

FD Consultants

Psychosocial Support and Trauma Specialist Services

Trauma Management Program for organisations (Dunkley, 2018)

Trauma: a workplace risk hazard



Over the last 12 years I have seen an increase in the demand for trauma therapy. The most poignant incidents I have supported organisations and individuals with include, London 7/7 bombings (UK, July 2005), Syrian civil war (Syria, on going since 2011), Ebola outbreak (West Africa, from 2014), Search and Rescue refugee crisis (Mediterranean, from 2015), Nepal earthquake (Nepal, July 2015), Westminster terrorist attack (London UK, March 2017), London Bridge terrorist attack (UK, June 2017), Brussels bombing (Belgium, March 2016), Anti-Government protests, Istanbul (Turkey, July 2016), Juba attacks on aid workers (South Sudan, July 2016), and the Grenfell Tower fire (London UK, June 2017).

Vicarious trauma (sometimes named secondary trauma) is the cumulative impact of indirectly witnessing trauma or hearing stories of traumatic content. The Diagnostic and Statistical Manual of Mental Disorders (DSM) version V (APA, 2013), for Post-Traumatic Stress Disorder (PTSD), recognises that individuals can be impacted by trauma symptoms whether they experience a traumatic event indirectly, directly, or witnessed.

Responding in a crisis

It is essential organisations have a thorough and well-rehearsed critical incident plan, which needs to incorporate a 'Trauma Management Programme' (Dunkley, 2018). The trauma management programme should clarify what psychosocial support is available for staff throughout every stage of a critical incident, from early intervention, trauma specific treatments, follow-up, to recovery. Well thought through critical incident plans save lives, and helps people recover quicker. Staff need training, guidance, knowledge and clear policies. Major incidents almost always catch us unaware, therefore forward planning is essential.

A Trauma Management Programme

I would recommend that a trauma management programme should include the following:

Immediate Crisis Management: The situation is often chaotic in the initial stages of a critical incident. Thus the immediate stage of any crisis is all about practical support, and deescalating and defusing the situation.

Screening: Most people will recover from a traumatic event naturally, but having an evidence-based screening process, one that is culturally and ethically appropriate, can monitor individuals who may need further support. Trained and professional clinicians would ideally conduct the screening sessions using evidence-based questionnaires, which need to be comprehensive, and explore physical, psychological, and social needs.

Family Liaison Support: Family Liaison officers are necessary when a member of staff has died or they are unable to speak for themselves, perhaps through a kidnapping incident or being unconscious. Ideally organisations would have in-house volunteers trained as family liaison officers; alternatively some organisations may use an external source.

Peer support: Several organisations have implemented a peer support program into their organisation. Peer support programs are a great resource and support to staff and can be versatile, cost-effective, and offer support to staff that are harder to reach due to the environment or circumstances. Peer supporters are volunteers within the organisation that have been trained in psychological first aid and mental health awareness.

Psychological First Aid (PFA): PFA focuses on understanding trauma symptoms and building coping strategies and resources. PFA is educational, does not explore the incident in detail, and therefore can be offered to individuals who experienced the same event, but had different levels of impact and exposure to the traumatic incident. It can also be offered whilst an incident is still on going, such as working in a war zone etc.

Psychological Debriefing: Debriefing focuses on processing an event in detail and bringing a sense of closure to the traumatic incident. Individuals would be assessed to decide which debrief group they would be best suited depending on the level of exposure to an event. It is important to place individual's who have had a similar experience and level of exposure together in the same group, so those who were less impacted are not exposed to further traumatic material.

Initial Trauma Assessments: A trauma assessment needs to include identifying symptoms, normalising, and enabling the individual to recognise and develop coping strategies. It creates a space for the individual to talk through their experiences, and can offer a monitoring process and follow up appointments if necessary. It may be that a one off trauma assessment is all the individual needs to feel supported, or they may be referred on for further specialist support.

Specialist trauma counselling: The National Institute for Health and Care Excellence (NICE), the World Health Organisation (WHO) and the American Psychological Association (APA) recommend two specialist trauma therapies: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitisation Reprocessing (EMDR).

Closure/follow up: It is good practice to offer follow up appointments, as it is helpful that staff feel acknowledged that they have been through a distressing situation, and important that they feel supported and valued by their organisation. Anniversaries and specific dates of events are important to note, and can be triggering for individuals. If it was a high profile incident the media may rerun footage of the event and produce documentaries, which can also be triggering. Recognising triggers and enabling events that can create closure to an event can help healing.

Summary

In short, it is essential for all organisations to have a critical incident plan, which includes a trauma management programme. Assessment and triage need to be carried out early on after an incident takes place, and administration processes are important to setup during the immediate response. PFA can be a useful model to offer psycho-education, normalisation and resourcing for staff after an incident. The benefits of PFA are that it can be facilitated by appropriately trained peers, and can be useful even during a long-term crisis incident (such as working and living in warzones). Peer support programmes are worth considering, so appropriately trained staff are available and at hand immediately during a crisis to support their colleagues. Psychological Debriefing would not be activated until the incident has ended, needs to be facilitated by mental health professionals, and is time sensitive. If individuals are identified with on-going psychological difficulties after four weeks, there are excellent trauma specialist therapies available. Support for families needs to be included in the critical incident plan, providing information sheets - as needed - and family liaison support when necessary. This includes having access to specialist trained family support officers.

Organisations need to incorporate a clear trauma management programme into their critical incident plan that supports staff through each stage of their recovery process and eventually enables staff, not only to recover, but to experience post-traumatic growth.

(Extract taken from: Dunkley [2018] 12 Years of Trauma. Counselling at Work, BACP. Jan 2018 and Dunkley [2018] Psychosocial Support for Humanitarian Aid Workers: A Roadmap of Trauma and Critical Incident Care. Routledge, Taylor & Francis Group. Oxon and N.Y.). To order a copy of Fiona's new book, Psychosocial Support for Humanitarian Aid Workers, click here <https://tinyurl.com/y74qhjsu>

About FD Consultants

FD Consultants support anyone who has been impacted by trauma through work or personal circumstances, whether directly or indirectly. We offer consultancy to organisations when implementing a trauma management programme and duty of care policies for psychosocial support. FD Consultants offer services to enable individuals to remain resilient in highly stressful environments and situations.

We support individuals suffering from post-traumatic stress disorder (PTSD), vicarious trauma, cumulative stress, anxiety and burnout. We believe in working and walking alongside individuals or organisations empowering them to find their own solutions and we strongly believe everyone can recover from mental health challenges with the right help and support.