

RECOGNISING AUSTRALIAN TRAUMATOLOGISTS:

DR PADDY BURGESS WATSON AND DR COLLEEN JACKSON SPEAK ABOUT THEIR RECENT AWARDS

In December 2005 Colleen Jackson was awarded the inaugural 2005 Tasmanian Life Award. An initiative of the Tasmanian Suicide Prevention Steering Committee, the award recognised outstanding contribution to the prevention of suicide and the promotion of wellbeing in Tasmania. In announcing the award, the Deputy Premier of Tasmania, David Llewellyn, said, "The inaugural Tasmanian LIFE Awards recognise Tasmanians who have helped promote positive attitudes and those who have provided life affirming support to others"

This was an award for a suicide prevention program, can you tell us a bit about the actual program?

Interestingly, this is not a program although there are some very good suicide prevention programs in Tasmania. I believe this award recognised the very deliberate philosophy and practice we have at the service I run, the Sisters of Charity Outreach in Devonport. Outreach is a specialist grief and trauma counselling service. We provide psychological services to any person experiencing grief and/or trauma – our youngest client is 3 years old, and our oldest would be well over the 3 score and ten!

Outreach is based in the poorest electorate in Australia, and like most rural areas in Australia, mental health services are seriously under-resourced. Many people are unable to afford private practice fees. We charge a fee based on capacity to pay – about two thirds of our clients fall into very low income bracket, so this service makes high quality professional care available to all. The following is from the citation from the award:

The Sisters of Charity Outreach Service provides specialist counselling and support for those experiencing grief and trauma in North West Tasmania. Sisters of Charity provide a high level service to those whose access to private mental health practitioners is limited by their

capacity to pay private practice fees. It is the only dedicated specialist support service for grief and trauma of its kind in Tasmania. The Sisters of Charity Outreach Service is involved in all aspects of suicide prevention, from education to bereavement support for families and friends who are themselves at risk.

Outreach provides three distinct services: counselling and therapy, education and training and crisis response support.

1. Counselling and Therapy

This includes grief counselling and trauma counselling. Dr Jackson's service accommodates people whose poor emotional or psychological wellbeing does not attract a psychiatric diagnosis, or whose mental health struggles are grief or trauma related.

2. Education and Training

Outreach provides high quality professional and community education and training in grief and trauma management and suicide risk minimisation. This includes a 5-week Grief Companion Training Program. Outreach has presented more than 180 professional or community education programs to over 5000 people.

3. Crisis Response Support

Outreach also provides training and consultancy to organisations who are in the actual throes of responding to critical incident, or who wish to undertake pre-event training and preparation. Outreach has an excellent referral record and education and training record and a solid evaluation strategy.

What is its theoretical underpinning?

We believe that people who are bereaved and traumatised are often not served well by having their experience and their responses pathologised. Therefore, our focus is on helping clients acknowledge the impact and meaning of their

experience, deal with disturbing responses including maladaptive thinking and behaviour, strengthen coping and resilience, and reclaim their lives and regain a sense of wellbeing. We take a systemic approach, believing that people exist, not in isolation, but as part of significant relational systems – couples, families, workplaces etc. Sometimes we work with individuals and others with the whole family (sometimes our little cottage is bursting at the seams with mums, dads, and lots of adolescents, children and toddlers!). Even when working with an individual, we will have others 'theoretically' in the room. It is a powerfully therapeutic model.

How did you get funding for the project? Are there any limits to it?

We are a not-for-profit organisation that receives no government funding. Since our income goes no way towards covering the cost of providing the service (two thirds of our clients pay an average of about \$25 per session!), the Sisters of Charity make a significant contribution towards covering the annual shortfall.

Limits? There is no end to the limits of the need – we cannot keep up. But there is a limit to the funding – the Sisters of Charity commitment is for 2 years more. After that, I need to find some generous benefactor!!!

Where were you when you found out that you had received this award? What was the first thing you thought? Who was the first person you rang?

I knew that I had been nominated for this award, but knowing that our service does not overtly engage in suicide prevention, I imagined other 'programs' would attract more attention. When the announcement was made – at an event in Hobart, I was really chuffed – and humbled. I especially felt very proud of our little service. My immediate reaction was to ring my 3 colleagues at work – I

regard this award as a wonderful acknowledgement of the work of all of us. It has also helped raise the public profile of our service – and is a great affirmation that we are meeting a crucial need in our community.

[Will the program be generalised beyond Tasmania, or to other mental health / community settings?](#)

I would love to replicate this little service in other rural communities. It is a unique service in Tasmania, and as far as I know, there is no other such service in the country. Money is our greatest barrier. The second is attracting high quality professionals to work in rural areas.

[How does trauma relate to this program?](#)

Trauma is at the heart of almost everything we do here. Our clients' experiences include childhood and adult sexual and/or emotional abuse, torture, domestic violence, rape, car accidents, murder attempts, assaults, suicides, witnessing terrible deaths, and active war service to name a few. We pride ourselves on our science-practitioner emphasis and have developed a model of intervention that appears to be both healing and empowering. Essentially, this model is influenced by salutogenic approaches to trauma, is systemic, and emphasises a here-and-now focus.

This award, I think, acknowledges that others recognise that suicide prevention is more than talking about suicide – it includes providing the best possible professional care for people who are at risk of suicide, as well as responding to those affected by suicide. The award acknowledges that good care of those suffering from traumatic experiences and complicated bereavement is suicide prevention.

[What is the most important thing this program has taught you?](#)

Our service continues to surprise and delight me. We are constantly struck by the number of people who have carried traumatic experiences for a long time – sometimes decades – and suffered terribly as a result. And we are delighted by the

liberation and restoration of wellbeing that so often comes with some minimally intrusive therapeutic work.

[Where to from here?](#)

We'll continue to provide our counselling services, whilst all the while adapting our approaches to emerging evidence, both scientific and practice based. And we'll continue to offer PD opportunities for other professionals so that good trauma practice becomes more widely applied. So it's more of the same with some ongoing prayers for the emergence of a generous benefactor!!

Dr Colleen Jackson RSC
Sisters of Charity Outreach



Fellow Taswegian Dr. Paddy Burges-Watson, a former ASTSS President, was also recognised this year for his unrelenting commitment to improving the mental health of traumatised people.

[When did you find out you were to receive an award for services to psychiatry? What were you doing at the time? What was your first thought?](#)

I first heard that I was being considered for an award in November 2005 and it was confirmed in early January of this year. Judy, on the other hand, knew about it for about 18 months or so, having been approached for a CV. Believe it or not she said not a word about it to me or anybody else! I think I was probably building an extension to our vegetable garden at both these times! I was totally surprised and felt very honoured.

[This is recognition of a lifetime of achievement and service. Are there some achievements which resonate](#)

[more strongly, either personally or professionally, in that time? How come?](#)

When I came to Australia in 1969 I was Responsible Medical Officer for the two maximum-security wards at the Royal Derwent Hospital and ran a further ward as a therapeutic community. The latter was a success as far as many of the patients were concerned but after 18 months I gave it up under pressure from the Mental Health Services Commission to make way for a ward for alcoholics. All this was very much in my mind when the Hobart Clinic was established. The original owners were a lawyer, a psychologist, a social worker, a GP couple, a consultant physician and myself and with the help of a very cluey politician/barrister we obtained the licence from the Health Department rather than the Mental Health Services Commission. The licence stipulated that there would be no certifiable patients admitted and we would be treating "a limited range of physical and emotional disorders".

It became clear that the Clinic was not viable as a privately owned facility or, as it was then, with only 12 beds. The Hobart Clinic Association involving interested people in the community was formed and purchased the Clinic and, despite some huge problems during the first few years, the Clinic has grown steadily and now has 30 beds. For myself, as medical director, defending the therapeutic community at the RDH and The Hobart Clinic from outside threats was a major role. The ultimate triumph was being involved in an appeal to the Review Tribunal when the Government tried to downgrade the hospital in the middle 1980s. We won – earning the description in the Press of "the mouse that roared".

I suppose, however, when I think about it, my work with veterans, and more particularly Vietnam veterans, in which the Hobart clinic was also very much involved, ranks most highly in my "achievements". I believe I was the first psychiatrist in Australia or the US to be involved in the successful defence of a Vietnam veteran charged with a capital offence in the early 1970s. My diagnosis was that this young man's

behaviour was best explained by an untreated combat neurosis and a “mania a potu” (madness in drink!) The jury found him not guilty of the capital charge but guilty of a minor charge, recommending that he had treatment. The judge agreed and was satisfied that his behaviour followed from his experiences in Vietnam. He was placed on a Hospital Order and was back in the community within nine months. When Posttraumatic Stress Disorder became an official diagnosis in 1980 this case clearly had me primed and I think I was again the first person in Australia to document in the College journal (with a letter) six cases of Vietnam veterans in Tasmania with a diagnosis of PTSD.

The Hobart Clinic ran in-patient groups for Vietnam veterans for several years before the birth of the National Centre for Posttraumatic Stress Disorder (now Posttraumatic Mental Health) and I also had an activity group run at my home in a large workshop which now continues to run under the aegis of the Vietnam Veterans’ Counselling Service in Hobart. Fairly obviously, my interest in the veterans led to my research and other academic endeavours. I was a rather wild unfocused student and achieving an MD in 1999 somehow made that all OK!

You have seen many changes in the field of traumatology over your career. Where do you feel mental health and trauma needs to be heading?

During my training in psychiatry in the Royal Navy we were not taught about the consequences of war trauma. From that time on I had had an interest in what would now be referred to as traumatised patients but it was not until the introduction of DSM-III that the word “traumatology” was even used. I have some concern that since that time the possible group of candidates for a diagnosis of PTSD has steadily expanded. Originally the patient had to have experienced an event outside normal human experience and while this was clearly too narrow a definition; Criterion A of DSM-IV is, I believe, too broad. Perhaps we will reach a point where different types of PTSD are recognised. I also believe that the

current avoidance symptoms required to make the diagnosis need revision. During and after WWII avoidance was clearly seen as the healthy way of dealing with war experiences. Those who know me well will also know that I believe there is a need for far more attention to be given to the biology of PTSD.

Konrad Lorenz, in King Solomon’s Ring, describes the love life of jackdaws and says, “... what we are wont to call ‘human weakness’...” (I think particularly of ‘lack of moral fibre’) ... “ is in reality nearly always a pre-human factor and one which we have in common with the higher animals? Believe me, I am not mistakenly assigning properties to animals: on the contrary, I am showing you what an enormous animal inheritance remains in man to this day”. Nowhere is this more true than in the response to stress – ordinary and extreme.

I believe that PTSD, carefully defined, offers the best chance of our understanding the body/mind dichotomy in health and illness.

What is the most important thing that psychiatry has taught you?

I think the extent to which humans, including psychiatrists and psychologists, fool themselves into thinking that now we really know ...

The value of interdisciplinary cooperation in practice and research.

And, the inestimable value of the love and support of a lovely, lively and intelligent woman. Judy shares in and has played an important part in my major successes.

Where to from here?

Back to the vegetable garden! I am thoroughly enjoying being retired and playing the pioneer in our small property of three acres, including about an acre of bush, a dam, seven sheep, seven native hens and occasional wild ducks, as well, of course, many other birds and hidden rats and snakes. Not only do we grow our own vegetables and some fruit, but we can see the D’Entrecasteaux Channel from our sitting room and enjoy boating and procuring our own fresh fish.

Actually, of course, I am still tidying up some research done before I retired and suspect I may still have one or two papers that I will want to get out of my system (only when the weather precludes my going outside – which is very rare in our neck o’ the woods, despite popular mainland mythology!).



Dr Paddy Burges Watson and wife, former ASTSS Promotions and Development Officer, Judy Burges Watson.



Stress Points is pleased to announce that Daniel Torpy, Chair of the ASTSS Western Victoria Chapter, beginning next edition, will be our regular trauma book reviewer. Different from the previous “Trauma Classics”, Daniel Torpy will review trauma texts, he’s encountered along the way.

We look forward to Spring.