News and views

Developing a support program for the bereaved: personal reflections from the Christchurch earthquake experience

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This reflective article provides one practitioner’s personal experiences and learnings gained from the process of designing and implementing a support program for those people bereaved by the 2011 Christchurch earthquake. It highlights some key principles and approaches underlying the program and some of the challenges and opportunities identified to help people after a disaster. While findings reflect the author’s personal views, links are made to other research and guidance to reinforce key messages.

Introduction

At 4.35am on 4 September 2010, a magnitude 7.1 earthquake struck 40 kilometres to the west of Christchurch, New Zealand. Although considerable damage occurred in the Canterbury region, no lives were lost. However, at 12.51pm on 22 February 2011, a magnitude 6.3 aftershock resulted in the death of 185 people. Lives lost totalled 133 as a result of the collapse of the Canterbury Television (CTV) and Pyne Gould Corporation buildings. Other deaths occurred due to falling masonry, landslides, toppling furniture and other causes linked directly to the earthquake. Both events stretched the coping capacity of individuals, families, whānau1, communities and organisations, both in the immediate and long-term aftermath.

From 2012-2015 the New Zealand Red Cross (NZRC) provided a support program for people bereaved by the February 2011 earthquake. Although initially focused on the bereaved, the program developed to assist the seriously injured and became known as the ‘bereaved and seriously injured support program’.

This paper is based on my experiences and lessons identified as the NZRC program manager responsible for scoping, developing and leading psychosocial support programs during 2012-13 and focuses on bereavement support. This was not a role I had previously performed but from which I have been able to reflect and identify helpful lessons. My aim is to share my personal reflections in the hope they may benefit others doing similar roles in the future.

Establishing the NZRC program

In the first months following the disaster, those whose loved ones died were provided with information and support through various agencies including the New Zealand Police and the Canterbury Earthquakes Royal Commission. The latter was established to report on the causes of building failure as a result of the earthquakes as well as the legal and best-practice requirements for buildings in New Zealand central business districts (Canterbury Earthquakes Royal Commission 2011). The inquiry ran from April 2011 to November 2012. Although the terms of reference for the Commission were wide-ranging they did not include providing psychosocial support. Nevertheless, the Royal Commission set up support groups for those who had lost family members to building failure.

The Commission approached the NZRC Earthquake Recovery team in March 2012 to take on the role of longer-term psychosocial support provider. The bereaved support program provided practical assistance and other activities including support groups, social activities, retreats and talks by experts. By 2015, the bereaved support program transitioned to self-management by the bereaved themselves.

Staffing the program

Initially, I was solely responsible for designing and implementing the program, as well as other psychosocial programs. A bereaved support coordinator was recruited in August 2012, supported by two counsellors who ran monthly support groups and additional support groups during the period of the Commission’s inquiry hearings. I

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1 Extended family unit within the Māori world view.
continued to oversee the program until the end of 2013, after which I played an advisory role.

It was important to be clear about the overall aim and purpose of the program when recruiting the right staff and volunteers. The program was a vehicle to bring people together and help them create self-supporting networks. This aligns with the principles of promoting self- and group-efficacy and connectedness (Hobfoll et al. 2007). While recruiting a dedicated bereaved support coordinator, I found that applicants often had difficulty envisioning the role as being different to that of a social worker working primarily to support individual families or whānau. As such, people with well-developed people and project coordination skills were recruited as having the most appropriate skills and experiences for the role. They were provided with careful supervision and psychosocial training to support and guide them.

Independent counsellors were brought in to run the bereavement support groups. The need for these support groups extended to years rather than months. It was therefore crucial to build in support and breaks for the counsellors while ensuring continuity for group members. We did this by employing counsellors used by the Royal Commission and carefully introducing a second pair of counsellors who, once a relationship with the group was established, could run the support groups when relief was needed. This provided continuity. Ensuring counsellors accessed good supervisory and staff support systems was also vital.

Learning:
A key consideration for future groups is to risk manage the impact on both the bereaved and the counsellors of facilitating, staffing and transitioning such intense and meaningful support groups that may run for an uncertain or lengthy period of time. Ensuring the wellbeing of all parties is crucial to managing the impact of such work. I recommend future service providers actively call on the help, experience and guidance of others.

Identifying the bereaved
A key challenge was to identify and access people needing support. The list of the people bereaved provided to the NZRC by the Commission was incomplete because the Commission’s mandate related to deaths occurring as a result of building failure. This meant that those bereaved by other aspects of the earthquake were not included on the list. In addition, people out of Canterbury were often not represented. Greater than 20 nations were represented by those who died and the bereaved included those within and outside New Zealand.

Learning:
A lesson from this is to be aware of the challenges in collating and maintaining comprehensive lists of people affected by disaster, especially when lists are being shared across organisations and the target group is dispersed. Steps need to be taken (including ongoing publicity and outreach) to address the risks of people not knowing about or missing the opportunity to take up offers of support. In our case, two to three years after the event we were still encountering bereaved individuals seeking support for the first time.

Being guided by the bereaved
A core approach from the start of this program was to be guided by group participants in designing and implementing the support program. We sought feedback through discussion at the end of support groups, at retreats, through email communications and at a dedicated feedback event. This was a guiding philosophy and I believe it was this approach that resulted in getting things more right than wrong. This meant being flexible to respond to changing and diverse needs and to being open to learn about and explore unanticipated issues. Many times the experience of the bereaved helped us shape our services and those of other professionals.

For example, two years after the earthquake a number of group members sought to access the coronial files of their family members. They wanted to understand more about their loved one’s last moments but faced hesitancy from officials to allow viewing of files. The family members involved had a strong sense of what
they needed. Listening to and being guided by the bereaved was important. It transpired that at the time of the disaster the opportunity to view the deceased had been denied on the basis of what is a common misunderstanding, namely the assumption that viewing after death might inflict further trauma on the bereaved. The evidence and good practice guidance suggests the opposite; that informed choices and providing appropriate support around viewing can make a significant difference to making sense of loss after sudden, traumatic death. In fact being denied such a choice can have negative rather than positive outcomes for them (Chapple & Ziebland 2010, Mowll 2007).

Learning:
A key lesson was listening to and acting on feedback, seeking further information and guidance on best practice and then supporting the bereaved in their self-advocacy by passing on that knowledge and reassurance to decision-makers such as the Chief Coroner and Ministry of Justice staff.

Connections and mutual support
A bereaved support program can create space for those bereaved to connect with and support each other. This can be even more important than the provision of direct support. This was an early realisation informed by advice and resources received from members of the Black Saturday bushfire bereaved community and practitioners from other disasters. It was recommended that designing informal events that facilitate mingling may be more useful for creating connections between the bereaved than arranging outings, although the latter was still appreciated.

Support group members indicated that an organised break would help them escape the tangled processes that follow death after a disaster. They sought sanctuary from grieving in the public spotlight and from well-meaning others who didn’t understand. The retreats arranged by the NZRC achieved this and helped to create and sustain connections between those who had lost loved ones. Being with others who could appreciate and understand their situation was often cited as being helpful. The retreats allowed for quiet reflection and solitude for those who needed it, for social connection for others and a range of activities that involved various subgroups such as young people, women, families, men and so on. They attracted a wider range of participants and facilitated more connections than other support groups. The connections made at these events were an enduring source of support for many.

Subgroups and special interest groups were formed, some independently and some with assistance, such as those wanting to advocate for improved building standards and those now parenting alone as a result of the earthquake. These subgroups were run by the members themselves. We offered practical support such as a venue, catering and running costs or access to facilitation training. This freed up the members to focus on forming connections that served as the source of continuing mutual support. In addition, group members connected with other people with similar experiences from different disasters or with their written accounts (Westall et al. 2011, Tuesday’s Children 2011). This helped group members feel understood and less alone in their experience.

Intrinsic and symbolic value of practical support
Program support often meant assisting the bereaved to address practical challenges as they arose. At times people felt overwhelmed when managing tasks and using skills they had never needed before, such as navigating bureaucracies with which they were unfamiliar.

An older lady with health concerns, whose husband died in the earthquake, was moving to a lower-maintenance house and was finding the process of preparing her home for sale very difficult. A carefully selected volunteer helped to tidy the garden, a task that would have previously been performed by her husband. The volunteer was a trained NZRC psychosocial volunteer with previous experience working with vulnerable people who also happened to be a gardener.

Another example relates to the experience people had with dealing with the media. Some chose not to engage with the media, some experienced positive, respectful and helpful interactions and others were hurt by the process because of unethical, disrespectful interactions. Knowing that dealing with the media can be challenging, a media trainer was engaged to provide information sessions and a tip sheet was disseminated to group
Learning:
I came to appreciate the symbolic value of such gestures and realised that having transport and parking taken care of on such a stressful day can mean a great deal. A key skill is being able to gauge when such help could be offered and when it is best to let people ask for it. It’s about how help is given and getting the balance right in making things easier without disempowering people.

The availability of support is in itself helpful for some people, even if offers are not taken up. For example when we sent email updates about support initiatives, we regularly received replies along the lines of:

Even though I don’t come to support groups or activities, please keep me on the email list. I don’t feel that I need or want to attend right at the moment, but knowing support is there should I need it is reassuring.

Anonymous

Enabling wellbeing
NZRC distributed an initial cash grant of $10,000 to the next of kin of those who had died in the Christchurch earthquake. However, a year on, addressing financial concerns and practical challenges compounded the emotional load of those who had lost a loved one. For example, some who had lost a partner and co-parent, talked about the only time being available to mow the lawns was while the young children napped. However, the children could not sleep through the lawn mowing. A weekly mowing service would make all the difference. Childcare or babysitting services allowed time to engage in activities that assisted coping and supported wellbeing. Many people understood the need to monitor and support their wellbeing through the grief process.

Next of kin generally felt it was important to use grant money for the long-term, such as earmarking it for their children’s future education. This dictated how they used the first cash grant. In response to the financial challenges raised in the second year, another cash grant of $10,000 was made available. The intent of the grant was for the bereaved to address practical challenges and support their wellbeing. In actuality, the grant recipients could again spend the grant as they saw appropriate. Family members greatly appreciated the intent of the grant. It recognised the pressures and realities of their circumstances and they felt more able to use the grant to support their wellbeing and to make life a little easier.

Learning:
Wherever possible, consider how resources might support people to feel they can make choices that enhance their wellbeing and the wellbeing of those close to them.

Two-directional gateway
The program acted as a gateway or connection point linking people with relevant services and expertise. It is therefore important to maintain a well-developed, relevant and up-to-date list of services for individuals, families and whānau. However, an essential, but unanticipated role of the program was acting as a gateway in the opposite direction—with agencies needing to communicate or consult with the bereaved. This gateway function involved being a conduit to the bereaved while simultaneously attempting to protect from unnecessary harm. A delicate balance was sought between respecting the rights of the bereaved to receive information, be consulted and make choices, while at the same time buffering them from insensitive or inappropriately worded information and requests. In some cases it meant suggesting alternative language for communications, advising the timing of messaging or suggesting having supports available for the delivery of sensitive messages.

For example property developers wanted to inform families of those who had died on private, commercial property of decisions and developments associated with

The memorial wall in Christchurch lists the names all those who died due to the earthquake in 2011.

Image: Jolie Wills
the rebuild. We also advised people arranging earthquake preparedness campaigns to consider the implications of screening advertisements using graphic images resembling the manner in which people had died. We were asked to participate in the planning process for a permanent memorial and attended an initial meeting to advocate for the direct involvement of the bereaved. We did not want our presence misconstrued as a substitute for involving the bereaved themselves.

Learning:
A key lesson was finding the balance between acting as a buffer without removing choice and between being prepared to advocate for the rights of the bereaved without becoming seen as a spokesperson for the bereaved.

Supporting the supporters
A powerful dynamic in this program was that the NZRC recovery staff and volunteers working to support disaster-affected communities were at times disaster-affected themselves. For myself, I had earthquake-related challenges to overcome and a team of people to support. I felt honoured and fretful about the responsibility of supporting people whose loved ones had died. I worried about providing support that was relevant, helpful and not harmful. I wanted to get it right for those who had already lost so much and I feared getting it wrong. For these reasons taking on the role was daunting, challenging and stressful.

Learning:
Training, supervision, wellbeing initiatives and the development of self-care plans for personnel involved are essential, as are other best-practice methods of staff and volunteer support.

Understanding how best to support people working and living in disaster recovery areas led me to undertake a Winston Churchill Fellowship (Wills 2014). The resulting guidance was a great help in supporting those working on the program.

Conclusion
Challenging though it was, the provision of meaningful support to those who had lost loved ones to a disaster was a privilege. Real and honest reflections from other practitioners shaped the program we provided and were a great support to me through the process. These reflections and learnings are shared with the similar aim of aiding those providing support after disaster.

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About the author
Jolie Wills is a cognitive psychologist who led the development and implementation of New Zealand Red Cross psychosocial program in response to the Christchurch earthquakes. She is an independent consultant in recovery practice. Jolie was awarded a Winston Churchill Fellowship in 2014 to explore support strategies for personnel working in disaster recovery (http://supportingthesupporters.org).