



A [REALLY SIMPLE] MODEL OF CRITICAL INCIDENT RECOVERY AND STAFF SUPPORT FOR ORGANISATIONS

A MODEL OF WELLNESS AND PSYCHOSOCIAL SUPPORT POST CHRISTCHURCH 15 MARCH 2019

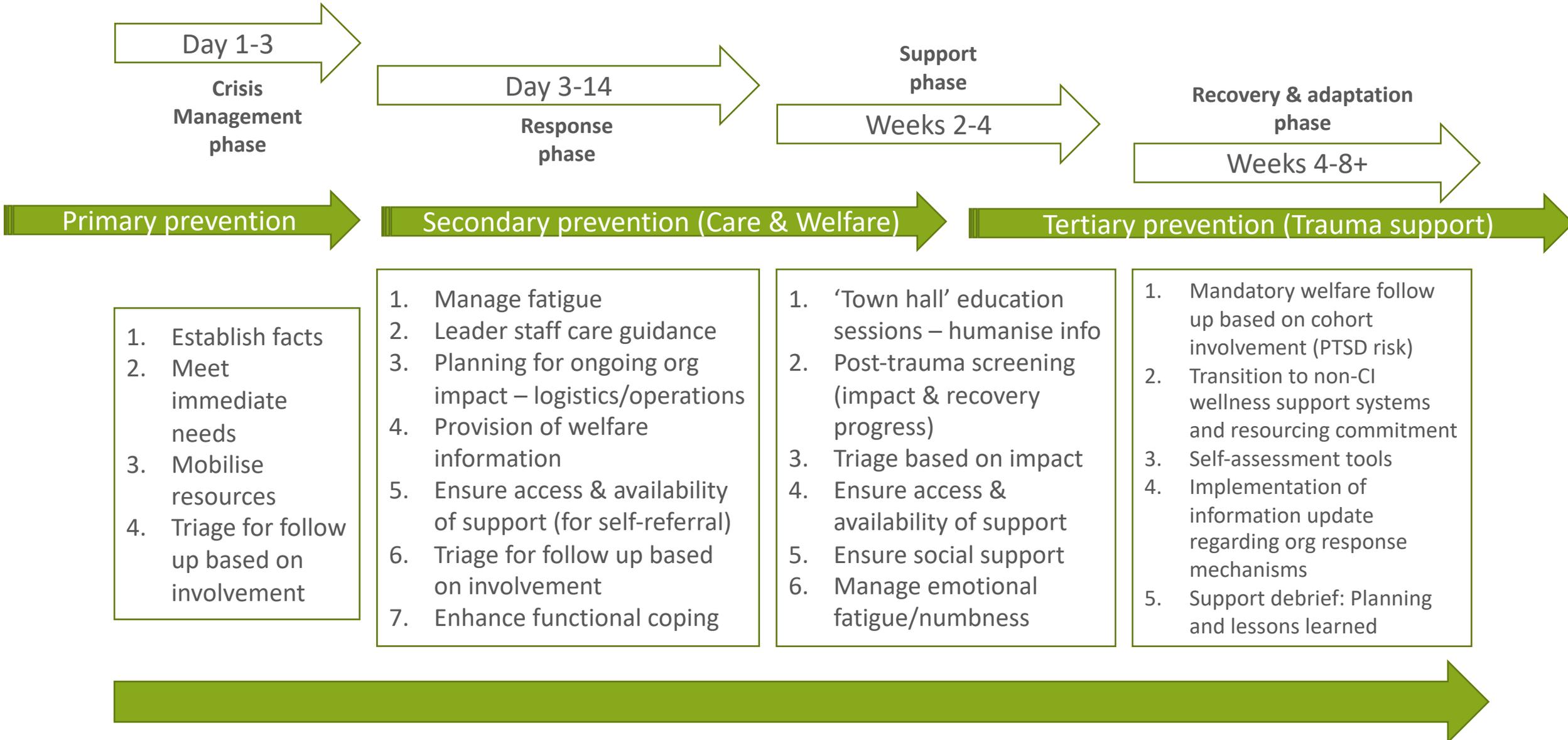
WHERE IS THIS COMING FROM?



GUIDING PRINCIPLES OF ORGANISATIONALLY-ASSISTED RECOVERY

1. Enable positive coping and resilience mechanisms (reducing obstacles)
2. Include whanau
3. Ability to access social support (connect, share, reduce isolation, enhance belonging)
4. Awareness of prior trauma exposure and existing pre-event functionality (management of direct exposure and levels of fatigue)
5. Focus on pro-active wellness rather than expectation of pathology
6. Sustainability of resource
7. Leader guidance and training (Enablers of self-care and wise-care choices)
8. Adaptability to organizational circumstance (e.g. involvement, community impact, type of service/product, ability/desire to assist)

A SIMPLE CASCADE MODEL OF ORGANISATIONAL SUPPORT



POINTS OF DISCUSSION/DEBATE/ADAPTATION

- Assumption that every 'negative' response is evidence of pathology
- Are we enhancing inherent coping or interfering with it?
- Tools linked to established pathology or pre-event functioning?
- Psycho-social education content and depth?
- Mandatory versus self-referral?

POINTS OF DISCUSSION/DEBATE

- Clinical specialist role in an organisational system?
 - Partner approach and advice
 - Provider

- I/O specialist role in a welfare system?
 - Health educator
 - Systems enabler and management communicator

- Measured and planned response balanced with immediate needs and 'capture' of attention by specific event



DISCUSSION