



Phoenix
AUSTRALIA

Providing Support after Trauma: First Responders

Participant Workbook



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Workshop outline

| Topic / Activity |
|---|
| Introductions |
| Aims and rationale of workshop |
| What is Trauma Support? |
| Brief introduction to Trauma Support |
| The impact of trauma |
| The impact of Potentially Traumatic Events (PTEs) and recovery patterns following a PTE |
| Risk factors for not coping following a PTE |
| Help-seeking |
| When to recommend seeking help, and support options |
| Roles of different staff in relation to PTEs |
| Communication |
| Communication skills |
| Confidentiality |
| Core components of Trauma Support |
| Aims and core components of Trauma Support |
| Trauma Support in Practice – First responders |
| Overview of steps of Trauma Support |
| Purpose and tasks related to each step |
| Looking after yourself |
| Useful strategies and work practices |
| Develop a personal ‘Coping Plan’ |
| Close and evaluation |

Introduction

Welcome to the Providing Support after Trauma workshop for First Responders. This workshop aims to help you provide support to your colleagues who have experienced a potentially traumatic event at work.

What is a potentially traumatic event?

We all experience different forms of stress at work: working long hours, juggling too many deadlines, or having conflict with colleagues, or being performance managed. What we call a potentially traumatic event (PTE) is quite different in nature and can lead to unique problems.

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. In the rail industry this might involve:

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

How will the workshop help me?

This workshop is designed to help you provide support to your colleagues in the immediate aftermath of a potentially traumatic event. It will:

- explain why Trauma Support is recommended to assist people following a PTE
- help you understand the principles of Trauma Support, and know when and how to apply them
- provide you with Trauma Support tools that you can use with colleagues affected by trauma.

Most importantly, you will have an opportunity to practise these Trauma Support skills and will have time to develop a personal 'Coping Plan'.

What is Trauma Support?

Trauma support is a way to assist people in the hours, days and weeks immediately after they have experienced a PTE. Trauma support is based on the principles of Psychological First Aid (PFA) and has been modified for the needs of the rail industry.

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

Trauma Support, based on PFA principles, is now the recommended approach to providing support to those affected by trauma. 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
- uses your own strengths in relationship building and communication when providing Trauma Support

Trauma Support's strength is that it does not rely on professionals to provide support and assist recovery but is about supporting mates.

A note about confidentiality

It is important that people who take on a Trauma Support role understand the boundaries of confidentiality.

<TO MODIFY: *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>*

Responses to traumatic events

Feeling distressed is very common in the first week or two after a potentially traumatic event. This may involve feeling upset, anxious or agitated, having trouble sleeping and losing your appetite. Some people will also feel fear, sadness, guilt or anger. In most cases, these problems settle down in the days and weeks following the traumatic event. Some people, however, go on to develop longer-term problems.

There is no single, or right, way to respond to a traumatic incident. How a person responds will depend on many things, including:

- past difficult experiences
- the way the person normally copes with difficulties
- the intensity of the traumatic event
- the level of support the person receives from friends and family
- the person's lifestyle, e.g., a healthy lifestyle involves actively taking care of self, finding enjoyment and relaxation, versus a stressful lifestyle that involves overwork, neglecting self-care such as sleep and exercise, or drinking too much.

People can react very differently to a traumatic event. Some people will be a little distressed but will bounce back quickly. Others will appear largely unaffected at first, but then go on to experience difficulties. Other people may draw strength from their experience. Some will develop significant emotional or mental health problems such as depression, anxiety, posttraumatic stress disorder, and drug or alcohol abuse.

More common responses to traumatic events

A large range of normal reactions can arise following potentially traumatic events or critical incidents. It is useful for the person providing Trauma Support to be aware of these possible reactions so that they can provide reassurance to the staff member about anything that s/he experiences. **However, it is not recommended that the list of possible reactions be given to the staff member who has experienced the trauma.** This might cause undue worry and anticipation about symptoms that they might, or might not, experience.

Reactions to trauma are included on the following page.

Emotional reactions

- Shock
- Irritable, impatient
- Feeling 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

Cognitive (thought) reactions

- 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.

Physical reactions

- 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

Behavioural reactions

- 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

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. 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.

- *<begin modifiable section>*

Coping with Trauma workshop materials

Depending on how your organisation disseminates the two workshops, you may wish to include the Coping with Trauma workbook contents in this participant manual as well. The Coping with Trauma workbook contents include:

- *Improve your general wellbeing*
- *Increasing wellbeing worksheet*
- *Pleasant activity list*
- *Prepare: Calming techniques and helpful thinking skills*
- *Controlled breathing exercise*
- *Grounding*
- *Brief muscle relaxation exercise*
- *Helpful thinking*
- *Helpful thinking worksheet*
- *Self-care following a traumatic event*
- *Do's and Don'ts following a traumatic event*
- *Connecting with others*
- *Connecting with others worksheet - 1*
- *Connecting with others worksheet - 2*

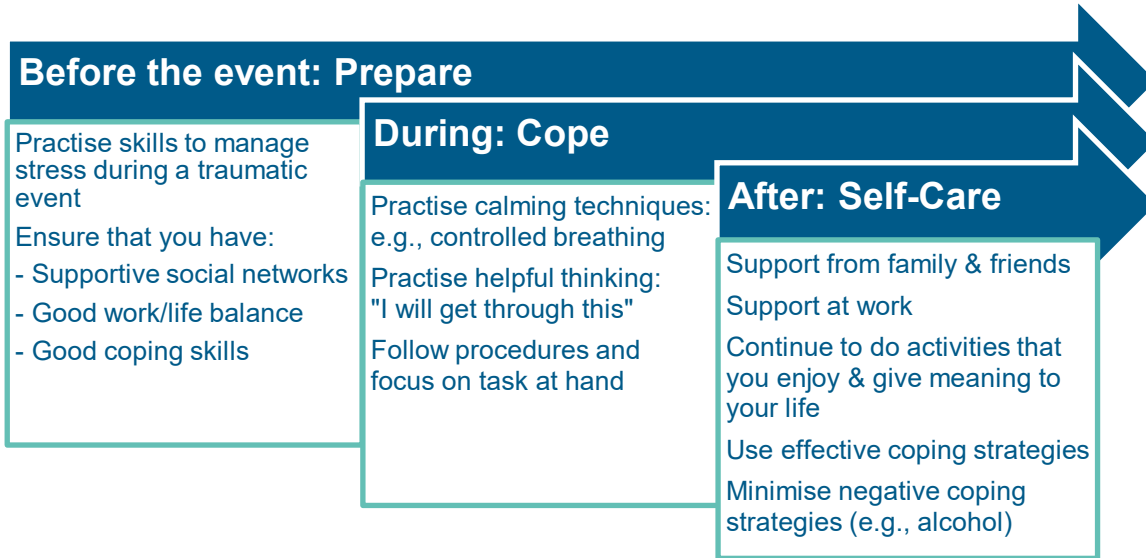
Some of these have been inserted below. You can modify them according to your needs.

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Coping better with traumatic incidents

A number of factors can help someone cope better with a traumatic event. There are some things you can do right now that can help you be better prepared should you be confronted with a traumatic event. There are things that help during a traumatic event and things that can help people recover if they are affected by what they experience.

The diagram below gives you an overview of helpful strategies:

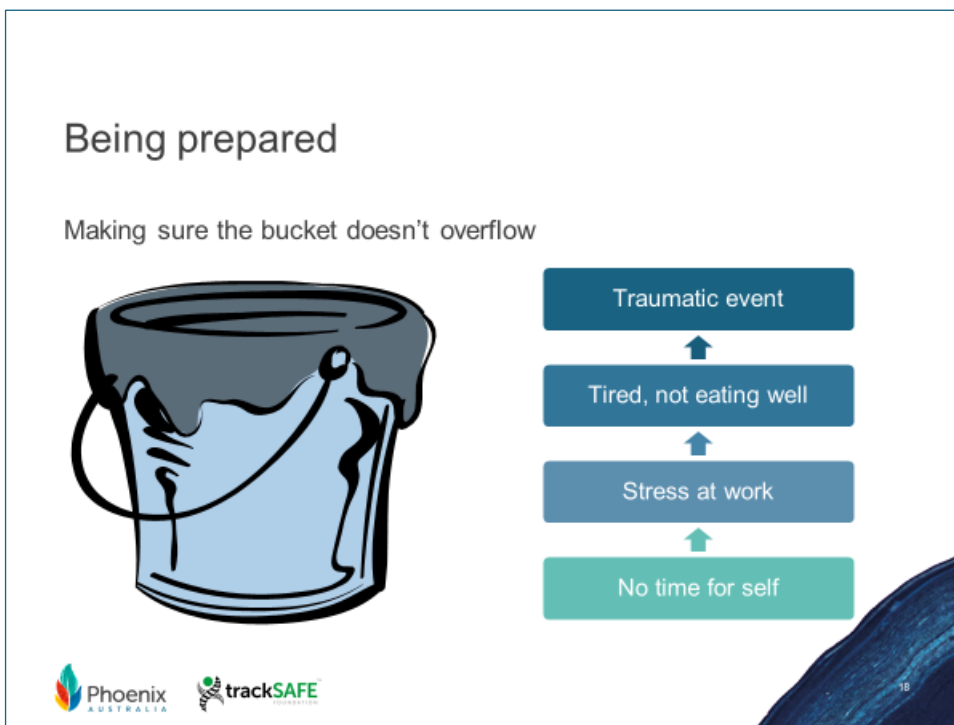


Improve your general wellbeing

People feel better, perform better and bounce back faster if they look after their wellbeing. Improving their ability to manage stress now and improving their lifestyle will put them in a better position to cope with the impact of a traumatic event. It is harder to cope with an incident if you are stressed, don't look after yourself, or have few supports in place. This section includes strategies and work practices that can be used to help people look after themselves.

- These skills and strategies will help staff to improve their ability to cope with potentially traumatic incidents as well as help them to better manage stress in general.
- Regularly practising coping skills is the best way to ensure that staff will use them if they are exposed to a PTE.
- It is important that when providing Trauma Support you educate staff that improving their ability to manage stress now and improving their lifestyle will put them 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.

You can think of your capacity to manage stress as a bucket. There is only so much stress a person can handle. If a person has developed habits that put stress on their body and their ability to manage things in their life, it can leave little room for handling a very stressful event.



Strategies and work practices

Make your life enjoyable

Make time for things you enjoy (see the list of pleasant activities if you are unsure about what you could do)

Stay connected with people who make you feel good

Keep yourself healthy: regular sleep, healthy eating, exercise

Reduce work stress

Make the most of your work breaks

Manage your time effectively

Don't over-commit: prioritise tasks

Have holidays

Practise good coping skills

Ask for help when you need it

Don't rely on drugs and alcohol to feel better

Use the coping skills outlined in this manual (e.g., controlled breathing, helpful thinking) to manage stressful situations

Improving wellbeing worksheet

Take a moment to consider the following questions and write down your answer.

Do you have regular routines that help you feel good? What are they?

Do you devote enough time to relationships and activities that you enjoy? Which ones?

Do you take regular rests from work – breaks during the day and holidays?

Do you tend to over-commit – never say ‘no’? In what way?

Are you making time for things that you value?

Pleasant activity list

| Indoor activities | Outdoor activities | Activities with friends | Helping other people |
|---|--|---|---|
| Watching a DVD | Going for a walk/run | Having friends come to visit | Making something for friends |
| Playing cards or board games | Going to the movies | Talking to a friend on the phone | Helping to raise money |
| Listening to music | Playing golf | Going out to visit friends | Giving gifts |
| Photography | Fishing/going to the beach | Meeting someone new | Babysitting for a friend or family member |
| Reading stories, novels, poems, plays, magazines and newspapers | Gardening or landscaping | Having coffee or tea with friends | Making contributions to religious, charitable or political groups |
| Rearranging or redecorating your room or house | Horseback riding | Being with someone you love | Offering practical assistance to a friend |
| Writing stories, novels, poems, plays or articles | Playing football or cricket | Having lunch with friends | |
| Taking a long, hot bath | Climbing a mountain | Talking about sports | |
| Writing letters, cards or notes | Going to a sports event | Spending time with your children or grandchildren | |
| Stretching and yoga | Going to a health club or gym | Shopping with friends | |
| Just sitting and thinking | Going to church functions/community group meetings | | |

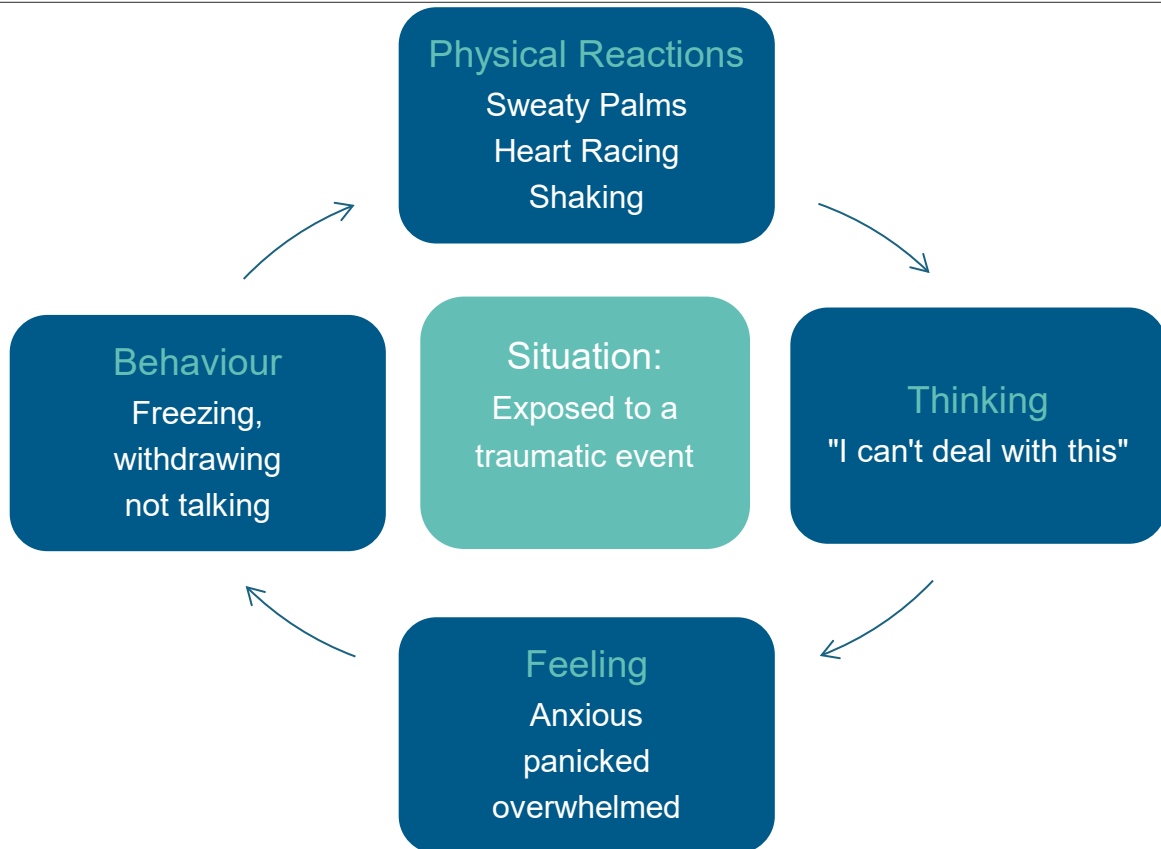
Looking after yourself: Calming techniques and helpful thinking skills

Traumatic events impact people in a number of ways. They can affect how a person feels (emotionally and physically), how they think, and what they do. When a person is distressed during, or in the immediate aftermath of a traumatic event, they may need different strategies to manage each of these aspects – physical symptoms of stress, negative thoughts, and unhelpful behaviours.

Introducing Ben

Ben is a driver with a passenger rail service. He has been exposed to multiple near misses around level crossings and station platforms in the past. On this day a passenger attempted to reach the opposite platform by crossing the tracks in front of Ben's train. Whilst the train was travelling at a low speed, the commuter was struck and the young woman was seriously injured. Ben found the immediate aftermath of the incident difficult. He felt very anxious and was quite panicky as he went through the procedures to secure the train and start to manage the situation. His hands were sweaty, his heart was racing and he was shaking all over. At times he froze, despite knowing exactly what he needed to do. He didn't want to talk to the other staff in case he said the wrong thing, and he wanted to be by himself. He kept thinking that he wasn't dealing with the situation as he should. Now Ben thinks that these reactions might mean he wasn't cut out for the job.

The following diagram illustrates the different reactions he experienced at the time of the incident.



The table below suggests some strategies that Ben could have used to help him at the time of the trauma to manage the reactions he experienced.

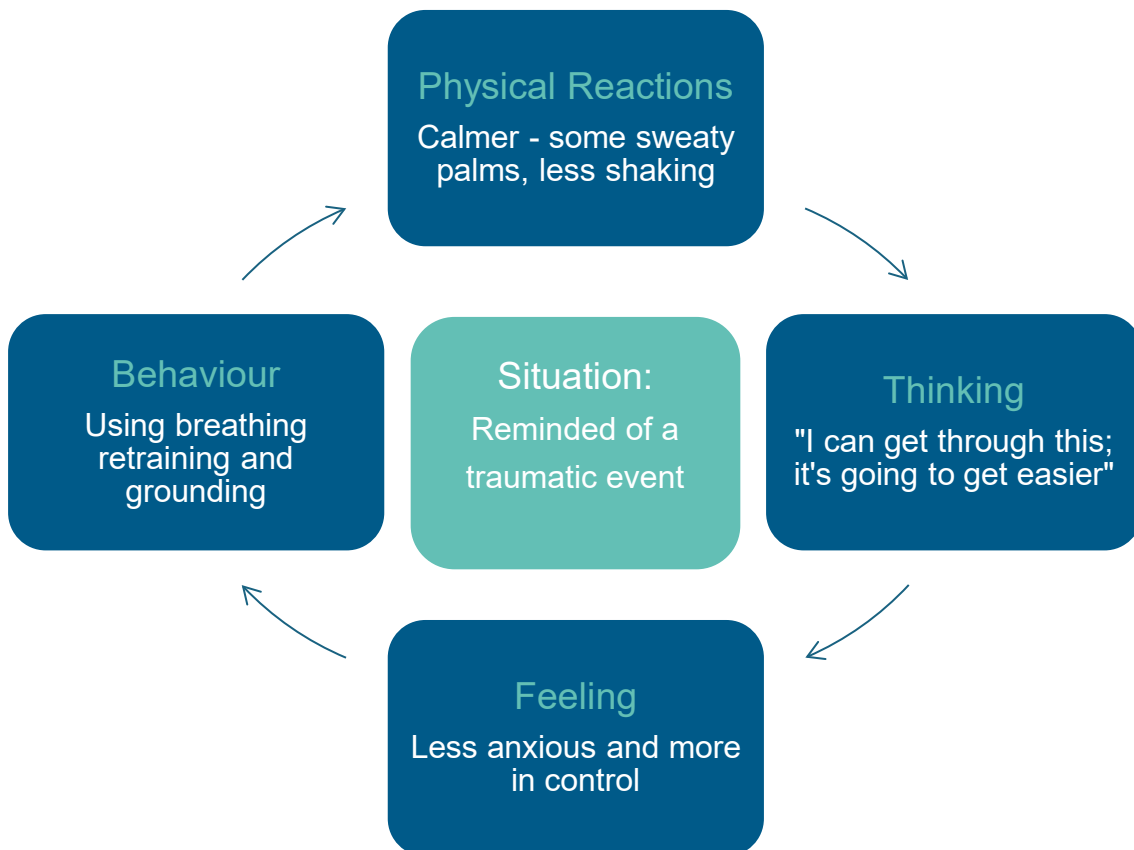
| Type of response | What can happen | Strategy |
|--------------------|---|--|
| Physical reactions | e.g., anxious, sweaty palms, heart racing | Breathing retraining; grounding |
| Thinking | e.g., "I can't cope with this" | Simple self-statements |
| Behaviour | e.g., freezing | Getting support, taking time out, or finding alternative activities |
| Emotions | panicky, overwhelmed | Address physical reactions, thinking, and behaviours to assist with emotions |

After the event – Reminded of the trauma

Ben has been back at work for a few weeks since the incident, and generally is coping OK, but there are a few reactions he is concerned about. Ben has noticed he gets worried when approaching stations that have a similar physical layout to the one where the young woman was struck. He spends more time scanning the track ahead for people acting carelessly. Ben finds the approach to the station where the incident happened very difficult. He begins to feel anxious and wound up, his hands sweat on the controls, his heart races, and he keeps thinking that someone will jump in front of his train again and be killed this time.

Realising that these reactions are getting in the way of being able to focus on his job, Ben starts using some strategies to help him cope. Before his shift, he spends a little time in his cab rehearsing some helpful strategies. Ben works out that saying, "I am good at my job, and I can get through this", helps. He also finds practising muscle relaxation exercises in his chair or using a breathing technique before he starts his day helps reduce the anxious feelings.

The diagram below illustrates the strategies that Ben used to help manage his reactions when being reminded of the incident.



Controlled breathing exercise

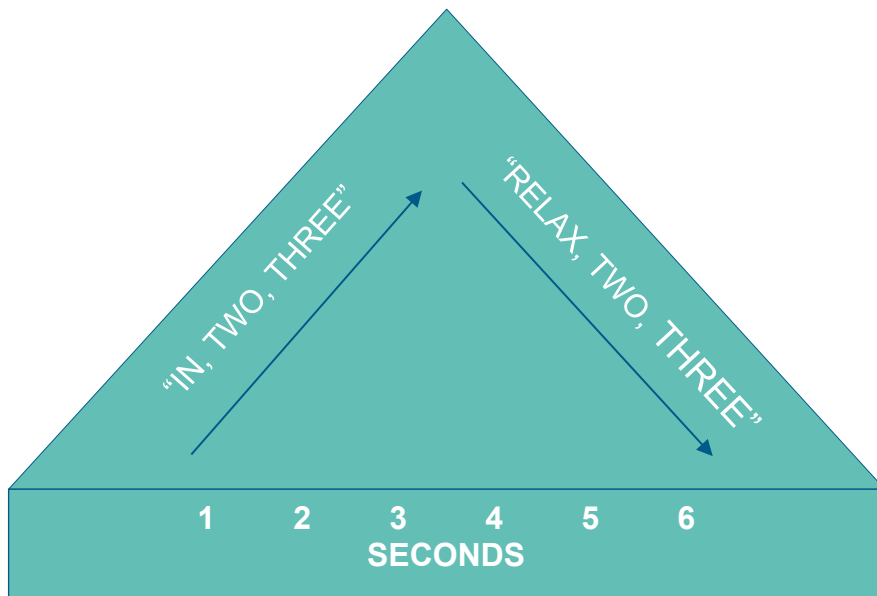
The way we feel is affected by the way we breathe. For example, when we are upset, we may breathe rapidly and shallowly, and we are often told to ‘take a few deep breaths’. This is not quite right, however. When we are feeling anxious or frightened we don’t need to take a deep breath; we need to take a normal breath and exhale slowly. Breathing out is associated with relaxation, not breathing in.

While concentrating on a long, slow exhalation, it is a good idea to say the words ‘calm’ or ‘relax’ to yourself. These are good words to use because they are already associated with feeling peaceful and at ease. They can also be dragged out to match the long, slow exhalation, as in ‘r-e-e-e-l-a-a-x’, or ‘c-a-a-a-a-l-m’.

The third thing to remember is to slow your breathing down. Often when people are frightened or upset, they start to breathe faster. This is a natural reaction and prepares the body to fight the threat or to run away. If you are not going to fight or run away, however, you may be taking in too much air and start to over-breathe or ‘hyperventilate’. This causes unpleasant physical symptoms. So, you need to slow your breathing down and take in less air.

Instructions:

Take in a breath through your nose with your mouth closed, to the slow count of 3, pause, and then exhale to the slow count of 3, while saying ‘calm’ or ‘relax’ to yourself. Repeat the process 6–10 times. Try to practise this type of breathing at least twice a day. That way, when you become uptight, you will be ready to use the technique to help you calm down.



COUNT TO YOURSELF

Grounding

- Grounding is a simple strategy to distract yourself from strong negative emotions (e.g., anxiety, anger). Distraction works by focussing on the external world, rather than on internal feelings or physical responses to anxiety. It can help you feel in control again.
- Grounding can be done at anytime and anywhere. You can even do it in public and no one will know.
- There are different grounding techniques – you can pick the one that suits you most:
 - Describe your environment in detail, using all your senses, for example, “The walls are grey; I am sitting on a green chair ...” Describe sounds, textures, colours, smells, shapes, numbers, etc.... You can do this anywhere.
 - You can use counting to help focus: 5 things I can see, 5 things I can smell, 5 things I can feel, 5 things I can hear; then go down to 4, 3, 2 and 1.
 - You can also focus on your senses: Touch objects around you, and describe them (texture, colour): feel the chair/steering wheel, etc...; run your hands under water.
- When doing grounding, avoid any assessments or judgments about what is happening. Simply focus on simple descriptions of what is around you and move on.
- Focus on the present, not the past or future.
- Note that grounding is not the same as relaxation training. Grounding focusses on distraction strategies and is intended to help manage strong negative emotions.

Brief muscle relaxation exercise

Physical tension in the muscles of the body is often the first sign of stress or anxiety. Unfortunately, we may not notice the tension until we start to get muscle aches and pains. The benefit of practising muscle relaxation is that it helps us to detect early signs of tension sooner and have an effective way of reducing that tension.

Instructions:

Begin by noticing where in your body you feel tension and then follow the instructions below.

Take a small breath and hold for 6 seconds. At the same time, gradually tense the muscles in your [area of body tension]. After 6 seconds, breathe out slowly saying the word 'calm' or 'relax' to yourself. At the same time, gradually let the tension go from your muscles. Repeat if necessary with same or other muscles.

Instructions for tensing and relaxing different muscle groups in the body:

Arms

Build up the tension in your lower arms by making fists with your hands and pulling up on your wrists. Feel the tension through your lower arms, wrists, fingers, knuckles, and hands. Focus on the tension – notice the sensations of pulling, of discomfort, of tightness. Hold the tension (for 10 seconds). Now, release the tension and let your hands and lower arms relax onto the chair (or bed, when you do this exercise at home), with palms facing down. Focus your attention on the sensations of warmth in your hands and arms. Feel the release from tension. Relax the muscles (for 20 seconds). Repeat as necessary.

Build up the tension in your upper arms by pulling your arms back and in toward your sides. Feel the tension in the back of the arms, radiating up into your shoulders and back. Focus on the sensation of tension. Hold the tension for 10 seconds. Now, release your arms and let them relax heavily down. Focus on your upper arms and feel the difference compared to the tension you felt previously. Relax (for 20 seconds). Repeat as necessary.

Stomach

Build up the tension in your stomach by pulling your stomach in toward the spine, very tight. Feel the tension. Focus on that part of your body (for 10 seconds). Now let the stomach go – let it go further and further. Feel the sensation of warmth circulating across your stomach. Relax (for 20 seconds). Repeat as necessary.

Chest

Build up tension around your chest by taking in a deep breath and holding it. Feel the tension around the front of your chest and your back. Hold your breath (10 seconds). Now, slowly, let the breath go and breathe normally. Feel the difference in tension as the muscles relax (for 20 seconds). Repeat as necessary.

Shoulders

Imagine your shoulders are on strings being pulled up toward your ears. Feel the tension around your shoulders, radiating down into your back and up into your neck and the back of your head. Hold the tension (10 seconds) and then let your shoulders droop down. Feel the sense of relaxation around your neck and shoulders. Focus on the comfort of relaxation (20 seconds). Repeat as necessary.

Neck

Build up tension around your neck by pulling your chin down toward your chest. Feel the tightness around the back of the neck spreading up into your head. Focus on the tension (10 seconds). Now release. Focus on the relaxation (20 seconds) and feel the difference in tension. Repeat as necessary.

Face

Build up tension around your mouth and jaw and throat by clenching your teeth and pulling the corners of your mouth back into a forced smile. Hold the tension (10 seconds). Feel the tightness. Now release the tension, letting your mouth drop open and the muscles around your throat and jaw relax (20 seconds). Repeat as necessary.

Build up tension around your eyes by squeezing your eyes tightly together for a few seconds and releasing. Let the tension disappear from around your eyes. Feel the difference as the muscles relax.

Build up tension across the lower forehead by frowning, pulling your eyebrows down and toward the centre. Feel the tension across your forehead and the top of your head. Focus on the tension (for 10 seconds) and then release, smoothing out the wrinkles and letting your forehead relax. Repeat as necessary.

Build up tension across the upper forehead by raising your eyebrows as high as you can. Feel the wrinkling and the pulling sensations across your forehead and the top of your head. Hold the tension (10 seconds) and then relax, letting your eyebrows rest down and the tension leave. Focus on the sensation of relaxation and feel the difference in tension. Repeat as necessary.

Legs (you need to be sitting to do this)

Build up tension in your lower legs by flexing your feet and pointing your toes toward your upper body. Feel the tension as it spreads through your feet, your ankles, your shins, and your calf muscles. Feel the tension spreading down the back of the leg and into the foot, under the foot, and around the toes. Focus on that part of your body (for 10 seconds). Now, release the leg tension. Let your legs relax heavily onto the seat. Relax (for 20 seconds). Repeat as necessary.

Build up the tension in your upper legs by pulling your knees together and lifting your legs off the seat. Focus on the tightness through your upper legs. Feel the pulling sensations from your hip down and notice the tension in your legs. Focus on that part of your body (for 10 seconds). Now, release the tension, and let your legs drop heavily down onto the seat. Focus on the feeling of relaxation (for 20 seconds). Repeat as necessary.

Helpful thinking examples

During a PTE, people may tell themselves things that reinforce how overwhelmed or distressed they feel: “This is too horrible, I can’t bear this”, “I can’t breathe, I’m going to choke”.

After a PTE, it is common for people’s thoughts about the world and themselves to change. For example, staff who have experienced a PTE often see the world as stressful, unpredictable, or a dangerous place. They may have trouble trusting other people or see their situation as hopeless.

These types of beliefs can lead to intense and ongoing distress. Thinking that “absolutely nothing is going well”, or “things will never get better”, can leave a person feeling hopeless and overwhelmed. In the same way, thinking that “I will never be safe again” can lead to feeling tense and anxious.

Learning to identify thoughts that create negative feelings is an important skill. It’s very difficult to detect negative thoughts because they occur almost automatically, like breathing. However, if you pay attention to your breath, you can control it. It is the same with thinking; if you become aware of what you are thinking and how it makes you feel, you can understand your thoughts and develop the ability to control them.

Helpful thinking is about looking at alternative ways of thinking about a situation, not denying the person’s experience.

- The main aim of using this skill is to reduce distress by at least considering alternative, more helpful ways of viewing a person’s situation. The goal is not to eliminate negative thoughts or to replace them with thoughts that have nothing to do with the person’s situation like “everything is all right”.
- “Positive thinking” is not always realistic or accurate. Often you hear people say things like, “If you’d only see things more positively, you’d be OK”. This does not acknowledge that people who have experienced trauma have come into contact with the darker side of life (e.g., death, someone being assaulted, or suicide), and may be worried about their reactions (e.g., nightmares, panic when reminded of trauma etc.).
- However, an over-focus on negative aspects of an experience leads to more distress. This needs to be balanced with thinking about other aspects of a person’s experience, e.g., “I’ll never get better again” versus “I will struggle for a while but I know my family will stick with me”.
- Focussing on helpful thoughts can mobilise and energise.

This table lists common categories of negative thoughts that can occur after a traumatic event, how these thoughts may make a person feel, and some more helpful thoughts to replace them. Once you identify some of your negative thoughts, the key to helpful thinking is to practise the helpful thoughts often.

| Common unhelpful thoughts | Resulting emotion | Alternate helpful thoughts | New emotional response |
|---|---|--|---|
| <p>“Things will never get better.”</p> <p>“My future is hopeless.”</p> | <p>Hopeless</p> <p>Sad</p> <p>Scared</p> | <p>“It may take time, but I will feel better.”</p> <p>“With some changes, I can still achieve my goals.”</p> <p>“It feels hard now, but I’m doing what I can to get back on track.”</p> | <p>Hopeful that things can get better</p> <p>Happier</p> <p>Stronger</p> |
| <p>“I have no one to turn to if I need help.”</p> <p>“My family will never understand what I went through.”</p> <p>“I can’t handle this anymore.”</p> | <p>Scared</p> <p>Lonely</p> | <p>“I have my friend/family member who cares about me, and my colleague at work who has gone through the same thing.”</p> <p>“My family may not know what it’s like, but they care about me and can be there for me in other ways.”</p> <p>“I know it seems hard right now, but it will get better.”</p> | <p>Stronger</p> <p>Happier</p> <p>Connected</p> <p>Hopeful that things can get better</p> |
| <p>“If I shared how I feel with others, they wouldn’t care.”</p> <p>“I’ll never be able to feel confident driving a train again.”</p> | <p>Unloved</p> <p>Lonely</p> <p>Fearful</p> | <p>“My friend/family member is willing to listen. I just need to tell them what I need.”</p> <p>“I need to see how I feel about what happened in a few days before I decide where I’m at with work.”</p> | <p>Loved</p> <p>Happier</p> <p>Less fearful</p> |
| <p>“Bad things always happen to me.”</p> <p>“The world is a dangerous place.”</p> <p>“I’m not safe.”</p> | <p>Sad</p> <p>Scared</p> <p>Hopeless</p> | <p>“Good things happen to me too, yesterday.....”</p> <p>“The world is not always dangerous.”</p> <p>“Feeling unsafe isn’t the same as being unsafe.”</p> | <p>Happier</p> <p>Stronger</p> <p>Hopeful that things can get better</p> |

Helpful thinking worksheet

| Unhelpful thought or way of viewing things | Emotion: Rating out of 10 (1=not distressed, 10=extremely distressed) | More helpful thoughts or ways of viewing things | Outcome: What was the result? Rating out of 10? |
|---|--|--|--|
| | | | |

Self-care after a traumatic event

If you have been affected by a traumatic event, there are several things you can do to improve your ability to cope. Even if you feel unmotivated and apathetic, try to do some of the things listed below. They will help you to cope with the stress and improve your ability to manage problems.

- Recognise that you have been through an extremely stressful event. Give yourself time and space to acknowledge what you have been through and accept that you will have an emotional reaction to it. Give yourself permission to feel rotten, but don't overreact – it is unpleasant, but you can cope with it.
- Look after yourself: get plenty of rest, even if you can't sleep, and try to eat regular, well-balanced meals. Regular exercise, like walking, cycling or jogging, is very good for reducing the physical effects of stress and trauma; try to do a little every day. Relaxing activities such as listening to music, yoga, meditation, or taking a hot bath may also be of use.
- Cut back, or cut out, tea, coffee, chocolate, cola and cigarettes. Your body is already 'hyped up' and these substances will only add to this. Do not try to numb the pain with drugs or alcohol; this will lead to more problems in the long term.
- Spend time with people you care about, even if you do not want to talk about the event. Contact friends and, if necessary, have someone stay with you for a few hours each day. Sometimes you will want to be alone; that's OK, but try not to become too isolated.
- Recurring thoughts, dreams and flashbacks are normal. Don't try to fight them. They will decrease in time. Try not to block them out or bottle up your feelings. Confronting the reality, bit by bit, will help you to come to terms with the experience.
- Be more careful than usual, for example when cooking, driving or using machinery. Following a critical incident, you may be more vulnerable to accidents and physical illness.
- Try to resume a normal routine as quickly as possible.
- Avoid making any major life decisions, such as moving house or changing jobs, in the period following the trauma. On the other hand, make as many smaller daily decisions as possible, like what you want to eat or what film you'd like to see. This helps to re-establish feelings of control over your life.
- A traumatic event can have an impact on how you see the world, your life, your goals and your relationships. Giving yourself time to re-evaluate what you think, and talking to others about it may help.

You may wish to provide support to others who have been through similar situations, especially as you start to feel better.

Do's and Don'ts after a traumatic event

| Do | Don't |
|---|---|
| spend time with people who care | use alcohol or drugs to cope |
| give yourself time | work too much |
| find out about the impact of trauma and what to expect | engage in stressful family or work situations |
| try to keep your routines | withdraw from family and friends |
| return to normal activities | stop yourself from doing things that you enjoy |
| talk about how you feel or what happened when you are ready | avoid talking about what happened at all cost |
| things that help you relax and that you enjoy | take risks, e.g., dangerous driving, picking fights |

Connecting with others

People with good support networks tend to cope better with the impact of a traumatic event. Getting support from those you love and trust is therefore one of the most important things you need to do. After a traumatic event, it is also important to stay connected with networks and groups of people that provide enjoyment and meaning in your life (e.g., a sports club, church group, etc...)

There are many different kinds of support you can access:

1. **Practical support** – for example:

- A co-worker helping with paperwork or taking a shift.
- A neighbour mowing the lawn for you.
- A family member babysitting for you so you can relax or talk to someone about what happened.
- A supervisor making sure you have the time off that you need and providing you with all the contact numbers you need.

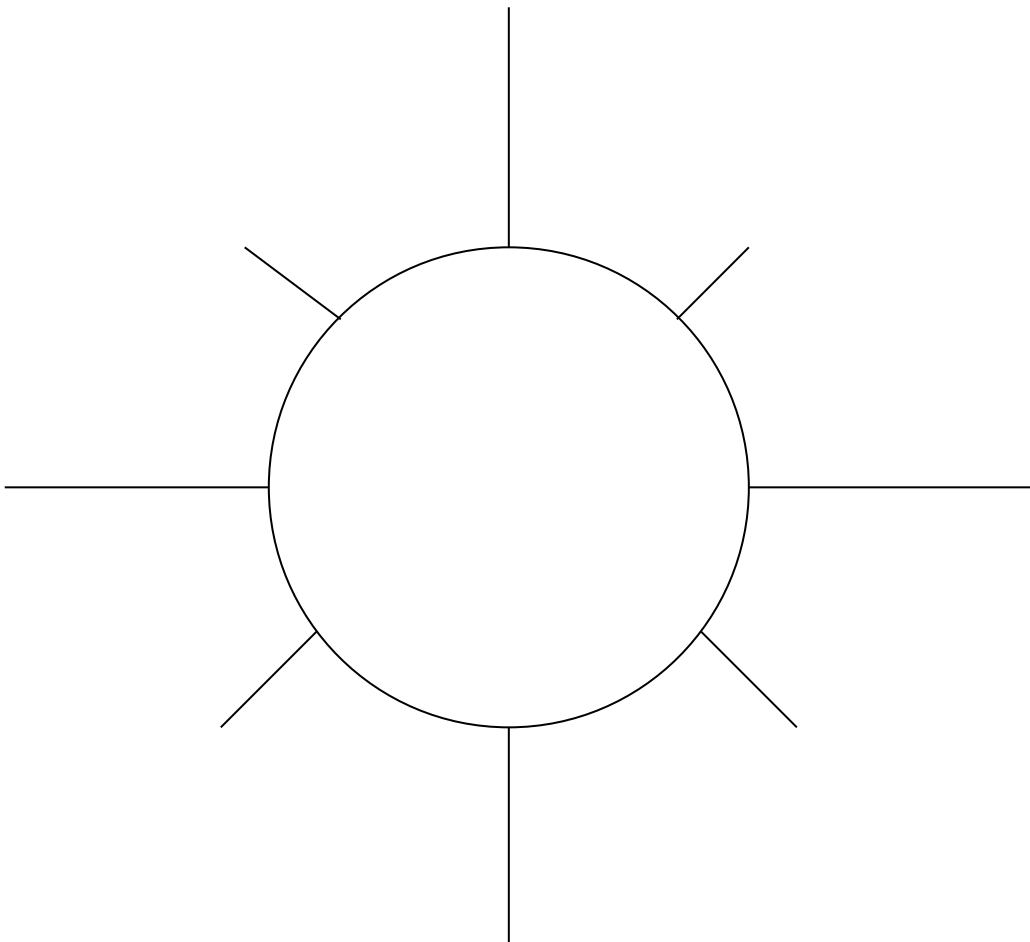
2. **Emotional support** – for example:

- A friend or family member listening to your experience.
- A partner or child spending time with you doing things you like, not necessarily talking.
- Someone, or a pet, being companionable – just being there for you.
- A friend or co-worker giving you a hug when you need it.
- Someone giving you space when you need it.

Connecting with others worksheet – 1

Making a social connections map

On the social connections map below, write your name in the middle and then around the outside write the names of the people you like to spend time with, who help you and who care about you.



Connecting with others worksheet – 2

The following questions will help you identify areas of your social networks that may need improvement:

| Please take some time to answer the following questions | |
|--|--|
| Are there areas of your life where support is missing (e.g., someone to listen to you, to help you with advice, help with the additional responsibilities, to do things socially?) | |
| Are there loved ones or friends who you are not currently connected with, but want to be? | |
| Who do you want to spend more time with? | |
| Who do you want to spend less time with? | |
| Are there some relationships that need improving? | |
| Do you want to increase your social activities or give to others by joining a community group? | |

Helping a colleague after a traumatic event

<Note: If you're a peer supporter then refer to information from the "Providing Support after Trauma" participant workbook for more detailed information. >

Traumatic events involve situations that are either life-threatening or have the potential for serious injury. People in the rail industry often experience several traumatic events during their career, including incidents such as hitting or almost hitting someone while driving a train, seeing body parts, being assaulted or witnessing an assault.

After a traumatic event, many people experience strong feelings of fear, sadness, guilt, anger, or grief. They might find it hard to cope and it might take a while to come to terms with what has happened. Most people will not experience lasting difficulties as a result of these experiences, but some do. The cumulative strain of experiencing many different traumatic events over the course of a rail career could lead to more distress or longer-term problems for some people.

Some people can be open about the fact that they are going through a difficult time and are able to ask for help. Others try to cope on their own and may need to be encouraged to get support. If one of your colleagues has gone through a traumatic event and experiences some of the following problems, they may benefit from help:

- trouble getting along with people (e.g., colleagues, supervisors)
- angry outbursts
- poor performance at work
- more physical complaints or sick days than usual.

Providing support

After someone has been through a traumatic experience, re-establishing a normal routine can help to restore a sense of order and control in their life. Some of the ways you can help them return to their normal routine include:

- **Check in** and ask how they are going after the incident.
- **Recognise that they have been through an extremely stressful event** and may need time and space to deal with it. You can help them to find that time and space by providing practical support, such as offering to help out with paperwork or cover a shift.
- **Encourage them to ask for help** if they are still finding it hard to cope more than two weeks after the traumatic event.

Your colleague may or may not want to talk about their experience or feelings. If they do want to talk, the following tips may be helpful.

- **Choose a time to talk** when you won't be interrupted, or feel rushed or tired.
- **Provide reassurance** that distress is to be expected after an experience like theirs.

- **Understand that talking about trauma can be painful** and the person may get upset. This is a natural part of coming to terms with their experience. Don't feel that you have to make their distress go away.

Listening is very important, but it can sometimes be hard to know what to say. Don't worry about having to say 'the right thing'. There is no right thing to say, but here are a few pointers:

- **Try to put yourself in their shoes**, don't interrupt, offer examples from your own life, or talk about yourself. Avoid offering simple reassurances such as, *"I know how you feel"* or *"You'll be OK"*.
- **Acknowledge their distress** with statements like, *"It's really tough to go through something like this"*, or *"This is such a tough time for you"*.
- **Ask leading questions** like, *"Would it be helpful to talk about what happened?"*, *"You've had a rough time, how are you going?"*, or *"How's Sarah going?"*
- **Show that you understand** by re-phrasing the information they give you. Try starting with something like, *"You seem really..."*, *"It sounds like..."*, *"Did I understand right that you..."*, *"No wonder you feel..."*

If they don't want to talk, you can still show your support by spending time with them, talking about other things, and doing practical things to help.

Helping a friend or family member after a traumatic event

Traumatic events involve situations that are either life-threatening or have the potential for serious injury. In the rail industry, this might involve hitting or almost hitting someone while driving a train, seeing body parts, being assaulted or witnessing an assault. People in the rail industry often experience several of these types of incidents during their career.

After a traumatic event, many people experience strong feelings of fear, sadness, guilt, anger, or grief. They might find it hard to cope and it might take a while to come to terms with what has happened. Most people will not experience lasting difficulties as a result of these experiences, but some do. The cumulative strain of experiencing many different traumatic events over the course of a rail career could lead to more distress or longer-term problems for some people. The support of family and friends is particularly important in the early days and weeks after a traumatic event, and this fact sheet will provide you with some ideas of things you can do to help.

Provide practical support

After someone has been through a traumatic experience, re-establishing a normal routine can help to restore a sense of order and control in their life. Some of the ways you can help them return to their normal routine include:

- **Recognise that they have been through an extremely stressful event** and may need time and space to deal with it. You can help them to find that time and space by providing practical support, such as offering to take care of the kids or mow the lawns.
- **Encourage them to limit their exposure to media coverage of the event.** You might offer to keep track of the news so that they don't feel the need to monitor it continuously.
- **Encourage them to look after themselves** by getting plenty of rest, eating well, exercising regularly, making time for relaxation, and cutting back on coffee, cigarettes, drugs, and alcohol.
- **Join them in doing enjoyable things** and encourage them to plan to do at least one enjoyable thing each day. You may need to help the person come up with ideas of things they can do. For example, ask what activities they used to enjoy before the traumatic event.
- **Acknowledge their achievements.** Sometimes it's hard to see that things are improving, and the person may need you to point out when they have achieved a goal, no matter how small.
- **Encourage them to seek professional help** if they are still finding it hard to cope more than two weeks after the traumatic event.

Provide emotional support

Your friend or family member may or may not want to talk about their experience or feelings. If they do want to talk, the following tips may be helpful.

- **Choose a time to talk** when you won't be interrupted, or feel rushed or tired.
- **Provide reassurance** that distress is to be expected after an experience like theirs.

- **Understand that talking about trauma can be painful** and the person may get upset. This is a natural part of coming to terms with their experience. Don't feel that you have to make their distress go away.
- **Make another time to talk** if it seems like the person is too distressed to continue.

Listening is very important, but it can sometimes be hard to know what to say. Don't worry about having to say 'the right thing'. There is no right thing to say, but here are a few pointers:

- **Try to put yourself in their shoes**, don't interrupt, offer examples from your own life, or talk about yourself.
- **Avoid offering simple reassurances** such as, *"I know how you feel"* or *"You'll be OK"*.
- **Acknowledge their distress** with statements like, *"It's really tough to go through something like this"*, or *"This is such a tough time for you"*.
- **Ask leading questions** like, *"Would it be helpful to talk about what happened?"*, *"You've had a rough time, how are you going?"*, or *"How's Sarah going?"*
- **Show that you understand** by re-phrasing the information they give you. Try starting with something like, *"You seem really..."*, *"It sounds like..."*, *"Did I understand right that you..."*, *"No wonder you feel..."*

If they don't want to talk, you can still show your support by spending time with them, talking about other things, and doing practical things to help. Let them be alone for a while if that's what they want, but encourage them to have company for some time each day. Becoming isolated or cutting themselves off from other people is likely to make matters worse, rather than better.

<end Coping with Trauma workshop materials>

Roles of different staff in relation to PTEs

< This worksheet will need to be modified for your organisation. This worksheet should provide information consistent with the slide titled 'Roles and responsibilities: An example'.



What to expect from the organisation after a traumatic event

< This worksheet will need to be modified for your organisation. This worksheet should provide information consistent with the slide titled 'What to expect after a PTE'. This worksheet aims to inform first responders about what to expect after experiencing a trauma in terms of organisational procedures. This worksheet should include at least the following information:

- *Who will support the staff member in the immediate aftermath of the PTE? For example, first responder?*
- *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. >*

Introduction to Trauma Support

Most people cope well after a PTE by drawing upon their natural resilience, training, coping strategies and support systems. Trauma Support is designed to enhance this natural process of coping. It is not a complex set of psychological strategies.

Trauma Support is mainly about providing support, comfort and information to people after a critical incident, determining their needs, suggesting some coping strategies, and assisting them to maintain their normal routines and activities. Trauma Support is sensitive to each individual's needs, covering only what is necessary and at a time that is suitable and helpful (i.e., it is not a rigid program that everyone receives after a critical incident). The person is checked on periodically to see how they are travelling over the following weeks in order to determine whether they might need some professional help.

The overall aims of Trauma Support are to help the person to:

- establish safety and security
- reduce stress-related reactions
- connect to natural supports and resources
- develop their short- and long-term coping skills
- enhance their natural resilience

Trauma Support also assists the person to find further support if required.

Core actions of Trauma Support

The core actions of Trauma Support are really quite straightforward and mimic natural and everyday processes. The core actions of Trauma Support include:

- initiate contact with the staff member
- assess their immediate practical needs and safety
- help stabilise and manage their reactions to the trauma
- attend to their psychological needs
- provide staff with education about responses to PTEs and coping strategies
- help staff connect with social supports
- plan to follow-up with staff over the days and weeks after a PTE.

Communication skills in Trauma Support

Whether Trauma Support proves to be useful to a person who has experienced a PTE depends greatly on the communication skills of the people delivering it. This is not so much about being a good talker (although being able to ask critical questions in a concise and straightforward manner is important), but more about being a good listener, and having a comforting and open manner that allows a person to feel comfortable in your presence.

Active listening is crucial and involves showing the staff member that you have heard them and understand what they are communicating to you. If you are unsure what it is they are saying, or what they need, then simply seek clarification. And, if you can see that the person does not want to talk at that point, then ensure their wishes are respected with an invitation to talk at a later time.

The person receiving Trauma Support must feel listened to, 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.

Components of good communication skills are basic listening skills, active listening skills, non-verbal communication, open-ended questions, closed questions, and understanding barriers to listening.

| Tips for communicating in Trauma Support | |
|--|---|
| Do | Don't |
| observe and reflect back – convey empathy | make assumptions about what they are feeling or thinking |
| speak calmly and slowly | assume they will be traumatised |
| ask simple questions | ask for in-depth details about the event |
| give them time, and focus on listening | blame or judge them – focus on positives |
| acknowledge positives | make up answers to questions you don't know |
| provide accurate information, repeat information often and address immediate needs | expect them to talk – just being a calm presence may help them to feel safe |
| find a quiet location | own their problem or emotion |

Trauma Support for first responders

<This section may need to be modified by each organisation to reflect the role of the first responder in their organisation.>

A first responder administers Trauma Support in the field or on the phone and briefs the managers/supervisors when the staff member leaves the scene.

The importance of the role of the first responder cannot be underestimated. The support and aid that a staff member receives immediately after the PTE could have a big bearing on the person's eventual wellbeing in relation to the event.

However, it is important to be realistic in expectations of a first responder – the primary goals are to make contact and engage the employee, to assess their immediate practical needs and safety and to stabilise/calm the person (manage physical reactions, e.g., controlled breathing) if he or she is highly distressed. There may also be an opportunity to provide some information about basic coping strategies, especially for the next day or two. The staff member should be helped to fulfil their critical incident operational requirements (it is good coping to focus on the job at hand).

It cannot be expected of the first responder, and would seldom be appropriate, for them to attend to the staff member's broader psychological and social needs (this task will fall to the managers/supervisors and possibly the Employee Assistance Provider (EAP) in the weeks to come).

The first responder may need to determine who else needs to be notified, and whether a support person should attend the incident scene. It is important to ensure that ongoing responsibility for managing the staff member is part of a formal hand-over.

Six principles or tasks are important in implementing Trauma Support immediately following a potentially traumatic event. Tasks one to four should be routinely implemented by the nominated first responder following each PTE, however, tasks five and six may not be relevant to all organisations and/or all incidents. Each organisation will need to decide what will work best for them.

1. provide immediate support
2. ensure immediate safety and minimise exposure to physical and psychological hazards
3. make an initial assessment of distress and help calm the staff member, if necessary
4. support the staff member in fulfilling operational requirements
5. decide if a support person should be deployed to the incident scene
6. transfer responsibility for further support and follow-up once the staff member(s) has been removed from the incident scene.

Six steps of Trauma Support for first responders

STEP 1. Provide immediate support

Provide emotional support by communicating in a sensitive way when the staff member calls in or you arrive at 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. Key points of advice for this first contact are to avoid:

- 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 the body, if deceased
- asking about issues of responsibility for what happened.

STEP 2. 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.

STEP 3. Make an initial assessment of distress and help calm the staff member if necessary

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 following table is intended as a guide to assessing level of distress and how to respond. If the staff member is distressed, help them to calm down using a controlled breathing exercise. Refer to the Coping with Trauma handouts.

| Level of distress | Indicators of distress level | 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 OK, take a few slow, deep breaths". Then proceed to talk staff member 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. |

STEP 4. 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 5. Decide if a Trauma Support person should be deployed to the incident site (if applicable)

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.

STEP 6. 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.

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"> • Acknowledge that the situation is tough • Let them know you're there to support them • Ask how they're holding up 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"> • What might the physical hazards be? • What might the psychological hazards be? | 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"> • 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) |

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"> • Type of incident • Staff member's response to the incident • Time delay in getting support person to scene <p>If Trauma Support person is to attend – advise them of:</p> <ul style="list-style-type: none"> • Location of incident • Details of the staff member <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> |

Case study: Damien (version 1)

Exercise 1: Damien and first responder

Instructions: Taking into account the information provided below, practise implementing the first four steps of Trauma Support with Damien.

Role play: The driver of a motor vehicle failed to stop at boom gates in a country area. Damien, the train driver, applied the brakes but was unable to stop in time. The motorist was killed. There were no passengers in the car.

The train driver calls in the incident. He says, “This is Damien. I’ve just killed a bloke.”

Below is some more information about what happened at the time of the incident:

- Damien is shaken up. He is speaking quickly and appears confused at times.
- The first responder needed to guide him through operational requirements and got him to do controlled breathing.
- Police attended scene. The body is covered, but awaiting forensic team.
- Damien wants to go home.
- Damien has agreed to have phone contact with line manager.

Below is some background information about Damien:

- He lives alone.
- He has a history of drinking and gambling problems.
- He was involved in a previous fatality 18 months ago while on the job.

Case study: Damien (version 2)

Exercise 1: Damien and first responder

Instructions: Taking into account the information provided below, practise implementing the first four steps of Trauma Support with Damien.

Role play: Damien, a Protective Services Officer (PSO), radios in a serious assault incident. Damien sounds shaken and distressed. He reports that a gang of youths attempted to jump a barrier to evade paying a fair. Four of the youths ran away, but two who got caught behind the barrier produced knives and stabbed his colleague who was about to apprehend them. They ran off whilst Damien was trying to catch up to his colleague. His colleague was unconscious and bleeding heavily. A commuter has called for the police and ambulance to attend.

Below is some more information about what happened at the time of the incident:

- Damien is shaken up. He is speaking quickly and appears confused at times.
- The first responder needed to guide him through operational requirements and got him to do controlled breathing.
- Police and ambulance attended scene. His colleague was pronounced dead. The body is covered, but awaiting forensic team.
- Damien wants to go home.
- Damien has agreed to have phone contact with line manager.

Below is some background information about Damien:

- He lives alone.
- He has a history of drinking and gambling problems.
- He was involved in previous assault 18 months ago while on the job.

Looking after yourself

When providing Trauma Support you will be confronted with difficult situations and distressed colleagues. It is important to monitor your own wellbeing and have your own self-care plan. A culture of acknowledging the need to care for yourself, as well as for others, should be promoted. How well you are travelling, or not, should be part of your own supervision sessions.

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 may re-ignite issues from your own past trauma experiences. You might find yourself constantly thinking about your past trauma, or experiencing 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 of 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 hand over the Trauma Support role to other people.

Personal Coping Plan

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 is easier to demonstrate its use to others. There are three elements to a 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:** consider the skills, procedures or immediate supports to contact at the time of an 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.

To develop your own self-care plan or assist others to develop one, include these steps.

1. Ensure that people focus on a range of strategies. 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.
2. Briefly describe the principles of an effective plan. 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'."
3. Briefly review the rationale for starting to practise coping strategies as soon as possible, and for developing a personal self-care plan:
 - 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 over time, 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.

Personal Coping Plan

Develop your own self-care plan. Try to list at least five things you can do, with at least one for each of the following:

| PREPARE | COPE | SELF-CARE |
|--|--|---|
| <p>Skills you can practise to manage stress better.</p> <p>1. _____</p> <p>2. _____</p> | <p>Skills to help you cope during a stressful or traumatic event</p> <p>1. _____</p> <p>2. _____</p> | <p>Skills to help you recover from a stressful or traumatic event</p> <p>1. _____</p> <p>2. _____</p> |
| <p>What can you do at work to improve wellbeing?</p> <p>1. _____</p> <p>2. _____</p> | <p>Procedures to follow</p> <p>1. _____</p> <p>2. _____</p> | <p>Support at work</p> <p>1. _____</p> <p>2. _____</p> |
| <p>One or two things you can do at home to improve wellbeing</p> <p>1. _____</p> <p>2. _____</p> | <p>Who to call</p> <p>1. _____</p> <p>2. _____</p> | <p>Support at home & activities that help you feel better</p> <p>1. _____</p> <p>2. _____</p> |

Pick one or two activities that you can start practising now and note them down in the box below.

When you are not working, you should ensure that you maintain a healthy lifestyle (eating, sleeping and exercising appropriately), spend time with friends and family, and spend time engaged in enjoyable activities.

Feel free to transfer the information that you have written in this plan to a place that will be easy for you to access. For example, your computer, personal organiser, or onto the back of a business card (which you can keep in your wallet).

Put it into action!

If it doesn't work out, you can always try another skill.

Getting help: Help within your organisation

If you feel that things are not improving, then it may be time to seek help from your organisation.

<The following section is to be completed by each organisation>

At the time of incident, contact immediately:

Peer support contact:

Ongoing support through your EAP:

If you have serious concerns about yours or someone else's mental health and wellbeing, arrange a referral for specialist mental health care by contacting: *[work medical officer/GP]*

If there is an urgent concern of suicide or harm to others contact:

<end of modifiable section>

Getting help: Other sources of information and professional help

Your GP can be a good starting point for getting help. He or she can help confirm what is going on and refer you to an appropriate organisation and practitioners that can offer further assistance.

If you need immediate assistance or support, call Lifeline on 13 11 14 for confidential 24-hour counselling and referrals.

RailRes

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. More information can be found here: <https://tracksafefoundation.com.au/service/railres/>

Posttraumatic mental health

Phoenix Australia - Centre for Posttraumatic Mental Health provides free downloadable fact sheets about trauma responses and evidence-based treatments. This information is available at <https://www.phoenixaustralia.org/recovery/fact-sheets-and-booklets/>.

Alcohol and other drugs

The Alcohol and Drug Foundation gives comprehensive information and a list of resources available across Australia at <https://adf.org.au/resources/drug-information-directory/>.

Depression and anxiety

Several organisations offer access to information, resources and services, including *beyondblue* at <https://www.beyondblue.org.au/> and the Clinical Research Unit for Anxiety and Depression at www.crufad.org. Moodgym is a free self-help program to teach cognitive behaviour therapy skills to people vulnerable to depression and anxiety, available at <https://moodgym.com.au>.

Psychologists

The Australian Psychological Society has a register of psychologists who list their speciality at <https://psychology.org.au/> or call 1800 333 497.

Information for people from non-English speaking background

The Multicultural Mental Health website has a list of information sheets, and agencies that provide support, advocacy and treatment at <http://www.embracementalhealth.org.au/>. You can select a number of languages on the site.

Sexual assault and family violence

Rape and Domestic Violence Australia provides a free 24/7 telephone and online crisis counselling service for anyone in Australia who have experienced or is a risk of sexual assault, family or domestic violence. Information can be found here: <http://www.rape-dvservices.org.au/>