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'All in a day's work': An Exploration of the Possible Role of Social Work in Supporting Emergency Services Personnel

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Abstract

This article details research into the possible role of social work, in the debriefing and continuous therapeutic support of frontline emergency services personnel. The research identifies the models of support and debriefing in use with frontline emergency services personnel in Cork, examining their uptake and actual experience of these services. An initial discussion outlines considerations such as research aims, questions, methods and methodology, including details of the sample and ethical issues available. The literature reviewed documents discourses on the subject. An analysis of the information gathered during the research, from both interviews and questionnaires is discussed, outlining the types of support available in each agency. A discussion of the main themes arising from the research on this subject follows an the document concludes by reviewing the potential role of Occupational Social Work.

[1] I would like to dedicate this document to all my colleagues in the Emergency Services.
Thank you for your help cooperation over the last few months. Your honesty, and willingness to participate, has made this research possible and it has been an honour to share your experiences. I would particularly like to thank Chief Ger Harvey, and the members of Cork Airport Police Fire Service (you know who you are), my family and friends, who supported me through the last four years, without your help, this entire venture would not have been possible. Finally I would like to take this opportunity to thank Dr. Mary Wilson, for supporting this project, and for providing much welcomed advice and feedback over the last few months.

Recommendations have been included for your attention, and it is hoped that this document will prove a useful insight into support and debriefing with the Emergency Services, for future design of models of service delivery in this area.

Key Words: Occupational Social Work, Emergency Services, Support and Debriefing, Critical Incident Stress Management.

Background and Context

On June 23rd 1985, Air-India Flight 182 crashed off the Irish coast, with the loss of 329 lives. 131 bodies were recovered from the wreckage, including 30 children (Aviation Safety Network,2008). In 2006, there were 368 fatalities on Irish roads (Garda Annual Report, 2006). These statistics have a common link, most, if not all of these people were processed by Emergency Services Personnel, who at the end of shift return to their families with the expectation of normal functioning. Few give thought to the psychological and social consequences of these events on personnel. In recent years, there have been improvements in working conditions in Ireland, with legislation such as The Safety, Health And Welfare At Work Act, 2005. The Health and Safety Authority have acknowledged, this duty of care to employees and published a guide for employers, identifying three stress management interventions, which they advocate, should be combined "to identify and eliminate the causes of stress" (Health and Safety Authority, 2002:10).These are: Primary**,** Secondary and Tertiary interventions, aimed at stress prevention**,** stress management, and counselling and support services as required. Occupational health commentators advocate that "where jobs are inherently stressful, e.g. those involving emergency or social services, … it is often appropriate to train workers in specific stress management techniques" (Harrington et al, 1998:352). Research identifies that those who experienced previous life stresses, such as marital breakdown, domestic violence, childhood abuse and disadvantage, are more susceptible to post-traumatic stress syndrome (Pierson & Martin, 2002; Meichenbaum, 1994; and Golan, 1978). For front line emergency services personnel constant exposure to "crises can revive old, unresolved issues from the past, they can add to a sense of being overwhelmed and overburdened"

(Coulshed, V. & Orme, J. 1998:97). This article explores the effects of emergency work on the social functioning and health of personnel and the models of psycho-social support available to them.

Research Methods and Methodology

The research aimed to examine the potential role of occupational social work with emergency services agencies in Cork; to identify existing support and debriefing systems; explore their uptake and attain insight into the actual experience of personnel members. This mixed method research, allowed for the development of a profile of emergency services personnel, their experience of stress related illness, and the model of support personnel would choose, if they could design a service, while providing quantifiable evidence to support the research conclusions. A questionnaire was developed to attain the views of as many frontline staff as possible and interviews were carried out with three personnel members of each agency. While the interviews were semi-structured in that the questionnaires were used as a format, most of the questions were qualitative aimed to explore the experience of the personnel member and request their input into support service design. Questions were intended to create a profile of personnel, investigate the impact of traumatic incidents and the subsequent availability and experience of support and debriefing. The final section looked at significant life stressors, their coping skills and experience of the recognised variables that increase susceptibility to developing stress related illness. A series of meetings took place with: the Ambulance Service Coordinator; Cork City Fire Brigade, Second Officer and the Chief Airport Police Fire Officer and interviews were carried out with the employee assistance representative from each agency. The purpose of these interviews was to establish what models of support and debriefing were in place at the agencies and to ensure that support was available to the research respondents should the need arise. Occupational social work is not common amongst emergency services agencies as a model of support; therefore it was necessary to interview social workers in other agencies for comparative research purposes. The Defence Forces, Head Social Worker, provided information on Occupational Social Work as practiced within the Defence Forces and recommended other occupational

social workers to contact.

Research Participants

The personnel involved were representative of the following agencies: Cork City Fire Brigade, the HSE Ambulance Service, and Cork Airport Police Fire and Rescue Service, each of which fulfil a different emergency service provision.

Cork City Fire Brigade.

Personnel in this service respond to a variety of emergency calls, including fires, traumatic road traffic accidents or river rescue which often becomes body recovery. river rescue and recovery. The majority of calls involve personal risk, but not all involve casualties.

Cork HSE Ambulance Service.

For Ambulance Service personnel, every call responded to involves a patient or casualty, with many having negative outcomes. Many incidents involve close collaboration with the City Fire Brigade.

Cork Airport Police and Fire Service.

These personnel respond to medical and fire related emergencies, regularly dealing with bereavement, mental ill health, or personal problems of airport users and many of the staff were involved in major incidents, including the Air India and Tuskar Rock disasters.

Research Sample

The sample was deliberately selected as management and officers provided information on the support models in place and frontline personnel provided insight into the reality of the experience of support and debriefing. Three personnel members were selected from each service they were both male and female; ranged in age and length of service; and each had a unique experience and perspective on support and debriefing. A total of 39 questionnaires were distributed amongst the three services,

thirty two were returned. This represents a response rate of 82% in total. For analysis purposes however, the response breakdown is representative of the thirty questionnaires returned in time for inclusion.

Ethical Issues

As the project risked exposing old trauma and causing further distress to personnel, the employee assistance or peer support service of each agency were contacted prior to commencement. A letter advising respondents of the nature of the questions and a list of support service contact details was also attached to each questionnaire. While assurances were given as to the confidential nature of the research, should any information that caused serious concern for the wellbeing of the individual or others be disclosed, a duty of care could dictate a breach of confidentiality. Another area which proved problematic regarded the representation of information, as some issues arising would result in the individual respondent being instantly recognisable within their own agency. This dilemma was surmounted by combining the research findings to include all of the agencies in one group. Female respondents were also pooled into the larger group and female interviewees were allowed to phrase their responses in a manner that would protect their identity. Another aspect of maintaining confidentiality was the inadvertent discovery and inappropriate use of unreturned questionnaires, a letter thanking participants and informing all concerned that the research project had concluded was forwarded to agencies, advising that any unreturned questionnaires should be destroyed by respondents.

Literature Review

In the discussion on the definition of stress, there is much debate as to whether it is a cause or effect, however most theorists acknowledge, that it involves the individual's ability to cope, with pressures from their environment (Reber and Reber, 2001; Morrissette, 2004; Figley, 1995; Bright and Jones, 2001; Harrington, Gill, Aw and Gardiner, 1998). Bright and Jones, 2001 incorporate both the stimulus and response into their definition and identify the force as a stressor, such as bereavement, illness, major life events and daily hassles, identifying several factors that contribute to an

individual's response to stressors. Some variables include, personality type, coping styles, environmental factors, control and social support (Bright and Jones, 2001:249). Interestingly social support is often, advocated for use in the recovery process following stress related illness (Figley,1995; Maslach,2003; Meichenbaum,1994 and Morrissette,2004). Cooper, 2001 eloquently describes the relationship stating that

> " Stress is endemic to the human condition. We've had it this century and we've had it centuries before. But what…is unique (now) is, we no longer have the extended family. We no longer have a sense of community. We are a highly mobile society, so the natural therapists in our society - the extended family, the neighbours, the friends, the people around you - we can no longer turn to" (Cooper, cited in Bright and Jones, 2001:7).

Stress Related Illness

The increased vulnerability of those in the helping professions, to experiencing negative effects, from long term exposure to stress is widely acknowledged (Bright and Jones, 2001; Figley, 1995; Hawkins and Shohet, 2006; Maslach, 2003; Meichenbaum, 1994;Mitchel, 2008; and Morrissette, 2004). "Multiple studies have documented that exposure to the injured and dying is highly stressful and has negative effects on mental health" (Figley, 1995:53). When discussing trauma and related stress, certain differences should be outlined, Primary trauma, relates to events directly experienced by an individual, and subsequently primary traumatic stress is that experienced by the person involved in the original event. Secondary trauma, relates to experience or traumatic effect on those closely related to, or working with the primary victim. Consequently, Secondary traumatic stress can be experienced by those closely involved with the individual who experienced the primary traumatic event, rather than the immediate victim (Everly, 1995; Figley, 1995; Hawkins and Shohet, 2006; Maslach, 2003; Meichenbaum, 1994; Mitchel, 2003; and Morrissette, 2004). Persistent exposure to traumatic events, can result in the development of a number of stress related conditions, such as Secondary Traumatic Stress or Compassion Fatigue,

Compassion Fatigue /Secondary Traumatic Stress Disorder

Compassion Fatigue or Secondary Traumatic Stress Disorder, is identified as the emotional effects of the traumatic events experienced by a victim, on the helper (Figley, 2003:2). The symptoms of the above illnesses include, intrusive recollections of the incident, flashbacks, avoidance of associated stimuli, numbing, anxiety or social withdrawal, depression or excessive nervousness (Bright and Jones, 2001; Figley, 1995; Harrington et al, 1998; Hawkins and Shohet, 2006; Maslach, 2003; Meichenbaum, 1994;Mitchel, 2008; and Morrissette, 2004).

Vicarious Traumatisation

Vicarious Traumatisation describes the "painful effects of trauma work… resulting from empathic engagement with clients' trauma"(Pearlman, in Figley, 1995:151). Pearlman asserts that exposure causes a internal shift in the worker's ability to function and engage, stating that "effects are cumulative and permanent, and evident in both…professional and personal life"(Ibid).

Burnout

Burnout occurs when personnel become consumed by the cumulative effects of working with victims of primary trauma, manifesting as emotional exhaustion or depersonalisation. Personnel with this syndrome, may experience emotional and psychological ill-health, social isolation, depression, and suicidal thoughts (Maslach, 2003).

Critical Incident Stress Debriefing

Employers are gradually developing a recognition , that supports must be provided to avoid progression to stress related illness. One model, Critical Incident Stress Debriefing, was introduced by Professor, J.T. Mitchell, a former Emergency Service professional. Mitchell developed a group debriefing system, designed for use with victims of secondary trauma (rescue personnel), to reduce the risk of onset of Post Traumatic Stress Disorder, and identify those who would benefit from more intensive psychological assistance. Debriefing should take place within 24 to 72 hours after a

incident, be facilitated by a professional team, properly trained in the model, with a mental health professional in attendance, preferably social workers, psychologists and psychiatrists. A defusing session may be initiated by properly trained peer support worker, with small groups of personnel. There are strict guidelines in place for its use however and it cannot be used in certain situations, such as the death of a colleague (Mitchell, 1998 and Everly, 1995).

The debriefing process

Mitchell's model involves stages, designed to help victims process their experience: an introduction phase, establishing guidelines and addressing concerns; a fact phase, focusing attendees minds as they explain their role in the incident; the thought and reaction phases, which use questions to encourage more in-depth communication regarding the emotional aspects of the event; the symptom phase allows discussion on the psychological symptoms being experienced by those in attendance, helping to identify those at risk and is also a transition phase where professional guide the participants back to less emotion focused thoughts. The final stages provide education on stress management techniques and reassurance; and in a re-entry phase information is distributed on stress management and the need for further intervention is assessed (Mitchell, 1998 and Everly, 1995).

The Psychological Debriefing Debate

Critical Incident Stress Debriefing has divided mental health professionals in recent years, since the Cochrane Library published research into the "effectiveness of brief psychological debriefing for the management of psychological distress after trauma, and the prevention of post traumatic stress disorder"(Rose, et al, 2002). Randomly selected persons, who had been exposed to primary trauma, they delivered one session of psychological debriefing. Of the fifteen trials fulfilling the selection criteria, they excluded six, two of which involved debriefing with victims of secondary trauma. Researchers concluded that there was "no evidence that single session individual psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents" (Rose, et al, 2002:1). Other theorists

subsequently supported the argument and agreed with the Cochrane Report's findings (Devilly and Cotton, 2003; Devilly and Cotton, 2004; and Van Emmerik, Kamphius, Hulsbosch and Emmelkamph, 2002). Deahl, 2001 however asserted that they failed to acknowledge other positive effects of the process, such as reduction in alcohol misuse and other behavioural changes (Deahl, 2001). Mitchell's responded to criticism, acknowledging the Report's assertion that the practice of single session psychological debriefing, with victims of primary trauma, should cease, contending that the model had never been intended for this use, having been designed for use with groups of emergency services personnel (victims of secondary trauma), to be followed up with more extensive supports where required. He also raised questions regarding those carrying out the random trials, asserting that none were actually trained in the C I S D model (Mitchell and Everly, 2000; Mitchell, 2003; 2004a and 2004b). This position was supported by others, who described the methodology of the Cochrane Report as flawed. They asserted, that it could be described as unethical to withhold debriefing from victims of primary trauma, and that some of the people used for the research sample had experienced more severe injury than others (Robinson,2004; Tuckey, 2007; Robinson,2007; and Suveg, 2007). In another article, the authors highlighted one study in this area, that of Litz, 2002, on the success of CISD with soldiers returning from active duty in Bosnia (Ruzek et al, 2008). Interestingly the authors of the Cochrane Report, choose to exclude this study from inclusion in their research findings. Although the debate continues, Mitchell's model remains popular as a Crisis Intervention tool.

Crisis Intervention Theory

An alternative model is social work's Crisis Intervention Theory which asserts, that ability to manage in a crisis, is influenced by an individual's experience and response to coping with previous life events. Those with previously unresolved crisis' may find themselves unable to cope when presented with new stressors. Unremarkable events in the present, may result in extreme reactions, not directly linked to the immediate problem (Coulshed and Orme, 1998; Healy, 2005; Payne, 1997; Pierson and Thomas, 2002). Working from a principle that an individual responds to significant life events

attempting to restore balance to their lives, when problems arise, increased tension levels result, and they will attempt to use their normal coping mechanisms, to rectify the situation. When normal coping mechanisms fail, or they become overpowered by the situation, tensions rise further and they begin to become upset. As a crisis is time limited, regardless of whether the situation is resolved, the individual will bring the crisis to a conclusion by addressing the issue, redefining it, or avoiding it altogether (Coulshed and Orme, 1998; Healy, 2005; Payne, 1997; Pierson and Thomas, 2002). Golan, 1978, states that although unpleasant, as a crisis can revive previously unresolved issues, it can be an opportunity to develop new coping skills and a second chance to deal with old problems. She asserted that when tensions rise people are more open to accepting support, and Crisis Intervention Theory, empowers them to explore their own resources and develop new coping skills for future use (Golan, cited in Coulshed and Orme, 1998; Cunningham, 1994; Healy, 2005; and Payne, 1997). This model of intervention, is widely recognised as a useful tool in, addressing unresolved problems, developing personal coping resources, supporting people through and preventing future psychological crisis' (Coulshed and Orme, 1998; Cunningham, 1994; Healy, 2005; Payne, 1997; Pierson and Thomas, 2002).

Who Supports the Personnel?

This research focuses on three methods of delivery, peer support, employee assistance programmes and occupational social work.

Peer Support

It is recommended that when establishing a peer support system, the initial stages warrant great care particularly the selection of support workers. Recruitment can take three forms, volunteers, peer nominations or management recommendations (Cowie and Wallace,2000; Harvey,1995; Hawkins and Shohet, 2006). Theorists recommend overall responsibility needs to be assumed by one professional person, who maintains records, reviews the process, provides supervision and ensures that when necessary, onward referrals are made (Cowie and Wallace, 2000; Maslach, 2003).

Employee Assistance Programmes and Occupational Social Work

Both these models of support are inextricably linked, with much of the available literature on Employee Assistance Programmes, written through a social work lens (Bargal,2000; Cunningham, 1994; Googins et al, 1993; Kirwan, 2005; Lewis, 1997; Mor-Barak et al, 2004; Mor-Barak, 2000; Mor-Barak and Bargal, 2000; Powell, 2001; and Skidmore et al, 1988). DeSilva, 1988 defines Occupational Social work as "the application of social work knowledge and skills in responding to the personal, organisational and community needs and problems of organisational employees, customers and relevant publics in their interactions with organisations" (DeSilva cited in Bargal, 2000:140). Concern for employee welbeing, began to emerge in the early twentieth century and some of the earliest support personnel were known as welfare secretaries or industrial social workers (Bargal,2000; Cunningham, 1994; Kirwan, 2005; Mor-Barak and Bargal, 2000; and Powell, 2001). Cunningham, 1994, provides both an exploration of the development of Employee Assistance Programmes and Occupational Social Work and insight into the considerable difference between both. She describes occupational social work as a much broader concept than employee assistance, which originates in management attempts to address workplace alcohol misuse problems. While Cunningham acknowledges the contribution made by addiction counsellors, she goes on to explain the significant impact of occupational social workers, stating that;

> "Among the contributions they have made have been their expertise with a broad range of problems of human functioning other than addictions and a professionally honed and transmitted set of knowledge, values, and skills that have been tested over time in other settings. In contrast to that of other mental health professionals, their orientation is characterised by a person-in-situation perspective that emphasis the need to understand the situational contexts of the problems people experience…factors contributing to social works acceptance in the workplace include existing standards for professional practice, a clear cut code of ethics, an accountability structure through a national association and a professional identity that already is recognised through state programs of licensing and certification"(Cunningham, 1994:4-11).

Other commentators echo Cunningham's reflections on occupational social work, asserting that the profession can utilise their existing skills of advocacy, negotiation, empowerment, counselling, policy development, community networking and knowledge of legislation and welfare systems, for training and the development of an environmentally balanced, ecological perspective on employee support services (Bargal,2000; Googins et al, 1993; Lewis, 1997; Mor-Barak, 2000; Mor-Barak and Bargal, 2000; and Skidmore et al, 1988).

Existing Support and Debriefing Services

The three agencies involved in this study, use a combination of Critical Incident Stress Debriefing, Peer Support and Employee Assistance Programmes as models of support for personnel. Cork Airport Police Fire Service, have access to a self referred, independent and confidential employee assistance programme, providing counselling and mediation. Debriefing is currently under review and a system may be put in place to supplement the EAP service. Interestingly, when asked if a support and debriefing service was available to them, 77% of respondents from this agency were either unsure or unaware as to its existence.

The Ambulance Service have access to Critical Incident Stress Diffusers on site, in the form of peer support workers and follow up services are available through an Employee Assistance Programme. They operate a peer- nomination system, which operates on the basis of self-referral, and remains confidential unless the person is a danger to themselves or others. Their Employee Assistance representative explained that this system appears to be quite effective, although acknowledged that personnel are now facing increasingly more complex cases.

Cork City Fire Brigade, have Critical Incident Stress Diffusing in place, delivered by peer support workers. This is supplemented by an Employee Assistance Programme operated by an external company, which can be accessed confidentially by telephone. Unlike the Ambulance Service, peer support workers are not peer nominated, they are volunteers, consisting of ranking officers and fire-fighters. Defusing after incidents is

strictly emotional and participation is voluntary.

Profile of Emergency Services Personnel in Cork

Personnel described their interest in this type of work as stemming from a range of factors, including family background and related career's. Many became members of the emergency services due to previous involvement in voluntary organisations, such as Civil Defence, Red Cross and St. John's Ambulance. Asked what they like most about their jobs, many described the importance of variety and challenge and the contribution made to the lives of others appeared to be a common theme, most disliked, shift work and its effects of family life. Many however, identified structural and managerial issues as a negative aspect, citing a disrespect and lack of acknowledgement on the part of management. Many highlighted the increasing levels off violence and aggression being experienced by personnel and when asked if they attended at incidents, where they felt there was a significant risk or threat to their safety, 56% replied yes.

The Impact of Traumatic Incidents on Personnel

Incidents that proved particularly stressful for personnel, included; multiple fatalities at road traffic accidents; incidents where the victim was known to them including colleagues; river rescues with negative outcomes; incidents involving physical abuse injury or death of children (Questionnaire Respondents, 2008). Over 50% of respondents had lost a colleague while on duty which exacerbated the trauma for the personnel involved "It's easier to remain detached when you don't know the patient, but when you do know the patient it becomes personal. You second guess yourself, how well you worked under extreme pressure and the fear of it happening to you becomes more real" (Respondent Four, 2008). Data collected in this study, suggests that many respondents, are experiencing a broad spectrum of stress related illness, ranging from very mild symptoms to what Maslach describes as Burnout. It is impossible to recount the experience of personnel on this matter without risking their anonymity. Many respondents identified having experienced signs of stress related illness, from sleep problems, association of sounds, smells and events with incidents,

to the more severe symptoms of burnout, anxiety about going to work, extending sick leave to the maximum, inability to sleep due to fear about things that could potentially go wrong, emotional and psychological ill-health, social isolation, depression, and suicidal thoughts (Maslach, 2003). One respondent asserted:

> " I get depressed. I just get on with it. I feel that even if there was someone to talk to, they wouldn't be able to change anything. There's no step back, to get a breather from the trauma of the very seriously ill. It feels as if when you've been in the job as long as I have you should be toughened and hardened and it shouldn't have any effect on you, but it does. There are very few people left who have seen as much trauma as I have … I am awake at night with worry about what might happen. I work the sick leave to the max. When I'm out I fear going back" (Respondent Twelve, 2008).

Bright and Jones, identify stressors contributing to stress, such as bereavement, illness, major life events and daily hassles (Bright and Jones, 2001). In this study, 53% of the respondents had experienced bereavement, with a further 20% having lost somebody to suicide. Relationship breakdown was a factor affecting 10% of the sample, with 20% having caring responsibilities, 12% had experienced emotional or mental ill-health, a further 12% had experienced social disadvantage and 23% had experienced another significant crisis not mentioned on the questionnaire.

The Experience of Support and Debriefing

Although legislation now dictates that support structures must be in place, the effectiveness of these structures, may not necessarily be scrutinised. These services cannot aspire to being beneficial if personnel are not aware of their existence, and while they may on paper, satisfy statutory requirements, their effectiveness in reality is questionable. Significantly 77% of the respondents in one agency were totally unaware that a support service exists, and in general across the agencies 25% of those surveyed said that their agency did not provide a support or debriefing service. For those who did receive support, it came in the form of employee assistance, or Critical Incident Stress Defusing. Peer support appears to be popular amongst personnel, particularly within the ambulance service, which may be connected to the peer

nomination system in place. Questionnaire respondents, described the humour and reassurance provide by peers; the shared emotional experience, as helping to rationalise thinking and normalise the events (Questionnaire Respondents, 2008). One respondent described the following experience of debriefing following an incident involving a suicide. "Of a crew of seven, four had family members who had committed suicide. They shared their personal experience and it allowed them to discuss their feelings"(Respondent Fourteen, 2008). For other respondents, their experience of debriefing was a negative one, some of the reasons for this, including, delays in the delivery of debriefing; problems associated with the facilitator's lack of understanding; the presence of management or inappropriate persons at sessions; on some occasions operational issues were addressed, leading one respondent to describe it as almost an interrogation (Questionnaire Respondents, 2008). One session that took place after the death of a personnel member was described in feedback;

> "Members of management who weren't actually at the accident scene of my dead colleague were at the same session and had the audacity to be upset by the workload on them post accident. The bullshit made me angry. These are the people who put pressure on us to do more calls, more quickly" (Respondent Three, 2008).

Attitudes to support services varied among personnel, however it is evident that cultures are changing and as one personnel member stated "The older men never used the services as then they wouldn't be tough, but now it's accepted" (Respondent Four, 2008). While some expressed the utmost confidence in services, 30% stated that they would be reluctant to confide in their existing support service, citing privacy concerns and a fear of implications on career progression.

Conclusion

Personnel acknowledged in their recommendations that peer support, is but first aid in terms of the mental health of their colleagues, and that on occasion they are faced after incidents with problems beyond the scope of their expertise. One Peer support worker asserted that a "system should be established, where personnel would meet with supervisors and supportive professionals regularly… allowing them to receive

support, without requiring them to seek it out or stigmatise them as unable to cope" (Respondent Thirteen, 2008). A considerable number of respondents to this study expressed a desire for a more holistic support service. One respondent described a support service that embodies what a social work is.

> "Someone to inform me of my entitlements from the state services and from my employer, to help me with paperwork when things go wrong and to advocate on my behalf…Someone who is aware of legislation and able to advise you… Pre-retirement support and guidance in general with pensions and planning. Liaise with those recently retired to ensure that they are adapting to their changing life circumstances"(Respondent Twenty Nine, 2008).

Occupational social workers interviewed for this study describe providing a wide variety of holistic services for personnel in other agencies. For social workers, "Critical Incident Stress Management is but another tool in the toolbox"(Head Social Worker, Irish Defence Forces, 2008). While Critical Incident Stress Debriefing, Peer Support and Employee Assistance Programmes address a range of immediate issues facing personnel, the benefits of generic social work education, the broad range of social work theories and disciplines ensure competence and excellent professional standards of practice.

Bibliography

Adams, R. Dominelli, L. & Payne, M. (2002) *Social Work Themes, Issues and Critical Debates: Second Edition.* Basingstoke: Macmillan.

An Garda Siochana (2008) "An Garda Siochana Annual Report 2006", http://www.garda.ie [accessed on line 04/02/2008].

Aviation Safety Network (2008) "ASN Aircraft accident description Boeing 747-237B VT-EFO- Cork, Ireland.", http://www.aviationsafety.net, [accessed on line 2/2/2008].

Bargal, D. (2000) 'Occupational Social Work Roles' in *Administration* Vol.23: 139-156.

Bright, J. and Jones, F. (2001) *Stress: Myth, Theory and Research.* England: Pearson.

Cork City Fire Brigade (2008) "Fire Prevention: Cork City Fire Statistics for 1998" http://www.corkcityfirebrigade.ie , [accessed on line on 4/02/2008].

Coulshed, V. & Orme, J.(1998) *Social Work Practice An Introduction: Third Edition.* Basingstoke: Palgrave.

Coulshed, V. & Orme, J. (2006) *Social Work Practice: Fourth Edition.* Basingstoke: Palgrave.

Cowie, H., & Wallace, P. (2000) *Peer Support In Action: From By standing To Standing By.* London: Sage.

Cullen, J. and Farrelly, M. (2005). *Best Practice HR in Ireland.* Ireland: Oak Tree Press.

Cunningham, G. (1994) *Effective Employee Assistance Programs: A Guide for EAP Counsellors and Managers.* London: Sage Publications.

Davies, M. (2002) *The Blackwell Companion To Social Work: Second Edition* Oxford: Blackwell.

Deahl, M.P., Srinivasan, M., Jones, N., Neblett, C. & Jolly, A. (2001) 'Evaluating Psychological Debriefing: Are We Measuring The Right Outcomes?' in *Journal Of Traumatic Stress*, Vol.14(3):527-529.

Devilly, G.J. (2004) 'Caveat Emptor, Caveat Venditor, and Critical Incident Stress Debriefing/Management' in *Australian Psychologist* Vol.39(1):35-40.

Dublin Airport Authority (2007) *Safety Statement* Dublin: DAA.

Dyregrov, A. (1997) 'The Process of Psychological Debriefing' in *Journal of Traumatic Stress,* (10) 589-684.

Everly, G.S. (1995) 'The Role Of Critical Incident Stress Debriefing (CISD) Process In Disaster Counselling' in *Journal of Mental Health Counselling* Vol.17(3):278-291.

Everly, G.S. & Mitchell, J.T. (2002) 'The Debriefing "Controversy" And Crisis Intervention: A Review Of The Lexical And Substantive Issues' in International Journal of Emergency Mental Vol(2), 211-225

Figley, C.R. (1995) *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat The traumatised.* USA: Brunner-Routledge.

Foote, A. (1984) *Cost-Effectiveness Of Occupational Employee Assistance Programmes: Test of an Evaluation Method.* Michigan: Worker health Programme.

Golan, N. (1978) *Treatment in Crisis Situations.* New York: The Free Press.

Googins, Bradley, Davidson, Bruce, N. (1993) ' the Organisation as A Client: Broadening The Concept Of Employee Assistance Programmes' in *Social Work* Vol.38:477-484.

Government of Ireland (2005) *Safety, Health And Welfare At Work Act 2005* Dublin: Stationary Office.

Griffith, A. (2007) *SPSS For Dummies.* Indiana: Wiley.

Harvey, M. (1995). *A Framework for Peer Learning: A Workers Guide to the Training and Support of Peer Educators.* England: Youth Clubs UK.

Hawkins, P. and Shohet, R. (2006) *Supervision in the Helping Professions: Third Edition.* England: Open University Press.

Healy, K. (2005) *Social Work Theories In Context: Creating Frameworks For Practice.* Basingstoke: Palgrave.

Health and Safety Authority (2008) *Work related Stress: A Guide For Employers* Ireland: HSA.

Hogan, S. & Deane, C. (2001) *First Working Conference On Psychological Support And Social Accompaniment In Situations Of Mass Emergency.* Dublin: Beaumont.

Holt, J.(2006) 'Employment Assistance Services (EPAS): A Medicaid Work Support' in Journal of Vocational Rehabilitation Vol24:165-175.

Hughes, L. and Pengelly, P. (1998) *Staff Supervision in a Turbulent Environment: Managing Process and Task in Front-line Services.* England: Kingsley.

Irish Employee Assistance Professional Association (2008) *'What is EAP?'* www.eapireland.ie [accessed on 17/4/2008]

Irish Water Safety (2008) " Drowning Statistics 2006" http://www.iws.ie [accessed on line 04/02/2008].

Kirwan, G. (2005). 'Welfare and Wedding Cakes: An Example of Early Occupational Social Work' in Kearney, N. and Skehill, C. (eds.) *Social Work in Ireland: Historical Perspectives.*

Kurzman, P.A.(2000) 'Bakalinsky's Conundrum: Should Social Workers Practice In The World of Work?' in *Administration In Social Work* Vol.23:157-161.

Kurzman, P.A. & Akabas, S. (1995) 'Work Wellbeing: The Occupational Social Work Advantage' in Social Work Vol.40(5):715-716.

Lavan, A. & Mcmanamly, E. (2002) *Emergency Services In Ireland And Critical Incident Stress Management: A Review.* Dublin: UCD.

Maslach, C. (2003) *Burnout: The Cost Of Caring.* Cambridge: Malor.

Megranahan, M. (1989) *Counselling: A Practical Guide for Employers.* London: Institute of Personnel Management.

Meichenbaum, D. (1994) A Clinical Handbook/Practical Therapist Manual: For Assessing and Treating Adults with Post-Traumatic Stress Disorder (PTSD). Ontario: Institute Press.

Mitchell, J.T. (1981) *Emergency Response to Crisis.* London: Prentice Hall.

Mitchell, J.T. (2008) 'Stress Management' http://www.sgsp.edu.pl/sos/Mitchell <accessed on line 23/3/2008).

Mitchell, J.T. (2003) 'Crisis Intervention & CISM: A Research Summary' www.icisf.org <accessed on line 25-03-2008>.

Mitchell, J.T. (2004) 'A Response To The Devilly And Cotton Article, "Psychological Debriefing And The Workplace…" in *American Psychologist* 39(1):24-28.

Mitchell, J.T. (2005) ' Crisis Intervention and Critical Incident Stress Management: A Defence Of The Field' www.icisf.org <accessed on line on 25-03-2008>.

Mitchell, J.T. & Everly, G.S. (2001) *The Basic Critical Incident Stress Management*

Course Book: Basic Group Crisis Intervention: Third Edition. Baltimore: ICISF.

Mor-Barak, M.E. (2000) 'Repositioning Occupational Social Work in the New Millennium'in *Administration in Social Work* Vol.23, No. (3\4) 201-210.

Mor-Barak, M.E. and Bargal, D. (2000) 'Human Services in the Context of Work: Evolving and Innovative Roles for Occupational Social Work' in *Administration in Social Work* Vol. 23, No. (3\4)1-11.

Mor-Barak, M.E., Travis, D.. and Bess, G. (2004) 'Exploring Managers' and Administrators' Retrospective Perceptions of Their MSW Fieldwork Experience: A National Study' in *Administration in Social Work* Vol.28 (1) 21-44. USA: The Haworth Press.

Morrissette, P.J. (2004) *The Pain Of Helping: Psychological Injury of Helping Professionals.* New York: Brunner-Routledge.

Nelson-Jones, R. (2003) *Basic Counselling Skills: A Helpers Manual.* London: Sage Publications Ltd.

Payne, M., (1997) *Modern Social Work Theory: Second Edition.* London: Palgrave.

Pierson, J., & Thomas, M.(eds.) (2002) *Collins Social Work Dictionary.* Glasgow: HarperCollins.

Punch, K. F. (2005) *Introduction to Social Research: Quantitative and Qualitative Approach: Second Edition.* London: Sage.

Powell, M.A.G.(2001) 'Occupational Social Work In Ireland' in *Employee Assistance Quarterly* Vol.17:65-79.

Raphael, B. (1986) When Disaster Strikes: A handbook for the Caring Professions, London: Hutchinson.

Reber, A.S. & Reber, E.S. (2001) *The Penguin Dictionary Of Psychology.* London: Penguin.

Reisch, M., & Gambril, E. (ed's) (1997) *Occupational Social Work Practice* USA: Sage.

Robinson, R. (2004) ' Counterbalancing misrepresentations Of Critical Incident Stress Debriefing And Critical Incident Stress Management' in *Australian Psychologist* 39(1):29-34.

Robinson, R. (2007) 'Commentary on " Issues in The Debriefing Debate For The

Emergency Services: Moving Research Outcomes Forward' in *Clinical Psychology: Science And Practice* Vol. (14):121-123.

Rose, S., Bisson, J., Churchill, R., & Wessley, S. (2002) 'Psychological Debriefing for preventing Post Traumatic Stress Disorder' in Cochrane Library, Issue 4' www.thecochranelibrary.com [accessed on line 28/3/2008].

Ruzek, J., Brymer, M., Jacobs, A., Layne, C., Vernberg, E., & Watson, P. (2007) 'Psychological First Aid' in Journal of Mental Health Counselling Vol.29(1) www.questia.com [accessed on line 12/4/2008].

Saleeby, D., (1993) *The Strengths Perspective in Social Work Practice.* New York: Longman.

Skidnose, R.A., Thakeray, M.G., & Foley, O.W. (1997) *Introduction To Social Work.* Unknown.

Suveg, C. (2007) 'Implications Of the Debriefing Debate For research And Clinical Practice' in *Clinical Psychology: Science and Practice* Vol.14:117-120.

Tuckey, M.R. (2007) 'Issues In The Debriefing Debate For The Emergency Services: Moving research Outcomes Forward' in *Clinical Psychology: Science and Practice* Vol.14:106-116.

Van Emmerik, A., Kamphius, A., Hulsbosch, A.M. & Emmelkamp, P. (2002) 'Single Session Debriefing After Psychological Trauma: A Meta-analysis' in *The Lancet* Vol.360:766-771.

Worden, W. (2000) *Grief Counselling and Therapy/A Handbook for the Mental Health Practitioner: 2nd Edition.* New York: Springer Publishing Ltd.