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*Working Multiculturally with
CISM Processes:
An Exploratory Study of Crisis Counsellors' Reflections*

by

Alice J. Mitchell B.S.W.

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Social Work

School of Social Work
Carleton University

Ottawa, Ontario
December 2001

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"Working Multiculturally with CISM processes:
An Exploratory Study of Crisis Counsellors' Reflections"

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in partial fulfillment of the requirement for
the degree of Master of Social Work

Thesis Supervisor

Director, School of Social Work
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Date

Abstract

This thesis explores how crisis counsellors apply Critical Incident Stress Management (CISM) processes within a multicultural and multiethnic Canadian context. This research was informed by a structural/socialist-feminist theoretical framework through which it was argued that for CISM processes to be truly effective they must first address not only the emotional needs, but also the social, economic, and political needs of persons who experience a traumatic event. Second, within our pluralistic/multicultural Canadian milieu, CISM processes must be applicable to persons, of any race, class, gender, sexual orientation, ability, language, culture and other salient aspects of persons who are involved with a disaster or trauma. In this study, a qualitative methodological approach was utilized whereby face-to-face tape-recorded interviews were the primary means of gathering data.

Research findings revealed that CISM processes were monoculturally myopic in that the multicultural composition of persons who experience a critical incident were not taken into consideration. Inequitable undercurrents with respect to social, economic and political power imbalances within the context of CISM marketing, administration and implementation were also discovered. Furthermore, the legitimization of CISM processes through allusions of an association with the psychiatric establishment and subsequent potential for individualization and marginalization was revealed. The counsellors in this study, however, communicated a sensitivity, flexibility and commitment to establishing effective and appropriate counselling relationships when working multiculturally with CISM processes.

Despite these findings, several counsellors in this study identified various aspects of CISM processes as being extremely effective within specific contexts. It was also found that CISM processes have done a great service in educating and encouraging organizations, institutions and professions to be proactive in their response to persons who experience a disaster or traumatic event. This research offers social work counsellors a more definitive understanding of the structural approach in action and its applicability within the context of CISM processes, which may serve to promote equality of service in our multiculturally diverse Canadian society.

Acknowledgements

A thesis process does not transpire in isolation. For this reason, I am compelled to acknowledge several persons for their significant efforts and continued support on my behalf throughout this academic pursuit.

This research would not have advanced were it not for the counsellors who participated. The passion they have for their work, their commitment to the people they work with and their desire to see broken spirits whole was an inspiration. The richness of their experiences truly enhanced this study.

The willingness of Olga Matwin to volunteer as the debriefer for this study was greatly appreciated. For me, her enthusiasm and support of the research served as a continued source of motivation.

It was an honour and a privilege to have Dr. Elizabeth Whitmore and Professor Rashmi Luther on my thesis committee. Their editorial revisions, sensitivity, sharp insights and our discussions surrounding the work enabled me to strengthen my arguments and gain confidence in myself as a researcher.

I was absolutely blessed to have Dr. Bernice Moreau as my thesis supervisor in that she has been crucial in the development of my work. She was consistently and exceedingly generous with her time, guidance and knowledge. She buoyed me up when the powers that be seemed almost overwhelming. Her obvious dedication and passion for scholarship, academic process and pursuits provided me with an exemplary ideal of what we as women can do in the academy. I will remember you.

My family and friends sustained me with their belief in me and faith in my work. You gave me the nurturing I needed in challenging times.

Finally, and most particularly, I would like to acknowledge the unfailing love, support, and encouragement of my husband Bruce Mitchell. The constancy of Bruce in my life, and I in his, is the solid foundation I treasure.

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Chapter One

Working Multiculturally with Critical Incident Stress Management (CISM) Processes

Introduction

This thesis endeavors to explore how crisis counsellors apply Critical Incident Stress Management (CISM) processes within a multicultural and multiethnic Canadian context. The research is informed by a structural/socialist-feminist¹ theoretical framework through which it is argued that for CISM processes to be truly effective they must first address not only the emotional needs, but also the social, economic, and political needs of persons who experience a traumatic event. Second, within our pluralistic/multicultural² Canadian milieu, it is necessary for CISM processes to be applicable to persons, of any race, class, gender, sexual orientation, ability, language, culture and other salient aspects of persons who are involved with a disaster or trauma. (In this study, a qualitative methodological approach is utilized whereby face-to-face tape-recorded interviews are the primary means of gathering data). The study is premised on the belief that we, as social workers, need to know how to most effectively and appropriately address the diverse multicultural issues of persons that arise in the wake of a disaster or traumatic event. Furthermore, we must acknowledge the social, economic and political ramifications within the context of trauma.

¹ Henceforth, the structural/socialist-feminist theoretical frame of reference is most frequently referred to as the structural approach, but is to be considered all-inclusive.

² The term pluralistic/multicultural reflects both the plurality of Canadian society and its multicultural composition. Only 'multicultural' is used throughout this thesis to describe the diverse composition of society, although plurality is always assumed.

Presentation of the Problem

Disasters and traumatic events, whether technological, chemical, nuclear accident, natural disaster, war, terrorism and so on, are powerful and overwhelmingly horrifying and sudden occurrences that fall outside of the everyday range of human experience. Such incidents may produce a myriad of emotional, physiological, and behavioral reactions among survivors, their families, the rescuers, helpers, and the 'trauma or disaster' community. Immediate responses to traumatic events involve massive attempts to cope with the incident and may encompass all forms of human suffering (Ursano, McCaughey and Fullerton, 1994).

Disasters are an ever-present reality in Canada. Over the years Canadian municipalities have responded to numerous major disasters such as floods; forest fires; tornadoes; earthquakes; toxic fires or spills; and transportation accidents.

With rapid advancements in various modes of communication and news media, it is also important to realize that the impact of a disaster or trauma can extend far beyond its immediate geographic location (Davis, 1999). Thus, more so than at any other time in history, a prompt and increased social awareness exists of not only large-scale disasters, but also smaller-scale traumas like motor vehicle accidents, assaults or robberies to name a few. In fact, one need only consider the hundreds of thousands of persons who listened and/or viewed news reports of the terrorist bombing of the World Trade Centre in New York City and the Pentagon in Washington D.C. on September 11, 2001, and the unfolding events to concretely appreciate the potential extent of a disaster's or trauma's impact. Clearly, the occurrence of disasters and traumatic events throughout

Canada, and other parts of the world, is compelling. An analysis of the actual occurrence of disasters, traumatic events and their devastating effects, however, is not the objective of this study. Rather, the thesis focuses on one crisis intervention model that is used to address human suffering subsequent to disasters and traumatic events.

With any type of disaster or traumatic event, regardless of its size, the impact is similar; human suffering is evident in all forms. It may be argued that individuals involved with such events do not always experience negative stress reactions (Raphael, 1986). Notwithstanding, most trauma counselling researchers such as van der Kolk, McFarlane and Weisaeth (1996); Horowitz (1986); Raphael (1986); Figley and McCubbin (1982), and many others, concur that prompt crisis intervention is essential in that individuals exposed to such events are at greater risk of developing negative stress reactions. The literature also reveals that numerous and varied types of crisis intervention models have evolved over the years and are being applied within such contexts. Among them, Critical Incident Stress Management (CISM) models of crisis intervention are emerging as the standard of care throughout Canada, the United States, and some parts of the world (Everly, Flannery and Mitchell, 2000).

The crisis intervention literature reveal that Jeffrey Mitchell's model of CISM is one of the most frequently applied CISM models in North America (Bell, 1995; Boudreaux and McCabe, 2000; Manson, 1988; McLeod, 1991; Snelgrove 29/01/2001[database on-line]; Streiner, 1990; van Goethem, 1992; Wollman, 1993; and others). Personal communications with key informants and research participants validated this literature research finding in that Mitchell's model of CISM was portrayed as a popular model of crisis intervention in the Ottawa area

and in several provinces across Canada. Mitchell's CISM model was originally developed in the early 1980s for emergency response personnel such as police officers, fire fighters, ambulance attendants and others who may experience acute stress reactions in light of the risk factors associated with their work (Mitchell and Bray, 1990). Increasingly, however, Mitchell's CISM processes have come to be applied within non-emergency response contexts (Everly and Mitchell, 1997; Snelgrove, 29/01/2001[database on-line]; Wollman, 1993). Some examples of non-emergency response contexts include such organizations, professions and groups as industrial crews following a fatal accident, students subsequent to the suicide of a peer and, bank personnel and customers after an armed robbery.

Despite the current prevalence of Mitchell's CISM processes, and the variety of settings in which it has come to be applied, it has been found that the literature frequently defines persons involved with critical incidents as primary, secondary or tertiary 'victims'³ (Bell, 1995; Janoff-Bulman, 1985; Young, 1988; and others). When distinctions are drawn, it is usually to identify how CISM processes are applied to specific groups (i.e. police officers, nurses, firefighters, children and other specific groups) (Armsworth and Holaday, 1993; Didsbury, 1992; Lawrence, 1982; Matthews, 1998; Mitchell, 1982; Stewart, 1984). More encompassing multicultural aspects, such as race, class, gender, age, ability and

³ Primary victims can be understood as persons who directly experience a disaster or traumatic event, such as the passengers on the Toronto subway trains that crashed in 1995. Ambulance attendants, firefighters, police officers, nurses, doctors and other persons who respond to a disaster or traumatic event are referred to as secondary victims, while tertiary victims may be revealed as the colleagues of a co-worker who commits suicide. Although the degree of direct involvement with a disaster or traumatic event varies from primary to secondary and tertiary victims, all are considered to be at risk of experiencing acute stress reactions (Everly, et.al., 2000; Wollman, 1993).

other multicultural facets of persons, in relation to the application of Mitchell's CISM processes are essentially non-existent, as are the social, economic and political impacts therein. Taking into consideration the multicultural composition of Canadian society it is the contention of this research that such issues must be taken into consideration so as to ensure that the most appropriate and effective form of crisis intervention is provided to persons who experience a disaster or traumatic event.

My Political Stance

A vast body of counselling literature exists that seriously questions the effectiveness of traditional counselling processes when applied to multicultural populations (Sue, Arredondo and McDavis, 1992). White European and North American culture, within which most traditional counselling is rooted, has been criticized as incongruent with the values, norms and other cultural differences of many multicultural populations (Patterson, 1996; Richardson and Molinaro, 1996; Sue et.al., 1992). Theoretically, structuralism concurs with this position whereby it is recognized that traditional counselling processes oftentimes reflect the values of our society's ideological neo-conservative/liberal⁴ status quo (Mullaly, 1997).

The structural approach situates social issues within a social and structured setting, not just an individual context. Social issues are understood as arising from inherent inequities in the structures and institutions of patriarchal-capitalist⁵ society. As a result, variations exist in the social, economic and

⁴ Neo-conservative and liberal theories and ideologies are the dominant paradigms in our society. From this moment on, they are used interchangeably in this thesis. A more fulsome discussion of these paradigms is provided later in this thesis.

⁵ Hereafter, 'capitalist society' or 'capitalism' is utilized most frequently. Patriarchal-capitalism, however, should always be understood.

political positions of women and men in our society. These variations are determined by race, class, sexual orientation, age, ability, etc. and by individual social circumstances such as family, peer group, education, and employment, which grant some women and men greater power and control over other groups of women and men (Johnson, 1996; Messerschmidt, 1993).

It is my belief that within our neo-conservative capitalist society, the social institution of psychiatry has held power and control over the meanings and responses to persons who experience traumatic events. Persons who sustain a trauma are reminders of uncomfortable contradictions that challenge our neo-conservative myths, which emphasize "justice and control, optimism and a positive outlook" (Janoff-Bulman, 1992 p. 154). As a means to maintain and perpetuate neo-conservative ideals, psychiatry has historically, and some would argue currently, marginalized persons who experience a trauma by locating the cause of their trauma response within the individual's dysfunctional psychology.

I support the principles of the structural approach that are predicated on the belief that the "personal is political" (Carniol, 1992; Enns, 1997; Mullaly, 1997). It is my political stance that given this belief, personal problems of women and men are intrinsically connected to the social, economic and political environments in which they live. Therefore, people's problems can be understood as being influenced by and reflected in the external realities of their lives (Enns, 1997). Thus, the structural spirit that motivates this research is inherently political and propels us to consider ways in which CISM processes address not only the emotional needs, but also the social, economic and political needs of all persons who experience any type of traumatic event in their everyday lives.

Research Questions

Issues pertinent to this research were discussed with crisis counsellors who have been trained in Mitchell's CISM processes and have utilized these processes with multiculturally diverse persons in relation to experiences of disasters and/or traumatic events. The broad research question that figuratively led this academic exploration was:

How do counsellors apply CISM processes within multicultural contexts?

This question was further advanced through dialogue with the research participants that encompassed such questions as:

Do you think multicultural issues have a place within the context of CISM processes?

From your experience, do you consider CISM processes to be an effective form of crisis intervention for all persons that you have worked with, regardless of race, ethnicity, class, gender, sexual orientation, age, ability/disability, etc.?

Are there any specific strategies that you have implemented during a CISM process so as to ensure that all persons involved received the most appropriate counselling for them?

A structural analysis of responses to these and several other questions provide a means to fully explore the extent to which crisis counsellors who utilize CISM processes consider them to be effective and appropriate for all persons with whom they work.

Research Statement

The structural approach is diametrically opposed to the dominant liberal theoretical and ideological frame of reference that informs most traditional counselling processes in capitalist societies. Therefore, it was an assumption of this research that Mitchell's CISM processes did not address multicultural issues, nor the social, economic, and political implications thereof. Nonetheless, it was

presumed that counsellors who participated in this research would consider multicultural issues to be an integral aspect of CISM processes. Furthermore, it was postulated that research participants would extend efforts so as to ensure that CISM processes were effectively and appropriately applied within specific multicultural contexts. These assumptions were based on the fact that all research participants were fully informed of the theoretical frame of reference that informed the research. Moreover, time management was an ever-pressing reality for the counsellors who engaged this study. This reality also generated the assumption that only those who were truly interested in the area of inquiry would feel motivated to take the time and be involved.

Rationale

In a multiculturally diverse society such as Canada, social workers are faced with major challenges when addressing the needs of persons who experience a trauma or disaster. In practical terms, the ramifications of a disaster or traumatic event are manifest, in part, by the demands placed on social and mental health service organizations and agencies to render prompt and appropriate crisis intervention strategies. Conceptually, this study looks at the ideological, theoretical, and cultural ways in which Mitchell's CISM model of crisis intervention is administered and implemented within diverse contexts in Canada.

Purpose

The purpose of this study is threefold. Firstly, this research sought to give the counsellors who participated in this study a voice. Participants were given the opportunity to constructively reflect and share their personal and professional knowledge and experience gained from working with and for multiculturally diverse persons and groups within the context of CISM processes. Secondly,

this research sought to advance structural scholarship and the generation of new knowledge in the academic discipline of social work through the exploration of CISM processes and the intersection of multicultural content therein. Finally, it is hoped that the new knowledge gained from this research will offer social work counsellors a more definitive understanding of the structural approach in action and its applicability within the context of CISM processes. In so doing, this research may serve to promote equality of service in our multiculturally diverse Canadian society.

Organization of Thesis Materials

This thesis, which consists of eight chapters, offers a structural analysis of crisis counsellors' reflections on how they apply Critical Incident Stress Management (CISM) processes within multicultural contexts. Chapter One encompasses the presentation of the problem establishes the political stance that informs this research process, and presents some of the research questions that guide the course of exploration. A research statement that imparts the assumptions of this research process is also in Chapter One, as are the rationale and purpose of this academic pursuit.

Chapter Two provides the meanings of several relevant terms that are utilized in this research and briefly acquaints the reader with the history of crisis intervention strategies. This history reveals that Critical Incident Stress Management is the most recent crisis intervention strategy to evolve. An overview of Mitchell's CISM model and a short discussion of some divisions in thought and practice that surround CISM and Mitchell's model of CISM are also included in this Chapter.

There are commonalities among the structural approach and socialist-feminist theory that enable them to be combined and applied within the context of this study. The structural theoretical approach is in stark contrast to the dominant theoretical and ideological paradigms in our society. For this reason, Chapter Three examines the neo-conservative, liberal and structural approaches to understanding social issues as well as the socialist-feminist school of thought. In so doing, themes that permeate neo-conservative, liberal and structural thought that influence the evolution and administration of CISM processes are examined.

Chapter Four outlines the methodological approach that was utilized for this research, which includes a description of the sampling procedure, data collection process, preparation of the data for analysis and the analysis that follows. A brief introduction of research participants is also rendered in Chapter Four, as are the ethical considerations, limitations and credibility of this study.

Chapters Five, Six and Seven explore the themes that emerged from the interviews with research participants. More specifically, themes that emanated from the data within the category of multicultural issues in counselling processes are presented in Chapter Five. Chapter Six presents the themes that surfaced from the data within the context of CISM training processes, while Chapter Seven advances themes that flowed from the data that reflect the counsellors' personal experiences with CISM processes.

Chapter Eight concludes this thesis by providing a review of research findings, which fall within four primary themes: monocultural myopia; inequitable undercurrents; alienist allusions and; working multiculturally with CISM processes. Research findings offer several concrete and practical implications for structural social work practice in relation to crisis counselling. These

implications and considerations for further research endeavors are also discussed in Chapter Eight, while some brief concluding remarks close this chapter.

Chapter Two

The Evolution of Crisis Intervention: A Review

Introduction

This chapter explores the evolution of crisis intervention and the foundations of Mitchell's Critical Incident Stress Management (CISM) model. It covers four sections, which are initiated with the provision of definitions for several frequently utilized terms. It is interesting to note that what is understood as crisis intervention today, in relation to traumatic events, has a long history that emerged on several fronts. Aspects of the evolution of crisis intervention strategies have also had a direct influence on the design, goals, and objectives of Mitchell's Model of Critical Incident Stress Management. For these reasons, a brief history of crisis intervention strategies is discussed in section two and an overview of Mitchell's CISM model is presented in section three. The chapter concludes with a brief discussion about some of the divisiveness that exists around CISM processes and Mitchell's model of CISM.

Definition of Terms

The terms trauma and disaster, critical incident and crisis intervention, are employed throughout this study. A discussion of these terms provides clarity to their meanings.

Trauma and Disaster

The Oxford dictionary (1995) defines trauma as an "emotional shock following a stressful event..." (p,1485). From this understanding, and as gleaned from the literature, there are a myriad of stressful events experienced that can be defined as a trauma. Aguilera (1990) identifies personal traumas as processes

that have the potential to affect at least one family member, regardless of socio-economic or socio-cultural status. Although not all-inclusive, personal traumas may encompass such stressful events as physical or sexual assault, partner assault, child or elder abuse (Aguilera, 1990; Herman, 1992; Ochberg, 1988). Several authors also acknowledge abortion (spontaneous or therapeutic), premature birth, maturation, divorce, diagnosis of a terminal illness, death or suicide, and so on, as personal traumas (Aguilera, 1990; Brende, 1995; Raphael, 1986). In addition, the personal trauma of individuals who are arrested, jailed, or imprisoned, which are frequently rejected as traumas by society, have been recognized by Brende (1995). It appears that traumas are most frequently placed within the private, individual and familial realm as part of the daily occurrences of life.

Disasters are defined in the Oxford dictionary (1995) as "...a great or sudden misfortune" (p.384). Raphael (1986) like Aguilera (1990) also acknowledges disasters that occur within the private realm and defines them as "...events ...of day-to-day...life in all cultures and societies that, for the individuals experiencing them, are sources of suffering and distress" (p.4). Examples of personal disaster offered by Raphael (1986), closely parallel those of personal traumas. Raphael (1986) and Ursano, McCaughey and Fullerton (1994), however, situate disasters within the public realm. Ursano (et.al., 1994) explains that there are two types of disasters namely, natural and person-made. Natural disasters include hurricanes, tidal waves, tornadoes, floods and earthquakes. Conversely, person-made disasters can be understood as airplane crashes, motor vehicle accidents, acts of terrorism and hostage takings, to name a few. These authors emphasize the historic and current significance of

disasters, in the psychosocial sense, by virtue of the stressors they present for individuals and communities alike. As a result, disasters are most commonly representative of stressful events that occur within a larger communal context.

Traumas and disasters are stressful events that do not necessarily have to be large-scale, rather they may occur within communities in which multicultural and unicultural groups may be involved. Accordingly, traumas and disasters are understood as extraordinary natural, accidental or person-made events (e.g. ice storm, plane crash, bank robberies, sudden death) that strike without significant and timely warning. They can cause enormous destruction to persons, property and social frameworks. Consequently, they can result in human suffering, physical injury, and death (Grossman, 1973; Herman, 1992; Raphael, 1986; Ursano et.al., 1994).

The literature reveal that traumas and disasters may vary significantly with respect to type, duration, scope, and speed. Despite the variations, traumas and disasters can produce overwhelming circumstances with attendant perceptions of fear and powerlessness. Such circumstances challenge the adaptational responses of individuals and communities beyond their usual coping capacity (Bell, 1995; Blaufarb and Levine, 1972; Hartsough, 1982; Raphael, 1986). For instance, Erikson (1979) refers to incidents of individual trauma and disaster as a "blow to the psyche that breaks through one's defenses so suddenly and with such force that one cannot respond effectively" (p.110). Erikson (1979) states further that traumas and disasters may result in the loss of a sense of communality and cause a "blow to the tissues of social life that damages the bonds attaching people together" (p.110).

In light of the stressors that traumas and disasters present for individuals and communities, it is important to understand these events from both a psychosocial and cultural context. These responses to traumas and disasters may be reflected in the support, which may both protect and encourage individuals and communities to work through the stressor experience. These two aspects may also be apparent in the forms, patterns and effects of community responses to a trauma or disaster (Raphael, 1986; Ursano et.al., 1994).

As revealed, 'stressful events' can be used to describe the precipitation of emotional effects following a personal or community-level trauma or disaster. Literature utilizes the term 'critical incident' when discussing traumas or disasters. Consequently, this term requires explanation.

Critical Incident

Wollman (1993) presents critical incidents as distinct, frequently unanticipated and time-limited stressful events that may entail loss or threat to personal goals or wellbeing and may represent a turning point in a person's life. From the mid 1940s through to the 1960s, research findings by such authors as Lindeman (1944), Caplan (1961; 1964) and Erikson (1963), culminated in the identification of potentially stressful situations for individuals. These situations included (1) loss of bodily integrity, personal integrity, or significant relationships; (2) alterations in social status; (3) the maturation process; and, (4) catastrophic events such as economic and property loss; or loss of life (Everly, Flannery, and Mitchell, 2000; Sandoval, 1985). As research progressed, concepts of stressful incidents for an individual expanded to include groups of persons. Additional potentially stressful situations broadened to include homicide, rape, robberies, assaults, acts of terrorism and torture; and, natural and person-made disasters

(Bell, 1995; Everly et.al., 2000). Stressful events that involve more than one person, that may challenge the usual coping abilities of persons involved, came to be understood as critical incidents. The impact of critical incidents may encompass emotional suffering, physical injury, medical and legal expenses, loss of productivity and, social and community disorganization (Everly et.al, 2000). Furthermore, critical incidents may be experienced directly as primary victims or by witnessing the reactions of others to a critical incident as secondary and tertiary victims (Everly and Mitchell 1997; Flannery, 1994).

Many persons who are involved with a critical incident initially experience varying degrees of stress reactions at the time of the incident or shortly thereafter. Most persons, however, do not experience long-term stress reactions and the effects following a critical incident are not always untoward (Mitchell and Bray, 1990; Ursano et.al., 1994). For instance, Ursano et.al (1994) presents findings from several American research processes that involved interviews with persons who had experienced community-level disasters or traumas. The majority of research participants reportedly described positive outcomes from their critical incident experiences, such as "learning that they could handle a crisis effectively and feeling that they were better off for having met the challenge" (Ursano et.al., 1994 p.8). In fact, one person involved with a large-scale fire in 1992 was quoted by Ursano (et.al., 1994) as saying that "I value my family so much more now. It's amazing how the little "things" [in life] matter. The fire taught me that I owe it [a] debt of gratitude for teaching me this lesson" (p. 8). From these positive outcomes, it appears that critical incidents may actually facilitate the transformation of some individuals toward the regeneration of new life priorities, goals and values. Furthermore, Ursano (et.al., 1994) also

acknowledges that critical incidents have the potential to bring communities closer together, for example, a death in a family.

Within the scope of this study, critical incidents are understood as events that generate sufficient emotional force so as to overwhelm usual coping abilities and cause acute stress reactions in persons, who are either directly or indirectly, exposed to them. Notwithstanding, stress reactions are not always predictable in that some critical incidents may only have an impact on one or two persons involved with an event. Alternatively, another critical incident may prove to be so overwhelming that essentially every person at the scene could be profoundly affected (Mitchell and Bray, 1990). Thus, any event could be considered a critical incident if it has the ability to distress a person, or persons, by overwhelming their usual coping abilities. Since critical incidents are also referred to as critical events or traumatic events (Bell, 1995; Ursano et.al., 1994; Wollman, 1993). They are applied interchangeably throughout this study.

Crisis Intervention

Crisis intervention may be defined as the therapeutic practice used to assist individuals in resolving their immediate crisis. This can then lead to positive growth and change by addressing the issue, recognizing the impact, and learning behaviors for coping with such experiences (Duggan, 1984). Resolution of an immediate crisis is an important aspect of crisis intervention (Blaufarb and Levine, 1972; Bell, 1995; Duggan, 1984). According to Duggan (1984), an even more significant aspect of crisis intervention is for the intervention to reflect the needs of the individual or community in crisis. Therefore, regardless of the ideological, religious, race, gender, age, philosophical, or theoretical orientation of the crisis counsellor(s) and the trauma or disaster community, crisis

intervention should be flexible and relevant to those experiencing a traumatic event, and should be implemented as quickly as possible.

Summary

These definitions of trauma and disaster, critical incident and crisis intervention are far from all encompassing. Nonetheless, the essence of their meanings is conveyed. An examination of the history of crisis intervention is also warranted.

From Nostalgia to Acute Stress Reactions

An investigation of the history of trauma and disaster revealed that prior to the 1970s, crisis intervention strategies that address disasters and traumatic events were not formally recognized. Notwithstanding, what is understood as crisis intervention today, in relation to traumatic events, has a long history that emerged on several fronts. History reveals that as early as 603 B.C. combat stress reactions were observed in soldiers (Mitchell, 1988a) and by the American Civil War (1861-1865), thousands of soldiers were reported as having 'nostalgia', which was the term used then to describe combat stress reactions (Lane, 1994; Mitchell, 1988a; Ursano et.al., 1994).

As the twentieth-century progressed, so too did advancements in weaponry and military tactics. The brutal realities of these advancements during the First World War, however, exposed millions of soldiers to continuous artillery bombardment. 'Shell shock', 'battle fatigue' and 'war neurosis', as new psychological disorders, emerged as the labels given to soldiers who were trying to cope with the stressors of such experiences (Mangelsdorff, 1985; Ursano, et.al., 1994). In this regard, one research participant acknowledged that "they called it so many different things. They called it cowardice, they called it not

being a man [and just] "suck it up and get back on the field" (Interview July 10, 2001). Symptoms of war stressors included anxiety, hyper-startle reactions and emotional numbing, which varied with the individual soldier and the context therein (Ursano et.al., 1994). Mangelsdorff (1985) states that for every four men wounded in action during the First World War, there was one psychiatric casualty.⁶

The experience of treating stress reaction casualties during the First World War revealed that prompt intervention near the frontline, with a view to returning soldiers to active duty, was more effective than evacuating soldiers (Bell 1995). In spite of knowledge gained in the treatment of stress reaction casualties throughout the First World War, implementation of similar strategies were not immediately forthcoming when the threat of World War Two became apparent. As a result, the Americans initially sustained a significant number of stress reaction casualties in World War Two, with few returning to duty. In fact, by 1943 only eight percent of affected American soldiers returned to active duty. In response, psychiatrists were assigned to evacuation hospitals where they also trained surgeons to treat stress reaction casualties. As a result, soldiers with stress reaction symptoms began to return to duty. By the end of the Second World War, forty to sixty percent of combat stress reaction casualties returned to active duty and twenty to forty percent were assigned to support duties

⁶ During World War One the British evacuated their stress reaction casualties back to England, while the French treated them close to the frontlines. Significant differences in outcomes were observed. The French found that by treating their troops close to the frontline and by regarding them as soldiers, rather than patients, approximately ninety percent of their soldiers returned to combat or support duties. Alternatively, very few British soldiers returned to active duty once evacuated back to Britain. Drawing on these findings, when the United States entered the First World War, psychiatric hospitals were established close to the frontlines. Consequently, of the seven thousand five hundred American soldiers diagnosed with confusion or psycho-neurosis during World War One, sixty-five percent returned to active duty (Mangelsdorff, 1985).

(Mangelsdorff, 1985). Notwithstanding, one of the counsellors in this study remarked on the effects that war had on some soldiers by saying:

...a lot of World War One and Two veterans...[came] back and just made a mess of generations from how they parented. Oh my God, they didn't deal with it (Interview July 10, 2001).

In light of the longer-term ramifications of stress reactions conveyed by the counsellor, it appears that crisis intervention processes for soldiers during the First and Second World Wars focused on the immediate masking of stress reactions and not on the provision of instructions for stress management.

It was not the intention of this historic account of crisis intervention to espouse the initiation of war, nor the return of soldiers to active duty. Nevertheless, it is important to note that prior to the Second World War, it was generally understood that only certain inherently predisposed persons would experience combat stress reaction symptoms following exposure to stressful situations (Mangelsdorff, 1985). By the end of World War Two, however, it was realized that despite recruitment screening strategies to identify the "mentally unfit", that were implemented after the First World War, significant numbers of soldiers, regardless of socio-economic status, experienced combat stress reactions (Mangelsdorff 1985). In fact, during World War One, British officers of middle and upper classes were significantly more affected by "shell shock" than British officers of the lower classes. Stone (1985) further states that, "the shellshock doctors were not dealing with pauper lunatics, but with England's finest blood. Heredity, the ubiquitous explanatory tool of the psychiatric professions was in deep water here" (p. 252). In spite of that, appropriate

interventions for stress reaction casualties were found to substantially enhance the proportion of soldiers that were able to return to duty⁷ (Mangelsdorff, 1985).

As one counsellor in this study pointed out:

...[I]n World War Two there was research done on how you help soldiers deal with trauma and the idea was immediacy, as soon as possible. ...[B]ring them out, deal with them right then and there, give them rest, send them back [in] (Interview June 8, 2001).

Indeed, these findings were influenced by the earlier work of Salmon (1919) during the First World War and that of Kardiner and Spiegel (1941; 1947; 1959) during the Second World War. From these researchers the three main militaristic principles of crisis intervention, namely expectancy, immediacy and proximity, were established and treatment implemented (Everly et.al., 2000; Everly and Mitchell, 1997; Mangelsdorff 1985; Wollman, 1993). These principles were borne out of the findings that military personnel would always be exposed to wartime experiences that could induce combat stress reactions, and that immediate intervention, close to the scene of the critical incident could prevent or reduce combat stress reactions (Mitchell and Bray, 1990; Stanley, 1991).

As a result of this significant finding, within eight weeks of combat during the Korean War, American forces had psychiatrists in place and fifty to seventy percent of stress reaction casualties were able to return to duty (Mangelsdorff 1985). Correspondingly, during the Vietnam War, "rap therapy"⁸, as a form of group intervention, was used to reduce stress reactions in soldiers. The extremely low incidence of stress-induced psychiatric illness that occurred during

⁷ As in World War One, soldiers experiencing stress reactions in World War Two were not evacuated, but treated in frontline hospitals and viewed as soldiers, not patients. This treatment was based on the belief that a person's cognitive appraisal of physiological arousal in response to a traumatic event can influence their emotional response. Evacuation, hospitalization and treatment as a "patient" could increase the risk for soldiers becoming psychiatric casualties (Mangelsdorff, 1985).

⁸ "Rap therapy", was a group treatment that provided Vietnam soldiers who were exhibiting stress reactions an opportunity to talk about their shared experiences of war. For further information refer to Figley (1986).

the Vietnam war has been attributed to both the availability of psychotherapeutic medications and to the utilization of “rap therapy” (Bell, 1995; Mangelsdorff, 1985). For Vietnam soldiers with acute stress reactions, timely treatment in field hospitals was far more effective than evacuation and resultant delays in treatment (Lane, 1994).

Over the years, numerous forms of crisis intervention have developed in response to stress reactions arising from experiences of major and global wars. Crisis intervention strategies however, have also been complemented by the knowledge gained from experiences of critical incidents from non-militaristic origins. In 1909, Stierlin conducted and published one of the first inquiries into the psychological effects of a large-scale disaster by way of investigating the acute stress reactions of persons involved in a major European mining accident that occurred in 1906. Several contemporary authors, such as Everly and Mitchell (1997), Sandoval (1985) and Ursano (et.al., 1994), credit Lindemann (1944) and his research on the Coconut Grove night club fire, for producing the earliest comprehensive work on crisis intervention removed from an incident of war.⁹ Lindeman carried out systematic observations of persons and their families who survived the fire. From this, and other studies that followed, Lindemann (1953) drew connections between ideas of life transition crises and concepts related to assisting people to cope with crises arising from traumatic events (Sandoval, 1985). Later, Lindemann collaborated with Caplan to create a community mental health program. This program accentuated community outreach and crisis intervention, which were borne of Lindemann’s concepts

⁹ The Coconut Grove night club fire was a large-scale disaster that occurred in Boston on November 28, 1943 that claimed the lives of four hundred and ninety-two people (Everly and Mitchell, 1997).

pertaining to crisis and crisis intervention (Everly and Mitchell, 1997; Sandoval, 1985; Ursano, et.al., 1994).

From the 1950s onward, Erikson (1950a; 1950b; 1963) made an important contribution to crisis intervention by conceptualizing its processes. His work involved concepts of specific crises that characterize every developmental stage of a person's life. Erikson considered developmental crises as logical and expected life occurrences through which appropriate intervention could provide an individual(s) with a balanced resolution for the crisis at hand and thus negate further challenges with emotional development and maturation (Sandoval, 1985).

More recently, Caplan (1960) worked independently with Peace Corps volunteers, parents responding to premature birth, and families coping with a diagnosis of tuberculosis among family members. Findings from these research studies led Caplan to develop concepts of preventative measures for emotional disorders and mental health consultation. His work (1961; 1964) gave rise to the new field of preventative psychiatry. In collaboration with associates from the Harvard School of Public Health, Caplan applied his concepts of mental health in the community within mental health settings. In so doing, Caplan's work served as a significant force behind the inauguration of community-based crisis intervention agencies and organizations throughout North America in the mid-1960s (Sandoval, 1985). When discussing crisis intervention processes in contemporary time, however, the socio-political climate of North America also warrants review.

In the 1960s there was significant social unrest and civil action in North America from which evolved the unparalleled illegal use of psychotropic drugs by adolescents and young adults (Sandoval, 1985). These social forces, combined

with rising concerns of drug abuse, led governments to respond with the allocation of funds for establishing networks of community-based mental health programs (Everly and Mitchell, 1997; Sandoval, 1985). These programs embodied a major change in the understanding and application of crisis intervention strategies by way of providing services within a preventative framework, implementing proactive community outreach and endorsing crisis intervention services as a feasible option in mental health. These processes were also unique in that they supported the engagement of paraprofessional counsellors trained in non-directive, person-centered interventions (Caplan, 1961; Everly and Mitchell, 1997).

By the 1970s, efforts to provide organized mental health services after trauma and disasters were perceived as crucial. The formal codification of Post Traumatic Stress Disorder (PTSD), by the American Psychiatric Association in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (1980), furthered these endeavors. For some mental health professionals, the inclusion of PTSD in the DSM-III signified the development of a reliable psychiatric nomenclature in the diagnosis and treatment of behavioral symptoms of stress (Davis, 1999; Herman, 1992; Mangelsdorff, 1985). In turn, service providers began to focus on planning, implementing interventions, and subsequent follow-up assessments of persons who experienced a traumatic event(s) for post traumatic stress effects (Mangelsdorff, 1985). It is now acknowledged that PTSD evolved from incidents of war to encompass all human activities. Over the past thirty years, counsellors, psychologists, psychiatrists, physicians, social workers, researchers and even employers have become increasingly aware of the necessity to provide prompt emotional support to

persons who encounter disasters and traumatic events of various types or forms. This awareness has also been extended to family members, witnesses, and emergency response personnel who have been involved with a disaster or trauma (Bell, 1995).

Crisis Intervention Strategies

Over the years, crisis intervention strategies for critical incidents have progressed in three stages: traditional individual crisis intervention approaches, group psychological debriefings, and since the 1980s, Critical Incident Stress Management (CISM) processes (Everly, et.al., 2000; Wollman, 1993). Individual crisis intervention approaches to critical incidents focus primarily on prevention through early intervention. The goal of these approaches is to return the person in crisis to an adaptive level of independent functioning that mirrors or exceeds their pre-crisis adaptational state (Wollman, 1993). During an individual crisis intervention process, the person is encouraged to describe the crisis event and to communicate any associated effects in order to gain perspective on their situation (Raphael, 1986). Individual crisis intervention approaches are implemented in diverse settings, generally directed towards persons who are directly involved with the incident and usually administered by health care professionals such as psychologists and social workers, and a variety of crisis-trained emergency service personnel (Everly, et.al., 2000; Wollman, 1993).

Group psychological debriefings were originally designed to assist emergency service personnel address stressful situations encountered in the line-of-duty (Everly, et.al., 2000; Wollman, 1993). Initially, the term "debriefing" was used by military and para-military services in reference to post-incident investigations of operational procedures. It was observed, however, that

operational debriefings often elicited affective and cognitive responses in personnel. This therapeutic component of operational debriefing processes was considered beneficial by some observers and, over time, evolved into psychological debriefing (Raphael, 1986; Wollman, 1993). The goals of group psychological debriefing are similar to those of individual crisis intervention approaches. The process, however, follows a group, as opposed to an individual format. Such healthcare professionals as psychologists and social workers generally conduct psychological debriefings.

Over time, several relevant psychological debriefing models have developed. Some of these include Bergmann and Queen's (1988a;1988b) "continuum of care", which places an emphasis on coping skills and cognitive restructuring; the "multiple stressor debriefing" model developed by Armstrong, O'Callahan and Marmar (1991) after the 1989 San Francisco Bay Area earthquake; Dunning's (1988) "didactic debriefing" model; and, the National Organization of Victim Assistance (NOVA) debriefing model (Young, 1987).

Despite the numbers of psychological debriefing models, Everly (et.al., 2000) states that two specific models are utilized most frequently and have influenced the development of many other models. These two models are the Critical Incident Stress Debriefing (CISD) model by Mitchell (1983; Mitchell and Bray, 1990) and the Psychological Debriefing model by Raphael (1986).¹⁰ As a precursor, Mitchell's CISD model has since been incorporated as one of the

¹⁰ The earliest utilization of Mitchell's CISD model in Canada was in 1983. The incident occurred in Ste-Madeleine, a small municipality south-east of Montreal and involved emergency responders and reporters who were at the scene of a thirteen vehicle pile-up that claimed the lives of five people. Mitchell was invited to direct that debriefing process, which he did with the assistance of a French translator (Lamontagne, 1983). Correspondingly, the second application of Mitchell's CISD model in Canada, albeit somewhat modified, transpired in response to the Quebec National Assembly shooting in 1984. Mitchell, did not direct those debriefing processes personally as the number of persons who attended eight debriefing sessions, of thirty persons, made language translation impractical (Lamontagne, 1983).

components in Mitchell's Critical Incident Stress Management model and is discussed at length in the following sub-section.

The origins of Critical Incident Stress Management (CISM), as it is currently understood and administered, primarily emerged from the work of Jeffrey Mitchell (1983), Christine Dunning (1988) and Beverly Raphael (1986) (cited in Everly and Mitchell, 1997). CISM signifies an important shift for crisis intervention measures. CISM processes are directed by the goals of preserving reasonable mastery, caring attachments with others, a meaningful purpose and relief of crisis through early intervention (Everly, et.al., 2000). These goals are similar to those of individual crisis intervention approaches and group psychological debriefings. Nonetheless, CISM processes also provide for a broader range of services that span the crisis intervention continuum from pre-crisis, immediate crisis to post-crisis, and allow for individually tailored interventions for differing needs (Everly, et.al., 2000).

Throughout Canada and other parts of the world, CISM models are emerging as a standard form of crisis intervention in response to critical incidents (Everly, et.al., 2000). In addition to Mitchell's, Dunning's and Raphael's CISM models, there are now numerous CISM models designed to respond to the psycho-social needs of various groups of persons in relation to their involvement with a critical incident. For example, Flannery, Fulton, Tausch and Deloffi (1991) and Flannery, Hanson, Penk, Flannery and Gallagher (1995) developed a CISM process for mental health professionals. This CISM process is known as the Assaulted Staff Action Program or ASAP and includes individual crisis intervention, CISD, staff-victim support groups, employee-victim family counselling and relevant professional referrals. In her work with bank personnel,

Leeman-Conley (1990) constructed a CISM process that involves pre-incident preparedness, manager support training for employee-victims, individual crisis intervention, group debriefings and long-term support. Alternatively, Tehrani (1995) addressed the needs of postal workers involved with a critical incident through the implementation of one-on-one crisis intervention, manager debriefings, victim debriefings and long-term trauma counselling.

Summary

This brief review of crisis intervention literature communicates that despite the exceedingly long history of soldiers experiencing combat stress reactions from incidents of war, official recognition and responses were not proactively in place prior to the Korean War. Furthermore, social awareness and acceptance of stress reactions in light of non-military traumatic events did not emerge until community mental health programs were implemented in the 1960s. History also shows that crisis intervention strategies have advanced from traditional individual crisis intervention approaches to group psychological debriefings and most recently Critical Incident Stress Management (CISM) processes.

The literature research revealed that Mitchell's model of CISM is repeatedly cited by authors as one of the most frequently applied CISM models in North America (Bell, 1995; Boudreaux and McCabe, 2000; Manson, 1988; McLeod, 1991; Snelgrove 29/01/2001[database on-line]; Streiner, 1990; van Goethem, 1992; Wollman, 1993; and others). Personal communications with key informants and research participants also imparted that the Mitchell model of CISM is a popular model of crisis intervention in the Ottawa area and in several provinces across Canada. For these reasons, Mitchell's model of CISM is the common denominator through which research participants of this study were

asked to explore how they apply CISM processes within our liberal multiculturally composed Canadian society.

**“Permission to Feel the Pain”:
Mitchell’s Critical Incident Stress Management (CISM) Model**

In the mid-1970s, Mitchell, formerly a firefighter-paramedic and currently a fire and police psychologist, became aware of the need to develop a process to assist his colleagues in coping with the emotional impact of a critical incident (Everly and Mitchell, 1997; Snelgrove, 29/01/2001[database on-line]). Mitchell originally developed Critical Incident Stress Debriefing (CISD) in 1983, which he has recently revised with Bray, under the title of Emergency Services Stress (1990). Mitchell recognized that emergency services professionals pride themselves in remaining emotionally detached while responding to a critical incident in the line-of-duty. Furthermore, Cornelius (1987) states that public expectations of emergency service responders are also high. Indeed, history reveals that for an emergency service professional to admit the need for emotional support would often have been considered a sign of weakness. Therefore, emergency service responders were frequently reticent to seek support for fear of raising questions as to their ability to perform their duties (Cornelius, 1987).

The purpose of CISD is to give emergency service responders the “permission to feel the pain” when dealing with incidents that exceed their detachment threshold (Fisher, 1990; Lawrence, 1982; Micheels, 1986; Snelgrove, 29/01/2001[database on-line]). In so doing, CISD provides a conduit through which emergency service responders may transcend their “right stuff” occupational beliefs and disclose their humanness within a confidential group

process (Snelgrove, 29/01/2001[database on-line]). Reportedly, the impact of CISD on emergency service responders has been positive (Cornelius, 1987; Snelgrove, 29/01/2001[database on-line]). Since the inception of CISD, Mitchell's work has proceeded with the establishment of the International Critical Incident Stress Foundation, Inc. (ICISF) of which he is the co-founder and president.¹¹ With the establishment of the ICISF support for the application of Mitchell's critical incident intervention processes have further solidified (Snelgrove, 29/01/2001[database on-line]).

Critical Incident Stress Management (CISM)

Most recently, Mitchell's work has evolved to include the development of Critical Incident Stress Management (CISM). Everly and Mitchell provide a current and detailed discussion of CISM in their publication, Critical Incident Stress Management – CISM – A New Era and Standard of Care in Crisis Intervention (1997). CISD is frequently misunderstood as the primary process in a CISM program (Boudreaux and McCabe, 2000). Mitchell's CISM model, however, actually consists of a comprehensive, integrative, multi-component crisis intervention system (Everly and Mitchell, 1997; ICISF, 03/01/2001b [database on-line]; Mitchell, 1993). CISM can be understood as comprehensive in that it contains numerous crisis intervention processes that span the crisis continuum. Furthermore, CISM incorporates intervention processes that are appropriate for individuals, families, small groups, large groups, organizations

¹¹ The ICISF is a non-profit, open membership foundation mandated towards the prevention and mitigation of critical incident stress (Everly and Mitchell, 1997; ICISF, 03/01/2001a [database on-line]). The ICISF provides education, training and support services for all emergency service professions and, continuing education and training in emergency mental health services for psychologists, psychiatrists, social workers and licensed professional counsellors. Consultation, in the inception of crisis and disaster response programs for diverse organizations and communities throughout the world, is also available through the ICISF (ICISF, 03/01/2001a [database on-line]).

and communities (ICISF, 03/01/2001b [database on-line]).

Mitchell based his crisis intervention models (i.e. CISD and CISM) on the militaristic principles of proximity, immediacy and expectancy (Mitchell and Bray, 1990, van der Kolk et.al., 1996). These principles endorse the beliefs that appropriate and expedient intervention can prevent or reduce significant stress reactions (Mitchell and Bray, 1990). Mitchell initially developed his models for such emergency services personnel as police officers, firefighters, emergency medical technicians, paramedics, dispatchers, nurses, disaster relief workers, and other emergency responders who are exposed to critical incident stress because of the risk factors in their work (Mitchell and Bray, 1990). As a result, explanatory discussion of Mitchell's CISM model falls within an emergency service response frame of reference. The brief discussion of Mitchell's CISM model that follows, however, is not a critique of the model nor a presentation of CISM guidelines sufficient for training, rather a condensed description for a clear understanding of the model.

According to Mitchell and Bray (1990), critical incidents can be understood as events that generate sufficient emotional force so as to overwhelm the usual coping abilities and cause acute stress reactions in emergency service personnel who are exposed to them. Typical critical incidents that are capable of causing acute stress reactions in emergency service personnel include:

- line-of-duty death of an emergency services person;
 - serious injury to an emergency services person(s);
 - suicide of an emergency services person;
 - serious multiple-casualty incident/disaster;
 - traumatic death of child/ren;
 - serious injuries to child/ren;
 - victim(s) known to the emergency service person;
 - events with excessive media interest; etc.
- (Mitchell and Bray, 1990 p. 29,140).

Emergency service personnel may experience significant stress reactions resulting from their exposure to a critical incident. Acute stress reactions are the most recognizable type of stress reactions experienced by emergency services personnel. In their book, Emergency Services Stress (1990), Mitchell and Bray present several studies in which they found that more than eighty-five percent of emergency service personnel experienced acute stress reactions after being exposed to one or more critical incidents. Acute stress reactions are considered more observable in that they are usually manifest dramatically and are often overwhelming experiences for the emergency service person. Moreover, most acute stress reactions begin either at the scene of a critical incident or shortly thereafter. As noted by Mitchell and Bray (1990), the majority of emergency service personnel report that if they experience signs and symptoms of an acute stress reaction they generally begin within the first twenty-four hours of a critical incident.

Mitchell and Bray (1990) contend that the vast majority of signs and symptoms relating to acute stress reactions are not indicative of weakness, incompetence, or mental illness. Rather, signs and symptoms of stress are normal reactions to unusual circumstances and suggest the need for prompt intervention to limit the impact of a critical incident and initiate the recovery process. There are numerous warning signs and symptoms of acute stress reactions that emergency service personnel may exhibit as a result of exposure to a critical incident (refer to Appendix A).

An emergency service person in the midst of an acute stress reaction may only experience one or a few of the signs or symptoms from either one or all of the four categories (Mitchell and Bray, 1990). For these reasons, it may be

difficult to ascertain the extent of distress the person may be experiencing. When such incidents occur, Mitchell asserts that the right type of intervention at the right time by the right people must be provided (Mitchell and Bray, 1990). Correspondingly, CISM teams have been designed to address the specific stressors and support needs of emergency services personnel.

CISM teams are comprised of mental health professionals and peer support personnel from such emergency-oriented organizations as police, fire, emergency medical, nursing, dispatch, and disaster management. Mental health professionals are understood as individuals who hold a Master's degree or higher in such disciplines as psychology, social work, mental health and others (Mitchell and Bray, 1990). Religious representatives are also often invited to become members of CISM teams in which their role is one of spiritual leadership in a multi-religious and spiritual context (Boudreaux and McCabe, 2000; McDowell, 29/01/2001 [database on-line]; Mitchell and Bray, 1990). Generally, a CISM team is composed of twenty to forty members. Approximately two-thirds of the members are drawn from emergency services personnel, with the remainder consisting of mental health professionals (Mitchell and Bray, 1990).

The CISM team process involves didactic and therapeutic components designed to decrease the impact of stress induced by critical incidents with a view to enhancing both the personal and work lives of emergency services personnel. The didactic component of the CISM team process involves instructing emergency service personnel in ways to adopt and implement life-long stress management strategies. Such strategies encompass diet, exercise, relaxation techniques, and exploration of spirituality. This process also involves learning to recognize the signs and symptoms of stress and when assistance

from a mental health professional should be sought (Mitchell and Bray, 1990). Alternatively, Defusings and Critical Incident Stress Debriefings (CISD) are the primary therapeutic components implemented by CISM team members. In essence, the major functions of CISM teams are to: 1) prepare emergency service personnel to manage their job-related stress; and 2) assist emergency service personnel who are experiencing negative affects of stress after a critical incident (Mitchell and Bray, 1990).

The Seven Components of Mitchell's CISM Model

Mitchell's CISM model currently consists of seven major components: (1) Pre-Incident Preparedness Training; (2) One-On-One individual psychological support; (3) Demobilization; (4) Defusings (disengagement intervention); (5) Critical Incident Stress Debriefings (CISD); (6) Family Support Programs; and, (7) Referral Mechanisms for mental health assessment and treatment, when indicated (Everly and Mitchell, 1997; Mitchell and Bray, 1990; Everly et.al., 2000).

1. Pre-Incident Preparedness Training

Pre-incident preparedness training was designed to inform appropriate persons of stress reactions that they may experience when responding to a trauma or disaster, with a view to enhancing their behavioral and psychological response therein. This training may be received as a mandatory component of the academic curriculum for occupations with a propensity for involvement with disasters and/or traumas (i.e. ambulance attendants, firefighters, police officers, etc.). Alternatively, this training may be offered as a less structured process for persons prior to deployment at or near the scene of a traumatic event (Everly and Mitchell, 1997). For instance, when community members volunteer to assist with search and rescue efforts. Pre-incident preparedness training is comprised of three main components: (1) *information* concerning stress and psychological trauma; (2) *expectations* of the most common types of crises and stress, and the most frequent signs and symptoms of psychological distress; and (3) *coping* strategies in the form of behavioral stress management and individualized approaches for coping are learned (Everly and Mitchell, 1997). Everly and Mitchell (1997) contend that this training is best received within a group process. Depending on the venue, pre-incident preparedness training has also been referred to as psychological preparedness training, pre-incident education or mental preparedness training.

2. One-On-One Individual Psychological Support

The SAFER model was designed to be utilized by such mental health professionals as psychologists or social workers and peer counsellors. This model is intended for use with individuals and can be applied on-the-scene of a traumatic event or anywhere thereafter. Goals of the SAFER model parallel those of most crisis intervention processes most notably, mitigation of an individual's stress reactions to a crisis and appropriate mental health referral, if required (Everly and Mitchell, 1997). This model consists of five stages that advance through a specific course of action. The five stages are: stabilization of the situation; acknowledgement of the crisis; facilitation of understanding; encourage adaptive coping and; restoration of independent functioning or referral.

Stage One: Stabilization of the Situation

The SAFER model is initiated when a CISM team member approaches a person in crisis and introduces her or himself, as the role and the service provider and the service she or he is offering. The crisis interventionist then evaluates the force of the immediate environment on the person in crisis and subsequently implements "diversionary measures", if required (Everly and Mitchell, 1997). In particular, the CISM team member will ascertain whether aspects of the immediate environment (i.e. people, things, etc.) are maintaining or exacerbating the person's crisis response. If this is the case, the crisis interventionist will suggest that they, "take a walk" or "get something to drink" so as to stabilize the situation by psychologically distancing the person in crisis from the current source of stress (Everly and Mitchell, 1997). Everly and Mitchell (1997) state that the goals of the first stage of the SAFER model are to mitigate effective escalation and mental health status assessment.

Stage Two: Acknowledgement of the Crisis

Goals of the second stage of this model are to: encourage ventilation of the incident at hand; reduce emotional arousal; establish a sense of safety and; nurture the growth of rapport with the persons in crisis. This stage begins when a CISM team member asks the person she or he is working with to describe, "what happened?" in relation to the current traumatic event. Everly and Mitchell (1997) note that asking, "what happened?" enables the person in crisis to consider the event from a cognitive, rather than an emotional, perspective. Nonetheless, emotional responses are not totally excluded in that the next question asked is along the lines of "how are you doing now?". This question permits the person in crisis to ventilate their emotional response to the event. In light of the cognitive focus of this stage, however, responses tend to be communicated within a structured format (Everly and Mitchell, 1997).

Stage Three: Facilitation of Understanding

In the third stage of the SAFER model, the crisis interventionist actively responds to what has been conveyed by the person in crisis, throughout the previous stage (Everly and Mitchell, 1997). In turn, the CISM team member will explain and encourage the person that she or he is working with to consider her or his stated stress reaction symptoms as an expected survival mechanism that occurs in response to an acute stress process (Everly and Mitchell, 1997; Mitchell and Bray 1990). The goal of this stage is for the crisis interventionist to clearly convey to the

person in crisis that their stress reaction symptoms are "normal" and expected reactions to an extraordinary situation (Everly and Mitchell, 1997).

Stage Four: Encourage Adaptive Coping

In this stage, the CISM team member offers the person in crisis a basic understanding of crises, stress reactions and stress management. Stress management techniques are discussed and an individualized plan for coping with the crisis situation is collaboratively constructed. The goals of this stage are to enhance immediate and short-term coping skills and develop an appropriate plan (Everly and Mitchell, 1997).

Stage Five: Restoration of Independent Functioning or Referral

The purpose of the preceding four stages of the SAFER model were to assist the person in crisis to restore their pre-crisis level of functioning. Everly and Mitchell (1997) state that in most instances this will be accomplished. On occasion, however, further assistance may be required. The goals of the fifth and final stage of this model are to ensure that the person in crisis has achieved a balanced level of pre-crisis emotional and behavioral functioning. Otherwise, appropriate resources for continued care will be sought. It is generally understood that one-on-one individual psychological support involves one to three sessions prior to closure of the therapeutic process or initiation of longer-term resources (Everly and Mitchell, 1997).

3. Demobilization

Demobilizations are only implemented in response to a large-scale trauma or mass disaster that involves significant numbers of (i.e. ten or more) emergency service responders (Boudreaux and McCabe, 2000; Everly and Mitchell, 1997; Mitchell, 1993). Demobilizations occur within a structured area in close proximity to the operational lines of a disaster site. As a group of emergency service responders disengage from the scene, they report to the demobilization area to psychophysiological decompress (Everly and Mitchell, 1997). There are two components to a demobilization process: first a CISM team member will talk to the group of emergency service responders concerning possible stress reactions to the incident and ways in which they can lessen the impact of that stress (Boudreaux and McCabe, 2000; Everly and Mitchell, 1997; Mitchell, 1993). Emergency services responders do not have to reply during this process and a CISM team member will not ask any questions of them (Mitchell, 1993). As this segment draws to a close, handouts of stress reaction signs and symptoms, and stress management techniques are handed out so as to ensure that the information has been fully communicated (Everly and Mitchell, 1997). This component of a demobilization process lasts for ten to fifteen minutes (Boudreaux and McCabe, 2000; Everly and Mitchell, 1997; Mitchell, 1993). Secondly, the group of emergency service responders proceed to an adjoining rest area where food and refreshments are available. Generally, emergency service responders are given ten to twenty minutes in the rest area before they either return to their duties or leave the site (Boudreaux and McCabe, 2000; Everly and Mitchell, 1997; Mitchell, 1993).

Demobilizations provide an opportunity for information pertaining to stress reactions and stress management techniques, moral-support, and early recognition of individuals who may be at risk for developing acute stress reactions (Boudreaux and McCabe, 2000). Of note, Everly and Mitchell (1997) state that demobilizations

are also used with groups of physically uninjured “primary victims” subsequent to a traumatic event (e.g. train derailment, subway fire, multiple vehicle accident, and others).

4. Defusings

Defusings, or disengagement interventions, are a prompt, brief, informal, form of crisis intervention that generally occur within the first twelve hours of a critical incident and lasts approximately twenty to forty-five minutes (Boudreaux and McCabe, 2000; Everly and Mitchell, 1997; Mitchell and Bray, 1990). Mitchell and Bray (1990) point out that Defusings are based on the belief that the more human needs are managed in the field, the lower the probability that stress reactions will take an unnecessary toll on emergency service personnel. Defusings are small-group processes, which are usually implemented on or near the scene of a critical incident and involve only the emergency service personnel of a specific unit responding to an event (Boudreaux and McCabe, 2000; Mitchell and Bray, 1990). For instance, a specific police, firefighter, or medical unit working at the scene of a disaster or trauma will receive their own Defusing. On occasion, however, circumstances may necessitate a Defusing process be engaged away from the scene (Everly and Mitchell, 1997). The purpose of a Defusing session is to provide a specific emergency response unit with an opportunity to ventilate their initial reactions to a critical incident and to forward critical incident stress information (Mitchell and Bray, 1990). This ventilation process provides a means for emergency responders to collectively normalize any of their cognitive, emotional, physical, or behavioral reactions to the event with others who have been similarly exposed.

Since Defusings often occur on or near the scene of a disaster or traumatic event, peer support personnel who are already at the scene most commonly facilitate the process (Mitchell and Bray, 1990). Although there are no distinct phases to a Defusing process, specific protocols are followed (Everly and Mitchell, 1997). A Defusing session begins with an introduction stating that the process is a confidential supportive effort. A brief overview of the event at hand is presented and the group is asked to discuss what happened. At this point, the peer support facilitator will generally ask such questions as “what were you doing when the incident began?” and “what did you hear, see, smell, sense, etc?” Then, the peer support facilitator will expand on the ventilation process and may ask the group, “what was the worst part of the incident for you?” (Everly and Mitchell, 1997). Throughout this process, the peer support facilitator will ask and offer information on possible stress reactions. Meanwhile, the peer support facilitator clarifies and assures the unit that they may experience a wide range of individual stress reactions. As a Defusing draws to a close, stress-related information handouts are often provided (refer to Appendix B).

During a Defusing, specific attention is directed towards any emergency responder who is experiencing significant signs or symptoms of a stress reaction. If the peer support facilitator believes that a mental health professional is required, she or he will be called to the scene. Correspondingly, if an emergency responder is experiencing acute stress reactions, the peer support facilitator will ensure that medical attention is advanced (Mitchell and Bray, 1990). The main objective of a Defusing session is to ensure the emotional stability of emergency service personnel involved with a critical incident in order for them to either return to their assigned duties or to leave the scene without untoward stress reactions (Mitchell and Bray,

1990). According to Mitchell and Bray (1990), if a Defusing is implemented appropriately, it will either eliminate the necessity for a formal debriefing process, or at least enhance the debriefing process that follows.

5. Critical Incident Stress Debriefing

Critical Incident Stress Debriefings (CISD) are formally structured group meetings offered within two to seven days after a critical incident has concluded and take approximately one to three hours to complete. The goal of CISD is for emergency response personnel to attain a sense of psychological closure with regards to the event at hand (Everly and Mitchell, 1997). It should be noted that debriefings are not implemented after every critical incident. Rather, debriefings are only provided after any one or all members of a CISD team considers that such a process is warranted (Mitchell and Bray, 1990). There are various criteria upon which a CISD team will make the decision to provide a debriefing. For instance, criteria may include:

- numerous emergency service personnel appear distressed after the critical incident;
 - signs and symptoms of distress appear to be quite severe;
 - emergency service personnel demonstrate many behavioral changes;
 - emergency service personnel make significant errors on calls occurring after the critical incident;
 - emergency service personnel request a debriefing;
 - the event was extraordinary; and
 - other emergency response agencies are exhibiting similar reactions.
- (Mitchell and Bray, 1990 p.143-4).

Once the decision has been made to hold a debriefing, four members from a CISD team are chosen to facilitate the process. Of the four members, at least one will be a mental health professional, such as a psychologist or social worker, who will serve as the team leader for the debriefing (Mitchell and Bray, 1990). Preparatory work of a debriefing team involves the examination of any photographs, newspaper articles, videotapes, and/or incident reports relating to the current critical incident. In addition, the debriefing team ensures that the room in which the debriefing will be held is removed from the environmental stimuli of daily agency activities and that chairs in the room are arranged in the configuration of a circle (Mitchell and Bray, 1990). An actual debriefing process follows a precise set of protocols that involve seven phases (Everly and Mitchell, 1997). The seven phases are: 1) introduction phase; 2) fact phase; 3) thought phase; 4) reaction phase; 5) symptom phase; 6) teaching phase; and 7) re-entry phase.

Phase One: Introduction Phase

The CISD team leader initiates the debriefing process by introducing the four debriefing team members and stating that the purpose of the debriefing is to discuss their feelings and reactions to the critical incident at hand. The team leader then presents the ground rules of the debriefing process. Generally, ground rules consist of informing debriefing participants that:

- the entire debriefing process is confidential (team leader requests consensus through a showing of hands);
- no violence is accepted;

- participation in the debriefing process is voluntary, however, once in the process each participant must remain until the conclusion;
- aside from attending to personal needs, no breaks are taken;
- only people involved with the incident are to participate in the debriefing process;
- participants are reassured that a debriefing is not an operational critique;
- participants do not need to go into detail, which could jeopardize an investigation or cause any person in the debriefing difficulties on the job;
- participants do not have to speak if they do not want to, however, participants are encouraged to discuss the event;
- every participant is asked to speak only for themselves and for no one else;
- only one participant speaks at a time, no interruptions;
- no one has rank during the debriefing;
- all pagers, cell phones, etc. are to be turned off throughout the entire debriefing process;
- participants are encouraged to ask questions of the CISD team throughout the debriefing, and;
- participants are made aware that the Critical Incident Stress Debriefing team will be available after the debriefing if someone wants to talk individually.
(Mitchell and Bray, 1990 p. 144-5).

During the introduction phase the CISD team leader may also generally address the fact that everyone is affected differently by a critical incident. The team leader may then state the importance of discussing what happened and how they feel, so that they can increase their ability to live with what happened and continue to work effectively (Mitchell and Bray, 1990). Once the purpose of the debriefing and the ground rules have been established, the fact phase follows.

Phase Two: Fact Phase

Mitchell and Bray (1990) explain that the purpose of the fact phase is to recreate the events surrounding the critical incident for both the participants and the debriefing facilitators. As with the introductory phase, a mental health professional, such as a psychologist or social worker, usually facilitates the fact phase, which begins by asking participants to state their name, describe their work role during the incident, and present some of the facts concerning the event, as they understand them. Throughout this process, each participant is also asked to articulate such details of the event as, where they were, what they saw, what they heard, what they smelled, etc. (Mitchell and Bray, 1990). The fact phase provides a means for participants to gently begin to openly discuss an event that has had a profound impact on all of them.

Phase Three: Thought Phase

In the thought phase, participants are asked in turn to discuss their first thoughts when they arrived at the scene. In so doing, CISD facilitators are attempting to explore the more personal aspects of the situation (Mitchell and Bray, 1990). Mitchell and Bray (1990) convey that emergency service personnel often focus only on facts relating to the operational proficiency of their actions and deny their own personal thoughts regarding the proceedings of an event. By openly discussing personal thoughts surrounding an incident, facilitators of a debriefing process can work towards affirming the significance of individual thoughts of emergency services responders (Mitchell and Bray, 1990). Facilitators can also work towards extending individual thought surrounding the incident by asking such

questions as "[w]hat have you learned?" or "[h]ow does the event change your outlook?" (Everly and Mitchell, 1997).

Throughout the fact and thought phases, CISD facilitators focus on exploring the participants' cognitive understanding of the critical incident. In the reaction phase that follows, participants are taken from the intellectual level of processing to the emotional. The rationale for this transition is based on Mitchell and Bray's (1990) understanding that human experiences are processed on both a cognitive and emotional level. Therefore, as a means to prevent the development of critical incident stress into a stress-related disease, both the thoughts and feelings of the debriefing participants are inquired.

Phase Four: Reaction Phase

During the reaction phase, peer support members of the CISD team take on a more active role and participants are no longer requested to speak in turn. Rather, responses are forwarded spontaneously. Typically, the transition into the reaction phase is initiated by a peer support member who will ask the group, as a whole, "[w]hat was the worst thing for you about the event?" (Mitchell and Bray, 1990). As participants begin to share their feelings, peer support facilitators may further the process by asking such questions as "[w]hat mental pictures from the incident stay with you now?", "[h]ave you ever felt anything like that before?" and/or "[h]ow do you feel now" (Everly and Mitchell, 1997). Throughout the reaction phase, peer support facilitators work towards assisting participants to realize that it is understandable and acceptable for them to have such thoughts and feelings about the incident (Mitchell and Bray, 1990). Acknowledging the emotional component involved in the reaction phase, it is not uncommon for complex and charged discussions to surface during this phase. The next phase, however, serves to shift the participants back towards a more thought focused form of processing the incident.

Phase Five: Symptom Phase

In the symptom phase debriefing participants are asked by the facilitators to describe their cognitive, emotional, physical, and behavioral signs and symptoms of stress reactions (Mitchell and Bray, 1990). For instance, participants may be asked: "[w]hat unusual things did you experience at the scene, or now?", "[h]ave any of you been involved in previous situations that this incident now causes you to remember?" and/or "[d]o you feel that your life has changed since the incident?" (Everly and Mitchell, 1997). The symptom phase provides a means for participants to elucidate and facilitators to identify the ways in which stress reactions have been manifest as a result of the incident. In turn, this process enables the facilitators to begin the next phase in which information will be advanced regarding stress reactions and what the participants can do to reduce and ultimately resolve them.

Phase Six: Teaching Phase

Generally, the teaching phase will commence with a facilitator stating to the group that all the signs and symptoms of stress that they have encountered are normal reactions to a totally abnormal event, and will usually subside over time. The objective of the teaching phase is to provide the participants with as much information as possible, so as to enable them to overcome their critical incident stress (Mitchell and Bray, 1990). Accordingly, debriefing participants receive a description of the body and mind responses involved with stress reactions, an explanation of the physiologic adrenaline reactions to stress, and a comprehension

of how long the signs and symptoms from a stress reaction may last (Mitchell and Bray, 1990). In addition, debriefing participants are presented with pertinent information regarding practical coping strategies, stress survival skills, along with instructions on how to communicate their stress reaction experience to their families (Mitchell and Bray, 1990). A handout of the signs and symptoms of critical incident stress (refer to Appendix B) and a list of telephone numbers for follow-up assistance is often provided during the teaching phase. Depending on the type of critical incident that took place, CISD facilitators may also provide participants with specific information on such issues as the grief process, suicide, AIDS, or any other topic that will enable participants to most effectively address their critical incident stress (Mitchell and Bray, 1990).

Phase Seven: Re-entry Phase

During the seventh phase the CISD facilitators summarize what they perceive has transpired from the process and invite participant to share their comments. The debriefing participants may interject additional statements or questions and, at times, facilitators may convey feelings that they feel were too difficult for participants to articulate during the debriefing process (Mitchell and Bray, 1990). The re-entry phase is also a time when debriefing participants are provided an opportunity to work towards developing a future action plan, if they so desire. Such actions may take the form of formulating a supportive contract with one another, a group project to assist others or the request for a future information session (Mitchell and Bray, 1990). Mitchell and Bray (1990) state that the purpose behind considering a future action plan is formed from the belief that working collectively towards a group defined goal will provide the debriefing participants with a sense of power and control over an incident that was extremely stress inducing for them. Once the debriefing has drawn to a close and all of the private inquiries from participants have been addressed, facilitators meet among themselves to discuss the debriefing that just ended and to receive support from one another (Mitchell and Bray, 1990).

Critical Incident Stress Debriefings consist of therapeutic and didactic components. CISD affords individuals, who have experienced a critical incident, with an opportunity to ventilate their emotions and other reactions to the event, and provides individuals with education and information on stress reactions and stress reduction strategies. Defusings and Debriefings are not psychotherapy, nor are they psychological treatment (Mitchell and Bray, 1990). Rather, they are models of crisis intervention, essentially in the form of confidential discussions designed to put a stressful situation into perspective.

Mitchell and Bray (1990) contend that if utilized appropriately, Defusings and CISD can be powerful processes that have the potential to prevent and/or accelerate the recovery process from acute stress reactions. The authors warn,

however, that Defusings and CISD should only be utilized at times when critical incidents have had an extraordinarily negative affect on emergency service personnel. Otherwise, the effectiveness of these proceedings in reducing acute stress reactions may be diminished (Mitchell and Bray, 1990). The following poem provides an understanding of the profound impact Defusings and Debriefings have had on a CISM team member:

Living CIS

*The laundry's not done; the house is a mess
And I have to go talk about Critical Incident Stress.
I could be resentful; I could feel dismayed;
But for giving my time, I feel very well paid.
Getting involved was simple – they asked not a dime,
Just willingness to give of myself and my time.
To help others cope with the stress that they feel
After some situation with which they've had to deal.
Defusings, debriefings – I had so much to learn
About how to listen to each one in his [her] turn.
Suggestions for healing and for how to cope,
With disasters or trauma, lest the workers lose hope.
How to deal with hearts that are sick, and strength that is spent,
And nerves that are frayed after some incident.
We've heard of some situations that tear at our hearts,
But we support one another and each does his [her] part.
And in trying to teach others how to deal with their stress,
I've gained more than I've given and achieved happiness.
(J. Verge, R.N. (n.d.)).*

6. Family Support Programs

The family support programs component of Mitchell's CISM model can best be understood if one considers that a critical incident's greatest impact is often experienced within the emergency service responders family (McDowell and McDowell, 29/01/2001[database on-line]). Mitchell's CISM model does not specify what services should be offered through a family support program. As a result, family support programs can vary significantly from team to team. Notwithstanding, CISM training, education and awareness that focus on predictable stress reactions to traumatic events and stress management techniques, the family's particular emergency response culture and their kind of community combined with appropriate follow-up services, are considered integral aspects of family support programs (McDowell and McDowell, 29/01/2001[database on-line]). McDowell and McDowell (29/01/2001[database on-line]) believe that this training, education and awareness often leave family members feeling empowered, safer and more confident of their ability to cope with the impact of a critical incident, should one arise. In addition, some CISM teams have extended their training to recruits and their families, while other CISM teams have implemented protocols of how families are to be informed of

their loved ones involvement with a critical incident and appropriate support measures to follow (McDowell and McDowell, 29/01/2001[database on-line]).

Religious representation has an established presence on CISM teams. Everly and Mitchell (1997) acknowledge, however, that the role of religious representation within family support programs tends to be more pronounced in such forms as pastoral counselling for primary, secondary and tertiary victims of critical incidents. There are some CISM teams across Canada that purport adherence to Mitchell's model. Yet, they have not extended their services to encompass family members (McDowell and McDowell, 29/01/2001[database on-line]). Nonetheless, Everly and Mitchell (1997) contend that family support programs should be part of any integrated CISM model.

7. Referral Mechanisms

When formulating the structure of his CISM model, Mitchell (1983) acknowledged there was opposition among emergency response personnel towards independently pursuing post-incident care in that they felt it was perceived to be an indicator of "incompetence". In response, Mitchell incorporated referral mechanisms into his CISM model so as to ensure that everyone involved with a critical incident would receive an offer for further support (Everly and Mitchell, 1997). Within the context of Mitchell's CISM model, referral mechanisms have come to encompass: such services as psychological and/or psychiatric support; medical services; religious/spiritual counselling; career counselling, financial and legal services. Everly and Mitchell (1997) state that if referral mechanisms are organized and implemented correctly, they have the potential to improve the conveyance of conventional employee assistance and mental health services.

Summary

Mitchell's Critical Incident Stress Management model was designed by an emergency service person for emergency services personnel. Increasingly, however, CISM processes have come to be applied to non-emergency response organizations, professions or groups (Everly and Mitchell, 1997; Snelgrove, 29/01/2001[database on-line]; Wollman, 1993). Some examples of these professions and groups include bank or store staff following a hold-up (Engel, 1987; Leeman-Conley, 1990; Sabourin, 1991) and co-workers subsequent to the sudden death of a co-worker or a workplace assault or shooting, etc. (Engel, 1987; Kirwan, 1994; Lane, 1994; Walsh and Ruez, 1987). Industrial work crews succeeding a work-related accident (Glicken, 1986; Sabourin, 1991); jurors

exposed to horrific evidence (Feldman and Bell, 1991; Bell, 1995) and; students in educational settings following a critical incident (Alper, 12/04/2001 [database on-line]; Frantz, 1991; ICISF, 03/01/2001c [database on-line]; Sandoval, 1985) also serve as examples of persons who have received CISM processes. Furthermore, CISM processes have been applied within varied community contexts in the wake of a disaster or traumatic event. Some examples of communities in Canada in which CISM processes have been applied in the aftermath of a critical incident are in appendices C through J and include the Edmonton tornado (1987); the Montreal Polytechnique Massacre (1989); the Westray Coal Mine Explosion (1992); the Gakhal Family Massacre (1996); the Saguenay region floods (1996) and; more recently the Swiss Air plane crash (1998); the OC Transpo shooting (1999); and the Ecoli outbreak in Walkerton (2000).

Critical Incident Stress Management processes have been embraced by numerous Employee Assistance Programs (EAPs) that attend to a broad spectrum of governmental levels¹², businesses, institutions and organizations (Everly and Mitchell, 1997; Health Canada, Occupational Health and Safety Agency, 04/05/2001 [database on-line]). In addition, numerous Traumatic Stress Networks that provide critical incident stress services, based on the work of Mitchell, are now in existence across Canada. For instance, there is the Atlantic

¹² For example, following the 1985 crash of the Arrow Jetliner in Gander Newfoundland, many airport workers including janitors and electricians were involved in body recovery. The Public Service Health program studied their reactions and the conclusion was quickly reached that a standardized treatment program was needed. The Federal Public Service Health program involves the participation of all departments that are likely to confront critical incidents. These include Parks Canada whose employees may be involved in rescue efforts; the Coast Guard, whose crews may be involved with body recovery; and correctional service workers, customs officers and unemployment insurance counsellors, all of whom may confront threats of violence in the workplace. The Federal Public Service Health program's standard therapeutic response for managing critical incident stress is a Debriefing, which is led by a mental health professional, such as a social worker or psychologist, from the Employee Assistance Program (Sabourin, 1991).

Critical Incident Stress Management Network (Maxwell, 04/05/2001 [database on-line]) and the North Island Critical Incident Stress Management Society in British Columbia (Blaney, 04/05/2001 [database on-line]), to name a few.

Despite the current prevalence of Mitchell's CISM process and the variety of settings in which it has come to be applied, relevant literature most frequently defines persons involved with critical incidents as primary, secondary or tertiary 'victims' (Bell, 1995; Janoff-Bulman, 1985; Young, 1988; and others). When distinctions are drawn, it is usually to identify how CISM processes are applied to specific groups (i.e. police officers, nurses, firefighters, ambulance attendants, postal workers, children, etc.) (Armstrong and Holaday, 1993; Didsbury, 1992; Lawrence, 1982; Matthews, 1998; Mitchell, 1982; Stewart, 1984), while more encompassing multicultural aspects, such as race, class, gender, age, ability and other multicultural facets, in relation to the application of Mitchell's CISM processes is essentially non-existent. Perhaps explanations for this absence can be clarified when some of the disparities that surround CISM and Mitchell's model of CISM are considered.

Divisions in Thought and Practice

Critical Incident Stress Debriefing and Critical Incident Stress Management models, designed by Mitchell and others, have been issues in counselling for several decades. The appropriateness and effectiveness of these processes and issues, however, are the subject of heated debates within professional communities and society in general. Reviewing some of the divisions in thought and practice that exist within the area of inquiry serves to illustrate several of the incongruities that surfaced throughout this research process.

Critical Incident Stress Management Processes

Although Mitchell's CISM processes were originally designed for emergency services personnel, they have come to be applied to various non-emergency response organizations, professions and groups of persons. This reality has served as a significant source of division. Arguments for adopting CISM processes in response to a critical incident involving non-emergency response personnel have stemmed from recent beliefs that any employee who renders a service to the public will be at risk of experiencing a work-related traumatic event at least once in her or his career (Engel, 1987). Historically, and even currently, employers have not acknowledged the issues involved and have tended to evade the impact that a work related critical incident could have on employees and their work performance (Engel, 1987). As articulated by Mantell (cited in Buck, 1995), a clinical and corporate psychologist in San Diego, "[c]ompanies that demonstrate a lack of concern for employees can compound the trauma of the original incident" (p. 58). Moreover, one EAP director from Phoenix, Arizona was cited in Stewart (1984) as saying that, "[a]ny enlightened employer in today's work force who simply won't acknowledge the presence of emotional strain that can reflect itself through psychological problems and the reality of substance abuse is more than naïve. Stupid may be a better description" (p. 70). Indeed, CISM strategies (e.g. CISD) have been identified by several authors as helpful in facilitating the emotional processing of a work-related critical incident for emergency response and non-emergency response professions and groups alike (Bell, 1995; Didsbury, 1992; Lane, 1994; Snelgrove (29/01/2001 [database on-line]; Stanley, 1991; Stewart, 1984; Streiner, 1990; and others).

Aside from the apparent immediate emotional benefits of CISM processes on employees, other aspects of benefit have been identified. For example, it has been suggested that debriefings may convey to employees that their employers are genuinely interested in their health and wellbeing, which may enhance work morale in general. In addition, employee "burn-out" rates may be reduced and employee retention may improve (Armstrong, Zatzick, Metzler, Weiss, Marmar, Garma, Ronfeldt and Roepke, 1998; Buck, 1995; Deahl, 2000; Everly and Mitchell, 1997; Friedman and Shearer, 1988).

Another identified benefit pertains to the effectiveness of CISM processes within emergency response and non-emergency response work cultures. Emergency service response work culture can be understood as one in which pride is held when responders remain emotionally removed, yet operationally focused throughout a critical incident (Cornelius, 1987; Mitchell and Bray, 1990; Snelgrove, 29/01/2001 [database on-line]). For the most part, North American society also tends to view work related displays of distressful emotions as a sign of weakness (Sabourin, 1991). For instance, Sabourin (1991) explains that "[I]t's all right to cry on a brother's shoulder. It's a different thing to cry on a foreman's" (p. 80). Although there are extremely diverse variances within non-emergency response institutions, employee responses to a critical incident and broader organizational responses may differ little from emergency service responders (Sabourin, 1991; Walsh and Rues, 1987). For non-emergency response work cultures, however, suppression of distressful emotions does not appear to be solely based on machismo belief systems that are often associated with emergency service responders. Rather, emotional suppression seems based on

what Snelgrove (29/01/2001 [database on-line]) communicates as a lack of work cultures having an established form of ritual following a work-related critical event. Therefore, just as CISM processes have given emergency service responders "permission to feel the pain", so too have these processes been established as a form of ritual within some non-emergency response work cultures whereby the emotional processing of traumatic events has become accepted.

Several authors such as Buck (1995), Deahl (2000), Stewart (1984) and others further state that Worker's Compensation claims are likely to be lower when employers implement strategies that abate the stress reactions of employees who experience or witness a work-related critical incident. The benefits of implementing CISM strategies have also been concretely revealed to employers in terms of medical-legal ramifications. Deahl (2000) explains that many countries have recently enacted rigorous occupational health and safety legislation. Organizations that employ persons who are routinely placed in potentially traumatizing situations have a statutory "duty of care" to protect the health of their employees (Deahl, 2000). Therefore, employers may also reap significant financial benefits by implementing CISM processes, which serve to relieve the ever-present and rising expense of Worker's Compensation claims

and disengage them from their "duty of care"¹³. Deahl (2000) and Armstrong (et.al., 1998), ICISF (03/01/2001b [database on-line]), Mitchell (1993), Sabourin (1991) and others also speak of how the application of a single, cost and time effective intervention process subsequent to a traumatic event has been adopted by and is of benefit to many employers.

Arguments for adopting CISM processes in response to a critical incident involving non-emergency response organizations, professions and individual are clearly multi-dimensional. Manson (1988) who is a supporter and trainer of CISM, however, raises some interesting questions involving risks associated with such processes. In her article, Manson recounts how an emergency service responder experienced an acute stress reaction on the scene of a critical incident that resulted in his withdrawal from the scene prior to completing his duties. That particular emergency service responder was also a peer debriefer. From that incident, Manson (1988) began to consider whether the responder's acute stress reaction could have been intensified by his pre-existing knowledge and involvement with numerous debriefings and the stresses involved in his work. Are there limitations in terms of how much one can open themselves to their

¹³ Friedman and Shearer, (1988) illustrate the apparent impact of early intervention processes on employees exposed to work-related traumatic events by presenting a study that assessed the costs associated with Posttraumatic Stress Disorder (PTSD). In this study, two-hundred case files from a Psychiatric Center were divided into two groups. The first group received treatment soon after the traumatic event, while the second group did not receive treatment for 6-36 months following the event. Admittedly, the study is dated, the exact forms of treatment were not defined and the costs mentioned were in American funds. Nonetheless, costs related to PTSD in terms of treatment, disability, rehabilitation, time away from work and litigation were averaged for both groups. Findings revealed that employees who received early treatment for PTSD averaged twelve weeks of sick leave prior to returning to work and had a low incidence of long-term psychological sequel. In addition, the costs of treatment were approximately \$8,300 (U.S.) per employee and thirteen percent of the group pursued litigation (Friedman and Shearer, 1988). Alternatively, the group that did not receive treatment for PTSD until later reportedly averaged forty-six weeks for recovery before returning to work and a significant incidence of lingering psychological effects were revealed (Friedman and Shearer, 1988). Moreover, the average costs of treatment were approximately \$46,000 (U.S.) per employee and litigative processes were initiated by ninety-four percent of employees who experienced a delay in treatment (Friedman and Shearer, 1988). Despite the lack of clarity pertaining to this particular research design, the prospect of litigation clearly appeared to decrease when employees received prompt psychological assistance following a work-related critical incident.

feelings and still be able to perform their duties? As more and more persons are taught how to identify, feel, and articulate their emotional realities of critical incidents, are they, perhaps, becoming increasingly vulnerable to the stressors of such events? These are engaging quandaries. Manson (1988) concludes that despite the great lengths to which CISM proponents will work so as to ensure that only consistent and safe CISM techniques are taught, the stress management techniques may simply not be enough.

Gist and Woodall (1999) explored concerns similar to those of Manson's by recounting an article written by a fire battalion chief in a trade journal that pertained to the growing prevalence of CISD in the fire-fighting profession. In that letter, the battalion chief quoted a statement forwarded by a hook-and-ladder captain decades earlier, "[w]e used to have steel men and wooden wagons; now we have steel wagons and wooden men" (Tvedten, 1994 p.7, cited in Gist and Woodall, 1999). Gist and Woodall (1999) proceeded to explain that, among other issues, the battalion chief expressed significant uncertainty towards CISD processes in that he perceived it as an "aggressive, nearly reflexive application of rigid and routinized quasi-therapeutic protocols in essentially any situation that might seem stressful and could, in fact, inadvertently undermine the natural support and adaptation processes that had long provided firefighters resilience and growth" (Gist and Woodall, 1999 p.212).

When implementing CISM processes within the context of large-scale community disasters, controversy has also followed. Some trauma and disaster professionals do not consider Mitchell's standard CISM model to be the most appropriate or effective model for members of the general public who experience a large-scale community disaster (Snelgrove, 29/01/2001 [database on-line];

Corneil, 29/01/2001 [database on-line]). In contrast to professional organizational groups, Snelgrove (29/01/2001 [database on-line]) states that most communities hold pre-existing rituals that enable community members to assist and support one another. For instance, with large-scale disasters, helping groups often spontaneously emerge and organize from within a community (Sabourin, 1991; Snelgrove, 29/01/2001 [database on-line]). Furthermore, most large-scale community disasters are not immediately resolved events in that communities and their members often journey a long road on the way to rebuilding their lives and livelihood (Snelgrove, 29/01/2001 [database on-line]). Are CISM processes (i.e. Defusings and Debriefings) truly the most meaningful and effective processes for these situations? Snelgrove (29/01/2001 [database on-line]) contends that organized psychosocial support is definitely required. He does not, however, consider CISM to be the most appropriate process for community members who experience a large-scale disaster. Corneil (29/01/2001 database on-line]) expands on the issue of appropriateness by stating that standard CISM processes, which were designed to treat adults, should not be automatically applied with children or to persons of all cultures. For instance, if debriefers apply CISM processes within a First Nations community, numerous hidden issues, such as those associated with years of abuse, may also surface (Snelgrove, 29/01/2001 [database on-line]). Do standard CISM processes hold the sophistication to address larger "multicultural" issues and the intersections thereof, within the context of traumatic events? In the words of Snelgrove (29/01/2001 [database on-line]), what is often provided through CISM processes actually "pales in comparison to what is needed".

Whether CISM processes are applied to emergency or non-emergency response organizations, professions, groups or individuals, trying to determine which model is most appropriate to apply has been, and still is, a source of contention. Of particular concern is how some forms of CISM processes have become enmeshed with lucrative business ventures whereby individuals or groups promote the efficacy of a specific process, which they themselves have often developed (Corneil, 29/01/2001 [database on-line]; Davis, 1999; Deahl, 2000). Indeed, Mitchell (1988b) communicates his distaste for “entrepreneurs” who have emerged over the last decade out of what Deahl (2000) describes as a growing “trauma industry”. The primary objective of entrepreneurs appears to be the cultivation of positive working relationships with administrators so as to establish and develop gainful service contracts (Mitchell 1988b). This does not suggest that efforts extended towards reducing the negative stress reactions of persons, and their families, who experience a traumatic event, should not be encouraged and pursued. Nor does it imply that persons who research, teach, and advocate such processes or individuals employed by companies contracted to provide CISM services should not earn a reasonable living (Corneil, 29/01/2001 [database on-line]; Deahl, 2000). Rather, concerns are raised when territorial, capitalist competitiveness impede the fundamental purpose of CISM processes. Notwithstanding, it is also important to remember that Mitchell is the co-founder and president of the International Critical Incident Stress Foundation Inc. (ICISF) (Everly and Mitchell, 1997).

Another noteworthy area of debate pertains to the qualifications of persons who apply CISM processes. As pointed out by several authors (Corneil, 29/01/2001 [database on-line]; Mitchell, 1993; Cornelius, 1987), if various CISM

processes have the reported potential to be of such benefit, they may also have the potential to be harmful if not utilized properly by appropriately trained individuals within acceptable contexts. In addition, persons who provide CISM processes that do not have knowledge and experience with a particular occupational culture may not fully appreciate, understand, or be able to engage persons involved with a critical incident therein (Cornelius, 1987; Mitchell, 1988b). For instance, Cornelius (1987) states that emergency response personnel are more receptive to interventions that emphasize learning and education than non-directive or "psychiatric" Interventions. Actually, Mitchell (1993) ardently contends that every member of a CISM team, regardless of previous experience and education, must receive specialized education and training in CISM and PTSD by a skilled and experienced Critical Incident Stress trainer.

Snelgrove (29/01/2001 [database on-line]) submits an interesting challenge to demands for appropriately qualified debriefers by questioning how a two-day workshop could possibly provide enough training for anyone to acquire sufficient knowledge and skills to be an effective CISM debriefer. For instance, two-day workshops are the standard offered through the ICISF for both their basic and advanced CISM programs (ICISF, 03/01/2001a [database on-line]). Snelgrove (29/01/2001 [database on-line]) also seriously questions why the larger trauma intervention training organizations, such as ICISF, NOVA, and the Red Cross, do not test their students' knowledge or skills prior to granting certification or putting their names on a "debriefers list". Such questions certainly lead one to ponder the true meaning of qualifications in relation to CISM processes.

Gist, Woodall and Magenheimer (1999) take the issue of qualifications one step further by expressing concerns over the discipline of psychology. According to these authors (1999), the growing popularity of traumatic stress and disaster response (e.g. CISM) has attracted a ground swell of practitioners who "seem to hail from those strata of the helping professions less schooled in and socialized regarding the critical scientist-practitioner ethos of psychology itself" (p282). Furthermore, Gist, Woodall and Magenheimer (1999) revealed that Jeffrey Mitchell, who has been presented as a psychologist in person, print and press, "holds no academic or professional claim to the title" (Gist, Woodall and Magenheimer 1999 p. 282). Within the context of traumatic stress, response and intervention strategies, the preference of these authors for the discipline of psychology and scientist-practitioners schooled at the most rigorous universities is blatantly clear. Gist, Woodall and Magenheimer (1999) add an interesting twist to debates in relation to qualifications of persons who apply CISM processes. Such statements, however, certainly lead one to question where these authors would place the profession of social work in relation to psychology and what position social work would hold within the trauma and disaster hierarchy? Furthermore, Gist, Woodall and Magenheimer's assertions seem to have overlooked the primary role that peer debriefers play in relation to Mitchell's model of CISM.

In the trauma stress literature, there has been considerable debate regarding the effectiveness, or lack thereof, with CISM processes. Yet substantiating such claims have proven to be an extremely challenging pursuit. Several traumatic stress professionals have examined relevant literature from academic, scientific, and popular journals without identifying any reliable or

credible data that would conclusively support either side of this debate (Armstrong et.al., 1998; Boudreaux and McCabe, 2000; Corneil, 29/01/2001 [database on-line]; Deahl, 2000). Very limited research on most intervention techniques that claim to be effective in reducing or preventing traumatic stress reactions actually exists. Only a few published studies, that investigate the effectiveness of CISM, were found and most research processes focused specifically on debriefings (Boudreaux and McCabe, 2000; Corneil, 29/01/2001 [database on-line])

For the most part, research participants who have received a debriefing after a critical incident have reviewed them positively (Armstrong, et.al., 1998; Boudreaux and McCabe, 2000; Deahl, 2000; and others). Participant views of debriefings, however, usually only impart that the debriefings were helpful in reducing their stress reactions and information on how to conduct and/or improve the process is offered. In reality, published studies provide rather limited evidence to support the effectiveness of debriefings and methodological flaws in research designs have been identified as one of the most significant reasons for these limited findings (Armstrong, et.al., 1998; Boudreaux and McCabe, 2000; Deahl, 2000).

Van der Kolk, McFalane, and Weisaeth's (1996) distinguish emergency service responders as one of the few populations whereby CISM processes could be more fully explored. With these specialized groups there was the expectation that they would, at some point, be exposed to a critical incident in the line-of duty. There was also the possibility for post-debriefing follow-up. Numerous researchers have utilized various emergency service professions as their target population (Armstrong, et.al., 1998; Burns and Harm, 1993; Kirwan,

1994; Lane, 1994; Meehan, 1996; and others). Despite the established use of randomized controlled trials (RCTs) for scientific research, few studies in the area of inquiry utilize controlled research designs, most did not have pre- and post-treatment measures and there was an absence of pre-intervention data on research participants (Deahl, 2000; Lunn, 2000). Quite simply, most traumatic events are unpredictable and unfold within disordered environments (Armstrong, et.al., 1998; Deahl, 2000). Conducting methodologically rigorous RCTs of debriefing processes under such circumstances could become rather complicated. In addition, no two critical incidents are similar and standardized measures of traumatic events are rarely recorded (Deahl, 2000). Thus, evaluative and comparative analysis of minor versus major incidents in association with their momentary or prolonged duration may be problematic when attempting to substantiate the effectiveness of a CISM process (Armstrong, et.al., 1998; Deahl, 2000). In light of the expanding awareness and application of CISM processes, a lack of clarity in description and content has also emerged. Techniques described in the literature frequently vary, which can hinder the evaluation of these processes (Deahl, 2000). The question that arises is whether popular demand places CISM processes one step ahead of research endeavors?

Gist (et.al., 1999) introduce significant divisions with respect to research findings between mainstream "scientific" researchers and proponents of CISD. CISD adherents contend that when CISD protocols are explicitly followed, efficacy is assured. Studies in peer reviewed journals of psychological disciplines, however, are increasingly challenging the effectiveness of CISD processes and even suggesting conflicting outcomes under some circumstances.

According to Gist, Woodall and Magenheimer (1999). CISD proponents have countered such claims by implying that:

“clinical experience and intuition” are somehow more valid indicators of a treatment's efficacy – and...those who raise such questions are but “ivory tower” academics whose criticisms should be discounted because of their presumed lack of contact with the “real world” of the practitioner (p. 278).

Gist, Woodall and Magenheimer (1999) assert that CISD proponents and principals most frequently present “unpublished information, anecdotes, testimonials and rhetoric” (p.276) as counter claims against CISD inefficacy. Furthermore, claims of efficacy by CISD proponents and principals are, for the most part, communicated at “trade shows and proprietary gatherings held under the sponsorship of CISD principals” (Gist, Woodall and Magenheimer, 1999 p. 276) or published in non-academic journals (e.g. trade journals such as Firehouse).

Summary

The dichotomy of research findings among “scientific” researchers and proponents of CISD is a prevalent and contentious area of debate. Corneil (29/01/2001 database on-line)] and Snelgrove (29/01/2001 [database on-line]) provide an important caveat by suggesting that until research clearly demonstrates which CISM processes are most effective and under what situations, they should be used with extreme caution. Correspondingly, yet perhaps more simplistically framed, Gist, Woodall and Magenheimer (1999) suggests that most aspects of critical incident debriefing processes are actually based on what we learned from our Grandmothers, not from Graduate school. Namely, “[p]eople are resilient; friends are important; conversation helps; time is a great healer; look out for others while you look out for yourself” (Gist, Woodall and Magenheimer, 1999 p. 287). Redefining such basic common sense into

proclamations of presumed vulnerability and potentialities for psycho-pathology may not be of benefit to anyone and, in some circumstances, may even be of great harm (Gist, Woodall and Magenheimer, 1999).

Although not all-inclusive, some divisions in thought and practice pertaining to CISM processes have been revealed. Such divisiveness, however, is not isolated to CISM processes alone. Controversy is also present when conceptual frameworks are considered with respect to the evolution and administration of CISM processes.

Chapter Three

Theoretical Approach

Introduction

In this study, a structural/socialist-feminist theoretical approach was utilized to inform the research process under investigation. There are commonalities among the structural approach and socialist-feminist theory that enabled them to be combined and applied to analyze, interpret, explicate and synthesize the knowledge gained within the context of this study. Theories like ideologies, however, vary significantly in nature, content and social, economic and political consequence. Therefore, in an effort to comprehend how two dominant theoretical approaches appear to respond to persons who experience traumatic events in comparison to the structural and socialist-feminist approaches, all of these perspectives command review. For these reasons, the neo-conservative, liberal and structural approaches to understanding social issues, as well as the socialist-feminist school of thought were examined. This brief discussion of each of these theoretical traditions does not provide a comprehensive discourse, rather it merely acquaints the reader with themes that permeate neo-conservative, liberal and structural/socialist-feminist thought that influence the evolution and administration of CISM processes.

A Neo-Conservative Understanding of Social Issues

In Bob Mullay's book Structural Social Work: Ideology, Theory and Practice (1997), the three primary social beliefs of neo-conservatism are described as "liberty", individualism and inequality. "Liberty" is essentially understood as people having the freedom to extend themselves to their best

socio-economic advantage. Under neo-conservatism, any type of state intervention that hinders individual socio-economic liberties is seemingly denounced. So as to avoid any individual acts of coercion, however, the state is sanctioned to apply various threats of dissuasion (e.g. maintaining law and order, enforcing contracts, protecting property rights especially of the wealthy, etc). Mullaly (1997) explains that despite the obvious contradictions in terms of individual liberties, neo-conservatism perceives institutionalized coercion via the state as a benefit to everyone, even when the hierarchical nature of capitalist societies are taken into consideration.

Individualism is seen by neo-conservatism as a logical extension of an individual's liberty. Specifically, persons must have as much individual liberty as possible so as to engage their individual interests. In spite of that, individuals must also take responsibility for their actions and any subsequent consequences, untoward or otherwise (Mullaly, 1997). Nonetheless, persons require appropriate socialization through what Mullaly (1997 p 43) defines as "voluntary" institutions (i.e. family, school, church and others) prior to having the capacity to pursue their individual liberties. In instances where voluntary institutions do not fulfil their socialization function, the coercive role of the state must prevail (Mullaly, 1997).

Neo-conservatism views social inequality and liberty as intrinsic to one another. The rationale for this belief is based on the understanding that, within a competitive capitalist marketplace, equality of incomes would necessitate state interference and eliminate an individual's work incentive towards affluence. Mullaly (1997) states that equality of opportunity is the only form of equality accepted under neo-conservatism, even though this manifestation of equality

bears social, economic, and political inequality for all but the elite and ruling class of a capitalist state.

From these three primary social beliefs, the neo-conservative view of social issues can be ascertained. In particular, neo-conservatism holds that persons should provide for themselves by exercising their individual liberties in the competitive capitalist marketplace (i.e. *laissez-faire* economics) (Guest, 1997; Mullaly, 1997). The state does not interfere when individual social issues arise in that only persons who are disinterested in pursuing affluence (i.e. the lazy and the inferior) are perceived as unable to address such issues. Indeed, neo-conservatism concludes that state intervention for such individuals would merely reinforce idleness, dependence on the state and encourage others to avoid efforts to support themselves. Nonetheless, state intervention for the “deserving poor” (e.g. persons too old, sick, or disabled to extend their individual liberties), which was borne of the Elizabethan Poor Law legislation (1601), is seen as a necessary evil rather than as a means of reducing inequality (Guest, 1997; Mullaly, 1997). Thus, under neo-conservatism the first line of defense against individual social issues is the individual themselves, their family and friends or voluntary social institutions. Only individuals defined as the “deserving poor” may receive some form of state intervention.

Within the scope of this study, a neo-conservative frame of reference clearly informed responses to shell-shocked soldiers during the First World War. In particular, such British authors as Stone (1985) and McDougall (1916) discuss the perpetual shortage of beds and trained staff, and the considerable accumulation of lower ranking shell-shocked British soldiers who required treatment from 1919 through to 1929. Many shell-shocked soldiers did receive a

gratuitous one-time payment from the British Ministry of Pensions, although a great number of them also ended up in asylums where they were largely forgotten by society. The marginalization of a deviant population was befitting of the neo-conservative ideology of the day.

A Liberal Understanding of Social Issues

Liberalism emerged from and holds several corresponding beliefs to neo-conservatism. For instance, liberty, individualism, and inequality are central beliefs of liberalism. These beliefs, however, are not as rigidly adhered to as with neo-conservatism in that economic intervention by the state (i.e. a mixed economy) is permissible on humanistic and pragmatic grounds (Guest, 1997; Mullaly, 1997).

Mullaly (1997) explains that although liberalism considers competitive capitalism based on free enterprise to be the ideal economic system, it also recognizes that capitalism is not self-regulating. Humanistically speaking, it is acknowledged that capitalism may impede the individual liberties of many persons by way of such social issues as unemployment or poverty. Pragmatically, some forms of state intervention are required to maximize individual liberties, alleviate suffering and maintain an efficient and impartial competitive capitalist economy (Mullaly, 1997). In spite of these humanistic and pragmatic views, the liberal belief in inequality maintains that inequality of circumstance primarily result from an individual's failure to fully engage all of the opportunities available to everyone under capitalism (Mullaly, 1997).

The three central beliefs of liberalism are also reflected in their political system by way of a representative democracy and pluralism. Under this political system, power is apportioned between various opposing political parties (Guest,

1997; Mullaly, 1997). In so doing, no one political party could dominate another and no government could fail to respond to the will of its citizens in that every individual has an equal opportunity to be heard through her or his vote or by association with a particular party (Mullaly, 1997).

Ben Carniol (1984) states that, under liberalism, society is viewed as a complex and dynamic whole composed of individuals in continuous exchange with various interconnected social systems (e.g. family, school, work, etc.). These systems are grounded on consensus and perform socially sanctioned functions whereby individuals come to be contributing members of society (Carniol, 1984). Social issues arise from “instrumental or technical” flaws in capitalism (Mullaly, 1997 p.58) that cause disharmony among certain social systems. Significant individual upheaval may be experienced by some less established members of capitalist society who succumb to social issues and require care, cure and protection (Carniol, 1984; Mullaly, 1997).

Liberalism accepts that a welfare state is necessary so as to modify or change social issues that arise from capitalism. The welfare state, however, is not seen as a means for achieving social equality nor for advancing social or economic change. Rather, the welfare state ensures that all citizens achieve a ‘social minimum’ (Guest, 1997; Mullaly, 1997). As pointed out by Carniol (1984), “in all cases such changes are accommodative to the status quo” (p. 188) in that liberalism maintains that the capitalist system is the ideal economic system and must be preserved.

Mullaly (1997) demonstrates how tenets of the welfare state can be applied to modify or change social issues within a capitalist state. For instance, persons who experience social problems may be counseled, rehabilitated,

psychoanalyzed or re-socialized so that their manner of communication, attitudes and actions are more in keeping with those of the status quo. Attempts may also be made to modify or change the individual's immediate environment, which may encompass the extraction of a family member at times of significant familial discord or some form of modification or change to social policies, such as labour legislation to address stress in the workplace. Advocacy efforts towards acquiring programs, services, compensation and/or awareness of social issues experienced by various individuals and groups may also be pursued (Mullaly, 1997).

Some aspects of CISM processes and several debates presented in the previous chapter are characteristic of a liberal welfare state's response to persons who experience a traumatic event. For instance, the implementation of a one-time CISM process in the wake of a work-related traumatic event has been presented as a cost and time efficient response that may ensure the continued flow of employee productivity. Furthermore, the expense of prolonged sick leave, worker's compensation claims and/or litigative processes may also be alleviated (Deahl, 2000; Armstrong, et.al., 1998).

Mullaly (1997) states that traditional views of social work accept the present social order as inadequate. Nonetheless, existing social institutions are perceived as effective in serving individuals as long as she or he is willing to fully utilize opportunities that are accessible to everyone for personal advancement. This view recognizes that social problems do exist, but they are defined in terms of the individual experiencing them. Thus, the purpose of traditional social work approaches have been to assist individuals to cope with or adjust to the established social order or to refine social policies without disturbing the status

quo (Mullaly 1997). Much of the social, economic and political debates within capitalist societies pertaining to social issues have been formed from either a neo-conservative or liberal frame of reference. Since World War Two, the dominant social, economic, and political ideology in Canada has been liberalism (Guest, 1997; Mullaly, 1997). Therefore, within the context of this study, neo-conservative and liberal ideologies can be understood as having a profound influence over the evolution and administration of CISM processes in our capitalist society. A structural theoretical approach to social work, however, has also evolved and provides an alternative discourse to the traditional understanding of social issues.

A Structural Understanding of Social Issues

The structural approach to social work is a contemporary theoretical approach primarily developed in Canada. It was originally introduced in the mid-nineteen-seventies (mid-1970s) by Maurice Moreau (i.e. 1979, 1990) and his colleagues in the Schools of Social Work at Carleton University, the University of Montreal and the Université du Québec à Montréal (Moreau, 1979; Moreau, Frosst, Frayne, Hlywa, Leonard, Rowell, 1993; Moreau and Leonard, 1989). At outset, this approach provided a critical analysis of class. Over time, a critical analysis of gender was combined with the class analysis. Currently, the critical analyses of class, gender, race, sexual orientation, ability and age are the most central aspects of the structural approach.

Theoretically, the structural approach was influenced by Marxist, socialist, feminist, radical humanist and structuralist frames of reference (Carniol, 1992; Moreau et.al., 1993; Mullaly, 1997). From these theoretical foundations, the structural approach situates social issues within a social, not an individual,

context. Social issues are understood as arising from inequities inherent in the structures and institutions of patriarchal-capitalist society. Moreau (et.al., 1993) states that these inequities are borne of a liberal social welfare state under the reign of a capitalist political economy, which serves to maintain and perpetuate the marginalization of persons who deviate from the perceived dominant group on the basis of race, class, gender, sexual orientation, age or ability. The oppressive social forces of racism, classism, heterosexism, ageism, ableism, and others are reinforced through individual personality, family, community and bureaucracy, which inhibit opportunities, meaningful participation in society, and a satisfactory quality of life (Carniol, 1992; Moreau et.al., 1993; Mullaly, 1997).

A concrete interpretation of how social issues arise from inequities inherent in the structures and institutions of patriarchal-capitalist society as evident in liberalism was presented by Pond (1989) when he forwarded this consideration to social workers:

The distribution of economic rewards between different groups in the population and different parts of the country, is an important determinant of the nation's economic and social structure. Economic and social inequities are inextricably intertwined, and the distribution of income and wealth, the extent of poverty and privilege, have their effects on living standards, life chances and opportunities. Individuals' health and well-being are influenced by their position in the labour market, income and access to economic resources. Thus, class differences in health (for example) have persisted, despite an overall improvement in national standards. Moreover, inequities in wealth have political implications, providing the wealthiest individuals with access to economic, social and sometimes political power. For this reason, inequities can become self-perpetuating, having an influence on the institutions that reinforce the class structure (p. 65).

Although this example was limited to the analysis of oppressive classist processes, it is important to note that the structural approach does not view one form of oppression as more important than another. Rather, as a means to more fully recognize the historic, systemic and perpetual nature of oppression, the structural approach considers all forms of oppression to be equally important and

interconnected at numerous intersections, much like multi-coloured weft and warp threads of a loom.

As was indicated earlier, the structural approach holds various theoretical, ideological and practical assumptions. Bob Mullaly and Eric Keating (1991) determined, however, that the following themes and assumptions were most consistently revealed in structural social work literature:

- the rejection of capitalism for socialism;
 - the rejection of liberal reforms for social issues;
 - the liberal welfare state sustains capitalism;
 - traditional social work perpetuates social issues;
 - the individual versus society is a false dichotomy;
 - feminist theory is an essential component of structural social work
 - classism and sexism are not the only oppressive concerns of the structural approach; racism, heterosexism, disablism, ageism, imperialism are equally viewed as structurally oppressive forces; and
 - professionalism distances professionals from service users and serves to benefit the former at the expense of the latter.
- (Mullaly and Keating, 1991 p. 49-78).

To appreciate the impetus the structural approach places on social workers, one must acknowledge that the profession of social work functions at the interface of legislation, between the implementers of legislation, social attitudes and persons who utilize services. Moreau (et.al., 1993) explains that, from a structural perspective, the profession of social work and social service agencies, much like the liberal welfare state, endorse inadvertent coercive measures of social control that preserve the established social order. Nonetheless, the structural approach contends that social workers have options over how their practice unfolds in that all levels of practice (i.e. individual, family, group, community, and policy) are comprised of potentialities for either oppressive or humanitarian caring and social transformation (Moreau et.al., 1993). A dialectical analysis and approach to practice is fundamental to structural social work, whereby the personal and the political are equally intrinsic

sites for change (Moreau et.al., 1993; Mullaly, 1997). Given this understanding of social issues, Mullaly (1997) asserts that a structural approach to social work has the dual-role of alleviating the oppressive effects on persons from exploitative and alienating social order, while working to transform the conditions and social structures that cause these oppressive effects.

In spite of liberalism's humanistic undertones, liberalism and neo-conservatism share two common beliefs in relation to social issues. Firstly, individuals are seen as the target of analysis, as opposed to classism, sexism, racism, and so on. Secondly, neither liberalism nor neo-conservatism appear willing to truly contemplate the possibility that the inequitable distribution of resources in society has a direct impact on the manifestation of social issues (Mullaly, 1997). Clearly, a structural understanding of social issues is in stark contrast to those of neo-conservatism and liberalism. Nonetheless, they are the dominant ideologies in Canada and have leveled criticisms at structural theory and practice.

Jeffrey Galper (1980) speaks of various criticisms raised by many "mainstream thinkers", including traditional social work adherents, who consider the structural approach to be either an impractical approach or a destructive form of thought and practice given the established social order. This neo-conservative/liberal analysis of a structural approach to social work practice, however, is in keeping with how they analyze every other aspect of society that deviates from or attempts to challenge or change the status quo. Galper (1980) explains that the purpose of neo-conservative and/or liberal analysis is to silence or remove any deviations from the norm by making them appear "foolish, futile, irrelevant and unnecessary" (p. 15). In so doing, the legitimacy of the status quo

is maintained and perpetuated. These criticisms have been acknowledged and efforts to reframe them from a structural standpoint have been extended.

Criticisms from within the structural camp have also been raised, most notably in relation to the approaches' absence of direction on how structural concepts and analyses come to be applied to particular areas of practice (Mullaly, 1997). Structural social work writers acknowledged this criticism and have/are attempting to address it. For instance, Mullay (1997) draws our attention to the work of Janis Fook (1993), Jim Ife (1995) and others as examples of applying structural concepts into practice.

Despite these and other criticisms, the structural theoretical approach is most appropriate within the context of this study. The structural approach provides a framework through which the impact of a critical incident may be revealed at the individual, family, group, community and bureaucratic levels. Furthermore, it provides an analysis of how the oppressive social forces of racism, classism, heterosexism, ageism, ableism, and others may be combined and compounded in the aftermath of a traumatic event. By making these connections, CISM debriefers may hold the potential to provide personally and politically effective interventive processes.

Feminism

Although feminism embodies a range of schools of thought, the essence of theoretical analysis is shared. Feminism recognizes that every aspect of public and private life is entrenched in patriarchal, or sexist, thought and practice whereby social structures systematically function to oppress women. As a result, feminism seeks to transform socially sanctioned inequalities so women may come to explore their full potentialities (Fook, 1993; Goodrich, Rampage, Ellman,

and Halstead, 1988; Nomme Russell, 1989). Carolyn Zerbe Enns (1997) states that several significant theoretical traditions have evolved from second wave feminists (1960s). Among these are liberal feminism, radical feminism and socialist feminism. Socialist feminism, however, is the focus of this discussion.

Socialist Feminist Theory

Socialist feminism emerged in the nineteenth century and was initially influenced by such utopian socialists as Robert Owen who established small experimental, cooperative communities designed to replace systems of economic competition and exploitation (Enns, 1997). Socialist feminists of the day, such as Charlotte Perkins Gilman (1898; 1915/1979) and Margaret Fuller (1976), believed that women's economic oppression by men was central to women's subordinate position in society and that utopian communities could facilitate class equality and collective distribution of domestic, household and child-care responsibilities among women and men. In turn, women could gain opportunities to engage in self-discovery and growth. From these beginnings, socialist feminist theory has come to encompass diverse perspectives consisting of a materialist analysis grounded in Marxist political economics and an incorporation of radical feminist emphasis on patriarchy as a separate structure within a social system (Nes and Iadicola, 1989).

Some of the contemporary concepts of socialist feminism have been described as dual systems approaches in that patriarchy and capitalism were seen as two independent systems that intersect in the oppression and exploitation of women (Enns, 1997; Saulnier, 1996). Dual systems theorists believed that the oppression of women was different from that of other oppressed groups. Dual systems theorist Juliet Mitchell (1973), acknowledged the

intersections of capitalism and patriarchy and focused on four primary social structures that required transformation so as to eliminate the oppression of women. The four key social structures were production, reproduction, sexuality and the socialization of children. Mitchell (1973) viewed these four social structures as interdependent, yet unique unto themselves. Therefore, individual analysis of these structures was required.

To unified systems theorists, the analysis of Mitchell (1973) and other dual systems theorists such as Heidi Hartmann (1981), Ann Ferguson and Nancy Folbre (1981) did not adequately address patriarchal and capitalist interests (Enns, 1997; Saulnier, 1996). Iris Young (1981), Cynthia Cockburn (1990), and other unified systems theorists asserted that dual systems approaches analyzed the dominance of capitalism in public production and the sway of patriarchy on family patterns in isolation. Nonetheless, dual systems approaches had not revealed the connections between patterns of oppression in both the public and private work realms. For unified systems theorists, it was inconceivable to analyze capitalism and patriarchy separately, rather, concurrent analysis was necessary so as to fully comprehend the various ways in which power systems of class and gender simultaneously contribute to the oppression of women (Enns, 1997; Saulnier, 1996).

By the nineteen eighties (1980s), socialist feminist thought had progressed beyond its traditional focus on class and gender to encompass analyses of oppression in association with racism and heterosexism. With this recent recognition of the multiplicity of oppressions, contemporary socialist feminism addressed many of the intersections of oppression advanced by other feminist philosophies. For instance, strict Marxist feminists analyzed the oppressive

social structures of production, class, and capitalism. Radical feminists emphasized patriarchal control over women's reproduction and sexuality, while liberal feminists addressed the impact of sexism (Enns, 1997; Saulnier, 1996). Socialist feminist writers Floya Anthias and Nira Yuval-Davis (1990) state that gender, class, and ethnicity "are intermeshed in such a way that we cannot see them as additive or prioritize abstractly any one of them" (p. 110). They further state that women are not a homogenous group in that gender is experienced differently by various groups of women. For instance, gender oppression for some women is far less conspicuous than racism and/or classism (Anthias and Yuval-Davis, (1990). For these reasons, Enns (1997) purports there must be an awareness of the numerous ways in which gender influences women's lives and the plurality of women's realities must continually be affirmed.

Socialist feminism holds that the fulfillment of human potential is not possible through the enactment of legislation for individual rights alone, rather the restructuring of private and public realms must also be pursued (Enns, 1997). Nancy Harstock (1984) explains that for socialist feminists, the restructuring of these realms is understood as necessary so as to foster a decline in women's marginalization and oppression, which begins with universal access to adequate child-care, education, housing, birth control and maternity/paternity leave. The gendered nature of paid and unpaid work is also considered a significant site for transformation. Socialist feminists give emphasis to expanding women's options beyond established confines, creating new social relationships and valuing all forms of private and public work (Harstock, 1984). Furthermore, the generation of alternative work and social organizations for women is considered essential by socialist feminists in that both enable women to model new social relationships,

overcome a sense of estrangement from creative work and activity, and actualize their goals within a supportive and nurturing environment (Harstock, 1984).

Although recent socialist feminism provides a complex and pluralistic analysis of women's oppression, some authors such as Alison Jaggar (1983) and Rosemarie Tong (1989) suggest that it has not developed a discourse sufficient to elucidate all issues identified. For instance, socialist feminist thought is influenced by models (e.g. liberal feminism) that are based on a traditional understanding of middle-class family whereby women's domestic responsibilities are used to explain the origin and reproduction of gender segregation in the public and private work realms. This frame of reference is considered problematic and requires enhancement in that it does not encompass the realities of diverse family structures (Elliott and Mandell, 1995; Jaggar, 1983; Tong, 1989). For instance, immigrant families, visible minority families, First Nations families, gay and lesbian families, single-parent families, blended families, working families and numerous other family forms are not reflective of traditional gender roles, tasks and expectations (Enns, 1997; Elliott and Mandell, 1995). Despite this and other concerns, Nellie Wong (1991) contends that:

Socialist feminism is a radical, disciplined, and all-encompassing solution to the problems of race, sex, sexuality, and class struggle. Socialist feminism lives in the battles of all people of color, in the lesbian and gay movement, and in the class struggle (p. 290).

Feminist scholars from divergent schools of thought, locations, and interests (e.g. neo-conservative, liberal and structural) have developed various theories that are used to analyze the inequity and oppression of women in patriarchal-capitalist societies. Over the years, feminist theorists have addressed the issue of trauma within such contexts as the sexual trauma of women and

violence against women (Herman, 1992; Duffy, 1995). As feminist research in the area of sexual trauma has progressed, so too has feminist discourse. It may be argued that the approach is not relevant for the research under discussion. This argument, however, will be countered and a feminist understanding of sexual trauma will prove to be most appropriate.

A Feminist Understanding of Sexual Trauma

The dominant understanding of critical incidents have primarily been formed from the experiences of men as soldiers during major wars or within traditionally male-dominated professions, such as police officers, firefighters, postal workers and others. With the re-emergence of feminism in the 1970s came an awareness that women in general actually experienced traumatic events more routinely than men during isolated incidents of war, through a work-related traumatic event and so on (Herman, 1992). Feminist authors (Herman, 1992; Duffy, 1995) contend that sexual and domestic violence is a common traumatic experience in the lives of women. Therefore, women in our society can be understood as routinely experiencing traumatic events. Yet, the gendered public and private social divisions of our patriarchal-based society have historically shrouded this reality from public recognition (Herman, 1992). The sexual trauma of women in our society has been minimized and simply considered an anticipated consequence of "boys being boys" (Duffy, 1995 p.164). Judith Lewis Herman (1992) explains that personal shame and fear of public skepticism silenced women from voicing their traumatic realities.

The sexual trauma of women was the initial paradigm of violence against women that second wave feminists addressed and placed within a global social context (Herman, 1992). At the outset, feminists concentrated their efforts on the

rape of women perpetrated by strangers. As feminist analysis and discourse on sexual trauma progressed, examinations of acquaintance rape, date rape, and rape in marriage followed (Herman, 1992). In addition to documenting the alarming prevalence of sexual violence against women in our society, feminists offered knowledge for the understanding and articulating of the impact of sexual trauma on women. Feminists redefined rape as a crime and not a sexual act. They also re-conceptualized rape as a method of socio-economic and political control that reinforced and perpetuated the subordination and oppression of women through terror, making "the personal is political" (Herman, 1992; Duffy, 1995).

Within the context of this research, feminist researchers Ann Wolbert Burgess and Lynda Lytle Holmstrom (1974a) embarked on a study in 1972 that examined the psychological effects of rape on women. For their study, Burgess and Holmstrom made themselves available to any person(s) who had been raped and admitted to the emergency department of a Boston area hospital. Over a twelve-month period, Burgess and Holmstrom interviewed and counseled a total of ninety-two women and thirty-seven children who had been raped. Burgess and Holmstrom concluded that women in the study had considered their rape to be a life-threatening event in which they feared mutilation and/or death during the assault. Furthermore, in the aftermath of rape, women often conveyed that they were suffering from insomnia, nausea, hyper startle responses, nightmares, and generalized numbness or dissociative symptoms. Findings from their observations led Burgess and Holmstrom (1974a; 1974b) to recognize a pattern of psychological reactions, which they referred to as "rape trauma syndrome". Burgess and Holmstrom (1974a) acknowledged that some of the psychological

symptoms of women in a "rape trauma syndrome" mirrored those described by men that were veterans of war and understood as having "shell shock". Within the context of Mitchell's model of CISM, it is important to note that some of these psychological symptoms are defined as acute stress reactions.

At the time of Burgess and Holmstrom's study, concepts of CISM processes in response to traumatic events were not formally recognized. A century ago, Freud proposed that sexual trauma was the major cause of women's hysteria. Freud, however, could not accept the prevalence of sexual trauma that he observed and subsequently revoked his claim by contending that hysteria was borne of women's fantasies (Herman, 1992; McFarlane, 1995). Psychiatrists in the 1970s still exhibited Freud's denial by dismissing the claims of women who dared to speak of their sexual traumas (Herman, 1992). For women who were survivors of sexual trauma, second-wave feminism offered what can be understood as a type of debriefing process in the form of consciousness-raising strategies. Feminist consciousness-raising methods do have similar strategies to those of "rap therapy, which were offered to soldiers during the Vietnam War and, more recently, CISD. For instance, they all are confidential and intimate group processes and they explore such issues as denial, secrecy, and shame that prevented them from naming their emotional injuries (Herman, 1992).

Although some of the strategies of consciousness-raising were similar to those of the psychotherapy "rap" groups, the purpose of consciousness-raising was entirely different. Through the consciousness-raising process, women began to redefine their personal traumas and understand them within a socio-political context. Thus, consciousness-raising focused on socio-political

transformation, rather than individual change (Herman, 1992). A feminist understanding of sexual trauma asserts that the subordination and various forms of oppression of women are maintained and perpetuated through the overt and covert violence of men against women. A feminist understanding of sexual trauma empowered women to breach the barriers of privacy, to support one another, and to take collective action. In consciousness-raising groups, women spoke of their sexual traumas and other women listened to them and believed them (Herman, 1992). The following poem conveys the inspiration that women received from being allowed to speak of their traumas in a consciousness-raising group process.

*Today
in my small natural body
I sit and learn –
my woman's body
like yours
target on any street
taken from me
at the age of twelve...
I watch a woman dare
I dare to watch a woman
we dare to raise our voices.
(J. Tepperman 1970,507)*

As history has revealed, the process that began as consciousness-raising for women who had experienced sexual trauma in the 1970s has resulted in public awareness and action, to varying degrees, regarding this issue (Herman, 1992).

At the outset of this study, the assertion was made that disasters and traumatic events are powerful and overwhelmingly distressful experiences that occur outside of the everyday range of human experience. Feminist discourse on sexual trauma, however, reveals that such traumatic events are an everyday threat in the lives of women (Herman, 1992). By identifying all women as a

'community' at risk for sexual trauma, feminist discourse moves beyond the individualistic neo-conservative and liberal understandings of crisis by stressing how social, economic and political forces maintain and perpetuate the traumatization, marginalization and oppression of women.

Of the many feminist schools of thought, I found that liberal feminism's adherence to capitalist ideals, which essentially negates the rights and experiences of women who live in poverty, women of colour, women with disabilities, women of advanced years, and other women, is incompatible with the multicultural focus of this study. In this regard, radical feminism's concentration on patriarchy as the source of women's oppression dismisses the social, economic and political forces of class therein. Therefore, radical feminist analysis is not sufficient to inform the multicultural context at hand. Alternatively, socialist feminism's recognition of the diverse ways in which women's lives are influenced by gender and the plurality of women's realities makes it the most appropriate of the feminist theories. The structural approach also holds similar beliefs pertaining to the social, economic and political origins of oppression that socialist feminism maintains. These similarities enable the structural approach and socialist feminist theory to be combined to inform the research process.

A Structural/Socialist-Feminist Theoretical Approach

According to feminist thought, in general patriarchy grants men control over the social, economic and political structures in our society, which enables men to dictate their interests, authority, and power over women (Johnson, 1996). In our patriarchal-capitalist society, white heterosexual affluent males from a privileged class wield social, economic and political control over various disempowered populations. When juxtaposing structural and socialist feminist

thought, however, the individual experiences of women and men are not exclusive. James Messerschmidt (1993) explains that all women and men do not have the same access to resources. Variations exist in the social, economic and political positions of women and men in our society. These variations are determined by race, class, sexual orientation, age, ability, etc. and by individual social circumstances such as family, peer group, education, and employment, which grants some women and men greater power and control over other groups of women and men (Johnson, 1996; Messerschmidt, 1993). Principles of the structural/socialist feminist approach are predicated on the belief that the "personal is political" (Carniol, 1992; Enns, 1997; Mullaly, 1997). Given this belief, personal problems of women and men are intrinsically connected to the social, economic and political environments in which they live. Therefore, women's and men's problems can be understood as being influenced by and reflected in the external realities of their lives (Enns, 1997).

Within our neo-conservative capitalist society, the social institution of psychiatry has held power and control over the meanings and responses to persons who experience traumatic events. Persons who sustain a trauma are reminders of uncomfortable contradictions that challenge our liberal myths, which emphasize "justice and control, optimism and a positive outlook" (Janoff-Bulman, 1992 p. 154). As a means to maintain and perpetuate liberal ideals, psychiatry has historically, and some would argue currently, marginalized persons who experience a trauma by locating the cause of their trauma response within an individual's dysfunctional psychology.

Alexander McFarlane (1995) identifies Freud's rejection of the prevalence of the sexual trauma experienced by women as the most striking example of

psychiatry's ambivalence regarding the emotional impact of traumatic experiences. McFarlane (1995) further states that Freud's rejection of the sexual trauma of women and even the initial dismissal of stress reactions in veterans by psychiatrists prior to World War II most likely arose from the social, economic and political systems of the day that were not prepared to accept such realities. Such realities challenge a society as to whether they are responsible for individual suffering or whether individual traumas are due to an inherent deficit on their part (McFarlane, 1995). The feminist movement played a pivotal role in advancing trauma discourse and expanding our understanding of crisis intervention strategies by way of moving beyond an individualistic understanding of crisis and stressing how social, economic and political forces maintain and perpetuate traumatization. Thus, within the context of this study and from a structural/socialist-feminist theoretical frame of reference, our society has a responsibility to respond to all persons who may experience a disaster or traumatic event. Within the scope of the study, this knowledge motivates us to consider ways (i.e. the structural approach) in which CISM debriefers and peer debriefers could address not only the emotional needs, but also the social, economic, and political needs of persons who experience a traumatic event. Engaging in discourse with counsellors who have experience with CISM processes provides a means to explore these issues.

Chapter Four

The Methods and the Counsellors Behind the Stories

Introduction

The purpose of this exploratory study was to investigate how crisis counsellors applied Critical Incident Stress Management processes within multicultural contexts. In this study, I collaboratively gathered information with six persons who were willing to share their knowledge and experiences of the issue under investigation. Since grounded theory (Glaser and Strauss, 1967) uses a methodological process that supports the generation of theory that is based on data systematically gathered and analyzed, it is most applicable for qualitative studies when in-depth interviews or observations in real-life settings are undertaken (Mertens, 1998; Strauss and Corbin, 1994).

Research Design

A qualitative research design was chosen in light of the scarcity of literature pertaining to the area of inquiry and in an attempt to develop a deeper and more expansive understanding of this specialized field. Face-to-face tape-recorded interviews were the primary means of gathering data. Interviews were facilitated with the use of an interview guide that consisted of twenty-nine questions with attendant probes. Most of the questions in the interview guide were open-ended, which enabled participants to communicate their views, in their own words and, at the length and depth they so desired. Furthermore, open-ended questions, complemented with probes, provided an opportunity to gain a greater understanding of the interviewees' knowledge and experiences. It must be noted that the eventual outcomes of Critical Incident Stress Management

processes, informed by Mitchell's model, were not considered within the scope of this study.

Sampling Procedure

Participants for this study were drawn from a population of crisis counsellors who had training and experience with the Mitchell model of CISM in relation to disasters and/or traumatic events. A chain sampling strategy was used to identify prospective participants, since it has been found to be beneficial in studies where it is difficult to establish a participant population in the initial planning stages of research (Hall and Hall, 1996; Mertens, 1998). This strategy was initiated by making contact with two local key informants (Mertens, 1998) who had training and experience with the Mitchell model of CISM.

Initially, the key informants provided a list of twelve potential interviewees who were trained and experienced with Mitchell's CISM model. On review of this list, however, it was realized that several potential participants worked in the same agency or organization. Therefore, as a means to try to achieve diversity of experience within the participant population, only one potential research participant, at a specific agency or organization, was contacted at a time.

Shortly after initiating telephone contact with persons on the list, some aspects of divisiveness that surrounds CISM processes and multicultural issues in counselling were encountered. For example, I received expressions of doubt from one person in terms of being able to recruit interviewees who would be willing to discuss multicultural issues. This person explained, "people are too afraid of saying something wrong". When discussing multicultural issues within the context of CISM processes with another person I was informed, "we don't take that into consideration". With gentle probing this person did describe some

of the ways in which CISM processes had been applied that did address specific multicultural issues. I attempted to articulate connections between this person's experiences and the area of inquiry. Nonetheless, the person's stance remained constant as evidenced by the retort, "we don't care about that".

During another conversation I was asked which academic discipline I was associated with. Although previously stated in the introductory segment of the conversation, I repeated "I'm a Master of Social Work student at Carleton". To this reply the person conveyed that "social workers should not be involved with CISM processes...they are much too focused on feelings" and hinted that the focus of CISM processes should be on the symptoms of stress reactions in conjunction with the discipline of psychology. From the literature research process, an awareness of divisions in thought and practice pertaining to CISM processes and multicultural issues in counselling was ascertained. These early comments, however, magnified my cognizance of the political nature of this study and, in turn, primed me to anticipate such challenges.

Despite these challenges, potential participants who confirmed their interest in and eligibility for the study were sent a research information package. Telephone contact with potential participants also revealed that some had received CISM training, yet they had never actually applied the process. Others stated that they applied CISM processes, however, they had not "officially" received CISM training. Thus, they were uncomfortable with the idea of participating in this research. Alternatively, some potential interviewees were located across Canada. Taking into consideration such issues as informed consent, tape-recording telephone interviews, transcript review, limited finances and time, contact with potential participants outside of the province of Ontario

was not pursued. Finally, some interested and eligible potential interviewees were unable to participate or cancelled their scheduled interview appointment in light of prior or unforeseen professional or personal obligations. In all of these instances, however, the chain sampling procedure continued to expand in that the names of persons known to have training and experience with the Mitchell CISM model continued to be advanced.

At the outset of this study, a sample size of six to eight research participants was proposed. From the chain sampling procedure, a list of thirty-three potential participants was generated and contact was made with eighteen. In total, a research participant sample size of six was achieved and the interviews transpired from April 19, 2001 to July 10, 2001.

Data Collection

The primary source of data for this study was six face-to-face semi-structured tape recorded interviews. Each interview lasted for approximately one hour, which I conducted one participant at a time. Data collection commenced with the delivery of a research information package to interested and eligible participants. The research information package included a personalized cover letter, an introductory letter to the study, an interview guide that was utilized during interviews and two consent forms (refer to Appendices K-N). One consent form was for the interview process in which participants confirmed their understanding of the research purpose and process and their rights therein. The second consent form was for a meeting that followed the interviewees' receipt of their transcript in which they established their approval of transcript content. In addition to the research information package, follow-up correspondence

consisted of a thank you letter, which was sent at thesis completion to participants who requested a summary of the findings (refer to Appendix O).

Interviews, as the primary source of data collection for this study, were facilitated through the use of an interview guide. The interview guide enabled the focus of this research, as solidified through literature review and my reflections, to be transformed into a specific series of questions that were thoughtfully ordered. For instance, at the outset the interview guide presented light, fact-establishing questions, while questions more sensitive in nature were placed further along in the interview process (Kirby and McKenna, 1989). The interview guide was composed of seven sections. The first section consisted of an introduction to the interview, a brief review of the research focus, the answering of questions the interviewee may have had and the signing of the first consent form. The tape-recorder was turned on as the second section commenced. In this section, interviewees were asked three questions pertaining to their educational and professional histories. The third section followed with five questions related to multicultural training while five questions that explored CISM training were examined in the fourth section.

In the fifth section, interviewees were asked eight questions with respect to their personal experiences with CISM processes. I was of the opinion that these latter questions were the most sensitive in that they held the most potential for being personally disturbing and/or professionally guarded by interviewees. In section six, interviewees were asked their age range within an increment of ten. Once this question was responded to, the tape-recorder was turned off. Section seven drew the interview to a close with seven concluding questions and remarks.

The questions and probes of the interview guide facilitated the interview processes in that they assisted in the establishment and maintenance of focus throughout the interview and supported the participants to respond to questions concerning their experiences in an insightful and thoughtful manner (Kirby and McKenna, 1989). Nonetheless, Hall and Hall (1996) espouse the necessity of performing a pretest of an interview guide so as to ensure that clear, concise and relevant questions were utilized and that the interview process proceeded with a smoothly, advancing progression. Therefore, prior to the initiation of interviews a pretest of the interview guide was requested of and granted by two counsellors who had experience and training with Mitchell's CISM model (Canadian Research Institute for the Advancement of Women, 1996; Hall and Hall, 1996; Mark, 1996). Findings from the pretest were favourable and interviews ensued shortly thereafter.

Kirby and McKenna (1989) acknowledge power imbalances that could occur in terms of researchers perceiving themselves, or being understood by participants, as holding greater authority within an interview process. As previously mentioned, participants for this study were drawn from a population of crisis counsellors who had training and experience with the Mitchell model of CISM in relation to disasters and/or traumatic events. Therefore, despite the inherent vulnerabilities of every research participant, I perceived power imbalances within the scope of this study to be more representative of "interviewing up" than "interviewing down" (Kirby and McKenna, 1989). In an attempt to establish a "level playing field" (Kirby and McKenna, 1989), efforts were made toward building rapport and creating a collaborative and egalitarian relationship between the participants and myself.

When interviews were scheduled, participants were encouraged to select a time and place that was most convenient for them. Consequently, four participants chose to have their interviews held at their place of employment. Two of these interviews transpired in the participant's private offices, while two took place in selected rooms on the same floor as the participants work cubicles. Of note, at the outset of one interview a participant requested to have a colleague sit in and observe the process. I complied with this request. One of the two remaining interviews ensued at the participant's home and the other was held at my home.

In this study, all forms of communication (i.e. written and verbal) were conveyed in an appropriate language for the participant population. Meanings of relevant terms (i.e. a broad definition of multicultural and specifics of Mitchell's CISM model) were extended to all participants so as to ensure a parallel understanding between interviewees and myself. Interviewees were not considered to be passive participants (Kirby and McKenna, 1989). I suggested that they attend the interview with interview guides in hand. Alternatively, a copy of the interview guide was offered to interviewees at the outset of the interview. In so doing, interviewees were free to refer to any notes they may have made and/or contemplate any questions to come. Interviewees were also encouraged to forward any questions or quandaries throughout the entire research process. I respected the time that interviewees were willing to share for the interview process and was cognizant that they may know of a more concise way in which some questions could be asked or of inadvertent gaps in the interview guide. Therefore, interviewees were encouraged to set the pace of their interviews, answer or modify the questions as they desired and determine the progression of

the interview. These were some of the efforts extended during the data collection process in an attempt to build rapport and create a collaborative and egalitarian relationship with research participants. After each interview, preparation for data analysis was promptly undertaken.

Preparation for Data Analysis

It is worth repeating that the primary source of data for this study was transcribed information from face-to-face tape-recorded interviews. As a means to maintain a current and concise overview of the interview process, a research participant list was generated, which consisted of eleven columns (refer to Appendix P). These were filled out during the progression of each interview.

Immediately following each interview, the audiotape was transcribed. Shortly thereafter a review meeting with the interviewee took place and preparation for analysis continued with editorial changes to the transcript as requested by participants.

Two copies of the original transcript were printed. One copy served as the original, which was stored in a locked filing cabinet throughout the entire research process. The second copy, including the interview guides, were used for the analysis process.

Data Analysis

A cut-and-paste approach was utilized for the qualitative data analysis, which was informed by grounded theory (Tesch, 1990). This involved identifying thematic categories that were representative of the various responses to each consecutive question in the interview guide (Mark, 1996; Mertens, 1998).

Left margin edge coding, which consisted of four number and letter combinations that represented the: interview number; page number of the

individual transcript; first initial of the person speaking in transcript and; line number of a particular transcript page were placed in every page of the transcripts. Once edge coding was complete, three photocopies of the transcripts were made. One photocopy of each transcript was securely stored away, while the three remaining photocopies of each transcript were filed separately in file folders according to the number of the interview (i.e. one through six). The rationale for placing edge coding in the left margins of every page of every transcript was to guarantee that the source and context of information would be easily retrievable as the data analysis process continued (Barnsley and Ellis, 1992; Patton, 1990; Tesch, 1990).

All transcripts were read several times, which facilitated intimate familiarity with the data in terms of the three specific categories that corresponded with the primary areas of inquiry (i.e. multicultural training, CISM training and personal experience with CISM processes). Patterns in participant's responses were identified, themes emerged and this information was recorded in the right margins of the transcripts. The coded data was then cut from the photocopied transcripts and pasted onto a clean sheet of paper. These sheets of data were placed in file folders that were identified by theme and appropriate category (Barnsley and Ellis, 1992; Patton, 1990). At times, data were relevant for more than one thematic category. Thus, the rationale for making three photocopies was realized (Tesch, 1990).

Again, all coded data pertaining to one theme was reviewed with an aim to identifying repeated patterns in participant responses. Key word analysis was also extremely helpful in that it facilitated the tracking of words or descriptions that participants used to discuss the same issue (Tesch, 1990).

Concurrently, notes pertaining to such findings were composed (Barnsley and Ellis, 1992; Patton, 1990). Some large thematic category file folders were sub-divided into sub-thematic categories (Tesch, 1990). To provide depth to the analysis of themes when writing the findings, an on-going list of interviewee quotes, with margin codes, that complemented the thematic categories were generated (Barnsley and Ellis, 1992; Tesch, 1990). The data analysis process was essentially concluded when all the thematic sheets of paper were formally established in file folders.

It must be noted that completed interview guides served as relevant and complementary sources of primary data. During the second meeting, fresh recollections and comments from some participants were also included with the established accumulation of bibbits¹⁴ (Kirby and McKenna, 1989). These ancillary sources of data were subsequently incorporated into the formal interpretative data analysis process and drafting of findings.

Introducing the Counsellors in the Study

A demographic profile of the research participants was established from preliminary data analysis. To ensure anonymity, such third person pronouns as "her or his" or "she or he" are used in the thesis. As previously mentioned, in this study a research participant sample size of six was achieved. Three of the six participants (i.e. fifty percent) are women, while the remaining three participants are men. The ages of participants range from the twenties to the sixties. Four of the six interviewees are unilingual English speaking, two are bilingual English and French with one of these two self-identifying as French first. From all

¹⁴ Kirby and McKenna define a bibbit as "a passage from a transcript, a piece of information from field notes, a section of a document or snippet of conversation recorded on a scrap of paper that can stand on its own but, when necessary, can be relocated in its original context" (p.135).

appearances, participants are White. All participants currently reside in and around the Ottawa area. Four participants are full-time employees, one is employed part-time and one has recently retired.

The educational background of interviewees varied, with all holding post-secondary diplomas and/or degrees. One of the six participants has a Social Service Worker (SSW) diploma, two have a B.A. (Psychology) and one has a B.A. (Social Science) with honours in Recreation and a concentration in Psychology. Other diplomas and undergraduate degrees include an R.N. (diploma), a B.Sc.N., a B.A. (History) and a B.Ph. Two of the six participants have a M.S.W. and two have a M.Ed. with a concentration in counselling. Graduate degrees also encompass one M.Div., one M.A. (Theology) and one person has completed the required credits for a M.Ph. All of the counsellors are also registered with various social work, psychology, counselling, trauma and religious associations.

The participants discussed some of the settings they have worked, or volunteered, in and the position(s) they have held over the years. One is a religious leader and mentioned that some of the work involves management, liturgical and ritual services, and collaboratively developing and supporting peer driven community programs. Counselling (e.g. grief, bereavement, marriage and CISM counselling) is also a central component of this participant's work.

Another participant has held various positions within a child protection agency and has been a training co-ordinator at a crisis intervention agency. This participant has also been a family therapist and a post-psychiatric program clinician at a community centre and was in private practice for several years.

For a time, one counselor worked in the areas of social development, child welfare, social assistance and held several positions within the Department of Indian Affairs. Over the years, this participant has also been involved, in various capacities, with numerous community programs and agencies.

The remaining three participants had common aspects with respect to their work experience in that they all had been employed for various time periods and within diverse counselling, supervisory and managerial capacities in a victim crisis unit. Despite this shared experience, one participant has also worked as a nurse, while another has been involved with a bereavement support program and a community health centre.

The years of experience that participants have within a helping capacity spans from four years through to thirty-three years. The total years of experience in a helping capacity for participants in this study were one hundred and thirty years.

All participants have taken the basic level of training in the Mitchell model, three of the six participants (i.e. fifty percent) have also acquired the advanced level of training in the Mitchell model. The years of experience that participants have with CISM processes ranged in ascending order from three years, seven years, two responded with ten years, thirteen years and fourteen years respectively.

In spite of the numerous personal, educational and professional diversities among the participants, their shared commitments to helping others, and knowledge of the Mitchell CISM model, are the common features that made them valuable participants in this study. Details pertaining to participants' experiences

and impressions of multicultural training, CISM training, and the interconnections therein are discussed in the chapters that follow.

Limitations and Credibility of the Study

There were various limitations with this exploratory study that may have influenced research findings. The interviews were dependent on self-reported data. Therefore, the information obtained may be shaped by several factors. In light of social desirability, the participants may not have revealed how they really felt about some of the issues discussed (Mark, 1996). Although confidentiality and anonymity were assured, the interviews were face-to-face. Participants may have been reticent to share all of their personal opinions and may have feared being labeled by the researcher (Myles and Huberman, 1984).

Researcher effects in terms of the personal impressions that participants may have of the researcher could have influenced the results. Furthermore, some of the participants may have had concerns over how I would personally view them. Miles and Huberman (1984) state that "informants will typically craft their responses in such a way as to be amenable to the researcher and to protect their self-interests" (p.233). This is important to consider when reviewing results.

Another limitation may have been the voluntary nature of participation in this study. Counsellors who did not volunteer can not be assumed to be the same as those who participated.

The fact that I am unilingual English also limited the inclusion of potential participants in this study to unilingual English or bilingual crisis counsellors. Furthermore, only English literature could be reviewed.

Despite these limitations, there were several checks in place that enhanced the credibility of the study. Pre-testing the interview guide assured

that the questions were clear, concise and appropriate. Face-to-face interviews enabled the researcher to elicit rich descriptions, clarifications and examples from the participants. Having the participants review and edit their interview transcripts also increased credibility (Patton, 1990).

Gathering information from six crisis counsellors who were not currently associated with the same agency or organization enabled the exploration of diverse responses and allowed for a more complete presentation of experiences within the context of CISM processes. This enhanced the transferability of the results (Miles and Huberman, 1984). Consistency of the findings was established by triangulating such multiple sources as interview transcripts, field notes and literature (Miles and Huberman, 1984). Furthermore, credibility was augmented through detailed descriptions of the theoretical and analytical constructs.

Dissemination of Information

The results of this study belong to the researcher and are published in this thesis as part of the requirements for a Master Degree in Social Work. The thesis is available in the MacOdrum library at Carleton University, Ottawa, Ontario. A summary of findings was also offered to all participants. In the future, I may publish these data in other forms with the participants' consent.

Ethical Considerations

This study involved research with "human subjects". Therefore, strict ethical considerations were exercised throughout the entire research process. The Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (1998), the Canadian Institute for the Advancement of Women (CRIA) Feminist Research Ethics (1996), and the Social Work Code of Ethics (1994) served as the primary ethical guidelines for this study. Furthermore, the research

process was not initiated until approval for this study was received from the Graduate Studies and Research Ethics Committee at Carleton University, Ottawa, Ontario.

Written Informed consent

There were two written informed consent forms for this research (refer to Appendices M and N). As a means to achieve written informed consent, the letter of introduction outlined the purpose of the research, procedures involved and an estimate of the amount of time that was required for the interview. Any possible risks and benefits to participants from their sharing in the study were discussed and participants were given instructions about whom to contact if they had any questions or quandaries concerning the study, or if they felt they had been harmed.

In addition, the letter of introduction included statements that participation was strictly voluntary, that confidentiality and anonymity was guaranteed and that participants were free to withdraw at any time. The first consent form stated the aforementioned details and was signed by participants prior to the tape-recorder being turned on for the scheduled interview. The letter of introduction also mentioned the request of a second meeting to review transcripts for accurate representation of responses and for any corrections, deletions or additions therein. The second consent form reiterated these assertions and was signed by participants at the close of the second meeting.

Confidentiality and Anonymity

In this study, participants' confidentiality, anonymity, and privacy, took precedence over research considerations. No persons other than myself had access to identifiable participant information (i.e. research participant list,

interview audiotapes, original transcripts and consent forms). When not in use, all identifiable participant information was stored in a private and locked filing cabinet. To further ensure confidentiality and anonymity, as interviews drew to a close participants were asked to choose a name to be used in place of their own when tape-recorded interviews were transcribed. I was the only person to transcribe the tape-recorded interviews. All other participant information (i.e. coded transcripts and interview guides) was identified by the pseudonyms the participants chose. Three months following the thesis defense, with the consent of participants, all identifiable participant information was shredded and all interview audiotapes were deleted. Alternatively, participants had the option to receive their interview audiotape.

Deception

All participants were fully informed of the purpose and intent of this study.

Risks and Benefits

Participants' protection from harm (bodily, psychological, and cultural integrity) took priority in this study. It was acknowledged and appreciated that reflecting on work relating to traumas and disasters could be troubling to some participants. Therefore, a counsellor with knowledge of Mitchell's Critical Incident Stress Management model, and expertise in the area of inquiry, was available to debrief any participant on request (refer to Appendix Q). (Of note, no participants requested to meet with the debriefer immediately following the interviews or any time thereafter.)

I believe that some participants benefited from my willingness to hold interviews and transcript review meetings at any place or time the participants desired. This study also provided participants with a forum through which they

could constructively reflect on their personal and professional experiences, and a summary of findings was offered to all.

The letter of introduction to this study outlined the aforementioned ethical considerations and every potential participant received a copy. The participants received the research information package at least one week prior to the interview. In so doing, participants were afforded the opportunity to privately review the area of inquiry and to and reflect on their willingness to participate in this research. From these efforts, all potential participants were fully aware of the contents of the research information package and the ethical considerations therein.

Chapter Five

Multicultural Issues in Counselling Processes

Introduction

This chapter introduces an analysis of the data gathered from six participants in the study, Working Multiculturally with CISM Processes: An Exploratory Study of Crisis Counsellors' Reflections. The themes that emerged from the data are within the three categories of inquiry that include multicultural training; CISM training; and participants' personal experiences using the CISM model in their counselling. In this chapter, the issues examined are: divergent meanings of 'multicultural'; opportunities to learn; multicultural training experiences; and learning as an ongoing process. In light of maintaining confidentiality and anonymity, participants are referred to as "her or his" throughout this and the ensuing chapters. Participants in this study are also identified as counsellors, interviewees and respondents.

The first category of exploration is multicultural training. It is important to acknowledge that over the last thirty years such professions as social work and applied counselling psychology have responded to the multicultural composition of North American society with increasing efforts to develop multicultural awareness, knowledge and skills (Constantine and Ladany, 2000; Goldberg, 2000; Patterson, 1996; Speight, Myers, Cox, and Highlen, 1991; Sue, Arredondo and McDavis, 1992; Worthington, Mobley, Franks and Tan, 2000). Notwithstanding these efforts, the examination of social work values within a multicultural context is difficult. As Goldberg (2000) states, " the topic is sensitive because at times judgements regarding culture have been associated with

discrimination, reverse discrimination, and competition among ethnic and social groups for power and resources" (p. 12). Despite these challenges, Goldberg (2000) contends that there is a need to recognize and negotiate conflicts with multicultural social work policies and practices in that they have very practical and concrete ramifications. Within the context of counselling processes, which for the purpose of this study encompasses CISM processes, the significance of counsellors' being multiculturally effective in their work with and for diverse populations is underscored.

Divergent Meanings of 'Multicultural'

A vast body of counselling literature exist that seriously questions the effectiveness of traditional counselling processes when applied to multicultural populations (Sue et.al., 1992). White European and North American culture, within which most traditional counselling is rooted, has been criticized as incongruent with the values of many multicultural populations (Patterson, 1996; Richardson and Molinaro, 1996; Sue et.al., 1992). Theoretically, the structural approach concurs with this position whereby it is recognized that traditional counselling processes oftentimes reflect the values of our society's ideological liberal status quo (Mullaly, 1997).

Nonetheless, some authors' (Patterson, 1996; Richardson and Molinaro, 1996; Sue, et.al., 1992) argue that certain minority populations may seek counselling less frequently, preferring not to self-disclose and appearing to conclude counselling processes earlier than White populations. According to Sue (et.al., 1992), early termination by culturally diverse client populations may arise from client and counsellor variations. Alternatively, Watkins and Terrell (1988) and Watkins, Terrell, Miller and Terrell (1989) suggest that premature

termination may result from mistrust and/or low expectations concerning White counsellors' credibility, competency, and desire for beneficial counselling outcomes (Richardson and Molinaro, 1996). Furthermore, traditional counselling processes have also been criticized for failing to acknowledge the historic and current socio-political influences of racism, classism, sexism, ageism, ableism and other forms of oppression on both the counsellor and the persons that the counsellor may work with and for (Sue et.al., 1992).

From this brief discussion of traditional counselling processes, it is evident that discrepancies exist in multicultural counselling discourse regarding the meaning of the term 'multicultural'. For instance, some studies revealed an adherence to a narrow understanding of multicultural, which involves visible racial and ethnic minority groups (Sodowsky, 1996; Yutrzenka, 1995). Alternatively, other works such as those by Speight, Myers, Cox and Highlen (1991) and Sue (et.al., 1992) support a broad meaning of multicultural that not only encompasses race and ethnicity, but also class, gender, sexual orientation, age, religion, and others. It is appreciated that the narrow understanding of multiculturalism provides counsellors and counselling educators with a means to articulate and address racial and ethnic concerns, namely racism, in association with traditional counselling processes. The plurality of oppressive processes, however, is not considered. As a result, the broad understanding of multicultural is most congruent with the structural theoretical frame of reference that guides this analytic process.

From the outset of their involvement with this study, all participants were made aware of how multicultural was defined (refer to Appendices K and L). Nevertheless, it was recognized that multiculturalism has different meanings for

many people as is evident among the counsellors in this study. The meaning of multiculturalism for one participant is encapsulated as:

Well, it simply means people from...people in this country [are] from hundreds of cultures, and cultural inculturation... Okay, the process of inculturation, of people who arrive here and have to inculturate into another culture and who, at the same time, struggle to maintain their own identity, or to recover their identity... [As was found] when I worked...on Indian Reserves. Our major project was to support the First Nations people as they sought to reaffirm their identification as Native people... And it means respecting and encouraging other cultures to develop (Interview June 8, 2001).

For this participant, respect is a central concept in understanding multiculturalism. In particular, the participant acknowledges the influence that North American culture holds over persons who are new to Canada and First Nation's peoples. At the same time, the uniqueness of expression of every cultural identity is encouraged and endorsed. Aspects of this understanding of multiculturalism echo structural thought in action whereby the inherent power inequities of a capitalist system are challenged through the affirmation of diverse cultures (Carniol, 1992).

When communicating the meaning of multiculturalism, one counsellor conveyed:

Well I think I see it pretty well around...racial and gender and those kinds of differences, diversities, and how people come together in groups. So, it might be...gay/lesbian, how people pull themselves together and live together (Interview July 10, 2001).

A cooperative melding of persons from a myriad of racial and lifestyle diversities is how this counsellor conceptualizes the meaning of multiculturalism.

Alternatively, another participant expressed a different interpretation of multiculturalism by stating:

Well, I see it as encompassing all different types of knowing. Obviously people from different races [and] cultures. But also, specifically in policing, I see the police culture as being very much exactly what it is, which is they have their own [culture]... understanding that culture and understanding the things that are important to them. ...and also in terms of gender, in terms of my background with women's issues ...[It's] critical in understanding a woman's frame of reference when it comes to abuse... And then also too dealing again with...visible and immigrant women having an understanding of how to best intervene and respecting all the things that are important to them, that are different from our culture. And I say our culture being very broad in terms of Canadian culture and even our criminal justice system. How it is different from where they come from and how it's important for us to remember it's very different for them (Interview April 19, 2001).

Race, culture, and gender are significant aspects of how this participant frames the meaning of multiculturalism. In this definition, attention is drawn to the intersections of race, culture and gender within the context of woman abuse. Structural theory explicates the multiplicity of women's experiences and contends that under patriarchal control, women are a subservient population and thus vulnerable to abuse. The participant also extends the concept of culture beyond the traditional meaning of Canadian and non-Canadian cultures to encompass such occupational cultures as police and the criminal justice system. From this response, it is evident that this participant recognizes the potentialities for cultural collisions and the impact these processes may have within a counselling context. For these reasons, the significance of respect and understanding differences are evident.

Another respondent communicates the meaning of multicultural thus:

...the basic traditional, I guess, definition, but just the idea that...we're in a society that's...comprised of very many, very different backgrounds, ethnicity's and cultures and race and language. And...anything...that makes up the different aspects of society would be [multicultural]. I suppose though I...had never thought of homosexuality [referring to the 'sexual orientation' probe on interview guide] in terms of anything like that, in terms of multicultural. But I think...that's real interesting. But

mostly...race, ethnicity I think comes to mind when I think of...[multicultural]. I see that as...working together and accepting all the differences, not trying to change it or become one or the same I should say (Interview April 24, 2001).

Although this respondent initially articulates a preference for the traditionally narrow understanding of multiculturalism, it is interesting to note that this statement is actually quite extensive. For instance, the respondent mentions the plurality of our society in terms of race, ethnicity and culture. Furthermore, there is an acknowledgment of the multilingual composition of our society as evidenced by the inclusion of language within this meaning of multiculturalism. Clearly, sexual orientation is not a concept that this respondent had previously considered as an aspect of multiculturalism. Nonetheless, the concept appeared to intrigue, not avert. The respondent also presents a vision of persons from various diversities working collaboratively. In so doing, respect and acceptance of difference are conveyed.

At the same time another counsellor pondered the meaning of multiculturalism and imparted that:

...I was very much aware of...the differences between men and women and the abuse of power... I think it was with the women's movement. I think that was very useful for us, for all women. And, one just accepts that this is the norm, in a way. And, at the same time thinking this is not very fair, but I think that [the women's movement] gave women a lot more power and awareness, and a lot more choices. Hey, this is not on [this is not right]. And, fortunately, the government has also followed-up a lot with that... But [multicultural is] that, and difference in ages, disabilities, also with our Native people, with the immigrants. Because let's face it, we're all immigrants, we all came from one of the countries in Europe or all around the world. So we're really all the same in a sense. And yet, culturally we are very different (Interview May 2, 2001).

An acute awareness of difference and how being 'different' from socially accepted norms can suppress one's power and opportunities in society are central to this counsellor's comprehension of multiculturalism. For example, this

counsellor describes gender difference as it relates to the oppression of all women, via abuse, and how feminist thought and action have challenged this norm and brought about some change. Feminist thought is an essential component of structural theory and practice (Mullaly and Keating, 1991). In addition, vulnerabilities of difference in terms of age, ability, race, ethnicity are also realized. The counsellor affirms the uniqueness of difference and appreciates that commonalities are shared therein. By acknowledging the power incongruities of our society, which marginalize persons not of the perceived, dominant group, this understanding of multiculturalism parallels features of structural thought.

As was previously stated, all participants were cognizant that multiculturalism was defined from a broad frame of reference, which encompasses such aspects as race, class, gender, sexual orientation and so on. The following participant concurred with this understanding, but added that:

I think your description pretty well fits mine. The...different, race, gender, creed, I would add to that [creed, one's] belief systems. Ya, that's how I would describe it (Interview June 13, 2001).

Every counsellor in this study communicates an understanding of multiculturalism that is unique unto itself. The counsellors convey an awareness of, and experience with, multicultural populations that moves far beyond a narrow, visible racial and ethnic minority group understanding. With these divergent and expansive meanings of multiculturalism established, it is also important to consider some of the participant's experiences that have informed their ways of knowing, in that such experiences inevitably have an impact on how they apply CISM processes within multicultural contexts.

Opportunities to Learn

By the mid-1970s, the North American counselling community began to actively analyze traditional counselling processes. Literature revealed the necessity of taking a proactive stance by incorporating multicultural content within counselling processes. It was postulated that the impact of such strategies would not only have a positive impact on counselling processes, but also on counsellor and client relational dynamics (Holcomb-McCoy and Myers, 1999; Richardson and Molinaro, 1996). These strategies have come to be known as Multicultural Counselling Competencies (MCC) whereby multiculturally competent counsellors are understood as professionals who hold the necessary skills to work effectively with multiculturally diverse populations (Holcomb-McCoy and Myers, 1999).

One of the major reasons for counsellor ineffectiveness with multicultural populations was identified as the traditional training that counsellors receive (Sue and Sue, 1999). Indeed, numerous researchers concur with this finding. For instance, Sabnani, Ponterotto and Borodovsky (1991) revealed that education apparently influenced the ability of counsellors to work effectively within multicultural contexts. A series of research studies by Pope-Davis and colleagues (Ottavi, Pope-Davis and Dings, 1994; Pope-Davis and Dings, 1995) also noted that multicultural education and experience were strongly associated with multicultural competencies for counselling students and professionals alike. The work of Neville, Heppner, Louie, Thompson, Brooks and Baker (1996) revealed that repeated exposures to diverse multicultural issues within a didactic milieu greatly enhanced the awareness of counsellor trainees to MCCs.

Over the last two decades, there has been an increase in the inclusion of multicultural didactic and practicum content within counselling and social work

programs (Atkinson and Hackett, 1998; Yutzenka, 1995). The professional and ethical standards of many professional social work, counselling and psychology associations in North America also provide opportunities for professional development and stipulate that their membership maintain competence (American Psychological Association, 1992; Canadian Association of Social Workers, 1994; Ontario College of Social Workers and Social Service Workers, 2000). These trends, however, are highly variable.

The educational status of participants has been previously established. Nevertheless, they also reflected on some of their experiences with multicultural training as 'counsellors-in-the-field'. Although the didactic venues are diverse, four of the six counsellors gave the impression that they had received a significant amount of multicultural training. For instance, one of the four counsellors stated, "[I]’ve done a lot of training over the years" (Interview April 19, 2001).

Alternatively, one counsellor disclosed having received:

Very few, very little formalized [multicultural training] at all. And when I got this [the research participant information package], I thought this is interesting (Interview May 2, 2001).

Another counsellor ruminated over the multicultural training experiences received and concluded with:

You know that’s really interesting that I can’t think of one that was specifically geared towards [multicultural training]. But, I’m sure I probably have. ... When I was at [college] though we did...one of my teachers did...definitely touch [on it]... So I suppose that’s in a course, it wasn’t a specific course dedicated to multiculturalism. That’s such an interesting question though, but I can’t think of any others that would be dedicated to multicultural. I have signed up for one, but...I’ll be taking it in a month. But as of yet I haven’t had specifically, not a workshop or a seminar. ... But you know what, it could be that I’ve forgotten. But I don’t think, nothing stands out. But that goes to show you something, doesn’t it? (Interview April 24, 2001).

The meaning of multicultural that participants hold may have had an impact on their responses. Nonetheless, all but one participant did indicate that they had received some form of training that was entirely dedicated to multicultural issues. The frequency with which multicultural training had been received, however, appeared to be as varied as current trends.

It is also important to consider whether the places where counsellors' are employed and/or volunteer provide opportunities for multicultural training. In this regard, two counsellors described their work environments similarly. One of these counsellor's states:

We had one, a general one ... this was ages ago when I first went there. It was about respecting peoples' race/colour. it [didn't] look at gender, but it dealt with immigrants and the kind of people...[one] meets] in their day-to-day jobs. And how everyone needs to be accepted for where they come from, their race and that they're going to be doing things differently and reply differently to the way we do. And basically, no matter what, we treat each person with respect and the same kindness as you would if it was your best friend. So, that was, it was just a very simple one. But, that's the only training I have ever had in any of that, which really struck me. So your whole question...made me realize how sadly lacking I am in formal education around multiculturalism (Interview May 2, 2001).

Thus, the opportunities for two participants to receive multicultural training through their places of employment appears rather limited. This finding, however, is not consistent with the majority of participants in this study. For instance, when speaking of work-related opportunities for multicultural training one counsellor conveyed that:

Oh, definitely, there was quite a...or it became larger as the years went on, but there was always funds in the budget for professional development (Interview April 19, 2001).

Another counsellor describes a work environment that seems to hold familiar structural thoughts and practices of diversity and acceptance by saying:

Definitely...and that would be where I have my workshop coming up. And they've offered them in the past, but I just haven't had the opportunity... Just the training alone here [current place of employment] is focused on diversity and acceptance of where people are [at] and what they want, very client focused. Not...that other places weren't, but this really, really focuses on that. And really accepts where people are at and how they want to live their lives and the choices they make based on their culture, background and their language and that. And their feelings, it's very interesting. And we have partner agencies that are very multicultural and specific to different cultures. So, we work closely with them (Interview April 24, 2001).

Four of the six participants describe work and volunteer environments that afford employees numerous and varied opportunities to receive multicultural training. One counsellor made reference to the increasing availability of funds for professional development over the years. This would appear to reflect a growing awareness of employers to provide opportunities for continuing education, which is in keeping with the objectives of many social work, counselling and psychology associations. It is also worth noting one participant's reference to not having had the opportunity in the past to attend a specific training session pertaining to multicultural issues in counselling. Reality is that the volume and nature of the workload of this participant prevented the engagement in extracurricular activities. These sentiments were also reflected in the words of another counsellor who said:

...I haven't done that particular training. A couple of my colleagues have. That becomes a matter of not being available for the time that the training is on (Interview June 13, 2001).

From all of these comments, it appears that most of the participants are associated with agencies, organizations and institutions that encourage and facilitate opportunities to learn by way of professional development processes pertaining to multicultural issues in counselling.

Multicultural Training Experiences

When attempting to enhance the effectiveness of counselling processes with multicultural populations, it is important to consider what counsellors believe they have gained from the training they receive. In the early 1980s, the American Psychological Association introduced a series of ten cross-cultural counselling competencies (Sue, 1992). More recently, Sue, Arredondo and McDavis (1992) expanded the original series to thirty-one MCCs that examine counsellor attitudes and beliefs, knowledge and skills in relation to three main areas. These three areas consist of: an awareness of one's personal worldview and how one is the product of cultural conditioning; knowledge of the worldviews of multiculturally diverse populations and; skills required to provide multiculturally appropriate interventions (Holcomb-McCoy and Myers, 1999; Sue et.al., 1992; Worthington et.al., 2000; Yutrzenka, 1995).

The MCC model can be conceptualized as a characteristics and dimensions matrix (refer to Appendix R). It is assumed that counsellors who attain competence in the areas outlined in the matrix possess the necessary characteristics and understand what strategies are essential to effectively work with and for multiculturally diverse individuals and groups (Holcomb-McCoy and Myers, 1999). The counsellors in this study did not engage in a MCC screening process. Concepts raised in the MCC model, however, do provide a means to explore how the counsellors described some of the aspects involved with their multicultural training experiences and what they believe they have gained therein.

In keeping with the North American counselling community, the MCC model states that counsellors should seek training experiences so as to magnify

their comprehension of multicultural populations (Sue et.al., 1992). From the counsellors' discussion of the multicultural training programs they have attended over the years, it becomes apparent that these learning experiences have had an impact on their attitudes, knowledge and counselling skills. For instance, one counsellor shared:

Oh, I've done a lot of training around abuse issues and I think that's been very important to me to help understand. And because I can identify in some ways as being a woman, if I'm looking primarily at women's issues, but also too in terms of sexual abuse. ...within that culture [abuse] in terms of the survivors and in that there [are] differences so not to assume. ... [I've attended] conferences around working [with] survivors of childhood sexual abuse and responding to people who have been sexually assaulted. And, around women's issues primarily in terms of responding to woman abuse. And also too around children witnessing violence... So, whatever sorts of area that you work in, to make sure that you try to understand everybody (Interview April 19, 2001).

This counsellor speaks of how the training programs she has attended have equipped her to more fully comprehend various issues related to abuse and how they may be individually understood by the person(s) with whom she works. For this counsellor, multicultural training has also given her the opportunity to gain an awareness of herself, as a woman, within the social context of abuse, which has reinforced her awareness against assumptions in light of the innumerable differences that exist among women and children who experience abuse. One aspect of the MCC model that exemplifies this counsellor's account, purports that culturally skilled counsellors should be mindful and sensitive to their own cultural heritage and should value and respect difference (Sue, et.al., 1992).

This counsellor further states:

I've done a lot of training over the years at the King's College¹⁵. ...one year when I went to the conference it was on spirituality and that's even another whole, if you want to say culture, understanding for some people in terms of trauma and how they respond. Lots of people can relate to that in terms of their spiritual life, faith and what that brings to them... And also too if you look at terms of abuse it can also be something that is condemning or restricting. So, never to come up with assumptions. It all sort of comes around to the same thing, that openness (Interview April 19, 2001).

Exploring the diversities and influences that spirituality holds for many people is another way by which this counsellor has extended an understanding of multicultural populations. In so doing, the counsellor gained a deeper consciousness of how spirituality may intersect within the areas of abuse and trauma counselling. The structural approach asserts that oppressive processes are borne of the inherent inequities in the structures and institutions of capitalist societies (Moreau, et.al., 1993; Mullaly, 1997). Religion is a powerful social institution in our society, thus, potentialities for abuse exist therein. The counsellor also reiterates the misconceptions that could unfold within a counselling or CISM process if one does not guard against stereotyping people through assumptions. According to the MCC model, culturally skilled counsellors should understand how race, culture, ethnicity, and in this instance spirituality, etc. may affect the appropriateness or inappropriateness of counselling approaches (Sue, et.al., 1992). The succeeding narration suggests that this counsellor holds such an understanding.

Another counsellor continued the discussion of multicultural training by explaining that:

¹⁵ King's College is a Catholic, co-educational, liberal arts college, affiliated with The University of Western Ontario (The University of Western Ontario 24/09/2001 [database on-line]). Annual conferences on grief and loss issues are held at King's College.

...it's been very important the training that we've received around orientation, sexual orientation. Because, especially around abuse issues it is very important to understanding how somebody who is gay or lesbian. Fear of coming out is stressful and has a whole lot of ramifications for them that are quite large. And even when abuse is a factor, we talk about isolation and all those things that increase the risk. I think it's important as a helper to know how so complex it is (Interview April 19, 2001).

This statement indicates a structural understanding of our patriarchal society's heterosexist mandate and the implications of deviating therefrom in terms of structurally oppressive forces that can breed fear, facilitate abuse and incite social rejection (Moreau et.al., 1993). The counsellor recounts numerous opportunities for training that relate to distinct multicultural issues. Despite the diversity of course content, however, abuse is a common thread throughout. From the knowledge this counsellor communicates an understanding of how such oppressive social processes as sexism, ageism, heterosexism, and even spirituality can facilitate abuse and breed fear, isolation and a sense of powerlessness, which may impact on counselling and CISM processes. Having an understanding and knowledge of socio-political influences that invade the lives of multicultural populations is another aspect of the MCC model that is relevant to this counsellor's reflection of her or his multicultural training experiences.

Another participant talked about some of the multicultural training programs that she or he has attended over the years by revealing:

I just went to a conference, at King's College... ...there were some excellent speakers that had done a lot of research and a lot of practicum in how men and women grieve differently... And I think the bottom line was not to...get into generalizations or try to pigeonhole [people]... ...but, rather that we should appreciate and validate the differences that we bring and perhaps learn something from each other about the way we grieve (Interview June 13, 2001).

From this training experience, the participant received a deeper appreciation for valuing and respecting gender differences within the context of working with persons who are grieving (Sue, et.al., 1992). As with the previous respondent, a caveat against assumptions is also present, which this participant views as a hindrance to cooperative learning and healing counselling and CISM processes.

Recollections of another multicultural training course that this participant attended consisted of:

...a week-long seminar in Brampton some years ago...in which an Ojibwa shaman, a Sikh elder, a Rabbi and, I think it was an Imam came to speak with us over the course of a week. Now their main issue was what they would expect [from emergency response personnel]...when they were having an interaction with that part of the community. But that was only a jumping off point, from that came a wealth of information on how we do this...why we wear this and what is appropriate personal space in conversation. What you might expect to experience if there's a trauma in our area...what kind of behaviour you might expect, what would be normal for that community. That was very useful. It wasn't particularly around Critical Incident Stress Debriefing, but it was about what happens inside of this particular community when we have this kind of issue (Interview June 13, 2001).

This conference clearly provided a significant amount of knowledge and information concerning the life-experiences, cultural heritage and historical background of several multicultural communities that this participant may come to be involved with in response to a critical incident (Sue et.al., 1992). A comprehension of how race, ethnicity, culture, etc. may affect the responses of individuals in the aftermath of a traumatic event is also evident (Sue et.al., 1992). Moreover, the participant transferred an awareness of diverse communication styles and how this awareness may be used to facilitate a counselling or debriefing process (Sue, et.al., 1992).

As this participant continued to reflect on multicultural training experiences, the effects of these programs on her or his work was summed up as follows:

Probably the largest practical impact that I can think of is that I'm inclined to listen a whole lot harder. [I think] that counsellors should realize that God has given us two ears and one mouth. And we should go with two [ears]. Listen a whole lot more. We should be listening carefully anyway, but the moment you're exposed to someone from a different worldview than it's even more important. So that would be the biggest impact, probably learning to listen a whole lot more. Forget the word assumption, because assumptions are not useful. Not useful at all (Interview June 13, 2001).

The accounts of the counsellors who have pursued multicultural training reveal that these experiences have enriched their understanding and effectiveness when working with diverse populations within the contexts of counselling and CISM processes (Sue, et.al., 1992).

One participant also explained why she or he has pursued so many multicultural training experiences by stating:

Over the years...we tried to be on the circuit in terms of the conferences and that, because it was very important to keep current. And in terms of women working in a police-based setting in terms of the laws and the criminal system. I just look at my career in policing, I mean the changes have been quite substantial in terms of police response or the way that the criminal justice system...[the way that] society is responding to wife assault. I think too that any kind of crisis response we get through...just be respectful, to know a little bit. You don't need to be an expert...because that's kind of unrealistic in a sense because you just never know what's [who is] going to come in. But, I think we have a responsibility to be informed (Interview April 19, 2001).

As a trauma or crisis counsellor, one never knows when a critical incident will unfold or with whom one will be working. This counsellor articulates this reality and has responded by taking the responsibility of becoming as informed as possible so as to enhance the crisis counselling process with whomever she

or he may work with. Moreover, it is acknowledged that counselling does not occur in isolation of society's laws and policies and that they may have an impact on both the counsellor and the persons who she or he counsels.

Learning as an Ongoing Process

Aside from attending multicultural training programs, it is also appreciated that an abundance of valuable learning also occurs far beyond an academic milieu. The counsellors that participated in this study also spoke of various ways by which they have extended their knowledge and understanding of multicultural issues in counselling independent of a formalized training process. A few counsellors noted that they have attained a greater understanding of multicultural issues from the people they have worked with over the years. For example, one counsellor spoke of working with persons confronting issues of:

...poverty and homeless, I dealt a lot with that at [a previous place of employment] when I was there. Disability, that was something else I worked with at [a previous place of employment], [also] too is psychiatric disability. That gets to be quite a labeling process and there really is that sense of...that there really is a whole other cultural thing that bubbles up around post-psych patients. And people with physical disabilities...certainly that's an issue too. And institutional [or occupational] settings, working with police and nurses and...bus drivers and...people who fix the streets, and work crews. And I had [exposure to] medical hierarchy, that's a whole other culture to work in with people. There's the whole pecking order, so there's a whole cultural piece around that. Who can say what to whom. Very, very, can be very isolating and marginalizing too, of people (Interview July 10, 2001).

Another participant who has worked with various persons who hold divergent worldviews imparted that:

...quite often people turn in my direction to say "I'm feeling really broken up by this" and "am I going crazy?" What can we say or can you listen, it's mostly listening and, and having the privilege of listening to people of how they express how they deal with loss. Whether you get into speaking with somebody from Bengal or an Inuit. You're hearing their grief, but you're hearing different ways that they handle this. And some of them, I dare

say, my Caucasian friends would do well to pick up, because we have lost a lot of ritual and a lot of cultural stuff... All I'm saying is that I'm sad that...North American society has lost a lot of its connectedness with the natural pattern of life and death. And there...are still a lot of cultural communities that are still in contact with that and have a lot to offer us. I think the world would be a whole lot better place if we were more able to value and learn from diversity then to try to flog our own [beliefs]... (Interview June 13, 2001).

Some of the counsellors described how the cultivation of ongoing supportive discourse with colleagues has enriched their understanding of multicultural issues in counselling. As one participant states:

...I've gained a lot, over the years... and grown a lot from my networking with my colleagues in other agencies or just with the women that I've worked with over the years. So I mean I think that's self-initiated, but I think for me anyway, it was critical in my development both professionally and personally. Just getting that feedback and finding out how and what and where they were doing whatever they were doing. Having that open dialogue...I mean the formal learning is really important, but I really get a lot from my colleagues (Interview April 19, 2001).

Sue and his colleagues (1992) also suggest in the MCC model, that involvement with multicultural individuals outside of the counselling environment can complement a counsellor's understanding of diverse worldviews. For one counsellor, attendance at multicultural social functions have not only extended her or his knowledge, they have also been gastronomic delights. As this counsellor reveals:

...I've had a fair exposure to individuals from different cultural backgrounds. A [community] that I was formerly in was about 50% non-Anglo Saxon. ... I'm not sure if this is very useful information to you [smile], but where that really was a bonus was when we had a potluck supper. [laugh] And we had these great Bengali dishes or we had South American dishes... These people these different individuals and groups, they had a lot to offer the community and the community learned a lot, the little [religious] community. I don't want to sound patronizing about that either (Interview June 13, 2001).

The counsellor also noted that:

...the opportunity for interracial, intercultural interaction is increasing in the Ottawa area. I have a fair dialogue going on the with...an Islamic Centre...and I carry on conversations with a couple of the Rabbi's that I've had both formal and informal connections [with] (Interview June 13, 2001).

Establishing relationships with varied religious leaders in Ottawa has also led this counsellor to become familiar with their scriptures. Nonetheless, she or he does admit that:

I've got myself in trouble, you'll probably see on my bookshelf that there are Bibles, but there's also a Koran and a number of Hindu writings, the Bhagavad Gita. Sometimes people come in the office and say, "Aren't you a Christian...?" I say, "[y]a, but you know if your God is only that size [the size of a Bible] it's too small". [laugh] Be rooted in where you are, but at the same time recognize that there are all sorts of journeys. It's almost trite to say that these days, but it's true (Interview June 13, 2001).

It is apparent that this counsellor's on-going learning process has been heightened, not only in self-awareness, but also in sensitivity to other ways of knowing and believing. In this regard, it is important to acknowledge that spirituality is an integral aspect of many cultures. Dreams, feelings and prayers are often critical to problem-solving and decision-making processes. Within traditional Eurocentric counselling processes, such beliefs may be viewed suspiciously, disregarded or treated in a patronizing manner (Waldegrave, 1986).

The following account expands on the concept of involvement outside of a counselling process with multicultural populations to encompass total immersion.

The participant elucidates that:

I've had the privilege of living in Africa...for two years. ... And then we lived in [the Caribbean] for a year... So, I was very blessed with that, because I was very ethnocentric before... So, it's made me realize how wonderful some of the things are about [my] culture [of origin] and some of the most *ridiculous* things about [it], that I would never have been able to see if I hadn't had that wonderful opportunity of actually living there. Traveling helped a little, but it's not the same as living there. ... And living in somebody else's culture. And, they're in control and they're in charge. And how humbling that was and, yet, how safe we felt in [Africa] and [the

Caribbean]. So, I've been very fortunate. So that was probably the best education that I could have but, there certainly needs to be more in the schools and so on because I had nothing. I just had the fortune of working with people on an intimate level in my work... And living with other cultures (Interview May 2, 2001).

The endearment this participant holds of these work and life experiences is undeniable. Furthermore, she or he imparts how these experiences have enabled the transcendence of socially constructed stereotypes and assumptions of minority populations, which are absorbed through socialization (Sue, et.al., 1992). As a result, the participant has a more concrete understanding of how oppression, discrimination and stereotyping may affect an individual both personally and professionally (Sue, et.al., 1992).

All the counsellors present myriads of ways by which they have extended their awareness and skills pertaining to multicultural issues in counselling. Attendant with this knowledge is the realization that such differences as race, ethnicity, class, gender, age and so forth may affect the appropriateness or inappropriateness of a specific counselling approach (Sue, et.al., 1992). As crisis counsellors, the participants have acquired training in the Mitchell CISM model. Therefore, specifics of the CISM training process and the extent to which it addresses multicultural issues within the context of critical incidents is an important consideration for this study.

Chapter Six

Critical Incident Stress Management (CISM) Training Processes

Introduction

Several of the counsellors expressed a commitment to being attuned to the various models and methods of counselling by engaging in an ongoing process of professional development. Indeed, every participant would appear to share this commitment in that all received Critical Incident Stress Management training, which is the second category of inquiry in this study. This chapter explores the themes that reflect the participants' impressions of their CISM training. These themes include: specifications of CISM training; descriptions of CISM training processes; and multicultural issues in CISM. In light of the comparative nature of the analysis in this chapter, the participants' narrations tend to be presented in consecutive order with most of the analysis following.

Specifications of CISM Training

Training in the Mitchell model of CISM is currently offered through the International Critical Incident Stress Foundation Inc. (ICISF) in Ellicott City, Maryland. At the time of writing, the ICISF provides training in which twenty-eight courses are offered, such as CISM in the Healthcare Setting; CISM Applications for Children; CISM in the Workplace and many more. The specific courses addressed within the context of this research, however, are presently entitled: Basic Group Crisis Intervention: Critical Incident Stress Management (CISM) and Advanced Group Crisis Intervention: Critical Incident Stress Management (CISM) (ICISF, 28/08/2001d [database on-line]). As previously established, all counsellors have received the basic level of training in the Mitchell model of

CISM, while three have also received the advanced level of training.

During their respective interviews, counsellors reflected on some of the specifications involved with their CISM training processes. In particular, they made reference to such aspects as course availability; location, duration and cost of CISM training; eligibility requirements; and certification/re-certification processes. In addition, several counsellors mentioned the structure of their CISM courses in terms of lecture format, audio-visual presentations and opportunities for role-play. Exploring the specifications of the counsellor's CISM training courses more concretely identifies consistencies therein. The counsellors' individual accounts are presented in chronological order. They begin with a participant who contemplated over the basic CISM training by sharing thus:

...I did receive [basic] training in CISM in 1986 I believe. ...Jeff Mitchell came to Cornwall to the training Centre. ... Eligibility requirements, I don't think there was any. The training lasted for two days. Oh it had everything in there, mostly lecture and...overheads... Oh, I got a certificate. No, I did not go for re-certification. ... I've never wanted to take the others...[other CISM training sessions]. ... Frequency? [of CISM training being offered] I mean they're offered all the time all over the country by a thousand trainers: That's why I don't get involved in it any more, there's no need for me (Interview June 8, 2001).

Another counsellor who has been trained in the basic and advanced CISM courses outlined these processes accordingly:

I've done basic training and also the advanced. ...[the basic] took place in Ottawa. ... Lecture, it [the basic training] was more lecture that I can remember. And the advanced, I went up to Sudbury and Mitchell, himself, was there. ...it was quite interesting. He was nice actually. He wasn't all stuffy at all. And we actually had to do a debriefing and this kind of thing [role-play], it wasn't just a lecture format. ...I think two days [of training] for both of them actually, the first one and the second one (Interview May 2, 2001)

The following participant who has received both the basic and advanced training communicates the particulars of the processes by explaining that:

The [CISM] training that I've taken, the format's been basically the same [for the basic and advanced]. In terms of the requirements and all that, I don't really know because I was always going into it as a professional already working in an environment where there were obviously crisis response. So, in terms of eligibility, I can't really speak to that. There may have been [re-certification requirements] but not what I recall because I was always so active in it... ...in terms of...our internal CISM team... we obviously did training's, in service training's and that kind of thing. ... Most formats were the same, it was usually one day of essentially lecturing, audiovisual...videos and that type of thing. And the next day was role-plays. So it was two parts. ... I had it [the training]...here [in Ottawa]. Several of my co-workers, they had to go to Sudbury or one had to [go to] Toronto. I was fortunate (Interview April 19, 2001).

One counsellor recounted the basic CISM training course by stating that:

I don't know [about eligibility criteria] it's been awhile. You certainly had to put down your academic degree, credentials and where you worked. ...It [the CISM training] was readily [available]...within two weeks of applying. It [basic level of training] was a whole weekend, so it was Friday night to Sunday. So, it was three days really of training. And yes, there were lectures, and videos and role-playing and our own debriefing. ... It was quite complete, I thought it was a good training. ... [it took place] in Kingston (Interview July 10, 2001).

The counsellor also informs us that the instructor for the CISM training was Mitchell himself and added, "...he [Mitchell] had just done the Oklahoma City bombings by then. ... So, it [CISM training] was fairly new at the time". Of note, the Oklahoma City bombing occurred in 1995.

Another participant not only imparts the specifics of the basic CISM training, but also provides some insight into what she or he understands as the purpose of CISM training by remarking that:

In terms of [eligibility requirements for] the basic, there may have been...and I say may have been, but because I was [involved with an emergency response organization] nobody talked about eligibility. ... That [basic] training took place in Ottawa. ... The basic was a two-day course. The purpose of the basic training was to familiarize people with the shape of debriefing and to give a rationale for why it is this shape. ...it [the training] was an introduction and a history...with a small opportunity to practice. And the speaker actually at that one was Jeffrey Mitchell (Interview June 13, 2001).

This participant also received advanced CISM training and interjects a jocular twist in the narration of the event by conceding that:

In terms of the advanced [CISM training], which I did a couple of years later. Yes, the eligibility requirement was that you were [a member of a CISM team], because it was [taken at] a [crisis counseling] conference...in Mobile, Alabama. And the motivation to stay in the course was very high because it was 120 degrees Fahrenheit outside... [laugh] ...and the hotel was air-conditioned [laugh] No, the motivation for that course was very high because it was done well and we wanted to get certified. ...it would have been three full days, but because of the shape of the conference... It was a three-day venue spread over four. There was a very quick review, but he [the trainer] pointed out that right at the [start] "I'm not going to teach you the process, you should know that". It [the format] was practice, with direction and guidance (Interview June 13, 2001).

The succeeding counsellor described the specifics of the basic CISM training by saying:

...there was just the one level [basic] that I took. And it was lecture, audiovisual and role-playing... And it was two days. Eligibility? I don't think it was too stringent, but definitely they preferred people who would be involved in doing the debriefing for the certification. ... Re-certification? [glancing at the interview guide]...not that I'm aware of. From what I understand it would be going up to the second level [advanced]. ...I had to wait to take it [the training]...I think it was offered in different cities. So, you had to wait until it came around to Ottawa. ... I think it was maybe offered twice in Ottawa in...the year that I was looking to take it. And the cost? I...didn't pay for it so I don't know how much it was. They [the place of employment] signed us up and paid for it (Interview April 24, 2001).

Various consistencies pertaining to the specifics of CISM training courses can be drawn from the counsellors' combined accounts. For instance, CISM training courses appear to be readily available in that only one of the six counsellors made reference to a waiting period prior to receiving her or his CISM training. Four counsellors conveyed that they were able to receive their basic and advanced training within the Ottawa area (i.e. Ottawa, Cornwall, and Kingston), while two counsellors mentioned that they had to travel to Sudbury

and Alabama respectively to attain their advanced level of CISM training. Thus, the majority of counsellors were able to receive their training locally.

With respect to the duration of the basic and/or advanced CISM courses, four of the counsellors established that their training transpired over a two-day timeframe. One counsellor stated that the basic CISM training spanned three days and the counsellor who received the advanced training in Alabama did so over four days. In this instance, however, the advanced CISM training course was held in conjunction with a conference directed towards a specific target audience. According to the ICISF course outlines, the standard basic and advanced CISM training courses are held over a two-day time period consisting of fourteen hours and fifteen hours respectively (ICISF, 28/08/2001e [database on-line]; ICISF, 28/08/2001f [database on-line]). The experiences of the majority of counsellors in this study reflect this standard. It is interesting to note that Jeffrey Mitchell was the instructor for two of the six counsellors' basic CISM training and for one of the three counsellors who received advanced CISM training.

Concerns previously raised by several authors (Corneil, 29/01/2001 [database on-line]; Mitchell, 1993; Cornelius, 1987) with respect to the qualifications of persons who apply CISM processes are duly noted. The academic and professional experiences of counsellors in this study were revealed when they were originally introduced. Notwithstanding, five of the six counsellors' did broach the issue of eligibility requirements for CISM training. Although there is uncertainty among the counsellors in this regard, consensus appears to determine that their pre-existing involvement within a crisis counselling milieu is a sufficient standard. Indeed, the ICISF course outlines

indicate that “basic CISM training is for any person who wishes to know more about crisis intervention techniques such as CISD” (ICISF, 28/08/2001e [database on-line]), while advanced CISM training is more desirable for counsellors and other persons working extensively with persons who have been traumatized (ICISF, 28/08/2001f [database on-line]). Thus, the qualifications of the counsellors in this study are not in question.

Half of the counsellor’s received certification following the CISM training process. Three of the six counsellors also made reference to re-certification, albeit the necessity thereof was unclear. Review of the ICISF course index and outlines did not elucidate this issue, therefore the counsellors’ ambiguity is understandable. Only two of the counsellors addressed the issue of costs involved with their CISM training, which were revealed as being absorbed by the organizations where they were employed and/or volunteered.

By examining the counsellors’ individual accounts in chronological order, the changes that have occurred in the structure of CISM courses over the years become evident. Most notably are the comments of the first two counsellors who described their individual basic CISM courses as essentially consisting of a lecture format. This reality led one of these counsellors to say:

...there was no role-play. In those days he [Mitchell] hadn’t developed that kind of sophistication (Interview June 8, 2001).

Following these first two comments, all of the other counsellors either explicitly or implicitly noted that their CISM courses included lectures, audiovisual presentations and opportunities for role-play. Despite this inconsistency in the structure of CISM training courses, the majority of counsellors did engage in role-plays:

Having one counsellor in this study who received the basic CISM training in 1986 provides a unique opportunity to gain some insight into the introduction of CISD/CISM in Canada. For instance, this counsellor made note of the fact that:

....at the beginning, in 1985 and 86, there were very few people who did critical incident stress debriefing. I used to be the debriefer for [an emergency response department] ... So I did a lot of debriefing... ...but I don't do it anymore. I wouldn't do it, I usually refer it to others, I don't do it, I have never done CISD training [been a CISD trainer] because there's enough people out there doing it [now], I don't have time (Interview June 8, 2001).

This statement certainly draws attention to the increased use and popularity of CISD/CISM in Canada over the years. With respect to the introduction of CISM in Canada, this counsellor also added:

And what is very interesting...is that much of it [CISM] was introduced by administrators, it was top-down rather than bottom-up, but...it's both now (Interview June 8, 2001).

By noting that administrators initially introduced CISM, this counsellor's comment imparts that in Canada in the mid-nineteen eighties, employers of emergency response professionals began to recognize the impact that work related critical incidents can have on their employees. This comment reflects the assertions of several studies cited in this thesis (e.g. Armstrong, Zatzick, Metzler, Weiss, Marmar, Garma, Ronfeldt and Roepke, 1998; Buck, 1995; Deahl, 2000; Everly and Mitchell, 1997; Friedman and Shearer, 1988, and more). Data analysis informed by a structural perspective, however, is inherently attentive to the potential inequitable distribution of power (Moreau, et.al., 1993). Thus, when this counsellor describes the original inception of CISM as being from the top-down, obvious concerns should arise. Another counsellor in this study was in on the ground floor when CISM processes were implemented within a specific

emergency response organization. This counsellor reflected on the initial reception CISM processes received from the employees by stating:

...there was a lot of resistance because of the notion that this is our job, we can handle this, we don't need that [a debriefing]...and so on. And I think it's the unfamiliarity of it [a group debriefing process]. ...because it was very difficult for them to be vulnerable in front of each other. I think that they were certainly individually with their best friends in the department or they would sometimes come to our unit and talk about some of the issues that came up and that kind of thing (Interview May 2, 2001).

From this counsellor's experience, the introduction of CISM appeared to collide with the occupational cultural norms of this particular group of emergency service responders. Cornelius (1987), Sabourin (1991) and several other authors communicate the realities of the "right stuff" occupational norms that emergency service professions hold. Nonetheless, this participant conveys that emergency service responders were not averse to seeking emotional support privately, on their own accord. This suggests that it was both the shape of a CISD group process and *per chance* the authoritative directive more so than the receipt of emotional support that initially met opposition. When speaking of the initial administrative directive for CISM, the previous counsellor did state, "but...it's both now" (Interview June 8, 2001). This conclusion does allay some of the immediate theoretical concerns over power differentials.

Exploring the specifications of the counsellors' individual CISM training courses has exposed numerous similarities. Furthermore, aspects of the evolution of CISM processes within a Canadian context have also been revealed. It is also important to consider parallels among the counsellors in terms of the particular CISM processes in which they have been trained. In so doing, the

researcher will be assured that the counsellors are discussing CISM processes in a consistent way.

Descriptions of CISM Training Processes

Mitchell's CISM model currently consists of seven major components: (1) Pre-Incident Preparedness Training; (2) One-On-One individual psychological support; (3) Demobilization; (4) Defusings (disengagement intervention); (5) Critical Incident Stress Debriefings (CISD); (6) Family Support Programs; and (7) Referral Mechanisms for mental health assessment and treatment, when indicated (Everly and Mitchell, 1997; Mitchell and Bray, 1990; Everly et.al., 2000).

During their individual interviews, the participants explored some of the particulars of the CISM training processes that they attended. More specifically, they established the types of CISM processes in which they were trained. Responses are displayed sequentially from five of the six participants who engaged this line of dialogue. The counsellor in this group of five who has utilized CISM processes for the longest time noted that:

...the defusing and debriefing were certainly [taught] and the one-on-one training. But, the demobilization they were just beginning to get into that [when the participant took the training] (Interview May 2, 2001).

Another participant stated that:

...I had [training in] the main model of the defusing, debriefing and also too...in terms of mobilizing everybody, [such as] management. The Critical Incident Stress Management part, managing the whole crisis and then after the fact doing basically debriefing. ...in terms of how we feel about what we did and what we want to do better next time (Interview April 19, 2001).

When contemplating the types of CISM processes that were covered in the course, one counsellor referred to the interview guide for direction and concluded:

As an overview yes, it [the CISM training] covered most of them [probes on the interview guide i.e. pre-crisis preparedness training, demobilization, defusing, CISD, one-on-one]. Ya, I would say it did (Interview July 10, 2001).

Another counsellor reflected on the types of CISM processes that were covered in the training by saying:

My...formal training has been strictly defusing, debriefing, demobilization. All the other stuff I've picked up other places (Interview June 13, 2001).

The last of the five participant's to discuss the types of CISM processes in which training has been received communicated that:

I did defusing, Critical Incident Stress Debriefing and the one on one (Interview April 24, 2001).

Presenting participant's narrations in sequential order illuminates changes that have occurred with respect to the types of CISM processes that have been included in the training courses over the years. In particular, the first participant's account in this section made reference to the later addition of demobilization. Another incongruity revealed in the types of CISM processes in which training has been received include only one of the five participants making reference to acquiring pre-crisis preparedness training. Furthermore, only three of the five participants stated that they have obtained an understanding of demobilization and one-on-one processes within the context of CISM. Although the CISM model currently consists of seven components (Everly and Mitchell, 1997), an understanding of why these discrepancies exist within the sample is not ascertained from the data. Perhaps they merely reflect the progression of CISM processes from the time that participants received their training. Nonetheless, all five participants who engaged this area of exploration did acquire training in Defusing and CISD.

In addition to identifying the various types of CISM processes in which participant's are trained, some of them expanded their dialogue to describe what the training courses actually consisted of. For instance, one participant spoke of the contents of the basic CISM course by saying that there was:

A lot of open discussion, there's a lot of audience and trainer interaction. ...using examples...and going over how the trainers handle the situations. [Then we went]...over situations that everyone's experienced and [how] to apply what we were learning through the steps to a situation. Then [we] practiced them in role-plays so, it was...pretty interesting...those processes (Interview April 24, 2001).

From this statement, the basic CISM course that the participant attended took the shape of an open exchange of knowledge and experience that is reinforced through role-play. In this regard, both the trainers and the students appear to be educators and learners. It is also interesting to note that the participant draws attention to the step by step application of the CISD process. Making this distinction leads the researcher to question whether rigid adherence to the steps is considered to be an absolute necessity for an effective CISD application.

Another participant presents an informative, yet arousing rendition of the events that transpired during the basic CISM course. The participant begins by revealing that:

...the speaker actually at that one [the basic level of CISM training] was Jeffrey Mitchell. Now, he was quite entertaining. [smile] and for those of us who were good at taking notes, you know, it was very didactic. He [Mitchell] was talking about where it came from, why it came from, and a lot of Jeffrey Mitchell war stories. ... Many people were so in awe of Jeffrey Mitchell the guru that they were only too happy to let him talk and it was good too. ... So he was teaching by giving examples of his experience. Towards the end of the second day, when we had been introduced to the basic structure of how a debriefing takes place then he gave people an opportunity to volunteer to role-play one. One of the [persons] at our table volunteered all of us. [laugh] So, in a room of four hundred people... [laugh] ... I guess the point of telling you that is that

not a lot of people in the basic training got an opportunity to role-play and I would say that's probably a deficiency (Interview June 13, 2001).

Through the use of humour, some significant issues are raised in this statement. For instance, in contrast to the previous participant's experience, the above statement did not mention an open exchange of knowledge and experience nor an ample opportunity to reinforce this knowledge and skill through role-play for all. Snelgrove (29/01/2001 [database on-line]) questions how a two-day workshop could possibly provide enough training for anyone to acquire sufficient knowledge and skill to be an effective CISM debriefer and why students' knowledge and skills are not tested prior to receiving certification.

It is not the intention of the researcher to question the effectiveness of participants as CISM debriefers. Rather, Snelgrove's (29/01/2001 [database on-line]) assertion is used to support present concerns regarding what appears to be a significant lack of opportunity to apply theory into practice via role-play. This concern is also reinforced through the fact that basic CISM training is open to *any* person who would like to know of crisis intervention techniques (ICISF 28/08/2001f [database on-line]). In the above statement, the instructor is presented as being more absorbed in oration than instruction, which leads me to question whether such inconsistencies are a regular occurrence in CISM didactic processes. Only two of the five participants offered an extended description of the basic CISM training course. Therefore, inconsistencies in CISM training may merely be isolated anomalies. Nonetheless, this issue is certainly fuel for the CISM opposition fire.

Another issue in this statement worth mentioning relates to number of persons who were in attendance during this participant's basic CISM course.

Admittedly, the data did not reveal any other reference to the amount of attendees at CISM training courses. The participant's disclosure of four hundred attendees, however, certainly appears to reflect the current popularity of Mitchell's CISM model. Furthermore, when this number is juxtaposed with the comment of another participant an interesting issue is exposed. Specifically, the other participant said:

I mean they're [CISM training courses] offered all the time all over the country by a thousand trainers (Interview June 8, 2001).

From a liberal frame of reference, it can be argued that the apparent popularity, availability and volume of persons receiving CISM training, as communicated by some participants, simply reflects the ICISF extending their individual liberties by fully engaging all the opportunities available to everyone under capitalism (Mullaly, 1997). Notwithstanding, some members of the trauma/crisis counselling community (Corneil, 29/01/2001 [database on-line]; Davis, 1999; Deahl, 2000) are openly dubious of some forms of CISM that are aggressively marketed by individuals or groups who promote the efficacy of a specific process, which they themselves have often developed. Theoretically, an essential component of the structural approach is the rejection of capitalist marketing strategies, which advocate profit. In stark contrast, the structural approach advocates egalitarianism (Mullaly and Keating, 1991). Thus, CISM processes that gain domination within a competitive capitalist milieu, which is based on a free market as the ideal economic system, must also garner structural suspicion. Especially when one considers that the 'product' in question is designed to heal the spirits of traumatized people, not merely the dysfunction of inanimate objects.

One of the counsellors in this study, however, did provide some clarity to concerns over the direct marketing of CISD by saying, "[i]t's free, that's a very important [aspect] of CISD" (Interview June 8, 2001). It is reassuring that persons who experience a traumatic event and attend a CISD process are not invoiced for doing so. Nonetheless, it is also somewhat illogical to assume that, within our capitalist society, no form of remuneration is advanced. For instance, one need only consider the potential gains received from the retail of CISM training courses, consultative services, publication copyrights and other capital ventures.

This participant also provides details in terms of what the advanced CISM process consisted of by explaining that:

There was a very quick review, but he [the trainer] said "we're not going to do [learn] the process [CISD]. What we're going to do now is look at different situations which make the process a challenge." ... Examples he used were disasters that are ongoing where you're having to move people in and out of the situation. So those were the kinds of things that we were doing in advanced...training. The majority of the time was spent doing role-plays and exercises. One [exercise] we basically role-played the Los Angeles fire, which was interesting and there was a [participant] that got up and left during that. We thought this guy's acting, you know, doing a good acting job, this is practice for the gatekeeper. In the process [CISD] there is someone [the gatekeeper] who always checks to see if you're Okay [if someone leaves a debriefing]. But, ...in this case he got up and left. I was the lead debriefer, so it wasn't my job to go...and follow it up. After the debriefing I said, "[y]ou were giving the gate-keeper an opportunity?" He said no, I was there at the fire. Nobody knew that, till then. So we checked to see if he was alright with that. He said "[y]a I'm alright with that", "I knew the officer" he said. Well there's an officer [who] stepped out of his car and burst into flames spontaneously because of the heat and died. He was the fellow that dealt with the officer's family. So, for him, to be sitting in [on] that particular role-play probably wasn't appropriate, but since we weren't handed the situation until we were all sitting in the circle... Those are the kinds of things they do, when they do advanced CISM, very attractive (Interview June 13, 2001).

With specific attention given to applying CISM processes within challenging contexts, the process involved with the participants' advanced CISM course appears to be an extremely useful and dynamic format for imparting and exchanging CISD knowledge and skills. Yet, despite the significant knowledge and experience that attendees bring to the advanced CISM course, this participant's recognizes that crisis counsellors are not infallible to the stressors of a traumatic event. The ICISF is committed to preventing and mitigating critical incident stress and acknowledges that such stressors may also be manifest as compassion fatigue (ICISF, 03/01/2001a [database on-line]; ICISF, 28/08/2001g [database on-line]). Indeed, a course that specifically addresses this issue is offered by the ICISF (ICISF, 28/08/2001g [database on-line]).

It is unfortunate that the application of this knowledge, and that of triggers¹⁶, did not appear to be transferred into the advanced CISM course at hand. Perhaps a simple introduction of the crisis situations to be role-played prior to group formation could have prevented the participant's untimely withdraw. Especially when such current and known crisis situations, as the San Francisco fire, are used as scenarios for role-plays. This account certainly serves as an example of the multiplicity of issues that need to be considered by instructors and counsellors alike when working with others within the context of crisis.

As one participant's description of the CISM training course drew to a close, an intriguing complexity concerning the CISD process surfaced. The participant explained this consequence by disclosing that:

¹⁶ The memory of a critical incident is said to be "triggered" when a person experiences flashbacks, whether those flashbacks involve concrete details, the re-experiencing of a similar critical incident, or both. For some people, the presence of identifiable and specific situations or aspects of situations is likely to result in flashbacks. These situations or aspects are known as "triggers". As such, triggers usually resemble aspects of the original critical incident (Burstow, 1992).

One of the most difficult things, I think, about Critical Incident Debriefing is not actually doing it, but not doing it. The good news is that if you're not doing it presumably there isn't a critical incident. The bad news is that when a critical incident comes along, if you haven't been practicing it you've gotta sit there with your manual. And, for that reason, the [place where this participant volunteers] has a Critical Incident Stress Management Board. I'm on their Board of Directors and our job is to have training, frequent training opportunities. We'll bring people in to talk about things like compassion fatigue and other stuff around the edges, but we will also learn tabletop role-plays. So that people [debriefers and peer debriefers] can maintain a level of comfort with the shape of the process (Interview June 13, 2001).

The organization that this participant is association with should be commended for the proactive stance it has taken in terms of on-going professional development within the context of CISM and its efforts to preserve the proficiency of debriefers with the CISD process through tabletop role-plays. Nonetheless, this participant's remark, as to the necessity of facilitating a CISD process with manual in hand, if one has not had a recent opportunity to practice the process, parallels previous concerns raised by the researcher regarding rigid adherence to the seven CISD steps. It is important to note that Mitchell recommends mandatory attendance at a CISD process for every emergency response person who has been involved with a specific traumatic event (Snelgrove, 2000). Furthermore, during the seven-step facilitator-led CISD process, attendees are expected to recount their experience of the event in turn. Indeed, it is not until the fourth, reaction phase, that attendees are not required to speak (Everly and Mitchell 1997; Mitchell and Bray, 1990).

The structural approach is intrinsically attuned to the potential exploitations of power. Thus, the possible imbalance of power within therapeutic/counselling milieus must also be taken into consideration. Davis (1999) advances a noteworthy issue pertaining to therapeutic processes that are grounded

principally in militaristic principles and authority by stating that the emphasis therein appears to be more on method than the quality of the therapeutic relationship. Moreau (et.al., 1993) explains that when the structural approach is transformed into practice, work with and for individuals, families, and/or groups should be guided through collaborative efforts, rather than from an expert, top-down position. From a structural frame of reference, mandatory attendance at a primarily facilitator driven, regimented process is difficult to conceptualize as a collaborative effort. This is an unfortunate finding as it suggests that inherent power inequities may exist within the CISD process. Furthermore, the concept of mandatory attendance raises concerns over the possibility of passive participation and resentment towards the CISD process in some persons who are required to partake.

From the participants' descriptions of CISM training courses, it has been established that Defusings and CISD are the two types of CISM processes in which all have been trained. Details of what the CISM training courses actually consisted of also provided an awareness of inconsistencies in terms of opportunities to role-play for all and concerns over the apparent rigidity and authoritative directive of CISD were raised. Nonetheless, the current popularity that CISM holds has been further validated in light of participants' comments regarding availability and the volume of persons being trained. The participants' accounts have provided insight into their CISM training experiences. In light of the focus of this study, however, it is also important to explore whether any multicultural issues were addressed therein.

Multicultural Issues in CISM

Although the North American counselling community has adopted a

proactive position in terms of multicultural content within counselling processes, translation of this inclusion across and within training programs is highly unpredictable (Yutrzenka, 1995). As counsellors in this study reflected on their individual experiences of CISM training, multicultural issues within this context was also a subject that captured attention. When contemplating whether any multicultural issues were addressed during their respective CISM training courses, one of the six counsellors simply stated, "No" (Interview July 10, 2001). The five remaining counsellors were somewhat more verbose when considering the extent to which multicultural issues were discussed during the CISM training. For instance, one participant noted that:

There's nothing specific to talk about cultural or gender issues [in the CISM training]. It was just a very general presentation. The composition of the people there [at the training course] was definitely multicultural and interracial. ... We could easily have done that, I'm sure. Certainly throughout there...were more than likely references, but I can't in all honesty say I remember them. ... Maybe it wasn't said because...the assumption is that you would know that (Interview June 13, 2001).

Despite this participant's expressed uncertainty, it does not appear that any aspect of multicultural issues were a part of the CISM training course. Nonetheless, it is interesting to note the participant's reference to the multicultural composition of attendees at the course, which mirrors the composition of society.

Alternatively, one counsellor imparted that multicultural issues were addressed at the CISM training course, however, the issue was limited to, "[i]nstitutional culture, that was it " (Interview June 8, 2001).

Although not specifically stated, another participant also makes reference to the inclusion of occupational culture in the CISM training courses. This counsellor participant begins by saying:

No, they [the trainers] really didn't touch on that [multicultural issues]...it really was very tight in the focus. It was tight in the sense that they talk about emergency personnel responding and it wasn't who...those emergency personal are, where they came from, what they did or anything. Very vague, they didn't focus on that at all. As far as I'm concerned it wasn't brought up whatsoever and it was very one way (Interview April 24, 2001).

The participant's comment clarifies that the occupational culture of emergency response professions is summarily alluded to in the CISM training. In this regard, however, it appears that emergency responders are viewed as a homogenous population, not multifaceted individuals.

The following counsellor also acknowledged that the occupational culture of emergency service professions was discussed during the CISM training course by forwarding that:

...I can't say no [to multicultural issues being addressed in the CISM training] because the essence of the Mitchell model is emergency personnel. So right within that is a culture, you know what I mean? And they're [the trainers] making certain assumptions about the culture and how they're [emergency responders] going to respond [to a critical incident] and [the] importance of peers and all of those principles elements of the model that speak of that (Interview April 19, 2001).

This counsellor's account suggests that the occupational cultural beliefs, norms and values of emergency response professions were addressed during the CISM training process. Several authors, Cornelius (1987), Mitchell and Bray (1990), Sabourin (1991) and others have established that this occupational culture has led emergency responders to believe and the public to expect, that any incident will be met with emotional detachment and without untoward distress.

Another participant, who mentioned that the occupational culture of emergency services responders was addressed during the CISM training

process, conveyed an understanding of this culture that parallels the aforementioned established beliefs. In particular, the participant explained that:

...[emergency responders] in general feel that they've been trained to cope with it all and they're used to it and therefore they'll be just fine at every incident. ...[I]t's very difficult for a culture such as the police and...also fire...to have any vulnerability whatsoever, which makes it more difficult. Yes, that was addressed [during the CISM training]..., but not specifically addressed. It was addressed...but not in a multicultural [way], not as the police being different if that makes sense (Interview May 2, 2001).

The impression is that emergency service responders are a homogenous population, devoid of diversity. Nonetheless, five of the six counsellors did affirm that occupational culture was addressed during their CISM training courses. Four of the five counsellors specified that the occupational culture was that of emergency service response professions. The extent to which this culture was discussed during the counsellor's respective training processes was highly variable. Otherwise, the counsellors responses consistently reveal that no other aspect of multicultural issues, as understood from a broad frame of reference were addressed during the CISM training courses.

Many similarities, in terms of CISM training processes, have been drawn from the participants' combined accounts. Nonetheless, inconsistencies in terms of opportunities to role-play for all during CISM training courses were identified and concerns over the apparent rigidity and authoritative directive of the CISM process were raised. It is important to note that Defusings and CISM are the only two of the seven CISM components in which all participants have been trained. It was revealed that occupational culture within the context of emergency service response professions was the only aspect of multiculturalism to be addressed during CISM training processes.

From these findings, a general appreciation for the commonalties and discrepancies among the participants in terms of CISM training experiences and impressions have been established. With this knowledge it is essential to now explore how the counsellors in this study actually apply CISM processes within multicultural contexts.

Chapter Seven

Personal Experiences with Critical Incident Stress Management (CISM) Processes

Introduction

The counsellors associated with this research have an abundance of knowledge pertaining to crisis counselling gained from a myriad of personal, educational and professional experiences. As was stated earlier in the study, when their years of work experience are combined it amounts to one hundred and thirty years. Their shared commitments to helping others and knowledge of the Mitchell CISM model are the common threads that brought their experiences together for this study.

Taking into account the multicultural composition of our society, it is important to explore how the counsellors apply CISM processes within the Canadian multicultural contexts. It is also important to acknowledge the counsellors' years of experience and their established repertoire of crisis counselling skills aside from the Mitchell model of CISM. In so doing, the researcher may be able to definitely ascertain whether it is the CISM model in isolation that is being applied within multicultural contexts or whether this process is complemented with counselling skills that are otherwise held.

This chapter advances themes that emanate from the data, which reflect the counsellors' personal experiences with CISM processes. Issues that are presented in this chapter include: the pain, the people, and the places; working multiculturally with CISM; and, making CISM multicultural. As previously mentioned, Defusings and CISD are the two CISM processes in which all

counsellors' are trained. These two CISM processes are the main sources of reference that inform the counsellors' experiences with the processes.

The Pain, the People and the Places

The counsellors' shared some of their experiences with CISM processes by reflecting on particular types of critical incidents that they have been involved with over the years. In addition, they described some of the individuals and groups of persons that they have used CISM processes with and depicted certain settings in which CISM processes have taken place. When reviewing the accounts, however, it is worth reiterating that the volume of their experiences is significant and aspects of similarity abound. For instance, one participant explained that some of the types of critical incidents they had been involved with consisted of:

...suicides, particularly difficult sudden deaths [such as the] sudden death of a child... Also, [a] multi-trauma [such as a] multiple car accident [or] where there's been a fire [or] where's there been a lot of injury and/or death. ... and definitely bank and store robberies (Interview May 2, 2001).

The types of critical incidents that the participant describes are echoed in the experiences of almost every other participant. In fact, they all made mention of various kinds of suicides and sudden deaths. All but one participant referred to robberies as a type of critical incident that they have been involved with.

Another counsellor stated that they have been involved with critical incidents that range:

Basically from A to Z...[such as]...[a] co-worker injuring someone [or] classmates [injuring someone] as well. ...[I've been involved with] muggings, assaults [and]...victims of crime and...people who have been a victim of being arrested that...come into conflict with the law, that is also very traumatic. ... [In addition, there are] hostage situations [and] home invasions (Interview April 24, 2001).

Several of these examples of critical incidents are also reflected in the words of the other counsellors. Depicting the indictment process as a potentially traumatic event was a type of critical incident unique to this specific counsellor. Furthermore, this counsellor was the only one to verbalize hostage situations and home invasions as a type of critical incident.

The counsellors' accounts convey that they have been associated with numerous types of critical incidents over the years. Although most of the counsellors appear to have experience with similar types of traumatic events, a few distinct incidents were realized. It is also worth noting that only one of the six counsellors made reference to natural disasters.

As one participant described the types of critical incidents that they have been involved with, an interesting disclosure in terms of the guiding philosophy practiced within the context of sudden death was shared. The participant explained that:

I deal a lot here [current place of employment] with death of co-workers. Particularly...around suicides or natural deaths as well. But, we try not to, death is a very natural event and we try, I have always tried not to make it a clinical event. You know, not to pathologize something that's so natural. But if a death came as a result of an accident in the workplace or suicide, then, ya, I'm very much involved with that (Interview July 10, 2001).

From a structural frame of reference, the participant's resolve to not make a natural death a clinical event can be used to illuminate both the potential inappropriate use of CISM processes and the conceivable exploitation of power. Gist and Woodall (1999) acknowledge that the reflexive application of a CISM process in essentially any situation that might seem stressful could inadvertently undermine naturally occurring support networks. By preferring not to facilitate a CISD process with employees who have lost a co-worker who died from natural

causes, the participant appreciates that the co-workers are most probably quite capable of grieving amongst themselves, in their own way. Davis (1999) further elucidates that although stress reactions are 'caused' by a traumatic event, oftentimes it is the individual's reaction that is perceived to be the problem. Such a perception serves to marginalize the individual by defining the problem as their deviant psychology (Davis, 1999). Thus, in this instance, the application of CISD can be understood as inappropriate in that it "psychiatrizes" a natural event.

In the above statement, one must also bear in mind that the participant is referring to CISM processes being applied within an occupational setting. It is important to be cognizant of the influence that organizational directives may hold over the types and meanings of critical incidents that CISM debriefers may be required to engage.

The adoption of a CISM process by employers for employees who experience a work-related traumatic event has met with heated and opposing debate among the trauma/crisis counselling community (e.g. Armstrong, et.al., 1998; Didsbury, 1992; Lane, 1994; Snelgrove (29/01/2001 [database on-line]; Stanley, 1991; Stewart, 1984; Streiner, 1990; and others). Regardless of one's position within these debates, the reality is that administrations hold the power and control over the adoption and implementation of CISM processes. Thus, it is feasible to conclude that such power imbalances could result in the inappropriate application of CISM processes if CISM debriefers are unable to be as determined as the participant in this study.

Another counsellor imparted a comparable account involving the death of an employee by natural causes and the suicide of an employee:

...I did the two debriefings, one around a man who had had a heart attack and his friends [co-workers] watched him [die] and that was [a] weak excuse for a debriefing. You could see that although they wanted to talk about it they were much more in control than it was maybe appropriate. The intervention was probably inappropriate because they could deal with it [the co-workers death]. The suicide one was very, very good because the people [co-workers] were very angry with the person, with the organization and that [debriefing] was very good (Interview June 8, 2001).

This account suggests that when a debriefing is applied within an appropriate context, it is effective.

An appreciation for the types of critical incidents that the counsellors have been involved with and a cognizance of the socio-political milieu in which CISM processes may unfold is beginning to form. During their individual interviews, the counsellors also spoke of the individuals and groups of persons with whom they have used CISM processes. These accounts serve to extend our understanding of the work that the counsellors do. For example, when recalling some the persons that they have worked with, one participant conveyed:

Oh well, I mean, the...people that I've dealt with in those situations are... [from] everywhere. From, ...women and children, to older...people who don't speak our language and...new immigrants and refugee people, just new to our country. [Also] those who have been here for twenty years and have adjusted to living in Canada...just the whole gambit. I think every difference that you could have with people. ...[I've worked with] those who are coming from very different mindsets and cultural perspectives that don't fit into ours at all. [In those instances, you encounter] different emotions and different ways of dealing with trauma... [I've worked with people from] all class[es], right from...professionals...to...children and families and [different] occupations... There are such different bases in this world, just a phenomenal difference in [the] ways that you approach people (Interview April 24, 2001).

From this statement it is clear that the participant has worked with a broad range of individuals and families experiencing crisis situations. In particular, the participant makes reference to such multicultural aspects as working with persons of various ages, classes and occupations. Furthermore, diversity in

terms of the gender, race, ethnicity, language and culture of persons that the participant has worked with are revealed. When working within multicultural contexts, the participant also acknowledges the continuum of individual responses to traumatic events that unfold in light of numerous cultural and philosophical influences. Making this distinction reveals the participant's awareness of the effect that culture, life-experience and history may have on the way that persons' respond to crisis (Sue, et.al., 1992). It is important to note that many of the participants presented accounts of applying CISM processes within multicultural contexts that parallel this participant.

The preceding participant also discussed some of the issues that are taken into consideration when working with a specific group of persons by explaining that:

I've had experience...dealing with people with different sexual orientations and...that's very different too because you have to be so sensitive to where they're at. ...[T]he biggest is understanding what their life is like for them and put yourself into that space and helping them with the stigma and...what they deal with and how that impacts on their trauma. ...[M]aybe they're not supported, ... so having to really explore that a little more and really be very sensitive again (Interview April 24, 2001).

The participant articulates an awareness of and sensitivity to, such issues as stigma and isolation when working with persons of non-heterosexual orientations. Furthermore, it is realized that a traumatic event may compound these issues.

Theoretically, the structural approach validates the participant's considerations in that under patriarchy any person who deviates from the heterosexual norm will encounter oppressive and alienating social forces, which can be exacerbated in the event of a crisis (Moreau et.al., 1993; Mullaly, 1997). Of note, this participant also made specific reference to the trauma of poverty

that is seen when working with poor persons within the context of CISM processes.

The participant further informs that:

A major focus of what I'm doing now is working with a homeless population, those on the street and in shelters. So working...with people who are extremely marginalized and are just living...below the poverty line. ...[V]ery low socio-economic circumstances and having to find out where they're at and what [their] needs [are], and the level of need that their at is so different from someone who's working professionally. Even just trying to meet their basic needs, like housing [and] eating food. So trying to [do] this type of counselling...with people who probably haven't even eaten for a couple of days, they just are that poor. Trying to be sensitive to that and to be realistic with what you can do and what your gonna say to them, because they'll certainly tell you. [laugh] Really breaking it down [CISM processes] and bring it [CISM processes] down to basics (Interview April 24, 2001).

In this instance, the utilization of CISM processes with persons who are homeless may be more complex in that the lack of such basic life necessities as food and shelter intersect with an individual's ability to cope with yet another traumatic event. The structural approach contends that the inequitable distribution of social, economic and political power in our capitalist society is intimately interconnected with the distribution of wealth (Pond, 1989). Thus, the extent to which one is situated in poverty or privilege will not only have a direct impact on living standards and life opportunities, but can also influence one's response to and recovery from a traumatic event.

Another interesting comment was made by one counsellor who described some of the persons with whom he or she had worked while holding a specific position. For instance, the counsellor stated that:

I had the EAP [Employee Assistance Program] with a colleague for a small rural hospital so anything that happened out there in the rural area...we did that. So the hangings and the accidents and that, a lot of it [the work] had to do with the docs and the nurses and the support staff, ambulance

crews. I mean everybody knows everybody in town, so...if somebody dies... ...[t]here were two children that died in a fire, so right from the ambulance attendant to the cop, to the nursing personnel, we all knew these kids. So that makes it very difficult as a small community to deal with that (Interview July 10, 2001).

In this narration, the persons who the counsellor offered CISM processes to are characterized in terms of their occupations, which encompass various medical and emergency response positions. Several of the counsellors also made reference to working with persons in these and several other occupations such as social workers, firefighters, bus drivers, secretaries and many more. This narration is also significant in that the counsellor's work transpired within a rural community. As a result, the counsellor acknowledges that the wide spectrum of persons who were involved with the described traumatic event were more personally affected than may be expected within an urban setting by virtue of the familiarity that exists in a small town. Of note, only one other participant made reference to facilitating debriefing processes within rural communities.

While reflecting on the individuals and groups of persons with whom CISM processes have been applied, one counsellor made a rather broad statement, but follows it through with an example that provides more clarity. The counsellor asserted that:

I can honestly say in terms of post-trauma...the essence of it [CISM processes] I've used in almost every intervention. For instance, there was [an incident] when myself and a co-worker responded after the drowning of a child and we had...five children who had witnessed it. [T]hese little guys were eight years old. So, you're not going to sit there and do a three-hour [debriefing]... In terms of "the worst thing" and talking [it] through and getting their perceptions about the incident and their involvement in it. And obviously the children, it was all the more critical in terms of helping them understand support systems and helping to identify that for once they left [the scene]. That's...helping them to develop their coping, whatever they are coping with. ...[O]n the other side of that is dealing with the parents of the children... So obviously there are different

concerns, but the essence of the model are there, are important (Interview April 19, 2001).

This statement raises a very significant issue with respect to the sweeping use of CISM processes. More specifically, the counsellor is not speaking of the reflexive application of CISM process in essentially any situation. Rather, the counsellor states that the "essence" of CISM processes have been used in almost every intervention that they have undertaken. In so doing, the counsellor confers an understanding that depending on the individuals or groups of persons that one is working with, the standard CISM process may not be appropriate and, thus, modifications must be made (Sue, et.al., 1992). Admittedly, the application of Debriefing processes with children in a modified fashion is a recognized necessity (e.g. Johnson, 1989). Nonetheless, when working with the parents of the children, this statement also suggests that revisions may also be made.

This counsellor also provided a deeper understanding of when modifications to CISM processes may be required by saying:

We've done community ones [debriefings] after suicides, a lot of those. But the ones [debriefings] where it was strictly the CISM...in terms of the Mitchell model, was mostly [with emergency service responders]. And then the other ones, when [we were] dealing with victims or multiple victims and debriefings, or witnesses of the event...we'd use variations of the Mitchell model (Interview April 19, 2001).

Thus, another criterion for modifying CISM processes appears to be based on distinctions between emergency versus non-emergency response populations.

Five of the six participants expressed the necessity of modifying CISM processes so as to make them appropriate for whomever they may work with. Despite the apparent propensity of participants to modify CISM processes, it is also interesting to note that two participants made reference to the use of the

question, “[w]hat was the worst thing for you about the event?” This question is used during Defusings and often as the transition question into the fourth, reaction phase of CISD so that persons who experience a critical incident can realize that it is understandable and acceptable for them to have such thoughts and feelings about the event (Mitchell and Bray, 1990). Thus, this question appears to be one aspect CISM processes that may be left untouched.

From these accounts, it is apparent that the counsellors have utilized CISM processes with varied and diverse individuals, families, groups, organizations and communities. Furthermore, such multicultural aspects as race, ethnicity, class, gender, age, sexual orientation, language, culture and so on are revealed and the continuum of work in terms of applying CISM processes with marginalized and poverty stricken populations through to affluent professional populations is realized. Several counsellors referred to the standard application of CISM processes with emergency response populations. Alternatively, some counsellors mentioned the utilization and modification of CISM processes with such non-emergency populations as children, parents and immigrant and refugee populations, to name a few.

Aside from the two participants who traveled to rural communities to facilitate CISM processes, some of the other settings are also described. For example, one counsellor forwarded that they have provided CISM processes to persons:

In the community, in institutions, basically I can't think of a place that I haven't done [a CISM process]. [In] the office, on the street, beside a lake, I mean, just everywhere, just wherever you have to go even a fire station. ...all kinds of different places ...on the scene...at...the [office], at the hospital. Wherever, in people's homes, on the phone, wherever (Interview April 19, 2001).

From this statement, it seems obvious that if required the counsellor will provide CISM processes to any person or group of persons wherever they may be.

This statement essentially reflects the experiences and opinions of all but one participant who specified that " ...I never go on the scene...[and] never in a person's home..." (Interview June 8, 2001). Another participant elucidated why some CISM processes may be engaged at the scene of a traumatic event by saying, "...the very worst cases were dealt with at the scene..." (Interview May 2, 2001).

In this regard, one counsellor provides a meaningful example of what is understood as a "very worst case" by stating:

...[A]t OC Transpo we were right on the scene at the time [of the shooting]. We set up a kind of a Center that we could work out of. Within minutes of the shooting people were there (Interview July 10, 2001).

When reflecting on some of the settings, in which CISD processes have utilized, one participant mentioned that:

...[W]e try to do the debriefings off site. So, quite often we've used one of the rooms in this building, because it's [a] neutral, safe space. We've [also] used school space when we've had a hard time [finding a place to do a debriefing] (Interview June 13, 2001).

This participant also describes particulars surrounding the consultative process of a Defusing and illustrates some of the familiar settings where Defusings transpire by saying:

[I've done] numerous defusings, numerous. ... But they would usually happen informally. You know, I would be made aware by the co-ordinator of the [CISM] team or...the [CISM] Board is made aware that such'n such has gone on, just [to] be aware of that. ... A lot of defusings with [emergency service responders] sometimes happen with them in their cruiser. ...[A]nd sometimes it'll be [an emergency responder who will say to me]..."you gotta a moment", [and we will] head up to the coffee shop, it'll happen there or in the hallway, or in their office... Occasionally,

someone will say, "...would you like to come...on a ride along with me next week?" and they won't tell me why. ... We'll get into the car and they'll say, "did you hear about such'n such a call"... Now, is that a defusing? Ya, it's a defusing. So that would be in their office, on wheels. No specific formal space, other than the debriefings tend to be in a formal space and off site (Interview June 13, 2001).

In addition to identifying numerous settings in which Defusings have taken place, it is interesting to note that the participant also draws attention to the formal structure of CISD versus the informal composition of a Defusing.

The counsellors describe a myriad of settings where they have applied CISM processes. From their accounts, a sense of flexibility to apply such CISM processes as Defusings, CISD and One-On-One counselling within almost any setting is transferred. CISM processes, however, also involve counselling components that are not primarily isolated to the immediate aftermath of a critical incident. Using the OC Transpo shooting as an example, the following participant provides a concrete understanding of the various settings in which and how the re-entry phase of a CISD process, support programs and referral mechanisms of CISM processes may unfold. The participant shared that:

...[A] few weeks later we provided a walk-through so the mechanics that were...we would walk through the garage where it all happened with them and kind of were there to answer questions and go through things and people reacting and all that. ... In the community, the remembrance ceremonies that OC Transpo has put on. Or even something as simple as we were always present when they were testing the fire alarms...for months after because everybody's hyper-vigilant and when the fire alarms [sounded], it conjured up all kinds of things. So just always being a presence there at OC for a year, year and a half almost. Even now, I mean we're still working on the jury recommendations (Interview July 10, 2001).

The re-entry phase of CISD is a time when debriefing participants may choose to work collectively on an action plan towards a group defined goal that will provide them with some sense of power and control over a traumatic event

(Mitchell and Bray, 1990). From this example, the remembrance ceremonies can be understood as part of OC Transpo's action plan. Furthermore, the walk-through in the garage for the mechanics and being a presence in the building when fire alarms were tested reflect follow-up support programs, while the inquest and work on the jury recommendations thereafter highlight the need for referral mechanisms (refer to Appendix S). All of these were implemented in an attempt to assist the OC Transpo community to feel empowered, safer and more confident of their ability to cope with the impact of a critical incident, should one arise (McDowell and McDowell, 29/01/2001[database on-line]).

From the counsellors' accounts, a greater awareness of the painful incidents they become involved with, the people they work with and the places they go to provide CISM processes has been gained. Although their individual accounts are unique, numerous similarities are revealed. Within the context of this study, however, the most striking parallel among the counsellors is the truly multicultural composition of the persons they have utilized CISM processes with. In light of the absence of multicultural content in CISM training courses, it is worth exploring whether the counsellors consider these processes to be effective when working multiculturally.

Working Multiculturally with CISM

The North American counselling community has been extending efforts to incorporate multicultural content within counselling processes for the last thirty years. There are those, however, who contend that counselling processes are inherently multicultural in that everyone differs in terms of cultural background, values or lifestyle (Patterson, 1996; Pedersen, 1991; Waldegrave, 1986). Indeed, Patterson writes that the current "overemphasis" on cultural diversity in

counselling has caused counsellors to take on a "chameleon" role in which they must change their style, skills and methods to meet the "presumed characteristics of clients from varying cultures and groups" (1996, p.230). Patterson further states that "emphasis on difference" ignores the fact that we are rapidly becoming a global society, which will ultimately lead to "homogeneity" and "one worldview" (1996, 230). Theoretically, structuralism certainly hopes that Patterson's one worldview is based on egalitarianism and not the inherently inequitable capitalism, which currently has a stronghold in most industrialized societies. Otherwise, the "homogeneity" of Patterson's one worldview utopia will breed an even more profound necessity for multicultural content in counselling.

Nonetheless, it is appreciated that when multicultural content within counselling processes is considered, various opinions abound. The relevance of incorporating multicultural content within the context of CISM processes was an issue that the participants discussed in their respective interviews. In response to this conception, one participant spontaneously remarked, "[o]f course, obviously" (Interview June 8, 2001). Another participant shared their opinion on this issue by saying:

I think they [multicultural issues] need to be a part of it [CISM processes] in order for it to be effective. I think when you're dealing with particular cultures...for instance [emergency service responders]. I think depending on who you're responding to...it may be that you may need to be more structured, more rigid in terms of how you follow it [CISD]. I think regardless, ...to me, that's all part of doing it [CISM processes]. It's all a part of doing your homework [knowing the culture of the persons you are working with] and being open to whatever the situation presents (interview April 19, 2001).

In this statement it is implied that multicultural issues play an integral part in the effective application of CISM processes. The participant also emphasizes the necessity of gaining an awareness of the cultural traditions of the particular

group with whom one is working (Sue, et.al., 1992). In this regard, a sense of flexibility in terms of molding a CISM process to fit the situation is conveyed. This suggests that the participant is willing to deviate from rigid adherence to some of the CISM processes.

Likewise, one counsellor asserted that multicultural issues should be a part of CISM processes:

as much as I would think they [multicultural issues] should have a place in counselling. It goes back to the notion that it makes us listen a whole lot more. ... People bring different life experiences and that obviously is going to be impacted by their cultural background, their belief structure, their value systems [and] their gender. Sure, I would say so [that multicultural issues have a place within the context of CISM processes]. Perhaps a lot more could be said in the actual formal training (Interview June 13, 2001).

In this instance, the counsellor reveals an awareness that traditional characteristics of counselling, and CISM processes, may be inconsistent with the cultural values of various minority groups (Sue, et.al., 1992). Thus, the influences of race, ethnicity, class, gender, language and other facets of diversity should be taken into consideration within the context of CISM processes.

Another participant expressed their thoughts on this issue by imparting:

For me, any model that...has some good basics is something that you can use multiculturally. ...[I]f you're not considering that [multicultural issues] in any model you're using then...your model will only be so good (Interview April 24, 2001).

The participant conveys that they approach counselling with an eclectic frame of reference whereby considerations of multicultural issues are an essential component. This comment suggests that the potentials of monocultural bias need to be consciously examined (Sue, et.al., 1992).

As the relevance of incorporating multicultural content within the context of CISM processes was discussed, the following counsellor contended:

Oh absolutely, absolutely and it [multicultural issues] needs to be dealt with...more specific[ally than is currently done in CISM] (Interview May 2, 2001).

Although communicated in diverse ways, five of the six participants clearly concurred that multicultural issues have a place within the context of CISM processes. Several participants also reiterated the belief that multicultural issues have a place within counselling processes in general. As a result, the concept of modifying CISM processes is further validated. It is acknowledged that two participants' alluded to and one participant specifically stated that some occupational cultures such as emergency service professions might be more appropriately served through the standard, less malleable application of CISD.

Despite the consensus and fluidity with which most of the counsellors communicated their thoughts of incorporating multicultural content within CISM processes, one participant broached this issue with some uncertainty. The participant began by announcing:

You know I want to say no... When it comes to life and death, you get rid of all the gender, culture, it just cuts through it all... Ya, so there is...[small sigh]...I'm not sure how to answer...I'm not sure (Interview July 10, 2001).

The participant proceeded with a significant consideration of incorporating multicultural content within the context of CISM processes and concluded with the following summation:

See what I don't want to get to is [that] the model's [the Mitchell model] perfect therefore you apply it all over the place. I don't believe that to be true. [You've] got to let the situation speak to you, I think that's what really needs to happen. Because it's not the perfect model, but I also don't believe that we need to make ourselves so crazy that we have to say that every single interest group has their own profound need to be debriefed in a certain way. We all need to be understood in a different way. It would be like saying I have to do an appendectomy. Well you're not going to do it differently on different people, but the bedside manner would be different for everybody. ... [T]he guiding force is humility, to say to them "what do you need?" That's probably the simplest answer (Interview July 10, 2001).

From this comment, it is appears that the participant has two areas of deliberation with respect to applying CISM processes within multicultural contexts. First, the participant does not believe that CISD is suitable for every crisis situation. Second, is the claim that every specific multicultural group does not require a specialized CISD process in isolation. Rather, every individual or group of persons who experience a critical incident should be addressed individually. The second remark is in keeping with the spirit of this study in that both the multicultural blends in our society and the heterogeneous composition of CISD group processes is realized. Sue (et.al., 1992) supports the participants comments by stating that all expressions of multiculturalism are vulnerable to preconceived notions and stereotypes. Therefore, one should not assume, but ask, to ensure that the person(s) one is working with is receiving the most appropriate intervention. It would appear that all of the counsellors in this study believe that when CISM processes are engaged multicultural issues should also be considered.

The extent to which CISM processes are conducive to the integration of multicultural contexts within its framework, however, is another pressing issue. The counsellors addressed this issue by reflecting on their numerous and varied experiences with CISM processes and shared their opinions of whether they found these processes to be an effective form of crisis intervention for the persons with whom they have worked. More specifically, one participant stated that:

...I think that...it's a little stringent in the way that "this is the model" and perhaps [the way] it's taught or the focus of it, but the premise of it and the basics of going through the steps with the people are very good. ...I mean you can apply that [the basics of CISM] to anyone and we have and we do with the training and with individuals. For me, it was very...applicable...

...I had to extrapolate from the training, [such as] take away all their jargon and who they think it's for and everything and bring those basics of the model [to the forefront], [such as]...the venting and everything (Interview April 24, 2001).

The assumed necessity of rigid adherence to the Mitchell model is a concept that has previously been raised. The participant recognizes the restrictive characteristic of the model, yet acknowledges that some aspects are quite beneficial and, with modifications, CISM processes are an effective form of crisis intervention. In particular, "going through the steps" is identified as a helpful process. It is important to remember that "the steps" may not only be the seven consecutive phases of CISD, but also the cognitive-emotional-cognitive processing of a critical incident that unfolds during a debriefing (Mitchell and Bray, 1990). Providing persons with an opportunity to ventilate their reactions to a traumatic event is also described as a favorable aspect of CISM processes. The participant suggests that such modifications as focusing on the basics of the model and communicating in person appropriate prose will solidify the effectiveness of the model. These modifications exemplify one of the goals of structural social work whereby clients' empowerment can be realized if counsellors break down barriers between themselves and clients by demystifying the counselling process (Carniol, 1992).

The participant also identified other aspects of the CISD process, which contribute to its effectiveness as a crisis intervention model by sharing that:

[It] helps other people to really understand that they're not alone, that people who have these experiences [traumatic events], they're not going crazy and it is Okay to feel this way and here's what I can do. And just that little bit of education, I think, *is so important*. Just being able to do that. *It is very helpful*. So, to me it just makes sense. I mean everything is always in evolution, but it's good that this...awareness is happening, that this training exists, that it's becoming more widespread and that people are becoming more aware (Interview April 24, 2001).

In this instance, the collective CISD group process is viewed as an effective format. Armstrong (et.al. 1998) supports this view by stating that some of the advantages of a group debriefing are that it provides an opportunity for persons who experience a critical incident to support each other and share information within the group. It also creates an opportunity for them to discuss the common themes of their experience. The participant also applauds the didactic component of CISD whereby persons receive instruction on ways to adopt and implement life-long stress management strategies (Mitchell and Bray, 1990). The growing availability of CISM training and an increased social understanding of the impacts of trauma are deemed as positive paradigm shifts, especially when one considers the words of Janoff-Bulman who states that in western capitalist societies under a liberal ideological regime "our primary myths emphasize justice and control, optimism and a positive outlook...There is little place for losers" (1992, p.154).

Another counsellor conveyed their opinion pertaining to the effectiveness of CISM processes within multicultural contexts by saying:

I ...do...think [that] in order for it [the Mitchell model] to be truly effective you need to be flexible. You need to be Okay with modifying it, in my opinion and recognizing, at times, that...strict adherence to the model is what's necessary (Interview April 19, 2001).

Once again, the rigidity of CISM processes is an issue that is raised. With modifications that reflect sensitivity to the uniqueness of each situation, however, CISM processes are considered effective.

The counsellor further explains that:

I would say the basis of the model...you can apply to anyone, but you do have to apply it in the sense that you are taking into consideration who you're doing this with then tailored to each individual. But you're going to do that with any model as far as I'm concerned so I do think it [CISM

processes] can definitely be applied, you just have to be open to and prepared to tailor it. ... I don't think I've ever felt it [CISM] impeded or didn't allow me to...help someone (Interview April 19, 2001).

As with the previous participant, this statement speaks of the applicability of the essence of CISM processes with all persons, regardless of race, ethnicity, class, gender and other salient facets, if modifications are implemented. Moreover, a sense that one must be flexible and willing to revise not only CISM, but also one's entire repertoire of counselling approaches is imparted.

Although modifications are a recurrent theme for this counsellor, there are some aspects of CISM processes that they would not change such as:

When you're dealing with trauma people need to talk about [it], they need to talk it through, they need to get it out here that's part of the healing. ...[P]utting a shape to it or a colour to it, however you want to say it, but that's part of the catharsis...[the] necessity of the process. I think being able to talk about the worst thing, being able to talk about what do I think...that somehow, how I'm reacting doesn't make me a freak. It...make[s] something that's so absolutely bizarre and abnormal, normal. All those things are critical to a trauma. They're [persons who experience a traumatic event] searching for those things. So...when I say that [CISM is an effective form of crisis intervention] I can be quite honest. ...The idea behind it [the Mitchell model] is very powerful and necessary for healing to occur... (Interview April 19, 2001).

This comment draws attention to the significance of persons being able to verbalize their reactions to a traumatic event. In this regard, the use of the question pertaining to "the worst thing" is once again acknowledged as being effective.

In addition, this counsellor finds the way in which CISM teams are composed to be rather effective. For instance, the participant illustrates that:

There's the clinical person and then the peers, and part of the thing that's wonderful about CISM is that you don't have to be a clinician [to be a CISM team member]. You don't...have to be a psychologist to participate in the process... And that's part of the thing that's great because...when we say to our clients, "why don't you talk with that person they've been

through it, that may help you", " that could be very powerful for you". I mean the model in a sense accompanies them, ...takes that all in. So that's the strength of the model, I think is that part of it (Interview April 19, 2001).

From this account, every CISM team member appears to play an active and equal role in CISM processes. Encouraging persons who have been involved with a critical incident to engage with a peer debriefer who has experienced a similar event provides the person with a role model *per say*. As a result, the person may be able to realize that they are not alone in their situation and that their stress reactions are not unusual (Mitchell and Bray, 1990).

When contemplating the effectiveness of CISM processes, the following participant advanced:

I think it is effective, but I think it could be more effective if the multicultural issues like age, gender, orientation...were dealt with. I think it would be validating of one's own culture and how much support there is in that culture (Interview May 2, 2001).

The participant believes that CISM processes are effective in their present state. Nevertheless, it is suggested that there is room for improvement within the context of multicultural issues. Therefore, in order to ensure that CISM processes are as effective as possible, modifications appear inevitable.

Despite this participant's appeal for CISM processes, there is admittance to the fact that:

...[I]t's [CISM] rather cold in one way. It isn't cold because it does deal with people's feelings...it's very effective and [gives people] time to air and normalize a very abnormal situation, so it is effective. But it's only effective, as effective as we are as trainers. How accepting we are of all different issues and how accepting we are of tears and shows of anger, showing of who we are, talking in a loud voice... (Interview May 2, 2001).

Several important issues that can have an impact on the effectiveness of a CISM process are realized from this comment. In particular, the participant

conveys the importance of counselors being comfortable with differences between themselves and others in terms of how race, ethnicity, gender, culture and other multicultural facets intersect with life experiences and influence individual responses to a traumatic event (Sue, et.al., 1992).

Alternatively, one counsellor summarized their perceptions regarding the effectiveness of CISM processes by simply stating, "from my experience, yes" (Interview June 13, 2001). From these statements, four of the six participants reveal that they believe CISM processes are an effective form of crisis intervention for all persons that they have and may work with. Three of the participants also expressed the necessity of modifying CISM processes so as to ensure its effectiveness within multicultural contexts. Nonetheless, several aspects of CISM processes were acknowledged as being sufficient as is.

When contemplating whether CISM processes are an effective form of crisis intervention within multicultural contexts, two of the six participants are of somewhat mixed opinions. For example, one counsellor recounted a critical incident in which:

...[T]wo Somali children drowned, so [I was] working with the Somali community and they didn't] speak a word of English, [that] was really interesting. So we had translators, we had other Somali families who could speak [Somali] and [we] had to stand back and allow them to deal with the deaths the way they would deal with death. [We]...set up a room as a...ritual place for them to deal with that. So most of the debriefing for us was with the staff [who were] dealing with the families (Interview July 10, 2001).

In this instance, the counsellor realized that a CISM process with the family and community members of the children who had drowned was not the most effective form of crisis intervention. Rather, the counsellor displayed sensitivity and respect for Somali cultural traditions, helping practices and

support networks (Sue, et.al., 1992). As a result, the counsellor sought the assistance of a suitable translator as a means to determine what form of intervention was most effective. Alternatively, the counsellor appropriately engaged staff members in a CISM process. This account reveals that CISM processes may not always be an effective form of crisis intervention in all cultures, even when there is homogeneity among the group.

Similarly, another participant pondered the effectiveness of CISM process for all persons that one may work with by asserting:

...[F]or *all* persons that you've worked with? Well I have a big issue there between using CISM with emergency responders and [non-emergency responders]. ... I think that's appropriate [using CISM with emergency responders] because of their defense mechanism. They have a strong defense mechanism. Ordinary citizens, they don't have that kind of...they have the same defense mechanisms, but they have not had the opportunity to build them and strengthen them. And my question to people is...when you're dealing with an ordinary citizen and they've seen a decapitation its totally different from the fireman who this is his tenth response to a crash on the 401. It's not in the same league and...people, ordinary citizens are over-whelmed by the trauma. So what you need is a much more comprehensive approach that will deal with the grief that they're going to go through and that will deal with the loss of sense of invulnerability and the whole package (Interview June 8, 2001).

For this participant, distinctions are drawn between the effectiveness of CISM processes with emergency responders and "ordinary citizens". It is the perceived lack of previous exposure to critical incidents that precludes the effective utilization of CISM processes with non-emergency responders.

The following counsellor appreciates that CISM processes were initially designed to assist emergency responders to cope with the emotional impact of a critical incident (Mitchell and Bray, 1990). Nevertheless, the counsellor points out that:

...[W]hen your looking at post-robbery trauma...I've worked with banks over the years and stuff like that and that's a whole other thing. For them

[e.g. bank personnel], I mean it's similar in a sense to emergency personnel because the likelihood of anyone of the people having a gun pointed at their head is pretty high, probably higher than for some police officers. And then you go through all the same responses and yet they're not considered to be, they're not emergency personnel (Interview April 19, 2001).

By highlighting similarities in terms of occupational propensities for experiencing a critical incident, this counsellor illustrates why CISM processes are considered to be an effective form of crisis intervention for bank personnel. Significant division surrounds the utilization of CISM processes with various non-emergency response organizations, professions and groups of persons (e.g. Engel, 1987; Snelgrove (29/01/2001 [database on-line]; Stewart, 1984; and others). The dichotomy of opinions that these two participants convey certainly validates the existence of many ongoing debates that surround the effectiveness of CISM processes.

Aside from distinguishing that CISM processes are only effective with emergency service responders, the preceding participant also explained why the process of CISM itself is effective by saying:

Well it's effective when you're dealing with a real trauma. It has to be completely out of the ordinary and that's where the abuse has taken [place]. Quite often the trauma is not real trauma. Okay...there's a traumatic event, but the people have not been traumatized by it. ... So, when your doing the intervention you've got to make sure that the people have been traumatized and you don't start doing it just because there's been an event. So, it should be more and more the workers themselves asking [for a debriefing], than the administration saying "Oh my God this was awful" [the workers need a debriefing]. ... So really it's exploiting the basic guidelines that were given at the beginning that it [CISD] must be an event that is completely out of the realm of the ordinary and for emergency responders you've got to measure what is ordinary. What is ordinary for them is not ordinary for another person (Interview June 8, 2001).

Concerns of the potential influence that organizational administrations may hold over the types and meanings of critical incidents that CISM debriefers may

be required to engage is a recurring theme that emerges from the data. This statement validates these concerns by demonstrating the exploitative use of power therein.

From a structural frame of reference, it is understood that liberalism endows organizational administrations with the authority to maintain and perpetuate our capitalist state (Carniol, 1984). Consequently, any perceived economic expenditure that may arise from a work-related traumatic event in terms of stress leave, worker compensation claims or litigative proceedings are met with resistance. Deahl (2000), Armstrong (et.al., 1998), Sabourin (1991) and others speak of how the application of a single intervention process, such as CISD, has become an effective cost and time saving measure, and a litigative buffer for administrations subsequent to a traumatic event. As the participant points out, however, the effectiveness of these interventive processes for the persons who actually experience a traumatic event is in question.

The utilization of CISM processes with "ordinary citizens" and the inherent power and control that administrations hold over the implementation of CISM processes are two reasons why this participant believes that these processes are not an effective form of crisis intervention for *all* persons who experience critical incidents. Notwithstanding, the participant discusses another situation in which the effectiveness of CISM processes is precarious by sharing:

Hey, let me tell you about an incident that is happening right now, where people are so pissed off with this CISD. I was in [another province] last week...and the big issue [involved the fishing rights of a First Nations community]. ... Anyway, two of the counsellors who work privately...but who are Critical Incident Stress Debriefers [with the government], went to the Indian Reserve to meet with the group and they [First Nations people] told them to "f--- off", they didn't need this [a debriefing]. And I said ya, trying to psychologize a problem that is cultural/political/economic in nature and that's where I think, quite often, the mistake is done by CISM.

Even within...institutional culture, the problems are not the trauma of the event but the problems [that] people have with the administration... (Interview June 8, 2001).

The structural approach contends that traditional counselling processes tend to reflect the values of our society's ideological liberal status quo (Mullaly, 1997). Traditional counselling processes can be understood as individualized, curative responses, which seek to maintain the status quo by distracting attention away from the inherent social, economic and political inequities in our capitalist society (Davis, 1999; Waldegrave, 1986). By individualizing a person's or group of persons responses to a traumatic event without reference to the broader social, economic and political systems in which it unfolds is, as Godsi (1995, p. 268-9) writes, "yet another way in which psychiatry and psychology depersonalize and decontextualize people's experiences". Thus, the distaste for CISM processes that is conveyed by the First Nations peoples and some occupational cultures in this account is understandable, as is the participant's doubt of effectiveness.

It is clear that this participant does not consider CISM processes to be an effective form of crisis intervention for all persons, regardless of race, class, gender and other multicultural aspects, with whom one may work. The participant, however, did admit that:

You know one thing about the darn process [CISD] that is good? Okay you've got to give it credit in that its very systematic and it gives you good grounding...when your dealing with a very difficult issue. It does give you a good process to work from. But, boy if you're tied to that process and if you always stick to the process how inappropriate. ... Maybe one of the difficulties with the model is that it doesn't empower individuals sufficiently. Not only empower them from the psychological point of view but all the other salient features of a human being, spiritually, socially and all that. So it's [CISM] sort of...stuck within the concept of the psychological (Interview June 8, 2001).

This discussion of CISM effectiveness advances several noteworthy issues. The participant concurs with most of the other counsellors in this study by stating that the essence of CISM processes is effective. It is also acknowledged that, at times, the rigidity of the model is beneficial. Nonetheless, it is realized that, as Corneil (29/01/2001 [database on-line]) says, "one size does not fit all" and an eclectic flexible approach to crisis intervention counselling is more appropriate. From a structural frame of reference, however, the most profound issue that the participant raises is that CISM processes do not sufficiently empower persons who experience a traumatic event. The primary goal of structural social workers is to individually, socially and politically empower the persons with whom one may work (Carniol, 1992). If CISM processes do not support this endeavor, its application can raise critical issues.

All of the counsellors in this study believe that multicultural issues should be taken into consideration within the context of CISM processes. When the effectiveness of CISM processes as a form of crisis intervention for all persons was discussed there was some dissension. Most of the counsellors communicated that CISM processes are an effective form of crisis intervention for all persons that they have worked with. Some counsellors identified the group format, the didactic component and the systematic nature of CISM as effective characteristics of the model. Alternatively, one counsellor explicitly conveyed that CISM processes should only be utilized with emergency response personnel, while another counsellor described a situation in which CISM was not culturally appropriate. Most of the counsellors also raised the recurrent issue of the rigidity of CISM processes.

In addition, some of the counsellor's accounts revealed the potential exploitation of power whereby organizational administrations exert control over the situations in which debriefers may be required to engage a CISM process. Furthermore, one counsellor felt that CISD does not adequately empower persons who experience a traumatic event. These issues combined with the monocultural focus of CISM processes certainly evoke concern when one is grounded in a structural frame of reference.

Making CISM Multicultural

The participants acknowledge the shortcomings of CISM processes. Nonetheless, they impart a sense of flexibility, sensitivity and respect when working multiculturally with CISM processes and are committed to making CISM multicultural. The participants described some of the strategies they have implemented during a CISM process so as to ensure that all persons involved received the most multiculturally appropriate crisis counselling for them. For instance one counsellor spoke of:

...[W]hen I worked with the hearing impaired we had a CISM with interpreters, there was a suicide. ...[A]s a result...it [the debriefing] was over three hours, [it] was a little bit long, but that was Okay (Interview April 19, 2001).

By seeking the assistance of a sign language interpreter, the counsellor was able to transcend the verbal/non-verbal communication barrier (Sue, et.al., 1992). In so doing, the counsellor conveys that divergent forms of communication are not an obstacle in counselling and moved the persons with a hearing disability from the margins of a traditionally verbal crisis intervention process to the centre.

Another participant described the family support and referral mechanism strategies implemented after a specific traumatic event by explaining:

Well the strategy around OC Transpo...[we] brought in translators and set up the peer support network for OC Transpo [employees]. ...I mean tons and tons of utilization of all kinds of practitioners in the city [and the] organization of different departments. [We were] calling all the family agencies...for follow-up because we couldn't do it all. So we gathered a list of...all these places who offered to provide post-counselling for the families and *children*, so [we] included the whole family. So there's a whole list of strategies that were implemented around that [the OC Transpo shooting] (Interview July 10, 2001).

This statement depicts numerous strategies that were implemented after the OC Transpo shooting as a means to ensure that all persons involved received the most appropriate intervention. Acquiring culturally appropriate translators supports the value of multilingualism (Sue, et.al., 1992). Organizing a peer support program conveys an awareness of helping practices within indigenous (i.e. occupational and cultural) groups (Sue, et.al., 1992). Consulting with various cultural and religious and/or spiritual counselling agencies imparts respect for the diversity of OC Transpo employees and including family members in the process recognizes that an incident's greatest impact is often experienced within the family (McDowell and McDowell, 29/01/2001[database on-line]; Sue, et.al., 1992).

The strategies that the following counsellor implements during CISM processes are summed up as:

...the whole idea around being so very client directed...being very open and really tailoring what you're doing to where the person's at and really looking...at their body language and where their coming from and trying to be open to that. ...[Being] as gentle as possible and not as stringent as is laid out [in the model]. You have to be very flexible with it, just making it work however way you can. So I don't have it in my mind that you have to [do] step by step by step by step. If you start out and...it's not working...you just stop and do whatever you can do, take a breather. ...[S]ome people aren't comfortable dumping very personal stuff, so

you...take the time to let them ask questions or...getting to know you a little bit, or taking the time to explain, or just whatever it is you need to do to help them (Interview April 24, 2001).

Being flexible and sensitive to the individual needs of the person is the primary strategy this counsellor uses to ensure that the most appropriate counselling process is utilized. Attention is not only paid to non-verbal forms of communication, but also to building rapport by demystifying the process through mutual dialogue.

Another noteworthy strategy conferred by one participant is:

...[B]eing conscious of [institutional] rank structure and if you have your [Director/Chief/Supervisor/etc.] sitting in the room [during a debriefing] are you going to be as able to discuss your feelings? ... So yes, in order to be sensitive, that would be one strategy that we'd be very aware of and [we] generally kept the different ranks in different debriefings (Interview June 13, 2001).

This statement shows that the participant recognizes the hierarchical power distribution within various institutions in our society (Moreau, et.al., 1993). A mixed rank group debriefing could silence the therapeutic ventilation of a critical incident for some lesser-ranked persons in such a process.

On a more personal note, when appropriate this counsellor states that:

...I use very small pieces of self-disclosure. ...I don't believe in people knowing all about me, but tiny pieces of self-disclosure can be very validating (Interview May 2, 2001).

Similarly, this participant takes personal responsibility over one strategy that consists of:

...[H]aving the wisdom to know if your good in [an] area or not [laugh] and that's essential. Realizing that what we're into here is not what I am skilled to pursue, or [have the] time. Then to find a very direct but compassionate way of saying "[I]et's find you some help and I'll go there and find it with you if you need to" (Interview June 13, 2001).

Being grounded in who you are and what you know is a very humbling, yet powerful strategy that is directed towards ensuring that the person receives the most appropriate intervention.

Alternatively, one counsellor was willing to share a strategy that went awry:

At a small rural hospital...with the twelve-year-old that hung herself, we got the nurses in emerg to be brought out...and sent home... So...we made some really clear statements about what should happen, or what's most useful. [We] brought in some support staff to cover their positions [the nurses]... So...that was the strategy and actually it was a mistake. That was a real mistake, because the nurses never felt finished. They should have finished cleaning up the body, cleaning up the room because that's what they did. That would have made them feel finished, so that was a mistake. There's a good example of one model that doesn't suit everything. I mean they didn't tell us either, but we didn't read it well enough. To say, "what do you need", to ask that question, they would have told us (Interview July 10, 2001).

From their many years of experience, the counsellors in this study have worked with varied and diverse individuals, families, groups, organizations and communities and utilized CISM processes therein. The reality of their work is that at a moment's notice, at any time of the day and for an indeterminate amount of time they may be called into someone's life who is experiencing a trauma. The passion they have for their work, their commitment to the people they work with and their desire to see broken spirits whole is difficult to articulate. Some of the counsellor's reflections on what they feel they bring to a CISM process that enable them to most effectively address the varied needs of the persons they work with are as follows. One counsellor shared:

Well I guess ...I would have to say...part of it would be my own faith [and] commitment, because I am who I am. So I have a passion for people to see people whole. I also am realistic enough to know that life has got a lot of ups and downs, and anybody that wants to live an absolutely carefree life is in a dream... But generally speaking...I believe that we were created to have creative fulfilling lives with the potential of hope and joy.

... When I see somebody who's experienced a very abnormal thing I get caught in that and what I would like to bring to that is some kind of assurance that they can get normalized. That they may never forget what went on, but whatever went on...doesn't need to have the power of completely overcoming who they are for the rest of their life (Interview June 13, 2001).

Another counsellor expressed that:

I'd certainly say the experience and I think my commitment to kind of my own personal and professional renewal, to keep current, to keep going. ...I know working with clients all these years that a client will only go as deep as the therapist will go and a lot of therapists run away at a certain point, "this is too scary". I've never been afraid to...kind of go all the way in terms of death and all of what that means, loss and grief you know. So...it certainly comes out of life experiences...the deaths in my life and the illnesses I've had and hospitalizations and injuries and things certainly have given me a sensitivity to that culture and that milieu...and I just think it's important work (Interview July 10, 2001).

The following counsellor revealed that:

I truly think its flexibility...and my openness to...wherever the client wants to go I'll go there. ...[W]hat's appropriate for whatever you're doing. It's that whole idea that I can get training up the ying-yang, but I'm only as good as my next intervention and it's how I've used that training that helps me to help my clients. Although I find it's very important to be trained obviously because we have an accountability and a responsibility to our clients. At the same time...I really rely heavily on my clients and have them guide me to where they want to go. So I find the CISM process and everything has been invaluable to me as a tool. ...I think what I've probably been able to bring to it is that openness to...take a tuck over here and a nip over there and sort of shaping it to whoever's going to wear that coat. ... So I think its really the flexibility and to be humble and...you have to remember why you're there and that it's a privilege to be there regardless of my training... They've been involved in something that's traumatic, life altering and very personal. It's a privilege to walk their road with them (Interview April 19, 2001).

The counsellors' reflections on their experiences with CISM processes reveal that although several characteristics of CISM processes are identified as beneficial, the true effectiveness appears to arise from the multiculturally appropriate modifications they implement in response to each unique situation.

The effective application of CISM processes within multicultural contexts seems to be significantly complemented by the counsellors' years of experience, their established repertoire of crisis counselling skills, and their respect, sensitivity and commitment to multicultural issues.

Chapter Eight

Conclusion: A Discussion of the Research Findings

Introduction

This thesis, Working Multiculturally with CISM Processes: An Exploratory Study of Crisis Counsellors' Reflections has explored how Critical Incident Stress Management (CISM) processes are applied within a multicultural and multiethnic Canadian context. This research was informed by a structural theoretical framework through which it was argued that for CISM processes to be truly effective they must address not only the emotional needs, but also the social, economic, and political needs of persons who experience a traumatic event. Another contention of this research was that within our multicultural Canadian milieu, CISM processes must be applicable to persons, of any race, class, gender, sexual orientation, ability, language, culture and other salient aspects of persons who are involved with a disaster or trauma.

In this study, a qualitative methodological approach was utilized whereby face-to-face tape-recorded interviews were the primary source of gathering data. The themes emerging from the data included: multicultural training; CISM training; and personal experiences with CISM processes. Data analysis informed by a structural frame of reference focused on potential exploitations of power (Moreau, et.al., 1993). With this in mind, the research findings reflect four primary themes that include: monocultural myopia; inequitable undercurrents; alienist allusions and; working multiculturally with CISM processes.

Monocultural Myopia

Monocultural myopia can be understood as a chronic tendency found in many traditional forms of counselling processes, which is rooted in White European, liberal thought and, as such, is incongruent with the values of many multicultural populations. In contrast, a broad understanding of multiculturalism encompassing race, class, gender, sexual orientation, age, language and religion more accurately reflects the multicultural composition of Canadian society. Research findings revealed that the counsellors in this study have a comprehension of multicultural populations that is consistent with this broad understanding of multicultural.

Although Mitchell's CISM processes were originally designed for emergency service responders, they are being applied in numerous and varied non-emergency response organizations, professions and/or groups (Everly and Mitchell, 1997; Snelgrove, 29/01/2001[database on-line]; Wollman, 1993). Research findings in this study reflect this reality, in that one of the most striking parallels among the counsellors was the truly multicultural composition of the persons with whom they have utilized CISM processes and the multicultural composition of persons who have received CISM training. With respect to CISM training, however, the data analysis shows that aside from the occupational culture of emergency response professions, no other aspects of multicultural issues, as understood from a broad frame of reference, were addressed. Furthermore, the extent to which this occupational culture was discussed during CISM training processes was highly variable and the detected impression was that emergency responders were a homogenous population, void of diversity.

These findings certainly suggest that CISM processes are monoculturally myopic in that only the emotional needs of an assumed homogenous population with similar life experiences and opportunities, cultural heritage and history are addressed, while the intersections of race, class, gender, age, and/or other salient aspects are ignored or denied. From a structural frame of reference, monocultural myopia can be understood as a socially, economically and politically active process that perpetuates the marginalization and oppression of persons who deviate from the perceived dominant culture (Davis, 1999; Waldegrave, 1986).

Inequitable Undercurrents

The structural approach is attuned to the inequitable distribution of power that may either be overtly or covertly revealed (Moreau, et.al., 1993). Research findings brought to the surface three primary areas of potential inequitable undercurrents within the contexts of CISM's marketing, administration and implementation. Some members of the trauma/crisis counselling community (Corneil, 29/01/2001 [database on-line]; Davis, 1999; Deahl, 2000) are openly dubious of certain forms of CISM that are aggressively marketed by individuals or groups who promote the efficacy of a specific process, which they themselves have often developed. Both literature review and research findings established the significant growth in popularity, availability and volume of persons trained in CISM processes since its inception in the early 1980s. In addition, the incorporation of the ICISF, Chevron Publishing and other capital ventures bolstered this trend.

Concerns over the potential power that organizational administrations may hold over the types and meanings of critical incidents, which CISM debriefers

may be required to facilitate, was another recurrent issue that emerged from the data. The structural approach concludes that liberalism grants organizational administrations with the authority to maintain and perpetuate capitalist priorities (Carniol, 1984). Consequently, any perceived economic expenditure that may arise from a work-related traumatic event in terms of stress leave, worker compensation claims or litigative proceedings are met with resistance. Deahl (2000), Armstrong (et.al., 1998), Sabourin (1991) and others speak of how the application of a single intervention process, such as CISD, has become a cost and time effective measure for organizations subsequent to a traumatic event. Unfortunately, in such instances the actual effectiveness and appropriateness of interventive processes for employees who experience a work-related traumatic event appear to hold less of an impetus than the economic costs.

Research findings also exposed a degree of rigidity in such terms as strict adherence to the seven CISD steps, mandatory attendance, expectations of verbalization and facilitator-led processes. From a structural perspective, work with and for individuals, families, and/or groups should be guided by collaborative efforts, rather than from an expert, top-down position (Moreau et.al., 1993). Issues of rigidity within the context of CISM processes raised suspicions of inherent inequitable undercurrents within the counselling relationship with subsequent potential of ineffectiveness.

Alienist Allusions

Mitchell and Bray (1990) assert that such CISM processes such as Defusings and CISD, are not psychotherapy, nor psychological treatments. Research findings have, however, identified several allusions to the psychiatrization of CISM processes. From a structural frame of reference, the

relevance of these alienist allusions is twofold. First, within this liberal capitalist society, psychiatry has held power and control over the meanings and responses to persons who experience traumatic events. Indeed, the formal codification of Post Traumatic Stress Disorder (PTSD), by the American Psychiatric Association in 1980 is one pertinent example of the power to diagnose and treat persons so defined. Despite Mitchell and Bray's (1990) claim that CISM processes are not psychological treatments, they do endorse the beliefs that appropriate and expedient intervention, such as CISM processes, can prevent or reduce significant stress reactions, such as PTSD (Mitchell and Bray, 1990). Thus, it can be argued that CISM processes not only gain and sustain legitimization through allusions of association with the psychiatric establishment, but also reinforce its marketability. One research participant advanced a noteworthy caveat by saying:

I think we can re-traumatize people by making it so clinical ... [by thinking] "you just need me to get well" (Interview July 10, 2001).

In light of the absence of multicultural content within the context of CISM processes, it is also important to consider another research finding, the potential influence of psychiatry. Structuralism acknowledges that traditional counselling processes oftentimes reflect the values of our society's ideological liberal status quo (Mullaly, 1997). Accordingly, traditional counselling processes can be understood as individualized, curative responses, which seek to maintain the status quo by distracting attention away from the inherent social, economic and political inequities in our capitalist society (Davis, 1999; Waldegrave, 1986). By individualizing a person's response to a traumatic event, without reference to the broader social, economic and political contexts in which it unfolds, marginalizes

them by reason of defining the problem as their deviant psychology (Davis, 1999).

Working Multiculturally with CISM Processes

Another striking parallel among the counsellors revealed in the research findings was that despite the absence of multicultural content in CISM processes, all the counsellors interviewed for this study had utilized these processes with varied and diverse individuals, families, groups, organizations and communities. Such multicultural aspects as race, ethnicity, class, gender, age, sexual orientation, language, culture and so on, who had experienced a traumatic event, were described. Moreover, the continuum of the counsellor's work in terms of applying CISM processes with marginalized and poverty-stricken populations through to affluent professional populations was realized.

Research findings also established that the majority of counsellors in this study firmly believed that multicultural issues have a place within the context of CISM processes and counselling processes in general. All the counsellors presented a myriad of ways they have extended their knowledge, awareness and skills around multicultural issues in counselling. Attendant with this knowledge was the realization that differences in race, ethnicity, class, gender, age and so forth, in conjunction with life-experiences, cultural traditions and historical context, may affect the appropriateness or inappropriateness of a specific counselling approach.

Research findings suggest that the counsellors in this study are acutely attuned to monocultural myopia of CISM processes. The majority of counsellors conveyed an awareness, sensitivity and willingness to modify CISM processes so as to most appropriately address the realities of the individuals or groups of

persons with whom they may work. In fact, one counsellor described a situation in which CISD was not culturally appropriate and therefore not applied.

Despite the propensity of counsellors in this study to modify CISM processes, several supported the standard, unmodified, application of CISM processes when working with emergency response personnel. One counsellor explicitly stated that CISD should only be utilized with emergency response personnel.

Another counsellor, however, disclosed that:

When I even think of CISM I forget that it's even for emergency personnel. ... To me, it's a model to help people with trauma. ... So, I've kind of reworked [it] in my head and I don't even think of it as...anything other than the very essence... So it may sound funny when I say, "Oh it's [CISM] great", but it is because I'm not sticking to what it is. So I have reworked it... (Interview April 24, 2001).

Although most of the counsellors communicated that CISM processes were an effective form of crisis intervention for all persons with whom they have worked, research findings show that what is actually being applied is more the name of CISM than the methods. For the counsellors in this study, working multiculturally with CISM processes involves much more than a singular method. What they do encompass is the consideration of race, class, gender and other significant aspects of persons with whom they may work. It acknowledges the intersection of life experience, cultural traditions and history. It takes into account the social, economic and political forces that exist within our liberal society and it reflects many years of experience working with varied and diverse individuals, families, groups, organizations and communities within the context of trauma.

Discussion of the Research Findings

It can be concluded from the research findings that CISM processes do suffer from monocultural myopia in that the multicultural composition of persons who experience a critical incident are not taken into consideration. Significant inequitable undercurrents with respect to social, economic and political power imbalances within the context of CISM marketing, administration and implementation were also discovered. Furthermore, the legitimization of CISM processes through allusions of an association with the psychiatric establishment and subsequent potential for individualization and marginalization were described. These findings raise questions about the effectiveness and appropriateness of CISM processes within multicultural contexts. The counsellors in this study, however, communicated a sensitivity, flexibility and commitment to establishing effective and appropriate counselling relationships when working multiculturally with CISM processes.

Despite this, it is acknowledged that several counsellors in this study identified various aspects of CISM processes as being extremely effective within specific contexts. One counsellor also avowed that:

One of the things you've got to say about CISD is that it opened the world of trauma in all those fields. It really made trauma more comprehensive and systemized it to some extent and took away the mystery of what was happening to these people and how people could be helped very quickly. ... So, although people may complain or criticize, I think this is just the beginning. CISD is the stepping stone that is going to move people to more comprehensive models and approaches, and those that stick only to the [Mitchell] model condemn themselves to [a] very inappropriate, that is, [a] limited approach. ...Jeff Mitchell will takes his lumps, but lets give credit where credit is due (Interview June 8, 2001).

It must be appreciated that CISM processes have done a great service in educating and encouraging organizations, institutions and professions to be

proactive in their response to persons who experience a disaster or traumatic event. It should also be remembered that CISM processes are a relatively new facet of trauma counselling discourse and practice. This reality provides some perspective to the doubts about the effectiveness of CISM processes within multicultural contexts in that, as the statement implies, CISM processes will either become more reflective of the times or they will be abandoned. If the propensity with which the counsellors in this study already modify CISM processes were used as example, it would appear that reformation of the model might be more the option.

Transforming Theory into Practice

The research findings here have several concrete and practical implications for structural social work practice within the context of crisis counselling. One of the most pronounced is the absence of multicultural content within the context of CISM. The counsellors revealed how they metamorphosized CISM processes in ways that are respectful of the particular diversities of the persons with whom they worked and attuned to the social, economic and political influences therein. From these counsellors, we have gained a deeper appreciation of the need to recognize and transform monocultural policies and practices within crisis counselling processes.

This transformation must initially begin with self. As social workers it is imperative for us to gain knowledge, understanding and awareness of the various multicultural groups that we may work with and for. We can pursue this knowledge privately and/or we can advocate for such opportunities within our workplaces. Regardless of the avenues that we pursue, we need to remain humble and appreciate that we cannot fully understand critical aspects of a

particular culture with which we are only marginally acquainted. We cannot learn the heritage and various systemic nuances of different multicultural groups without years of experience in those cultures (Waldegrave, 1986). Therefore, we as social workers need to cultivate a close understanding and sensitive links with various multicultural crisis workers and organizations in the larger community (Waldegrave, 1986).

Transforming monocultural policies and practices in crisis counselling processes can also be engaged at an agency level. We, as social workers, can work in reasoned ways to minimize marginalizing monocultural agency policies and practices. We can strive to maximize agency multicultural openness, sensitivity and flexibility, and encourage inclusive and collaborative decision-making in the development of crisis counselling policies and practices (Moreau et.al., 1993)

When working directly with and for multiculturally diverse individuals, families, and groups who experience a traumatic event we, as social workers, must continue to transform monocultural crisis counselling processes. As was stated earlier in the study, the literature revealed that most traditional counselling is rooted in White European culture and has been criticized as incongruent with the values of many multicultural populations (Patterson, 1996; Richardson and Molinaro, 1996; Sue et.al., 1992). In light of this, working as structural social workers necessitates that we transcend traditional counselling processes that tend to focus on individuals' deviant psychology and situate their traumatic experiences within the broader social, economic and political contexts. In so doing, we are acknowledging the profound influence that social, economic, and political forces hold within our liberal society and the subsequent oppressive and

re-traumatizing effect that exists when multicultural diversity and a perceived deviant psychology intersect.

Accordingly, our work with and for persons who experience critical incidents should be guided by the primary structural social work goal of client empowerment. This can be realized through such actions as directing our work through multiculturally sensitive and respectful collaborative efforts, rather than from an expert, top-down position. We can also engage in assertive advocacy, facilitate the provision of appropriate referrals and resources, and assist in the cultivation of a collective conscious by connecting the persons with whom we work to others of similar experience (Moreau et.al., 1993). Thus, just as the counsellors in this study revealed, one specific crisis counselling process, such as CISM, cannot be viewed as the only solution to a person's trauma. Rather, crisis intervention strategies should encompass numerous resources that are appropriate to the multicultural context in which a person is situated.

Considerations for Further Research

As with most research processes, findings in this study seem to have generated more questions than answers. The purpose of this study was not to draw definitive conclusions. The purpose was to explore a CISM model that has extremely limited applicability for a multicultural society, such as Canada. The purpose was to gain knowledge and contribute to available literature in the area of inquiry, which it has done.

It may, however, be worth revisiting the mixed method (qualitative and quantitative) research design that was initially chosen for this study. In particular, a self-administered mailed questionnaire conjunction with some in-depth interviews could be pursued. A larger sample population and national efforts

would represent the views of a much larger and geographically diverse population than the present modest sample. In turn, the results of such a study, albeit not generalizable, could be used to either support or challenge the findings of this qualitative research process.

It would be important to explore how various and diverse communities respond to critical incidents. This could involve specific racial or ethnic communities, gay or lesbian communities or religious communities, to name a few. As a means to gain awareness, understanding and respect for culturally appropriate crisis intervention strategies, an interview or interviews with the person(s) that people in a particular community turn to in a time of crisis could be undertaken. Alternatively, a focus group with community members could be held. An appreciation of cultural traditions, historical context and social, economic and political influences of a particular community in association with a traumatic event could be realized

It would also be enlightening to pursue a study that explores how employees of a particular organization that has an established CISM program in response to work-related critical incidents, assess the effectiveness and egalitarianism of the program.

As a relatively new and evolving facet in the field of trauma counselling, CISM processes are logically going to receive significant attention. Accordingly, a plethora of research on CISM processes could be engaged. Whatever research processes within the context of CISM may come to pass, it is hoped that the realities of our multiculturally composed society will always be considered.

Concluding Remarks

The significant controversy that currently surrounds CISM processes places it at the centre of theoretically diverse intellectual debates. In this regard, the quest to reach consensus may prove illusionary. Even if it were achievable, it more than likely would not satisfy protagonists on either side of the debate. Perhaps we can achieve perspective from an old Irish proverb that states "people live in the shadow of one another" (Osborne, 1995). This proverb reminds us that we all rely on one another for assistance and support. A greater understanding and awareness of the multicultural diversities in our population is needed by those designing crisis intervention processes and by all who are working in this field. It is hoped that the knowledge gained from this research will offer social workers a more definitive understanding of structural theory in action and its applicability within the context of crisis counselling. In so doing, this research may serve to promote equality of service in our multiculturally diverse Canadian society.

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Appendix A

COMMON SIGNS AND SYMPTOMS OF DISTRESS NOT REQUIRING IMMEDIATE ACTION

PHYSICAL

Nausea, upset stomach
Tremors (hands, lips)
Profuse sweating
Chills
Dry mouth
Vision problems
Rapid heart rate
Feeling uncoordinated
Etc.

COGNITIVE

Confusion
Lowered attention span
Calculation difficulties
Memory problems
Poor concentration
Seeing an event over and over
Disruption in logical thinking
Blaming someone
Etc.

EMOTIONAL

Anticipatory anxiety
Denial
Fear
Anger
Uncertainty of feelings
Feeling hopeless, overwhelmed...
Wishing to hide, to die
Survivor guilt
Identifying with the victim/s
Etc.

BEHAVIORAL

Change in behavior/activity
Withdrawn
Suspiciousness
Change in communications
Change in interactions with others
Increase or decrease in food intake
Increased smoking/alcohol intake
Overly vigilant to environment
Excessive humor or silence
Etc.

(Mitchell and Bray, 1990 p. 43).

DISTRESS SIGNS AND SYMPTOMS REQUIRING IMMEDIATE ACTION

PHYSICAL

Chest pain*
Difficulty breathing*
Dizziness*
Excessive vomiting*
Etc.

COGNITIVE

Hyper alertness
Serious disruption in thinking
Problems in naming familiar items
Problems recognizing known people
Etc.

EMOTIONAL

Panic reactions
Phobic reaction
General loss of control
Inappropriate emotions
Etc.

BEHAVIORAL

Significant change in speech
Excessive angry outbursts
Crying spells
Excessive hyperactivity
Etc.

*requires immediate medical attention
(Mitchell and Bray, 1990 p. 42).

Appendix B

CIS Things To Try

- ✓ WITHIN THE FIRST 24 - 48 HOURS periods of appropriate physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- ✓ Structure your time - keep busy.
- ✓ You're normal and having normal reactions - don't label yourself crazy.
- ✓ Talk to people - talk is the most healing medicine.
- ✓ Be aware of numbing the pain with overuse of drugs or alcohol; you don't need to complicate this with a substance abuse problem.
- ✓ Reach out - people do care.
- ✓ Maintain as normal a schedule as possible.
- ✓ Spend time with others.
- ✓ Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- ✓ Give yourself permission to feel rotten and share your feelings with others.
- ✓ Keep a journal; write your way through those sleepless hours.
- ✓ Do things that feel good to you.
- ✓ Realize those around you are also under stress.
- ✓ Don't make any big life changes.
- ✓ Do make as many daily decisions as possible which will give you a feeling of control over your life, i.e., if someone asks you what you want to eat - answer them even if you're not sure.
- ✓ Get plenty of rest.
- ✓ Recurring thoughts, dreams or flashbacks are normal - don't try to fight them - they'll decrease over time and become less painful.
- ✓ Eat well-balanced and regular meals (even if you don't feel like it).

FOR FAMILY MEMBERS & FRIENDS

- ✓ Listen carefully.
- ✓ Spend time with the traumatized person.
- ✓ Offer your assistance and a listening ear if they have not asked for help.
- ✓ Reassure them that they are safe.
- ✓ Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- ✓ Give them some private time.

- ✓ Don't take their anger or other feelings personally.
- ✓ Don't tell them that they are "lucky it wasn't worse" - traumatized people are not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

International Critical Incident Stress Foundation, Inc.
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(410) 313-2473 [Emergency]

Appendix C

A disaster in Edmonton

Donna Friesen had never seen a tornado before. But there was no mistaking the menacing dark-grey funnel that swirled toward the Evergreen Mobile Home Park in northeast Edmonton last week. Shortly before 4 p.m. on July 31 Friesen, her children and other park residents rushed to the basement of the manager's house to seek refuge from the fury outside. Said Friesen: "There may have been 30 of us in total darkness. There was a terrible smell of gas outside. But I kept hanging onto the kids. I needed them as much as they needed me."

Other Edmontonians were not as fortunate. The Edmonton medical examiner's office placed the death toll at 25. Many of those were at the mobile-home park, which was one of the worst-hit areas. At least 250 people were injured as the twisting wind moved at a speed of up to 100 km/h. Early estimates placed property damage in the tens of millions of dollars. It was, said Edmonton Mayor Laurence Decore, "the city's worst disaster."

And the toll was expected to rise. In the aftermath, rescue crews and volunteers gingerly pushed back the rubble of flattened buildings in four areas of the city's east side that were hit the hardest. Decore said during a tour of the devastated areas that he had heard a dog barking beneath a pile of rubble. Brushing tears from his eyes, the mayor added, "I think the owner may be with the dog." On a much happier note, a policeman pulled a baby alive from the shattered wreckage of the mobile-home park on Saturday. Premier Donald Getty was so moved by the scenes of devastation that he ordered emergency authorities "not to worry about dollars." He reassured stricken residents: "The province will back them up. We'll restore their homes."

The killer winds tore along a five-kilometre-wide path through suburbs and industrial areas on Edmonton's east

side. When the storm was over nearly an hour later, houses were destroyed, and cars and trucks had been overturned. An Edmonton policeman told *Maclean's* that the wind's fury blew a dishwasher from Edmonton into a farmer's field at Bon Accord, 30 km away.

The storm toppled steel electrical transmission towers, blew over the cars of a stationary freight train, upended a huge oil-storage tank and flipped a semi-trailer filled with 40 tons of construction equipment onto its roof. Walid Ammar, owner of a restaurant near the trailer park, said: "I could feel the wind spinning. The noise was like a giant vacuum cleaner."

The winds developed in an area about 70 km south of Edmonton and moved rapidly to the northeast. It struck as traffic on expressways was at its peak, swelled with motorists heading home or out of the city on the Friday afternoon before a three-day holiday weekend. Areas of the city not struck by the worst of the storm were hit by heavy rain that flooded underpasses—and by hail stones the size of tennis balls.

The tornado was Canada's deadliest storm since Hurricane Hazel, which killed 81 people in the Toronto area on Oct. 15, 1954. On June 30, 1912, a similar storm struck Regina, devastating the city centre and killing 36 people. The twister in Edmonton followed a pattern typical of tornadoes, which generally strike from the west or southwest between 3 and 7 p.m.

Long after the storm struck, searchers were still picking through wreckage—and officials feared that they might find more bodies. "There has to be a building-by-building, debris-by-debris search," said Jim Cannon, reeve of the county of Strathcona, east and south of the city. "It's a slow process, but that's all we can do." As that process began, the people of Edmonton faced the painful task of cleaning up—and burying their dead.

Tornado approaching Edmonton;

Mobile-home park in the aftermath: 'I kept hanging onto the kids'

Overturned oil-storage tank: like scenes from a war zone

Couple and remains of their home; (below) injured man: hav

Appendix D

WICCIANS

Massacre In Montreal

A Nation Mourns
The Mass Murder
Of 14 Women

Grieving Relative
On The Night
Of The Killing

MONTREAL MASSACRE

RAILING AGAINST FEMINISTS, A GUN-MAN KILLS 14 WOMEN ON A MONTREAL CAMPUS, THEN SHOOTS HIMSELF

At first, they viewed it as a prank, some kind of collegiate farce in keeping with the festive spirit that marked the second-last day of classes at the University of Montreal's Ecole polytechnique. The man was young, about the same age as most of the roughly 60 engineering students gathered in Room 303 on the second floor of the yellow-brick building sprawled

across the north slope of the mountain in the heart of the city. He entered the classroom slowly a few minutes past 5 on a bitterly cold afternoon. There was a shy smile on his face as he interrupted a dissertation on the mechanics of heat transfer. In clear, unaccented French, he asked the women to move to one side of the room and ordered the men to leave. The request was greeted with titters of laughter. "Nobody moved," recalled Prof. Yvan Bouchard. "We thought it was a joke." An instant later, Bouchard and his students discovered that what they were confronting was no joke.

Shots: The young man, who would later be identified as a 25-year-old semirecluse named Marc Lépine, lifted a light, semiautomatic rifle and fired two quick shots into the ceiling. "You're all a bunch of feminists, and I hate feminists," Lépine shouted at the suddenly terrified occupants of Room 303. He told the men to leave—they did so without protest—and, as one of the young women attempted to reason with him, the gun-toting man opened fire in earnest. Six of the women were shot dead. Over the course of the next 20 minutes,

the young man methodically stalked the cafeteria, the classrooms and the corridors of the school, leaving a trail of death and injury in his wake. In four separate locations scattered around three floors of the six-storey structure, he gunned down a total of 27 people, leaving 14 of them dead. Finally, he turned his weapon against himself, blowing off the top of his skull. Most of the injured and all of the dead—except for the gunman himself—were women. This week, the city and the nation will mourn again for the victims as a funeral service is held for 11 of the victims at Montreal's Notre Dame Roman Catholic church.

It was the worst single-day massacre in Canadian history. And the very senselessness of the act prompted an outpouring of grief, indignation and outright rage. The City of Montreal and the Province of Quebec declared three days of mourning. Vigils were mounted in cities and

towns from coast to coast. Church memorial services. Prime Minister Brian Mulroney and his wife, Mila, travelled to the city to offer their condolences on behalf of the people of Canada. "It is indeed a national tragedy," said. Earlier, with the flag at half-staff, the Prime Minister asked a hushed House of Commons: "Will we ever have violence in a society that considers itself civilized and compassionate?"

Rampage: The question was not the one that Marc Lépine's rampage raised. As police said, he blamed feminists for spoiling his life, threw into sharp relief a number of unsettling issues. They included: the extent to which the act reflected a society in which women suffer violence at the hands of men (page 18); how he had reached the point that simply to be female was sufficient to justify his victims' deaths; how a cle

Survivor Geneviève Caudin with her father: terror

GARIBAY/MONTREAL NEWS

ed man was able to obtain a lethal weapon with apparent ease; and how it was possible for him with a gun to terrorize single-handedly many people for so long without anyone giving him a hand to stop him. The tragedy also ought to light details of the killer's own troubled childhood, during which his violent father beat him, his mother and his younger brother, according to testimony in a divorce proceeding (page 22).

No matter how pressing the unanswered questions were, it was simply a time for mourn-

studies." Edward was wracked with anxiety when, driving home from work last Wednesday, his wife called him on his car phone to tell him that a gunman had gone berserk at the engineering school. When he eventually learned that his daughter had been found dead, slumped in a chair in the school's cafeteria, he was devastated. Struggling to control his emotions, he said, "Anne-Marie was a super kid."

Rifle: It was around 5:10 p.m. on Wednesday when Marc Lépine walked through one of the

ambulance attendants rush injured woman to hospital: 13 survived wounds

last week for those close to the 14 women whose lives were snuffed out on the brink of adulthood. For most, had promised to be a bright future. They were intelligent, talented, skilled young people. By definition, they were out of the ordinary. They were women training to be engineers, a profession that is dominated by men. And they were enrolled in a school that is ranked as among the best in Quebec.

Interview: One of them, Anne-Marie Edwards, was 21 years old, studying to become a mechanical engineer. "She was the kind of kid whose father never doubted would do well," her father, James Edward, told *Maclean's* last week during an interview in the family's comfortable home in suburban Pierrefonds. "She was the proudest of the fact that she had just been selected to the university's alpine ski team. She was everything and still found time for her

seven lightly controlled entrances into the engineering school. He was dressed in blue jeans, work boots, a dark jacket and peaked cap. He carried a green, polyethylene garbage bag holding two 30-clip magazines and a rifle. It was a .223-calibre Sturm, Ruger semiautomatic. He headed directly for the second floor, where he encountered his first victim in the corridor 15 m from the office of the school's finance director. Lépine shot and killed Maryse Laganière, 25, a recently married finance department employee.

From that point, Lépine made his way along the second floor to Room 303, where he sent the male students out and opened fire, killing six of the 10 women who remained. Then, Lépine went down to the first floor. Firing at diving, ducking students as he went, he entered the cafeteria, where he killed Ed-

COVER

ward and two of her classmates.

Still on the hunt, Lépine climbed back up to the third floor, where he strode into Room 311. Students, unaware of the unfolding tragedy, were delivering end-of-semester oral presentations. "At first, nobody did anything," recalled Eric Forget, 21. Then, the gunman opened fire, sending two professors and 26 students scrambling for cover beneath their desks. "We were trapped like rats," said Forget. "He was shooting all over the place." Other eyewitnesses said that Lépine leaped onto several desks and shot at women cowering beneath them. Four more women were killed. Then, roughly 20 minutes after embarking on his rampage, Lépine took his own life.

Spree: The toll of Lépine's rampage placed last week's tragedy near the top of the list of the worst such mass murders. The most lethal killing spree on recent record in North America occurred when Vietnam veteran James Huberty killed 21 people, including several children, at a McDonald's restaurant in San Ysidro, Calif., in July, 1984. Sniper Charles Whitman, who opened fire from the top of a tower at the University of Texas in Austin in August, 1966, and Ronald Gene Simmons—a retired air force sergeant who went on a December killing spree in Arkansas in 1987—each took 16 lives. The worst mass killing in Canada before last week was in January, 1975, when 13 people

Wounded student awaits evacuation: 'We were trapped'

died after being herded into a storage room in Montreal's Gargantua nightclub—one from gunshot wounds, the others from asphyxiation when the building was set on fire—in what was believed to be an underworld contract murder.

The number of Montrealers touched direct-

ly by the massacre swiftly amplified the sadness of the latest tragedy. Minutes after Lépine fired the final bullet, police officer Pierre Leclair, who had been briefing reporters outside the building, wandered in and found the body of his 23-year-old daughter, Maryse, a top student. Montreal city councillor Thérèse Daviau rushed home when she received reports of the shooting during a council meeting. But she had to wait until midnight to learn that her daughter, Geneviève Bergeron, had died. The following day, Mayor Jean Doré wiped tears from his eyes as he told reporters that Bergeron often babysat his three-year-old daughter. Said Doré of the massacre: "You raise a kid and do everything to make the kid a responsible adult. Then, through a sheer act of madness, all this disappears."

Losses: As the victims' families took stock of their losses, the full brunt of the slaughter began to hit home. Schoolteacher Noëlla Fecteau told Maclean's that her niece Hélène Colgan, a 23-year-old mechanical engineering student, was "the pride of our entire family." Colgan was only one semester away

from graduation. Said a tearful Fecteau, who travelled from Quebec City to console Colgan's parents at their home in Laval: "Hélène brought a lot of joy to the family. There are no words to describe the grief."

Fernand Croteau beat his fists against the

A LETHAL CHOICE FOR A MURDERER

The gun with a bluish steel barrel on a brown walnut stock is barely distinguishable from the other rifles that sit on the racks of sports shops across Canada. But after Marc Lépine used that model of gun—the Ruger Mini-14 semiautomatic rifle—to massacre 14 women at the University of Montreal last week, some outraged citizens and MPs called for tighter controls on the sale of all weapons. The .223-calibre rifle, which can hold up to 50 rounds of ammunition in its magazine, is made by Connecticut-based Sturm, Ruger & Co., the third-largest gun manufacturer in the United States. And at a cost of between \$560 and \$650, it is one of the most popular rifles in Canada. The reason: the Mini-14 weighs only 6½ lb., but it is deadly accurate at long distances. "From 300 yards, it will totally destroy an animal," said Steven Sarvanis, a gun salesman at Nick's Sport Shop in Toronto.

According to William Ruger Jr., a Sturm, Ruger executive and son of the company's

founder, the Mini-14—which has the same calibre as a military M-16 rifle—was designed as a hunting rifle for game such as coyotes or deer. About 2,000 of the 40,000 Mini-14s that Sturm, Ruger manufactures annually are sold in Canada. But since the company began making the weapon in 1974, the rifle has become popular with police SWAT teams, prison authorities and military forces, as well, because of what salesmen call its "knockdown power." The source of that power is the high-performance ammunition used in the gun: A brass-encased cartridge almost two inches long carries a large charge of explosive gunpowder that propels the copper-jacketed lead slug out of the rifle's barrel at up to 3,330 feet per second, more than twice the speed of a standard .22-calibre rifle.

The potential for damage is compounded by the fact that the slug—heavier than the one fired by a .38-calibre police revolver—expands on impact with its target. "It is a very effective

bullet," said a salesman at Montreal's Checkmate Sports Shop. "The entry wound is minor; the exit wound is major." Added Sgt. Thomas Sharkey, a member of Toronto's emergency task force, which uses another version of the Mini-14: "It can make a real mess."

Sarvanis said that "the rifle has increased in popularity since the incident in Montreal." His store usually receives no more than two customer inquiries a week about the gun, but the day after the shooting, Sarvanis sold four of the rifles and received more than half a dozen calls about the gun. "People think that the government will restrict the gun because of what happened," said Sarvanis.

"They figure, I'd better get one now, while I can."

PAUL KAIHLA with DAN BURKE in Montreal

A .223-calibre cartridge (left) beside a standard .22-calibre bullet: deadly

of his home in suburban
Massard when he learned
one of his two daugh-
—23-year-old Natha-
—was a victim. She and
20-year-old sister, a bio-
chemistry student, were her
father's greatest source of
pride. Said Croteau, who
works as a laboratory techni-
cian: "I had two wonderful
daughters. Now I only have
one. The whole thing is in-
comprehensible. I am
devastated."

Family: At the engineering
school, the student body itself
seemed to be a tightly knit
family. Croteau and Colgan
were among a group of class-
mates who had booked a New
Year's holiday to Cancún,
Mexico. But Lépine's brief-
ing of terror clearly re-
acted students to near help-
lessness. The four dozen men
in Room 303 all left quickly,
despite the clear threat to the
women. And although there
were more than 2,500 students and adminis-
trators in the building, no one made any at-
tempt to stop Lépine.

André Biron, the school's associate director
of advanced studies and research, told *Mac-*
lean's that he and several other administrators
locked the door of a second-floor office when
they realized a gunman was loose. They remained
there until police arrived. Added Biron: "No
one felt like a Rambo. It did not occur to me to
intervene."

A central figure in another shooting drama in
Quebec more than five years ago concluded
that someone should have intervened. Lépine's
aide note, which police de-
scribed but did not release,
referred to the assault on
Quebec's national assembly
by Canadian Armed Forces
soldier Denis Lortie in 1984.
Lortie, who burst into the
provincial legislature dressed
in army fatigues, killed three
people before war veteran
Gérard Jalbert—then em-
ployed as the assembly's ser-
geant-at-arms—approached
him unarmed and talked him
into surrendering. From his
cell in Quebec City last
week, Jalbert told *Maclean's*
that it might also have been
possible to cut short Lépine's
bloodless rampage. Declared
Jalbert, who has received
praise in dealing with ter-
rorists: "I would have tried to
do something. Somebody
could have distracted the lit-
tle bastard."

At the same time, Jalbert

TERROR IN THE HALLS

Marc Lépine entered the engineering school at the University of Montreal last week
and went directly to the second floor, where he killed seven women. In 20 minutes of mayhem,
ending on the third floor, he had killed 14 women, injured 13 students and taken his own life.

Lépine's deadly mission
ends in Room 311. Climbing
across desks, he kills four
students (+) with blasts from
a .223-calibre semiautomatic rifle,
then turns the gun on himself (x).

His first victim, a 25-
year-old finance depart-
ment employee, falls in
a corridor. In nearby Room
303, Lépine orders the men
out and kills six women.

Descending from the
second floor, the gun-
man enters the cafeteria
and shoots three victims
before going to the
third storey.

said ordinary citizens cannot be expected
to react heroically in the midst of terror.
"When something like that happens, it is
like a bomb going off," he added. "People in
those situations panic; they either freeze or go
wild."

Guards: For his part, the University
of Montreal's chief of security guards,
Laurent Lemaire, told *Maclean's* that Lépine's
massacre was unstoppable. Added Lemaire:
"If you can get away from a man who is kill-
ing people with a gun, that is what you do.
The people around you no longer matter."
Lemaire added that the university's expan-

sive campus is difficult to
secure. Said Lemaire: "You
cannot screen the 45,000
people who come and go here
every day. It is a city in
itself."

Weapons: Restricting the
availability of weapons like
the gun that Marc Lépine uti-
lized to such lethal effect is
another matter, however.
The federal government is
currently reviewing existing
gun-control legislation
passed in 1978, and is
expected to present new
legislation soon. Justice Min-
ister Douglas Lewis prom-
ised in the House of Com-
mons last week that tough
laws were in the making. He
said the main change will
seek to thwart the import of
semiautomatic weapons that
can readily be converted to
full, automatic firing. At
the same time, while lament-
ing the massacre at the
University of Montreal, he
can't legislate against

added, "We
insanity."
Coping with the results of the particular
form of insanity that occurred in Montreal last
week is no less difficult. In the aftermath of the
massacre, those most closely affected strug-
gled to come to grips with what happened.
Psychological counselling programs have been
established for the victims' families, for the
surviving students and even for the police
officers who witnessed the carnage. For the
rest, there was little to do but mourn. The
closed coffins of nine of the 14 dead women
were arranged late last week in the chapel
beneath the University of
Montreal's main tower. On
Saturday, private viewings
were held for immediate fam-
ily. On Sunday, the general
public was admitted. On Mon-
day, the city's Paul Cardinal
Gregoire will celebrate mass
at Notre Dame before a con-
gregation that was expected
to include Quebec Premier
Robert Bourassa and Prime
Minister Mulroney. The fu-
neral service will bring an end
to the official period of
mourning. It will not erase
the memory of the horror
that fell upon the University
of Montreal's engineering
school.

The store that sold Lépine his rifle: a selective rage at women

BARRY CAME with
DAN BURKE,
GEORGE FERZOCO,
BRENDA O'FARRELL
and BRUCE WALLACE
in Montreal

Appendix E

A TIME FOR MOURNING

The mourners filled the white clapboard United Church in Eureka, N.S. Others, many with heads bowed, stood on the front lawn in mild spring weather as the strains of *Amazing Grace* sounded through two loudspeakers mounted outside. As birds chirped in the nearby trees, people listened to the voice of Rev. Marion Patterson eulogize Lawrence Bell, 25, whose body had been pulled three days earlier from the Westray coal mine in nearby Plymouth, 150 km northeast of Halifax. Patterson spoke of Bell's love of hockey and the guitar, and his zest for life. "Let us not say goodbye to Larry," she concluded, "just good night." Then, the crowd of approximately 500 walked

A COAL COMMUNITY CLOSES RANKS IN THE WAKE OF A TRAGEDY—BUT TOUGH QUESTIONS BEGIN TO EMERGE

to their cars and began the sombre procession to the cemetery—a grim journey that the friends and families of six other dead miners would also make later that day.

Eulogies and fresh graves, political recriminations and charges of unsafe mining practices—all are the legacy of the May 9 methane gas explosion that ripped through the government-subsidized Westray coal mine and left 26 men trapped at the end of a 1.6-km shaft, 350 m below the surface. A day later, searchers found the bodies of 11 of the men, who had ranged in age from 22 to 41. Gathered in a Plymouth fire hall, the families of the remaining trapped miners clung to the slim hope that the rescue crews working night and day in the pitch-black, rubble-strewn shaft would find their loved ones alive. But over the next few days, the rescuers, known as draegermen because of the 35-lb. Draeger air packs worn on their backs, discovered five more bodies. Finally, six days after the explosion, representatives of the company that had operated the mine, Curragh Resources Inc. of Toronto, announced that there was no further hope of finding survivors. They suspended the search indefinitely because conditions in the mine had become too dangerous for the draegermen.

As residents of the Pictou County area mourned, questions began to surface about the province's and Ottawa's financial involvement in the Westray mine. But the miners themselves responded to the tragedy stoically, with a mixture of grief and stubborn resilience.

Damaged mine site: 'a horror show'

Even with the bodies of 10 of their co-workers still entombed beneath the rock and rubble, local miners—whose provincial MLA is Conservative Premier Donald Cameron, one of the mine's foremost supporters—vowed to return to the labyrinth of underground tunnels if Westray ever reopens. "Coal miners are a breed apart from most people," observed James Cameron (no relation to the premier), a historian who lives in nearby New Glasgow.

Nova Scotia's coal miners take pride in performing a tough, dangerous job in conditions that others would find unendurable. Even today, they work long shifts in hot, dimly lit and dusty mine shafts. Many retire with work-related ailments, including rheumatoid arthritis, a result of operating heavy machinery, and black lung disease, or silicosis, caused by inhaling coal dust. Since 1838, more than 500 Nova Scotia coal miners—270 in Pictou County alone—have died as a result of mining disasters. Last week's tragedy confirmed that death is an occupational hazard for those who work the black seam. Said Joseph Burke, 55, who worked 27 years underground in the Cape Breton coalfields: "We bring the coal up with our own sweat and blood."

Men like Burke have been descending into Nova Scotia's coal mines for nearly 300 years. Many of today's miners are direct descendants of the original lowland Scots, Welsh and northern English miners brought to Canada by British companies to work the rich Nova Scotian seams. For some, coal mining offers an opportunity to earn a decent living in areas of the province where there are few jobs. The unemployment rate in Pictou County is about 20 per cent, and jobs at Westray paid as much as \$35,000 a year.

Many miners maintain that coal mining "gets in the blood"—particularly by the time that members of the third or fourth generation of a family are ready to go underground. "When I grew up, all I heard about was mining," says John Thompson, 70, a retired miner living in Plymouth. Adds James Linthorne, 50, a 15-year mining veteran whose father was the last man to die in a Pictou County coal mine before the Westray tragedy: "Mining has just been a way of life in my family. I never considered doing anything else."

Coal miners are a clannish and insular group. They rarely complain about their gruelling and hazardous jobs—least of all to their wives, who live in constant fear for their husbands' safety. Says Mildred Wright of Westville, whose husband, George, was a coal miner and whose 40-year-old son, Carl, worked in the Westray mine before the accident: "It is hard on you. You always wonder whether they will be coming home." Although fear is a constant companion in the shafts, the miners speak with quiet pride about their work—and about the spirit of camaraderie that develops among all men who toil at the coal face. Noted Robert Hoegg, 71, who used to manage a mine in Pictou County: "When you are working in the dark a couple of miles below the surface, everybody has to look after each other."

That sense of brotherhood was obvious after

the methane explosion shook the Westray mine. Within hours, crews of specially trained miners arrived at the site from throughout the Atlantic provinces to begin their heroic race to find the trapped men. Working in four-hour shifts, the draegermen soon discovered the bodies of the first 11 men, who, a coroner said later, had died instantly from carbon monoxide poisoning. From then on, rockfalls, carbon monoxide and the presence of methane slowed the draegermen's progress. In spite of the dangers, the rescue workers—who had to remain silent for fear that sound waves might trigger a cave-in—managed to haul four more corpses to the surface. "It was like a horror movie," one draegerman said, "only worse."

Already devastated by the tragedy, residents of economically depressed Pictou County now face the possibility that Westray could remain closed forever. Before the First World War, there were six mines operating along the coal seam that runs through the county. But one by one they shut down—victims of the declining worldwide demand for coal. The opening of the Westray mine in 1991 appeared to many miners as an act of economic salvation. Constructed at a cost of \$140 million, the facility employed 241 people and was expected to produce a million tons of low-sulphur coal a year for 15 years.

It was also the beneficiary of government aid. In 1988, Cameron, then Nova Scotia's industry minister, announced that the provincial government planned to sink \$12 million into Westray. The government also became the mine's main customer: in 1990, Nova Scotia Power Corp., the province's electrical utility, signed a contract to buy 700,000 tons of coal each year from Westray. Ottawa also got involved, guaranteeing \$85 million in loans to Curragh and providing interest subsidies valued at \$8 million.

But the mine project encountered stiff resis-

Funeral for one of the 26 miners: 'a breed apart'

tance from some Nova Scotians, particularly federal and provincial politicians from Cape Breton. They vehemently opposed government funding for a new Nova Scotia coal mine that would compete with Cape Breton's heavily subsidized mines. At the same time, some federal civil servants questioned the wisdom of sinking a new mine in a coalfield that was known to have a high methane content—and that had already claimed hundreds of lives. (In 1952, 19 men died in a methane explosion at a mine in Stellarton.)

Controversy continued to dog Westray after it opened. Last year, after two cave-ins, the provincial Liberals called for the mine to be shut down until it could be given a clean bill of health. And even before the recent tragedy, the methane-ridden mine had been the target

of persistent reports of lax emergency safety procedures and unsafe working conditions. Blair Rankin, a 10-year mining veteran who lives in Sackville, worked for only four days at the Westray mine last fall before deciding to quit. "There was no training," told Maclean's. "When I showed up for work the first day, they sent me down in the mine and had me operating a piece of machinery I'd never seen before."

Westray officials deny such allegations. Colin Benner, the mine's president of operations, responded that the rumors of unsafe practices are "unfounded allegations and an affront to our people." The company also boasted of having won a mining industry award last month for safety. Now, it will be up to a public inquiry, announced by the premier, to investigate the tragedy. Said a clearly shaken Premier Cameron: "I want to tell you—if I could have in any way forseen what has happened here, I'm sure we all would have made different judgments."

So far, Nova Scotia's opposition Liberals and New Democrats have heeded Cameron's request to leave

the finger-pointing until later. But when the mourning subsides, the premier's role as the project's champion will be hotly debated.

Last week, though, thoughts about politics were far from the minds of those left to bury and commemorate—the Westray dead. The heavy human price exacted by the Pictou County coal mines is marked by a 30-foot-high granite monument on the outskirts of Stellarton. It bears the names of local miners who die in disasters from 1880 through 1952. But there is little room left on the column. Some Pictou County residents are already talking about erecting a new monument—one that will bear the names of the latest men who toiled and died, deep below the earth's surface.

JOHN DeMONT in Plymouth

AN UNDERGROUND TOMB

Appendix 7

Fatal rage

Karnail and Darshan Gakhal had high hopes for the wedding, the third for their string of five daughters and a son. The Sikh family's last marriage, two years ago, had ended sourly: daughter Rajwar had broken up with her husband, Vijay (Mark) Chahal, after barely six months, complaining that he abused her. The Gakhals hoped things would go differently for her younger sister Balwinder, who was to be wed on Saturday to a young engineer from Toronto. And the family was doing its best to prepare for the occasion. Inside the comfortable two-storey home, with its views over Vernön Creek to the dun-colored hills surrounding the quiet B.C. farming and tourist town of the same name, Darshan and her daughters were getting ready to receive more than 200 people at a post-wedding reception. Outside, the Friday morning air was soft and mild as Karnail set about washing the new red Mazda Precidia parked proudly in the triple driveway. Then, moments before 10:30 a.m., a dark green minivan pulled up to the curb—and the weekend's promise turned suddenly to horror.

Stepping from the minivan, Mark Chahal, 30, levelled a .40-calibre Smith and Wesson semi-automatic—one of two pistols he was carrying—and fired. Karnail Gakhal fell, fatally wounded, near the Mazda's right front tire, blood streaming down the inclined driveway towards the street. Chahal fired again—this time through a bay window at the front of the house—then strode up the front steps and went inside. He walked from room to room repeatedly firing both weapons, pausing twice to shove fresh 10-round clips into the semi-automatic. "I heard gunshots and screaming," said nearby resident Chantal Beaudoin. "I woke my mom up and I told her." Then, the resourceful youngster called police. With local RCMP already

In a few terrifying minutes, Vijay Chahal proved just how deadly his anger could be

The motel where Chahal committed suicide: carnage

on the way, Chahal walked out of the Gakhal house and paused to loose a few more rounds into its beige siding. Stepping into his rented van, he calmly buckled his seat-belt and departed.

When the first police officers arrived moments later, they encountered a scene of carnage rarely equalled in Canada. In addition to Karnail, 50, five more people lay dead, including Darshan, 45, Rajwar, 26, and the bride never-to-be, Balwinder, 24. Another five were bleeding heavily from multiple gunshot wounds. Three of them died later. In less than five minutes, Chahal had wiped out the entire Gakhal family, including younger daughters Kalwinder, 21, and Halvinder, 17, as well as the only son, 14-year-old Jaspal. The couple's oldest daughter, Jasbir, 30, and her husband Balgit Saran, 33, were also among the dead. One of Jasbir's three young daughters, six-year-old Justine, had a bullet wound through both thighs. Saran's 60-year-old mother, Gurmail, had also been injured, taking a bullet in her face. It was the second-worst shooting

ceeded only by Marc Lépine's savage hunt through the halls of a Montreal engineering institute in 1989.

And like Lépine, Chahal could not live with what he had done. Police later concluded that his attack had been planned with an escape in mind. Nevertheless, after the killings he drove barely three kilometres to a second-floor room at the Globe Motel, just off Vernon's main street, where he had checked in the previous evening as "J. Singh." There, Chahal penned a hasty note apologizing to his family for what he done and leaving police several telephone numbers with which they could reach his next of kin. Fastidiously, he dated and signed the note, adding that police could find his identification in the pocket of his pants. Just before 11 a.m., he fired the semi-automatic one last time—into his own head. Police, responding to a call from motel staff, found Chahal dead on the floor. In his van, they found a third weapon: a 12-gauge pump-action shotgun.

For Vernon's 40,000 residents, among them about 150 Sikh families, the morning's events were a shattering introduction to the violence that seems increasingly to erupt from family breakdowns across Canada. "Our community is in a state of deep shock," a Vernon mayor, Wayne McGrath, told a news conference the day after the shootings. Ron Shunter, a superintendent at the Tolko Forest Products Ltd. sawmill in neighboring Lavington, where Karnail Gakhal had worked for 26 years, said the tragedy "is going to shake the whole community up." Gakhal, who operated a planing machine, had been "a friendly sort of fellow," Shunter recalled. "Quiet, reliable, a good employee."

Among the town's close-knit Sikh community, the shock and remorse were even greater. Members of the community knew Karnail Gakhal well. Shortly after arriving in Vernon from

Punjab, India, he had helped to establish the town's first Sikh temple. Balwinder's wedding, like Rajwar's, had been planned for a newer white stucco structure that in 1989 replaced the older house of worship, less than a kilometre from the family home in the community's prosperous middle-class Mission Hill district.

In the wake of the tragedy, the temple instead became a place of mourning. As dusk fell on April 5, the traditional Sikh wailing of bereaved friends and relatives filled the building. Throughout the following day, members of the congregation held a vigil for wedding guests, some of whom did not learn about the tragedy until they arrived in Vernon. (The groom, whose name was withheld by family members, had received the shocking news while en route from Ontario.) "We are gathering together, talking, preparing hot meals so they will have some comfort," said temple president Satwant Dhindsa. "Everybody is in shock. We don't know what to think."

For no one was the shock greater than for the Gakhals' immediate relatives. They had known that Chahal harbored a grudge against his estranged wife and her family. In January, 1995, Rajwar visited Vernon RCMP to file a complaint that Chahal had threatened her, but she requested that the police take no action against him. Still, Chahal's animosity was common knowledge among relatives. "He told them he was going to make sure none of their other

daughters would ever get married," Balwinder Gakhal, the wife of Karnail's cousin Torlok told *Maclean's*. "Nobody imagined he would be capable of doing this." In a few terrifying minutes, with just a week to go before the Sikh holiday of Vaisakhi, which celebrates the revelation of the five symbols of Sikhism, Vijay Chahal proved just how deadly his rage could be.

CHRIS WOOD in Vernon

DEATHS IN THE FAMILY

A partial list of murder-suicides in the past year:

- **JAN. 23, 1996 — MANON MAHER, 35**, of Drummondville, Que., kills her son, her daughter and herself.
- **JAN. 16, 1996 — KENNETH BARR, 45**, shoots his wife and her friend, then himself, in Lanark, Ont.
- **JAN. 5, 1996 — JAMES HUANG, 40**, kills his wife, two daughters and his mother in Surrey, B.C., before killing himself.
- **DEC. 26, 1995 — IAN BROWN, 26**, of Ottawa kills his wife, two children and himself.
- **DEC. 9, 1995 — LYNN CLEMENTS, 38**, shoots his wife and a friend in North Ohio, N.S., before killing himself.
- **NOV. 2, 1995 — ISAAC WIELER, 32**, of La Crete, Alta., shoots his wife and her mother, then himself.
- **JUNE 12, 1995 — JOSEPH JEANNOT, 68**, of Gatineau, Que., kills his wife, a daughter and himself.
- **APRIL 26, 1995 — CLEMENT MERCIER, 54**, of Ste-Marie-de-Beauce, Que., kills his daughter and the local police chief before hanging himself.

Appendix G

First, came the storms, and as much rain over two days as Quebec's Saguenay region usually sees in a month. Then, the swollen rivers went on their rampage. When it was over, Jimmy Villeneuve's corner of paradise looked like hell on earth. His pristine white house on the edge of the Chicoutimi River in Laterrière, close to the city of Chicoutimi and close to the water, was his pride and joy. But the neighborhood that Villeneuve returned to visit late last week, three days after evacuating to a hotel, bore little resemblance to its former self. House after house sat in the brown water of the swollen river. Near Villeneuve's place, a chimney stuck out of the water—all that was left of a neighbor's home. Villeneuve's once-manicured lawn was littered with a television set, a refrigerator and pieces of wood left behind by the rushing current. The house remained standing, but the damage is extensive. "I had tears in my eyes," said Villeneuve, 35, when he saw the inside of his home late last week. The basement was ruined, the first floor heavily damaged, and Villeneuve estimated a repair bill between \$40,000 and \$60,000. Still, he added, "I'm lucky com-

J-PHILIPPE DUMAS/ONOPRESSE

FLOODWATERS ON A

pared to my neighbors who lost everything."

For the thousands of Quebecers whose homes and businesses lay in the way of the water's onslaught, what lies ahead is the daunting challenge of rebuilding shattered lives. The flooding, the worst natural disaster on record in the province, forced almost 12,000 people from their homes. Incredibly, only 10 died, including three children—two when a mud slide engulfed their home in La Baie, just southeast of Chicoutimi, as they slept in the basement, the other along with two adults when their car fell into a washout in a highway. With damage estimates ranging as high as \$450 million, some municipalities looked as if they had also been subjected to earthquakes and tornadoes, not just floods. Environment experts warned that, because of the global warming phenomenon, similar disastrous weather aberrations could become the norm.

But if there was a silver lining last week, it was in the overwhelming humanitarian response of other Canadians to the crisis (page 24). The outpouring of aid touched many in the Saguenay region, which has traditionally been Quebec's separatist heartland. "You can't help but feel more Canadian and appreciate being Canadian," said Reginald Gervais, 50, a city councillor in Jonquière, just west of Chicoutimi. Gervais, who voted Yes in last October's sovereignty referendum, asked reporters: "Can you say thank you for us?"

There was not much else to be thankful for. The torrential rains that began on Friday, July 19, deposited up to eight inches in 48 hours—almost double the normal rainfall for the entire month of July—in some parts of the Saguenay, the hardest hit area north of Quebec City. As the weekend unfolded, the results were catastrophic. Many rivers overflowed, causing hundreds of landslides. Floodwaters ripped through roads, damaged bridges and destroyed several hundred homes, sweeping some away in the current. It left up to 2,000 people

Torrential rain in Quebec leaves chaos in its wake

RYAN REMIORZ/CANAPRESS

Comforting an evacuee at CFB Bagotville; crumbling apartment building in Jonquière (far right): 10 people dead, 12,000 others forced from their homes

RYAN REMORZCANAPRESS

RAMPAGE

JACQUES REMORZCANAPRESS

Wreckage in Grande Baie, Rivière des Ha! Ha! (above left): looking as if they had been hit by earthquakes and tornadoes, not just floods.

homeless, and several areas still had no power, telephone service or drinking water a week after the rains. "I lost everything," Marcel Tremblay, a 57-year-old La Baie construction worker, lost his house and car in the flood. But Tremblay, who planned to find a room in the area temporarily, vowed to return to the waterfront in La Baie. Having collected the \$2,500 in immediate relief money being distributed to those who would be homeless longer than two weeks, he bought some clothes and was looking for a car so he could get back to work.

If ordinary Canadians came through in the face of the crisis, did the Canadian Forces. Early in the week, the sound of copters overhead was constant as the military evacuated thousands of people—many of whom found a temporary home in a shelter up at CFB Bagotville near La Baie. Evacuee Gemma Bolduc summed up the army's work in one word: "Formidable!" For a military unit buffeted by scandals revolving around its role in Somalia more recently, Bosnia, it was an assessment worth relishing. "What you see today, and what you've seen in the last few days is the real Canadian armed forces," declared Defence Minister D. Collette, who visited the Bagotville base on Wednesday.

Federal Labor Minister Alfonso Gagliano accompanied Collette to assess the damage to local employers. But no politicians may have been on the scene—politics was not absent. Premier Lucien Bouchard, who represents the Jonquière riding on the Saguenay, cut short a vacation in California to return home because of the disaster. Early in the week, the Quebec government announced a \$200-million infrastructure fund to help pay for flood damages, and Ottawa anted up 75 per cent of a \$250-million fund designed to provide financial assistance for individuals. Both Bouchard and Collette, who represents a Toronto riding, brushed aside questions about massive federal aid going to a region that has strongly supported Quebec separatism. "This is about politics," Collette said, when asked about an Ottawa

CANADA

host's demand that federal disaster relief be strongly tied to the national unity issue. Bouchard, for his part, was politely grateful, saying that he was "completely satisfied with the role of the federal government through its different agencies." Reviewing the flood damage at week's end, however, the premier said he would be looking for more help from Ottawa to repair businesses, shorelines and tourist facilities.

If there was controversy, it revolved around questions about the possible role the many dams, dikes and reservoirs in the area may have played in the flooding. Hundreds of dams, both government—and private-owned—dot the area, controlling water levels, maintaining reservoirs and assuring supplies for electricity generators. In the wake of the disaster, some flood victims complained that water levels had been allowed to get too high even before the heavy rain. But the provincial government, responsible for the Lac Kénogami reservoir near Chicoutimi, which overflowed, put the blame squarely on the weather. "There's no way we could have done better," said Quebec's environment minister, David Cliche. Without the reservoir, he said, the situation could have been far worse—it actually slowed the flow of water, allowing time for the evacuation of residents. Still, Cliche said he has asked private dam and dike owners for information on their operations, and would consider subjecting them to government inspections.

While calling the torrential rains that caused the flooding something that happens once "every 10,000 years," Cliche also acknowledged a new factor: changes in global weather patterns that could result in other disasters. With global warming, he said, it is likely that planners will have to deal with more climate-induced problems such as floods. Others are also saying that Canada—and in fact the world—may be entering a time of more frequent weather-related catastrophes. Angus Ross, for one, is a Toronto-based reinsurance agent whose job it is to provide insurance companies with coverage against catastrophes that require them to honor thou-

Washed up in La Baie: warnings that global climate changes may bring more weather disasters

RALLYING TO HELP

North Vancouver neighbors Linda Sullivan and Cathy Roddie could hardly believe their eyes as they watched television reports of the stunning flood damage in eastern Quebec last week. "We were both appalled," said Sullivan, a homemaker. "It was shocking to see an apartment building falling away like it was sand." She and Roddie decided they had to do something, and by the following day they had set up an account for donations at the North Shore Credit Union where Roddie works. Sullivan also hit the phones—with the assistance of a bilingual relative—to establish a direct connection with the Saguenay region so that the money could be channelled to where it is needed most. And like many other Canadians, she emphasized the importance of keeping politics out of the picture. Said Sullivan: "If they come and say, 'I need food, shelter and clothing,' are you going to say, 'Well, you are a separatist—go away?' I don't think so."

A lot of Canadians shared that sentiment, judging by an outpouring of donations that Canadian Red Cross Society spokeswoman Alice d'Anjou described as "overwhelming." Last week alone, the Red Cross—which is co-ordinating the national relief effort—collected more than \$3 million from private citizens and businesses. Those donations, together with a \$50,000 contribution from the Red Cross's National Disaster Relief Fund, will help meet immediate

demands for such things as food, shelter and clothing.

The spirit of altruism, however, was not universal. A lead editor in *The Toronto Sun* said it was ironic to see the Canadian air forces airlifting people to safety in a staunchly separatist part of the country. At the same time, an editorial cartoon in *The Globe and Mail* depicted a relief helicopter heading towards a build surrounded by water. On one wall was a billboard showing Quebec Premier Lucien Bouchard and the statement, "Canada is not a country!" British Columbia Reform MP Jim Hart said his constituency office received a handful of complaints about the aid to Quebec but that the vast majority of callers wanted to know how they could help. "There is a little bit of irony to this situation," he conceded, "but we should use it in a positive way to show the benefits of Confederation. This can be an effective tool for unifying people."

Others, however, said that only humanitarian concerns should motivate helping hands. Retired Calgary teacher Pat Tzotzos, who donated \$50 to the Red Cross effort, recently visited Quebec for the first time and found the experience both surprising and inspiring. "It is certainly distinct, and anything distinct needs to be preserved and shared," she said. "But help should not be a way to send a political message—we are donating simply because we realize there is a need."

PATRICIA CHISHOLM with SCOTT STEELE in Vancouver

sands of claims at once. He says that the increasingly unpredictable weather means that both the insurance industry and all levels of government must engage in more research into the likelihood of a trend towards more violent weather. Said Ross: "This flooding has to encourage awareness of the potential for other catastrophes, and convince us to learn more about predicting and preparing for it."

If any region is aware of the damage Mother Nature can wreak, it is the Saguenay. The recent flooding is the third big disaster to strike the area in two decades. A strong earthquake with its epicentre near Chicoutimi rocked the region in November, 1988, causing widespread, though minor, damage. Seventeen years earlier, in May, 1971, a massive evening landslide at St-Jean Viennay, near Chicoutimi, engulfed 36 homes, killing 31 people.

But while fatalities in last week's flooding were far less, the economic toll promises to be enormous. For one thing, the disaster hit during the region's peak tourist period, forcing cancellation of various festivals and celebrations. The town of Laterrière, for one, founded 150 years ago, called off the rest of its anniversary celebrations. Joked one municipal employee: "We'll sure remember our 150th." With hotels and other accommodations lacking power, roads, tracks and bridges washed out, and tourists from far away fearful of visiting even regions outside the flood damage, estimates put immediate losses as high as \$5 million a day. But local officials such as Serge Plourde, head of the Saguenay Lac St-Jean tourist association, put the stress on doing whatever they could to minimize losses.

The price for other local industries will also be high. Paper producers Abitibi-Price and Stone Consolidated closed two plants for four to six weeks, leaving 1,500 employees out of work. At the Chicoutimi employment centre, a spokesman estimated that shut-

downs by related suppliers, including sawmills, would temporarily affect another 2,500 people. But although the flood damage is widespread—and the region could take more than a year to get back on its feet—some residents have already found a positive side to the disaster. Rebuilding and repairs, they note, may fuel job creation giving the local economy a welcome boost. One company operating truck-mounted vacuums for industrial uses, for instance, had extra employees working around the clock to empty basements and clean up plants. Firms dealing in bottled water, equipment rental and cellular phones could not keep up with the demand.

A bridge washout near La Baie leaves tracks hanging: damage to the important tourism industry

Chicoutimi and Jonquière could certainly use a boost: at 15 per cent, their unemployment rate is the highest among Canada's major urban centres. "I don't want to sound crass," said Chicoutimi restaurant cook Mario Tremblay, "but it almost takes something like this to kick start the economy in the region." First, however, the flood areas, particularly the Saguenay, must recover from the solid kick it has taken from nature's forces.

BRENDA BRANSWELL in Chicoutimi with LUKE FISHER in Ottawa

A WORLD OF TROUBLE

If Mother Nature is unleashing her wrath upon the earth, then China, the planet's most populous nation, is reaping the lion's share of woe. By the end of last week, 20 million people in southern and central China had been affected by the summer rains—and more than 1,509 killed—as the mighty Yangtze River swelled to 94 ft., its highest levels since 1954. Nearly a million homes were washed away and nearly three million damaged. Fearing mass outbreaks of cholera and dysentery in the muddy aftermath of the disaster, authorities sprayed entire towns with chlorine and disinfected thousands of animal corpses before burial. "When you have more population, the human dimension of an act of God is multiplied beyond what we're familiar with in Canada," said Timothy Pitt, executive director of Doctors Without Borders Canada, which has sent a physician and a sanitation expert to join the international organization's 29 other members now aiding Chinese authorities.

The scale of the tragedy is staggering. With rice and vegetable crops destroyed, total economic losses are estimated at more than \$15.3 billion. As the three-week-old floods continued their spread last week, officials in central Hubei province ordered three million more people—roughly the population of Alberta—to help the three million soldiers and civilians already lining the banks of the Yangtze. They guarded protective dikes and used mud and sacks of

wheat to plug holes burrowed by snakes and rats. "We can't relax our vigilance for an instant," said a flood-control spokesman in provincial capital, Wuhan. Elsewhere, in Guizhou province, a typhoon wave further tormented displaced flood victims. And to make matters worse, Typhoon Gloria was headed for south China at week's end, after killing 20 in the Philippines.

Such conditions, which would create havoc in the industrial world, are far tougher to handle in developing countries. "They don't have the resources and infrastructure to respond," says Pitt. Beijing set aside \$23 million and the Red Cross Society of China appealed for \$5 million from sister organizations around the world. The United States flew 16 tons of supplies to the central province of Anhui despite the appeals, by last week international donations reached just \$1.4 million. The Canadian International Development Agency, the body that distributes the bulk of Ottawa's foreign aid money, had yet to approve funds. Private outfits such as Doctors Without Borders, meanwhile, struggled to do what they could. In one area, the group occupied a fourth-floor office in a building where water had risen to the third storey. "In some places we've found people lying trying to survive on pockets of land in the midst of raging rivers," said Pitt. In recent weeks, similar devastation has hit Bangladesh, India, Italy and now Quebec. Whether the floods affect millions of Chinese, or thousands of Quebecers, the emotional toll is incalculable.

NOMI

Appendix H

LOST IN THE

**The Atlantic Ocean
claims Swissair
Flight 111 just
off the coast
of Nova Scotia**

DEPTHS

Canada
COVER

BY ANTHONY WILSON-SMITH

The 60 residents of Peggys Cove, N.S., have few lessons to learn when it comes to either natural beauty—or its sometimes volatile power. The village, 45 km south of Halifax, is one of the most photographed spots in North America, with a stunningly picturesque harbor that is visited annually by thousands

of tourists. For almost two centuries, residents of Peggys Cove and other nearby communities have fished the Atlantic Ocean, regularly confronting squalls, towering waves and icy waters—and occasional losses at sea have become a fact of life. But when it came visiting one night last week, it was in a different fashion: man-made falling from the skies. Many local residents did not even hear the unscheduled sputtering engines of the doomed Starliner Flight 111 when it flew over the water shortly before 10:30 p.m. Atlantic time.

It was moments later, when there was a sound alternately described as either a thud or a huge thunderclap 13 km out to sea, that they became aware of disaster at hand. "It was like a shock wave," said Randy Daniel, a 40-year-old self-employed engineer from nearby Chester. "We went outside to look for lightning. That's when the sirens started and we knew it was something awful."

By week's end, area residents were adjusting to a new, generally unwelcome form of renown for their rugged se-

DARREN PITMAN/HALIFAX CHRONICLE HERALD

JOHN MOTTENHAP

Six minutes after the pilot's final transmission the plane crashed

A SCENE OF TRAGEDY: The impact of the crash, and the 229 lives lost, sent reverberations around the world and spurred an international investigative effort

ANDOR FELDMAN/PAK DAILY NEWS

THE NEW YORK TIMES CHRONICLE HERALD

COVER THE CRASH

of coastline—as the nearest site on land to the second-worst air disaster ever in Canadian territory. The crash of the Swissair MD-11, which had left New York City's John F. Kennedy International Airport en route to Geneva, killed all 229 people aboard, and left investigators puzzling over both its cause and circumstances. The last message recorded from the doomed aircraft by air traffic controllers was: "We have to land immediately." It was 10:24 p.m. and the plane was at 2,910 m. Six minutes later, it crashed into the icy Atlantic.

Although no cause had been formally ruled out by week's end, authorities from both Canada and the United States say it is unlikely that sabotage was involved. About 80 investigators from the two countries and Switzerland have been assigned to the crash, under the direction of federal transportation officials and Royal Canadian Mounted Police—who have dubbed the ongoing recovery effort Operation Perseverance. They are focusing on the cause of the smoke that was reported by the pilots in the cockpit about 20 minutes before the disaster—the first sign of catastrophe ahead. One theory under consideration is that toxic smoke caused by faulty

wiring may have disoriented the pilots—with the result that when they tried to dump fuel shortly before their planned emergency landing, they inadvertently released all of it.

Whatever the cause, the impact of the crash, and the lives lost, sent reverberations around the world. Although the majority of victims were either American, French or Swiss, the passenger list included people from 11 other countries—including one Canadian, 1-year-old Yves de Roussan, a Montreal-born official with a children's aid agency UNICEF who was based in Geneva. In there were seven officials from UN-related agencies aboard the aircraft: because Geneva and New York are the sites of the international body's two largest operations, the Swissair flight was often formally described as "the UN shuttle." And some friends and co-workers noted a bitter irony in the crash. "When you work for humanitarian agency, there's always risk involved, particularly when you're posted in war-torn countries," one of de Roussan's colleagues told *Madras*. "But when it's such a tragic accident, completely different circumstance—it's a waste."

Other victims included internationally renowned American AIDS researcher Dr. Jonathan Mann and his wife, Mary Lou Clements-Mann, a leading vaccine researcher and professor, and Bandar ibn Saud ibn Abdul Rahman, a member of Saudi Arabia's royal family. UN employee Pierce Gerety took the plane only because he had been bumped from two previous flights, while Swiss professional tennis player Marc Rosset survived because he decided, at the last minute, to change his flight and stay in New York to practise another day after his early-round loss in the U.S. Open.

In the wake of the tragedy, about 800 relatives of the victims travelled to Halifax—many of them on Swissair charter flights from New York and Switzerland. As the A310 Airbus from Zurich landed in fog and drizzle at Halifax International Airport on Friday, several passengers pulled the plane's blinds down to avoid the media throng. Most of the relatives made the trip to Peggys Cove, where officials had set up a special isolated seaside area to allow them to look out towards the crash site. Several memorial services in different religious denominations were held over the weekend; some family members laid wreaths and collected jars of seawater to take home. Among those making the trip to Peggys Cove was Peter Gerety of Southport, Conn., whose brother Pierce, director of the African Great Lakes operations for the United Nations' High Commissioner of Refugees, had been on his way back to Geneva from a family reunion. Gerety, whose brother would have turned 57 on Labour Day, did not come back from Peggys Cove empty-handed. "I just felt like having a memento," he said, explaining the two rocks he brought back with him. "It's such a beautiful place—and that's the irony of it. So I thought I'd have a memento for my sister-in-law."

Residents of Peggys Cove and surrounding communities, mean-

while, did what they always do in times of crisis: pitched in to help (page 20). As soon as word of the crash spread, many took their boats out onto the choppy waters to begin the search, hoping to find survivors. They were joined shortly after by Canadian military frigate aircraft, a submarine with sophisticated sonar equipment and Maritime Command search-and-rescue vessels, in scouring an estimated 78-square-kilometre patch of ocean. What they found was gruesome. Because of the horrific impact as the aircraft hit the water, Dr. Joe Butt, Nova Scotia's chief medical examiner, said that many of the human remains were "fragmented." John Campbell, whose 13-m ft glass boat was one of the first on the accident scene, told *Maclean's* two days later that he was still in a state of disbelief. And the sea experience, said local fisherman Robert Conrad, was one that participants "won't be rid of for the rest of their lives."

Among the priorities for the searchers is finding the telltale black boxes that contain flight data and cockpit recordings that would potentially offer key clues to the cause of the disaster. As of Saturday, searchers were nearing the discovery of one of the two boxes—but bad diving conditions delayed their efforts. Among the debris collected were personal effects, ranging from a sweater found floating on the oil-slicked water, to a Bible, a still-legible postcard of New York City, a necktie, children's toys, a handwritten diary and a birthday balloon. Such items offered almost unbearably poignant reminders of the shattered lives of those aboard Flight 111—and a sheer sense of normalcy and routine with which passengers would have boarded the flight.

They would have had good reason for confidence: Swissair, whose last accident was in 1979, is renowned within the airline industry for its high safety standards, and the two pilots flying the aircraft, Zimmermann, 50, and co-pilot Stefan Low, 36, were veterans with

PHOTOGRAPH BY MICHAEL GOODMAN

emplary safety records. Zimmermann, in fact, had served as a flight instructor in the past for the Boeing MD-11, and the two men had flown the same aircraft several days previously without problems.

Despite a history of some mishaps, the MD-11 is considered to have an overall, a good service record. A three-engine, wide-cabin aircraft evolved from the DC-10, it has been praised by experts for its reliability although Boeing announced earlier this year that it is phasing out production because of low commercial demand. Over the years, the MD-11 has been involved in about a half-dozen incidents of varying seriousness. Most of those involved crew error. But wiring has been a potential problem in the MD-11. Two years ago, American aviation officials recommended wiring changes to the model because of concerns that a potential electrical fault could lead to fire or control problems.

Based on all the information pieced together last week from radar data and control tower conversations with the doomed aircraft, the journey of Flight 111 began smoothly enough. The plane passed final inspection at Kennedy airport and lifted smoothly into the air at 8:18 a.m. From New York, it travelled eastward towards the Atlantic in a flight that would take it over Nova Scotia, flying at an altitude of 9,900 m.

The first sign of trouble came about 56 minutes into the flight. At 10:14 (the aircraft had entered into the Atlantic time zone, one hour ahead of eastern daylight time), the Swissair crew called the Moncton, N.B. traffic control tower—which was responsible for the region. According to edited transcripts of the ensuing conversation that were made public yesterday, a voice—presumably that of Zimmermann—said, "We have a problem in the cockpit," and suggested Boston as an emergency landing point. The tower, in turn, cleared them to turn towards Boston, but asked if they preferred Halifax, about 129 km away (the distance to Boston was 555 km). "Affirmative," came the reply.

The captain and co-pilot, apparently having donned smoke mask goggles, began bringing the plane to an altitude under 3,000 m. "We need to dump some fuel," Flight 111 told the control tower. Twice, the controller gave them permission to dump, and told them they were cleared to land. As a result of the decision to dump fuel and reduce altitude, the aircraft, which was within 46 km of the Halifax airport at one point, turned away from the city, flying in a U-pattern over the top of St. Margarets Bay.

THE GRISLY SALVAGE OPERATION

Among the debris was a sweater found floating on the oil-slicked water. Also found was a Bible, a still-legible postcard from New York City, a necktie, children's toys, a handwritten diary, a birthday balloon—and human remains.

A SOUND LIKE 'A THUNDERCLAP'

After leaving New York City, Swissair Flight 111 was in the air for about 70 minutes before crashing into the waters of the Atlantic Ocean 13 km off Peggys Cove, N.S., on the evening of Sept. 2. All times are Atlantic daylight time.

9:18 The Boeing MD-11 jet takes off from John F. Kennedy International Airport, quickly climbing to its cruising altitude of 9,900 m.

10:14 Pilot Urs Zimmermann reports smoke in the cockpit to regional air traffic controllers in Moncton, N.B. He requests a landing site and suggests Boston, 555 km from his position. Moncton offers him the alternative of Halifax, only 129 km away, and Zimmermann agrees.

10:18 Moncton notifies Halifax rescue centre of the plight of Flight 111. Zimmermann, meanwhile, says that before landing he has to dump fuel.

10:24 Zimmermann declares an emergency and says the plane must land immediately.

10:30 The jet slams into the Atlantic with a noise, according to witnesses, like "a thunderclap" after disappearing from radar screens.

AP PHOTO/STONESTONE

A DOOMED COURSE: Pilot Urs Zimmermann (left), a veteran with an exemplary safety record, dumped fuel over St. Margarets Bay as he tried to ready the plane for an emergency landing at Halifax.

The final words

"We are declaring an emergency. We have to land immediately."

Halifax International Airport

eral transport officials said there were two good reasons for that decision: an emergency landing is safer without heavily loaded fuel tanks, and the aircraft, with the weight of the fuel, might have been too large and heavy to land on the Halifax runway without overshooting.

At about 10:24, as it began its final exchange with the control tower, the aircraft began dumping fuel. At the same time, the cockpit issued a final, chilling message: "We are declaring an emergency. We are starting vent now. We have to land immediately." At that point, said Vic Gerden, the chief inspector with the National Transportation Safety Board, the tone of the voice was garbled and muted, probably because of an oxygen mask. Six minutes later, said Gerden, "the aircraft contacted the sea."

Shortly before the crash occurred, the passengers—according to crash procedure—would have been told to move into crash mode, tucking their heads into their knees with hands clasped around their legs. The final signal for that action from the cockpit to the crew seconds before impact would be the code words "Brace, brace." Just before it hit the water, the aircraft sheared off the top of a navigational buoy.

The impact of the crash caused buildings to shake and images on television sets to flicker as much as 15 km away. Still, some residents of Peggys Cove did not realize precisely what had happened until they received telephone calls from friends who heard news reports—or from reporters in the United States and elsewhere who called local houses at random, seeking information. Almost immediately after that, local fishermen clambered into their vessels and began heading out to sea—despite the darkness and choppy 15° C waters—in search of survivors. On land, after the

sirens wailed, many residents turned on all their house lights light up the shoreline for the men at sea.

In the end, Maritime Command officials overseeing operation: did not formally switch the description of their activities from "search and rescue" to the ominous "search and recovery" until p.m., Friday—almost 39 hours after the aircraft went down. But for those on the scene of the accident, it became apparent long before that there was little hope of finding survivors. As boats and overhead helicopters cast ghostly light on the heaving ocean, the searchers were confronted by battered human remains and masses of debris. At least one vessel turned back: its crew was too appalled by the sight. And Ray Boutilier, 72, who travelled to the site a day after the crash, had previous experience recovering bodies from the sea while serving in the navy in the Second World War. But he gave up after one trip, calling this experience "even worse than his war days."

Repeatedly, a small government of Canada vessel could be seen clocking at a cordoned-off wharf, where it unloaded material recovered from the crash site. The human remains were put in a near refrigeration truck, and then taken to a makeshift morgue consisting of five refrigeration trucks set up at nearby CFB Shearwater. There, dental and pathology specialists worked on the difficult task of identifying remains, relying on a combination of past dental and medical records and DNA samplings supplied by families.

Along with the overriding air of shock and tragedy, there was also a sense of frustration among local residents at the manner in which their lives were suddenly turned upside down—especially by the 30 members of the media. "This is crazy," said local resident Audrey O'Leary, the owner of Peggys Cove Bed-and-Breakfast, who first learned of the crash in a midnight call from a CNN reporter who found her number in a phone book. Jack Campbell, who operates Peggys Cove Web site, reported receiving more than 21,000 "hits" in the first three days after the crash, ranging from best wishes to requests for more information.

Perhaps the most uncomfortable people were the usually stoic fishermen who went to the site to help—and in the aftermath found themselves besieged with questions about an experience most were finding hard to forget. "They are doing what they can to avoid the me-

COVER THE CRASH

said Conrad. At the same time, despite the exemplary behavior of most local residents, the RCMP had to issue public warnings that it would arrest anyone who found and failed to turn in wreckage from the site—after reports that some people had taken their boats out in search of souvenirs.

At the end of the week, officials refused to even reveal how many bodies had been recovered, citing their battered state and the difficulties of identification. Preliminary autopsies indicate that all the victims were killed on impact when the aircraft hit the water—and those examinations had not yet shown any indications of smoke on the victims, meaning any fire in the cabin was not widespread. When—or if—they are satisfied that they have done all they can to recover the remains of the 229 victims, authorities will turn their full attention to determining the cause of the crash.

The search for answers will be daunting. In the aftermath of the crash, some observers questioned whether the pilots' initial plan to land in Boston cost Flight 111 precious time in the air; authorities estimated the plane might have successfully landed at Halifax if it could have been kept aloft another seven to eight minutes. And authorities at Yarmouth Airport—located not far from where the plane passed over in its final minutes—said they could have accommodated a landing, and wondered why they were never informed of Flight 111's problems. But investigators are adamant that their ear-

GRIEF IN A SMALL COMMUNITY: Fishermen in Peggys Cove and other towns went out immediately to help with the rescue—and came back overwhelmed by what they had seen

ly findings indicate one conclusion: based on the voice record from the control towers, said Gerden, the behavior of the pilots in their final minutes was appropriate to the circumstances and "professional." For now, what caused Flight 111 to fall from the remains a mystery. But for the families and friends of those who died, the dreadful consequences are all too clear.

With **BRENDA BRANSWELL** and **JOHN DeMONT** in Peggys Cove, **SHERRI AIKENHEAD** in Halifax and **DANYLO HAWALESKA** in TORONTO

A terrible toll

For centuries, the ocean has sustained the people of Atlantic Canada. But it has also exacted a huge toll in lives, sometimes hundreds at once. In this century alone, the waters off Canada's East Coast have often been the scene of large-scale disasters:

April 14, 1912: In the world's most famous marine tragedy, 1,522 lives were lost when the Titanic sank 590 km southeast of Newfoundland. The great liner, the largest and most luxurious then built, struck an iceberg on its maiden voyage from Southampton, England, to New York City. The ship took 2½ hours to sink, but with insufficient lifeboats available for the more than 2,200 people aboard, only 705 survived. The bodies of 150 victims recovered from the sea were later buried in Halifax.

May 29, 1914: In dense fog, a Norwegian collier rammed the oceangoing Canadian Pacific passenger ship the Empress of Ireland in the St. Lawrence River near Rimouski. The high-

speed collision ripped a giant hole in the liner's side, sinking it within 14 minutes. The Empress went down so quickly that passengers and crew had no time to enter its lifeboats, and 1,014 of the 1,479 people aboard died.

Dec. 6, 1917: In the crowded wartime harbor of Halifax, the French munitions ship Mont Blanc, loaded with 2,500 tonnes of TNT and other explosives, collided with the Belgian relief ship Imo. The resulting explosion was the largest manmade blast before Hiroshima—and the worst disaster ever seen in Canada. It killed 1,600 people, injured 9,000 and left 6,000 homeless, most of them in Halifax's working-class north end, virtually levelled by the explosion.

Feb. 18, 1942: An early morning storm drove the U.S. navy destroyer Pollux and its supply ship Truxtun onto the rocks at the southernmost tip of Newfoundland's Burin Peninsula, killing 203 crewmen. Bad as the disaster was, 185 sailors were saved by the heroic efforts of fishermen from the nearby outposts of St. Lawrence and Lawn, who took to sea as soon as they heard the news. A grateful American government lat-

er built the U.S. Memorial Health Centre in St. Lawrence.

Oct. 14, 1942: Sixty kilometres from the Basques on Newfoundland's south coast, a Nazi U-boat torpedoed the ferry Caribou on its regular run from North Sydney, N.S. The defenceless vessel was carrying 237 passengers, only half of them military personnel, and 136 men, women and children died.

May 7, 1944: En route alone to St. John's, after detaching itself from a Halifax-bound convoy, Royal Canadian Navy frigate Valleyfield was sunk by a U-boat 80 km southeast of Newfoundland's Cape Race. The fire crew of 125 died in one of the RCN's worst losses in home waters.

Feb. 15, 1982: All 84 men aboard the Ocean Ranger, the world's largest oil rig, died when it sank in a fierce North Atlantic gale. With winds of 145 km/h and 18-m waves overwhelming the Ranger's emergency ballast system, rescue aircraft were unable to reach the site 100 km east of St. John's, for eight hours, and 22 workers who had escaped the sinking before perished in icy seas before help arrived.

Appendix 9

DEATH IN OTTAWA

The capital is shocked by a massacre that leaves five dead

BY BRENDA BRANSWELL

Like many of his colleagues at Ottawa-Carleton's public transit company, Grant Harrison wore his grief openly. His red-rimmed eyes welled with tears during a coffee break as Harrison—pale, unable to sleep for more than a few hours a night—recalled Pierre Lebrun and his bloody rampage through an OC Transpo building. Lebrun, a former employee and hunting enthusiast whom Harrison remembered as "very clever, very nice," pulled into a garage at the sprawling complex with a high-powered rifle at 2:30 p.m. on April 6. Soon after, Harrison heard an announcement over the public-address system that someone had been shot. "I thought it was a joke, everybody did," said Harrison, an auto-body repairman. Another urgent message dispelled that notion. Harrison huddled with terrified co-workers in a garage while Lebrun gunned down employees in the nearby building. Within a half hour, he killed four employees and wounded another man before killing himself. "I still don't believe it happened," said Harrison. "You just don't think that you'd see this in your lifetime."

That sense of disbelief swept over OC Transpo employees and Ottawa-area residents alike. Transit users filed onto buses last week and offered drivers their condolences. Others left flowers outside OC Transpo's headquarters. And police sifted through information to figure out what prompted Lebrun, a tall, lanky 40-year-old bachelor with a stutter, to show up at his former workplace with a Remington 760 .30-06 rifle—a slightly modified version of the weapon that James Earl Ray used to kill civil rights crusader Martin Luther King in 1968—and his pockets stuffed with ammunition. "It's Judgment Day!" he shouted when he arrived. "You think it's bad now—just wait." But judgment for what? Lebrun's mother offered one disturbing explanation: taunts by co-workers prompted, among other things, by her son's stutter drove him to seek revenge.

Lebrun's victims, all long-serving OC Transpo employees, were shipper Brian Guay, 56; stores clerk Clare Davidson, 52; and mechanics Harry Schoenmakers, 44, and David Lemay, 45. (Another employee who was shot in the side was released from hospital on Wednesday.) But why those well-liked employees

Schoenmakers' girlfriend, Pauline O'Brien, and brother Ted at his funeral: disbelief among colleagues

were singled out remains a mystery. "These guys were the salt of the earth," said Ozzie Morin, a veteran employee on disability leave. "Nobody hated those guys. That's why I can't understand why this happened." In his suicide note, discovered by his parents in their home in Orleans, an eastern suburb of Ottawa, just as police called to tell them of the tragedy, Lebrun mentioned four co-workers he had problems with and three that he liked. But none of his victims' names were on the list. And as he strode through the building during his rampage, Lebrun, who quit his job as an audit clerk in January after 13 years with the company, encountered more than a dozen people—but opted to shoot only some. "It's very curious as to why he selected certain individuals to kill and permitted certain people to live," said Ottawa-Carleton regional police Insp. Ian Davidson. "He could easily have killed many more people."

Police came across further proof of that chilling fact when they discovered Lebrun's body above a shop area—and found 36 rounds of ammunition in his pockets. They believe Lebrun simply ran out of targets as a quick-think-

ing employee used the public-address system to warn people to leave the building. Apparently, Lebrun also tried to burn down the building, but the sprinkler system doused the two fires he set.

Lebrun's mother believes that taunts by co-workers about her son's speech impediment sent him over the edge. "He said a group of people were harassing him—not only one person but a group of people," Jeannette Lebrun told *The Ottawa Citizen*. "That's why he went there—to kill the people who harassed him." But Lebrun had a history of problems with co-workers. The trouble may have started in 1996, when Ottawa endured a tense transit strike and Lebrun, at the advice of doctors, took sick leave rather than join his colleagues on the picket line. After the strike, sources say, Lebrun's fellow employees started to harass him.

In 1997, Lebrun came to blows with one who teased him about his stutter. Subsequently fired because of the fight, he was rehired in a month after his union went to bat for him (as one of the conditions for getting his job back, Lebrun had to agree to take anger management counselling). Lebrun also complained about

On the scene at OC Transpo; Lebrun's identity card (below): a suicide note, a hunting rifle and taunts from fellow employees

the way two colleagues were treating him to Al Loney, chairman of Ottawa-Carleton's transit commission, during a brief encounter last year. Loney says Lebrun didn't provide details. He seemed to not want him to intervene and planned to complain to a supervisor, added Loney.

The past few years have been tumultuous ones at OC Transpo. A consultants' review of operations last year painted an unflattering picture of the company with rock-bottom morale and poor management. "Quite apart from what's alleged or otherwise with Mr. Lebrun's situation, we know we've had a very unhappy work environment for a long time," Loney told *Maclean's*. (The company has recently undertaken changes, such as management shuffling.) In the mechanics department, for example, where Lebrun got into a fight, Loney says minor altercations "were not at all unusual" in the past.

Whatever his problems with co-workers, Lebrun was described by former colleagues as quiet and shy. He drove a bus for part of his 13-year career at OC Transpo but then shifted to three other jobs—each involving less contact with people—as his union tried to accommodate his complaints about harassment. In January, even though management was pleased with his performance as an audit clerk. After a trip to British Columbia in March, apparently to look for work, Lebrun began heading back towards Ottawa, making a side trip to

Las Vegas, Nev., before driving home last week with seemingly one motive—revenge—in mind.

Police now intend to obtain a psychological profile of Lebrun and investigate the allegations that he was mistreated by some co-workers. At OC Transpo, meanwhile, counsellors met with many of the company's 2,100 grieving employees and transit officials planned an April 18 memorial service for Lebrun's four victims. In another show of solidarity, many buses across the

continent pulled over on their routes last Friday to observe a moment of silence. And in a moving tribute, Stacey Lemay, a Grade 13 student, wrote a poem in memory of her slain father, David, entitled "My Dad, My Friend, My Hero." The poem was read over the intercom at her high school. The last verse said: *So as my dad, my friend, my hero/please remember us/And some day we'll meet you in a better place/but until that time/I'll live and breathe for you and accom-*

Pierre Lebrun
02073

12/2003

OC Transpo

plish all of your dreams I love you, now and always.

Many traumatized employees who hid during Lebrun's rampage counted themselves lucky last week amid their grief. "There was no reason for it," Harrison said. "I really wish he would have talked to somebody. He should have realized that nobody is against anybody." In the end, one man's anger left children without fathers, wives without husbands—and a community and company grappling with a senseless tragedy.

Appendix I

TRAGEDY in Walkerton

Contaminated water brings death and outrage to an Ontario town

En route to hospital in London, Ont.: repercussions that are spreading beyond Walkerton

By Barbara Wickens in Walkerton

Judi Doerr was on the brink of tears. "I'm just so tired, so frustrated," she said, her voice quavering. Doerr and her two children, Matt, 10, and Bayley, 7, were among the 5,000 residents of Walkerton, Ont., who had to cope last week with the shocking news that their town's water supply was contaminated by a deadly strain of *E. coli* bacteria. By week's end, the outbreak in the picturesque farming community 150 km northwest of Toronto had killed five, put dozens in the hospital and stricken more than 1,000 with nausea, severe cramps and bloody diarrhea. But Doerr said that if she and her family have remained healthy so far, it's thanks mainly to good luck. She learned from a friend who works at a local nursing home, where several elderly residents became ill, of rumours circulating about the town's water supply. As a result, Doerr began boiling her family's tap water on May 20—a full day before Dr. Murray McQuigge, the medical officer of health for the Bruce-Grey-Owen Sound Health Unit, issued his boil-water warning. "With two kids and two big dogs," she recounted, "as soon as I finished boiling one big pot, I had to start the next."

Four days later, the municipality and local businesses began handing out free supplies of bottled water. That eased Doerr's workload somewhat. "We're poor," she says. "I don't have a car, so I had to pull the water home in the kids' wagon." But what really angered and upset her was the claim that some local officials were aware of the problem five days before it became public and did not speak up. In a strongly worded statement he prepared in connection with the chief medical officer of Ontario, McQuigge told a news conference that the Walkerton Public Utilities Commission had sampled the water on May 15. On May 18, he said, the PUC received a fax from the private lab that had tested the water—indicating it was contaminated. The PUC finally acknowledged on May 23 there was a problem, McQuigge said—when he presented the results of his own independent water tests. (A PUC spokesman said the fax did arrive, but the recipient did not understand its seriousness.) McQuigge's statement left Doerr, whose children have classmates among the sick, angry with her town's officials. "I want to grab them by the throat," she said, her hands gesturing in a circle, "and ask them, are *their* families ill? It's maddening." Later, Garry Palmateer, president of GAP Enviromicrobial Services Inc., a London Ont.-based company that tested Walkerton's water between 1996 and the beginning of May, said tests detected coliform bacteria, an indication that potentially contaminated surface waters were

Burying Lenore Al, 66, one of the victims: questions about who was to blame

seeping into the town's wells, as early as January. He said he notified municipal authorities and an Ontario environment ministry office in Owen Sound, assuming the ministry would follow up with the town to ensure it was fixed.

A well-groomed Victorian-era town nestled among the rolling green hills of southwestern Ontario, Walkerton does not look like the sort of place where a deadly pollutant would strike. There are no congested highways, no giant industrial smokestacks spewing grey haze. Instead, the sparkling Saugeen River meanders through the town and surrounding countryside, a popular region for such recreational activities as fishing and canoeing. Elsewhere, on the area's prosperous-looking farms, dairy and beef cattle contentedly graze. Ironically, that bucolic beauty may be at the root of Walkerton's problems: investigators suspect run-off from cattle manure as a possible source of the *E. coli* in the water.

However the contamination occurred, the disaster has brought out the best—and the worst—of small-town Canada. Friends and neighbours have gone out of their way to be kind, whether offering a steadying hand at a funeral or simply asking "How are you?"—and *meaning* it. Those in nearby communities such as Hanover, where the water is safe, are letting Walkerton residents live with them until they hear the all clear. Companies and local businesses have donated needed supplies, while doctors and nurses from across Ontario began arriving at week's end to relieve medical personnel becoming fatigued by the ordeal. But at the same time, the rumour mill—which has plenty of grist in a town where

so many people know each other by first name—went into high gear. Most damaging was speculation about who was to blame, an issue the courts may ultimately decide.

Not surprisingly, the repercussions are spreading far beyond Walkerton, where schools have been closed and some restaurants have shut their doors until the crisis is over. Canadians everywhere are asking whether a similar tragedy could unfold in their community—and in many cases the answer is yes (page 37). The town of Freelon, Ont., near Hamilton, issued a boil-water warning on Saturday after trace amounts of *E. coli* were detected in its water supply, but there were no indications anyone was affected. The events in Walkerton, meanwhile, have already sparked a \$1-billion class-action lawsuit, with two more in the works—and three major investigations. Ontario Environment Minister Dan Newman has asked officials from his own ministry to try to determine how the disaster occurred. The Ontario Provincial Police has launched an investigation as has the coroner's office. At the same time, opposition MPs have blamed Mike Harris's Conservatives, saying the incident is the inevitable result of his government's policies, including budget cutting, downloading and amalgamating.

The first hint of the calamity came when Dr. Kristen Hallet, a pediatrician in Owen Sound, saw two young patients on the same day with the same uncommon symptom: bloody diarrhea. Both were from Walkerton, 50 km to the south. Hallet ordered blood tests, but rather than waiting the 48 hours for the results—and fearing the two had become ill from tainted food they may have eaten at the same

Canada

Distributing bottled water: lending a helping hand

place—she notified McQuigge's office. He launched his investigation, but not in time to stop an epidemic. At week's end, Hallet's first two patients were recovering at home, but others did not fare so well. Two people died while in hospital in Walkerton last week and three others died after being airlifted 150 km south to the London Health Sciences Centre in London, Ont. They were among the 11 patients who were transferred to other facilities, while the 49-bed Walkerton hospital admitted eight, treated almost 400 in its emergency department and fielded countless telephone calls.

Health officials fear there could be more to come. The main culprit has been identified as *Escherichia coli* 0157:H7, a lethal strain of the common, usually harmless *E. coli* bug found in the intestinal tract of humans and animals. But 0157:H7, which often originates in the intestines of healthy cattle, can result in permanent kidney damage or be fatal to humans if they ingest it in undercooked hamburger, unpasteurized milk or tainted water. After an incubation period of two to eight days, an infected person will develop symptoms,

Provincial health officials fear there could be more to come this week

including diarrhea, that last up to 10 days. Given the staggered times at which people started boiling water, new cases could still show up all this week. There is little doctors can do for most patients, other than making sure they get plenty of fluids, either orally or intravenously, and letting the illness run its course. But in some people—children and the elderly are most at risk—further complications may arise when the bacteria creates a toxin that results in hemolytic-uremic syndrome, a potentially fatal kidney disease.

On a cool and windy spring evening last week, the mood at the Walkerton Community Centre, usually the scene of a great

deal of fun, was sombre. The ice in the arena was long gone; instead, pallettes of bottled water covered part of the rink's floor. Outside, teens from a local soccer team loaded cases of the water into cars as a small but steady stream of drivers pulled up. Randy Willick, a grain wholesaler and one of the team's coaches, seemed proud of the young people who gave up their practice to help out. "The earlier kids do volunteer stuff, the better," he said. Barbara MacArthur, a homemaker overseeing the volunteers because, as she put it, "I just couldn't sit at home," nodded in agreement. Her attention was diverted as a tractor-trailer from Zellers pulled up and the

driver asked where to unload 5,000 3.6-litre jugs of bleach. The retailer, which also donated teddy bears for sick children and some of the pallettes of water, was providing the bleach to residents to help purify their washing water.

Earlier in the day, Environment Minister Newman visited another windy locale, Deep Well 7. With only a modest brown-brick building covering the 60-m deep artesian well dug in 1988, the site seemed unremarkable—except for two things. One was the overwhelming smell of chlorine as work crews continued to flush the system. Second, as one of the town's seven wells supplying water, it was a possible source of the contamination. But Newman bristled at reporters' suggestion that the crisis could have been a result of the Conservative government's downloading of services on to municipalities. He noted that Walkerton always had operated its own water system.

Newman, however, may be harder pressed in the weeks to come to explain his own ministry's role in the tragedy. According to NDP Environment critic Marilyn Churley, since coming to power in 1995 the Conservatives have slashed the environment ministry's budget by 40 per cent. That resulted, she says, in the ministry cutting a third of its staff and closing regional offices, including four water-testing laboratories.

Premier Harris, who visited Walkerton on Friday, denied that government cuts had played any part in the disaster. But critics say cutbacks and downloading have resulted in a weakened system of checks and balances. Since privatizing water testing in 1996, the government has required private laboratories to report the results only to the municipality that requested the tests. (Under the old system, the government laboratories that did most of the water testing also had to report health concerns to a district manager in the ministry, as well as alert medical officials.) After persistent questioning, Newman acknowledged to reporters that if the government had still been in charge of testing, the boil-water warning would have been issued sooner. "Of course, we would have, that's what any responsible person would do," he added. But what would have or should have happened are cold comfort to the people of Walkerton, grieving over what *did* happen—and praying that such a tragedy will never occur again.

With Cheryl Hawkes in Toronto

Appendix K

School of Social Work, Carleton University
509 Dunton Tower, 1125 Colonel By Drive
Ottawa, Ontario K1S 5B6

My name is Alice Mitchell, I am a Master of Social Work student at Carleton University and I am conducting research for my thesis. I am looking for debriefers, peer debriefers, counsellors, therapists or psychologists who have experience with the Mitchell Model of Critical Incident Stress Management (CISM) and who would be willing to participate in an one-on-one interview that will be tape-recorded and last approximately one hour.

Literature pertaining to CISM processes frequently refers to individuals and groups who experience disaster or traumatic events as primary, secondary, or tertiary victims who, except for some mention of age variables, are generally perceived to be homogenous in composition. Canada, however, is an increasingly pluralistic/multicultural society. Therefore, the purpose of this study is to explore if and how race, class, gender, religion, etc. are addressed through CISM processes and the institutional contexts in which CISM processes are applied.

The focus of the interview will be to discuss your work history and experience with Critical Incident Stress Management processes and how you have applied these processes within multicultural contexts (i.e. the race, class, gender, ability, religion, culture, etc. of persons you have worked with who have experienced a disaster or traumatic event).

What I can offer you is: an opportunity to reflect on your work; to contribute to the available literature in this area; and a summary of research findings when the thesis is complete.

The interview will be informal and you may withdraw at anytime. All information provided to me will remain confidential and research findings will not be presented in any way that would compromise your confidentiality or anonymity. I trust you to judge what information you wish to share with me and I am not asking you to disclose any information pertaining to individual clients.

After I have transcribed your tape-recorded interview, I will request a second meeting with you to review your transcript for accurate representation of your responses. Any aspects that you are uncomfortable with will not be incorporated into the thesis. I will destroy all audio-tapes and identifiable information three (3) months following thesis completion, unless you inform me otherwise.

I acknowledge and appreciate that reflecting on your work may raise troubling issues for you. If you do not have access to supervision and feel that you require debriefing after your participation in this study, I can provide you with an appropriate referral.

If you have any questions or concerns regarding this study, please do not hesitate to contact me at the telephone number listed below. You can also contact my

Thesis Supervisor, Dr. Bernice Moreau at the address listed above or by calling (613) 520-2600 ext. XXXX.

As a means to acquaint you with the interview process, I have attached a copy of the consent forms and interview guide.

Again, thank you for your time and for agreeing to share your knowledge with me. I believe the richness of your experiences will greatly enhance this study, the field of social work, and the communities in which we work.

Respectfully yours,

Alice Mitchell, B.S.W., MSW (student)
March 2001
(XXX) XXX-XXXX

Appendix L

**Interview Guide for Research Project by Alice Mitchell
Applying CISM Processes within Multicultural Contexts**

1. Introduction

Thank you for agreeing to this interview with me. As you are aware, this informal interview will last approximately one hour and, with your permission, will be tape-recorded.

Critical Incident Stress Management or CISM processes are emerging as the standard of care in crisis intervention. The purpose of this interview is to discuss your work history and experience with CISM processes and how you apply these processes with multicultural contexts. When using the term 'multicultural', I am referring to the a broad definition which encompasses such aspects as race, class, gender, sexual orientation, ability/disability, religion, language, culture, etc., in relation to persons you have worked with who have experienced a disaster or traumatic event.

During the interview, I encourage you to set the pace that is most comfortable for you. You do not have to answer any question/s you are uncomfortable with and you are free to withdraw at any time.

- Do you have any questions?

Before we start the interview, I would like you to review the consent form and sign it please.

- Do you have any questions?

~ Turn tape-recorder on and ensure that it is working ~

2. Educational and Professional History

I would like to begin the interview by gaining a sense of your educational and work histories.

2a) Could you tell me about your educational background?

- ☐ Diplomas, ☐ degrees, ☐ certificates, ☐ licenses, ☐ etc.

2b) Could you tell me about some of the settings you have worked in and the position(s) you have held?

- ☐ Institutions, ☐ organizations, ☐ agencies, ☐ etc.
- ☐ Counsellor, ☐ manager, ☐ instructor, ☐ lecturer, ☐ etc.
- Total years of experience

2c) What is your current primary occupation(s)?

- ☐ Employee, ☐ consultant, ☐ private practice, ☐ etc.
- ☐ Full-time, ☐ part-time, ☐ volunteer, ☐ etc.

3. Multicultural Training

Could you to reflect on some of your experiences with multicultural training?

3a) I have provided you with an understanding of how I define 'multicultural' within the scope of this study. The word 'multicultural', however, has different meanings for many people. What does 'multicultural' mean to you?

3b) What types of 'multicultural' training sessions have you attended?

- ☐ Workshops, ☐ seminars, ☐ conferences, ☐ courses,
☐ etc
- ☐ Yes ☐ No ☐ Unsure

3c) What aspect(s) of 'multicultural' did your training encompass?

- ☐ Race/Ethnicity (aspects of working with persons of a race/ethnicity other than your own)
- ☐ Class (issues of poverty, homelessness, etc.)
- ☐ Gender (women or men)
- ☐ Sexual orientation (lesbian, gay, bisexual, transgender)
- ☐ Disability (persons with disabilities)
- ☐ Age (children, youth, adults, seniors)
- ☐ Religion (other than your own)
- ☐ Culture (other than your own)
- ☐ Institutional culture (police, nurses, work crews, etc.)
- ☐ Other, as defined by you

3d) Has multicultural training ever been offered to you through your place of employment?

- If yes, what aspects of 'multicultural' were addressed?
☐ Yes ☐ No ☐ Unsure

3e) In order to achieve the level of knowledge you desire has it been necessary to pursue multicultural training independently?

- If yes, what types of multicultural training have you pursued?
☐ Yes ☐ No ☐ Unsure

4. CISM Training

Could you discuss the type of CISM training you have received?

4a) What is the model(s) of CISM you are trained in?

4b) What was involved in the CISM training you received?

- ☐ Eligibility requirements
- ☐ Duration of CISM training
- ☐ Format of CISM training (lecture, audio-visual, role-play, etc)
- ☐ Various levels of CISM Training (basic, intermediate, advanced)

- ☐ Certification at completion of CISM training
- ☐ CISM re-certification requirements
- ☐ Frequency that CISM training sessions are offered
- ☐ Location of CISM training
- ☐ Cost of CISM training

4c) What are the types of CISM processes you are trained in?

- ☐ Pre-crisis preparedness training
- ☐ Demobilization
- ☐ Defusing
- ☐ Critical Incident Stress Debriefing (CISD)
- ☐ One-on-one
- ☐ Other

4d) What did those CISM processes consist of?

4e) Were any multicultural issues addressed during the CISM training session(s) you attended?

- If yes, what aspects of multicultural were addressed?
 - Formally in the training
 - Informally in question and answer segments
- ☐ Yes ☐ No ☐ Unsure

5. Personal Experience with CISM Processes

Could you share with me some of your experiences with CISM processes?

5a) How many years of experience do you have with CISM processes?

5b) What are some of the type(s) of critical incidents you have been involved with?

- ☐ Natural disaster
- ☐ Suicide attempt, ☐ serious injury or ☐ death of a co-worker or classmate
- ☐ Bank or Store Robberies
- ☐ Etc

5c) Could you describe some of the persons or groups of persons that you have used CISM processes with?

- ☐ Individuals and/or ☐ educational, ☐ occupational or ☐ professional groups
- ☐ Multicultural aspects
- ☐ Etc.

5d) Could you describe some of the settings in which you have applied CISM processes?

- ☐ On the scene
- ☐ In the community
- ☐ In a person's home
- ☐ In your office

5e) Do you think multicultural issues have a place within the context of CISM processes?

- ☐ Yes ☐ No ☐ Unsure

5f) From your experience, do you consider CISM processes to be an effective form of crisis intervention for all persons that you have worked with, regardless of race, ethnicity, class, gender, sexual orientation, age, ability/disability, etc.?

- If yes, what makes CISM processes effective...?
 - If no, what makes CISM processes non-effective...?
- ☐ Yes ☐ No ☐ Unsure

5g) Are there any specific strategies that you have implemented during a CISM process so as to ensure that all persons involved received the most appropriate counselling for them?

- If yes, what are some your strategies?
- ☐ Yes ☐ No ☐ Unsure

5h) Are there any unique attributes that you feel you bring to a CISM process that enable you to most effectively address the varied needs of all persons that you work with?

- ☐ Life experiences
- ☐ Work experiences (within various contexts and/or with multicultural populations)

6. Personal information

I would like to include a basic profile of persons interviewed for this research. For instance, during this interview you have told me about your education, occupation(s), and years of experience in practice and with CISM processes. I would also like to know:

6a) In increments of ten, what is your age range?

- 20s, 30s, 40s, 50s, 60s

~ End of Interview. Turn tape-recorded off ~

7. Concluding Questions and Remarks

As this interview draws to a close, I would like to reinforce that I respect your rights to anonymity and confidentiality.

7a) To further ensure your anonymity and confidentiality, could you choose a name for me to use in place of your name when I am transcribing this interview?

Name:

I will be in touch with you once the transcription is complete so that you may review it and grant me your approval.

7b) If I require clarification when transcribing the data, may I contact you?

☐ Yes ☐ No ☐ Unsure

7c) Are there any questions you would like to ask of me about the interview?

7d) Is there anything in the interview that I have left out that you would like to add?

☐ Yes ☐ No ☐ Unsure

7e) How did you find the interview?

7d) Would you like a summary of findings when the thesis is complete?

☐ Yes ☐ No

7(e) Three months following completion of the thesis, would you like the tape returned to you to keep or destroy it, or would you like me to destroy it?

☐ Give to research participant ☐ Destroy Myself

7(f) Discuss follow up meeting to review transcript.

Thank you for sharing your time, your knowledge and your experiences with me. Without your participation this research would not be possible.

*Appendix M***CONSENT FORM**

I, _____, agree to participate in the study being conducted by Alice Mitchell of the Masters Social Work Program at Carleton University. I understand this research will explore my work history and experience as a crisis counselor who utilizes Critical Incident Stress Management (CISM) processes and how I apply these processes within multicultural contexts.

I understand participation in this study is voluntary and consists of a one-hour (1), tape-recorded interview with Alice Mitchell. I am aware I may decide the location of the interview and I am not required to answer any question/s I am uncomfortable with. I realize I may withdraw from the study at any time and if my withdrawal occurs prior to completion of the interview, I may choose to have the audio-tape destroyed or given to me directly. Although no risks are anticipated through my participation in this study, I am aware debriefing is available on request.

I understand the information I provide to Alice Mitchell will be kept confidential and my participation will not be discussed with anyone. I am cognizant that my name and all identifiable information will not be transcribed or disclosed under any circumstances and will not be associated with any of the research findings. I realize, however, that Alice Mitchell may review portions of my unidentifiable transcripts with her thesis supervisor, Dr. Bernice Moreau.

I am cognizant that a second meeting will occur between Alice Mitchell and so that I may review my interview transcript for accurate representation of my responses. Further, any statements that I am uncomfortable with will not be incorporated into the thesis. I am aware that all identifiable information will be destroyed three (3) months following thesis completion. Alternatively, I may choose to have my tape-recorded interview and transcript returned to me three (3) months after the thesis is complete.

I understand the results of the study belong to Alice Mitchell and will be published in a thesis as one of the requirements for a Master's Degree in Social Work. I am aware the thesis will be publicly accessible through MacOdrum Library at Carleton University and, in the future, the results of this study may be published in other forms.

Participant _____

Researcher _____

Date _____

*Appendix N***CONSENT FORM**

I, _____, participated in the study conducted by Alice Mitchell of the Masters Social Work Program at Carleton University.

I have reviewed the transcript of my tape-recorded interview with Alice Mitchell and any aspects of the transcript that I am uncomfortable with will not be incorporated into the thesis.

Participant _____

Researcher _____

Date _____

Appendix O

[date]

[name]
[street]
[city, province]
[postal code]

Dear [name]:

Thank You!

In [add month] 2001 you were a participant in my thesis research project entitled, *Working Multiculturally with CISM Processes: An Exploratory Study of Crisis Counsellors' Reflections*.

Your participation greatly enhanced this study and assisted in the generation of new knowledge in this area. The thesis was successfully defended in [add month] 2001 and the summary of research findings, which you requested at the time of your interview, is attached.

Again, thank you for participating in this study and for sharing your knowledge and experience with me.

Respectfully yours,

Alice Mitchell BSW, RSW
Master of Social Work (candidate)
Carleton University
Ottawa, Ontario

Appendix P

Research Participant List

Y = Yes N = No M = Me, I'll destroy tape T = They will destroy tape
**** = participated no = did not participate ca = cancelled interview**

[illegible]

Appendix 2

February 22, 2001

School of Social Work
Carleton University
1125 Colonel By Drive
Ottawa, Ontario
K1S 5B6

TO WHOM IT MAY CONCERN

Alice Mitchell has been in contact with me regarding her thesis. I am aware that Alice is a Master of Social Work student at Carleton University. I also understand that Alice plans to do an exploratory study that will involve counselors who utilize Critical Incident Stress Management (CISM) processes. Alice informs me that she plans to use interviews as a research instrument; that she would like to interview six to eight counselors, and; she will be asking counselors to reflect on how they feel they are able to work effectively with diverse population when applying CISM processes. Alice has expressed to me her concerns that the reflective process may distress some counselors and that they may require debriefing afterwards.

As a psychologist who was trained by Health Canada in Critical Incident Stress Debriefing and who provided debriefings for debriefers involved in Swissair 111 disaster in 1998 in Nova Scotia, I fully understand and endorse Alice's concerns.

Therefore, this letter serves to confirm that I am aware of Alice Mitchell's research pursuits and am available to provide a debriefing to any counselor who may require these services after participating in the study.

Yours truly,

Olga Kersten-Matwin

Appendix R

MULTICULTURAL COUNSELLING COMPETENCIES MATRIX

Counsellor Awareness of Own Assumptions, Values and Biases

1. Beliefs and Attitudes:

Culturally skilled counsellors...

1. have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences;
 2. are aware of how their own cultural heritage and experiences, attitudes, values and biases influence psychological processes;
 3. are able to recognize the limits of their competencies and experience; and
 4. are comfortable with differences that exist between themselves and persons they work with and for in terms of race, ethnicity, culture and beliefs.
- (Sue, et.al., 1992).

2. Knowledge

Culturally skilled counsellors...

5. have knowledge of their own racial and cultural heritage and how it personally and professionally affects their understandings and biases of normality-abnormality and the process of counselling;
 6. possess knowledge and understanding in terms of how oppression, racism, discrimination and stereotyping affects them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counsellors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism. Of note, this concept is similar to White Identity Development models; and
 7. possess knowledge of their social impact upon others. They are familiar with diverse communication modalities, how their style may hinder or facilitate the counselling process with minority clients, and how to anticipate the impact it may have on others.
- (Sue, et.al., 1992).

3. Skills

Culturally skilled counsellors...

8. pursue educational, consultative and training experiences to enrich their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies and when to refer out to more qualified individuals or resources; and
 9. are constantly striving to understand themselves as racial and cultural beings and actively developing a non-racist identity.
- (Sue, et.al., 1992).

Understanding the Worldview of the Culturally Different Client

4. Beliefs and Attitudes

Culturally skilled counsellors...

10. are aware of their negative reactions toward other racial and ethnic groups that may prove detrimental to their clients within a counselling process. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a non-judgmental manner; and
11. are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

(Sue, et.al., 1992).

5. Knowledge

Culturally skilled counsellors...

12. possess knowledge and information concerning particular groups that they are working with. They are aware of the life-experiences, cultural heritage and historical background of their culturally different clients. Of note, this particular competency is comparable with Minority Identity Development models;
13. understand how race, culture, ethnicity, etc. may affect personality development, vocational choices, presentation of psychological disorders, help-seeking behaviour and the appropriateness or inappropriateness of counselling approaches; and
14. understand and have knowledge in regard to socio-political influences that encroach upon the life of racial and ethnic minorities. For instance, immigration issues, poverty, racism, stereotyping and powerlessness can leave deep seated wounds that may have an impact on counselling processes.

(Sue, et.al., 1992).

6. Skills

Culturally skilled counsellors...

15. should be familiar of relevant research and findings as to mental health and psychological disorders of various ethnic and racial groups, and gain educational experiences that enrich their knowledge, understanding and cross-cultural skills; and
16. should actively pursue involvement with minority individuals outside the counselling environment (i.e. community events, social and political functions and celebrations, etc.) so that their perspective of minorities extends beyond an academic or helping process.

(Sue, et.al., 1992).

Developing Appropriate Intervention Strategies and Techniques

7. Attitudes and Beliefs

Culturally skilled counsellors...

17. respect religious and/or spiritual beliefs and values of clients' relating to physical and mental functioning;
18. respect indigenous helping practices and respect minority community support networks; and
19. value bilingualism and do not consider languages to be an obstacle for intervention.

(Sue, et.al., 1992).

8. Knowledge

Culturally skilled counsellors...

20. hold a sound knowledge and understanding of traditional characteristics of counselling (i.e. culture, class and monolingually bound) and how they may be contradictory to cultural values of various minority groups;
21. are aware of institutional barriers that impede minorities from accessing mental health services;
22. have consciously considered the potentials for bias in assessment instruments and use procedures and interpret findings with the cultural and linguistic characteristics of clients in mind;
23. have an awareness of diverse family structures, hierarchies, values and beliefs. They are familiar with community characteristics and resources; and
24. should be cognizant of discriminatory practices at the social and community level that may affect the psychological welfare of population being served.

(Sue, et.al., 1992).

9. Skills

Culturally skilled counsellors...

25. are able to engage in a variety of accurate and appropriate verbal and nonverbal helping responses;
26. are able to exercise institutional intervention skills on behalf of their clients and assist them to ascertain whether a "problem" stems from racism or bias in others so that clients do not inappropriately blame themselves;
27. when appropriate, openly seek consultation with traditional healers and religious/spiritual leaders so as to more soundly ensure effective processes for culturally diverse clients;
28. take responsibility for interacting in the language requested by the client, which may involve acquiring a translator with cultural knowledge and appropriate professional background or referral to appropriate outside resources;
29. have training and experience in the use of traditional assessment and testing instruments, along with an understanding of the technical aspects of the instrument and the cultural limitations therein;
30. attend to and work to eliminate biases, prejudices and discriminatory practices. They should be cognizant of socio-political contexts in conducting evaluations and providing interventions, should develop sensitivity to issues of oppression, sexism, and racism; and
31. take responsibility in educating their clients to the processes of counselling such as goals, expectations, legal rights and the counsellor's orientation.

(Sue, et.al., 1992).

Appendix 5

'They will pay dearly for what they've done to me'

Pierre Lebrun's suicide note

Mom and Dad,

This is the most difficult letter that I've written during my life. I know that I'm going to commit an unforgivable act and I'm going to cause you a lot of grief, but I have no choice. I am tired, exhausted and completely backed against the wall. I fear for my life because of these retards from the union who are following me. I am being followed, spied upon, humiliated from Vancouver, Kamloops, Kelowna and even Las Vegas — yes I went to Vegas. They will never leave me alone. I can't go on living like this, they have destroyed my life. I will destroy their life. I'm not asking you to forgive me, or even to understand me, but I'm asking you to tell the truth to the whole world so this doesn't happen again to anybody. OC Transpo and the unions can't hide from what they do to me. I know that everyone will say that I'm crazy, but to the con-

ligent. They will pay dearly for what they've done to me. The people who I hold personally responsible are: Daniel Besserer floor supervisor, Mike Rice his assistant, Dave Westerman personnel director, Richard White my last boss. Along with many others, don't rely on anyone, not even Richard Cantin who is with regional government. Some people have tried to help me: Lise Callahan the AP, Lois Enmburg job equity officer of OC, Peter Newgard equipment manager. Please send this letter to the media — TV, radio, newspaper — so that they can tell the truth about me. I know that I have done things I should not have done. But all that I wanted was for them to leave me alone — not to bug me. But it was too much to ask. They have spread lies — especially that I was a rat who denounced my own union members to try and have them stop laughing at me everywhere in North America. I never wanted it to come to this, but it was probably my destiny.

Your son who loves you a lot

Ron Corbett

On the opening day of a coroner's inquest into the shooting deaths of four OC Transpo workers and the suicide of another employee, it was revealed for the first time that the killing didn't stop there.

Almost three months to the day after Pierre Lebrun took his Remington hunting rifle on a murderous rampage through the OC Transpo garage on St. Laurent Boulevard, his friend Ray MacDonald, an OC Transpo mechanic, killed himself.

In his suicide note, Mr. MacDonald said he had been traumatized by the shootings at OC Transpo. He also said he felt guilt because he had told no one about Mr. Lebrun's fantasies about shooting some of his bosses and managers at the regional transit company.

"I've been unable to sleep well since the shooting at OC," wrote Mr. MacDonald. "The gunman, Pierre, had talked with me at great length about it and where to go for a better shot at some managers."

As it turned out, he shot himself at this location in the loft.

"I feel guilty as hell for not telling anyone. Who was I to know that he would do it or not?"

Mr. MacDonald was only 34 when he took his life on July 5 of last year. Unmarried, he left behind a brother, a mother and father, and several extended-family members.

The revelation of Mr. MacDonald's death was the most stunning development in a day that also saw Mr. Lebrun's suicide note read into the court record and the Remington rifle that killed him — along with Brian Guay, Clare Davidson, David Lemay and Harry Schoenmakers — paraded through the council chambers of regional government and entered into evidence.

And, the inquest also heard the chilling words of Mr. Lebrun himself in a suicide note he delivered to his parents' Orléans home a day before the shooting.

Mr. Lebrun warned his parents, Jeanette and René, that he would "commit an unforgivable act" and named four OC Transpo workers whom he held "personally responsible."

The note also revealed that Mr. Lebrun believed that he was being followed and that people all over North America were laughing at him, the inquest heard yesterday.

'WHO WAS I TO KNOW?'

"I've been unable to sleep well since the shooting at OC. The gunman Pierre had talked with me at great length about it and where to go for a better shot at some managers. As it turned out he shot himself at this location in the loft."

"I feel guilty as hell for not telling anyone. Who was I to know that he would do it or not?"

— Excerpt from the suicide note of Ray MacDonald

life" he vowed.

In a dramatic revelation, Mr. Lebrun mentioned several people would "pay dearly" for the hurt they caused him and he directly blamed four OC employees, while mentioning three others in the note who had tried to help him.

The employees named were Daniel Besserer, a store supervisor, Mike Price, Mr. Besserer's assistant, Dave Westerman, personnel director and Richard White, his last boss. He also warned his parents not to rely on anyone, not even Richard Cantin who is with regional government.

Mr. Lebrun said three people helped him, including Lise Callahan, from OC Transpo's Employment Assistance Program, Lois Emburg, a job equity officer, and Peter Newgard, an equipment manager. All of these employees are expected to testify at the inquest in the coming weeks.

Last April, Ottawa-Carleton Regional Councillor Richard Cantin faxed a message to media after the Lebrun family asked him for help in dealing with requests for interviews.

"They need time to mourn, not only the loss of their son, but the tragic loss of life that occurred due to his actions," he said at the time.

Last night, Mr. Cantin said he could not comment on the contents of Mr. Lebrun's suicide note. Nor would he discuss his relationship with the Lebrun family.

The inquest is scheduled to run from four to six weeks and will unfold in the cavernous room where regional councillors meet to set budgets, debate policy issues and in other ways govern this region. It is being held here because it is one of the few regional government rooms large enough to handle the number of spectators, journalists and lawyers who will be in daily attendance for the inquest.

In the very seat of regional government, what happened on April 6 of last year — one of the most tragic days in the history of our region — will be relived once again, in a heavily orchestrated attempt to understand what transpired, and whether it could have

Corbett: Sad, strange story to unfold at Transpo inquest

Continued from page A1

No fewer than 14 lawyers sat in the well of the council room for the opening address by Al O'Marra, chief counsel for the inquest.

The lawyers represented the families of the men slain by Pierre Lebrun, and the families of those he wounded, as well as various OC Transpo unions, OC Transpo management and the regional government — a lot of blue-suited lawyers sitting in small rows, in front of their laptop computers, their backs turned to the public galleries. From the top row of the gallery, it looked like some sort of Dickensian accounting room.

The tally being totalled here, however, will be lives lost and lives destroyed.

"The motto of the Ontario coroner's office," Mr. O'Marra said in his opening address, "is to speak for the dead, to protect the living."

He went on to do just that, describing what the last moments on Earth for Mr. Guay, Mr. Schoenmakers, Mr. Lemay and Mr. Davidson must have been like.

He described how Mr. Lebrun drove his Pontiac Sunfire into a bay at the OC Transpo garage, took out his hunting rifle and started a long circuitous route through the garage, setting fires, shooting indiscriminately at computers and ultimately killing four men.

Each death was described in detail, with Mr. Lebrun's exact location fixed on a large map of the garage set up in

front of the council chamber, along with the location of his victims. He even gave us Mr. Lemay's last words ("He's nuts") and some of Mr. Lebrun's comments as he walked through the garage ("OC Transpo! Your warranty is up!")

At the start of his address, Mr. O'Marra also read, in its entirety, Mr. Lebrun's suicide letter.

"Mom and dad," the letter began, "this is the most difficult letter that I've written during my life. I know that I'm going to commit an unforgivable act, and I'm going to cause you a lot of grief, but I have no choice."

That tone of fatalism, of having no choice in what was about to happen, ran throughout Mr. Lebrun's suicide letter. He said he was "tired and exhausted." He was "backed up against the wall." He ended his letter with these words:

"I never wanted it to come to this, but it was probably my destiny.

"Your son who loves you a lot,
"Pierre."

Was it his destiny? Or was what happened nine months ago in the OC Transpo garage on St. Laurent Boulevard something that could have been prevented, something that could even have been foreseen?

Ray MacDonald thought it was and he took his life because of it. One more death in a strange, sad story that will unfold once again, this time at regional headquarters, over the next six weeks.

OC TRANSPO INQUEST

Day 28

Testimony reveals workers' class

Ron Corbett

After 28 days and 47 witnesses, the OC Transpo inquest wrapped up testimony yesterday.

On Monday, the lawyers who have sat through these often acrimonious proceedings will make their final submissions to regional coroner Benoît Béchard. After that, the five-member jury will begin its deliberation. It is expected to return with findings and recommendations by the end of the week.

Although few judicial proceedings ever deliver the closure many people hope for, the jury's findings and recommendations in this particular case will be interesting. At the very least, the jury will answer many of the questions that have dogged this inquest from Day 1.

Was Pierre Lebrun harassed at work? If so, how badly?

Was the police response last April 6 flawed? If so, what could the police have done differently?

Could doctors have done more to help Pierre Lebrun? Could medical intervention of some sort have averted this tragedy?

There will be a debate over these answers no matter what they turn out to be, but a jury of our peers, after hearing six weeks of evidence, will finally make some determination on it all.

Corbett: Questions still swirl

Continued from page F1

Even on its last day of testimony, those questions swirled around the inquest. The first witness of the day was Art Phelan, director of the equipment division at OC Transpo and the most senior bus company manager to testify.

Mr. Phelan testified at one point that OC Transpo was a "relatively harassment-free workplace," an assertion that seemed to annoy chief counsel Al O'Marra, who, in his cross-examination of Mr. Phelan, asked him: "Has there been any recognition by OC Transpo that Pierre Lebrun was the subject of harassment?"

Mr. Phelan replied: "My understanding is that Pierre had mentioned to a number of people that he was harassed. I'm not directly aware that Pierre was harassed."

When pressed by Mr. O'Marra on whether that was the position of OC Transpo management, Mr. Phelan answered: "I don't believe I'm in a position to speak for all of OC management. The jury will judge it for its validity."

After Mr. Phelan, the next person on the witness stand was Ottawa-Carleton police Insp. Sue O'Sullivan. This also was a continuation of a theme that has run throughout the inquest — did police do an adequate job last April 6? — and Insp. O'Sullivan was there to explain why Terri Lemay had to find out about the death of her husband, David, by listening to a radio broadcast the following morning.

Insp. O'Sullivan explained how Mr. Lemay died without identification, only a pay stub in his pocket, and how the other three men — Brian Guay, Clare Davidson and Harry Schoenmakers — all had wallets on them. This slowed down the "positive identification" of Mr. Lemay. Late in the evening of April 6, Mr. Lemay's brother-in-law did make such an identification, from a photo the police had taken of Mr. Lemay at the crime scene.

But Mrs. Lemay was never told directly by the police that her husband was dead. Insp. O'Sullivan was asked point-blank if that had been a mistake.

"Yes," she said.

Afterwards, many people called the inspector's testimony a "breath of fresh air." It was direct, lucid and compassionate. The families of the murdered men all embraced her after she left the stand.

The last witness was Paul Macdonnel, head of the Amalgamated Trans Union local at OC Transpo. He asked to be called as a witness.

This inquest has been hard on everyone at OC Transpo, but especially hard on Mr. Macdonnel, who was in tears on the night of April 6, and who seems to have taken the tragedy personally ever since. "It's a very terrible thing that happened to my workplace," said Mr. Macdonnel, who then thanked "every worker who has given evidence at this inquest."

It's fitting that Mr. Macdonnel was the final witness. In hindsight, I don't know whether I've made it sufficiently clear just how brave many of the bus workers have been at this inquest. How decent all of them have struck me as being.

There is a bright future for OC Transpo. You have to believe that after meeting these men and women.

Their class was shown once again on the last day, when the final witness was excused, the inquest was adjourned and a large crowd of them gathered in the foyer of regional headquarters so they could embrace the family members of Mr. Lemay, Mr. Davidson, Mr. Guay and Mr. Schoenmakers.

If OC Transpo management listens to these people, and treats them with respect, then the company will be well on its way to solving any morale problem it has. Perhaps that could be the first good thing to come out of this inquest.