



# Post-Incident Trauma Support Guidance for Managers



**Fátima Fernandes**  
**Staff Support Services**



# Aims

- ◆ Understanding Traumatic Stress
- ◆ An overview of the LAS Bespoke TRiM Consultations
- ◆ How the Post-Incident Trauma Support is implemented

# Traumatic Stress Guidance for Managers

- ✦ Ambulance staff work daily with distressing and potentially traumatic incidents and will have developed effective ways to cope with these experiences. Despite this resilience we know that some incidents can have a significant impact
- ✦ Managers have a crucial role in providing support to staff either immediately after an incident or in the days and weeks that follow
- ✦ Recent research has evidenced that the level of perceived support available to individuals following an incident can play an important part in recovery. There is emerging evidence that the first four months after an event may be a critical window of opportunity in which action needs to be taken

# Traumatic Stress Guidance for Managers

- ✦ In order to mitigate the potential development of PTSD or related symptoms staff are required to attend Bespoke Trauma Risk Management Consultations (TRiM) which can be arranged via Staff Support Services. TRiM Consultations are booked a minimum of 72hrs **AFTER** an event and are confidential and are not stored on work records. A one-month follow-up appointment is booked to monitor progress.
- ✦ TRiM Consultations were developed by the Royal Marines and adhere to NICE Guidelines. They have been shown to provide effective support for individuals who attend potentially traumatic events.

# Traumatic Stress Guidance for Managers

- ✦ Potentially traumatic incidents can be defined as “any incident which overwhelms the normal coping mechanisms of an individual or group”
- ✦ Reactions to incidents are likely to be worse if:
  - The person feels they should have performed better
  - They identify in some way with the person or the situation
  - They perceive a lack of understanding, support or blame in others
  - There are existing significant personal or work stresses

# Traumatic Stress Guidance for Managers

- It is important to recognise that incidents are only potentially traumatic. The interpretation an individual gives the incident, informed by his or her personal experience, personality type, gender, etc., will determine whether it is experienced as traumatic.
- The more personal resources an individual has the more likely they will be to deal with a potentially traumatic event, (for example, specific character traits, personal belief systems, a good support network, good level of physical fitness, positive outlook on life, previously coped well with stress).
- It is both common and normal for people to have emotional, cognitive, behavioural and physical responses or symptoms. This does not mean they have PTSD. Only if the symptoms persist and/or increase in intensity is it classified as PTSD

# Traumatic Stress

- ✦ Traumatic stress is similar to the 'fight / flight' mechanism but more extreme. In an attempt to conserve energy, the brain turns off the hippocampus. Humans and other mammals have two hippocampi, one in each side of the brain.
- ✦ The hippocampus is part of the limbic system and plays important roles in the consolidation of information from short-term memory to long-term memory and spatial navigation.
- ✦ The limbic system supports a variety of functions including adrenaline flow, emotion, behaviour, motivation, long-term memory and olfaction. Emotional life is largely housed in the limbic system, and it has a great deal to do with the formation of memories.

# Traumatic Stress

- ✦ Reactions are highly individual and range from no response to overwhelming emotional distress and can appear immediately or take days, weeks or months to emerge
- ✦ They can be triggered by anniversaries of the incident, attending similar incidents, being involved in court hearings or subsequent investigations
- ✦ Individuals respond in a variety of ways. Most of these responses are made up of a mixture of physical effects, (such as increased heart rate), psychological effects, (such as difficulty in concentrating) and changes in behaviour, (such as pacing around or restlessness)

# Traumatic Stress

- ✦ Traumatic stress is the characteristic pattern of stress that occurs in response to a wide range of challenging events
- ✦ Traumatic stress can be divided into both acute (occurring soon after the event, usually within the first month), and chronic (that which is more long-term and where feelings of threat, horror or loss predominate)
- ✦ Experiencing post-incident symptoms is normal and is a necessary part of the healing process – how our brain 'makes sense' of what happened
- ✦ It is important to distinguish between understandable and normal reactions, and those that are more extreme. It is a matter of degree and duration which identifies whether the individual may have difficulties in coping later.

# Common Stress Symptoms

Physical	Cognitive	Emotional	Behavioural
Fatigue	Blaming someone	Anxiety	Change in activity levels
Nausea	Confusion	Guilt	Change in speech
Muscle tremors	Poor attention	Grief	Withdrawal from others
Twitches	Poor decision making	Denial	Emotional outbursts
Chest pain**	Heightened or lowered alertness	Severe Panic (rare)	Suspiciousness
Difficulty breathing**	Poor concentration	Fear	Change in usual communications
Raised blood pressure	Memory problems	Uncertainty	Increased alcohol consumption/ cigarette use
Rapid heart beat	Difficulty in familiar objects or people	Loss of emotional control	Inability to rest
Thirst	Increased or decreased awareness of surroundings	Depression	Antisocial acts
Headaches	Poor problem solving	Feelings of being overwhelmed	Intensified startled response
Visual difficulties	Disorientation	Intense Anger	Pacing
Vomiting	Disturbed thinking	Irritability	Erratic movements
Grinding of teeth	Nightmares	Agitation	Changes in sexual functioning/interest
Weakness	Intrusive thoughts or vivid memories of the incident	Apprehension	
Dizziness			
Profuse sweating			
Chills			
Shock symptoms**			
Fainting			

<b>PHYSICAL</b>	<b>THINKING</b>	<b>EMOTIONS</b>	<b>BEHAVIOUR</b>
<b>Feeling shaky or muscle tension</b>	Preoccupation with the incident, going over what was done and whether it was right	Feeling more jumpy and irritable, with difficulty in relaxing	Changes in sleeping or eating patterns
<b>Upset stomach or nausea</b>	Memories of the incident intruding during waking hours or causing distressing dreams	Feeling more sensitive and tearful	Increased smoking or alcohol use
<b>Headache, extreme tiredness and lethargy</b>	Poor concentration and memory	Feeling isolated, withdrawn or numb	Avoiding other people or work situations
<b>Racing heart and breathless</b>	Difficulty in making decisions	Feeling more worried, sad or guilty	Behaving more aggressively or erratically

# What helps Recovery?

- ✦ Traumatic stress is similar to the 'fight / flight' mechanism but more extreme. When we are under the sway of this mechanism and as an attempt to conserve energy, the brain turns off the hippocampus.
- ✦ The hippocampus is part of the limbic system and plays important roles in the consolidation of information from short-term memory to long-term memory and spatial navigation.
- ✦ Unless we are able to effectively reinstate the hippocampus, we are unable to process information.

# What helps recovery?

- ✦ The key requirement is to regain and retain the capacity to think so the individual can process (make sense and assimilate) the event. Talking about the incident is an essential part of the recovery process because it initiates the re-building of the personal narrative, helps the individual regain control and locate him or herself.
- ✦ Prior to experiencing a potentially traumatic event we have existing narratives or stories we tell ourselves about our lives, our relationships, and our belief systems (schemas). We are in control of these narratives and, quite literally, personal narratives physically and spatially localise us. After a potentially traumatic event our existing narrative feels like it has been blown-up into tiny pieces – like a dismantled jigsaw puzzle and we feel like we have lost ourselves and our way. Additionally, the event produces extra pieces which we have to integrate into our pre-event personal jigsaw puzzle.

# What helps Recovery?

- ✦ The most effective way of initiating recovery is to talk about the experience with trusted friends and colleagues. It is the equivalent of metaphorically scrambling around trying to re-locate the original 100 pieces as well as finding the extra 20 pieces. It is important to remember that this thinking process can initially feel exhausting and frustrating until we recognise that we are making progress.
- ✦ Also, trying to re-establish familiar routines, remembering to eat healthily and maintaining a level of physical exercise are all essential in aiding recovery.
- ✦ Otherwise our head can feel like a roundabout with all the exits blocked whilst more 'traffic' continues to enter the roundabout and add to the traffic jam. This significantly reduces our ability to process information because we literally feel like we don't have sufficient headspace.



## A Historical Perspective

- ✦ Systems to prevent trauma related psychological injury are not new. The first was Critical Incident Stress Debriefing (CISD) (The Mitchell Model 1983)
- ✦ Research on “psychological debriefing” showed that single session debriefings can be more harmful than helpful
- ✦ 2000 - the UK military banned the use of single session psychological debriefing; and the DoH supported this view
- ✦ 2005 - NICE guidelines on the treatment of PTSD support this view



- ◆ Research has shown that coercing individuals to talk about the event before they are psychologically ready to do so can impede cognitive mental processing by making people feel like victims
- ◆ TRiMs should be carried out at least 72 hours **after** the event. Earlier interventions are often futile as the individual will still be under the influence of physical, psychological and cognitive shock symptoms – survival mode - and will be unable to process any further input of information.



- ◆ Proven to be effective and successful within the first 72 hours is support from individuals' own professional networks. For example, line managers and colleagues who have undergone the same experience.
- ◆ At this stage the focus is to offer normalisation, stabilisation and containment
- ◆ During this initial period having unfamiliar individuals around can significantly raise levels of anxiety, panic, and potential anger and also escalate the sense of chaos.



## The Post-Incident Trauma Support Strategy

- ◆ The Trauma Risk Management (TRiM) approach was designed by the Royal Marines and has been successfully implemented by the Police, Fire Services, the BBC. The TRiM Model is underpinned by a peer support ethos.
- ◆ We deliver enhanced and bespoke TRiM Consultations
- ◆ Senior LINC Workers are trained TRiM Practitioners and are invaluable in assisting managers in dealing with the aftermath of a potentially traumatic incident.



## Staff Support Services (Third Floor)

Fátima Fernandes  
Staff Support and Counselling Services Manager  
London Ambulance Service NHS Trust  
220 Waterloo Road  
London  
SE1 8SD  
Tel: 0207 7832014  
Internal ext: 112014  
Mobile: 07917 201 676  
Email: [fatima.fernandes@lond-amb.nhs.uk](mailto:fatima.fernandes@lond-amb.nhs.uk)