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| Social recovery |
| Road to Recovery Introduction video transcript |
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# Transcript

[Text on screen David Younger Clinical & Consultant Psychologist]

[Text on screen Rob Gordon Clinical Psychologist]

[Footage of David and Rob talking to camera]

DAVID YOUNGER:
I'm David Younger. I'm a Clinical and Consultant Psychologist. I work in private practice with adults and young people, and I work in a disaster recovery space with communities and organisations.

ROB GORDON:
Hi, David. I'm Rob Gordon and I'm a Clinical Psychologist. And I've worked as part of my practice since Ash Wednesday with communities affected by disaster and consulting to the state recovery plans in Victoria.

DAVID YOUNGER:
Yeah. So, Rob, could you, you know, just drawing on your experience, talk a little bit about the difference between, say, an emergency and a natural disaster.

ROB GORDON:
Yes. Well, we now tend to use the term emergency for anything that rips us out of our ordinary life and puts our survival or those of our nearest and dearest in question so that we have to go into a state of, I call it survival mode. But there is a fundamental difference between, let's say, a terrible car accident or a criminal event or...

DAVID YOUNGER:
The Bourke Street tragedy.

ROB GORDON:
The Bourke Street tragedy or something like maybe a house fire, which can be very traumatic too. When a natural disaster occurs, the whole community is thrown out of their normal lives.

DAVID YOUNGER:
Yeah, that's right.

ROB GORDON:
And you get this process of resonance of reflection, where I find out one after another of my friends, family, neighbours have lost their houses to in a bushfire or as their lives have been threatened in various ways. I don't know where they are for some hours. That's a very disturbing experience. And so when I talk to people, they're also upset like me, they're all in survival mode. And there's no routine anywhere. The physical environment is so disrupted that everything that's familiar has gone and suddenly the whole place is filled with emergency services, military, all sorts of people coming in. And you have this complete, not turmoil, but you have this environment of complete disruption of normal patterns. And people then have nothing to hang on to except being in this emergency phase. And this creates a very different context. And so whereas if a person has a very bad car accident, it should be that as soon as they get home, they can start recovering. They come into their house, their family there, etc.

They get two injuries treated. Soon as I get home, they start recovery. It's not like that in a natural disaster. It may take weeks or months for any sense of normality to recur. And if you've lost your house, I know people who've had 12 moves before they actually end up in a temporary accommodation that they'll be in for a couple of years while they make the decisions and rebuild their houses. Now, these are massive disruptions at a time when people are usually very distressed and worried about all sorts of things. So it's that social dimension that exposes for us a very important role of community in society that we take for granted normally, just like the oxygen we breathe.

DAVID YOUNGER:
You know what's some of the differences then between going through an emergency type event, you know, an accident as you were talking about there or a disaster and how that might affect a person's responses?

ROB GORDON:
There's a tendency, particularly with a natural disaster, to assume that the physical impact will define the psychological or emotional impact. But it's not as straightforward as that. The experience of threat is one of the most important things. If a person feels threatened, their world changes and they have to rebuild the sense of safety. But the experience of threat can be defined by, let's say, a massive wall of fire bursting out of the bush beside you. But it can also be defined by, I think something terrible is going to happen even if I have an unrealistic expectation of it. And it's this is what I think is going to happen which defines the trauma which may happen or may not.

DAVID YOUNGER:
Yeah. And this is a really important point, isn't it? You know, we see the impact of this on people all of the time, I think. You know, what actually does happen to them versus what they thought was going to happen. And maybe it does and maybe it doesn't. It sort of can leave a mark afterwards, can't it?

ROB GORDON:
Absolutely. And the essence of a trauma is that an experience is so intense that it damages my ability to come to terms with it, put it in the past and move into the future and reestablish my sense of safety. And the core of that is going to be what I think is happening to me.

DAVID YOUNGER:
That makes a lot of sense. You know, and something that occurs to me now is that we hear people talk a lot about having been through trauma or having been or become traumatised. What do we know about the extent to which, you know, when a person has a big experience, you know, the extent to which they do actually develop, you know, trauma that stays with them or the extent to which people develop a mental health condition. Like does that happen with everybody?

ROB GORDON:
No, no, it doesn't. There's been a lot of research, probably going back to the 60s, particularly in the US, but a lot in Australia and the UK that shows in a natural disaster you get somewhere between five and 20% of people come out of it in the early aftermath with the symptoms of trauma. You could probably double it at least for people who are carrying some kind of aftereffects. But even so, you know, maybe not sure up to 40% of people who feel some degree of ongoing distress. It often takes many years, many years, ten, 12 years before people actually put their hand up and say, I think I really need some help. This is not going away. And that then emphasizes the need to help people understand and start working with it early on and get what we call a recovery process going so that they begin to resolve things from the beginning.

DAVID YOUNGER:
Yeah, that's become really clear. Hasn't it? The sort of the doing the work on yourself, you know, tuning into what's happening for you and for people around you early on so that, you know, you don't become one of those people that further down the track realises, you know, maybe after many years, actually, I haven't really stopped to take notice of what's been happening for me all of this time.

ROB GORDON:
And all that time that the people have put it aside and are rebuilding the house or whatever, it's often having effects. And they become secondary effects. And I think they're preventable if people understand, like we know now about dealing with injuries, don't we? We know that if you get a bad cut, you need to clean it and close the wound. Maybe stitch it up. Put a bit of antibiotic powder and take some preventive antibiotics and it all heals up and so on. It's the same in psychological injuries. We must understand that early preventive care and the healing capacity is there in all of us.

DAVID YOUNGER:
Yeah, it's such an important point, because I think what it brings us back to the then is that it doesn't really matter whether it's an emergency or a natural disaster or some other big event, an accident or, you know, something along those lines. It's much more to do with the unique individual experience within it. That's what's going to potentially have an effect on the person afterwards or not have an effect on them. If I'm someone that's been through an emergency or a natural disaster, you know, and I think I might be struggling, but I'm not sure, how do I know, what are the sorts of things that I can keep a lookout for? Maybe what would the signs be that might be telling me, I should perhaps go and see and talk to a health professional or maybe use some sort of other resource of support?

ROB GORDON:
We should assume that most of the people who are going to be significantly affected have never had to consult a mental health worker or a counsellor or anyone like that. They've just managed their lives because that's what most people do. And so there's some very important things, I think, for people to think about here. The first is that, are you able if you were to come to me and ask a question, I'd say, well, how are you going with all the things you have to do? Because what we notice is that one of the most common in fact, the most common health effect is a whole range of rather minor, irritating what we call psychosomatic complaints. Complaints in our bodies that have to do with our stressed state of mind. Skin conditions, digestive problems, sleeplessness, muscular pains, you name it. Any part of the body can be affected. And so one of the first things I would say is if you have been through a trauma or an emergency of any sort, go and see your health professional and check in with them regularly, like monthly to begin with.

Because thus the essence of stress is to narrow and focus me onto my problem and I lose self-awareness. And therefore I'm not actually using my understanding to take care of myself. I'm just dealing with my problem. And I'm gonna to run out of steam. So to get, to see our GP and say and they ask us questions like, how are you sleeping? What's your diet? Can I measure your blood pressure? You know, and so on. It's very important to help me think, well, actually, no, I'm not sleeping. And then do something about it.

DAVID YOUNGER:
So one of the things I should do, sort of, regardless of how I think I am, is just check in with my doctor and have a general health checkup. So, you know, may be similar to what I do with my car, I take it to the mechanic every, you know, so many kilometres and it gets serviced. So I guess what you're saying is I shouldn't ignore how many Ks the car has done and just bypass the mechanic. I should just make sure I get to the GP and get that health check up 'cause that'll help me understand where I'm at.

ROB GORDON:
'Cause your best resource for recovery is your own health, isn't it?

DAVID YOUNGER:
Yeah.

ROB GORDON:
So that's the stress effects that have a generalised cost on our body, but that also translates into the effect of stress on our brains, which is this narrowing and focusing onto that just plodding through this tremendous load of work, this endurance mode. I think of that as like zombie mode. We all know what it's like. You've got a huge amount of work, you just plod through. You don't think about yourself, but you then find yourself in a state of mind where you can't do the complicated things. In that zombie mode, we can't do forward planning. We can't do strategic thinking. What's the most important thing? It's very hard to prioritise, so we've got to hold a whole lot of things there and juggle them, I think, which is the most important? What's the sequence? And one of the signs that you're in this state of ongoing stress is your ability to organise yourself deteriorates. And that often shows up as memory. We go down to the bedroom...

DAVID YOUNGER:
Memory lapse.

ROB GORDON:
and I can't remember why I came. And I walked back to my desk and then I realise I need my glasses and I can't find in the bedroom. Eventually I happen to walk past the mirror and they're actually on the top of my head. You know, that sort of thing. That's just stress response. And people get into a state where two really dominant things show up. The first is dithering. I'm mark around and I just get confused and I do three things at once and don't achieve. And the other is procrastinating. I've got really important things to do, phone calls, plans, and I just can't face it. I'm gonna do it tomorrow and the next day, next day. And this makes recovery really protracted because I'm not getting my mind into a state where I can use it. And that's where I think it's very helpful that if a person is in this state, they talk about their state. Now, I've got good friends and family or community members and they can compare notes, it's the ability to take stock of myself, which is very hard to do in our own mind, by ourselves.

But we can do it in a conversation with someone we trust. But often I would say if a person has a sense that their recovery is stalled in any way, it's not progressing, there'll be a reason for that. And that's where to sit down with someone who's got the training to just unpack it and pick out this is what's holding you up and give you a few strategies to get the recovery moving.

DAVID YOUNGER:
Yeah. OK. Yeah, that makes a lot of sense. So I guess what I'm hearing coming through there is, you know, a good starting point is to check in with your GP, get a general health checkup. Secondly, that if you've got things occurring like memory loss, where you're dithering or procrastinating or can't organise yourself, they don't in and of themselves mean you need to go and talk to a psychologist. I mean, just a good starting point is talk to your family and friends, draw on the supports around you. But then thirdly, there could be other things occurring like you can't get pictures out of your mind of your survival experiences on the day, or you might not be able to get to work and function. You can't get out of bed, you feeling so low and flat and unmotivated. Things like that would be signs that's probably time to check in with a health professional. And then on top of that, I think you've mentioned, especially if your recovery has completely stalled, then that's a pretty big sign as well.

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