being conducted over one to two sessions. During the course of these sessions cognisance of the changes and effects of group process needs to be made, even if the CISD model is rigidly followed.

The process of CISD can take a number of forms, however Weaver (1995) comments that most models follow the Mitchell structure in terms of their process. The Mitchell model (outlined earlier) however fails to address the internal group processes in any detail. The model focuses primarily on what is to be done / covered by the group, following a task oriented basis for the intervention. Little if any real cognizance is given, in the model, to the processes occurring in the group. It is hence up to the facilitator, based on his/her group experience, to deal with internal group processes within the confined time period.

For the purpose of this discussion the stages of the group process outlined by Anstey (1983:35-57)) will be utilised.

### The Pre Formation Phase

This phase within a normal group process would involve the selection and logistic arrangements for the group. Within the context of CISD, this phase is out of the control of the facilitator, in most situations, the client base for the group being randomly drawn into the process due to the unifying nature of the traumatic event. No care can be taken to look at group dynamics at this stage, although in practice the composition of the group does effect the performance and outcome.

One key consideration that needs to be made in the beginning stages of the CISD group, is the need to contract and set norms for the group. This, combined with creating of a safe environment, forms the basis for the group's interaction and progress. Douglas (1976:156) indicates that the creation of an effective atmosphere is necessary to permit group functioning. An atmosphere of safety and containment is necessary for the support of the group members who, due to the crisis event which they have experienced, are in a state of emotional vulnerability and possibly shock.

### The Formation Phase

This phase normally revolves around the initial working of group process, including power relations, roles, and trust issues. The effect of the crisis that precipitated the CISD group eliminates many elements of this phase and exacerbates others. During this phase persons may display acting out behaviour, may present issues such as survivor guilt and blame both themselves and others for the event. The issues need to be swiftly worked through in the group in order to allow some level of resolution, however due to the limited time period issues tend to be identified, but not adequately

resolved.

### The Group Building Phase and The Work Phase

While the trust development is important for the group processes, the CISD group tends to rush into a task / work phase, following a brief contract. The openness and sharing by group members can be seen to relate to the emotional vulnerability, which has reduced the defense mechanisms of the individuals. The highly structured CISD process lends itself to an immediate action phase. It is important to however remember that although the process is mechanistic in nature, the material it evokes in the group members is highly emotive, needing high levels of containment.

### The Termination Phase

Termination occurs quickly within the CISD group, often leading to referral where necessary. A brief termination process is followed, to rap up the group by focussing finally on the group experience. Due to the length of the group, the emotional charge of the material evoked through the group, and the state of tiredness of the facilitator and members, the termination is usually brief.

## **THE ROLE OF THE FACILITATOR / COUNSELLOR IN CISD**

The facilitator within the process of CISD can be seen to have a number of differing roles. The facilitator can either be a trained professional working within a helping profession or an appropriately trained peer debriefer being drawn from within the ranks

of the group.

Hoff (1984:155) maintains that in group crisis resolution all the techniques used in individual crisis management are used including: the expression of feelings appropriate to the traumatic event, gaining an understanding of the crisis event, exploring the resources and possible solutions to problems and examining social change strategies which may reduce future risks.

The key roles the facilitator will need to display to perform effectively in the group Douglas (1976:70) refers to as task and emotional leadership. Within the task leadership role the facilitator will be responsible for the co-ordination of the group, the gaining of information, summarising and pulling together of the individuals' experiences of the event, so as to create a common group understanding. The maintenance role of the facilitator can best be seen as facilitating the expression of feelings by the members and the maintenance, harmonisation and containment of all those affected.

The facilitator will further need to practice skills including listening, the allowing of ventilation of perceptions, facts, thoughts and feelings of the individuals in the group, the maintenance of group processes within the context of a limited time perimeter, the containment of persons on both an emotional and possibly physical level, and having the resources and ability to refer persons to appropriate resources when necessary. The facilitator ultimately has to construct, at times in a limited inappropriate environmental setting, a safe context for the emotional release.

Hoff (1984:155) comments that in crisis groups the counsellor (sic) facilitates the process, so that all group members can act in such a way as to help one another in the resolution of the crisis.

### **THE DISPUTED VALIDITY OF CRITICAL INCIDENT STRESS DEBRIEFING (CISD)**

The CISD movement has in recent years seen much growth. It has been widely accepted in many quarters that CISD has a basis clearly defined within the psychological milieu. Gist & Woodall (1998:6-8) outline a number of areas that have in recent years been identified as concerns within the debriefing movement.

- 1 There is no reliable empirical evidence indicating the demonstrable prevention effects of CISD.
- 2 That the palliative effect that may be achieved is no greater than that afforded by more traditional methods of discussion and social support.
- 3 There have been no symptomatic results to indicate the superiority of any model of CISD.

Gist & Woodall (1998:2) comment that the most important lessons to guide helping efforts in times of turmoil come from Grandma rather than from grad school.

Kenardy (1998:4) comments that while debriefing has excellent face value for professional practitioners and the public, the short term nature of its process may give the false sense that no responsibility exists to address issues of continuing problems following the traumatic event.

O'Brien (1998:272) contends that debriefing is not evidence based medicine, but concedes that counselling should be offered to persons who are survivors of trauma. O'Brien (1998:272) comments that it is necessary to remember that technologies such as CISD were designed principally for emergency services personnel and as such the effectivity of CISD should not be viewed outside of these parameters. Bisson & Deahl (1994:714-715) pose the question whether early interventions are appealing and question whether these kind of interventions work. They argue that the process of debriefing in the first 48 hours after the event may be premature, with the effect being lost on emotionally numb persons.

O'Brien (1998:273) cites a study by Sloan (1998) where the effectivity of debriefing was shown to reduce pathology over an extended period of time. O'Brien however comments that the study lacks a control group and thus the findings are flawed. The lack of control groups, it can however be argued, are reasonable in the sense that this would imply that groups needing debriefing would be denied services on the basis of being scientific.

The debates within the British medical fraternity, O'Brien (1998:274) indicates, also focus on whether trauma counselling of any form is best offered as an independent process or whether it should be part of the unstructured medical intervention following a traumatic incident. One key concern is that counselling should not be separated from the normal management process of a traumatic incident.

Kenardy et al (1996: 40-49) indicate that in a study of 62 rescuers, who were debriefed, compared to 133 rescuers who were not debriefed, involved in the Newcastle Earthquake in Australia over a two year period, no more evidence of greater reintegration or less incidences of psychopathology was evident when debriefing was offered.

Deahl et al (1994: 60-65) sites a study of body handlers (those soldiers who were responsible for burying the dead) in the Gulf War who were not debriefed as per normal protocol due to logistic problems, were found to suffer from no more or less pathology than their peers who received debriefing.

O'Brien(1998:274) warns that the key problem with debriefing is the nature of how debriefing is often forced upon non complaining survivors and potential secondary victims . To this end little evidence is available to justify this kind of action, especially when squads of "trained counselors" descend on trauma situations. It is further unclear whether these kind of actions can actually replace formal mental health services.

## **THE VALUE OF PEER SUPPORT**

The use of peer support structures has been identified, (Fullerton et al 1992:376), as an effective manner of dealing with the ongoing supportive needs of employees engaged in emergency operation. The outsider is often experienced as a 'factor' retarding emotional release in a group following a trauma. This suggests the usefulness of peer support as an effective tool for dealing with trauma.

Tunnecliffe(1997:1) defines peer support as:

"the use of volunteers from a work group, trained in appropriate methods of assisting colleagues, workmates or others in their industry, workplace or profession, when they have been subjected to a highly stressful incident, or who have problems with cumulative stress." (Tunnecliffe 1997:1)

An understanding of the importance of peer support has developed much since the 1980's. The support offered can range from "stress defusing", making arrangements to address immediate physical needs, arranging contact with family members, to providing information for increasing coping mechanisms.

Within the process of the setting up of peer support structures Tunnecliffe (1997:2-4)) identifies 8 stages including:

- 1 The clarification of the aims and objectives of the programme. This clarification is necessary to define the focus of the peer support program and to show its relationship to other programs that may be active within the region or organisation.
- 2 Support for the peer support structure needs to be obtained from all role players within the organisation including management and the target audience. This support is necessary to maintain the on-going nature of this kind of action within the organisation.
- 3 Educational initiatives need to be undertaken to inform all persons regarding the purpose and role of the peer support initiatives.
- 4 A process of nomination and selection needs to occur to identify potential supporters, as well as using some methodology to screen potential candidates for selection.
- 5 The role of peer supporters must be clear and their activities need to be specified within the context of their organisation.

- 6 Operating procedures need to be developed within the organisation in accordance with the specific needs and policy of the organisation so that peer support structures fit clearly within the organisational framework.
- 7 Support structures for the supervision and co-ordination of peer supporters needs to be developed, so that support is available at all times for supporters.
- 8 A process of awareness and publicity building regarding the programme needs to be implemented on an ongoing basis.

The writer contends that given the nature of fire fighting services, the use of peers as a support structure is prudent as this allows for the greatest level of understanding by the facilitator of the CISD intervention of the nature and context of the work involved. Trautmann (2000:1) indicates that peers further enjoy a high level of trust and acceptance with a group and for this reason results of interventions using peers have greater levels of success.

Mitchell & Everly (1995:225) contend that while the use of non peer support systems are appropriate for commercial, industrial and educational debriefing programmes, for Fire and Rescue Service the use of peers support services is essential. Mitchell & Everly (1995:225) argue that firefighters prefer to be assisted by "their own" and are highly suspicious of "outsiders".

Tunnecliffe (1997:2) reports that great success has been had with peer support structures within the Western Australia Fire and Rescue Services. Tunnecliffe indicates

be seen for both individual and community, since it stresses the need for the community to actively participate in the development of the individual, and thus the community as a whole.

The introduction of some form of peer post traumatic stress management system can clearly be seen as a manner to assist individuals and groups effectively deal with traumatic events and situations. The use of peer support structures allows for the development of skills of the peer facilitators, as well as engendering a state of acceptance for the debriefing exercise. The use of peer support structures can be seen as a way of involving the community in dealing with a potential problem. It further serves as an effective way of gaining support for the programme and as a cost-effective manner of achieving a broad goal of assisting the individual exposed to trauma. The desirability of using peer support structures can be ultimately seen in the support of the groups involved with this type of activity.

**METHODOLOGY**

**CONCEPTUALISATION**

This project takes the form of descriptive research, looking at the perception held by fire-fighters of Blaauwberg Fire and Rescue Services in terms of the worth, practicality, desirability and validity of the introduction of a peer critical incidence stress debriefing system for the development of the fire fighter population. Neuman(1997:19) comments that descriptive research presents a picture of the specific details of a situation, especially with a view to stimulating new issues or explaining why something happens.

The impact of this study, it is hoped, will indicate interest levels of the fire fighters in terms of peer CISD intervention and should indicate whether it warrants investment of resources to institute this action. It may further be surmised that should the response be favourable, a broader initiative may be considered within the local fire fighter and emergency services communities.

**SAMPLE SELECTION**

The study took place with a sample of 20 fire fighters / senior fire fighters employed by Blaauwberg Municipality Fire and Rescue Service. These subjects were chosen from the total of 139 persons working for the Fire and Rescue Services, operating from 4

stations within the Municipality, being situated in Milnerton, Atlantis, Melkbos and Brooklyn. The 139 staff compliment consisted of operational staff and support staff. Operational staff are involved with actual fire and rescue service delivery, while the support staff include administrative, technical and management staff. For the purposes of subject selection the total of the 139 persons employed by the Fire and Rescue Service was reduced to the 93 operational fire-fighters/ senior fire fighters that are directly exposed to the traumatic stimuli.

A further reduction of the 93 operational staff as potential subjects for the study, to 90 potential subjects was necessary as the 3 female fire-fighters had only joined the staff, less than a month prior to the study. This resulted ultimately in all the potential subjects being male. Subjects were randomly selected from all 4 stations, from all of the 3 operational shifts at a rate of a maximum of 2 subjects per platoon, with two platoons at Melkbos only supplying 1 subject due to the size of the platoon. The size of the sample was thus greater than 20 % of the subject base. This sample size Miller (1984:51) indicates forms the basis of a significant sample.

## **METHODOLOGY / DATA COLLECTION**

The study was conducted with a questionnaire designed to elicit a response to open ended questions following a standardised questionnaire (Annexure:A). De Vos (1998:395) stresses the need to choose an appropriate design for the study from the variety available through the use of pilot interventions. The questionnaire was previously piloted, as a self-report questionnaire, but it was found that it was not fully completed

**CHAPTER 6****RESULTS**

This chapter will outline three specific areas including a brief outline of the demographics of the subjects, a survey of the exact responses of the subjects as grouped during the data analysis and the four overall themes discussed in the study.

**THE RESPONDENT GROUP**

The respondent group consisted of 20 fire fighters and senior fire fighters with an average age of 34 and having a mean of 12 years experience within the fire and rescue fields. Only 25% of the respondents indicated that they were single, with the remaining 75% being married or in long-term relationships. This is significant as findings indicated that a popular method of unloading stresses was to discuss incidents with the significant other.

**THE RESPONSES TO THE QUESTIONS**

The material here represents the direct grouped responses of the subjects to the open questions posed. The finding of the writer in this regard was that to a large extent the

responses received were similar, making grouping easy. Some responses however tended to be almost contradictory in nature and then were indicated separately.

What follows is a record of the responses, question by question as received, grouped for convenience where possible with a short commentary following each question:

**1. I understand Critical Incident Stress Debriefing (CISD) as....**

*"A forum through which one can discuss things which cause stress and can be openly discussed with those that understand the stresses placed on one, thus being a relief in getting things off your chest". (100%)*

All recipients unanimously echoed this response. This clearly indicated that respondents were all aware of what CISD was and held an exactly similar mind set.

**2. When I am exposed to negative or distressing accidents or events I...**

*"Think about what was done, how it was done and what went wrong on the scene and the only way getting over the stress is by talking to my peers about it, and that is where it ends (Normally a Joke)". (75%)*

*"Try to ignore and hope it will go away, which it usually does". (25%)*

These responses while almost similar clearly indicates the denial base for addressing the issues. The culture of silence about reacting to distressing events requires an almost light-hearted reaction at best, or a non-response.

**3. I feel that by attending a CISD session I will...**

*"Relieve myself of unnecessary stress. Talk about the incident and get it out of my system" (50%)*

*"Learn to handle the stress & emotional impact of incidents". (25%)*

*"Be able to lighten my own perception of the event or situation and share others perceptions "(25%)*

This question clearly indicated that the respondents have a varied perception of what they will gain through a CISD intervention. It however indicates that the general expectation held by the respondents is that CISD will relieve emotional reactions to stress related incidents.

**4 When I return from a call that unsettles me I....**

*"Normally joke about it with those persons that also experienced it. (25%)*

*Hide my true feeling under the guise of professionalism (split myself from my work)." (50%)*

*"Talk about it to my peers and also my family, and through the passage of time I tend to forget it." (25%)*

This question echoes the responses previously seen in question 2. It however also indicates that a small percentage of the respondents include others as support systems.

**5 When I return from a call that unsettles me, I would like to ...**

*"Talk about it within 24 hours after the incident." (63%)*

*"Forget about it." (25%)*

*"Use substance as a way to escape the bad energy of the event." (12%)*

The desire to talk about the incident can be perceived as a potential desire for a structure/method of dealing with the issues of the event. Here CISD could be considered as an effective method of dealing with this trauma. However responses also include denial and avoidance behaviour as negative alternatives, which would not desire CISD intervention.

**6 It is important that I behave in a way that hides the way I feel in a situation since....**

*"People are normally watching and your behaviour could unsettle your patient or the whole scene." (38%)*

*"I'm supposed to be in control". (12%)*

*"My peers degrade you for emotive expressions, while friends and family won't understand it." ( 28%)*

*"If I should show my feelings I feel this would impair my judgement etc." (12%)*

These responses indicate both a justification for denying feelings and a practical example of how the respondents must be "strong" for the victim. The issue of control (especially personal strength at ALL times ) is also evident.

**7 I see my peers as persons who....**

*"Know what we go through and the type of effect it can have." (75%)*

*"Are also dedicated and who may also share my feelings." (10%)*

*"Are members of my extended family, trustworthy and reliable."(15%).*

The responses clearly indicate that peers are perceived as understanding and are viewed as positive persons.

**8 When I talk about myself, my peers ...**

*"Listen and comment (Not always positively) accept what I am saying, agree or disagree with me." (75%)*

*"Make jokes about it and carry on and on, do not seem interested, unless in a humorous manner." (15%)*

*"I do not talk about myself." (10%)*

Peers listening capacities are acknowledged, but are seen as lacking in skill and objectivity at times.

**9 My peers are...**

*"Multi-talented, and combined with experience, make for a good reference in a emergency." (50%)*

*"A weird and sometimes insensitive bunch spanning a large variety of personalities, yet they are able to work as a team with a common goal." (40%)*

*"Human beings trying to find their own meaning of to life." (10%)*

Again a positive image of peers is presented. It is also evident that the respondents identify with their peers.

**10. The greatest advantages my peers have over an outsider when talking about what concerns me includes...**

*"That they or are experiencing the same situation." (100%)*

The issue of identification and understanding is clearly evident with this response.

**11. I am worried when my peers...**

*"Are "off" and do not want to talk about what is worrying them." (50%)*

*"Are negative about their work." (30%)*

*"Handle work unprofessionally." (20%)*

The concern expressed indicates that concerns exist when peers are not fully emotionally expressive, which also impacts on professional performance. The issue of burn out and negative handling appears to be primary within the areas of concern

**12. If I indicate to others that an event has unsettled or disturbed me, my peers will...**

*"Not feel confident with me." (50%).*

*"Listen, pass comment and try to advise." (30%)*

*"Think I am weak, incompetent of performing my duty efficiently." (20%)*

Again this question shows the need within the respondents to appear in control and be "invulnerable" in any given situation.

**13. CISD will ultimately...**

*"Relieve stress, and should create a pleasant working environment and mean less stress related disorder e.g. drug and alcohol abuse." (75%)*

*"Help to provide better service." (12%)*

*"Make things that came naturally be delayed by too much thought." (8%).*

*"Unsure of effect." (5%)*

Respondents generally tend to see CISD in a positive manner.

**14. CISD, in the long term, will lead to....**

*"Making the work place more understanding amongst staff; having a better working relationship and more productivity will result. People will also not be negative about coming to work." (20%)*

*"A smoother running fire service with well balanced, capable staff , providing an effective all round performance." (75%)*

*"A greater awareness of self." (5%)*

The respondents tended to take a broadly positive, possibly idealistic view of what they will gain from a CISD intervention. It is evident that they support the notion of CISD, but also have generally indicated that CISD would result in a general positive work situation.

**15. The use of my peers to facilitate CISD is...**

*"Good, but will management or our level facilitate?" (5%)*

*"Ultimately a good solution if everyone participates." (5%)*

*"A good idea as they know a background / platform to advise from and not start from scratch." (90%)*

The acceptance of use of peers was general. However the underlying concern, not representatively indicated in the responses of control / authority becomes evident. The question regarding who constitutes peers is endemic of a distrust that employees have for their management.

**16. The institution of CISD programmes will...**

*"Only benefit the service, help many people who think (operative word) they can handle anything and ultimately lead to greater harmony and a state of greater*

*openness." (87%)*

*"Be a long a painful process involving trial and error." (5%)*

*"Will enhance the workplace and allow for better understanding." (8%)*

The positive benefit of CISD is clearly accepted by the respondents. It is however evident that there are some doubts regarding issues such as the impact CISD will have on the day to day working of the Fire Services.

**17. The use of peers to assist me will...**

*"Management or own level?" (5%)*

*"It is a good thing and a bad thing. (What about confidentiality?)" (20%)*

*"Reduce my stress., allow me to share what I think and feel with people that understand." (75%)*

While clearly seeing the use of peers as positive, respondents indicate that they are concerned regarding negative/ inappropriate reactions that peers may exhibit. Further concerns regarding confidentiality and issues of management control impact on the perception of the utilisation of peers.

**18. As individuals in a community, CISD will...**

*"Help you cope with stressful incidents better , help me help others and make us more confident in helping traumatised members of the public." (100%)*

The use of CISD is clearly understood by the respondents.

**19. A peer CISD programme will...**

*"Be good if handled in a professional manner (It could become a shouting match or worse a higher rank could start shouting the odds)." (80%)*

*"Be more constructive and have more positive, quicker results." (20%)*

The respondents echo their positive perception of CISD on the basis that it is controlled and is conducted on a professional, controlled manner.

**20. CISD is...**

*"Important to release the tensions and stress; to create an atmosphere of understanding in the workplace, and good working environments and to help me handle shocking situations without pretending to feel nothing."(88%)*

*"An excellent idea that should be part of modern fire / emergency service training." (12%)*

The final question indicates the respondents' acceptance of the concept of CISD, and shows some level of understanding of what the goal and purpose of the intervention ultimately attempts to be.

## **THEMATIC RESULTS**

It was evident that in general all the respondents had some notion of what the purpose and role of CISD is and how the introduction of a service in this regard could impact on the general service provision.

In addressing four key areas of the study it was found as follows:

## **The Desirability of Introducing CISD services within the Fire and Rescue Services**

The questionnaire posed a number of questions to address this issue namely the broad perspective of the clarity of the concept of CISD, the current methodology of coping with negative event exposure and the desired outcome of a CISD programme.

It was established through the use of repeated questions that all the respondents were aware of the broad goal and functions of CISD. The respondents indicated that in general CISD was a:

*"forum through which one can discuss things that cause stress and can be openly discussed with those that understand the stresses placed on one." (Indicated by 100% of respondents to first question)*

This perception was cautiously echoed in further questions with concerns being raised regarding confidentiality issues and how such a service would ultimately be conducted. This included the issue of who would be responsible for CISD intervention and ultimately who peers were. The issue of control of the program, either peers or management was raised, but only directly by a small group of respondents. It is the writers contention that the issue tended to be more underling and hence respondents tended to focus on the positives of CISD.

The current methods of dealing with stressful / traumatic events varied widely however mostly followed a form of not dealing with the issue on an emotive level, being brave and controlled, comical and humorous. It was clearly indicated that any expression of concern would be interpreted as a weakness, which would not be considered appropriate. Half the respondents indicated that they would:

"Hide my true feeling under the guise of professionalism (split myself from my work)." (50% of respondents)

The importance of hiding reactions is clearly evident in the perception that expressing feeling reactions may have a negative influence on the ability of the fire fighter to function adequately in his (or her) working environment and that a person should try to ignore the situation.

The key desired outcome from a CISD intervention, as indicated by the respondents, was an increase in the ability of the fire fighter to cope with the negative situations to which they are exposed, through the development of coping skills. Further the ability in any situation to be "contained" is considered highly advantageous. The key concern of the researcher is the perception held by some respondents that CISD was a methodology to solve organisational problems. This is implied in broad desires expressed in terms of outcomes for CISD.

The implication of this response is clearly that CISD will be seen as positive, provided areas such as control, participation and ultimately ownership are effectively dealt with.

### **The Desirability of Peer Support Structures.**

The use of peers as the source for the CISD facilitation is considered important and desirable by the majority of the respondents. The definition of peers is however questioned, specifically in terms of the role of management.

"A peer CISD programme will be good if handled in a professional manner (it could become a shouting match or worse a higher rank could start shouting the

odds)" (80% response of recipients)

Concerns were raised regarding the selection, training and utilisation of peers especially in the context of the question of confidentiality and how persons handle private information.

"My peers make jokes about me and carry on and on, do not seem interested, unless in a humorous manner." (15 % of respondents)

The use of peers was however generally accepted in the light of the knowledge and understanding unique to the fire and rescue arena, which would be brought into the CISD intervention. It was generally indicated that peers:

"Know what we go through and the type of effect it can have" (75% of respondents)

From this it is evident that peer support structures are considered positive and effective as a way of looking at CISD issues. It implies that peers need appropriate skills to "be professional" in their task of support

### **The Level to which Fire Fighters Trust and are Confident in their Peers as Facilitators of CISD Interventions.**

The respondents indicated that generally peers could be open, listen and understand as facilitators in a process. It was however evident that some level of discomfort existed in terms of possible negative reactions peers may have towards individuals who acknowledge "weakness" in a situation. The use of inappropriate humour, ie becoming the butt of a joke, seemed to be of primary concern to the respondents, as was the

possible perception that management might get hold of weak individual employees.

It was however conceded that peers were well suited for facilitating this kind of intervention, in the light of their common experience and superior understanding of the working situation.

“Are members of my extended family, trustworthy and reliable” (20% of respondents)

It was further evident that any external professional would have to still gain entry and an understanding into the respondents' worldview.

From this it can be seen that while confidence exists in the peers ability to be supportive a lack of skills, desire or willingness to be supportive could negatively impact on the peer support process

### **The Level to which Peer CISD was seen as developmental by the Respondents.**

The respondents indicated that they perceived CISD as leading to improvements in both service delivery and the general state of socio-emotional health of the fire fighters as a group.

Most respondents saw the institution of a CISD program as a positive step towards developing a better fire service for the public. Much emphasis was placed on the need for the provision of services by employees who can function adequately in any given situation. It was further envisaged that skills used within the service in conducting CISD would further aid in direct service for the population served by the fire service.

The long term developmental purpose of instituting a CISD intervention was thus seen as both a micro action in terms of the individual, and a macro level exercise in terms of the impact that a behaviour change / acquisition of skills would have on the broader community.

## **CHAPTER 7**

### **CONCLUSION**

In concluding this study of the impact and desirability of creating a peer Critical Incidence Stress Debriefing (CISD) system within Blaauwberg Municipality's Fire and Rescue Services it can be argued that the firefighter is both exposed to trauma in society through their work, as well as by further being part of a traumatized society. This chapter will briefly look at the findings of the study and how these are supported by the literature. It will further look at the implications for the implementation of peer support structures and make recommendations in this regard.

#### **THE DESIRABILITY OF PEER CRITICAL INCIDENCE STRESS DEBRIEFING**

In concluding this discussion of the desirability of implementing a peer Critical Incidence Stress Debriefing (CISD) systems within the Fire and Rescue Services of Blaauwberg Municipality it is evident, from both the literature and the study conducted, that peer support programs have a specific role to play within a CISD support service with the Fire and Rescue Service. It is further evident from the sample surveyed that peer CISD services are generally understood and accepted as a way of dealing with trauma related to Fire and Rescue Service work. The whole notion of Critical Incidence Stress Debriefing (CISD) as Mitchell & Everly (1995: 4) define broadly as a group meeting or discussion about a critical incident" is clearly understood by the respondents in the study.

When the study conducted with subjects from Blaauwberg Municipal Fire and Rescue Services is compared with the literature it is evident that given the notion expressed by Mitchell & Everly (1995:225) that firefighters prefer to be assisted by "their own" and are highly suspicious of "outsiders", that these firefighters do desire to have one of their own assisting them deal with trauma related issues. The study further confirms that firefighters tend to be suspicious of outsiders, but also are suspicious of peers, and to a large extent management structures. The study, while showing support for the implementation of peer CISD services, has also raised issues such as confidentiality and practical logistics, which will still need to be considered when looking at the implementation of CISD initiatives.

The literature further indicates the traditional role of "strength" of the firefighter, as Cooper (1995:147) indicates, is based on a notion of "maleness" referring to boldness, strength, stoutness, nobility, physical strength, control of emotions and not being 'womanish' in behaviour or attitude in any situation. This notion of the "invulnerable", "stable," "strong" firefighter is highlighted in the study as a desired personal characteristic. The study clearly indicates that the subjects do not desire to be perceived as weak, and that they are subject to social censure (being laughed at) by peers, if they at any time appear weak. With this in mind the use of CISD can on some levels be perceived as a possible source of weakness. It is however evident that knowledge of the advantages of the CISD process mitigates its unacceptability.

## IMPLICATIONS FOR THE FUTURE

CISD empowers the individual to take charge of his /her life and learn to effectively cope on a number of levels in the context of the trauma. Through the acquisition of skills, individuals develop the personal capacities necessary to cope effectively and in turn directly or indirectly assist others develop these skills necessary to deal with trauma more effectively. This roll-on effect is most evident as a desire in the respondents surveyed in the study to improve their ability to assist their client base more effectively.

The institution of CISD in high-risk occupations makes business sense, due to its potential to reduce absenteeism, costs of health care and increased productivity of all the employees. Tunnecliffe (1997:2) describes the Western Australia Fire and Rescue Service as having saved thousands of dollars which highlights these gains. Additionally the community as a whole can further expect improvements in service delivery as individual staff remain motivated and fully functional within their work environments.

The use of peer support systems to assist individuals deal more effectively with stress related to traumatic events can further be seen as developmental in terms of both the building of capacity of the recipients, as well as the acquisition of skills (capacity) for the peer facilitator. The issue of personal empowerment becomes highly important in a work situation that is fraught with high levels of insecurity and conflict. The use of peers will lead to both a sense of improved cohesiveness and will allow for the expression of frustrations and mutual support.

The level of understanding that trained peers can bring to any situation is a primary advantage. This understanding and the often inherent trust factors which develop, can be seen as adding to the overall success of the intervention.

Peers trained in CISD skills can further fulfill a vital role in dealing more effectively with community members traumatized in any given event. While it is not the intention to propose that emergency services personnel be tasked with all psycho social management at an incident, the more skilled and better prepared the personnel are at the incident, the greater the impact the emergency services can have on the broader society in offering a valued, effective and comprehensive service within the community.

Blaauwberg Fire and Rescue Service currently has no formal or informal policies and programs in place to care for the specific need of their staff who are exposed to trauma in the course of their work environment. Blaauwberg Municipality appears to take a narrow view of social policy such as the Occupational Health and Safety Act, 1993 (Act 85 of 1993) in such that while it fulfills the letter of the law, it does not consider the spirit of the notion of employee health. The introduction of a peer CISD support system to address occupationally related trauma within Fire and Rescue Service needs be considered on a number of levels, having both policy and program implications.

On a policy level, clear directives of support of the proposed program need to be obtained, as well as a clear directive to build the process of peer debriefing into the routine operations of the Fire and rescue Service. Policy needs to address the frequency, type and nature of the support services. Issues need to be addressed such

as who will take responsibility for the facilitating of the CISD sessions (an issue raised by the respondents) and how the program level of peer CISD will be implemented. The study conducted with the firefighters clearly indicates a desire to participate in a peer support structure. This desire needs to be communicated into both a policy and a planning action. The required resources, both financial and time, need to be made available to enact this policy into a programmatic form. The programme which would consist of a training component for the peer supporters, supervision of these peer supporters and group support sessions, would have a minimal real cost except time and should be highly sustainable.

The enactment of the policy on a program level will require a significant level of training of volunteers to facilitate the day to day running of the program, a level of supervision of these facilitators and the physical, material and time related resources required for the program implementation.

In the light of the responses of the surveyed population, the implementation of peer Critical Incidence Stress Debriefing Programmes can be considered a desired initiative. The actual implementation of CISD should be seen to be desirable on both a policy level, with the creation of a support policy, and on a physically implemented methodology level, resulting in the acquisition of skills by the employee base.

The introduction of peer support services will have little impact on the day to day running of emergency services, nor should it hold significant extra financial costs as the

proposed structure ultimately makes use of persons already employed, who have been skilled to perform this specialist function

The most fundamental change which will be necessary, will be the change in notion of these services from being perceived as a "nice to have", to being an integral part of service delivery. The implementation of peer CISD services should be successfully achieved through the existing Employee Wellbeing Services, using an incremental approach within the organization. This will allow for all to become familiar with the concept and process and to give the peer supporters time to train and develop skills.

On the whole it is envisaged that the introduction of peer CISD services within Blaauwberg Fire and Rescue Service will have both an occupational impact of reducing loss of productivity due to stress, and for the community who it serves, improved service delivery.

## **BIBLIOGRAPHY**

Anstey, M (1983) **Working with Groups**. Cape Town : Juta & Company.

**Blaauwberg Municipality Mayoral Report 1999 / 2000**. (2000).

Blaauwberg Municipality. Cape Town: Unpublished Paper.

Bisson, J and Deahl, M (1994) "Psychological debriefing and prevention of post traumatic stress. More research is needed [Editorial]" **British Journal of Psychiatry** **165**: 6 :717-720

Briere, John (1997) **Psychological Assessment of Adult Posttraumatic States**. Washington, DC : American Psychological Association.

Choy, Thomas; Bosset, Farideh-de (1992) "Post-Traumatic Stress Disorder: An Overview." **Canadian-Journal-of-Psychiatry / Revue-Canadienne-de-Psychiatrie**; (IS:0706-7437) v37, 8, Oct, 578-583.

Cock, J (1992) **Women and War in South Africa**. London: Open Letters.

Cooper, Robyn (1995) "The fireman: immaculate manhood." **Journal of Popular Culture** (ISSN:0022-3840) v 28 p 139-70 Spring '95.

De-Silva,-Padmal (1993) "Post-Traumatic Stress Disorder: Cross-Cultural Aspects." International-Review-of-Psychiatry; (IS:0954-0261) 1993, 5, 2-3, 217-229.

De Vos, A.S. (1998) Research at Grass Roots: A Primer for Caring Professions.  
Pretoria: JL van Schaik.

Deahl,M.P.; Gillham, A.B.; Thomas,J; Searle,M.M.; and Srinivasan, M (1994)  
"Psychological sequelae following the Gulf War: Factors associated with subsequent morbidity and the effectiveness of psychological debriefing" British Journal of Psychiatry 165 1:60-65

Douglas, T (1976) Groupwork Practice. London: Tavistock Publications.

DSMIII-R (1987) American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (Third Edition - Revised). Washington D C: American psychiatric Association.

Ferrinho, H (1981) Towards A Theory of Community Social Work. Cape Town: Juta and Company.

Fullerton, Carol S.; McCarroll, James E.; Ursano, Robert J.(1992) "Psychological responses of rescue workers: fire fighters and trauma" American Journal of Orthopsychiatry (ISSN:0002-9432) v 62 p 371-8 July '92.

Friedman, Thomas L (2000) **The Lexus and the Olive Tree: Understanding Globalization** (Revised Edition) New York: Anchor Books.

Gibson, JL, Ivancevich, JM, and Donnely, JH (1997) **Organisations: Behaviour, Structure, Processes.** 9<sup>th</sup> Edition. Chicago: Irwin Books.

Gist, R & Woodall, S.J. (1998) "Social Science versus social movements: the origins and natural history of debriefing" in **The Australian Journal of Disaster and Trauma Studies.** Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Hamber, B & Lewis, S (1998) " Crime's worst horror is all in the mind" in Sunday Times, 1 March 1998. **Centre for Study of Violence and Reconciliation.** Wits University : World Wide Web. ([www.wits.ac.za/csvr/](http://www.wits.ac.za/csvr/)).

Harvey-Lintz,-Terri; Tidwell,-Romeria "Effects of the 1992 Los Angeles Civil Unrest: Post Traumatic Stress Disorder Symptomatology among Law Enforcement Officers." **Social-Science-Journal**; (IS:0362-3319) 1997, 34, 2, Apr, 171-183.

Herman, Judith. L (1992) **Trauma and Recovery.** London: Harper Collins.

Hoff, L.A. (1984) **People In Crisis: Understanding and Helping.** California: Addison-Wesley Publishing Company.

Hybels-Steer, Mariann (1995) **Aftermath: Survive and Overcome Trauma**. New York: Simon & Simon.

James, W & Simons, M (Editors) (1989) **The Angry Divide**. Cape Town: David Philip.

Johnson, Edward E. "Improving mental fitness reports of candidates for police officer and fire fighter." **Psychological Reports** (ISSN:0033-2941) v 76 p 193-4 February '95.

Kalekin-Fishman, D. (1996) The impact of Globalization on the determination and management of ethical choices in the health arena. **Social Science and Medicine**. 43 (5) : 809 - 822.

Kenardy, J A; Webster, R.A.; Lewin, T.J.; Hazel, P.L; and Carter, G.L. (1996) "Stress debriefing, patterns of recovery following a natural disaster" **Journal of Traumatic Stress** 9, 1:37 - 49

Kenardy, J. (1998) "Special Issue: Psychological (Stress) Debriefing: Where are we now?" in **The Australian Journal of Disaster and Trauma Studies**. Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Kilmartin, C. (1998) "The effects of economic transformations on children's quality of life. The significance of political and economic transformations in the everyday lives of

children." **Conference held at Institute of Child and Family Development, UWC, 15**  
- 16 October 1998: Unpublished Paper.

Kiyuna,-Ronald-S.; Kopriva,-Rebecca-J.; Farr,-Sydney-J. :The Experiential Learning Model as a Conceptual Framework for the Treatment of Post Traumatic Stress Disorder." **Journal-of-Social-Behavior-and-Personality**; (IS: 0886-1641) 1993, 8, 5(special issue), 105-116.

Kopel, H & Friedman (1997) "Posttraumatic Symptoms in South African Police Exposed to Violence" in **Journal of Traumatic Stress** . Vol 10 No 2 .

**Local Government Transition Act 209 of 1993**. Cape Town: Government Printer, 1993

Marmar, Charles R.; Weiss, Daniel S.; Metzler, Thomas J. "Characteristics of emergency services personnel related to peritraumatic dissociation during critical incident exposure." **The American Journal of Psychiatry** (ISSN:0002-953X) v 153 , July '96 supp. , p 94-102

MGM (1968) **2001 A Space Odyssey** (Motion Picture) Hollywood: Turner Entertainment.

Midgley, J. (1997). **Social Welfare in a Global Context**. London:

Sage Publications.

Miller, S (1984) **Experimental Design and Statistics (Second Edition)**. London: Methuen and Co.

Mitchell, J.T. & Everly, G.S. (1995) **Critical Incident Stress Debriefing: An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services and Disaster Workers**. Maryland: Chevron Publishing Corp.

Mitnick, D.G. (1996) "Critical Incidence Stress debriefing" **Critical Incidence Debriefing**. World Wide Web ([www.trauma-tir.com](http://www.trauma-tir.com)).

Moran, C & Massam, M (1997) "An Evaluation of Humour in Emergency Work" in **The Australian Journal of Disaster and Trauma Studies**. Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Murphy, Shirley A.; Beaton, Randal D.; Cain, Kevin (1994) "Gender differences in fire fighter job stressors and symptoms of stress." **Women & Health** .(ISSN:0363-0242) v 22 no2 p 55-69 '94

Neuman, W.L. (1997) **Social Research Methods : Qualitative and Quantitative Approaches (Third edition)**. Boston, MA: Allyn and Bacon.

O'Brien, L.S. (1998) **Traumatic Events and Mental Health**. Cambridge: Cambridge University Press.

**Occupational Health and Safety Act 85 of 1993** (1993) Cape Town: Government Printer, 1993

Paton, D (1997) " A report on: Disaster Psychology Symposium 50th Anniversary Conference of New Zealand Psychological Society" in **The Australian Journal of Disaster and Trauma Studies**. Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Paton, D. , Smith, L.M. & Stephens, C (1998) "Work-related psychological trauma: A social psychological and organizational approach to understanding response and recovery" in **The Australian Journal of Disaster and Trauma Studies**. Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Robinson, S (1998) "Development policy and Delivery" in James,W & Levy, L (Eds.) **PULSE: Passages In Democracy Building**. Cape Town: IDSA.

**Service Records of Blaauwberg Fire & Rescue** (1999/2000) Blaauwberg Municipality: Unpublished Raw Statistical Data.

Sloan, P (1998) "Post traumatic stress in survivors of an airplane crash landing: A clinical and exploratory research intervention. Special Issue Progress in traumatic stress research. **Journal of Traumatic Stress** 1 2:211-229.

Snelgrove, T (1995) " Critical Incident Stress Syndrome 3". **Search and Rescue Society of British Columbia**. World Wide Web ([www.sarbc.org](http://www.sarbc.org)).

South African Communist Party, "The Road to South African Freedom" (1962) in **South African Communists Speak: Documents from the History of the South African Communist Party, 1915 -1980** London: Inkululeko Publishers, 1981.

Stephens, C (1996) "Debriefing, Social Support and PTSD in the New Zealand Police: Testing a multidimensional model of organisational traumatic stress" in **The Australian Journal of Disaster and Trauma Studies**. Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Swannepoel, H & De Beer, F ( 1997) **Introduction to Development Studies**. Johannesburg: International Thomson Publishing.

Taylor, A.J.W (1998) "Trauma Treatment To Target Memory" in **The Australian Journal of Disaster and Trauma Studies**. Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Tedeschi, R.G. & Calhoun, L.G. (1995) **Trauma & Transformation : Growing in the Aftermath of Suffering.** California: Sage Publications Inc.

Trautmann, F (2000) **Peer Support as a Method for Risk Reduction in IDU Communities.** World Wide Web. ([www.drugtext.org/articles/traut5](http://www.drugtext.org/articles/traut5))

Tunnecliffe, M. (1997) "Using Stress Debriefing and Peer support in the Aftermath of Emergencies" in **Fire Australia 1997.** Victoria: Fire Protection Association Australia, World Wide Web. ([www.fpaa.com.au](http://www.fpaa.com.au)).

Van Der Kolk, B.A. , Van der Hart, O; Burbridge, J (1995) "Approaches to the Treatment of PTSD" in **David Baldwin's Trauma Information Pages.** Oregon, USA: World Wide Web. ([www.trauma-pages.com](http://www.trauma-pages.com)).

Violanti, J M (1997) "Residuals of police Occupational Trauma" in **The Australian Journal of Disaster and Trauma Studies.** Massey University: World Wide Web. ([www.massey.ac.nz](http://www.massey.ac.nz)).

Vogelman, L & Simpson, G (1990) " Apartheid's Violent Legacy" in Sunday Star Review, 17 June 1990. **Centre for Study of Violence and Reconciliation.** Wits University : World Wide Web. ( [www.wits.ac.za/csvr/](http://www.wits.ac.za/csvr/)).

Weaver, J.D. (1995) "Defusing & Debriefing" in Disaster Mental Health. Eye of the Storm Inc. World Wide Web.

([www.ourworld.compuserve.com/homepages/johndweaver](http://www.ourworld.compuserve.com/homepages/johndweaver)).

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**ANNEXURE A****CISD NEED QUESTIONNAIRE**

Name		Station / Position	
Age:		Platoon	
Marital Status		Rank / Designation	
No of dependants		Number of years service	
Gender		Contact Number	
		Subject Number	

Please answer the following 20 questions. There are NO right or wrong answers.

Please complete all the questions as fully as possible.

Each question requires you to complete the sentence / paragraph in your own words.

E.g. The greatest expense in my life is....

*" the money I spend on my car"*

1. I understand Critical Incident Stress Debriefing (CISD) as....
2. When I am exposed to negative or distressing accidents or events I ...

3. I feel that by attending a CISD session I will...
4. When I return from a call that unsettles me I....
5. When I return from a call that unsettles me, I would like to ...
6. It is important that I behave in a way that hides the way I feel in a situation since....
7. I see my peers as persons who....
8. When I talk about myself, my peers ...
- 9.. My peers are...

10. The greatest advantages my peers have over an outsider when talking about what concerns me includes...

11. I am worried when my peers...

12. If I indicate to others that an event has unsettled or disturbed me, my peers will...

13. CISD will ultimately...

14. CISD, in the long term, will lead to....

15. The use of my peers to facilitate CISD is...

16. The institution of CISD programmes will...

17. The use of peers to assist me will...

18. As individuals in a community, CISD will...

19. A peer CISD programme will...

20. CISD is...

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Question Relationship Groupings

1:A	2:A
3:A	4:A
5:A	6:A
7:C	8:C
9:C	10:B
11:B	12:C
13:D	14:D
15:B	16:A
17:B	18:D
19:D	20:A