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# Providing Support after Trauma: First Responders

Trainer Manual



## **Acknowledgements**

The *Rail Industry Trauma Management Training* resources were first developed in 2013 by Phoenix Australia – Centre for Posttraumatic Mental Health (at that time called the Australian Centre for Posttraumatic Mental Health (ACPMH)) for the TrackSAFE Foundation in consultation with TrackSAFE's Trauma Advisory Committee. The contributors to the manual include: Anne-Laure Couineau, Jane Nursey, Alexandra Howard, Dzenana Kartal and Dr Andrea Phelps of Phoenix Australia – Centre for Posttraumatic Mental Health (Phoenix Australia). These have been updated in 2017 with the assistance of Maria Humphries, and in 2018 with the assistance of Juhi Khatri.

## **Disclaimer**

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## **Limitations on tailoring material for your organisation**

Refer to sections on tailoring information throughout the trainer manuals for more details.

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<b>Contents</b>	
<b>Workshop background</b> .....	<b>1</b>
Workshop aims.....	1
End audience .....	2
Organisation decisions required prior to the workshop.....	2
Structure of workshop.....	6
Using this trainer manual.....	6
Copyright and acknowledgements.....	7
<b>Workshop schedule</b> .....	<b>8</b>
Recommended format.....	8
Training instructions .....	10
What is trauma support? – 10 min session.....	<b>Error! Bookmark not defined.</b>
The impact of trauma – 10 min session.....	21
Help seeking – 10 min session.....	32
Roles of different staff in relation to PTEs – 5 mins.....	<b>Error! Bookmark not defined.</b>
Communication – 30 mins.....	39
Core components of trauma support – 10 mins.....	56
Trauma support in practice: First responders – 75 mins.....	59
Looking after yourself – 25 mins.....	<b>Error! Bookmark not defined.</b>
<b>Appendix 1:</b> .....	<b>85</b>
Providing Support after Trauma: First responders.....	85
Training Fidelity Checklist.....	85
<b>Appendix 2</b> .....	<b>Error! Bookmark not defined.</b>
Workshop evaluation.....	87
<b>Appendix 3: Trauma Support for first responders – Summary</b> .....	<b>93</b>
<b>Appendix 4: Trauma Support for managers/supervisors – Summary</b> .....	<b>95</b>

## Workshop background

The purpose of this training is to teach staff in your organisation practical skills for providing support to staff who have experienced a trauma.

Just as this workshop is an important part of implementing the Rail Industry Trauma Management Framework, the effectiveness of the workshop is somewhat dependent on the organisation having up-to-date policies and procedures that are consistent with the Rail Industry Trauma Management Framework. This is so that the information a staff member receives in the workshop is supported by messages from the organisation about the management of potentially traumatic events (PTEs).

This workshop promotes the use of Trauma Support as the foundation for providing support to staff after a potentially traumatic event. For some organisations, this may require shifting from previous models of trauma management that relied on psychological (not operational) debriefing models such as critical incident stress debriefing. Trauma Support, based on Psychological First Aid principles, is now the approach recommended by experts in the field.

This manual is designed on the assumption that when disseminating these workshops, participants attending the 'Providing Support after Trauma' workshops have previously attended the 'Coping with Trauma' workshop.

There are notes throughout this manual to alert you to sections that may require modification for your organisation prior to delivery of the training.

## Workshop aims

In this workshop you will help staff to:

- understand why Trauma Support is recommended to assist people following a PTE
- understand the principles of Trauma Support and know when and how to use them
- have practised using skills central to Trauma Support
- have developed or strengthened your own network of Trauma Support personnel

## End audience

The workshop is suitable and strongly recommended for those staff in your organisation who have a direct role in providing support in the immediate aftermath of a potentially traumatic event (PTE). Participants may include:

- first responders
- peer support personnel

While this package is designed for first responders, please note there is also a Trauma Support workshop package designed for managers/supervisors. To assist your organisation to decide who should undergo the first responder Trauma Support training, and who should undergo the manager/supervisor version, we have included a summary of each of their roles in Appendices 3 and 4.

We have made the assumption that organisations will not employ people specifically to carry out the Trauma Support role. Rather, it is suggested that staff already engaged in supervisory, mentoring or support roles will be trained with these skills. The list above is not intended to be exhaustive, merely suggestive. Ultimately, it is up to your organisation to decide to whom it wishes to delegate this role. Factors guiding selection might include: familiarity, either through direct experience and/or training, with trauma response procedures in your organisation; a person known and respected by staff in the organisation; person who has good communication skills; person who has not or is not currently experiencing adverse reactions to their own trauma exposure.

It is recommended that any individual training workshop have between 8 and 10 participants. Organisational needs may necessitate a larger group, however we recommend it be limited to a maximum of 20 to 25 participants.

## Organisation decisions required prior to the workshop

There are some decisions that need to be made prior to the workshop in order to ensure it is relevant to your organisation. Some of these decisions (and resulting modifications) may require discussion with your organisation's senior management, and may take some time and consideration. These decisions and modifications need to be agreed upon and made prior to delivery of the workshop.

## Who will provide Trauma Support?

Ultimately, it is up to your organisation to decide to whom it wishes to delegate this role of the 'first responder' Trauma Support person. It is recognised that in some organisations there may be the need for the same person, particularly a 'first responder' to be potentially involved in multiple roles. This may include carrying out operational procedures at the scene of an incident and/or playing an investigative role. Carrying these dual or multiple responsibilities may, in some instances, be seen to be at crossed purpose. It will be important for your organisation to discuss this and decide on the best approach. We would argue that regardless of the operational tasks being carried out, it should always be possible to engage with the staff member in an empathic and caring way that is consistent with the principles of Trauma Support. In addition, the initial tasks of Trauma Support in terms of assessing coping, providing support and encouragement,

helping to calm the person and providing some brief information on what to expect, should be able to be done alongside the operational tasks that the first responder is responsible for. However, if your organisation believes that the one person cannot do justice to both operational and Trauma Support tasks at the same time, then alternative options should be considered. This might include deciding to separate these roles by sending two staff members to the incident – one to deal with the operational procedures and/or investigation of the incident and the other to prioritise the care of the staff member involved in the incident in line with Trauma Support principles.

To assist your organisation to decide who should undergo the first responder Trauma Support training, and who should undergo the manager/supervisor version, we have included a summary of each of their roles in Appendices 3 and 4.

## Modifications required

The following two pages include a table summarising the decisions and modifications that need to be made prior to the workshop. You will need to consider who in the organisation has the knowledge and authority to make each decision. You may also wish to use this table as a checklist to help you prepare for delivery of the workshop.

### Modification & decision summary and checklist

Slide (number)	Modifications/decision required	Who has the authority to make the decision/change?	Complete
<b>Prompt cards (11)</b>	It is up to each organisation whether they print and provide these prompt cards to their staff. Delete this slide if your organisation is not going to provide these.		
<b>Roles and responsibilities: An example (25)</b>	This slide is an example of what roles different staff may play in responding to a PTE and providing Trauma Support. Your organisation will need to decide on defined roles and responsibilities and update accordingly. Refer to Appendices 3 and 4 for summaries of the first responder and manager/supervisor Trauma Support roles.		
<b>What to expect after a PTE (26)</b>	The aim of this slide is to inform staff about what to expect after experiencing a trauma in terms of organisational procedures (this may include support provided by external contractors to the organisation). This slide will need to be modified for your organisation and should include information on support available during the immediate aftermath, and in the days and weeks after a PTE.		
<b>Session 5: Communication (27+)</b>	This session will need to be modified to make it relevant to your organisation. Whilst we would consider communication skills training to be an important element of Trauma Support training and consistent with best practice, this is a module that could be either cut down or left out of the training schedule and provided as information in the participant workbook. This would allow you to focus more time on other workshop content.		

Slide (number)	Modifications/decision required	Who has the authority to make the decision/change?	Complete
The importance of confidentiality (40+)	You need to impress on your staff the importance of maintaining confidentiality both in the training and when providing support to others. You will need to decide who they can speak with at your organisation regarding the staff they support.		
Trauma support components: Who does what? (47)	This slide provides an example overview of different roles and responsibilities that the first responder and manager/supervisors have. This slide will need to be modified to match the changes you made to the Roles and responsibilities slide (see above). Refer to Appendices 3 and 4 for summaries of the first responder and manager/supervisor Trauma Support roles.		
Session 7: Trauma Support in Practice – First Responders (48)	This session goes through the roles and responsibilities of the first responders in detail. You will need to ensure that these session’s slides are consistent with the organisations definition of the first responder role.		
Step 5: Decide if Trauma Support is to be deployed (57)	This step may not be relevant in all organisations – you will need to decide whether or not to include this and the following slide. This is highly likely to be an area where there are differences between current practice and what is recommended in the Rail Industry Trauma Management Framework. If your organisation does not utilise a Trauma Support person, or the first responder is the Trauma Support person, or if a support person is automatically sent to all incidents, then do not present step 5 or the following exercise.		

## Structure of workshop

The workshop is designed to be delivered over a half day. The workshop includes a variety of teaching methods, with a focus on experiential (i.e., 'hands on'), rather than didactic (i.e., lecture) learning. For example, it includes:

- the use of examples relevant to the rail industry to emphasise key points
- group, pair and individual activities
- didactic teaching (i.e., lecture form)
- segments from the TrackSAFE trauma awareness video
- skill demonstration and rehearsal during the workshop, with opportunity for feedback from trainers.

It is up to you how you run the group discussion sections, although we recommend a mixture of large and small group formats – just be aware that small group discussions are likely to take more time than ones conducted in a large group, so keep an eye on the clock.

## Using this trainer manual



This symbol is used to indicate a slide (or group of slides) that may need to be modified by each organisation in order to fit with their policies and procedures.



This symbol is used to indicate that there is a participant activity associated with the slide. It may be a group, pair or individual activity.



This symbol is used to indicate that there is information in the participant workbook associated with the slide. This may consist of an overview of what has been presented or a worksheet for the participant to complete (during or after the workshop).



This symbol is used to indicate that there is a participant activity associated with the slide to be done for homework i.e., outside of the workshop.

## Copyright and acknowledgements

We would request that organisations promoting this training include the following acknowledgements where applicable.

### PowerPoint slides

Organisations are able to use their own PowerPoint slide templates, however, the acknowledgement slide (2<sup>nd</sup> slide) always needs to be included, as do the small TrackSAFE and Phoenix Australia logos on each slide. For example, each organisation may wish to put their logo in the middle down the bottom of each slide.

### Word documents

We request that each organisation use the workbook word template with the addition of your organisation logo.

Also, note that there are instructions throughout to alert trainers to sections that may need to be modified in the PowerPoint slides, trainer manual and participant workbook.

### Limitations regarding tailoring content

During the train-the-trainer workshop you will be asked to consider and tailor specific content for your organisation. This includes tailoring for the length of the workshop. Guidance on the tailored content/timing is provided in the slides, the trainer manuals and during the train-the-trainer workshop.

We do not recommend tailoring the content of the workshop beyond the sections identified as 'tailored content' as it is important the workshop contents remain based on best practice principles for recovery from trauma. If however, you do have feedback about the content or wish to make changes outside this scope, please contact TrackSAFE.

## Workshop schedule

A half day is recommended to deliver this training as it allows maximum time for the interactive and skill rehearsal elements of the workshop.

The following workshop schedule is intended as a guide for the planning and use of trainers.

### Recommended format

Time	Topic / Activity
10 min	Introductions
5 min	Aims and rationale of workshop
<b>What is Trauma Support? (10 min)</b>	
10 min	Brief introduction to Trauma Support
<b>The Impact of Trauma (10 min)</b>	
5 min	The impact of PTEs and recovery patterns following a PTE
5 min	Risk factors for not coping following a PTE
<b>Help-seeking (10 mins)</b>	
10 min	When to recommend seeking help, and support options
<b>Roles of different staff in relation to PTEs (5 min)</b>	
<b>Communication (30 min)</b>	
25 min	Communication skills
5 min	Confidentiality
<b>Core components of Trauma Support (10 min)</b>	
10 min	Aims and core components of Trauma Support
<b>Trauma Support in Practice – First responders (75 min)</b>	
5 min	Overview of steps of Trauma Support
70 min	Purpose and tasks related to each step

Looking after yourself (25 min)	
5 min	Useful strategies and work practices
15 min	Develop a personal 'Coping Plan'
5 min	Close and evaluation

Organisations and their trainers will need to use their discretion when presenting this material. For example, you may wish to modify the time given to different elements, so that you can emphasise sections most relevant to your organisation. Whatever adaptations to timings are made, ensure that there are still adequate group involvement and skill rehearsal opportunities in order to maximise the benefits of training.

Possible modifications to the workshop include:

- reduce the length of the introductions
- make 'The impact of PTEs and recovery patterns following a PTE' section entirely didactic – present common reactions to trauma instead of conducting an exercise
- ask participants to complete their personal coping plan after (or prior to) the session and ask them to rehearse one strategy they plan to practise in order to be prepared for a PTE and to improve their current lifestyle
- select the most relevant activities from the Trauma Support in Practice sections
- alter discussion lengths so that you can focus on the most relevant discussions for your organisation

## Training instructions

These training instructions are based on delivery of the recommended full-day format.



At the start of the workshop – while the title slide is showing – there are several things you should consider saying.

- Welcome the participants to the workshop.
- Acknowledgement of country
- Introduce yourself by giving your name and profession; briefly outline your expertise; and convey your expectations for a positive training experience for all.
- Point out the participant workbook and associated material. Suggest that participants follow the talk using the slide printouts in the workbook, making their own notes as necessary.
- Quickly cover any housekeeping details, e.g., toilets, refreshments, etc.

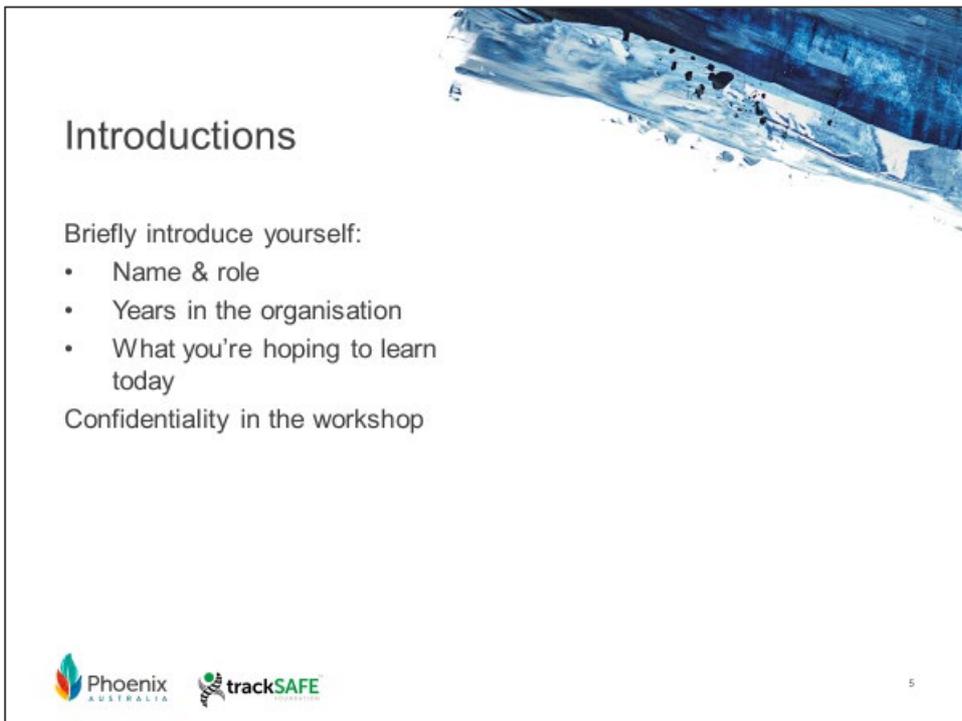
## Acknowledgments

The *Rail Industry Trauma Management Training* resources were developed by the Phoenix Australia - Centre for Posttraumatic Mental Health for the TrackSAFE Foundation.



Introduce the organisations involved (whose logos are on title slide). Also state your organisation's support of the workshop.

- TrackSAFE Foundation was established by the Australian Rail Industry in March 2012 to endeavour to reduce near collisions, injuries and fatalities on the rail network resulting from suicide and reckless behaviour, in doing so creating a better workplace for rail employees.
- Phoenix Australia – Centre for Posttraumatic Mental Health (Phoenix Australia) is a not-for-profit organisation that specialises in the psychological effects of trauma. Phoenix Australia provides training, research, and policy advice designed to improve recovery following trauma and disaster. Note that Phoenix Australia was called the Australian Centre for Posttraumatic Mental Health (ACPMH) when this training was first developed in 2013.



## Introductions

Briefly introduce yourself:

- Name & role
- Years in the organisation
- What you're hoping to learn today

Confidentiality in the workshop

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5

Ask participants to briefly introduce themselves to the group. Ask them to state their name, background, and what they hope to learn from the training.

Explain that the workshop will be interactive and will provide opportunities to share information and rehearse skills. Set ground rules about sharing information:

- Note that no one will be forced to speak, but that everyone is encouraged to do so – it makes for a better session for you and others.
- Acknowledge that the participants may have experienced trauma in the rail industry. They will be affected to various degrees by their experiences and will be in various stages of recovery. Use this as an opportunity to introduce the importance of looking after themselves and following the advice they hear today in their own lives.
- Also point out that this is not an opportunity to tell your own stories of trauma, or for an emotional release. But it is possible that aspects of the training, such as the DVD, might bring back distressing memories and emotions for you. If you need to step out for a few minutes, that's fine. State that participants can also come and talk to you if they think they require support and that you can point them to the right person or organisation to talk to.
- Confidentiality – although we hope that whatever is said in here is confidential, it is better that you don't say things that you feel are confidential or that you would not want repeated.

## Workshop aims

### In this workshop you will:

- Understand why Trauma Support is recommended to assist people following a PTE
- Understand the principles of Trauma Support and know when and how to use them
- Have practised using skills central to Trauma Support
- Have developed or strengthened your own network of Trauma Support personnel



Before providing an overview of the workshop, provide a rationale and broad aims.

This workshop is designed to help participants support staff after a potentially traumatic event (PTE). It will:

- help participants get a sense of what potentially traumatic events staff might be confronted with
- provide you with tools to help staff (and you) cope with any distress that may occur both during and following an incident
- provide you with a structured way of delivering support to staff after a traumatic incident, both in the immediate aftermath, and the days and weeks following

You will also be presented with a participant workbook and other resources designed to help you look after your staff following a PTE.



## What is Trauma Support? – 10 min session

This part of the workshop will take approximately 10 minutes and aims to provide participants with:

1. a brief introduction to Trauma Support
2. information on the circumstances under which Trauma Support is delivered to staff

For this session you will require:

- no additional equipment.

## What is Trauma Support?

Who is it for?	• Staff involved in critical incidents who may be experiencing acute stress reactions.
Who is it delivered by?	• Peers, Supervisors, Managers, and first responders who provide early assistance
When is it intended to be delivered?	• Immediate aftermath of event and days, weeks following
Where can it be delivered?	• A broad range of settings, in either single or multiple sessions

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Introduce the concept of Trauma Support, acknowledging that it is based on principles of Psychological First Aid (PFA). Also, emphasise the following points:

- Trauma Support's strength is that it does not rely on professionals to provide support and assist recovery but is about supporting mates.
- As a Trauma Support provider you will be using your own strengths in relationship building and communication.
- It is important you develop/use your own language around Trauma Support

PFA is not a structured or standardised intervention. Rather it involves a set of principles that can be used to guide the support offered to people following a potentially traumatic event. PFA aims to reduce the initial distress caused by a potentially traumatic event, encourage the use of positive coping strategies and social support, and ensure that the wellbeing of the individual is monitored over the subsequent few weeks. In most cases, PFA can be implemented by peers and managers, but back-up from the Employee Assistance Provider (EAP) is always available if there are any concerns. The advantage of this support being provided by peers and managers is that they are known to the staff member and in contact during the normal course of work. This means that the staff member has the benefit of a supportive workplace (rather than the support being “outsourced”) and monitoring of wellbeing occurs in the context of existing and ongoing work relationships.

The core components of PFA are:

- Initial contact and engagement
- Assessing immediate practical needs and safety
- Stabilisation and arousal management

- Attending to immediate psychological needs
- Psychoeducation and coping strategies
- Connect with social supports, monitor wellbeing over time and plan follow-up

Recommended further reading for trainers:

- Psychological First Aid: An Australian Guide. Developed by the Australian Psychological Society and Australian Red Cross.

[http://www.redcross.org.au/files/Psychological\\_First\\_Aid\\_An\\_Australian\\_Guide.pdf](http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf)

## What is Trauma Support?

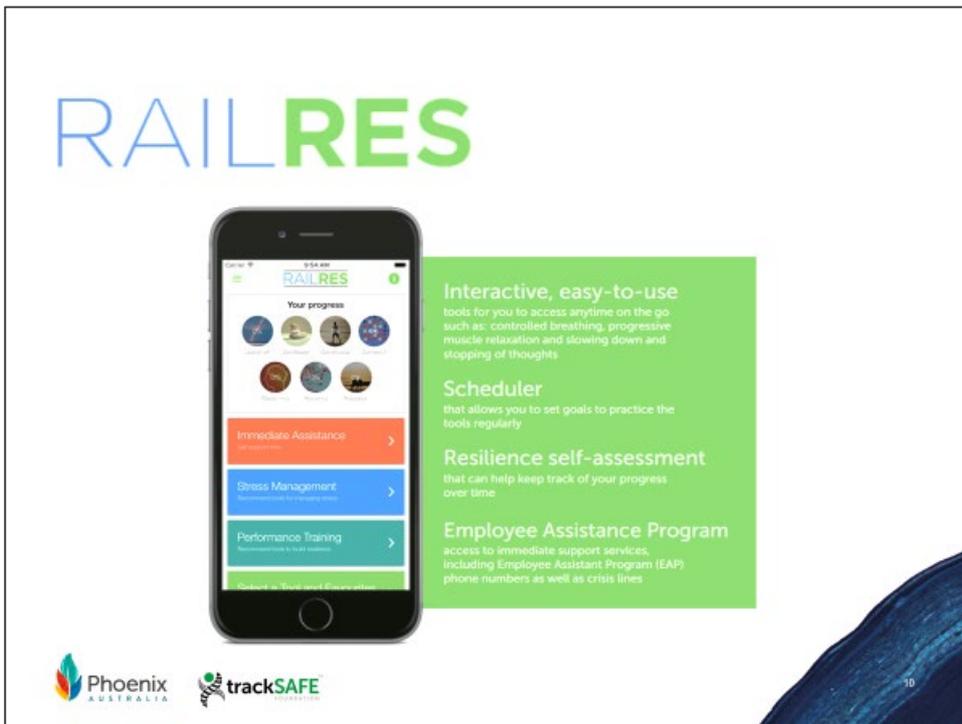
- Promotes natural recovery processes through:
  - Offering support
  - Maintaining usual routines and roles
- Trauma Support is recommended by experts as 'best practice'
- Trauma Support is tailored to the individual's needs
- Assumes that people will be resilient in the face of trauma



Trauma Support, based on PFA principles, is now the recommended approach to providing support to those affected by trauma. Over the years there has been a shift away from psychological debriefing models, e.g., Critical Incident Stress Debriefing, to a Trauma Support approach.

Trauma Support recognises that most people do not develop serious mental health problems after a trauma, and that with some basic support the majority of people recover well. That is, Trauma Support:

- assumes that most people will be resilient in the face of trauma
- focusses on promoting natural recovery processes.
- emphasises social connectedness as a strong predictor of recovery
- recognises that support from friends, family, peers and colleagues is both more accessible and more acceptable to people than referral to a mental health professional in the first instance



Before continuing on with the content of this training, introduce the RailRes app as a tool that will be referred to throughout this training, and a useful resource to use beyond this training – both for themselves and to suggest to the people they support. Encourage them to download it today (even during the workshop break).

**Facilitator note:** Throughout the training, the RailRes logo is placed on slides that cover a skill the same as or similar to skills in the RailRes App. It is important that you are familiar with the app prior to conducting the training.

Below is some information about the RailRes App, as described by TrackSAFE:

- The RailRes App is a resource that has been developed by TrackSAFE as part of its suite of trauma management support tools.
- The App is designed to assist rail employees in managing stress if exposed to a traumatic event and build long term resilience to help employees stay healthy. The RailRes app has been informed by an industry reference group and the unions, to ensure that the app is relevant and beneficial to rail employees.
- The RailRes app will test a rail employee's physical, cognitive, emotional and behavioural reactions to stress, while helping the user adapt their response to the situation in real time.
- The App is available for free download (for both iPhone and Android devices) via the App Store

- **App features**

- Access to immediate support services, including Employee Assistance Programs phone numbers as well as crisis lines.
- Interactive, easy-to-use tools that the user can access on the go such as: controlled breathing, progressive muscle relaxation and slowing down and stopping of thoughts.
- A scheduler that allows users to set goals to practice the tools regularly.
- A resilience self-assessment that can help users keep track of their progress over time.

- More information, a video, and downloadable posters are available here:

<http://tracksafefoundation.com.au/railres-app>

## Prompt cards

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Looking After Yourself: Self-Care After Trauma

Support at work

Support at home

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Coping During Trauma

Procedures to follow

Who to call & what to report

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Controlled Breathing

COUNT TO YOURSELF

IN OUT

1 2 3 4 5 SECONDS

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This slide will need to be modified for your organisation.

- The aim of this slide is to inform staff about the prompt cards that have been provided (in soft copy) with the Coping with Trauma training package. This slide does not include all the prompt cards that are relevant to the Coping with Trauma. Refer to the soft copy of the 'Prompt Cards' that are provided.
- It is up to each organisation whether they print and provide these to their staff. Delete this slide if your organisation is not going to provide these.



## The impact of trauma – 10 min session

This part of the workshop will take approximately 10 minutes and aims to provide participants with:

1. a rationale for developing an understanding of the impacts of PTEs before discussing their role in supporting staff after a PTE
2. a definition of what a PTE is and the kind of psychological hazards participants, and staff, may be faced with
3. an understanding of common reactions to PTEs that staff might experience and what makes some people more at risk of developing problems

For this session you will require:

- the TrackSAFE video (optional)
- a whiteboard

## Potentially traumatic events

Overwhelming threat to the physical or psychological integrity: i.e., a threat to survival as a person



Introduce the concept of a potentially traumatic event (PTE).

### 1. Provide a context

- Contrast “everyday” stress to “traumatic” stress. We all experience different forms of stress at work: working long hours, too many deadlines, conflict with colleagues, or being performance managed. What we call critical incidents or traumatic events (use appropriate language within your organisation) are quite different in nature and can lead to unique problems.
- Before we discuss the types of critical/traumatic incidents that can affect us in our organisation, I would like to provide you with a definition so that we are clear about what we are focussing on.

### 2. Present a definition of a PTE

- A PTE involves either **experiencing or witnessing** a situation that involved the threat of death or serious injury. In other words, during a PTE you could be threatened with death, or be seriously injured, or you could witness the death, injury or suffering of others.
- We say that an event is ‘potentially’ traumatic because everyone responds differently.
- You can mention that the definition of Critical Incident is the same if this is a term used in your organisation.

### 3. Provide example of PTEs, especially those that may arise in the rail industry

- hitting someone while diving a train/tram or being involved in a near miss
- witnessing someone being severely injured
- seeing body parts while trying to help accident victim, investigating an incident or cleaning rolling stock or tracks

- being assaulted or severely injured
- witnessing an assault

Ensure that you include a mix of examples that are relevant to different roles in the organisation (e.g., include examples relevant to station staff as well as examples relevant to drivers).

## VIDEO: Impact of trauma

*Play section from TrackSAFE video that shows staff affected by trauma, including common reactions*



OPTIONAL: This video excerpt presents rail staff's reactions to a number of traumatic events. Play the relevant sections from TrackSAFE video:

- Even good jobs have bad days (approx. 30 seconds)
- Impacts of trauma (approx. 1 minute)

The video serves as a bridge between providing a definition of PTEs and the exercise aimed at developing an understanding of reactions to PTEs.

If time is short you may elect not to show this video in session but ask participants to access it online and look at it as part of their preparation for undertaking the Trauma Support role.

### Exercise: Responses to PTEs

Emotions Feelings	Thinking
Feeling distressed is normal: It's a sign that you're a human being	
Behaviour	Physical

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PARTICIPANT EXERCISE (whole group)

5 min board exercise

### Aims of exercise

1. To develop an understanding of common reactions following a PTE
2. To help participants understand that reactions can be varied and that there is not one “normal” response to a PTE.

### Instructions

Draw columns on the whiteboard ask participants to call out the different reactions they see in people who have just experienced a PTE. Facilitator writes the reactions on board under the appropriate column.

- emotional
- cognitive
- behavioural
- physical

During feedback:

- stress that a range of reactions is normal – feeling distressed immediately, or feeling numb, or “getting on with things” throughout the aftermath of an incident and a few days later and then experiencing distress
- differentiate between examples related to initial distress and prolonged significant distress that may indicate a mental health problem or inability to cope.
- Below are some examples of reactions to a traumatic event. Do not provide the audience with a list; this information is here to assist you to generate some reactions if the audience is having difficulty generating examples.

#### **Emotions/ Feelings**

- Shock
- Irritable, impatient
- Feel overwhelmed
- Blame
- Anger and suspiciousness
- Guilt
- Anxiety and panic
- Sadness and tearfulness
- Frustration
- Emotionally numb – don’t feel anything
- Helplessness
- Don’t enjoy things anymore
- Difficulty feeling happy and experiencing loving feelings

#### **Physical**

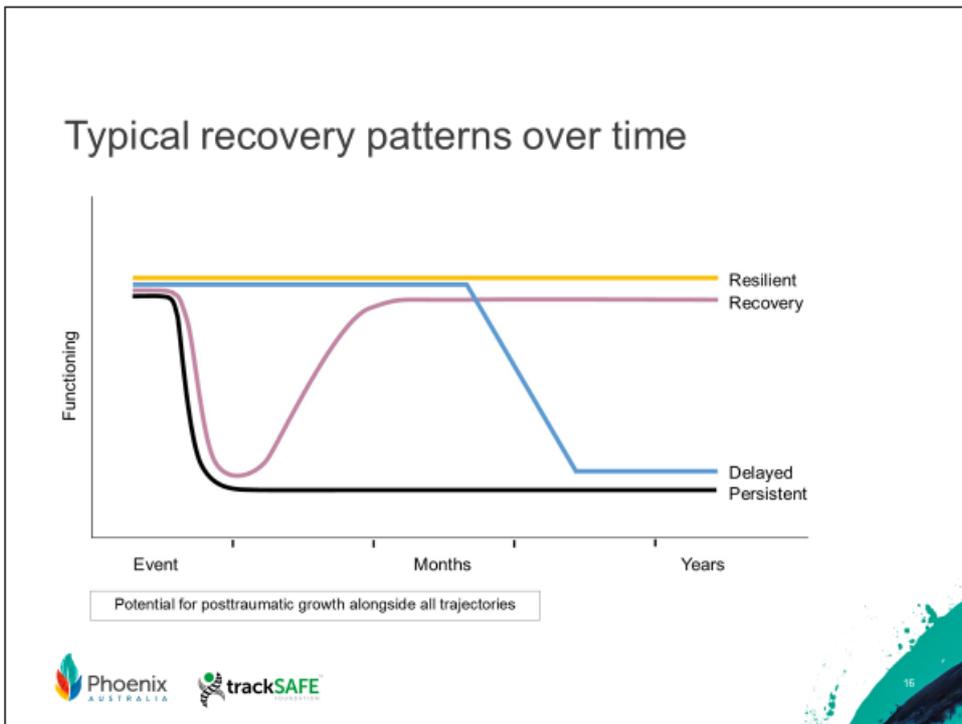
- Fatigued/tired
- No energy
- Trouble sleeping
- Heart racing – chest pain
- Feel on edge and jumpy
- Increased physical pain
- Headaches, dizziness
- Stomach aches, nausea, diarrhoea
- Decreased appetite

#### **Thinking (cognitive)**

- Difficulty concentrating
- Can’t make decisions
- Memory problems
- Can’t think straight
- Tunnel vision
- Feel spaced out
- Can’t get memories/thoughts out of your head.

#### **Behaviour**

- Lose touch with normal routines
- Lose track of time
- Work extra-long hours
- Avoid work or other activities
- Unable to relax
- Overactive
- Inappropriate behaviour, e.g., laughter, yelling
- Abuse alcohol and other substances



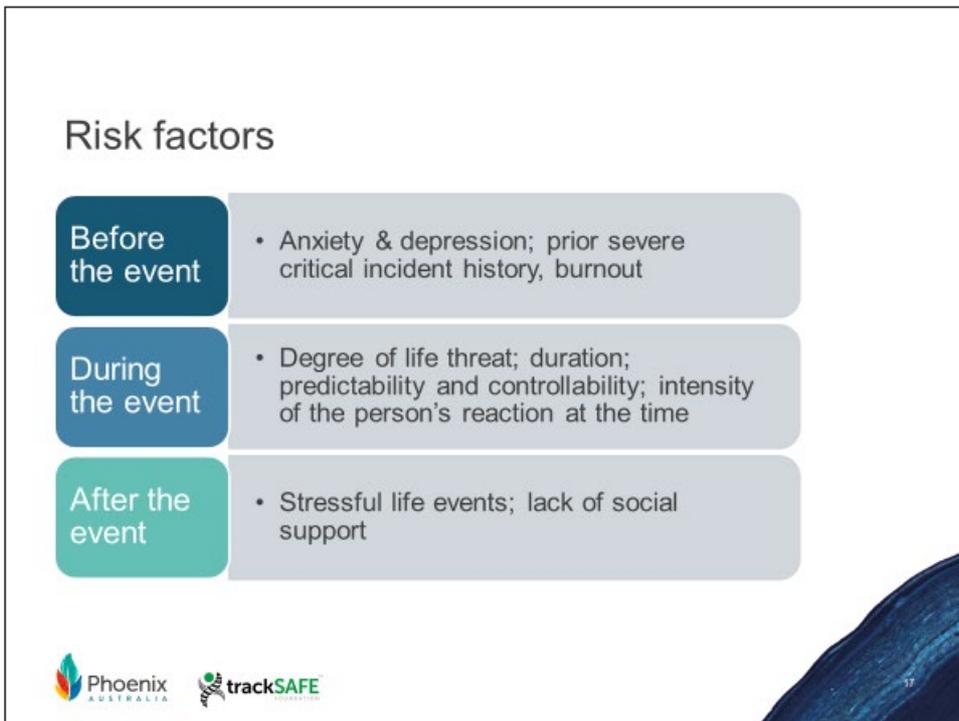
In presenting recovery patterns, ensure that the main message conveyed is that, by and large, people can cope with traumatic events and although initial distress can be expected, most people recover. Ensure that the following points are covered:

1. Before presenting the different types of recovery patterns, stress the difference between initial distress that usually dissipates, and prolonged significant distress that may indicate a mental health problem or need for help. You may wish to use the phrase ‘there are lots of ways people travel after a trauma’ to introduce this graph.
2. State that most people cope well after a PTE by drawing upon their training, usual coping strategies and support systems.
3. Explain that responses vary:
  - feeling temporarily distressed, but bouncing back
  - being largely unaffected (although some may find the effects are delayed)
  - feeling strengthened by the event(s)
  - developing more significant emotional or mental health problems such as depression, anxiety, posttraumatic stress disorder, substance (e.g., alcohol) misuse.
4. Note that the variable response is why people need to be aware of a range of self-help strategies and why a flexible rather than “one size fits all” approach is required when supporting them. Trauma Support is an example of a flexible approach.
5. Link the notion that “people can cope with traumatic events and although initial distress can be expected, most people recover” to Trauma Support, i.e., Trauma Support is based on this assumption.

**Facilitator note:** For your information, these are more detailed descriptions of each of the trajectories. This level of detail is not necessary for participants unless requested.

- Persistent: People who follow this course may not recover on their own or with assistance from family and friends, and will develop more severe and persistent mental health problems, drug or alcohol-related problems, or persistent relationship and occupational difficulties.
- Delayed: People who follow this course develop mental health issues only after a significant period of time has passed since the trauma.
- Recovery: These people display significant mental health problems (i.e., subclinical or diagnosable mental health disorders) and disruption to functioning for typically at least several months, before returning to healthy functioning.
- Resilience: These people may show very little obvious distress or decline in functioning following a traumatic event.

Note that there is the potential for posttraumatic (personal) growth alongside all of these trajectories



Discuss risk factors for developing difficulties after a PTE.

- 1. Provide a context & rationale for discussing risk factors.** Risk factors can be present before, during, or after a traumatic incident. While a person doesn't have control over all risk factors (e.g., the number or types of events a person is exposed to) it is useful to have an understanding of these factors when considering staff wellbeing. Also important to point out that whilst you cannot control or change what has happened in the past (e.g., before or during the event) we can influence what happens after the event. This is what Trauma Support is aimed at. We will be asking you to reflect on managing your own risk factors throughout the workshop by asking you to:
  - consider activities that may improve your current lifestyle and ability to manage stress
  - learn skills to manage your immediate reactions to a traumatic event
  - think about the kind of supports for helping you cope with the impact of PTEs.
- 2. Don't set up expectations of not coping.** Stress that not all people who experience these risk factors will go on to develop problems.
- 3. Describe different risk factors.** Provide some concrete examples in the rail industry context.

## Predictors of more serious reactions

**Individual response is difficult to predict, but high-risk situations include:**

- Person hurt was a child, known to staff, other personal significance
- Staff member believes he/she is responsible
- Previous fatality or near-miss exposure
- Very angry, tearful, numb
- No social support, other current life stressors



In presenting this slide ensure that the following points are made.

1. Having experienced any of these does not necessarily mean that a person will develop serious problems. These risk factors are presented so that should a staff member experience one, you can pay particular attention to their emotional needs and seek extra support if required.
2. Increased support, particularly from a professional, may be required in these circumstances.
3. State that later in the session you will present warning signs for when a staff member might consider seeking professional help.

## Coping with trauma

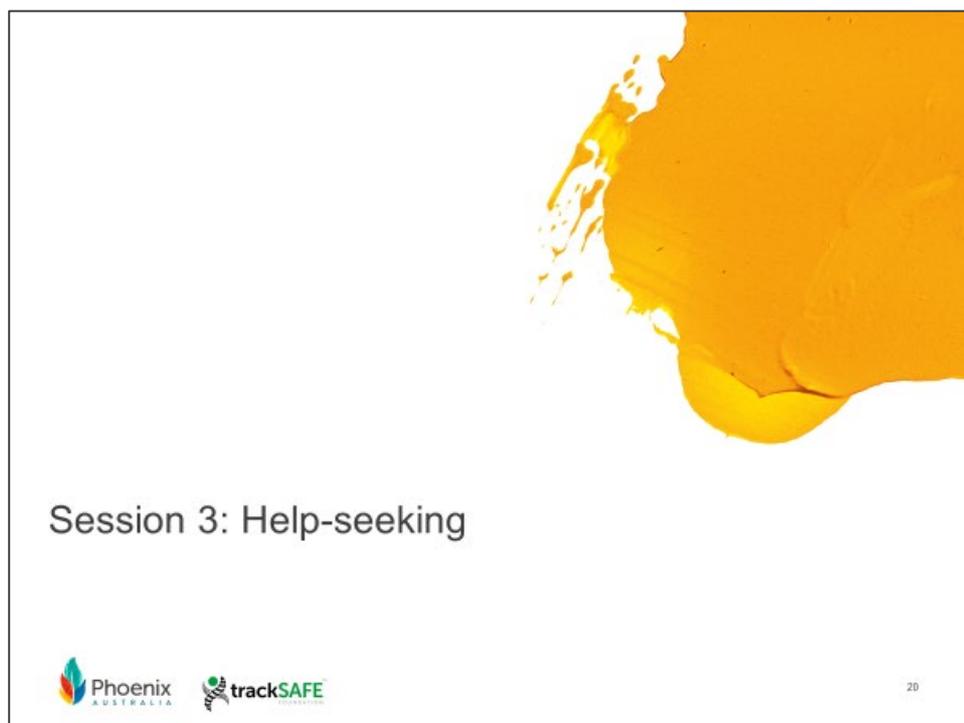
This workshop assumes you are familiar with the Coping with Trauma materials that aims to:

- Learn simple coping skills to deal with PTEs
- Learn about where to seek support from others in the organisation
- Develop a Personal Coping Plan

Refer to your workbook for more information



Refer participants to their workbooks for more information on information covered in the Coping with Trauma workshop.



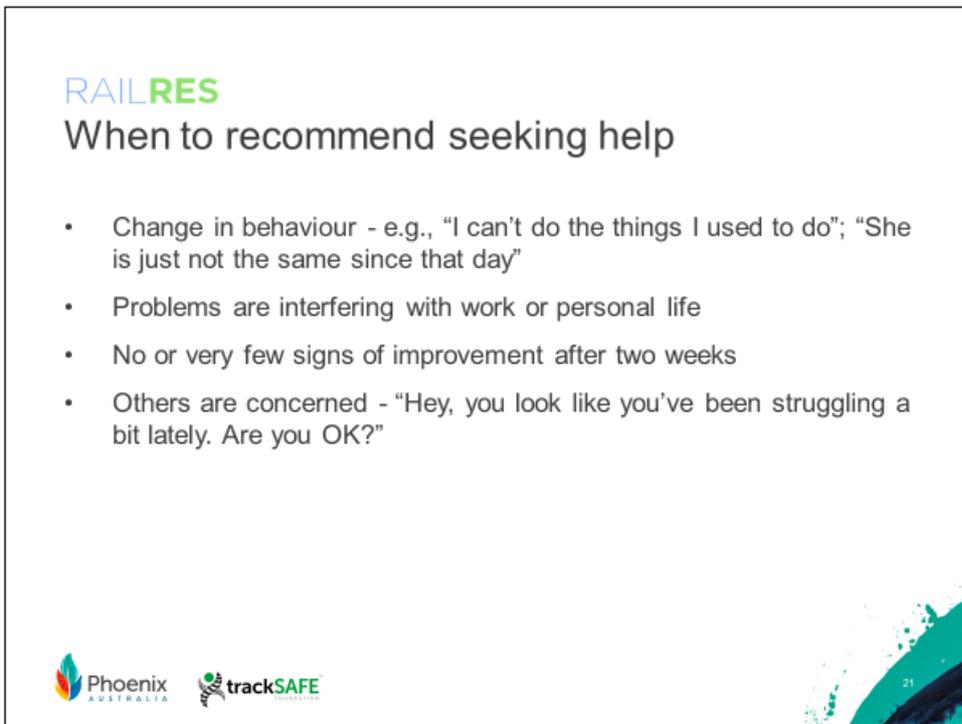
## Help seeking – 10 min session

This part of the workshop will take approximately 10 minutes and aims to provide participants with:

1. an understanding of warning signs of more serious emotional problems or an inability to cope, and when to recommend that staff seek help
2. an awareness of the type of help available (e.g., peer support, supervisor, EAP).

For this session you will require:

- no additional equipment



**RAILRES**

## When to recommend seeking help

- Change in behaviour - e.g., “I can’t do the things I used to do”; “She is just not the same since that day”
- Problems are interfering with work or personal life
- No or very few signs of improvement after two weeks
- Others are concerned - “Hey, you look like you’ve been struggling a bit lately. Are you OK?”

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21

In introducing this slide it is important to cover the following points.

- **Put help-seeking in context by reiterating the message that recovery is the most likely outcome of experiencing a PTE.** In other words, don’t set up expectations that people won’t be able to cope or will be “damaged” by a traumatic experience. Remind participants that many people cope well after a traumatic incident, or recover from their initial distress a few days or weeks later. Explain that it is nonetheless important to understand when to seek help in order to recover quickly if they feel overwhelmed or struggle to cope with a PTE.
- **Describe signs of seeking help as listed on slide.** Provide concrete examples as needed.

**Facilitator Note:** There is a brief questionnaire on the RailRes app, called Test your Resilience, that participants or staff impacted by trauma may find helpful to track their progress. Note this is not a diagnostic questionnaire.



Describe signs for seeking help as listed on slide. Provide concrete examples as needed.

State that using drugs and alcohol to cope (e.g., to help with sleep, to feel less anxious or to numb feelings) is a common response and that this can spiral out of control if it is the only coping mechanism the person is relying on. State that moderating drinking or use of drugs after an incident can help ensure recovery.

Explain that withdrawal from others is also a common response, and that sometimes a professional can help a person find a safe way to reconnect with other people and get the support they need.

## Other signs

### Self-screening questions

- Have you had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

Staff also provided with 'Getting help' handout



Explain to participants that these four types of problems are common responses to traumatic incidents and that for many people these will dissipate in the days and weeks after the incident. State that if these problems last longer, or have an impact on a person's ability to work or engage in day-to-day activities, they may indicate the need for professional help.

Note that these questions are based on the Primary Care PTSD Screen (PC-PTSD)<sup>1</sup>. You do not need to state this to participants as this may overload them with information and would not be relevant at this stage. However, if you get enquiries from participants about this set of questions, particularly from those who have had previous PTEs or have developed PTSD, the reference to this screen is in the footnote at the bottom of this page.

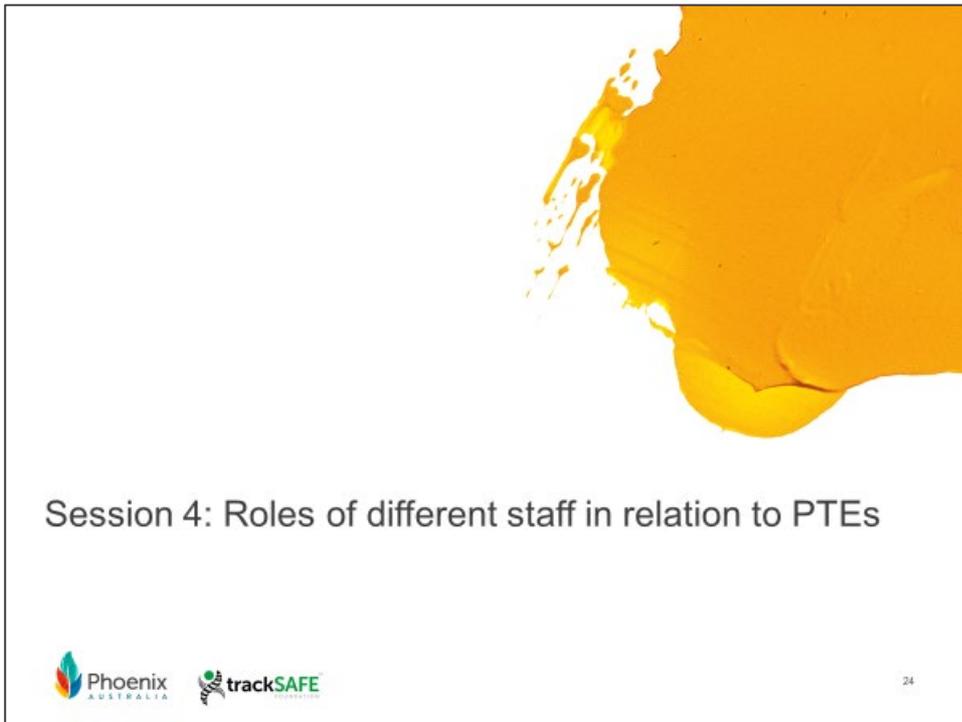
Review support options for staff, e.g., EAP, peer support network, supervisor, management, professional counselling or treatment services.



Refer participants to the 'Getting help' handout in the participant workbook. It provides a list of support options available through the organisation as well as services that participants might find useful (e.g., confidential 24 hour helplines, database of psychologists). The handout also allows participants to add contact details of people in the organisation and professionals they trust (e.g., their GP).

Ensure that you leave some time for participants to ask questions about available support options if they need to.

<sup>1</sup> Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thrailkill, A., Gusman, F.D., Sheikh, J. I. (2003). The primary care PTSD screen (PC-PTSD): development and operating characteristics. *Primary Care Psychiatry*, 9, 9-14



## Roles of different staff in relation to PTEs – 5 mins

This part of the workshop will take approximately 5 minutes. It aims to provide participants with:

- an overview of the roles of staff in their organisation in relation to responding to PTEs.

For this session you will require no additional equipment.



This slide will need to be modified to make it relevant to your organisation.

This current slide is an example of what roles different staff may play in responding to a PTE and providing Trauma Support.

Use the slide to explain to participants who is involved, and in what capacity, when a critical incident occurs.

## What to expect after a PTE

*<each organisation to insert information on standard organisation procedures after a staff member has experienced a PTE>*



This slide will need to be modified for your organisation. The aim of this slide is to inform staff of what to expect after experiencing a trauma in terms of organisational procedures (this may include support provided by external contractors to the organisation). This slide should include at least the following information.

### **Immediate aftermath:**

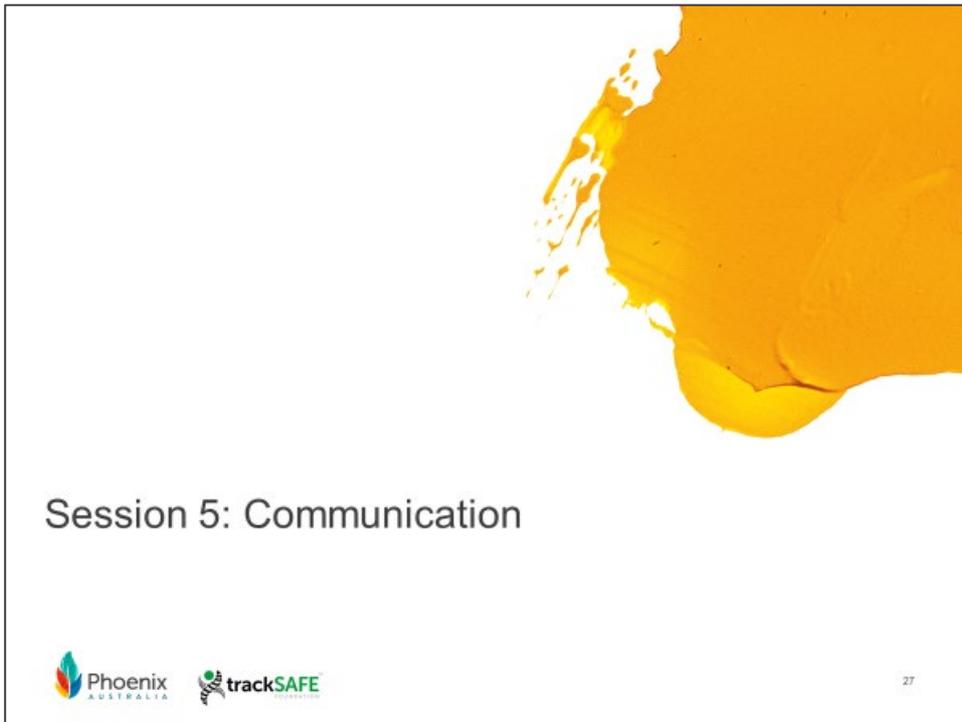
- Who will support the staff member in the immediate aftermath of the PTE? For example, first responder?
- If applicable to your organisation, it is important to acknowledge that it may take anywhere from minutes to hours for another staff member (e.g., first responder) to attend the scene (e.g., for geographical reasons).

### **Days and weeks after a PTE:**

- Who is responsible for the wellbeing of the staff member in the days and weeks following a PTE?
- What trauma leave is the staff member entitled to, or what is recommended by the organisation?
- Are staff members automatically contacted by EAP and/or peer support after a PTE? (Or does the staff member initiate contact?)



We also recommend that each staff member be provided with an information sheet that includes this information. Refer to the worksheet template titled 'What to expect from the organisation after a traumatic event'.



## Communication – 30 mins



This session will need to be modified to make it relevant to your organisation. Whilst we would consider communication skills training to be an important element of Trauma Support training and consistent with best practice, if the time available for training is limited, this is a module that could be either cut down or left out of the training schedule and provided as information in the participant workbook.

Good communication skills are fundamental to delivering effective Trauma Support. The person receiving Trauma Support must feel listened too, understood, supported and as a result of the support provided, be willing to seek further support if required. The Trauma Support worker must be able to convey empathy and compassion, seek personal information about how the person is feeling and coping, and provide information that will assist the person to recover. It is therefore important that people being trained as Trauma Support workers understand and can demonstrate skills in effective communication. This session provides an overview of the core communication skills considered important when delivering Trauma Support.

This part of the workshop will take approximately 30 minutes. It aims to provide participants with:

- information on confidentiality when providing support to staff
- an opportunity to develop their communication skills.

For this session you will require no additional equipment.

## Why communication skills?

### Getting relevant information

- Helping the person to feel comfortable talking with you
- Knowing how to ask the questions that will give you the information that you need

### Listening well and providing support

- “It’s not what you say, it’s how you say it”
- Showing the staff member that you understand and care

### Providing useful information

- In a way that is easily understood



When people are in crisis the thinking parts of their ‘brain shuts down’. Blood, Glucose and Oxygen are directed to the more primitive parts of our brain so that our senses are heightened and the body is primed to either flee the situation or stay and attack (the so called flight or fight response).

People’s ability to take in and process verbal information at this time is reduced, and their attention becomes very focussed and narrowed. These changes in thinking and concentration can last for some days and weeks after the traumatic incident as the body remains in a heightened alert state.

It is therefore important that people are not bombarded or overloaded with information, that important messages are repeated frequently and that person delivering information speaks slowly and in a calm and clear voice.

## Communication skills

Basic listening skills	Active listening/Empathy	Non-verbals
Closed questions	Open-ended questions	Barriers to communication & listening

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29

While showing this slide also cover the following aspects of communication skills:

- they are how we connect with other people
- they let people know how we are feeling and what we are thinking and help us to find out about what other people are thinking and feeling

### Basic listening skills

- S** • Face **squarely** on
- O** • **Open** posture
- L** • **Lean** toward person
- E** • Maintain good **eye contact**
- R** • **Relaxed**

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The SOLER acronym is a useful way to remember the core components of basic listening skills.

## Active listening skills

LACE: Listening Acknowledging Checking Enquiry	Use minimal reinforcers – nod, say “hmm, yes I see”
Repeat back in your own words what they have said	Respond frequently, but don’t interrupt or ask too many questions

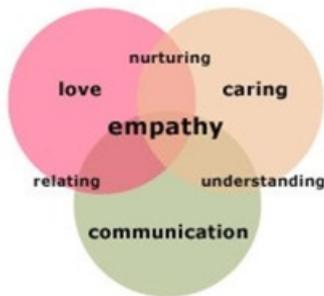
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31

The LACE acronym is another useful memory aid for remembering the core components of active listening skills – Listening to what they are saying, Acknowledging what they are saying, Checking that you understand what they are saying and Enquiring to help clarify what they are saying.

## Empathy

Involves **listening, understanding and communicating** your understanding back to them.



- Ask yourself what is the most important thing they are telling me?
- Check that you are right: "Are you saying...?"
- Reflect it back: "It sounds like you are feeling..."

Conveying empathy is a natural extension of using good active listening skills.

By reflecting back what you are hearing them say and checking you understand them correctly, you are demonstrating that you care about them and have concern for them.

## Non-verbal communication

- Pitch, range, tone, rhythm of voice
- Facial expressions
- Eyes
- Body postures, movements and gestures
- Important to make sure that your words match what your body is saying



Non-verbal skills are just as important to good communication as how we listen and what we say. Non-verbal skills are the physical side of how we communicate. It includes aspects of how we use our voice, our facial expressions, what our eyes might be conveying, and whether our body posture is communicating the same message as the words we are using.

Sometimes our non-verbal communication might be in contrast to what we say – for example we may be telling someone that we are not angry with them but our eyes, the pitch of our voice and way we are standing might suggest otherwise. If there appears to be a mismatch between a persons' body language and their words it is worth exploring further what is going on for them.

## Open-ended v closed questions

Open-ended questions	Closed questions
<p>Using open-ended questions:</p> <ul style="list-style-type: none"><li>• Allows a person to give more information</li><li>• Minimise "yes" and "no" responses</li><li>• Shows that you are interested</li></ul> <p>Examples include:</p> <ul style="list-style-type: none"><li>• <i>Tell me about...</i></li><li>• <i>What was that like?</i></li><li>• <i>Tell me what you mean.</i></li></ul>	<p>Using closed questions allows you to get specific information required</p> <p>Examples include:</p> <ul style="list-style-type: none"><li>• <i>Where are you?</i></li><li>• <i>Is anyone injured?</i></li><li>• <i>Is there anyone there with you?</i></li><li>• <i>What time did it happen?</i></li></ul>



Provide examples of when you might want to use open versus closed questions when practising Trauma Support.

## Barriers to listening

These stop you from hearing what the other person is saying:

- Judging *I thought he'd cope better.*
- Day-dreaming *Sorry, what was that?*
- Advising *If I were you...*
- Arguing *No, you are wrong.*
- Mind-reading *I bet you feel...*
- Comparing *But you coped OK last time.*



Ask participants if they can generate other examples of each of these.

## Tips for communicating in Trauma Support



- quiet location
- observe and reflect back – convey empathy
- speak calmly and slowly
- ask simple questions
- give them time, and focus on listening
- acknowledge positives
- provide accurate information, addressing immediate needs and repeated often



36

When meeting with the person it is important to try to find a place that is quiet, away from distractions and where you won't be disturbed.

If at the scene, then try to move out of view of injured or deceased people, and if possible go somewhere where you can easily hear each other and where you cannot be overheard.

## Tips for communicating in Trauma Support



- make assumptions about what they are feeling or thinking
- assume they will be traumatised
- ask for in-depth details about the event
- blame or judge them – focus on positives
- make up answers to questions you don't know
- expect them to talk – just being a calm presence may help them to feel safe
- own their problem or emotion

Rather than make assumptions, it is the Trauma Support person's job to ask questions and find out how the person is feeling and thinking, but not to ask for gratuitous information. It is important to stick to facts and to admit when you are not sure of something, but offer to find out and pass it on.

## Tips for communicating in Trauma Support

What if they don't want to talk to you?

- acknowledge their concern
- reassure them about distress being a normal reaction
- offer practical help
- let them know that talking can be helpful when the time is right for them
- let them know about options for support – from you, as well as alternatives



Some people may be incapable of talking immediately after incident.

Differentiate not wanting to talk about trauma from operational information that is required at time of incident. A certain amount of operational information will be required from them.

Inform them that it is not necessary to talk in detail about how they are feeling, but that at some point down the track it can be very useful to share their experience with someone that they trust.

## Tips for communicating in Trauma Support

What might make the person unwilling or unable to communicate with you?

- too busy
- feels intruded upon/distrustful
- too upset/angry
- sees it as a weakness
- afraid of getting upset or losing control



Provide information on the reasons that people impacted by trauma may not wish to speak to a first responder.

## The importance of confidentiality

- Confidentiality in the workplace
- How to manage peers' curiosity



You need to impress on your staff undertaking the training the importance of maintaining confidentiality both in the training and when providing support to others. Issues surrounding staff they support should only be discussed with *<insert information relevant to your organisation>*.

- It's important that the staff member knows that the person giving them support will keep the information confidential (within limits).

## A note on confidentiality

- Those who undertake Trauma Support are privy to personal and incident-specific information which needs to be kept confidential.
- If information leaks out, it will be damaging to the wellbeing of the individual, the credibility of management and confidence in the Trauma Support process.
- Expect others to ask about what happened, how the staff member coped, etc. Be prepared for this and think about how you can respond.
- What are the limits of confidentiality?



It is really important to understand the boundaries of confidentiality when doing Trauma Support. Have a brief group discussion on the limits of confidentiality in your organisation.

Example limits of confidentiality (each organisation may need to investigate and tailor):

- legal issues
- ‘managing up’, e.g., when First responder handing over to supervisor, or supervisor handing over to EAP; but important to have discussion with the staff member first to inform them about what you are doing.
- harm to self or others

## ALERT for Trauma Support Staff

### GET HELP & REFER ON

Remember, you are not expected to assume the role of a mental health professional, and it would be inappropriate for you to do so.



42

Emphasise this point and answer any questions the participants may have

## Exercise: Good v bad listening

- Teller – Tell the listener about something frustrating
- Listener – Begin by being a ‘good listener’; at the trainer’s instruction swap to being a ‘bad listener’
- Swap roles
- What was it like when you were telling the story to a good versus bad listener?



PARTICIPANT EXERCISE (pairs)

5 min pair exercise, 5 min group feedback

### Aims of exercise

1. To help participants understand the impact of different communication styles.
2. To give participants an opportunity to use communication skills from this session.

### Instructions

Divide group into pairs, and assign one person as ‘teller’ and one as ‘listener’.

- Ask the ‘teller’ to tell a story about their day or something frustrating.
- The listener starts listening in a ‘good’ way i.e., using communication principles such as active listening, SOLER, expressing empathy etc.
- At the trainer’s instruction, the listener shifts from being a ‘good listener’ to a ‘bad listener’.
- Swap teller/listener roles after a few minutes.

Conduct a brief large group feedback discussion where participants can provide feedback on their experience as a ‘listener’ and ‘teller’.



## Core components of Trauma Support – 10 mins

This part of the workshop will take approximately 10 minutes. It aims to provide participants with:

1. an overview of the aims and core components of Trauma Support.

For this session you will require:

- no additional equipment.

## Trauma Support aims

- Establish safety and security
- Reduce stress-related reactions
- Connect to natural supports and resources
- Foster short- and long-term coping
- Enhance natural resilience
- Provide interventions on an as-needed basis



45

## Trauma Support is not...

- Trauma Support is not a formal mental health intervention
- Trauma Support is not a treatment for trauma-related mental health problems, such as PTSD, depression, or substance abuse
- Such disorders require specialised treatment from a mental health practitioner



45

Briefly outline the aims of Trauma Support and emphasise that it is NOT a treatment for mental health disorders.

## Trauma Support components: Who does what?

	First Responder	Manager/ Supervisor
Initial contact & engagement	✓	✓
Assessing immediate practical needs and safety	✓	
Stabilisation & arousal management	✓	✓
Attending to psychological needs		✓
Psychoeducation and coping strategies	✓	✓
Connect with social supports		✓



This slide will need to be modified to make it applicable to your organisation. Modification to be in keeping with previous modified slide, 'Roles & Responsibilities'.

Note that Trauma Support is tailored to the needs of the individual – if the person doesn't need one or more of these components, don't provide it.

Each of these components will be discussed in detail.

While displaying the (modified) slide talk through:

- the interventions being provided only on as-needs basis
- potential overlap between roles
- the differing needs at different points in time.

Alternative exercise: This could be a board exercise, asking each trainer to nominate who would do what in their organisation.



## Trauma support in practice: First responders – 75 mins



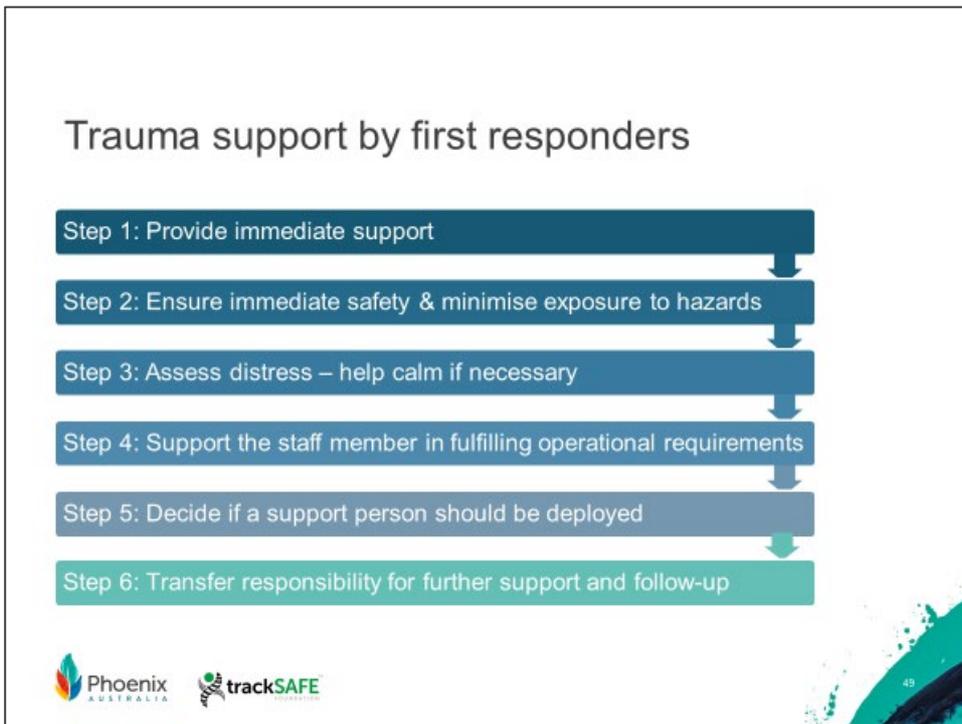
You will need to decide what is going to work best in your organisation and adapt this session accordingly. As trainers, you will need to be flexible with the training slides you use depending on whether you are training first responders, managers, or Trauma Support workers who will monitor the individual all the way through.

This part of the workshop will take approximately 75 mins. It aims to provide participants with:

- information on the role of a first responder in supporting a staff member immediately after a PTE
- practical skills for providing Trauma Support.

For this session you will require a whiteboard.

It is important to acknowledge that depending on your region it may be some hours until a first responder can reach the scene. It is therefore important that all staff have training in coping with trauma, so that they are familiar with principles to manage their distress whilst they wait. If the first responder attends via radio link rather than in person, the protocols described here can be modified accordingly. However, the principles and core steps remain the same.



- For training purposes, each step includes an explanation of the **purpose** of the step followed by information on the **tasks** that need to be completed in each step.
- Discussion and practice exercises are interspersed throughout this session.

Note that it is important to emphasise that a first responder won't necessarily carry out all these steps (i.e., if not necessary or relevant) and won't necessarily do in this order, but they should be familiar with all the steps in order to decide what will be of most use to the person they are working with.

## But first...

Mentally prepare yourself prior to attending the incident by:

- Gathering information about the person and the incident
- Considering what skills to use to help manage your reactions (for prior to, and while attending scene)
- Reminding yourself of what you might see and what tasks you will need to complete once you arrive at the scene



Gather information about the person, not just about the incident, for example, about family, work trauma history etc. Provide a rationale for gathering this information to participant, for example, it helps establish rapport when you meet person who has experienced the PTE.

The 'reminding yourself' point is referring to 'self-talk/self-instruction' – you may want to include this terminology (if you've used this term before) and provide examples of what they might run through in their head.

### Group discussion point:

You could have a brief large group discussion here around what skills might be useful to manage reactions prior to and while at the scene. Also, provide examples of things they might remind themselves of as they head to the scene, and what they might need to prepare themselves to see or do once at the scene (e.g., distressed bystanders, body parts). This will be discussed in more detail when each participant will develop a self-care plan at the end of the workshop.

**STEP 1: Provide immediate support**

PURPOSE	TASKS
Initiate contact	Convey key messages
Offer support	• Acknowledge the situation is tough
Advise and keep informed about on site support arrangements	• Let them know you're there to support them
Ensure that the staff member is able to fulfil responsibilities	• Ask how they're holding up
	Draw on your past experience

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## Provide immediate support

Provide emotional support by communicating in a sensitive way when the person calls in or you attend the scene. In your own words, acknowledge that the situation is tough, ask how they're holding up, and let them know that you're there to support them to do what needs to be done. At this initial contact with the staff member, it is important to convey empathy and concern.

Things to avoid during first contact:

- Asking about feelings apart from how are you holding up
- Suggesting that they are not coping just because they are distressed.
- Asking unnecessary detail about deceased or injured persons.
- Asking about issues of responsibility for what happened.

Group discussion point:

- Draw on past experience – what has been helpful/unhelpful when you've done this (or been on the receiving end) in the past?

**STEP 2: Ensure safety and minimise exposure to hazards**

**PURPOSE**

To minimise exposure to hazards and potential for harm

Important to recognise psychological as well as physical hazards

- What might the physical hazards be?
- What might the psychological hazards be?

**TASKS**

- Ensure immediate safety
- Move them away from physical hazards
- Check for potential psychological hazards (e.g. deceased person, body parts)
- Minimise exposure beyond what is required to fulfil role

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## Ensure immediate safety and minimise exposure to physical and psychological hazards

Check on the staff member's immediate physical safety and encourage them to move away from any physical hazards. If the incident scene contains psychological hazards such as dead bodies, body parts or seriously injured people, encourage the staff member to minimise exposure to these, beyond what is required to fulfil their role.

Note that this may well overlap with the operational requirements of the first responders on the scene. What is important here is to get them to think about both physical and *psychological* hazards.

### Group discussion point:

As a group, get them to generate examples of physical and psychological hazards that might be present, such as:

- body parts, injured persons, blood, weapons
- smell
- screaming/distressed passengers
- other sounds

It is important that the first responder focuses on the staff member they are there to support, rather than distressed passengers or bystanders.

## STEP 3: Assess distress – help calm if necessary

PURPOSE

To ensure the staff member gets the support s/he needs

To reduce distress

TASKS

Check how they are coping

Provide reassurance:

- You're not alone
- I'm here to support you
- Help is on the way

If a support person is to be deployed keep the staff member updated on the progress

Talk through relaxation technique (if necessary)




### Make an initial assessment of distress and help calm the staff member if necessary

As discussed earlier, you can expect to see a range of responses after a potentially traumatic event – some people might seem unaffected, others may appear numb, be crying, in a panic or angry. Amongst those who seem unaffected, some may feel distressed but not want to show it. This can actually be a helpful coping strategy in the short term.

As first responders, the information in the table below is intended as a guide to assessing level of distress and how to respond.

Level of distress	Indicators of level of distress	Recommended action
Low	Can have normal conversation and respond to questions appropriately	Talk staff member through normal procedure
Moderate	Finding it hard to concentrate, conveying that they don't know what to do, breathless, hard to interrupt in their talking	Provide reassurance and support, e.g. "it's okay, take a few slow, deep breaths". Then proceed to talk them through normal procedure
High	Yelling, mute, crying uncontrollably or non-responsive	Provide reassurance, let them know help is on the way, maintain phone contact and keep them abreast of progress.

RAILRES

### STEP 3: Discussion points

- Remind yourself of typical first reactions
- What have you found to be effective in calming others down?



Group discussion point:

- What's your experience of the staff member's first reactions?
- How do you help to calm them down?
- What skills covered in this workshop might be useful in this situation (i.e., the immediate aftermath)? For example, breathing might be a more appropriate skill to ask the staff member to use, rather than brief muscle relaxation, as breathing better addresses the acute physical reactions.

**Facilitator note:** RailRes contains several tools that may be useful to refer to during this discussion.

**STEP 4: Support staff in fulfilling operational requirements**

<p><b>PURPOSE</b></p> <p>To assist the staff member to get the job done</p> <p>To enhance coping by focussing on the task at hand</p>	<p><b>TASKS</b></p> <p>Establish with the staff member what needs to be done, and what has been done</p> <p>Develop a plan to complete operational tasks</p> <p>Check in regularly on their progress and how they are coping</p> <p>Once operational requirements are fulfilled, make arrangements for the staff member to leave the scene</p>
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### Support the staff member in fulfilling operational requirements

In a high stress situation, the most effective coping strategy is to focus on what needs to be done rather than how the person feels. In the initial interaction with the staff member, the first responder should move on to focus on the task at hand as soon as possible. For example, “I need to ask you a few questions to get the help you need out there as soon as possible.” During the questions, ask occasionally how they are bearing up, e.g., “You OK mate?”, “Bear with me, we’re half way through / almost finished”, etc. If a support person is to be deployed, keep the staff member updated as details become available about who the support person is and when they are expected to arrive.

The first responder should assist the staff member in fulfilling any outstanding operational requirements and liaising with the police – for example, providing statements or undertaking alcohol/drug testing. Staff members may respond well to being given a role of responsibility such as site protection, which gives them a focus on safety rather than incident details. Once these obligations have been fulfilled, arrangements should then be made to get the staff member off site at the earliest opportunity.

## STEP 4: Discussion points

- What operational tasks are routinely or likely to be required?
- How would you develop a plan with the staff member? What questions would you ask?
- In what way, and how often, would you check that they're coping?



### PARTICIPANT EXERCISE (group)

10 min exercise

#### Aims of exercise

1. To help participants consider how they might support a staff member to fulfil operational requirements after a PTE.

#### Instructions

On whiteboard, write the operational tasks that are suggested by the group – these presumably vary with each incident, but general considerations, e.g., liaise with police, site protection.

In addition to the questions on the slide, discuss:

- What type of language would you use?
- What questions would you ask?
- How and how often would you check in that they're coping?
- Finding a balance between not being too intrusive but ensuring that the job gets done.

Emphasise the use of natural language and remind them that the main role of the first responder is to support the staff member through this process.

## STEP 5: Decide if Trauma Support person is to be deployed

<b>PURPOSE</b> To ensure the staff member receives the level of Trauma Support needed  To ensure they receive this support in a timely and efficient way	<b>TASKS</b> Decision to deploy Trauma Support person dependent on: <ul style="list-style-type: none"> <li>• type of incident</li> <li>• staff member's response to the incident</li> <li>• time delay in getting support person to scene</li> </ul> If Trauma Support person is to attend, advise of: <ul style="list-style-type: none"> <li>• location of incident</li> <li>• details of the staff member</li> </ul> Maintain communication with staff member re: ETA of support person
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This step may not be relevant in all organisations – you will need to decide whether or not to include this and the following slide. This is highly likely to be an area where there are differences between current practice and what is recommended in the Rail Industry Trauma Management Framework.

If your organisation does not utilise a Trauma Support person, or the first responder is the Trauma Support person, or if a support person is automatically sent to all incidents, then do not present step 5 or the following exercise.

### Decide if Trauma Support person should be deployed to the incident site

If applicable, the first responder's decisions for deploying a support person will be made on the basis of:

- the type of incident
- the staff member's response to the incident
- the capacity for a support person to reach the scene prior to the earliest opportunity to remove the staff member from the scene.

The decision to deploy a support person (or arrange a contact with support person on return to depot) will also be made on the basis of the staff member's needs. In a PTE a support person should be deployed when the staff member requests it, or when the staff member does not appear to be coping or appears to be unable to assume their usual functional role.

When a decision is made to deploy a support person, this should occur as soon as is practical. In the interim, whether or not a decision is made to deploy a support person, the staff member should receive support from the first responder or via radio to maintain their role function as much as possible and to minimise their exposure to psychological hazards at the scene. If a support person is to be deployed, the staff member should be kept updated as details become available about who the support person is and when they will

arrive. All personnel on site should clearly understand that the role of a specifically assigned support person is to lend emotional support to staff members involved in the incident, rather than getting involved in investigation matters and/or preservation of evidence.

When a decision is made NOT to deploy a support person, management should always touch base with affected staff at the end of their shift to check on wellbeing.

## Exercise: Deploying a support person

Use the examples below to consider pros and cons, then decide whether a support person should be deployed to the scene.

- Near-miss incident, but staff member very distressed.
- Long delay for support person to be deployed, but staff member struggling to fulfil operational requirements.
- Staff member claiming to be fine, but first responder has some significant concerns.



PARTICIPANT EXERCISE (small groups)

10 min exercise, 10 min feedback

### Aims of exercise

1. To help participants consider actions to take in different scenarios

### Instructions

Refer participants to scenarios on the slide or create your own scenarios relevant to the group and ask them to decide whether they would call a support person or not, and why.

Conduct a brief large group feedback discussion and provide feedback based on your organisational policies.

## STEP 6: Transfer responsibility for further support and follow up

<p><b>PURPOSE</b></p> <ul style="list-style-type: none"> <li>To have a clear point of handover</li> <li>To communicate current status and any concerns to the line manager</li> <li>For the first responder to step out of the role</li> </ul>	<p><b>TASKS</b></p> <ul style="list-style-type: none"> <li>Confirm all operational requirements are fulfilled</li> <li>Make arrangements for staff member to be transported back to depot or home</li> <li>Check the staff member is happy to be followed up by line manager or negotiate alternative follow up</li> <li>Contact line manager and provide information</li> <li>First responder to arrange debrief with their own line manager if required.</li> </ul>
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### Transfer of responsibility for further support and follow-up

When operational requirements have been met, the first responder should make radio or phone contact with management to ensure they will be available to handover responsibility for follow-up support and to meet with the staff member once they have been removed from the incident scene. The handover should include a briefing about what the first responder noticed at the scene or in their initial contact with the staff member, how the staff member appears to be coping, what support they have provided to the staff member, and any suggestions they may have for ongoing support.

Employees need to be routinely advised that they can access alternate support mechanisms if they elect to do so, e.g., another manager or through the EAP.

Contact manager and provide information on:

- summary of incident, what happened at the scene
- staff member's response and current state, any concerns you have
- how the staff member has responded to Trauma Support being provided
- any suggestions for follow-up
- expected arrival time at the depot/home
- contact details of the staff member.



Group discussion points:

- In what circumstances might alternative follow-up arrangements be necessary?
- What options are available in your organisation?

## Exercise 1: Damien & first responder

- Break into pairs – Damien and first responder
- The first responder is to practise implementing the first 4 steps of Trauma Support:
  1. Provide immediate support
  2. Ensure safety and minimise exposure to hazards
  3. Assess distress – help calm if necessary
  4. Support the staff member in fulfilling operational requirements
- Swap roles then group feedback



PARTICIPANT EXERCISE (pairs)

20 min exercise, 10 min feedback



Handouts from participant workbook – Damien Case Study – are required for this exercise.

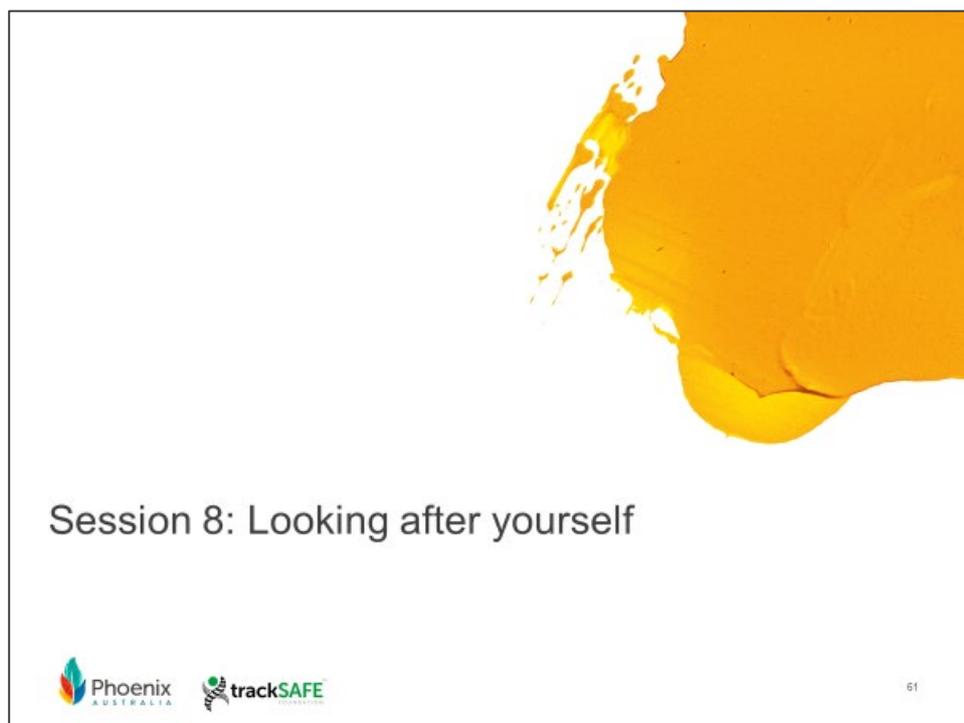
### Aims of exercise

1. To provide participants with an opportunity to practise providing Trauma Support as first responders.

### Instructions

Choose the Damien scenario that best suits or audience, or you may wish to have half the pairs with one version of the Damien scenario and the other half with the other version.

- Have the group role-play in pairs.
- Have the responder practise delivering Trauma Support to staff member (see case scenario).
- Each participant has a turn as the staff member and the first responder, i.e., swap roles.
- Back in the large group, ask for comment and feedback from others on helpful/unhelpful comments, communication, etc.



## Looking after yourself – 25 mins

This part of the workshop will take approximately 25 minutes and aims to provide participants with:

- an understanding of warning signs of more serious emotional problems or an inability to cope, and when to seek help
- an awareness of the type of help available (e.g., peer support, line supervisor, EAP)
- an opportunity to develop a personal coping plan.

For this session you will require:

- no additional equipment.

## Looking after yourself

Important to recognise that dealing with distressed people can be difficult, and you need to think about your own wellbeing.



62

Emphasise this point and answer any questions the participants may have

## Useful strategies and work practices

- Be clear about your role and stick within it.
- Share the work around – avoid the situation where one manager is supporting too many people.
- When you're starting out make sure you get some support and advice from someone more experienced.
- Support each other. If you know another first responder is dealing with a difficult situation, ask them how they're going.
- If you're feeling stressed, remember to look after yourself (see self-care plan to follow). Ask for support if you need it.



It is important that as a Trauma Support person you are aware of your own limitations and take time out to look after yourself. Try to establish a network of peers who do Trauma Support work that you can use to throw around ideas or discuss difficult issues with. Make sure that you have access to good supervision for the role, either through the EAP or an experienced Trauma Support person in your organisation. Limit the number of staff you are supporting and keep meeting times to no more than 30 minutes.

Be aware that there may be similarities or circumstances that you come across in your work as a Trauma Support worker that re-ignite issues from your own past trauma experiences. You might find yourself constantly thinking about your past trauma or experience increasingly distressing thoughts and emotions about it. It is important if this happens that you seek support as soon as possible, and if need be, transfer the ongoing management of staff you are supporting to another Trauma Support worker.

There are a range of other warning signs that you can watch for in yourself. Including:

- thinking about the other person and their trauma situation all the time
- feeling that you need to constantly be in contact or watching out for them
- beginning to spend a lot time with the staff member outside of work
- becoming irritable and easily frustrated at work
- feeling overwhelmed and tired all the time

All of these are signs that you could be suffering 'burn out' in the role and/or losing sight of the boundary between work and private life. Again with any of these signs it is important that you seek support for yourself and handover the Trauma Support role to other people.

## Discussion points

- How do you handle questions from others that would breach the confidentiality of the staff member? How is this different from discussing the situation with someone from EAP?
- How do you get support from peers without breaching confidentiality?



64

Draw together communication skills and Trauma Support skills covered in this workshop to assist with group discussion.

**RAILRES**

## Looking after yourself: Drafting a plan

Make a commitment to improve your wellbeing & practise strategies that will help you cope during a PTE

PREPARE Before a PTE	COPE During a PTE	SELF-CARE After a PTE
1-2 skills you can practise to manage stress during a PTE	Skills to help you cope	Skills to help you recover
1-2 things you can do at work to improve wellbeing	Procedure to follow	Support at work
1-2 things you can do at home to improve well being	Who to call	Support at home & activities that help you feel better

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It can be helpful to develop your own self-care plan to ensure that you are prepared to deal with the impact of your own stress and exposure to PTEs. If you are familiar with the benefits of having your own self care plan then it easier to demonstrate its use to others. In introducing the self-care plan, ensure that you cover the following topics:

1. **Introduce the 3 elements of the self-care plan:**

- Prepare before a stressful event or PTE: consider skills to practise in order to better manage distress should you experience a stressful event or PTE, and strategies for improving your wellbeing at work and at home.
- Cope during a stressful event or PTE: list the skills, procedures or immediate supports to contact at the time of event.
- Self-care after a stressful event or PTE: consider coping skills you may use and people who may support you at home and at work.

2. **Ensure that people focus on a range of strategies.** Explain that in thinking about self-care after a stressful event or PTE or improving current lifestyle, it is important to focus on what can be done both at home and at work.

3. **Briefly describe the principles of an effective plan.** State that the strategies they are putting in their plan should be specific, realistic and measurable. Provide one or two examples: “Writing down that you will try to relax after work, for example, is not specific enough. It is hard to keep track of what you will do, when, or how. That makes it more difficult to make a commitment to do it. On the other hand, you could write down, ‘Every day after I get home from work, just before dinner, I will go for a 20 minute walk with the dog’.”

4. **Briefly review the rationale for starting to practise coping strategies as soon as possible, and for developing a personal self-care plan.** When presenting this slide, remind participants that:

- the skills and strategies used to improve your ability to cope with potentially traumatic incidents are the same as the ones that will help you better manage stress in general
- regularly practising coping skills is the best way to ensure that you will use them if you are exposed to a PTE
- improving your ability to manage stress now, and improving your lifestyle, will put you in a better position to cope with the impact of a PTE. It is harder to cope with an incident if you are stressed, don't look after yourself, or have no supports in place.
- Expect there to be ups and downs in your recovery overtime, in particular anniversaries might be difficult times, but it is important to remember that a setback does not indicate that you're back where you started.

**Facilitator Note:** Remind participants that RailRes contains several tools relevant to this section.

## RAILRES

### Exercise: Complete coping plan

- Only include activities that you're confident you'll use, rather than activities you think you "should" do
- Highlight the activities that you plan to practise (e.g., controlled breathing) – see last box on your plan
- Make a note of when you'll practise them, e.g., put daily reminder with alert in your phone to practise controlled breathing for next month



PARTICIPANT EXERCISE (individual)

10 min individual exercise, 5 min feedback



Handout from participant workbook – Personal Coping Plan – are required for this exercise.

#### Aims of exercise

1. To help participants identify sources of support and self-help strategies they would use to cope better during and following a PTE or to improve current ability to manage stress.
2. To encourage participants to prioritise one or two strategies that they can start practising immediately.
3. To ensure that participants have a written record of what would help them cope better.

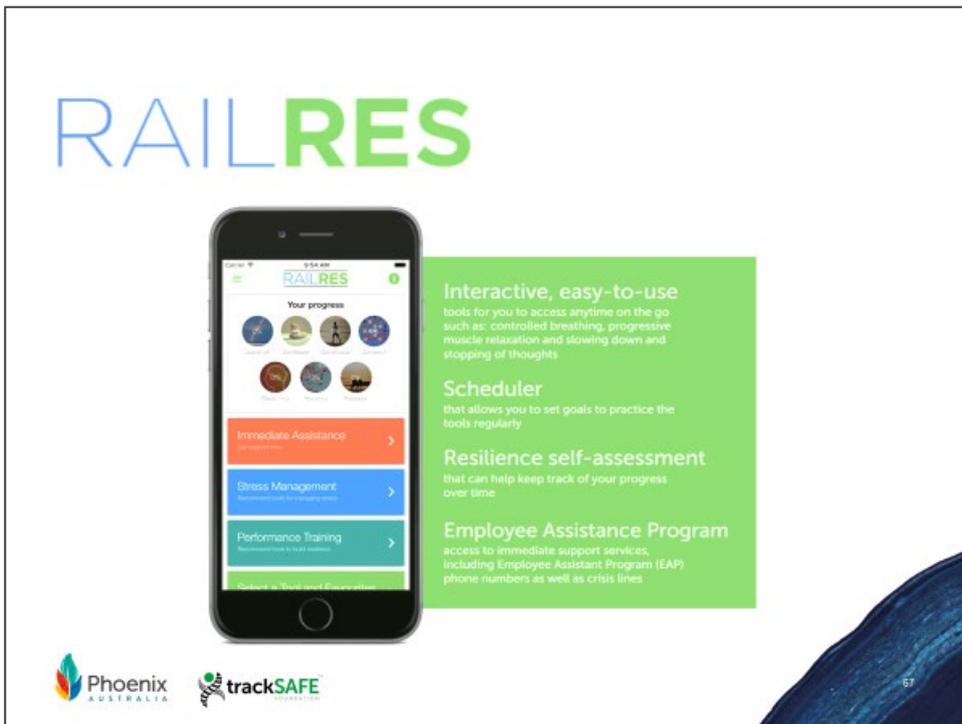
#### Instructions

Refer participants to the self-care plan handout in their workbook and ask them to complete the plan.

Conduct a brief large group feedback discussion where each participant is asked to name one thing they plan to try out to improve their wellbeing. It is important to allow people not to provide feedback if they

choose not too: “If you do not want to provide feedback or are not sure about what you want to do, it’s OK to say: ‘I will need to think about this or I’m not sure yet’.”

**Facilitator Note:** Remind participants that RailRes contains several tools relevant to this section.



- Remind participants of the RailRes App and encourage them to download it today so that they can be familiar with it before needing to help support someone after a trauma.
- Remind participants of the activities that are relevant to the skills discussed during the workshop:
  - Physical Activity
  - Healthy Sleep
  - Controlled breathing
  - Grounding
  - Progressive Muscle Relaxation
  - Thought Stopping
  - Quick Ways to Reassess your Thinking
  - Challenging Thoughts
  - Social Connection
- Inform participants of the *other* features and skills on the App that they may find useful:
  - Goal setting and ability to track progress
  - Distraction
  - Emotional Control
  - Controlling Anger

**Facilitator Note:** Below is some information about the RailRes App, as described by TrackSAFE:

- The RailRes App is a resource that has been developed by TrackSAFE as part of its suite of trauma management support tools.

- The App is designed to assist rail employees in managing stress if exposed to a traumatic event and build long term resilience to help employees stay healthy. The RailRes app has been informed by an industry reference group and the unions, to ensure that the app is relevant and beneficial to rail employees.
- The RailRes app will test a rail employee's physical, cognitive, emotional and behavioural reactions to stress, while helping the user adapt their response to the situation in real time.
- The App is available for free download (for both iPhone and Android devices) via the App Store
- **App features**
  - Access to immediate support services, including Employee Assistance Programs phone numbers as well as crisis lines.
  - Interactive, easy-to-use tools that the user can access on the go such as: controlled breathing, progressive muscle relaxation and slowing down and stopping of thoughts.
  - A scheduler that allows users to set goals to practice the tools regularly.
  - A resilience self-assessment that can help users keep track of their progress over time.
- More information, a video, and downloadable posters are available here:  
<http://tracksafefoundation.com.au/railres-app>

## Prompt cards



This slide will need to be modified for your organisation. The aim of this slide is to inform staff about the prompt cards that have been provided (in soft copy) with this training package. This slide does not include all the prompt cards that are relevant to the Providing Support after Trauma workshop. Refer to the soft copy of the 'Prompt Cards' that are provided.

It is up to each organisation whether they print and provide these to their staff. Delete this slide if your organisation is not going to provide these.

## Conclusion

- Questions?
- Please complete workshop evaluation form



At the end of the workshop, make sure that you:

- ask if participants have any questions, and address any remaining issues or concerns
- ensure all participants have completed the attendance list (Refer to Appendix of Trainer Manual – General) and evaluation materials (see Appendix 2)
- thank the participants for their involvement.

A discussion of the evaluation process at the end of the workshop is crucial. It is vital that participants provide feedback about how useful they found the training and which parts they felt were most useful or relevant. It is only by getting this information that the organisation can modify the training to ensure it meets the needs of staff. Distribute the relevant evaluation forms and make sure everyone understands what is expected of them.

# Appendix 1:

## Providing Support after Trauma: First responders

### Training Fidelity Checklist

Thinking about your delivery of the workshop, please answer the following questions:

1. Were you able to keep to the schedule for the training?

Yes

No

If you responded 'No', please indicate which parts of the training you spent extra time on and why

2. Did you cover the following topics? Please tick the column that indicates the appropriate response and explain why, if required.

Topic Area	Yes	Partially	No	If you ticked 'Partially' or 'No', please explain why
Aim and rationale of workshop				
The impact of PTEs and recovery patterns following a PTE				
Coping with trauma session, i.e., self-help strategies (if applicable)				
Seeking help: when to recommend				
Confidentiality				
Communication skills				
Trauma Support – First responders				
Looking after yourself				

3. When conducting the participant exercises, did you meet the following objectives? Please tick the column that indicates the appropriate response and explain why, if required.

<b>Exercise objective</b>	<b>Yes</b>	<b>Partially</b>	<b>No</b>	<b>If you ticked 'Partially' or 'No', please explain why</b>
Common reactions and responses to PTEs				
Trauma Support – First responders				
Identifying available support				
Identifying self-help strategies and developing a coping plan				

## Appendix 2

### Workshop evaluation

Your organisation may have existing methods for evaluating their training programs. However, we have included on the following pages two example forms that you may wish to tailor for your organisation. It is not intended that you use both these examples.

#### **Providing Support after Trauma: Participant Evaluation Form (Post)**

This form is administered at the end of the workshop and gauges participants' views on a range of issues, from how much they learned from the workshop to the quality of the delivery and facilities.

#### **Providing Support with Trauma: Participant Evaluation Form (Pre/Post)**

The first part of this form (Pre) is administered at the beginning of the workshop to get a sense of the 'baseline' or starting point of the participants' knowledge and skills in this area. The second part of this form (Post) is administered at the end of the workshop, and includes questions on knowledge and skills, as well as workshop quality and delivery. This method of evaluation allows you to get an indication of any changes in knowledge, skills and confidence that occurred during the workshop.



11. Would you recommend this training to other people?  Yes  No

*Thank you for completing this form. We value your feedback.*







## Appendix 3: Trauma Support for first responders – Summary

1. Provide immediate support	
Purpose	Tasks
Initiate contact Offer support Advise and keep informed about onsite support arrangements Ensure that the staff member is able to fulfil responsibilities	Convey key messages: <ul style="list-style-type: none"> <li>• Acknowledge that the situation is tough</li> <li>• Let them know you're there to support them</li> <li>• Ask how they're holding up</li> </ul> Draw on your past experience
2. Ensure immediate safety and minimise exposure to hazards	
Purpose	Tasks
To minimise exposure to hazards and potential for harm Important to recognise psychological as well as physical hazards <ul style="list-style-type: none"> <li>• What might the physical hazards be?</li> <li>• What might the psychological hazards be?</li> </ul>	Ensure immediate safety Move them away from physical hazards Check for potential psychological hazards (e.g., deceased person, body parts) Minimise exposure beyond what is required to fulfil role
3. Assess distress – help calm, if necessary	
Purpose	Tasks
To ensure the staff member gets the support s/he needs To reduce psychological distress	Check how they are coping Provide reassurance: <ul style="list-style-type: none"> <li>• You're not alone</li> <li>• I'm here to support you</li> <li>• Help is on the way</li> </ul> If a support person is to be deployed, keep the staff member updated on the progress Talk through relaxation technique (if necessary)

#### 4. Support the staff member in fulfilling operational requirements

Purpose	Tasks
<p>To assist the staff member to get the job done</p> <p>To enhance coping by focussing on the task at hand</p>	<p>Establish with the staff member what needs to be done, and what has been done</p> <p>Develop a plan to complete operational tasks</p> <p>Check in regularly on their progress and how they are coping</p> <p>Once operational requirements are fulfilled, make arrangements for the staff member to leave the scene</p>

#### 5. Decide if a support person should be deployed

Purpose	Tasks
<p>To ensure the staff member receives the level of psychological support needed</p> <p>To ensure they receive this support in a timely and efficient way</p>	<p>Decision to deploy Trauma Support person dependent on:</p> <ul style="list-style-type: none"> <li>• Type of incident</li> <li>• Staff member's response to the incident</li> <li>• Time delay in getting support person to scene</li> </ul> <p>If Trauma Support person is to attend – advise them of:</p> <ul style="list-style-type: none"> <li>• Location of incident</li> <li>• Details of the staff member</li> </ul> <p>Maintain communication with staff member re: ETA of support person</p>

#### 6. Transfer responsibility for further support and follow-up

Purpose	Tasks
<p>To have a clear point of handover</p> <p>To communicate current status and any concerns to the managers/supervisors</p> <p>For the first responder to step out of the role</p>	<p>Confirm all operational requirements are fulfilled</p> <p>Make arrangements for staff member to be transported back to depot or home</p> <p>Check the staff member is happy to be followed up by managers/supervisors or negotiate alternative follow-up</p> <p>Contact managers/supervisors and provide information</p> <p>First responder to arrange operational debrief with their own managers/supervisors.</p>

## Appendix 4: Trauma Support for managers/supervisors – Summary

### 1. First meeting with the staff member (day of the incident)

Preparation	
Purpose	Tasks
<p>To ensure that the staff member has a positive experience</p> <p>To establish trust and good communication</p>	<p>Gather as much information as you can about the incident:</p> <ul style="list-style-type: none"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• How many people (both members and the public) were involved?</li> <li>• How is the staff member responding?</li> <li>• What is the state of the staff member?</li> <li>• Issues of concern?</li> <li>• First responder suggestions for follow-up</li> </ul> <p>Gather as much information as you can about the staff member:</p> <ul style="list-style-type: none"> <li>• Role and level of experience (how many years)</li> <li>• Risk factors (e.g., prior social, psychological, alcohol or drug problems)</li> <li>• Previous PTEs? (how many/ response)</li> <li>• Living situation? (alone/partner/ parents)</li> <li>• Hobbies</li> <li>• Other areas of concern?</li> <li>• Other relevant information (e.g., First fatality? Support network? End of the shift and wanting to go straight home)</li> </ul>

Meeting	
Purpose	Tasks
To continue Trauma Support that was begun by the first responder	<ul style="list-style-type: none"> <li>Review how the staff member is coping and attend to physical/practical needs</li> <li>Help calm the staff member if necessary</li> <li>Educate about expected reactions and coping strategies (help them to develop a self-care plan either now or in the next meeting)</li> <li>Connect with social supports</li> <li>Plan Return To Work (RTW) and Follow-Up arrangements (if appropriate)</li> </ul>
Meeting follow-up	
Purpose	Tasks
To make plans to follow up	<ul style="list-style-type: none"> <li>Encourage the staff member to drop in the following day for a check-in (stay in touch, provide support, encourage positive coping)</li> <li>Aim to maintain phone contact, as a minimum</li> <li>Make referral to the EAP if necessary</li> </ul>

## 2. Follow-up meeting the following day

<b>Preparation</b>	
<b>Purpose</b>	<b>Tasks</b>
To continue Trauma Support by: <ul style="list-style-type: none"> <li>• monitoring wellbeing</li> <li>• making RTW plans</li> <li>• make plans to refer if necessary</li> </ul>	Set aside the time to catch up Select a location where you won't be interrupted Collect feedback from colleagues
<b>Meeting</b>	
<b>Purpose</b>	<b>Tasks</b>
To continue Trauma Support by: <ul style="list-style-type: none"> <li>• monitoring wellbeing</li> </ul>	Review - how they are doing (keep discussion informal) Calm - reinforce calming techniques Educate - re expected reactions and coping strategies Connect - check on social supports Plan - discuss return to work plans If not OK, discuss coping strategies and referral to EAP
<b>Meeting follow-up</b>	
<b>Purpose</b>	<b>Tasks</b>
To make plans to refer if necessary	Make referral to EAP if necessary Arrange check-in time <ul style="list-style-type: none"> <li>• 2-3 days</li> <li>• 1 week</li> <li>• 1 month</li> </ul> Arrange to touch base the following day if there are any concerns at any stage of the follow-up

### 3. Follow-up meetings – at 1 week and at 1 month

Summary	
Purpose	Tasks
<p>To continue Trauma Support by:</p> <ul style="list-style-type: none"><li>• monitoring wellbeing</li><li>• making RTW plans</li><li>• making plans to refer if necessary</li></ul>	<p>For each meeting:</p> <ul style="list-style-type: none"><li>• prepare</li><li>• meet</li><li>• follow-up</li></ul> <p>At each meeting:</p> <ul style="list-style-type: none"><li>• review</li><li>• calm</li><li>• educate</li><li>• connect</li><li>• plan</li></ul> <p>At meeting follow-up:</p> <ul style="list-style-type: none"><li>• make a referral to EAP if necessary</li><li>• arrange check-in time after 1 month</li></ul>