DEVELOPING COMPANY POLICY, TRAINING AND MANAGEMENT PRACTICE IN RESPONDING TO WORK-RELATED DEATH

Report of a project on building partnerships
in developing an international best practice
for responding to work-related deaths

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PREFACE

This report is one of three reports from an Urban Ministry Network (UMN) project, "Building partnerships in developing an international best practice for responding to work-related deaths".

The project was designed to build upon work initiated by UMN in 1990 with the first Ecumenical Memorial Service in Melbourne to remember workers who died from occupational accidents and diseases. Our subsequent involvement in support for families and workers bereaved by work-related death led to the establishment of our Partnerships in Grieving Program (PIGP). The project explores key partnerships that UMN believes are vital to establishing an international best practice for our PIGP.

The UMN gratefully acknowledges the support of The William Buckland Foundation and the Victorian WorkCover Authority for this project. We are also grateful to the law firm Ryan Carlisle Thomas for their sponsorship in publishing the series of three reports.

There are three components of this report.

The first section is based on a workshop with employers who participated in a research project on the impact of a work-related death on their company. This section draws together these employers' concern and suggestions from their reflection with the UMN's PIGP on how to deal with the grief and trauma issues arising from a work-related death.

The second section is a practitioners' review of literature and experience by Margaret Condonis and Patty Lee of Unifam. Unifam Counselling and Mediation Service is the UMN's Uniting Church partner with the PIGP in NSW. The review addresses grief and trauma issues facing a company and its workforce in the event of a work-related death, and the skills and attributes needed to provide a support role for employers, managers and employees grieving a work-related death .

Section three is a response by the Urban Ministry Network to the workshop proceedings and the review of issues and strategies.

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1. <u>Introduction</u>

In 1999, the Urban Ministry Network (UMN) drafted "Guidelines for employers following a work-related death". The Victorian WorkCover Authority published the guidelines in 2000, but they have not been made widely available to companies responding to the tragedy of a work-related death.

The "Guidelines" were based upon the UMN's experience of families bereaved by a work-related death. Then the UMN interviewed six companies about their experience of a work-related death in a project funded by the Commonwealth Department of Family and Community Services. We discovered the companies needs in responding to the tragedy of death were more complex and varied than the issues seen only from the experience of the bereaved families (See John Bottomley, <u>I think about him every day: transforming the grief of work-related death into renewed workplace safety</u>, 2000, UMN).

This workshop report draws together the diversity and complexity of these employer's experience in responding to a work-related death. Their experience reveals the inadequacy of past and present models for responding to the situation of a work-related death. In particular, the responses of these six companies suggest:

- The response to the trauma and grief of a work-related death needs to be addressed as an occupational health and safety issue, rather than a welfare issue.
- There is a role for government or WorkCover authorities in establishing a Code of Practice to establish an industry standard for the occupational health and safety issue of response to the trauma and grief of a work-related death.
- There is a role for government or WorkCover authorities in providing trauma and grief services to meet the diversity of needs.
- Employer bodies need to facilitate networks of support amongst employers, managers and workers exposed to the trauma and grief of work-related death. This is not a situation people can recover from on their own.

2. <u>The six companies</u>

The experience of the six companies with a work-related death formed the background to an employers' workshop on responding to a work-related death. The six companies varied in the type of industry, size of workforce, and the nature of the fatality that occurred.

Agency A is a church community service agency in Coburg. Most of the staff had worked together for a long time and formed a close-knit and supportive community. In 1999, two staff plus a casual employee were working inside the roof of one of the agency's buildings, an old church, when Bob fell through the ceiling to the floor below. He suffered severe injuries and died later in hospital.

Company B is a medium-sized family company located on the Mornington Peninsula. The company owns a number of orchards and a warehouse for the fruit-growing industry. Greg was a brother-in-law of the Managing Director, Arthur. Greg fell to his death from the tower of a wind machine while carrying out a routine service.

Company C is a national transport company employing several hundred people. Around the time of the accident at its Geelong Centre, the company had been through a difficult period of industrial unrest due to restructuring and downsizing. In 1998, Jimmy, an employee with the company for twenty-five years, fell to his death in a holding bay during the night shift while unloading a container. Jimmy was working alone when he died and was not noticed missing until about a quarter of an hour after the incident.

Company D is a construction company located in Melbourne's south-eastern suburb of Dandenong. The company employs about forty people. In May 1999, Tony, an employee of some 16 years, fell to his death from scaffolding at a construction site not far from the Company's head office.

Ashley was one year old when he died after falling from a tractor driven by his father, Peter. The accident happened twelve years ago. Peter and his wife Julie owned the family farm (Company E), an isolated farm in the Western District.

Company F is a family-owned business associated with the processing industry in central Victoria. Company F employed around eight staff, including Roger, the Managing Director, and his wife and son. There were six people on site the day Mark died. Mark, was employed as a casual general hand through an employment agency. He had been on the job for about three months.

Representatives of three of these six companies attended a workshop on the UMN's research into their response to a work-related death. Occupational health and safety representatives of the Victorian Employers Chamber of Commerce and Industry, and the Australian Industry Group also attended the workshop.

Based upon the workshop and the employer's responses to the UMN survey, the following framework for understanding and responding to their concerns has been developed.

3. <u>Knowing how to deal with a work-related death</u>

3.1<u>Exposure to a work-related death is an occupational health and safety issue</u>

From an occupational health and safety perspective, the exposure to a work-related death should be treated in a similar manner to an exposure to a toxic chemical. Such a procedure may involve:
- Establish a register of all those affected by the workplace death, including information about the critical factors in each person's exposure. This may require a specialist consultant to carry out this task.

- Follow up with each person on the register at three months and twelve months after the death to record mental and physical health symptoms, and if required, to recommend appropriate support or treatment.

A register of people's exposure is necessary because responses to a work-related death vary according to factors such as the person's relationship to the deceased, and the level of their involvement as witnesses to the accident, to finding the body, or clearing up the site.

An unexpected death can be a cause of traumatic stress for those exposed to the incident, including the employer. There is a need to assess and then plan to address the factors associated with trauma and grief that may contribute to traumatic stress and other disabling symptoms for both employees and the employer.

This assessment is a professional task similar to the screening tests given to workers who have suffered an exposure to a toxic agent. This screening task does not take the place of critical incident debriefing or other emergency support services.

For trauma and grief, this screening may be done at two separate times:

- In the period 4-8 days after the incident, as part of crisis counselling. The aim is to help people find their feet by listening to their story, setting out the issues that may arise, and the resources they may access to resolve them.
- In the period 6-8 weeks after the incident, as part of an assessment for post-traumatic stress disorder (PTSD). The aim is to identify symptoms of PTSD and plan for appropriate strategies that support individual's support networks in the family and workplace.

3.2 Establishing a Code of Practice for responding to work-related death

A factor making it difficult to respond to the reality of grief and loss following a work-related death is that the death is very often socially unspeakable, especially for the employer. It is like a taboo. The current work culture imposes social isolation on those who mourn.

There is an urgent need for Commonwealth and State Health and Safety Authorities to provide a Code of Practice for employers and senior managers in dealing with work-related deaths. The Code of Practice needs to include:

- An organisational perspective that addresses training, policy development, and management practices.
- Information on grief and trauma for employers, managers and employees.
- Information on company responses to the grief and trauma of the bereaved family.
- Information on support networks and resources for employers, managers, employees and their families.

These elements for a Code of Practice are outlined in this report.

3.3 <u>The need for government responsibility when the employer is unable to facilitate the necessary response</u>

There may be a need for WorkCover to assess whether an employer who has been exposed to the traumatic stress of a work-related death requires the support of an early intervention trauma support and advice service. Such a service may facilitate employers responding in an inclusive and appropriate way to all the circumstances surrounding a work-related death.

Being numb after a traumatic death is a normal reaction to an abnormal situation. When it is the employer who banishes the trauma of their exposure to an unspeakable event from consciousness, the ability of the company to respond to the needs of all those affected is seriously compromised. In this situation, the need for an emergency trauma response service to be provided to the company is critical. It is not reasonable or fair to expect the employer in this situation to be able to provide either for their own needs, those of their employees, or the bereaved family.

Employers need to be aware of the impact of trauma or grief on themselves. It is sometimes assumed that people in positions of authority should be able to cope. This is a myth, for in some ways they may be more affected than others. The following three examples illustrate the issue.

i.   In a small business such as Company F, the employer and all the staff were exposed to the trauma of the work-related death. In addition, the employer was seriously injured in the accident, and was forced to leave the work place to be admitted to hospital. There is a need for a trauma response service that can respond to the needs of all those caught up in this chaotic situation. While the ambulance service responded to the physical wounds suffered in this situation, the emotional and psychological wounds were unattended.

ii.   Amongst all the institutional responses to a farm death, there is no party specifically there to support the company director/owner in their dual roles of owner and family member. Most grief support services rely upon the bereaved asking for help. But when the bereaved person is also the person responsible for farm safety, they are the subject of various investigations. In this situation, they may be unlikely to ask for support.

iii.   Arthur's response on finding the body of his dead relative may indicate his exposure to a traumatic event. This situation illustrates the problems for a small business, where the person with responsibility for others has been traumatised by the incident, and is in need of support and advice.

There may be a need for a government sponsored work trauma and grief support service to attend the site of a work-related death in conjunction with WorkCover and Police investigators. The urgent requirement to put in place a skilled and comprehensive

response to any trauma may be seen as equally important to the conduct of any investigation into the cause of death.

In the first 24-48 hours, a government support service may:

- Ensure the safety of traumatised witnesses after they have completed giving evidence to authorities, including ensuring they arrive home safely.
- Work through a check-list of critical tasks with the senior company representative attending the site, including:
  - Arrangements to notify the bereaved family.
  - Providing support to those being interviewed by investigative authorities.
  - Supporting the senior company representative in negotiations with investigators about procedures to be followed, such as the removal of company equipment from the site.
- To put in place and if necessary, facilitate an operational debriefing of all those exposed to the traumatic event. This process simply allows people to talk through the incident, checking what happened and what people did.

Another part of the system requiring government attention is the adversarial nature of the legal system around compensation and prosecution of work-related deaths. The legal system can paralyse the recovery of all those affected. Indeed, the powerlessness traumatised or grieving people may experience in relation to the impact of the legal system on their lives can exacerbate their suffering. This can affect all parties - the employer, employees, and the bereaved family.

There may be value in examining the applicability of alternative dispute resolution procedures to situations of work-related death. For example, a mediation service may be helpful in sustaining the ongoing relationship between the company and the bereaved family, while the parties work through a range of issues such as:

- Company support for the bereaved spouse and family.
- Access of the family to the site where the death occurred.
- Appropriate responses by the company to family anniversaries and festivals.
- Ensuring compensation matters are dealt with justly and compassionately.

3.4 The need for employer support networks

Counselling provided for an employer may still leave the employer relatively isolated and alone in the company with their feelings. Therefore, there may be a need to create opportunities for employers who have experienced the traumatic stress of a work-related death to be able to share their experiences and gain support from each other.

It may be helpful for employer bodies to seek feedback from their members on the experience of legal representation with a work-related death. This encourages members' contribution to making things better for those who might have to deal with similar tragedy in future. It also may encourage legal representation that is both competent and compassionate.

4. Issues for a Code of Practice

4.1 Managing feelings of grief and loss

<u>Accepting responsibility for managing the policy</u>

It is important that the most senior management representative available be present at the work site as soon as possible after a work-related death.

<u>Provision of information</u>

It is normal for people who experience trauma to desperately seek answers to the question, 'why did this happen?' The desperate search for answers underlines the importance of management providing information to staff and the bereaved family to support them coming to terms with the trauma. In the absence of information to answer their question, people tend to create their own answers. This can create harmful gossip and speculation, often resulting in blaming the victim (regardless of their liability) and/or the employer (regardless of their culpability). The truth may be a mystery for which the only information is 'it's incomprehensible'.

Lack of information about what happened with a work-related death can lead to speculation and misinformation that distracts people from dealing with the truth of the situation. The workforce needs to be kept informed by management with progress reports, or explanations for any delays in information about what happened, and how the death occurred. In a workplace with a joint management-union Safety Committee, this information should be authorised by the Committee to increase the workforce's trust in the information.

<u>Encourage networks of support professionally and informally at work and at home</u>

Agency A coped well with the trauma of Bob's death because of a number of factors:

- There was an established support network in the workplace that expanded to make time for management and staff to talk about their experience of Bob's death. Social support may be provided through informal story telling and sharing of memories by people bereaved by a shared loss.
- Those involved had other support networks outside the workplace, in their families, friends and church. These networks provided further opportunities for staff to talk about their experiences.
- The Director had an understanding of trauma and was able to bring that to bear on the situation. He also asked for help at particular points where he needed support.
- Where management and staff encountered situations of conflict and hostility from people outside the agency staff, these experiences could be discussed with a manager or colleague and the support was restored.

A company may benefit from holding an information session led by an appropriate counsellor for key members of the workforce and supervisors about how post traumatic

stress affects the behaviour of a witness to death. This session could also inform participants about how they can provide support to their workmates. This is a particularly important occupational health and safety issue, as workers distracted by trauma induced flashbacks or panic attacks can pose a potential threat to both themselves and others.

The employer may find their support networks in the company are very limited when it comes to dealing with a work-related death because of the unique responsibilities they must carry.

Counselling as part of an integrated response to trauma and grief

Provision of counselling services for those affected by a work-related death is an important component of an integrated response to grief and trauma. However, when this service is the only company response, it tends to make grief into an 'illness' or 'problem' that needs to be 'cured'. This increases the likelihood in a male culture that workers will not seek counselling because it is a sign of weakness.

If a company is to derive benefit from the tragedy of a work-related death, the contractual relationship with an external counselling service needs to ensure the grief experience of management and employees is integrated with the company's responsibility to provide a safe and healthy work environment. This may include:
- A joint management-union committee to plan a strategy with the counselling service for a company-based integrated response to grief and trauma.
- A reporting strategy that respects individual confidentiality but identifies health and safety policy issues for the company arising from the work-related grief and trauma.

Dealing with feelings of guilt

The grief issues for employers may be often quite different than for employees because the employer bears different responsibilities in the company. Part of the problem is that the employer is expected to be in charge and therefore to cope. However, it is normal for a person in authority to believe they have not coped well, and to experience strong feelings of failure and guilt. Arthur reported longer-term feelings of guilt associated with his position as employer of the person who died.

Responding to absenteeism

Absenteeism after a work-related death is likely to be a grief response to the stress of exposure to the death. The helplessness and guilt people normally experience with grief may be exacerbated by the ongoing isolation associated with their absenteeism. There is a need for a company's response to include an outreach component to follow up those who have been absent after a death. Again, where appropriate, this needs to be a joint management-union responsibility.

Where prolonged absenteeism is caused by post-traumatic stress following exposure to a work-related death, the company management needs to advise the person unable to work of their entitlement to WorkCover compensation, and facilitate their entitlement. Prompt supportive action may facilitate a successful return to work.

Validation of employee's experience

After a work-related death, the senior manager of the work place could write to acknowledge the involvement in the incident of all those who witnessed the death, the body, or were engaged in cleaning the site. Where appropriate, this acknowledgement may express the company's appreciation for the services provided by the company's managers and employees.

If there is a concern about the legal implications of providing this type of support, the company is advised to test the proposed letter with the company solicitors. Alternatively, the manager may invite those concerned to afternoon tea on an individual or group basis and pass on this message personally.

Part of the burden of grief and trauma is the experience of guilt (did I do enough?) or isolation (nobody understands what I have been through). This simple strategy addresses these two needs before they become overwhelming, and eat away at people's self-confidence and productivity.

Writing as a validation process

Arthur wrote his own account of his experience. This is a normal response to trauma and grief. Writing helps deal with the stress of trauma by giving concrete form to inner thoughts and feelings. In turn, this process releases energy for decision-making and problem solving.

There is a need for researchers and work-related grief services to encourage employers, managers and employees in documenting their stories of work-related death. This is both a therapeutic task and one that encourages a deeper awareness of the complexity of the issues surrounding the aftermath of work-related death. Both of these outcomes are essential for constructive personal and public policy responses to the tragedy of work-related death.

The special needs of witnesses

Not everybody has the same grief response. In Company D, the difference in response was affected by:

* How well people knew the person who died.
* Whether they were witnesses to the traumatic incident and the death.

The workers who witnessed Tony's death appear to have suffered traumatic stress. The pressure of the investigative authorities has increased their stress, and made them less responsive to counselling at that time. Because the number traumatised by witnessing Tony's death was small, and there is a reluctance by many men to discuss their feelings openly, there was a perception things were returning to normal. Yet this was not the case reported by those more traumatised by Tony's death, who were still suffering post-traumatic stress symptoms.

A Code of Practice should take account of the different needs of those who were witnesses to the incident from other employees. This should include:

- The recognition of compassionate leave for witnesses traumatised by a work-related death.
- More individualised follow up program by counsellors for those traumatised by the incident.

Witnesses to a work-related death may not actually be employees of the company for whom the deceased person worked. As such, these witnesses may be isolated from important workplace support networks, and left to rely upon their personal resources. There is a need for agencies contracted to respond to a work-related death to provide support and information for all the people exposed to a traumatic work-related death.

4.2 Remembrance of the person who died

Rituals: giving public expression to personal emotions

Agency A used a number of rituals to support people in their grieving. The purpose of such rituals is to give public expression to personal intentions, such as loss and grief. The intention is often expressed through a ceremony or series of symbolic acts. Such rituals can help people stand apart from their normal existence and enter into the extraordinary sense of time and space created by trauma and death. At agency A, these rituals included:

- Placing flowers at the place where Bob fell.
- Placing flowers in a public space to acknowledge Bob's death.
- Attending Bob's funeral
- Organising a memorial service for Bob for agency staff, clients and Board of Management.
- Conversation over morning tea in the staff lunch room.
- Planning and implementing the erection of a plaque to commemorate Bob's life and death.

Over time, the intention of grieving rituals change as the grieving process unfolds. In particular, there may be a movement from feelings of loss and sorrow by the bereaved to include feelings of gratitude for the deceased person's life and character. Agency A may establish a Memorial Health and Safety Trust in Bob's name.

The purpose of the Trust would be to provide an annual remembrance of Bob that honoured his commitment to safe work practices. A suggested focus of the Trust is the promotion of occupational health and safety in church agencies through an annual grant program for:

- Management, staff and agency Board members training in occupational health and safety practices, policy and procedures.
- Conduct of safety audits.

- Employment of consultants to support occupational health and safety policy development.

This proposal may also provide a model for employers who have experienced a work-related death and who wish to renew their commitment to occupational health and safety.

Arthur's reflection on naming a property after Greg is an appropriate and respectful remembrance of his brother-in-law. It provides a remembrance that fits in with the culture of naming properties on the farm, and indicates how much the employer valued his relative and employee.

It supports healthy grieving for company policy to encourage all those that wish to attend the funeral service to be able to do so. Whatever the industrial relations climate, this encouragement needs to be affirmed for both management and employees. Similarly, the inability to attend or participate in the funeral or other workplace rituals should also be accepted.

Negotiating remembrance in a divisive industrial relations climate

In a conflicted industrial relations environment, there appears to be little agreement about an appropriate remembrance of the person who died. This conflict exacerbates the powerlessness associated with normal grief as it reinforces the feeling that there is nothing any one can do. So people do nothing and remain isolated with their feelings of grief and stress.

Both management and employees hold their remembrance in private, but the support and healing that comes from publicly acknowledged grief is denied. Similarly, when the memory of death is buried, the truth of the importance of occupational health and safety also tends to be buried.

A consultant in work-related grief reporting to a joint management-union committee such as the Safety Committee may be contracted to help the company negotiate an appropriate remembrance of the person who died. The central focus for this remembrance is:

- To support company personnel through the stress of their grief, especially at significant times such as anniversaries, and festive seasons.
- To emphasise the person did not die in vain, and the remembrance of their death is accompanied by a renewed commitment to occupational health and safety by the employer, management and employees.

Facilitating people's participation in appropriate remembrance

People need different ways to sustain and honour the memory of someone who has died. This suggests that there is not a best way or only one way of remembering a workmate. The decision by the union to enter Tony's name in the Trades Hall Memorial Book may have taken the initiative from Tony's employer and workmates to do something at their workplace that they thought was appropriate.

The anniversary of Tony's death may be a fitting occasion for the Company to dedicate an appropriate memorial to Tony's memory.

<u>When the workplace is a living reminder of the death</u>

It is normal for grieving people to feel attached to an object that is strongly associated with the person who died. Where the object associated with the person's death is in the workkplace, and is a source of painful memories, the focus for healing this pain may be on:

- Introducing another object to the workplace that has a positive association with the dead person, such as a memorial tree, or garden table and chairs with a plaque.
- Changing the meaning associated with the object by transforming its use or context, such as using parts of machinery for art or sculpture.

It is appropriate for a farming family to provide a memorial for their loved one on the farm. This memorial holds together workplace and family space at a time when the pain and guilt of grief may be pulling them apart.

4.3 <u>Cleaning up after the accident</u>

For many of those involved in a work-related death, cleaning up the site where the person died takes on a sacred quality. In the midst of their chaos, it symbolically empowers the bereaved in the task of re-creating order. This work therefore has a healing function for the person who chooses it. While the task of cleaning up is not to be mandated as any one person or group's responsibility, those who have been associated with the death need to be consulted about their wish to carry out the task.

It is normal for people coping with trauma to try to influence the situation in which they find themselves. Cleaning up the site of a work-related fatality can contribute to overcoming a sense of horror and helplessness. It is important that people who take on that task feel confident in their ability to cope. For this reason, the task of cleaning up a site should only be taken on or asked of people who feel able to deal with the situation.

The place where a worker is killed becomes, in a sense, a sacred site. Its holds enormous significance for many people because this is the place where a person's life blood was spilled. Company D honoured that sense by bringing in a special crew to clean the site.

4.4 <u>Responding to the industrial impact</u>

<u>Normalising anger: acceptance and trust</u>

Anger is a significant component of most people's normal grieving. In a workplace where there is already conflict, the anger associated with grief may be directed at the other party in the conflict. If there are no procedures to assist people deal with their anger, it is expressed in unhealthy ways, including absenteeism, abuse, violence, ill-health, and break down of communication.

The key to resolving grief's anger is a process of acceptance, support, healing, taking time to resolve issues, and working towards a reconciliation that forges a new commitment to workplace health and safety. In a situation of industrial conflict, this process may require:

- Integration with existing company structures for resolving industrial conflicts. Where possible, the task of working through the effects of a work-related death is the responsibility of the company's Occupational Health and Safety Committee.
- The resources of a consultant in dealing with work-related death, grief and loss.
- A commitment by the company to provide time for managers and employees to participate in grief resolution activities planned by the Safety Committee. This time commitment is an investment in rebuilding trust, which is a key factor in successful grief resolution.

   (Note: One of the impacts of traumatic death is that it destroys people's trust in their world. Grieving people then become angry that the world they believed in no longer exists. They feel powerless and uncertain about how to live. Rebuilding trust is essential to equipping people to have confidence in their world, and to be able to participate in their world.)

Completing a job where a worker has died

The people who came to complete the job for Company D after Tony's death did not have an appreciation of all that the site held for those who had been working there. In particular, they did not appreciate the deep reverence for life and safety born in the hearts of those who had witnessed Tony's death.

People coming on to a site where there has been a death need to be briefed about how the workers who were there at the time of the death will be feeling about the site, and especially about safe working practices. The supervisor responsible for completing the job needs to adopt a consultative work practice with traumatised workers to ensure their new feelings about their work and life are incorporated into the way the job is completed. This approach not only will help these workers with their healing, it will also help the whole company to begin dealing with their loss by demonstrating a respect for the life of the worker who died.

Absenteeism and resignation

The sudden departure of one or more workers after a traumatic death is common. Often, these people are most at risk of post traumatic stress and poor health outcomes from their exposure to the traumatic death.

It would be helpful to have some follow up of these workers by the company or their union. The company follow up may be carried out by a co-worker on behalf of the company, with the offer of options such as:

- Access to the company's counsellor.
- Provision of information about grief support programs.
- Invitation to attend any company remembrance activities.

Alternatively, the company could notify the relevant union of any workers sudden departure from the company after a traumatic death, with the request for union assistance in ensuring the worker has access to appropriate support services.

Productivity

It is normal for grief to impact on human behaviour and feelings. The loss of productivity after a work-related death may be an indicator of people's feelings. It is likely that if loss of productivity is seen as a problem by management or employer, it will not be fully resolved without listening to and understanding the underlying feelings.

Several companies reported WorkCover's focus on unsafe machinery or work design after a work-related death. This focus addresses behaviour issues in isolation from the human feelings that are more determinative of how people are living with the experience of a death in their workplace. The effect of the focus on behaviour issues is to block grieving people from understanding their feelings. This may in turn contribute to people being stuck with their grief, preventing healing and resolution.

4.5 Responding to the health effects of grief and trauma

Monitoring health effects

Company D management and employees experienced many of the normal health effects of grief and trauma - anger, stress, depression, feeling upset, sleeplessness, guilt, and flashbacks.

It appears that some of these effects are not spoken about until some time has passed since the incident because people believe they should be able to get over them. It is only when these effects persist over time that people may come to believe they need help to deal with their experience. Therefore it may be helpful for companies in this situation to recall their counsellors after a period of time, say six months to further explain the grief process and again offer support.

Exercise

An important strategy in dealing with the stress of trauma is exercise. Managers may encourage employees who take physical exercise as a means of coping with stress.

Line manager's role

An accepting attitude by managers to their staff's concerns is important in 'normalising' grief. Rather than treating grief as a problem, a management 'open door' policy to listening to staff feelings can reassure employees their grief is accepted as a normal part of working life.

Line managers may need support to implement an 'open door' policy following a work-related death. This support may consist of a simple training program in understanding and responding to grief arising from traumatic death.

4.6 <u>Responding to the impact on occupational health and safety</u>

<u>Increased importance of OHS</u>

Heightened awareness of occupational health and safety is one of the consequences for those who have experienced a work-related death. It is normal after trauma for people to feel vulnerable, as if their existence is threatened. It is also normal for traumatised people to want life to feel safe again. This need generates energy for a renewed commitment to occupational health and safety amongst those exposed to a work-related death.

<u>Learning from experience</u>

Company B was servicing the wind machine according to Australian Standards and the manufacturer's directions. In this circumstance, there is a need for WorkCover and/or the Coroner's Court to ensure the employer's experience is communicated back to these bodies and the Standard and manufacturer's directions are reviewed in the light of the work-related death. The process by which this is done is critical to improved occupational health and safety. It is also important for those bereaved by a work-related death to know that any lessons to be learned from the tragedy have been learned.

Employees who have witnessed or been exposed to a work-related death may have a vital role to play when new employees are inducted into the company. By telling their story, such experienced employees can communicate a vital occupational health and safety message. Learning the lessons of workplace tragedy is foundational to the development of a healthy and safe work culture.

<u>The role of investigative authorities: their impact on the OHS environment</u>

The uncertainty created by long delays in completing statutory investigative procedures can undermine the important task of restoring a sense of security in the workplace. This security is vital for the workforce to trust that their working environment is healthy and safe, both in its rectification of any unsafe situations, and in its ability to deal with the ongoing stress of grief and loss. Statutory authorities and health and safety authorities need to review their performance in this area.

4.7 <u>Needs of families of the employer, company management and employees</u>

<u>Information for families affected by a work-related death</u>

The employer's family needs information of the symptoms of traumatic stress and how family support may contribute to the employer's healing from trauma. This seems especially important in a family business. In a family business, the separation of work and family may not be as great as for other companies, and the social support network of the employer is more closely tied to the family network. Therefore information and support for the family network is a vital strategy for ensuring the health of the business in a time of crisis.

'Family-friendly' companies may provide an information session for employees and their partners to explain the impact of a traumatic death on employees. The aim of this session is to inform families about the grief process, its potential impact on marriage and family relations, and the availability of services provided by the company and external services to support employees and their families. The session may also encourage people to discuss how they are feeling, and to identify any needs to be followed up by future programs.

Where possible, this information session could be held within three months of the work-related death.

There is also a need to provide an information session on post traumatic stress for families of witnesses to the death and others who may be affected. This can help break down the loneliness and isolation of dealing with difficult behaviour, and provide advice and support on how to respond to the situation.

Support for children exposed to work-related death

Children affected by the death of a family member on a farm may need eligibility to WorkCover funded counselling as they grow older. They have suffered an exposure to a workplace hazard by virtue of their family context being integrated into a workplace, but the affect of that exposure may not be evident until some years after the exposure. This time lag between exposure to a hazard and the onset of emotional and physical ill health is similar to a chemical exposure.

The greater the integration of family life with a family business, the greater the potential exposure to workplace hazards for family members, especially children. Paradoxically, greater levels of integration may mean symptoms of distress or ill-health are treated as symptoms of personal or family dysfunction rather than the result of work-related factors.

4.8 Managing relations with the bereaved family

The importance of honest communication and inclusive strategies

It was important for Agency A's management and staff to contact Bob's wife as soon as they heard news of Bob's fall. Even though they didn't know all of the circumstances or news of his condition, they went straight to her workplace to inform her of the situation.

Agency A established relations with the bereaved family that:

- Acknowledged their loss in a direct and personal manner.
- Supported their dignity by inviting them to participate in agency rituals of remembrance.
- Respected their legal rights to compensation.
- Responded to their needs for access to the site and an object/symbol of the place where Bob died.

People normally feel helpless after the traumatic death of a loved-one. However, it is important not to treat them as helpless. This only exacerbates the feelings of helplessness, and creates an unhealthy distance between the parties.

By treating the bereaved family with dignity, and relating to them at a number of levels, Agency A had sustained a dignified and supportive relationship with the bereaved family that had produced surprising and sustaining outcomes for the agency.

If the company is unsure about how to respond to the grieving family, then nothing is done. This is common in our culture when dealing with grief. Typically with work-related death, this increases the isolation and bitterness of the bereaved family.

A company may request one of its managers or employees who has good relations with the bereaved family to be a channel of communication. If this is not possible, the company may contract a service experienced in work-related death and grief to advise and manage this relationship.

The aim of this communication is to assist both the company and the bereaved family to deal with their grief, and to ensure this task is not compromised by the processes dealing with legal and compensation issues. Issues to be addressed may include:

- The need for the bereaved family to visit the site where the death occurred.
- The need for the family to be informed of the reasons for the incident occurring.
- Ensuring company representatives are able to personally express their condolences to the bereaved family.
- Advising managers and employees of the bereaved family's needs in relation to social support and provision of material assistance.
- How the company will remember the person who died (i.e., affirming he was a valued employee) and how they will ensure the company has learned from the tragedy (i.e., that the person did not die in vain).

The following practices carried out by Company D are recommended in similar situations:

- An immediate visit to the widow by the CEO to offer the condolences of the company and its people and to answer her questions, as they were able.
- The offer of access to a counsellor.
- The presentation of a collection from the workforce to the widow at the workplace.
- Assisting with funeral expenses.
- Ensuring the company's insurers deal with the widow in a compassionate and efficient manner.

4.9 Issues for managing on the farm

For many bereaved people, and especially men, being able to work is an effective way of dealing with the terrible pain of their grief. Therefore, providing physical support for family life on a farm that assists the grieving people to accomplish some of their work

may be both good for their emotional and physical well-being as well as for their business and economic situation.

The farm-related death at Company E led to the disintegration of the family and the business. There is a need to further research into the impact of farm deaths on both family and business. This research should be used as a basis for an integrated government response to the business and family needs of those bereaved by a farm death.

Farm safety after a work-related death

Traditional occupational health and safety measures focus on removing the hazard at its source, but the nature of the family farm may make this impossible after a work-related death. For the farm to continue business it may be necessary to provide practical support (eg. Child care, meal preparation) for the family to function during the crisis and chaos following a farm death. This is a form of industry assistance, especially in situations of rural isolation where other family support is inaccessible.

Family support, as a contribution to occupational health and safety on isolated family farms, may need further research.

4.10 WorkCover and Police investigations

The Code of Practice also needs to address the standards to be followed by statutory agencies in dealing with a work-related death.

The investigation process: its impact on workplace health and safety

The immediate focus on collecting evidence by WorkCover and the police assumes this need is prior to all others. This focus may contribute to feelings of guilt amongst employers - feelings that may impair the employer's capacity to organise trauma and grief support in the first 24-48 hours after a work-related death.

The investigative process can be a further trauma for those involved in the incident. It may be helpful for those subject to these interviews to be followed up by a counsellor to debrief the interview experience.

There may be a need for a company and/or the union to make available legal advice to employees who are required to give witness statements to the investigative authorities. At a time of stress, the availability of such assistance can provide a valuable support.

A WorkCover site inspection following a work-related death may support an employer dealing with the occupational health and safety implications of trauma and grief issues arising from a work-related death. A site inspection can contribute to traumatised employers or employees feeling that their trust in the safety of their workplace is being restored.

<u>Managing exposure to secondary trauma</u>

WorkCover staff may suffer secondary trauma. That is, they witness the body on arriving at the site. It is normal for people experiencing secondary trauma to lay the blame for the trauma they experience at someone's feet. This is the experience of some employers. However, this blaming response is unprofessional and destructive, and is a symptom of the investigator's own need for support in dealing with their exposure to the incident. The anger of investigators may constitute a health and safety hazard for the company exposed to the trauma of work-related death if the investigator exacerbates the traumatic stress of people in the company.

WorkCover protocols for entering a workplace that has suffered a work-related death may need to address the occupational health and safety issues for their own staff in being exposed to secondary trauma.

<u>Negotiating tasks between the company and the authorities</u>

Grieving people typically feel powerless, as if the world is out of control. Others in helping roles see this powerlessness and may believe it would be unkind to ask anything of the bereaved. While the intention is to be helpful, this exercise of control over grieving people to organise work that needs doing often exacerbates the grieving person's powerlessness and heightens their grief. Wherever possible, those in helping roles with grieving people need to negotiate how necessary tasks are done. This may empower the bereaved, and encourage their healing.

4.11 The Coroner

A Code of Practice needs to include information on the responsibilities of employees and employers who may have to give evidence in a coronial inquiry. This information should include details of the support provided by the Coronial Services Grief Counselling and Support Service for bereaved families and others that have to appear in court.

The State Coroner's Office Grief Counselling and Support Service provides regular information nights for people who have to attend the Coroner's Court for an inquest. Company representatives and employees may find this information and discussion valuable in preparing to give testimony if an inquest is held.

The services provided to families by the Coroner have continued to become more responsive in the time since Ashley's death (Company E). A recent report by the Victorian Coroner, <u>The Coroner's Process</u>, is a valuable resource. However, there is a need to deal with the forwarding of coronial findings or an autopsy report to family businesses in a more sensitive way, especially for those in isolated areas. A protocol for this may include:

- The Coroner's office ringing the CEO of the family business the day the report is to be mailed, advising of this. (This ensures the family is properly prepared when the report arrives.)
- Ensuring the report contains clear advice about who can be contacted to discuss the report.

- Requiring the Coroner's Social Work Service to follow up the family by telephone after several days to check on the impact of the report arriving, and to advise where necessary of further steps to be taken.

Access to the autopsy report may be available on request through the Coroner's Office. The report is available once the Coroner has made a finding as to the cause of death, and the case is completed. The report and findings are then a matter of public record. However, the pathologist's report would not state whether the person died immediately. It describes the nature of the injuries sustained, and reports the probable cause of death.

Reading the pathologist's report can be distressing for some people. It may be advisable for companies to ensure access to counselling is available for those who wish to study the autopsy report.

4.12 Relations with the media

Where the employer has been hurt or traumatised by a work-related death, it may be helpful for WorkCover or the police, in consultation with the senior representative of the company, to close the site to the media. The site may remain closed to the media until the company has completed any emergency safety response procedures and attended to essential trauma and grief support arrangements.

WorkCover needs to take an advocacy role in relation to the media's reporting of work-related deaths. This role could involve:
- The preparation of protocols for police and emergency service personnel in dealing with the media.
- A submission to strengthen the journalists' Code of Ethics in reporting work-related deaths to ensure a bereaved family has the time needed to inform all family members and relatives.

4.13 The legal process

There is a need for employers, especially those in small business, to have information on the legal process involving compensation, especially in relation to the role and responsibilities of WorkCover insurers.

4.14 Need to include community impact response

A trauma response service for work-related deaths should be not only concerned with those from the company where the incident occurred, but also for any other witnesses, passers-by who render assistance, and those involved in cleaning up the work site.

Agencies providing grief support for work-related deaths may be funded to provide community-based information sessions on grief and trauma, and grief support education for key local leaders. The intention of this strategy is to enhance and strengthen local support networks that may reach out to the bereaved family and those in the community most affected by the work-related death.

4.15 <u>The role of trade unions</u>

There is a need for the Code of Practice to address the role of trade unions in responding to work-related deaths. This role is likely to be strengthened by further consultation with unions, as these proposals arise from a workshop with employers. The role of unions should include:

- Their participation in the company Health and Safety Committee to implement and monitor the Code of Practice for responding to a work-related death.
- The need for union officials to inform members about the occupational health and safety impact of grief and stress, and the union's view on the counselling provided by the employer.
- The union's role in reviewing occupational health and safety in the workplace and how their role contributes to both the physical and emotional well-being of all those affected at the workplace.
- The importance of following up members injured in an incident where a worker has died. This follow up should include visiting the member in hospital and at home, with a view to providing information about the incident, the member's entitlements, and listening to the member's concerns.

GRIEF AT WORK: a practitioners' review of issues and strategies for best practice in responding to work-related death.

1. Introduction

The impact of dealing with change as a result of death on the job is multi-layered. The effects of unexpected death are broad and deep. Death and loss invites the work system to react in a variety of ways; secondary victims of death in the workplace react in ways that are sometimes pro-active, sometimes empathetic, sometimes ill informed and harmful.

Australian culture often seems to welcome processes that anaesthetise emotional pain. After a death in the workplace, those affected are ill prepared, afraid and, often, in trauma themselves. Further, there are fears about admitting liability if support is offered. There is a belief that some are "entitled to grieve" and therefore to receive support, and some whose entitlement to grieve is humiliated, blocked, discouraged. There are myths about how long before certain people should be over it. There are misconceptions about the normal expression of grief after trauma. And few know how to respond to those who grieve. Most confuse their own reactions with those of others. It is common to find the following behaviours in individuals who have experienced secondary trauma:

- To blame the victim (regardless of their liability) and or the employer (regardless of their culpability)
- To desperately seek answers to the question "why did this happen?"
- To project their own experience of emotional pain onto others affected by the loss
- To recruit support that may challenge or deny the facts
- To retreat in secrecy and silence

Each person's response has an impact on the system. Also, each person's response is influenced by his or her role in the work place system. No one can claim to be an island. In fact, recognising how we are linked is part of the essential step one makes toward the resolution of a traumatic event(s).

Those who witness death in the workplace are sometimes referred to as secondary victims. They will react in a variety of ways: shock, terror, guilt, and blame. But their reaction is best understood in context. We all form part of the system that works, relates or recreates. How each person in that system experiences traumatic unexpected loss impacts on how others experience, express and resolve that loss. How each person in the workplace, legal system, home, union, etc. reacts, is further influenced by what our culture says about grief, trauma, the meaning of work, power and authority in terms of gender and the law. Even when some parts of the system withdraw in silence, distort information or attempt to project blame on others, they are impacting on the meaning that others will make of the loss. So, too, healing from the pain of loss, and resolution takes place in the context of others. To grieve alone is to die. In unity there is power and strength, progress and relief.

There are common responses to traumatic events including death in the workplace. Some of these responses help work and family systems to function well and some move toward keeping people traumatised. When grief gets stuck, workplaces, families and even those on the periphery suffer. Just as specialist skills are necessary for work productivity, so too, workers and workplaces can learn to develop ways of dealing with workplace death that enhances healthy adjustment and functioning. Working together means knowing what to do, what not to do, and understanding the dynamic role of work, home and culture, and our place in that dynamic.

"An abnormal reaction to an abnormal situation is normal behaviour"
Victor Frankl (1966)

2. Grief and mourning

The ordinary response to trauma is to banish it from consciousness, too terrible to utter aloud. However, we know that the pain of trauma refuses to be buried. The desire to deny is often strong, but that which is denied will just as strongly reassert itself at some time in the future. Remembering and telling one's truth about terrible events is necessary before people can heal and personal, familial and organisational order re-establishes itself. When there are secrets, the story of the traumatic event surfaces as a variety of symptoms.

When people are in psychological distress that distress calls attention to the existence of unspeakable pain and at the same time deflects from it. We can see this is the way that traumatised people alternate between feeling numb and reliving the event. This twin aspect of trauma gives rise to complicated uncanny alterations in consciousness: what Orwell called "Doublethink" or what Psychologists call dissociation.

People who witness trauma can also experience doublethink. It can be hard for an observer to stay clear headed and calm, to see more than a few fragments of a picture at one time, to retain all the pieces, and to fit them together. It is even harder to find the words. Speaking out involves the risk of being misunderstood, not believed, stigmatised, and being vulnerable. Speaking out also means healing and moving on.

When people experience a sense of loss of control they may give up. The person who feels helpless escapes their situation, not by action, but by changing their consciousness. They freeze (deny) *"Like a rabbit stuck in the glare of your headlights transfixed, like it knew it was going to get it. That's what happened [when I saw his electrocuted body]. I couldn't scream. I couldn't move. I was paralysed ... like a rag doll"* (Herman, 1992).

Some situations of inescapable danger may evoke terror or rage, but also a state of detached calm, where pain dissolves. Witnesses of deaths in the workplace may also be aware of events but they may disconnect from ordinary meaning, numbed, distorted with partial amnesia or loss of sensations. Time sense may alter.

How this may play out at work is that victims or witnesses of trauma may surrender, lose initiative and critical judgement, seem detached or inappropriately calm, be highly

attuned to sensations, or experience altered sensations, numbness, analgesia, distortion of reality, depersonalised, and changed perception of time. In the workplace, this can create a ripple effect of fear, resentment, misunderstandings and blame. Alternately, it can activate support, teamwork and health and productive resolution.

Immediately after a traumatic event, people are often very absorbed in the when, where, why and how of the event. This is often followed by a period of numbness with a range of behaviours and symptoms including the "doublethink" raised earlier. Other symptom behaviours include the *"...she'll be right: I don't think about it no more; I keep busy - that's my way of coping"!*

Grief is a complex interaction of feelings, thoughts and beliefs. Mourning is the external behavioural signs of what people do when they grieve.

Mourning Stages

- **Numbness.** Helps them disregard, for a brief period.
- **Yearning.** There may be denial about the permanence of the loss, anger is often very strong at this stage.
- **Disorganisation.** Despair, difficulty functioning.
- **Reorganised.** Pulling life back together.

Mourning takes its own time. Different people may go through quite distinct phases. Often over time people will cover similar stages, but in their own unique manner. The old idea that time heals old wounds is both true and false. It is true that if people have a supportive context that encourages them to talk about an event, time is a healer. Time in and of itself does not heal. Until the pain, anger, frustration, resentment or fear is shared, the mourning process cannot proceed to resolution. The mourner cannot develop hope and make adaptive meaning of the event and their experience of that traumatic event. There are no end points, just ongoing cycles of resolution and adaptation if mourning is supported effectively. Alternatively there are cycles of dysfunction and hopelessness if reasonable assistance is not provided or if the individual chooses not to avail themselves of assistance.

How we grieve depends on
- Our relationship with the person who was killed
- How they died
- Where they died
- Our own coping styles
- Our past history of grief management
- Social factors

How grief gets stuck
If a person's experience of grief gets to the point that they feel overwhelmed, or their past experience of grief was traumatic and unresolved, or the grief is beyond their comprehension as "normal" (such as in death by suicide, cot deaths or some work related deaths), individuals may begin to demonstrate maladaptive ways of managing their grief process. Healing and resolution does not progress and people become stuck in their grief.

It is not easy to define what complicated [difficult or abnormal] grief is, partly because there is so much variation within normal grief. It is easy to spot extreme examples, but there is inevitably a large overlap between what is normal grief and what is complicated grief. There are three useful ways of conceptualising difficulties in grieving: looking at the mourning tasks that don't get done, the types of stuck grief, and clues that show grief is stuck.

i.   The four tasks of mourning are:
1. Accept the reality of the loss
2. Experience the pain of grief
3. Adjust to an environment in which the deceased is missing
4. Withdraw emotional energy and reinvest in another relationship

There are difficulties in grieving when these tasks are not done.

Task 1 is not completed: The person has not acknowledged the reality of the loss.
Task 2 is not completed: The person has not allowed himself or herself to experience the pain of grief.
Task 3 is not completed: The bereaved person is unable to adjust to living without the person.
Task 4 is not completed: The person is unable to let go, and does not, therefore, have the energy to go forward and rebuild a life for themselves. They have not withdrawn emotional energy from the deceased, nor reinvested it in other relationships or other areas of their life. Their purpose in life is stuck, still honouring attachment to the past relationship.

It is often helpful to conceptualise difficulties in grieving in terms of which of these tasks is unfinished, because it helps you to decide how best you might intervene.

ii.   Grief gets stuck when ...
- The loss is socially unspeakable (for example a suicide or a belief that talking about it will somehow cause harm to others).
- The loss is socially negated (when people act as if it didn't happen).
- The absence of a social support network (support may not have the same impact if support people don't know the person who died or don't know their relationship - as in the case with workers supporting family members without knowing the importance of the relationship or family members making assumptions about who in the workplace was closest).
- The environment fosters social isolation between individuals, both between workers, management, and family members. Social isolation often is associated with intense or hidden anger. This can become a vicious cycle: social isolation makes a spouse angry which further pushes people away and isolates her further.
- The relationship with the person who died is not socially sanctioned, for example same sex partners, scab labour or when work units are in disunity.

Chronic grief reactions are prologued and either excessive or hidden. People may or may not be aware of their internal level of distress. Individuals who have sought assistance have said things like 'I'm not getting back to living again', 'It's not ending for me', or 'I need help to be myself again'.

Note that there may be a difference between an individual identifying himself or herself as stuck in grief, and someone else identifying their "stuckness".

Grief that is stuck may be exaggerated, delayed, chronic, absent, unbalanced or masked.

Exaggerated Grief Reactions
- Anxiety and panic often centred on death. This may include survivor guilt: "I deserve to die too."
- When hopelessness, and depression which are normal reactions to grief, blossom and become irrational despair.
- Overwhelmed and maladaptive behaviour.
- Despair about being unable to exist without the other person intensely over a long period.

Delayed Grief Reactions
- The person puts off mourning, but then finds him or herself overwhelmed with grief after a number of months.

Chronic Grief Reactions
- The person appears to have been stuck for a long time in one particular stage of grief.

Absent Grief Reactions
- There appear to be no signs of grief in a person following a major bereavement.

Unbalanced Grief Reactions
- The person is clearly grieving, but when you meet them, you are struck by the expression of one particular emotion.

Masked Grief Reactions
- It may seem like the person is grieving, but less than you might expect, given the nature of the loss.
- Unlike exaggerated grief, a person who has masked grief does not usually see or acknowledge that their grief exists.
- Masked grief can manifest in physical symptoms, risky behaviour, or unreasonable complaining about the workplace.

iii.   Clues to an unresolved grief reaction
Usually unresolved grief is masked, exaggerated or repressed. It may appear in a physical symptom or odd behaviour. Any one of the following clues in and of itself may not be sufficient to conclude that a person is stuck in grief. However, any of these clues should be taken seriously and complicated grief be considered when they appear (Worden, 1991).

Clue One The person cannot speak of the deceased without experiencing intense and fresh grief even though the death was long ago. Therefore, when a person is unable to speak about a previous loss without losing equanimity (mental composure), one should consider the possibility of unresolved grief. Again, what you look for here is a fresh, intense sadness, which occurs many years after the loss.

Clue Two Some relatively minor event triggers off an intense grief reaction. An over-reaction to a friend's trouble, for example, may lead us to discover an un-grieved event of some years earlier.

Clue Three Themes of loss come up a lot in discussion. In any good supportive intervention, it is important to listen to themes, and when they concern loss, watch for the possibility of unresolved grief.

Clue Four The person who has sustained the loss is unwilling to move material possessions belonging to the deceased. Someone who preserves the environment of the deceased just as it was when the death occurred may be harbouring an unresolved grief reaction.

Clue Five Pain or many medical visits or physical symptoms like those the deceased experienced before death, may indicate complicated or stuck grief. Often these physical symptoms will occur annually, either around the time of the anniversary of the death or around holiday seasons. These symptoms can also surface when the client reaches the same age as the deceased was at the time of death.

Clue Six Unaccountable sadness occurring at a certain time each year can also be a clue to unresolved grief. This feeling may occur around times that were shared with the deceased such as holidays and anniversaries.

Clue Seven Those who make radical changes in their lifestyle following a death or who exclude from their life friends, family members, and/or activities associated with the deceased may be revealing unresolved grief.

Clue Eight The person presents a long history of depression, guilt and lowered self-esteem. The opposite of this can also be a clue. The person who experiences a false euphoria subsequent to a death may be experiencing unresolved grief.

Clue Nine A compulsion to imitate the dead person, particularly if the person has neither conscious desire nor competence for the same behaviour, comes from the need to compensate for the loss by identifying oneself with the deceased. *"Just as the frightened child has to set up a permanent mother inside himself, the adult mourner has to internalise, take into himself, his loved object so he will never lose it".* [Pincus, (1974) in Worden, 1992)] This can even include taking on personality characteristics of the deceased, which previously were rejected by the survivor. Through imitation, the survivor may attempt to repair the rejection and gain restitution.

Clue Ten Although self-destructive impulses and self-harm can be stimulated by a number of situations, unresolved grief can be one of these and should be considered.

Clue Eleven A phobia about illness or about death is often related to the specific illness that caused the death. For example, if the death was a work-related accident, the person may become obsessive about checking safety or if the person died of a fall on a work-site, the client may have an abnormal fear of heights.

Clue Twelve Knowing of the circumstances surrounding the death can help to determine the possibility of unresolved grief. If someone has suffered significant loss, ask what it was like for them at the time of that loss. If they avoided visiting the gravesite or participating in death-related rituals or activities, they may be harbouring unresolved grief. This can also be true if they did not have family or other social support during the bereavement period.

With an understanding of possible clues to unresolved grief, we can look at specific techniques that can help people with complicated mourning to resolve their grief, and move through to a completion of the four tasks of grieving.

The Effect of a Sudden Death in the Work Place

In workplaces, as in families, we need to understand the total configuration of the role of the person who died and their functional position in relationship to their work and their family. Our understanding will also be helped by looking at our functional position in relation to the person who died and to those who mourn him or her. This helps us understand the whole process of loss and of adaptation. Work places and families are like systems. They interrelate. They connect. A traumatic loss of one part of the system throws out the balance for the remaining members. A major loss will disrupt how members relate. The connections will be stressed.

We need to understand:
- **The role of the person who died** (value setter, leader, sickly one, scapegoat, nurturer, clown, encourager, advocate, mediator, etc.) Their loss creates disequilibrium in functioning. Another may be sought to fill that role.
- **The emotional integration of the unit** (family or work). How able is the unit to help members to cope with the death? Less integrated units may not show much grief. Some members may later show their grief through disruption, misbehaviour, and sabotage.
- **The expression of emotions:** are they facilitated or hindered? What value does the unit place on emotions? What kinds of communication patterns occur? Are individuals encouraged to express feelings or is non-expression encouraged? A death can trigger various and intense feelings. In what context are these feelings experienced, identified, and brought to completion? A system, which conspires to keep feelings down or to keep them at a distance, may keep individuals stuck. Unresolved grief may have repercussions. It may impact on the whole work or family unit.

A workplace can be indoors or outdoors; it can be transitory, remote or isolated, as experienced by couriers and interstate truck drivers; communication with others in the workplace can be direct or indirect, through pager systems or radio; and the workplace can be private or public. Each factor influences how a death in the workplace is communicated, discussed, dealt with and resolved.

3. <u>Crisis, trauma and disaster</u>

Crisis is an interruption from a previously normal state of functioning resulting in turmoil, instability, and significant upheaval in a system. A crisis may be physical as in a disease or maturational stage, emotional as in a mental disorder, social as in a geographic move or loss of a relationship, or professional as in the case of a layoff, termination, injury or death. A crisis that may arise as a result of loss or death in the workplace typically affects work systems and work relationships.

Trauma is an injury to living tissue caused by an extrinsic [outside] source. It may be the result of surgery, an act of violence, a natural disaster, etc. A trauma usually results in a state of crisis.

Disaster is a crisis in which traumatic injury and/or death has occurred to many people and often is accompanied by the destruction of property. Fires, transportation accidents, and natural events [hurricanes, earthquakes, etc.] are usually responsible for disasters.

The term "**trauma in the workplace**" is reserved for those events in which an industrial accident, personal injury/illness, or crime takes place in a work setting. Thus, employees may be victims or witnesses to an unexpected crisis. Whereas a police officer may expect to intervene with victims of trauma, a factory worker rarely includes this experience as part of his/her 'job description'.

A **critical incident** may be defined as an event that is extraordinary and produced significant reactions for the intervening person/emergency services personnel. It may be so unusual that it overwhelms the natural abilities the people have to cope with difficult situations. Critical Incident Stress or Trauma [CIS/T] is often the natural reaction of a normal person to an extremely abnormal situation. It may manifest itself as a physical, cognitive, and/or emotional response that may be experienced almost immediately or may be delayed days, weeks or months.

Most people exposed to trauma manage the extreme stress of their careers quite well. There are two things which often speed up the recovery process, and assist people stay healthier, remain more productive on the job, and have less disruption in their home lives:

- Understanding the effects of trauma.
- Having an outlet and method by which to resolve their reactions, including a support network.

As difficult as a death in the workplace may be, if not handled with adequate skill and resources, managers in the corporate system, union delegates, colleagues and family members may succumb to complications and a range of problems and disputes such as:
- Resentment toward management.
- Isolation from co-workers.
- Increases in absenteeism.
- Decrease in work productivity.
- Increase in accidents.
- Increase in worker's compensation cases.
- Increased turnover in work force.
- Work place and family disintegration.
- Legal action.

Recent studies indicate that some individuals may take the work-related death harder if there are redundancies, downsizing and fears of being laid off. Death of a mate may be taken as seriously as the death of a family member. For many people, their career is a large part of their identity and the people at work a strong source of support. Managing change, turmoil, loss and trauma can have a cumulative effect.

For the survivors, yet another situation occurs. Often they have 'survivor guilt': "How come I survived and my co-worker has died?". Resentment occurs from things such as

job responsibilities becoming different and/or departments changing. Workers may have lost friends and colleagues. Soon after a work-related trauma, managers need to deal with guilt and to balance their sense of responsibility. Later, managers need to be cautioned against expecting that the survivors will be thankful and appreciative for having a job. Rather, often what happens is a sense of resentment mixed with apprehension and insecurity. This may manifest itself as decreased work productivity, increased absenteeism, and other costly indications of unrest. Everyone's grief reaction is unique: workers, who grieve side by side and don't talk about it, may find their grief complicates. They may compete, compare or blame.

"Stress caused by mixed messages, unclear corporate goals, or a shortage of workers can reduce productivity by 20 to 30 per cent" (Lewis, 1966). This statement and these figures apply to any work situation - corporate or industrial, medical or otherwise.

Traumatic incidents in the workplace may be listed in an approximate order of severity, beginning with suicide and followed by the line of duty death of fellow professional, death of a child, serious injury to a child, death of an adult [depending upon circumstances], threat of violence and/or personal injury, inability to intervene or perform duties, and non-lethal injury to a work mate.

Stages of trauma

First Stage   SHOCK: Denial, disbelief, emotional and physical numbing.
Second Stage IMPACT: tension, jumpiness, anxiety, irritability, sleeping and eating problems.
Third Stage   RESOLUTION: Getting personal control and finding some normality.

Mental Defence Strategies
Research has shown that emergency workers engage in a number of types of mental strategies as a defence against the stressful effects of difficult operations, both during and after the traumatic events.

Denial	Rationalisation
• Concentrate on something else	• Develop a logical explanation for the event •
• Withdraw	• Use a religious or philosophical explanation •
• Use black humour	• Imagine a worse situation •
• Avoid discussing the event	

Adapted from Tunnecliffe 1994

Coping with Trauma
In extreme circumstances, people usually cope (Van der Veer, 1999) in one of three ways:
• Some try to influence the situation in which they find themselves

- Some direct their energy to controlling their own emotional reactors
- Some change how they think about the event, reducing the influence of the trauma by viewing their painful experiences differently

Getting better means ....
- Solving problems and finishing tasks in your daily work routine again.
- Rebuilding trust.
- Sleeping well and having energy again.
- Feeling good enough about yourself to be hopeful about your present and future.
- Being able to enjoy the pleasurable and beautiful things in life.

This can take time .... months or years.

Responses to sudden death involve ....
- Denial/shock/numbness
- Fear/vulnerability
- Anger
- Acute stress/Post trauma stress
- Guilt
- Acknowledgment/accommodation
- Sorrow
- Grief spasms
- Focus on life/purpose/meaning
- Call to justice

Strategies to deal with the stress of trauma ....
- Assess stress levels.
- Encourage individuals to:
    - Deal with guilt.
    - Use a thought stopping exercise.
    - Discourage people from telling themselves they "should be coping better".
    - Accept reactions as understandable.
    - Deal with feelings of hopelessness.
    - Use the suggestions of others as options to consider.
- Deal with anger
    - Acknowledge your anger. It often comes from feeling hopeless or frustrated or fearing a repeat event.
    - Redirect your anger in helpful ways.
    - Exercise.
    - Learn to relax.
    - Become active in constructive change.
    - Write yourself a letter, keep a diary.
- Seek professional counselling.
    - Don't rush decisions about your immediate future.
- Use stress management ideas.
    - Look after your immediate needs.
    - Participate in a stress debriefing.

- Be prepared to ask for assistance.
- Develop and use your support network.
- Take steps to re-establish a good sleep pattern.
  - Avoid drugs, including alcohol.
  - Eat a small meal at night.
  - Do some exercise.
  - Don't let yourself get bored.
  - Have a notebook and pen beside your bed.
  - Don't look at the time.
  - Eat regularly and eat well.
  - Use a breathing exercise to relax.
  - Act to reduce muscular tension in your body.
  - Use imagery as a mental focus.
- Work at returning to a normal routine.
  - Overcome fear and worry.
  - Talk to people you trust.
  - Distract yourself with a hobby project or activity.
  - Spend extra time with your pet.
  - Get professional help.
- Understand that re-occurring dreams and flashbacks are normal and usually reduce over time.
- Take a problem solving approach
- SOLV(A)E
  - **S**tate the problem
  - **O**utline your alternatives
  - **L**ist the best of these alternatives
  - **V**iew consequences
  - **A**ct on one option
  - **E**valuate the results
- Use positive self talk
- Set yourself short terms goals for the future
- Delay major decisions if you can
- Break tasks down into small chunks

Differing strategies will be appropriate for each of the three phases of trauma:

(a) The immediate reactions at the time of the trauma;
(b) The acute reactions in the month(s) following the trauma: and
 (c) The chronic or long-term reactions, some of which last many years.

DSM-IV (American Psychiatric Association, 1994) describes the immediate psychological reactions to trauma as intense fear, horror and helplessness. Three classical behavioural response patterns to trauma have been identified: escape (flight), aggression (fight) or eggression (self harm), and freezing. Many employees, particularly those from the emergency services, exhibit a fourth response. This response it to 'deal' with the demands of the traumatic situation.

Green et al (1985) found that employees were able to deal with traumatic situations if their perception of the magnitude and nature of the trauma was balanced by their perceived ability to deal with the trauma. The greater an employee's confidence in their ability to cope, the more likely it is that an employee will deal effectively with the traumatic event.

Transactional Model of Stress
Stress is the result of an imbalance between a perceived demand and a perceived capability to meet that demand. This imbalance is experienced in emotional, psychological and physiological responses, the consequences of which are fed back as new or additional demands. (Cox's Transactional Model, 1990). How anyone responds to extreme stress, a complex and dynamic system of transactions between the individual and their internal and external environments, is dependent on a number of interacting variables.

Many employees, including those who work in the emergency services, banks and retailing, face traumatic situations as a normal part of their work. These traumatic situations include such events as dealing with death and disasters, armed raids, physical attacks, threats or violence and severe verbal abuse. The physical demands of handling a traumatic situation can be considerable (Holoday et al, 1995). Psychological demands can seem daunting as well, particularly as the traumatic situation may challenge personal values or strain abilities to meet organisational expectations. (Parkes, 1975)

Non-verbal signs of stress
There is a wide range of signs and symptoms of non-verbal stress. These include gritting teeth or jaw clenching, sweating palms or hand trembling, tightened stomach muscles, hair twisting or twirling, rapid walking and eating, finger drumming, fist clenching, head scratching, nail biting or chewing on pencils, leg bouncing, and pacing. Other stress symptoms include using facial expressions such as repeatedly wetting the lips, clearing the throat or wrinkling the forehead, shifting weight, wiggling, eating too much or not at all, drinking or smoking more than usual, sleeping too much or too little, withdrawal or avoiding interaction, using a sarcastic or nasty tone of voice, vocal explosiveness, speeding up at the ends of sentences, or over articulating - enunciating words so clearly and precisely that it draws attention.

4. <u>Support skills: toward work-related partnerships</u>

Toward being a Support Officer - Understanding Human Nature (Who are we and why do we do what we do?)
We are an amalgamation of our experiences, actions, feelings, beliefs, and environment. One way of looking at human nature is to break it down into these five parts. Having divided human nature into these five components is an over simplification, however this will assist us to intervene effectively in managing complex grief. Interacting as a work colleague, boss or support officer means we are part of the process that struggles, mourns, works, tries to understand and resolves grief. Like a web, we each contribute meaning and influence.

Experience

When people talk about what happened to them, they are talking about their experience of an event. When Jane (an apprentice electrician) tells you that she saw her work mate (who wasn't wearing a harness) fall from a scaffold at work, she is telling you in terms of her experience. If she says that she is the only female electrical apprentice she knows, that when she has used a harness on height jobs in the past her boss called her a "girl" and said, "a real tradesman doesn't need a harness", she is telling you her experience of being an apprentice. We can only know about her specific experiences if we ASK her directly, and if she believes we are truly interested in her views.

Behaviour

When people talk about what they do or not do, they are telling you about their behaviour. If Jane tells you she can't go up ladders, lifts or scaffolding even if she is weaving a harness, since she saw her friend fall at work, she is talking in terms of limitations to her current behaviour. If she says she is drinking a lot lately, she is telling you what she is doing. Behavioural information can give valuable clues as to an individual's emotional state.

Feelings

When people talk about feelings or emotions that arise from, or are associated with their experiences, this is called their affect. If Jane tells you she gets very anxious at work and depressed and teary at night, she is talking about the feelings associated with her experience. Affect is the emotional content of an individual's experience of an event or idea.

Beliefs

Beliefs are often difficult to discern. One of the ways one can discern beliefs is to ask individuals about their thinking about an event. If Jane thinks her friend was accident-prone and did not take appropriate precautions, she may believe that it was an accident waiting to happen. If on the other hand, she thinks she should have lobbied harder for safer work practices, she may think she is partly at fault for his death. We make meaning of events that happen to us. Our beliefs are influenced by our experience and feelings about our environment: on and off the job. It is one thing to have a belief or to make meaning of an event: it is another thing to see how that belief influences our lives and relationships.

Context / Environment

Where we live, who we live with, people that mean a lot to us (both in a positive or negative way), and have an influence, on and off the job or inside and outside the home, all form our environment and provide a context for how we make sense of things that happen. If Jane is an apprentice in NSW, her employer is bound by certain occupational, health and safety, and other legislative rulings. So too, as an apprentice employee, Jane has contracted to certain work practices including safety.

Her work place may have developed a certain unwritten work culture through informal training and 'orientation' of apprentices. All of her colleagues may have formed certain opinions about which jobs men should do and which jobs women should do. These views may or may not be based on stereotype. These views may or may not be challenged directly on the job. Our work, home, cultural environments influence beliefs.

There may be behaviours and practices within a work culture that foster power distribution in the work place (other than job role). The treatment of individuals in any work context may or may not be respectful, free from illegal harassment, and emotionally safe.

Having looked at these five parts of human nature, in responding to someone in distress, we need to know what the problem actually is, to each person individually, from their point of view. A person acting as a support officer after a work-related death has their own beliefs that influence how they respond. As soon as we connect in any way with any one else, we provide a context for relating. Even if we try not to get involved, we are contributing influence. When we listen to another, we are rarely neutral. Our greatest tool in assisting individuals and groups better manage work-related deaths is to be curious and empathic. Most individuals affected by trauma want to tell someone about it, as long as they believe that someone is interested and won't judge them.

Defining the Problem
Problems can be viewed through different lenses. Even though we know about Jane's experience, what she is doing in response, how she feels, and what she thinks about the whole thing, we still do not know what she sees as the problem. We will only be making assumptions until we ask Jane directly (and listen to what they say, what they don't say and how they say it). The problem(s) may be panic attacks, fear of heights, grief, guilt, fear of talking about the experience for fear of reprisal, inability to pay bills because of time off work. Until we ask Jane and she believes we are asking because we are interested about her, we are operating from our reality not hers.

The Function of a Problem
Problems and solutions are usually a result of changes in a system that has not been accommodated in useful ways. Any one individual is rarely "the problem" (even though it might be easier for one person to see another as the start and end of all problems). Different individuals might see the same problem differently, as if through different lenses. There is the worker lens, the family member lens, the union lens, the WorkCover lens, the Coroner's lens, and the Lawyer's lens. And each person's lens, or viewpoint is influenced by their experience, behaviours, feelings and beliefs. How the problem seems today will differ vastly from how it looked a while ago, and how it will look in some weeks or months time. We change and as we change, our view of a problem changes. How others view a problem will influence how we see it.

Problems and solutions can have a different function and different meaning for different people. Imagine we have a camera that can see a problem in the workplace from lots of different viewpoints.

Jane's story (above) through differing lenses:
- Jane's Lens: "Everything is scary. I've never been panicky like this before. I just want to hide from everyone."
- Jane's Boss's Lens: "She's in the wrong trade. Women should not do a 'man's' trade. Maybe this would not have happened if we'd employed all male 'sparkies.'"
- Her Union Representative's Lens: "I'm trying to make sense of stories that don't fit. What Jane, her Boss, the OHS Officer and the media say is different. The boss is probably covering up unsafe work practices."

- Jane's Mother's Lens: "She's such a risk taker. I wonder if she and her mate were fooling around?"
- The Lawyer's Lens: "Firstly, we need to stop the media coming into the yard. These stories will hurt our case. You have the right policies, I believe we can defend this successfully in court."
- The Lens of the Local Print Media ("Headline): Tarzan falls: Jane cries."
- Jane's Work Mate's Partner's Lens: "Why John, he's a good man: God I don't believe this I just kissed him goodbye this morning: I just want him back."

When someone talks to us, we need to listen to the content: what they say, what they do not say, and how they say it.

If someone tells us about their feelings and we respond to their behaviour, we may leave them feeling misunderstood. For example if we talk to Jane about the risks of her drinking, before understanding her feelings, beliefs or her view of the problem, she'll probably feel we are telling her what to do, and consequently she probably won't listen and thus may be blocked from ideas that could help her move on. This is a common complaint levelled at people who try to "help," but do not listen well enough first. Many "helpers" find themselves getting involved with the problems of others because of their need to be needed rather than the client's actual need or stated goal. If as "helpers" we ignore that, we become part of the problem.

Effective support in the workplace involves creating an atmosphere of emotional safety, really listening, clarifying, containing, empathy, respect, being genuine, being ethical, and respecting difference. Other attributes for effective support involve knowing your values, blind spots, red flags and what to do about them in the short and long term.

Support requires investment of time to prepare for and intervene, clear goal setting, reconciling self responsibility and social influence, understanding the leverage for change, influencing versus accommodating, deciding whether to use informal versus formal actions, developing self efficacy, balancing past, present, and future focused talk, balancing solution and problem focus talk, being explicit and respectfully challenging Other attributes include motivating, identify issues where immediacy is needed, using the context, bringing in the outside system, nudging them into mobilising their support system, understanding the problem in context, using the function of the problem, preparing for the reactivity of change, and maintaining a clear bottom line.

A supportive relationship requires rapport, affinity, empathy, trust, acknowledgement of and strategies for exploring ambivalence, clear, achievable, mutually agreed goals, safety, boundaries, clarity about roles, and relative calm.

To be a support officer for work colleagues after a work-related death means knowing, and staying within their limits of ability and availability. Effectively supporting someone in trauma means knowing how it is possible to disable healing.

Questions people often ask after a traumatic loss include 'What is happening to me?', 'What has been happening to me?', 'What is going to become of me?', 'What if I don't get better?', 'Am I safe?', and 'Why?'.

These are pressing and profound questions. Trauma victims need us to listen rather than provide answers. They need to find a framework for understanding their questions about their loss. Direct answers are of course appropriate in some situations, in crises for example, but that is not what we are talking about here.

How a support worker responds to these questions will depend on how soon after the event they talk with the trauma survivor and their relationship to the survivor, the deceased, the employer, and the union. The support worker's response will also depend on:
- The type of trauma and who was involved.
- Where they are.
- Who organised the discussion and how, where and when the discussion takes place.
- How fearful the survivors are in regard to, for example, their own perceived culpability, or the employers perceived responses to survivors.

Grief support for traumatic loss is about helping people struggle successfully. Rescuing most often keeps them stuck. If you (the support officer) find yourself trying to get them over their struggle, ask yourself:
- Is this more for me or for them?
- Whose discomfort am I trying to ease?
- What am I trying to do here?
- What do they really need?
- Is this about my need to be needed or their need to be understood in the midst of their pain?

How Thinking Gets Stuck
- **All or nothing thinking** Everyone is seen in black and white terms, for example "I am either in control of what's happening to me or I am not", rather than "there are some things I can control and some I can't control".
- **Over-generalisation** Grouping people by stereotypes. Expecting the same from everyone of a certain type, because of what one person does, for example "All men are potential rapists", "Men don't cry", "Girls are softies", "Workers are all lazy", "Supervisors don't care."
- **Mental filter** Seizing on a negative fragment of a situation and dwelling on it, for example: "We could have been killed in that accident."
- **Automatic discounting** Brushing aside the positive aspects of what was achieved in a trauma, for example: "I was only doing my duty in saving the child."
- **Jumping to conclusions** Assuming that it is known what others think, for example: "They all think I should be over it by now, it was six weeks ago after all."
- **Magnification and minimisation** Magnification of short-comings and minimisation of strengths, for example: "Since the trauma I am so irritable with the family and just about manage to keep going to work."
- **Emotional reasoning** Focusing on an emotional state to draw conclusions about oneself, for example" Since it happened, I am frightened of my own shadow, I guess I am just a wimp." Or "I cried ... I must be losing it."
- **'Should" statements** Inappropriate use of moral imperatives - 'shoulds', 'musts', 'haves' and 'oughts'. For example, "It's ridiculous that since the attack I now have to

take my daughter with me shopping. I should be able to go by myself." The question to ask here is "What do you choose to do?"

- **Labelling and mislabelling** For example: "I used to think of myself as a strong person. I could handle anything, but since it happened I am just weak."
- **Personalisation** Assuming that because something went wrong, it must be your fault. "I keep going over my handling of the situation. I must have made a mistake somewhere for the child to have died." What is important here, is to allow the person to explore why, and how they feel about the loss, separate to reasoning, blame or guilt.

Anxiety and Depression - How I View Myself, the World and the Future

Anxiety	**Depression**
View of self as vulnerable	**View of self as negative**
"Something awful is about to happen:	"I am a failure."
View of world as threatening	**View of world as negative**
"You cannot trust anybody"	"It's just one catastrophe after another."
View of future as unpredictable	**View of future as negative**
"I have to keep on guard, anything to."	It's hopeless, there's nothing to look forward
could happen."	

Responding to trauma: Strategies used by Counsellors
A. Emphasise the 'normality' of responses following a major trauma.
B. Teach the survivor to seek to calmly contain intrusive imagery. Simply trying to stop the imagery tends to make it worse.
C. Focus the survivors' attention on what has been gradually achieved in the way of overcoming avoided situations, rather than on the discomfort involved.
D. Check whether their expectations of performance are appropriate or inappropriate at this stage in their grief.
E. Assess irritability and the reasonableness of their expectations of others. In particular, check whether they are expecting others to be 'mind-readers'.
F. The event that triggered a recurrence of trauma-like symptoms may not itself be particularly traumatic, but may have served to rekindle earlier, usually childhood traumas that had been denied for many years. Both recent and previous traumas will need to be addressed.
G. Some claim that the most effective way to challenge a trauma belief is to change behaviour. Tasks to practice new behaviours may need to be carefully negotiated and reviewed in each session with a professional counsellor.

Examples of coping self-statements
- **Preparing for the stressor** "Taking about the crash at the Manager's meeting will be a breeze, if I just keep my cool."

- **Encountering the stressor** "I knew that when I actually saw them [customers in the bank] my temperature would rise, but it will go down again if I concentrate on having lunch with Judy and Nell."
- **Coping with feeling overwhelmed** "I knew that sometimes I would be caught off guard, I knew that I could become very agitated but who says I have to have perfect control? It is no big deal if occasionally I go over the top."

(a) **Coping with a stressor that has resolved:** "I am getting better at this with practice, well done."

(b) **Coping with a stressor that is unresolved:** "You can't win them all." "I could have been seriously injured, but I wasn't." "I could have been blinded, but I wasn't." "It could have impaired my eyesight, but it didn't." Adapted from Scott and Stradling, 1992.

Listening Skills

Listening is the active process of receiving, attending to and assigning meaning to sounds and of remembering.

There are four stages:
- Message received – sensing.
- Understanding.
- Applying what is heard to the listener's framework - appraising and evaluating.
- Processing a response – responding.

Listening is one of the most important of our communication skills. Listening is an active activity if skilfully used. That is, the listener hears not just the words but also the meaning behind the words and sentences. It is actually a very complex and difficult skill that requires practice and revision. Listening includes allowing silences. For another to be heard, we need to sit still with them, calmly allowing them the space and time to find the words to express their experience.

There are three types of listening
- **Inefficient listening**
  This sort of listening switches on and off. Inefficient listening happens now and then. The listener tunes in and out and is aware of the presence of others but mainly absorbed in their own thoughts. If you are listening inefficiently, you may be more interested in what you want to say than what the other person is saying. Listening for pauses in order to take control of the conversation produces misunderstanding, hurt feelings, confused instructions, and loss of important information, embarrassment and frustration.
- **Minimal listening**
  Hearing the words, sounds and surface meaning. Running out after you have guessed the speaker's intent, thereby missing out on the emotion and full content and meaning.
- **Active listening**
  Listening for the main and supporting ideas, acknowledging and responding, giving appropriate feedback, paying attention to the speaker's total communication. Listening to the content, the intent and the feelings of the speaker's message.

Each type of listening is effective for different types of situations. To listen actively all the time would lead to total overload and feeling overwhelmed. Failing to actively listen when someone is in crisis is emotionally dangerous and can cause repercussions.

Interpretations, judgements and assumptions block true understanding. These sorts of ways of communicating block connection. Misunderstandings arise. Interpretations tell about us, not the other person. It becomes our reality imposed upon theirs.

Barriers to active listening
These include daydreaming, slouching in a chair if seated, no eye contact, looking at your watch, or the ceiling or floor, not facing the speaker, playing with an object, staring into space, drumming your fingers, crossing your legs and bouncing your foot, or yawning.

Reasons for not listening
These include overload, poor listening habits, looking for things to argue with, looking for excuses to justify not listening, grabbing centre stage for yourself by interrupting (Ego speaking), listening only to those points you agree with or that interest you (selective listening), or avoiding points you disagree with or that don't interest you (insulated listening). Sometimes you might stop listening before you have the whole message, and then jump to conclusions, or imitate listening by nodding, maintaining eye contact to look like you are listening (pseudo listening), or react to emotionally loaded words, fail to receive the whole message, or allow external or internal distractions to get in the way.

Partnerships in the workplace between workers, employers and others
<center>adapted from N. Tehrani, 1998</center>

Organisational procedures and policies have a strong influence on how employees behave at times of trauma. Equally powerful though, is the psychological contract formed between the employee and the organisation.

There is a psychological contract in every workplace. This contract is usually an unwritten set of expectations of everyone in an organisation. Such a contract is important in developing good partnerships in trauma situations.

Similarly, every workplace has organisational care programs - both written and unwritten - which can be enhanced or damaged by the way the organisation deals with the aftermath of the trauma and its traumatised employees.

Psychological contract
All the various relationships within organisations are complex. Employer and employee expectations and responsibilities are numerous and variable. Some employer and employee expectations and responsibilities are formalised in legal contracts or Occupational Health and Safety legislation. Other expectations are formed from the attitudes and beliefs of employees and form an unwritten psychological contract. The psychological contract in any work situation is difficult to define.

Schein (1980) defines psychological contracts as:

<center>43</center>

> *"Unwritten sets of expectations operating at all times between every member of an organisation and the various managers and others in that organisation."*

When a traumatic event occurs in the workplace, employee and employer behaviour is partly determined by policies, procedures and legal standards. Failure to observe these laws and rules can result in the employee being disciplined or the organisation being punished by law. The psychological contract also has an effect on the behaviour of employees; organisational failures to meet their obligations under the psychological contract can lead to a loss of morale, anger and delayed recovery.

Trauma in the work environment
The responses of employees immediately after and a month after traumatic death at work are often predicable. Chronic or long term reactions are varied. Chronic reactions differ from resolved grief.

An employee's reactions to trauma fall into three main phases: (a) the immediate reactions at the time of the trauma; (b) the acute reactions in the month(s) following the trauma; and (c) the chronic or long-term reactions, some of which last many years.

Each phase involves a number of characteristic responses (American Psychiatric Association, 1994). Research has shown that the magnitude and duration of the trauma responses are determined by a number of factors, the main influencing ones being:
- The intensity and nature of the traumatic event,
- The employee's perception of the trauma,
- The employee's level of training
- And preparedness to meet the demands of the trauma, plus
- The availability of appropriate support (Feinsten and Dolman, 1991).

Preventing Chronic Trauma
Michell (1993) in an explanation for the differences in trauma responses, described two protective barriers. Michell suggests that these barriers can prevent the development of post trauma stress.
- The first barrier protects the employee from the immediate psychological impact of trauma. This barrier is developed through pre-trauma training and mental preparation. The barrier enables the employee to reduce the likelihood of personal identification with the traumatic event and facilitates the development of effective personal defenses against the traumatic experience.
- The second defence barrier protects employees who have breached the first protective barrier and are suffering from acute traumatic stress. The second defensive barrier requires the provision of effective organisational and peer support, debriefing and counselling.

Resilience to Chronic Trauma
Green et al (1995) found that employees were able to deal with traumatic situations provided that their perception of the magnitude and nature of the trauma was balanced by their perceived ability to deal with the trauma.

Green found that the greater an employee's confidence in their ability to cope, the more likely it was that they would deal effectively with the traumatic event.

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URBAN MINISTRY NETWORK RESPONSE

In setting out the basis for a "Code of Practice for Responding to Work-related Death", this report establishes an Australian benchmark for the development of occupational health and safety policy governing Australian company policy, training and management practice in responding to work-related death.

The Urban Ministry Network's role in developing an international best practice for responding to work-related deaths will be to campaign for the implementation of the proposals in this report. This campaign will be based upon the processes that have supported the development of this report. In particular the UMN will:

1. Sustain an outreach research role that invites companies affected by a work-related death to tell the stories of people at all levels of the company affected by the death.
2. Continue to support employers affected by a work-related death to document their stories and articulate the lessons to be learned from their experience. This support may involve company-based meetings as well as workshops between companies.
3. Work with employer groups such as the Australian Industry Group and Victorian Employers Chamber of Commerce and Industry to enhance the development of support networks for employers and managers in companies affected by work-related death.
4. Involve employers who have been supported through the Partnerships in Grieving Program to contribute to occupational health and safety training so that other companies may learn from their experience.
5. Prepare reports, articles and information that brings these issues to the attention of government, industry, unions and the community.