A GUIDE TO DEBRIEFING AT VIFM
The Victorian Institute of Forensic Medicine’s work is necessary work for our community, and we are the only agency in Victoria working in this field. These simple facts bring with them a special responsibility: we have to continually justify the community’s trust in us to do that work properly. At the same time we have to look after our own health and welfare. There is a balance to be struck between ensuring we keep the confidences entrusted to us, and at the same time handle properly the particular stresses and strains associated with working at the Institute. These stresses and strains will vary for different staff groups and individuals. For example, those with backgrounds in forensic pathology and clinical forensic medicine will recognize different ones to those from other backgrounds who are dealing with forensic medical issues for the first time. Handling these stresses properly includes being able to talk about our work.

Sara Taylor, who is a Psychotherapist and Socioanalytic Consultant with academic interests in her discipline, has done a marvelous job with this booklet - but she has not written it in a vacuum. Sara has learnt about the Institute by talking not only with the Steering Group that was formed to assist in developing the booklet but also to a cross-section of staff in standardised interviews and also to a focus group. She came to understand the different ways our staff respond to and accommodate - or not - the particular stresses they are exposed to. She has put all of this together with her own professional background and experience, to create this insightful and enormously helpful work.

It is likely that a true understanding of the value of what one does, whatever it is, will be one of the good defences against the stresses of doing it. But such an understanding may not be enough on its own. VIFM’s work, across all services, has become more complicated, involving more people in an environment more aware of the importance of protecting the privacy of those we deal with: patients, victims, deceased, tissue donors to name but some. Also, of course, there are many at the Institute who bring the non-forensic, non-medical, non-scientific skills and backgrounds that we need, and for whom those forensic – medical – scientific things are new, and sometimes
confronting. The Institute needs to recognize, acknowledge and conform ourselves to different affinities for these elements of our work.

We communicate our work in informal settings in different ways, to colleagues, friends and families. Such communication is a necessary part of accommodating the Institute’s work within our psyches. In our different ways we reconcile in our minds the difficult things we do. This said, we all do difficult things and difficulty is to a certain extent a state of mind. One of the corollaries of that is that I do not think the work we do is inherently any more difficult (or stressful) than, say, the range of work that occurs in any of our large hospitals. Certainly there are people who would not be suited to the work we do, but the same can equally be said of any profession.

This booklet has been written with new staff in mind, but also for existing staff, and with the thought that it can be revisited from time to time. I thoroughly recommend that all staff read it and make use of its insights and suggestions if you are not already doing so. I hope we will talk about Sara’s ideas as we reflect on the approach we all individually take to sharing what we do at work with others while at the same time respecting the privacy of those whose trust we hold, and respecting their confidences.

Stephen Cordner
Chair of Forensic Medicine, Monash University
Director, Victorian Institute of Forensic Medicine
VIFM is a work place where debriefing is recognized as important for the wellbeing of its staff. This booklet is a guide to the delicate balance of debriefing and maintaining confidentiality. Case studies have been used to illustrate the issues involved in striking this balance. These case studies are based on material collected through interviews and a focus group with VIFM staff. Demographics, including names, roles held at VIFM, and gender have been changed and the stories that were shared in these interviews have been combined or changed, some slightly, others more substantially, to ensure confidentiality of interviewees and focus group participants.

Psychological wellbeing is a requirement for maintaining an ability to work in a professional manner. A healthy life-work balance that includes utilization of methods for releasing stress and connecting with other people is a prerequisite for psychological wellbeing. Debriefing is an ideal method for both releasing stress, connecting with other people, and being able to gain a different or objective perspective on the matter at hand.

VIFM provides an incredibly important service to the people of Victoria, to the judicial system, and the wider medical and scientific community. It is highly necessary and meaningful work, and this work depends on your wellbeing. Where I use the term forensic medicine, I mean to encompass all the work of the Institute, including scientific and technical work and tissue banking. It became too cumbersome to mention all the different aspects every time.

I have enjoyed producing this little volume. I hope it is of some use to its readers. Thank you to everyone who agreed to be interviewed or who participated in the focus group. Thank you also to the Steering Group which discussed the various drafts of this with me. Responsibility for the final product, however, rests with me.

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Debriefing refers to a semi-structured conversation during which you talk about a difficult, stressful, or psychologically challenging event you have been through or witnessed. The purpose is to reduce any psychological harm resulting from the experience you are debriefing about. Debriefing can either be informal, for example having a cup of tea and a chat, or formal, through organized debriefing sessions.

Given that Daniel has a largely managerial role at VIFM he was shocked by his emotional response to hearing case related details of a young woman who had committed suicide. Having a daughter of the same age he found the case particularly disturbing.

Mei finds some of the conversations she has with women who have been sexually assaulted to be emotionally challenging.
All professions and work places engender levels of stress. Clearly this is also the case in a workplace such as VIFM that focuses on death, physical violence, abuse, self-harm, or trauma; as most people find these things disturbing. Any associated stress may not only affect those directly involved in conducting forensic investigations, but can touch every staff member working at VIFM. The specific stresses that result from VIFM’s work have impacts that may manifest themselves differently. Furthermore the maintenance of confidentiality that is required at VIFM can place some restrictions on the release of work related stress achieved by talking freely about work with family and friends.

Quite reasonably staff at VIFM have a need to debrief.

Marcos struggles with his work as a Forensic Technician when the bodies are in a significant state of decomposition.

Sally occasionally finds the contrast between an incredibly intense day at work and social gatherings, where people are talking about the price of shoes, to be challenging.
Numerous studies demonstrate that debriefing reduces stress and results in psychological wellbeing. Furthermore, debriefing reduces feelings of isolation and loneliness and helps you to gain an objective and balanced perspective on the issue at hand.

When Daniel is disturbed about case related details or by witnessing relatives grieving for someone whose body is at VIFM, he talks to a colleague who also works in a managerial role. They have both came to the conclusion that sometimes case related details can be more shocking when you do not have direct and daily exposure to the working reality of Forensic Medicine.

Simon had only been working at VIFM for a couple of weeks when he saw his first autopsy removal of a heart and was embarrassed because he felt a strong sense of nausea and believed he was about to vomit. He left the room and immediately told a fellow Donor Tissue Bank Scientist how he felt. His colleague reassured him that there was nothing to be embarrassed about, and that he himself felt like he was going to faint the first time he saw the procedure but was fine the second time he saw the work done.
As for many professions, but especially those of law, medicine and related fields, the maintenance of confidentiality by staff at VIFM is critical. It is essential because of the sensitivity of the information that the Institute deals with and legal ramifications for forensic investigations.

Maintaining confidentiality while debriefing shows respect for those members of the public who have been examined by one of our doctors or nurses or whose bodies, organs or tissues are in the care of staff at VIFM. Furthermore this is important because breaches of confidentiality are wrong in themselves, may result in interference with legal proceedings and may be inappropriately reported in the media. Information can also inappropriately find its way to people who are involved or to people with no right to it, or upset or cause difficulties for those with whom you are sharing information.

When Martin finds his work as a Clinical Forensic Physician to be more challenging than usual, he debriefs with a close friend he met with when he was at university studying medicine.
Different Coping Strategies and Debriefing

Emotional Responses or Detachment

Working in the field of forensics requires specific personal and professional skills. Individual staff members will respond to the work in different ways. Furthermore, staff members who are directly involved in case work will have different responses and different coping strategies in regards to forensic medical material than those who are not.

At times any particular staff member may be more resilient and hence find it easier to adopt an appropriate professional attitude than at other times. It is wise to be aware of your state of mind and stress levels, and then to choose a method of debriefing that works for you at that particular time.

In order to attend to the detailed and precise work required in forensic medical investigations it is necessary to adopt a stance of professional detachment. This is a requirement despite the fact that on a human level the cases you are directly dealing with or are indirectly exposed to understandably elicit emotional responses. Consequently a delicate balancing act is required in which you are able to maintain a sense of humanity while at the same time responding to difficult cases in a professional manner.

Different models are useful for explaining the different emotional responses experienced by VIFM staff directly involved in forensic case work and those who are not.
For Staff Members Directly Involved in Forensic Medical Work

In order to find the delicate balance between maintaining humanity and being professional it is useful to think of feeling ‘Emotionally Overwhelmed’, or feeling ‘Detached and Desensitised’ as two ends of a continuum.

A state of feeling ‘Emotionally Overwhelmed’ can be defined as a meaningful empathetic response towards the humanity of the individuals involved in the work or case in question, combined with a loss of ability to concentrate and maintain mental clarity or objectivity.

‘Professional Detachment and Emotional Integration’ can be defined as mental clarity and objectivity, balanced with contemplation (at varying levels of activity) of the humanity of the individual in question and the impact of their state on family and friends.

‘Professional Detachment and Desensitisation’ can be defined as mental clarity without contemplation of the humanity of the individuals involved in the cases you are investigating.

Being ‘Detached and Desensitised’ can be defined as a lack of mental clarity or objectivity, combined with a feeling of numbness, feeling detached or very distant from people or humanity, and/or a sense of an environment being surreal.

Ideally when engaged in forensic medical work you would fluctuate between a state of ‘Professional Detachment and Emotional Integration’ and ‘Professional Detachment and Desensitisation’. There are times however when you may be ‘Emotionally Overwhelmed’, or ‘Detached and Desensitised’, and you may need to debrief in order to return to a state of emotional equilibrium and mental clarity.

Being ‘Emotionally Overwhelmed’ includes feelings of shock, crying, feelings of anxiety, physiological arousal such as increased heart beat and rate of breath, feelings of nausea, a fear of not being able to cope or intense sadness. In a more delayed way, it could be manifest by feeling depressed by the circumstances of
certain cases, having difficulty sleeping, feeling afraid that you or those you are close to could experience what has been experienced by individuals who are the subject of forensic investigations, or ‘vicarious trauma’ when a staff member temporarily struggles to distinguish the difference between their own feelings and the trauma experienced by individuals who are the subject of forensic investigation. In such cases it is well recognized that debriefing can help.

However, the other end of the continuum is just as detrimental to your mental clarity, along with your emotional wellbeing both within the workplace and away from the workplace. Noticing if you are feeling ‘Detached and Desensitised’ is equally important as noticing that you are ‘Emotionally Overwhelmed’, and is likewise an indicator that discussing the emotional aspects of your work in a debriefing format is needed. If this is the case the process of discussing the emotional aspects of work is often harder, so it is wise to find someone patient or skilled in debriefing so that you have the time required to access the feelings that lie behind the numbness and to find the words to explain how you feel.

Mark has been working at VIFM as a Forensic Technician for seven years. That weekend he was sitting at home watching television when the case he had been working on came on the news. Although he was with his family at the time, he noticed that the environment felt surreal, and he felt like he was sitting miles away from everyone watching them like he was watching a strange scene in a film.

At work the following Monday, the family of the person who was subject to this particular forensic investigation were in the car park. Upon witnessing their grief he found himself to be irritated, saying to himself that these incidents are ‘simply part of life’ and ‘why can’t they just get over it’. Thankfully Mark was able to recognize that this was an undesirable reaction and decided to talk about it to a colleague whom he knew he could confide in.
Feeling detached and desensitised is not something unique to the Institute’s sort of work. You have probably observed it for yourself in other walks of life. But in the Institute’s work, feeling ‘Detached and Desensitised’ may be a response to being ‘Emotionally Overwhelmed’ by forensic medicine work in the past. When people first start working at VIFM it is common to feel ‘Emotionally Overwhelmed’ and hence developing ‘Professional Detachment’ and a degree of ‘Desensitisation’ is useful. Wise advice is given to staff working in the mortuary that “you can build up the walls when you start in this field, but later on you need to start breaking them down again.” This advice is not only useful for staff that work in the mortuary but for all staff involved with forensic medical work at VIFM. If you find yourself feeling ‘Detached and Desensitised’ then it is necessary to start breaking down the walls you have put up. Debriefing can help facilitate this process.

For Staff Members not Directly Involved in Forensic Medical Work

Staff who are not directly involved in forensic medical work are staff who occupy support, administrative and managerial roles. They face a distinct hazard precisely because they are not directly exposed to case material on a daily basis.

It is important to state that staff members not directly involved in forensic medical work may come across forensic material or information and find themselves quite unmoved by it. Staff should not feel that, simply because they are not emotionally disturbed by forensic material, there is something wrong with them. Such staff may, in terms of the model outlined below, may already be able to deal with the situation in an ‘Emotionally Integrated and Professionally Detached’ way.

However, some staff, if they come across forensic material or information on a sporadic basis, perhaps unexpectedly, may find themselves feeling mildly interested, curious, disgusted, momentarily upset, horrified, momentarily shocked or in a more prolonged state of shock. A more prolonged state of shock or other form of intense unexpected emotional disturbance may indicate that one is ‘Emotionally Overwhelmed’. This state of being ‘Emotionally Overwhelmed’ may pass quickly or may linger. A cyclic model is useful to demonstrate the hazards and states of being that may be experienced by staff who are not directly involved in forensic medical work.
‘Exposure to Forensic Material’ refers to seeing or hearing details about forensic medical work regardless of whether or not one expects to at that particular time. Depending on the individual staff member, their background, the material or information concerned and the circumstances of coming across the material, this may lead to a variety of responses from equanimity to emotional disturbance.

A state of feeling ‘Emotionally Overwhelmed’ is the same for all staff, and can be defined as a having a meaningful empathetic response towards the humanity of people who are the subject of forensic medical work conducted at VIFM, combined with a loss of ability to concentrate and maintain mental clarity or objectivity.

Likewise a state of ‘Professional Detachment and Emotional Integration’ is the same for all staff and can be defined as mental clarity and objectivity, balanced with contemplation, at various levels of activity, of the humanity of those who are the subject of case work conducted at VIFM.

A state of ‘Professional Detachment without Emotional Integration’ can be defined as mental clarity and objectivity in regards to the profession or occupation for which you are trained, without contemplation of the nature of the work that is conducted at VIFM or the humanity of the individuals who are the subject of the case work conducted at VIFM.
Staff who are not directly involved in case work, are unlikely to experience desensitisation to forensic material as they are not exposed to this material on a daily basis. Ideally if you are a member of staff who is not directly involved in case work you will exist in a state of ‘Professional Detachment and Emotional Integration’. Maintaining such a state may be easier for some than others, however, and you may on occasion still be upset to some degree or even ‘Emotionally Overwhelmed’ when confronted by forensic medical material.

When confronted by forensic medical material you may find yourself unmoved, upset to varying degrees or experiencing any of a number of different symptoms or feelings that indicate that you are ‘Emotionally Overwhelmed’ (see diagram on page 10). These symptoms or feelings indicate that debriefing will be helpful.

Bob who works in IT remembers feeling completely shocked when he made a mistake concerning the time of a meeting he needed to attend later that day and accidently walked in on a case discussion amongst Forensic Pathologists. A photograph of what appeared to him to be a dismembered body was up on a screen and for the following couple of weeks he found it very hard to stop seeing this image in his mind.

Riley who works as a business manager was shocked when she opened an attachment to an internal email thinking it was a proforma order form. Photos of a young woman who had died in bed had been mistakenly attached instead of the order form. Riley immediately alerted her colleague to the mistake, but she felt disturbed for several hours after unexpectedly viewing these images. (She also raised a CIRCA!)
The circumstances in which you are exposed to forensic medical material are an important aspect of your likely response to it. Thus, unexpected exposure may contribute to being ‘Emotionally Overwhelmed’. There are many meetings at VIFM at which forensic medical material is displayed and discussed. By virtue of the fact that you work at VIFM you are likely to be interested in such meetings, but on the other hand some of the material might be upsetting. If you think such a response is possible, you should ask a colleague, manager or a medical staff member about what the content of the meeting is likely to contain.

Awareness of the work that occurs at VIFM through gradual and controlled exposure may be a helpful antidote to exposure, unexpected or otherwise, to forensic medical material:

Cara, who works in communications has felt upset about some of the forensic medical material that she has heard about at VIFM, but has never experienced the feelings of shock or of being ‘Emotionally Overwhelmed’ that she has heard about from other colleagues. She believes that the reason for this is that she has a close friend who is a mortuary technician whom she often has lunch with during which her friend talks about her case work.
Professionalism and Feeling Like You Don’t Need to Debrief

All aspects of forensic medical work require attention to detail, mental objectivity, and the use of precise professional skills. It is work that attracts individuals who have these skills, in other words individuals who value professionalism and are dedicated to such work. Such individuals tend to emphasise improving professional practices in the work place. This is ultimately what lies behind the quality of work performed at VIFM.

It is however necessary for individuals who emphasise professional conduct over emotional expression, to pay attention to their own wellbeing and recognize personal stress levels. Debriefing, which can be informal, is recommended when stress levels are high or when a case is particularly challenging on a personal level.

Adopting Coping Strategies and Methods of Debriefing From Positions Held in the Past

Many members of staff at VIFM have experience within the wider field of medicine and related sciences. Institutions in these fields often have a similar emphasis on debriefing and concerns about confidentiality as VIFM. If methods of debriefing in past positions have worked then they are likely to be useful at VIFM, and can be utilised personally and even passed on to less experienced members of staff.

Prior to working at VIFM, Jenny worked in the public health system as a nurse for twenty years. This work culture involved debriefing with the nurses that she worked alongside. When she finds a case at VIFM upsetting she turns to a colleague and immediately mentions her feelings concerning the case in question. This is always done within the walls of the building and acts as way of immediate relieving stress.
Debriefing with colleagues is ideal, in that maintaining confidentiality is optimized, and the colleague’s understanding of the work and workplace dynamics allows quick focus on the issues of concern. Debriefing can occur while performing the work, immediately if you feel disturbed by a case for example, during pre-arranged meetings, or by scheduling a meeting with peers or with senior staff.

Clara’s son had just turned two when she was required to assist with an autopsy on a boy of the same age. That night she couldn’t sleep and noticed that she was anxious and preoccupied with thoughts of losing her son for the next two days. She scheduled a meeting with the Mortuary Manager and talked it through. They decided that she should avoid assisting on autopsies performed on children who were around her son’s age for the time being.

When Mark first started working at VIFM he remembers being upset because a woman who was brought into the mortuary was wearing the same jumper as one his mother often wore. He mentioned this to a fellow Forensic Technician who was very understanding and supportive.
Contemplation of Confidentiality in Debriefing with Partners

In this section, partners refers to life partners. In most professions you do not need to be concerned about sharing work information with partners. In contrast, work at VIFM requires careful consideration about what to say and what you need to keep to yourself. The reasons for this are the need to maintain the confidentiality of individuals who are the subject or forensic investigation and, given that forensic cases can be upsetting, being mindful of your partner’s wellbeing.

If a partner is in the same type of profession, and/or his or her work is governed by the same professional body as yours, it is easier to discuss work-related cases because you have a shared knowledge and understanding of the work. Furthermore you are less likely to upset your partner with case-related details. Hence you can easily benefit from debriefing with your partner.

Nonetheless it is crucial to remember that it is still necessary to de-identify the case that is being discussed – this includes not only the name or names of those involved but also demographics that would allow the individual to be identified. For those lucky enough to marry or date someone from the same profession, the stress and emotional impact of your work is likely to have a readily available outlet:

Henry works at as a Clinical Forensic Physician. He met his wife Sandra when they worked together as physicians in the emergency department of the public hospital where she still works. Where Henry feels a little overwhelmed by a case, or needs a fresh perspective, his wife is the first port of call.
Unfortunately those who have partners outside their profession do not have the benefit of a shared professional language and understanding of a field of work. You also need to be more careful about not upsetting your partner with case-related details. This does not however mean that work cannot be discussed with your partner. Indeed partners are often the first source of support when you are feeling emotionally overwhelmed. Consequently, skills need to be developed that allow you to pull apart the emotive and stressful case-related details from identifying data.

The golden rule to follow is that identifying features of the case, need to be kept to yourself. Being mindful of what data is confidential it is worth asking yourself what is upsetting and perhaps making up a story about this to share with your partner. If this proves to be difficult, try debriefing with colleagues first, or perhaps sit in a private space and write down the issues you are struggling with, or if necessary seek counselling and then discuss what you need to with your partner.

Mei, who works as a Forensic Nurse found herself to be more anxious than usual after attending to a case in which a woman had been sexually assaulted by a taxi driver. She found herself thinking about the details of the case outside of work hours, and began to get concerned about travelling by herself at night. She wanted to talk about this with her husband who worked as an accountant. She had the day off work the following Monday, and spent some time in the morning writing down her concerns about the case. In doing this she realized that it was the fact that the woman who had been sexually assaulted had not taken any unusual risks, and that she was equally as vulnerable as this woman, was what was concerning her. When her husband came home that evening she told him what she was anxious about, without disclosing any identifying information about the individual in question or the details of the assault.
Debriefing and Discussing Work with Family and Friends

Feeling that you cannot discuss any aspect of the nature of the work you do with family and friends is unnecessary and may lead to feelings of isolation. Furthermore you will deprive yourself of a commonly utilized opportunity to relieve work related stress.

From past experience Clara has found that even when family and friends express curiosity about her work at VIFM they don’t actually want to be exposed to the technical details of forensic work. She has a close friend who is an exception to this rule and so when she is stressed about a case at work she talks to her. Clara is aware that she likes to tell detailed stories, so she chooses to change the identifying, including demographic, details of the case she is concerned about, and also invents some case-related details to further obscure the case and make sure that patient confidentiality is maintained.

Peter is conscious that it can be hard for family and friends to understand the work that is done at VIFM. He is pleased that he has made close friends with a number of colleagues and will arrange to meet up over the weekend or in the evening if he finds himself ruminating over forensic medical related work after hours. He appreciates that he can discuss his work with them in a more detailed way that he could with family or other friends.
Given the importance of confidentiality, it is necessary to find ways of de-identifying cases, while still being able to engage in conversations about your own work and the work done at VIFM more generally. There are a few ways of doing this: you can either withhold all identifying information, including demographic details, from the conversation and discuss one or two aspects of a case you are working on (that of themselves do not identify the case), you can admit to and change demographic and other details in order to disguise the case in question, or you can combine multiple cases into one in order to disguise a case. It is also useful to integrate the conversation into a discussion of the value, benefits or difficulties of forensic investigations, or a philosophical discussion of whatever is the issue at hand.

**Debriefing with a Counsellor, Mental Health Practitioner or through the Employee Assistance Program (EAP)**

It is important to recognize that if you are emotionally overwhelmed, or have feelings of numbness, or of being very distant from other people, particularly when these feelings linger in arenas outside of the work environment, these may be indicators that you are not coping.

If you feel this is a possibility, it may be useful to seek assistance from a Psychologist, Psychotherapist or Counsellor. You may already have a practitioner who you use, you can utilize the Employee Assistance Program at VIFM, or you can seek a practitioner independently (See appendix for information on seeking counselling).
Consideration needs to be given to where debriefing conversations are held. Ideally they should be held within the walls of VIFM, in the office of a counsellor, or if debriefing with your partner this should be done in the home environment.

This said, it is unrealistic to imagine that conversations will never be conducted in public (for example cafés or restaurants) and hence you need to develop methods to make sure others do not overhear such conversations. Many people avoid such places for debriefing. Also, acknowledging that alcohol impairs ones judgment, it is worth adopting the rule that if you are drinking alcohol in a public space then debriefing about work should be put on hold for another time.

Peter often catches up with a close friend of his, who is also a colleague at VIFM, for lunch over the weekend. They know from past experience that the conversation often turns to work-related matters so they have developed a habit of meeting at a quiet café. They like to sit in a back corner so that they can keep an eye on whether people are sitting close to them and the location of the waiting staff. This way they are free to talk about what they want to. Peter and his colleague are happy to change the topic of conversation if people are sitting close enough to overhear.
Debriefing is a two way process. It not only involves the skills required in identifying your own psychological state and the ability to express this to another person, it also requires skills on behalf of the person with whom you are debriefing.

These skills include: firstly, noticing when a colleague is struggling; secondly, listening and expressing empathy, and, where appropriate, reassuring that the reaction is understandable; and lastly, practical advice about self-care and where to get further support.

The first step in the process of helping a colleague to debrief is noticing when they are under stress. For example, is the colleague ‘Emotionally Overwhelmed’ or is s/he ‘Detached and Desensitised’? Simple strategies are helpful to encourage the staff member in question to open up such as: asking the staff member if they are okay, saying that you are available to talk to if they want to, or simply asking them if they feel like having a cup of tea or coffee and a chat.

More often than not when a colleague needs to debrief they simply need to be listened to. This is a matter of making time for that person, giving them your undivided attention, being curious about what they have to say, and maintaining an open mind to their thoughts and feelings.

An expression of basic human empathy and normalizing what a colleague is experiencing are good forms of support.

Reminding your colleague of the importance of self-care is useful (see section 9 for strategies), because unfortunately when someone is struggling normal self-care is harder to implement.
More often than not these simple forms of support are sufficient, but there are times when a colleague needs more support than you can comfortably provide. If this is the case then it is useful to suggest that a colleague talk to their manager or to the Human Resources manager. Staff can also arrange to receive counselling through the EAP (see Appendix for more information on accessing the EAP).

It is helpful to remember that you are not a counsellor in any formal sense for your colleague and, if the debriefing is going beyond the realms of a supportive collegial relationship, it is time for your colleague to see a counsellor or other mental health professional.

In an acute situation where a staff member is highly distressed VIFM also has internal resources in the form of our clinical forensic physicians who are available to assist.

Mark remembers noticing that a fellow Forensic Technician looked pale after assisting on an autopsy of an 18 year old who had taken her own life. He asked him if he felt like having a cup of coffee. Over coffee they chatted for a while and then he asked his colleague if he was okay. His colleague was initially quiet but then confessed that he was shaken up by seeing the body of a young, fit, and attractive girl who wanted to end her life. Mark sympathized, recalling how shaken up he felt at a time when he had assisted on an autopsy of a young man his own age who had died in an automobile accident. He shared this memory with his colleague and assured him that feeling shaken up was normal and understandable.
Dealing with Large-Scale Disasters

On rare occasions VIFM staff are confronted with a large-scale disaster. During and in the aftermath of these events working hours may be longer than usual, demands at work may be intensified, and there is close attention directed towards the Institute from members of the public and other institutions. These additional stresses are coupled with the psychological confrontation of the often brutal nature of large-scale disasters.

Kristine describes this period of time as emotionally, mentally, and physically exhausting. In retrospect the three months in which the DVI work was being done seems like a blur. After it was over she was relieved, but it took her a while to get back into normal life.

Martha found herself strangely disturbed by the tall fences that surrounded the Institute at this time.

Nabhi never reads the media during a disaster. The rationale for this being that this way he remains unaware of the personal stories behind the cases that he is working on. He knows that he could feel emotionally overwhelmed by the work if he doesn’t follow this rule.
Reactions of VIFM staff to the disaster victim identification (DVI) operation for the Black Saturday Bush Fires in 2009 illustrate what can be expected:

During such occasions additional methods of self-care including debriefing are very likely to be necessary.

Even though it was a busy period of time at work Peter considered it to be important to spend quality time with his wife and children whenever he could during and in the aftermath of the Black Saturday Bush Fires.

Although Clara felt as if she was coping quite well, she contacted a Psychologist she had seen in the past and had an appointment at which she talked about her work at VIFM during the Black Saturday Bush Fires. Clara found this to be particularly useful because she felt the simple need to talk to someone, but was aware that at this time of increased public curiosity it was essential that case-related details were kept confidential.
Of course, dealing with forensic medical work is but one part of what might be considered stressful. There are also the ubiquitous issues of relationships with colleagues, managers, other staff, contractors, and many others; frustrations with systems and processes; and, the injustices that populate the human existence. Any of these, and more, especially when added to personal or family burdens, can weigh on your psyche or lead to stress. You can maximize your ability to deal with these with self-care strategies, for example: regular exercise, good friends, a close relationship with at least one family member, moderating your intake of alcohol, sufficient sleep and good food.

Working in the business of Forensic Medicine calls for a life outside of work that is invested in the business of living. Work related stress can be insidious in the way it impacts on this life and your health. It is difficult to predict precisely what will cause intolerable levels of stress, and furthermore it is often difficult to recognize when you are stressed. It is worth going through a checklist to assess whether or not you are suffering from stress.

Symptoms of stress may include:

- Muscular tension
- Staying late at work
- Increased confrontation with colleagues
- Being short tempered with family or friends
- Not sleeping well
- Ruminating about work-related matters
- Struggling to concentrate
- Increased consumption of alcohol
If you have symptoms that indicate you may be stressed, it is important to acknowledge the possibility and let colleagues, family and friends know. In times of additional work stress, including forensic medical work that touches on an aspect of your own personal experience, or large-scale disasters for example, it is also worth knowing and adopting additional self-care strategies, such as:

**Assigning a Worry Time:** This involves allotting a certain period of time each day to contemplate the issue at hand. For example, scheduling fifteen minutes at the end of the day during which you are free to think about the issue in any way you wish. Following this assigned period of time, select a pleasurable activity that allows you to shift attention away from the concerning issue, such as watching a favorite television program or walking the dog. If the issue plagues your thought at other times of the day simply remind yourself that you have time set aside to think about this issue, and bring your attention to whatever is directly in front of you and requiring your attention.

**Relaxation Exercises:** Find a space in which you can be alone. Either sit on a chair or lie somewhere comfortable and progressively relax the muscles in each area of your body: face, shoulders, top of your back, lower back, chest, stomach, arms, hand, legs and feet. Start from the top of your head and work your way down to your feet. If you struggle to relax each area try tightening the muscles in this area of the body and then relaxing them.

**AFTERWORD**

Psychological wellbeing is necessary to work in a professional manner. A healthy life work balance that includes utilization of methods for releasing stress and connecting with other people is a prerequisite for psychological wellbeing. Debriefing is an ideal method for both releasing stress, connecting with other people, and being able to gain a different or objective perspective on the matter at hand.

VIFM provides an incredibly important service to the people of Victoria, to the judicial system, and the wider medical and scientific community. It is highly necessary and meaningful work, and this work depends on your wellbeing.
Accessing counselling through the Employee Assistance Program (EAP)

All payments for counselling under the EAP for VIFM staff are funded by VIFM. This staff counselling service is aimed at providing short-term, confidential and personal counselling services to all staff. Services are available throughout the Melbourne CBD, metropolitan and regional areas.

The service will address any work and personal issues such as emotional stress, relationship issues, interpersonal conflict, gambling problems, substance abuse problems. Access to the service is via self-referral and the staff member contacts the counselling service provider directly to arrange an appointment.

All information obtained through provision of the service is treated as strictly confidential, unless the staff member receiving the service requests the provider to communicate with a third party.

The service is available to all employees of VIFM, however, employment agency staff or independent contractors are not eligible to access the service.

Managers/ supervisors can suggest to staff that they may find counselling of benefit, however as the attendance is arranged by the staff member, following up the suggestion is entirely voluntary. Staff and managers/ supervisors who have accessed counselling/ guidance in the past can make use of it again for new issues.

Contact details for our EAP provider can be found on the Human Resources page of the VIFM intranet or contact the VIFM Human Resources and Organisational Development team.
SERVICES AVAILABLE THROUGH EAP:

- Confidential face to face staff counselling to a maximum of 4 x 1-hour sessions
- Telephone counselling of staff to a maximum of 4 x 1-hour sessions
- Manager/supervisor face to face guidance
- Manager/supervisor telephone guidance
- Information sessions for managers/supervisors and/or staff
- Critical Incident Stress Debriefing

ACCESSING COUNSELLING INDEPENDENTLY

An alternative to using EAP is to independently seek your own Psychologist, Psychotherapist or Counsellor. You can do your own research to find a mental health practitioner that suits you or you can ask your doctor to recommend a practitioner and give you a referral. When beginning a therapeutic relationship with a Psychologist, Psychotherapist or Counsellor, it is a wise idea to speak briefly on the phone to sense whether or not they will be a good fit. Ask about the practitioner’s field of expertise and the style of therapy they practice. Different styles of therapy will suit different people. For those who are attracted to logic and reason and who do not wish to dig too deeply into the issues with which they are dealing, Cognitive Behavioral Therapy may be appropriate. For those that are more interested in deeper approaches to healing that emphasize the emotive and relational realms of human existence Psychoanalysis, Psychodynamic Psychotherapy or Interpersonal therapy may be appropriate.

The following referral directories may be useful for finding a practitioner:

Australian Psychological Society Referral Directory:

http://www.psychology.org.au/findapsychologist/

The Australian Psychotherapy and Counselling Referral Directory:
