



Phoenix
AUSTRALIA

Providing Support after Trauma: Managers/Supervisors

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 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 – Managers/supervisors
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 Managers/Supervisors. This workshop aims to help you provide support to your supervisees and 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 days and weeks following 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
- focuses 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 (eg 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*

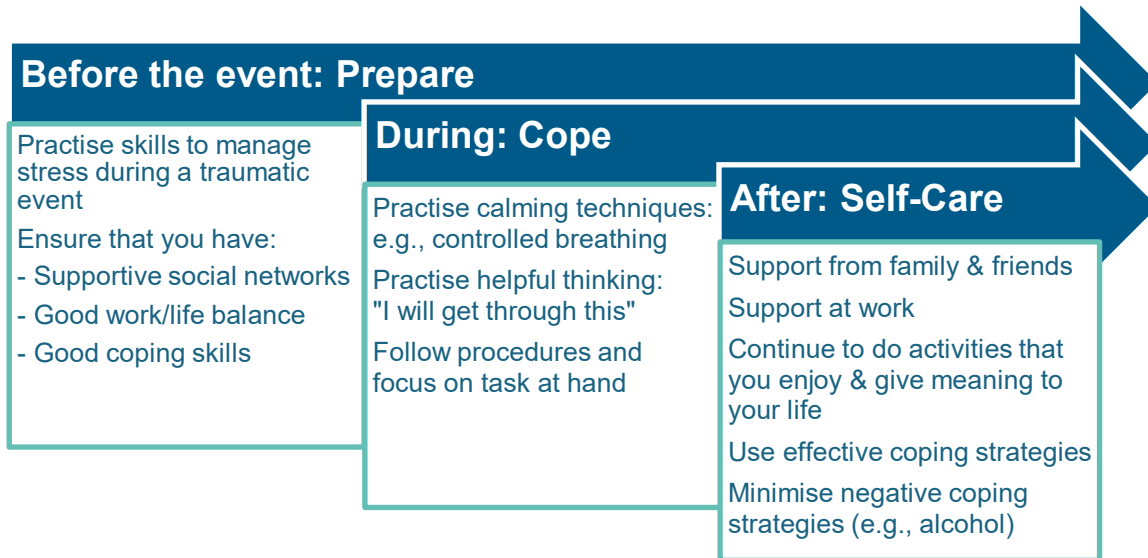
Some of these have been inserted below. You can modify them according to your needs.

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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:

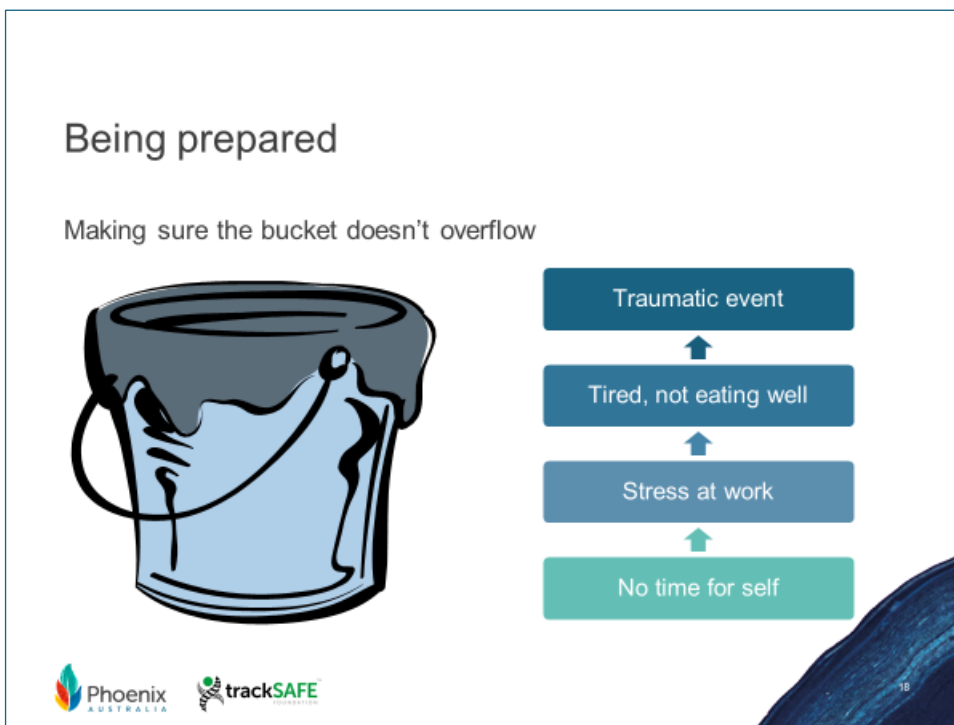


Improve your general wellbeing

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		

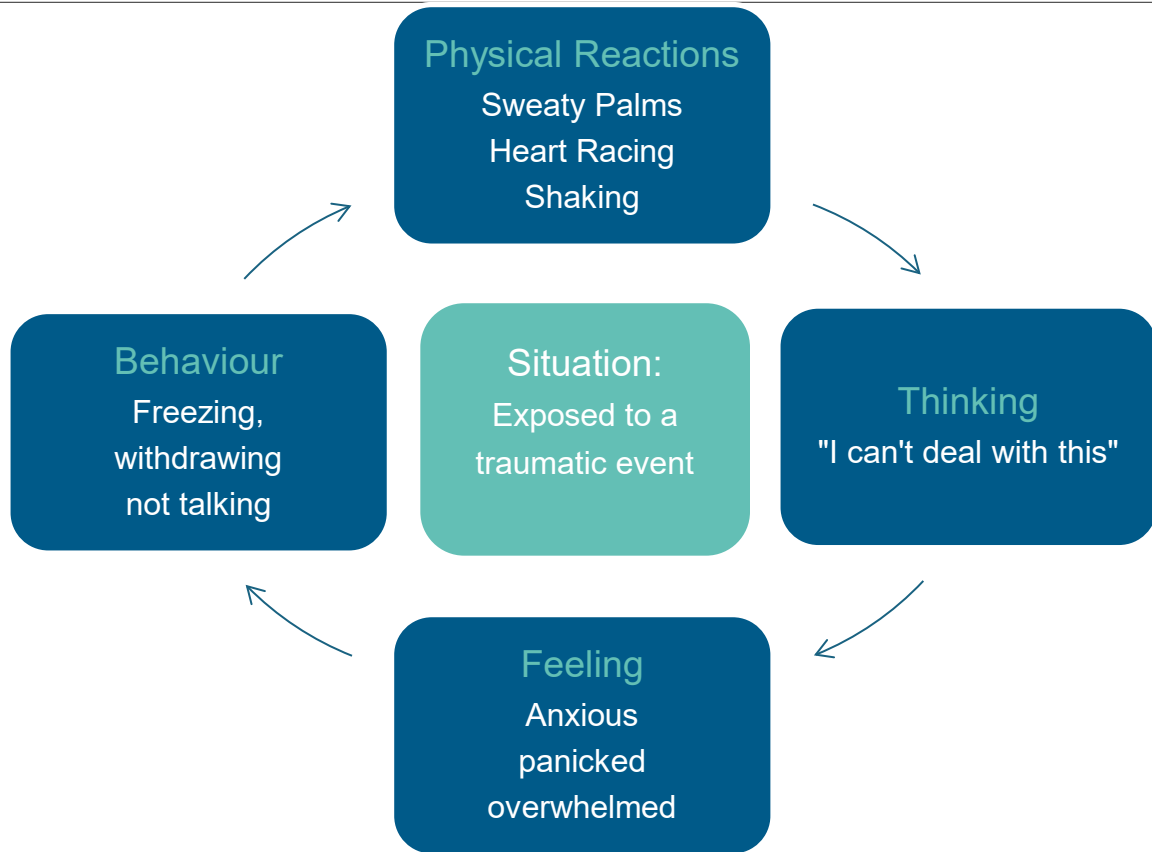
Looking after yourself: Calming techniques and helpful thinking skills

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.

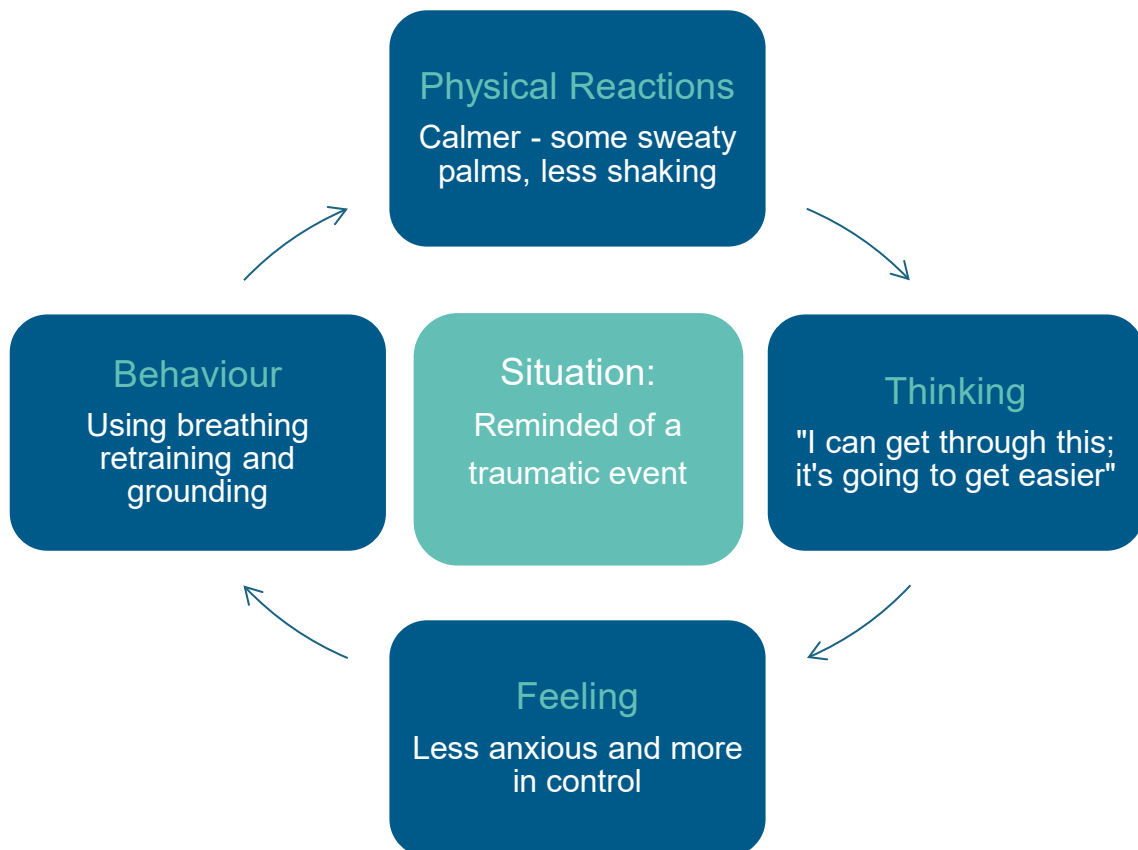
Type of response	What can happen	Strategy
Physical reactions	e.g., anxious, sweaty palms, heart racing	Breathing retraining; grounding
Thinking	e.g., "I can't cope with this"	Simple self-statements
Behaviour	e.g., freezing	Getting support, taking time out, or finding alternative activities
Emotions	panicky,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

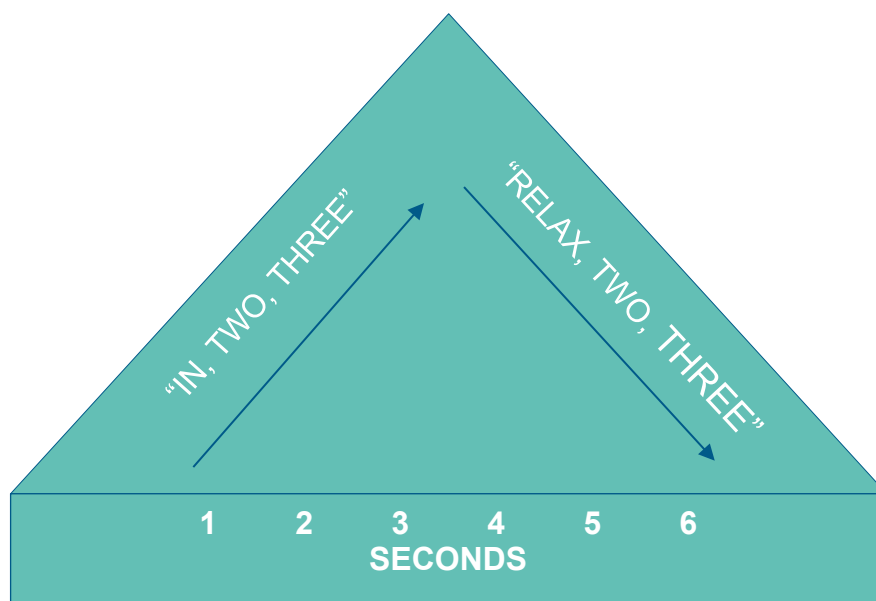
The way we feel is affected by the way we breathe. For example, when we are upset, we may breathe rapidly and shallowly, and we are often told to ‘take a few deep breaths’. This is not quite right, however. When we are feeling anxious or frightened we don’t need to take a deep breath; we need to take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

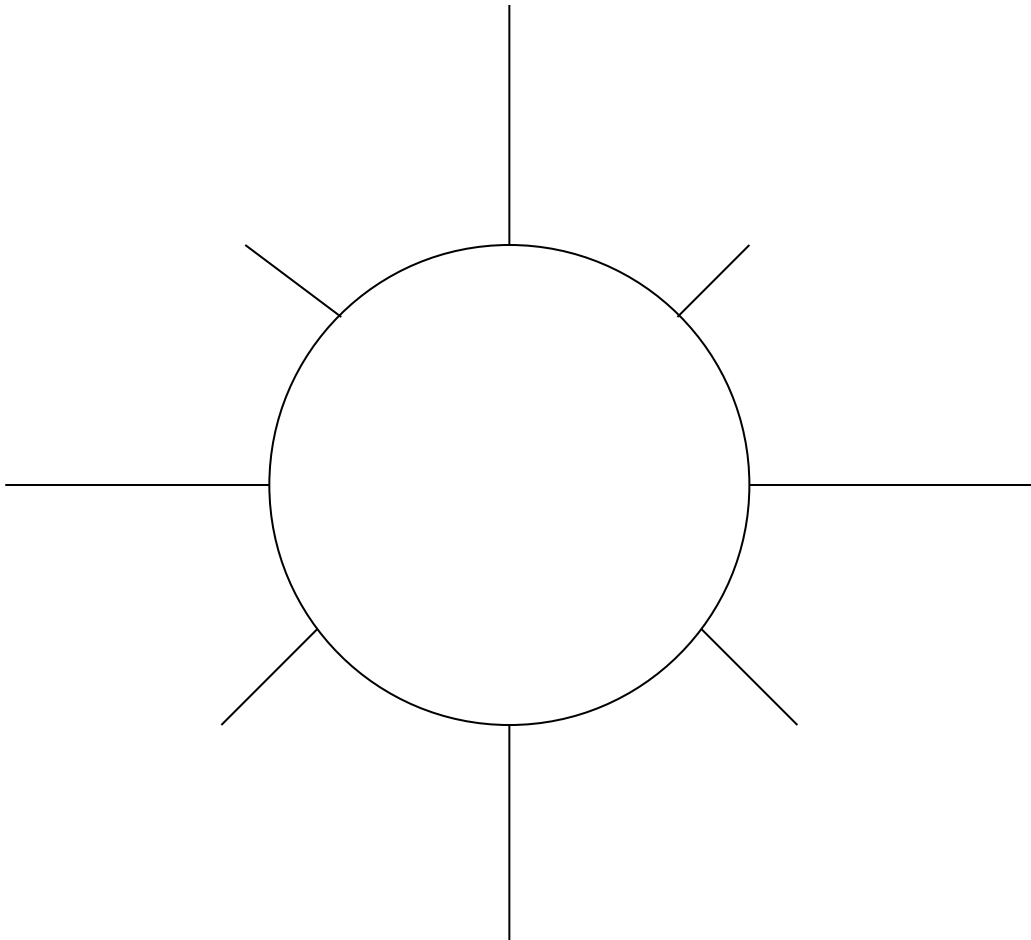
2. **Emotional support** – for example:

- 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 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:

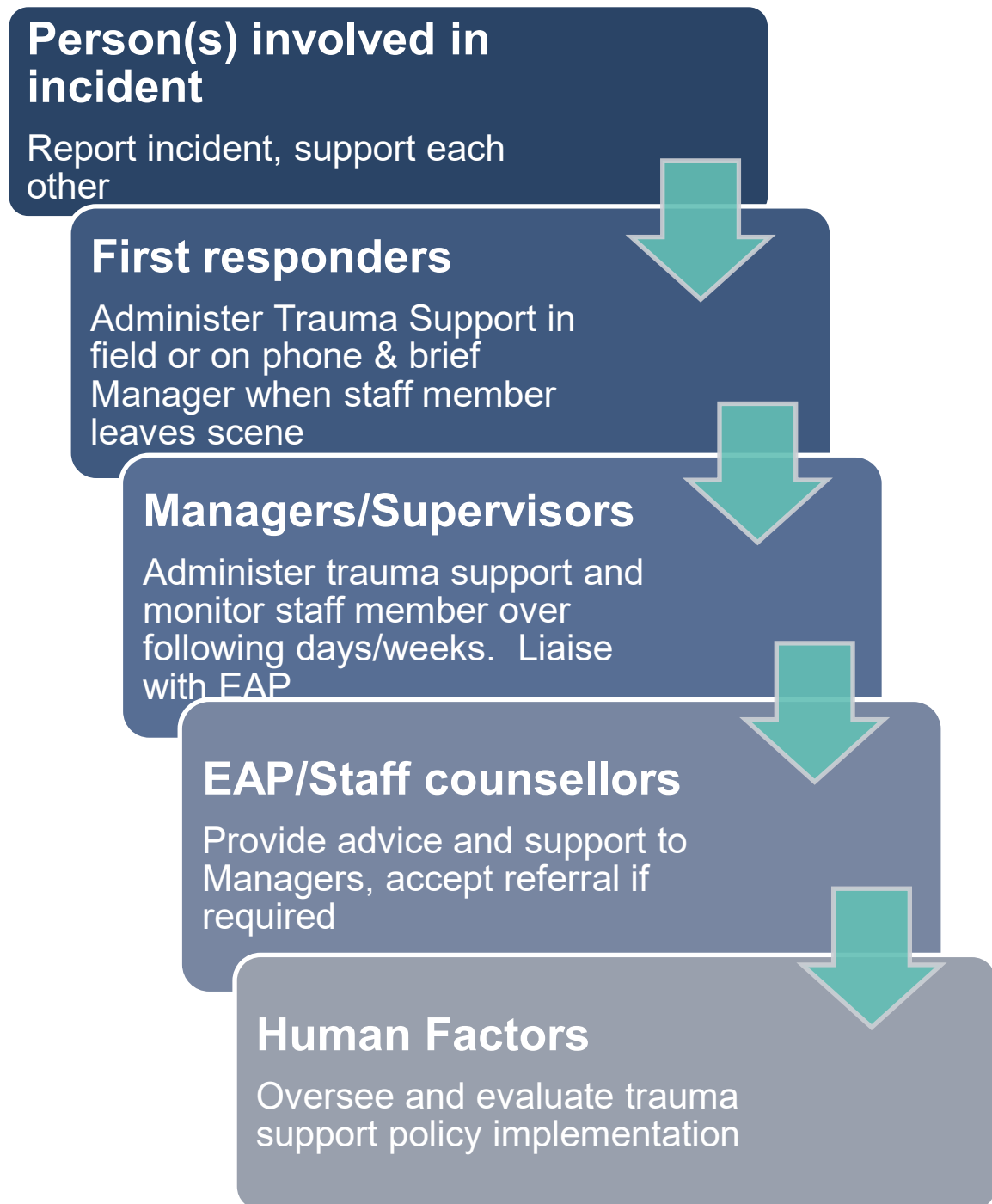
- **Try to put yourself in their shoes**, don't interrupt, offer examples from your own life, or talk about yourself.
- **Avoid offering simple reassurances** such as, *"I know how you feel"* or *"You'll be OK"*.
- **Acknowledge their distress** with statements like, *"It's really tough to go through 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 supervisors and managers 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 managers/supervisors

<This section may need to be modified by each organisation to reflect the role of the managers/supervisors in their organisation.>

Managers/Supervisors administer Trauma Support, monitor the staff member over the following days/weeks, and liaise with the Employee Assistance Provider (EAP).

In this module, the approach expected of managers/supervisors after a handover from 'first responders' is covered, including the appropriate time to refer on to EAP personnel for formal psychological assessment if there are indicators of poor psychological adjustment (anxious; sad; angry; feelings of guilt), declining work performance (including any change in attitude or behaviour towards others), and time off work.

It is important to make no assumptions about how the person is faring after the PTE. Information will have to be gathered from the person, and it can be expected that some people will not welcome the attention. A non-intrusive, low-key, but well-structured approach may be required to engage the person now that a day or so has passed since the incident.

The day of the incident or the day afterwards would ideally be an opportunity for the manager/supervisor to promote the use of positive coping strategies and social supports to enhance resilience. For example, how is the person planning to spend the day? (Encourage them to structure in some activity for pleasure or achievement.) Is there someone they can spend some time with? (Encourage them to have some contact with others, but not necessarily for the whole day if they want to spend some time alone.) Discourage poor coping strategies such as inactivity, ruminating on the incident, and excessive alcohol or drug use. Helping them to develop a personal coping plan which you can follow up on with them would be appropriate at this point.

Some of the earlier stages of Trauma Support (reassurance, calming techniques) may have to be repeated before moving on to providing information about typical responses to critical incidents, coping strategies, connections with social supports (the strongest predictor of how well a person will do after trauma), and planning helpful activities. It will be important to cover not only what the person could do to help their recovery, but also what they should avoid (e.g., heavy use of alcohol to cope with memories and feelings), or what they should not do (e.g., should not stop their usual, enjoyable, activities). Encourage them to develop a personal coping plan if you have not already done so.

Beyond the first few weeks, the managers/supervisors should, from time to time, check on how the employee is going, particularly if they are aware that the employee lacks social support and/or is facing other stressful life events. It is best for the managers/supervisors and staff member to have a plan for the follow-up phase over the next month or two.

There is no evidence that time off work alone contributes to recovery from trauma. Without support and structured activities, time off work may lead to a person dwelling on the incident and losing confidence in being able to cope at work. Where a person does take time off work, they

should counter these potential negative effects by considering how they will use this time and how they can get support from others.

<Organisation may wish to include information on assessing distress and suicide risk>

Trauma Support guidelines for managers/supervisors

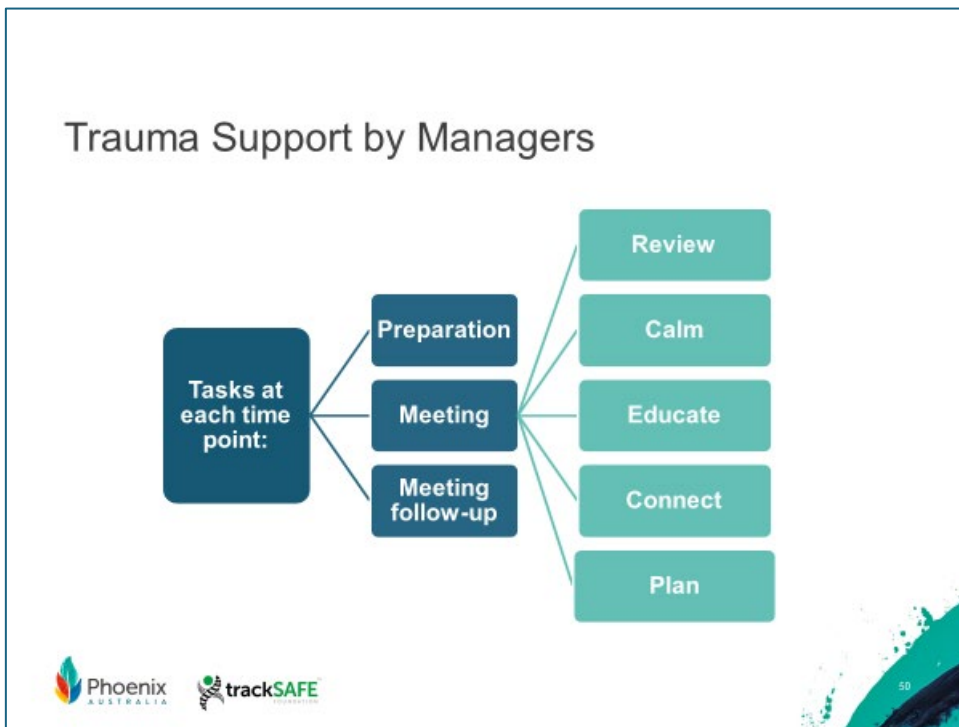
Once the staff member(s) has been removed from the incident scene, the manager/supervisor will make contact with them as soon as practicable to provide Trauma Support. This will be followed up with a meeting the following day and ongoing monitoring for the next few weeks. Supervisors should have access to the EAP or mental health professionals for consultation and advice. However, in most cases, the direct support will be provided by managers/supervisors.

The role of the manager/supervisor is to:

- Have an initial meeting with the staff member following departure from the incident scene in order to:
 - make an initial assessment of coping and help calm the staff member if necessary
 - provide brief information about common responses and coping strategies
 - help them to connect with social supports
 - plan return to work and follow-up arrangements.
- Meet with staff member the following day in order to:
 - check on wellbeing and encourage positive coping strategies including return to work. (Perhaps develop a self-care plan)
 - plan further follow-up arrangements including referral to EAP if necessary.
- Continue to monitor the staff member's wellbeing over the following month in order to:
 - check on wellbeing
 - plan further follow-up arrangements including referral to EAP if necessary.

The diagram below provides a summary template for each meeting, with the core tasks spelt out. For each meeting there should be a process of preparation, followed by the meeting, and then completion of any follow-up tasks, including arranging a time for the next catch-up.

At each meeting, be prepared to implement any or all of the five core components as required: Review, Calm, Educate, Connect and Plan.



Specific advice for managers/supervisors in planning and delivering Trauma Support is elaborated below.

Preparation for first meeting

In preparation for the initial meeting with the staff member, the manager/supervisor should:

- in so far as is possible, and being mindful of privacy laws, gather information from colleagues, the HR file, etc., about the staff member, that might impact on their coping with this incident. For example, general wellbeing, other current stressors at work or at home, exposure to previous trauma, response to previous trauma
- get an update from the first responder before the staff member arrives back at the depot to check how they are coping.

At first meeting

The meeting with the staff member should be held in an informal setting, e.g., over a cup of tea or coffee, rather than in a formal office setting. Some people feel more comfortable walking or sitting alongside the person they are talking to rather than being face-to-face. If the staff member has been taken straight home rather than to the office or depot, this meeting can take place over the phone.

The purpose of the meeting is to continue the Trauma Support begun in the initial contact by the first responder or deployed support person. The core elements are:

- make an initial assessment of coping and help calm the staff member if necessary

- provide basic information about expected reactions and coping strategies (this could include assisting them to develop a self-care plan)
- help them to connect with social supports
- plan return to work and follow-up arrangements if appropriate.

Review coping

Staff members may have a range of responses after a PTE, some people might seem unaffected, others may feel numb, be crying, in a panic or angry. Amongst those who seem unaffected some may of course feel distressed but not want to show it. This can actually be a helpful coping strategy in the short term, but could get in the way of recovery in the longer term.

It is hard to predict how an individual will be affected by exposure to a PTE. The following are some examples of situations that may place a staff member at higher risk for a more problematic response, and that suggest that support is more likely to be required or referral to EAP may be warranted.

- If a person killed or injured was a child, a person known to the staff member, or had personal significance for another reason (e.g., same age and appearance as partner)
- If the staff member believes they were responsible for the incident or could have avoided it.
- If the staff member has had previous exposure to PTEs.
- If the staff member is very angry, tearful, or numb.
- If staff member has no social/family support, or has current stressors such as financial, marital, or sick children.

In any of these circumstances, supervisors should seek advice from the EAP regarding appropriate follow-up arrangements.

Use the information below as a guide to level of distress in the immediate aftermath and how to respond.

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 okay, 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.

Below are some points to remember when assessing risk of harm to self and others:

- What if the staff member is very distressed?
Engage with the staff member and provide reassurance. Talk them through a calming technique, repeating it until they are visibly relaxing. Identify what they see as immediate needs and options to help them. Seek help from EAP or police, if more urgent.
- Whose responsibility is it to assess?
Yours initially. You are the person in the room with them. Stay with them until more help arrives.
- Your duty of care.
To seek more support and stay with them until help arrives.
- How far do you take it?
It is OK to ask questions directly about the person's intentions to hurt themselves or others. This can be useful information to pass on to EAP/police, etc.

Calm the staff member if necessary

If the staff member is distressed:

- Reassure that it is normal to feel distressed – body prepared to “fight or flight”
- Take staff member through controlled breathing exercise
- Introduce relaxation exercises
- Encourage daily practice

Educate about expected reactions and coping strategies

Reassure the staff member that feeling a bit shaken up for a couple of days (this may include, for example, not sleeping as well as usual, having distressing thoughts or dreams of the event) is to

be expected, and does not mean that something is wrong. In most cases, this reaction settles down within the first week or so.

Suggest ways that the staff member can help his/her own recovery. Encourage or assist them to develop a self-care plan. A list of positive coping strategies is included in the “Self-help tips after a traumatic experience”, but the key points to make are:

- spend time with people who can support you
- return to normal routines as soon as possible
- take some time to do something enjoyable or relaxing.

Connect with social supports

Social support is the most important predictor of recovery for people exposed to a potentially traumatic event. Check on the social support available for the staff member at home. Make arrangements for the staff member to link in with a work colleague if there is no support at home. The supervisor might ask the staff member:

- Are you going home to someone?
- Is there anything you'd like me to do – e.g., ring home and let them know what's happened? Give them or arrange a lift home?
- If there are no supports at home, can I give you a call tonight (or arrange a mate from work to do so?)

Plan return to work and follow-up arrangements

The supervisor should explain to the staff member why an early return to work is recommended based on the following key principles:

- *there is no evidence* that time off work promotes recovery – and it might actually make matters worse if you spend the time dwelling on the event or resorting to unhelpful ways of coping, such as alcohol or drug misuse
- *there is evidence* that social support and return to normal routines as soon as possible promote recovery
- coming in to work and being in contact with workmates will help make things seem more like normal.

If the staff member agrees to come to work at the beginning of his/her next planned shift, the supervisor should:

- consider making alternative work arrangements for them, ensuring that allocated tasks remain relevant to their role and skill level (e.g., assisting with toolbox talks, fulfilling re-accreditation requirements which are soon due to expire), and that the staff member has contact with peers

To allow for monitoring wellbeing over the first couple of days, the staff member should not resume safety critical roles such as driving a train.

If the staff member is eligible for, and decides to access trauma leave, the supervisor should:

- talk through plans for the time off work. Encourage constructive activity – make it clear that there is no expectation that the person is “sick” and therefore should be in bed or staying indoors. Advise them that recovery will be sped up by doing activities that will be enjoyable and/or give a sense of achievement. However, they should avoid risky activities or anything that requires high levels of concentration.
- encourage the staff member to come into the office/depot the following day for a check-in. This allows the supervisor to stay in touch with the staff member and provide support and encouragement of positive coping strategies. If not accepted, the supervisor should arrange for follow-up phone calls over the next two days with the same objectives in mind.

Next day meeting

The meeting with the staff member should be held in an informal setting, e.g., over a cup of tea or coffee rather than in a formal office setting. Some people feel more comfortable walking or sitting alongside the person they are talking to, rather than face- to-face.

The purpose of the follow-up meeting is to continue the Trauma Support, in particular, monitoring wellbeing and planning return to work or follow-up if required.

Check on wellbeing and encourage positive coping strategies including return to work

Begin with a general enquiry about how they are holding up.

- If staff member reports no problems and appears to be coping well, discuss rationale for return to work, and if the staff member is agreeable, plan mutually agreed role for the next 48 hours.
- If staff member reports difficulties or still appears distressed, discuss coping strategies:
 - Ask the staff member how they spent their time since yesterday? If inactive and/or they report unhelpful coping strategies (e.g., drinking), reiterate that this may get in the way of recovery and brainstorm some alternatives. Reinforce positive coping and/or constructive use of time.
 - Ask the staff member if there is anyone at home providing support, such as friends or other family members? If not, encourage the staff member to spend time at work so that they can be around others, and in particular with people who’ll understand what they’ve been through.
 - If the supervisor has concerns for the staff member’s wellbeing, suggest referral to EAP and arrange to touch base again the following day.

Plan further follow-up arrangements including referral to EAP if necessary.

If there are no signs of concern, check in again 2-3 days later, then 1 week, then 1 month later. If there are signs of concern at any of these time points, check in again the following day. If there are serious concerns at any stage, refer to the EAP.

Monitoring wellbeing over the following week and month

While most people will have an initial reaction of distress that settles down within the first week or two, in some cases people feel OK initially but have trouble coping over the next few weeks or even some months down the track. For this reason, it is worth monitoring the wellbeing of staff members exposed to potentially traumatic events over the first month, and longer if there are any indications of ongoing distress or inadequate recovery. The suggested schedule of follow-up after the meeting on the day after the incident is: 2-3 days later, then 1 week, then 1 month, and monthly after that, if indicated. If there are any signs of concern at any of these time points, the manager/supervisor should check in again the following day, and if concerns are serious, refer to the EAP.

Managers/supervisors should be alert to any changes in the person's usual personality, behaviour or relationships at work. For example they may be:

- more emotional, and less tolerant than usual
- argumentative, or in conflict with others
- anti-authority
- becoming more isolated.

Similarly, deterioration in work performance may be an indication that the staff member is not coping well. For example:

- taking excessive sick leave
- being overly cautious or wary
- experiencing concentration difficulties
- having heightened anxiety
- reporting lower job satisfaction
- co-workers or supervisors notice an increase in errors or non-completion of tasks.

The manager/supervisor should also monitor the staff member's exposure to any further stressful events – at work or at home – as such events may put further pressure on their coping resources. The supervisor should treat any additional stressors as a “trigger” to check in again on the staff member's wellbeing.

The impact of poor coping may also be seen at home, and as far as possible, supervisors should try to be aware of the staff member's whole-of-life functioning – including physical wellbeing, family, social, and lifestyle issues.

If there are any issues of concern, the manager/supervisor should arrange another meeting to check on the staff member's wellbeing, consult with the EAP, and arrange referral if necessary.

The circumstances in which managers/supervisors should refer the staff member to the EAP might include:

- the staff member is highly distressed (at any stage after the event)
- the staff member has any level of distress that lasts longer than 1-2 weeks
- there are changes in the staff member's characteristic personality or behaviour
- there are changes in the staff member's characteristic work performance.

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

Providing Support after Trauma: Managers/Supervisors – Participant Workbook

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

2. Follow-up meeting the following day

Preparation	
Purpose	Tasks
To continue Trauma Support by: <ul style="list-style-type: none"> • monitoring wellbeing • making RTW plans • make plans to refer if necessary 	Set aside the time to catch up Select a location where you won't be interrupted Collect feedback from colleagues
Meeting	
Purpose	Tasks
To continue Trauma Support by: <ul style="list-style-type: none"> • monitoring wellbeing 	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
Meeting follow-up	
Purpose	Tasks
To make plans to refer if necessary	Make referral to EAP if necessary Arrange check-in time <ul style="list-style-type: none"> • 2-3 days • 1 week • 1 month 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"> • monitoring wellbeing • making RTW plans • making plans to refer if necessary 	<p>For each meeting:</p> <ul style="list-style-type: none"> • prepare • meet • follow-up <p>At each meeting:</p> <ul style="list-style-type: none"> • review • calm • educate • connect • plan <p>At meeting follow-up:</p> <ul style="list-style-type: none"> • make a referral to EAP if necessary • arrange check-in time after 1 month

Case study: Damien (version 1)

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.”

Exercise 1: Manager and first responder

Instructions: The first responder, not the manager, can refer to the information below. The aim is for the manager to get as much information as possible in preparation for their first meeting with Damien.

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.

Exercise 2: Manager and Damien – First meeting

Instructions: Manager to go through recommended steps for initial meeting with Damien.

Information in handover from first responder:

- Driver agitated.
- Wants to go home, reluctantly agrees to follow-up phone call.
- Known history of alcohol and gambling problems.
- Previous fatality exposure (18 months ago).

Case study: Damien (version 2)

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.

Exercise 1: Manager and first responder

Instructions: The first responder, not the manager, can refer to the information below. The aim is for the manager to get as much information as possible in preparation for their first meeting with Damien.

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.

Exercise 2: Manager and Damien – First meeting

Instructions: Manager to go through recommended steps for initial meeting with Damien.

Information in handover from first responder:

- PSO agitated.
- Wants to go home, reluctantly agrees to follow-up phone call.
- Known history of alcohol and gambling problems.
- Previous PTE exposure (18 months ago).

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.

3. 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.
4. 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'."
5. 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/>