



Phoenix
AUSTRALIA

Providing Support after Trauma: Managers/Supervisors

Trainer manual



Acknowledgements

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

Disclaimer

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Limitations on tailoring material for your organisation

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

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Workshop background

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

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

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

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

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

Workshop aims

In this workshop you will help staff to:

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

End audience

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

- managers
- supervisors
- peer support personnel

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

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

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

Organisation decisions required prior to the workshop

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

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

Modifications required

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

Modification & decision summary and checklist

Slide (number)	Modifications/decision required	Who has the authority to make the decision/change?	Complete
Prompt cards (11)	It is up to each organisation whether they print and provide these prompt cards to their staff. Delete this slide if your organisation is not going to provide these.		
Roles and responsibilities: An example (25)	This slide is an example of what roles different staff may play in responding to a PTE and providing Trauma Support. Your organisation will need to decide on defined roles and responsibilities and update accordingly. Refer to Appendices 3 and 4 for summaries of the first responder and manager/supervisor Trauma Support roles.		
What to expect after a PTE (26)	The aim of this slide is to inform staff about what to expect after experiencing a trauma in terms of organisational procedures (this may include support provided by external contractors to the organisation). This slide will need to be modified for your organisation and should include information on support available during the immediate aftermath, and in the days and weeks after a PTE.		
Session 5: Communication (27+)	This session will need to be modified to make it relevant to your organisation. Whilst we would consider communication skills training to be an important element of Trauma Support training and consistent with best practice, this is a module that could be either cut down or left out of the training schedule and provided as information in the participant workbook. This would allow you to focus more time on other workshop content.		
The importance of confidentiality (40)	You need to impress on your staff the importance of maintaining confidentiality both in the training and when providing support to		

Slide (number)	Modifications/decision required	Who has the authority to make the decision/change?	Complete
	others. You will need to decide who they can speak with at your organisation regarding the staff they support.		
Trauma support components: Who does what? (47)	This slide provides an example overview of different roles and responsibilities that the first responder and manager/supervisors have. This slide will need to be modified to match the changes you made to the Roles and responsibilities slide (see above). Refer to Appendices 3 and 4 for summaries of the first responder and manager/supervisor Trauma Support roles.		
Session 7: Trauma Support in Practice – Managers/Supervisors (48+)	This session goes through the roles and responsibilities of the managers/supervisors in detail. You will need to ensure that these session’s slides are consistent with the organisations definition of this Trauma Support role.		
Exercise: Manager and first responder (54)	If your organisation does not utilise a first responder in a Trauma Support role, you will need to modify this exercise to match your normal practice.		
Assessing harm to self or others (60)	This slide prompts a discussion about noticing and assessing risk while in a Trauma Support role. This slide may need to be modified or excluded in order to meet your organisational needs. Note that we think this is an important inclusion, as risk issues may come up during the Trauma Support role (even when not specifically asked about) so staff may wish to have some guidance on how to respond.		
First meeting: Meeting (67)	This slide includes information on trauma leave and other return to work activities. You may need to modify this slide to fit with your organisation’s policies, e.g., trauma leave arrangements.		

Structure of workshop

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

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

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

Using this trainer manual



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



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



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



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

Copyright and acknowledgements

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

PowerPoint slides

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

Word documents

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

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

Limitations regarding tailoring content

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

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

Workshop schedule

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

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

Recommended format

Time	Topic / Activity
10 min	Introductions
5 min	Aims and rationale of workshop
What is Trauma Support? (10 min)	
10 min	Brief introduction to Trauma Support
The Impact of Trauma (10 min)	
5 min	The impact of PTEs and recovery patterns following a PTE
5 min	Risk factors for not coping following a PTE
Help-seeking (10 min)	
10 min	When to recommend seeking help, and support options
Roles of different staff in relation to PTEs (5 min)	
Communication (30 min)	
25 min	Communication skills
5 min	Confidentiality
Core components of Trauma Support (10 min)	
10 min	Aims and core components of Trauma Support
Trauma Support in Practice – Managers/Supervisors (90 min)	
5 min	Overview of steps of Trauma Support
85 min	Purpose and tasks related to each step

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

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

Possible modifications to the workshop include:

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

Heading 1

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



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

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

Acknowledgments

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



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

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



Introductions

Briefly introduce yourself:

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

Confidentiality in the workshop

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

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

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

Workshop aims

In this workshop you will:

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



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

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

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

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

Encourage participants to develop a natural approach:

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



What is Trauma Support? – 10 min session

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

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

For this session you will require:

- no additional equipment.

What is Trauma Support?

Who is it for?	<ul style="list-style-type: none"> • Staff involved in critical incidents who may be experiencing acute stress reactions.
Who is it delivered by?	<ul style="list-style-type: none"> • Peers, Supervisors, Managers, and first responders who provide early assistance
When is it intended to be delivered?	<ul style="list-style-type: none"> • Immediate aftermath of event and days, weeks following
Where can it be delivered?	<ul style="list-style-type: none"> • A broad range of settings, in either single or multiple sessions




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

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

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

The core components of PFA are:

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

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

Recommended further reading for trainers:

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

http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf

What is Trauma Support?

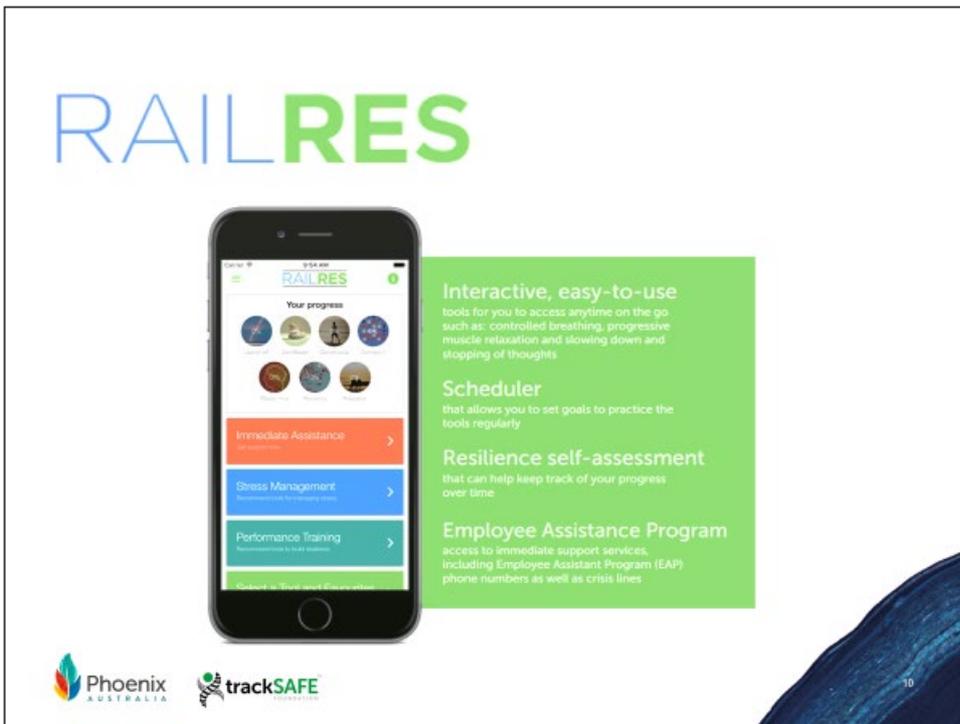
- Promotes natural recovery processes through:
 - Offering support
 - Maintaining usual routines and roles
- Trauma support is recommended by experts as 'best practice'
- Trauma support is tailored to the individual's needs
- Assumes that people will be resilient in the face of trauma



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

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

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



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

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

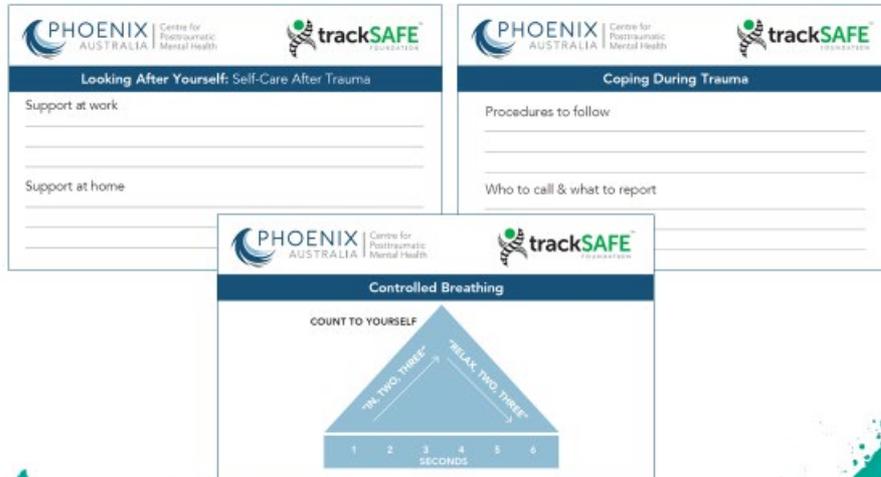
Below is some information about the RailRes App, as described by TrackSAFE:

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

- **App features**

- Access to immediate support services, including Employee Assistance Programs phone numbers as well as crisis lines.
 - Interactive, easy-to-use tools that the user can access on the go such as: controlled breathing, progressive muscle relaxation and slowing down and stopping of thoughts.
 - A scheduler that allows users to set goals to practice the tools regularly.
 - A resilience self-assessment that can help users keep track of their progress over time.
- More information, a video, and downloadable posters are available here:
<http://tracksafefoundation.com.au/railres-app>

Prompt cards



- This slide will need to be modified for your organisation.



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



The impact of trauma – 10 min session

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

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

For this session you will require:

- the TrackSAFE video (optional)
- a whiteboard

Potentially traumatic events

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



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

1. Provide a context

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

2. Present a definition of a PTE

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

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

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

- being assaulted or severely injured
- witnessing an assault

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

VIDEO: Impact of trauma

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



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

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

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

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

Exercise: Responses to PTEs

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

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PARTICIPANT EXERCISE (whole group)

5 min board exercise

Aims of exercise

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

Instructions

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

- emotional
- cognitive
- behavioural
- physical

During feedback:

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

Emotions/ Feelings

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

Physical

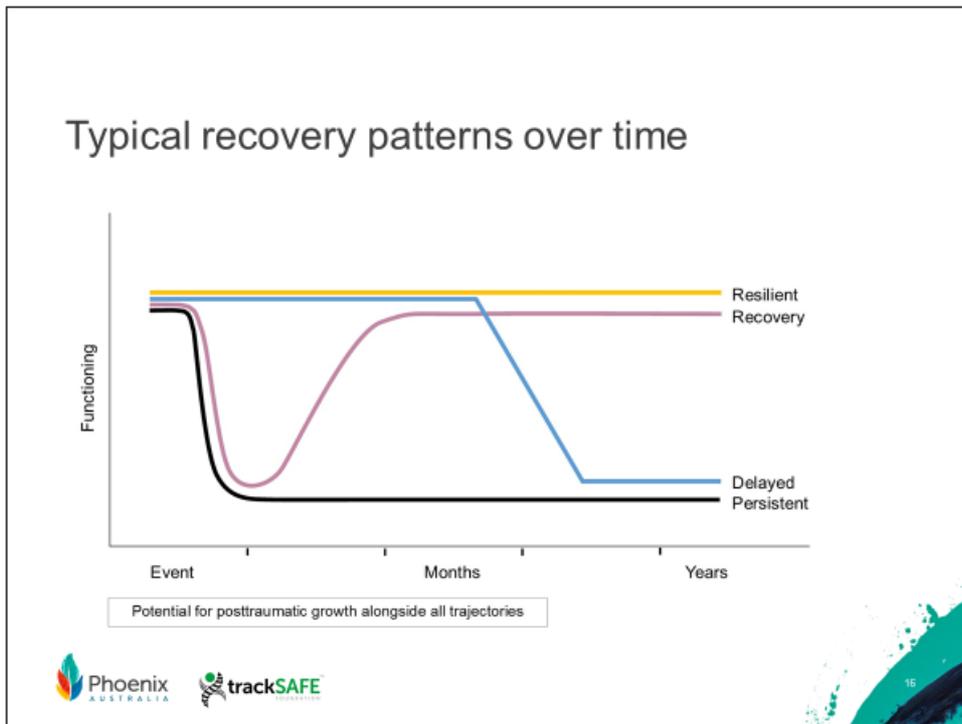
- Fatigued/tired
- No energy
- Trouble sleeping
- Heart racing – chest pain
- Feel on edge and jumpy
- Increased physical pain
- Headaches, dizziness
- Stomach aches, nausea, diarrhoea
- Decreased appetite

Thinking (cognitive)

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

Behaviour

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



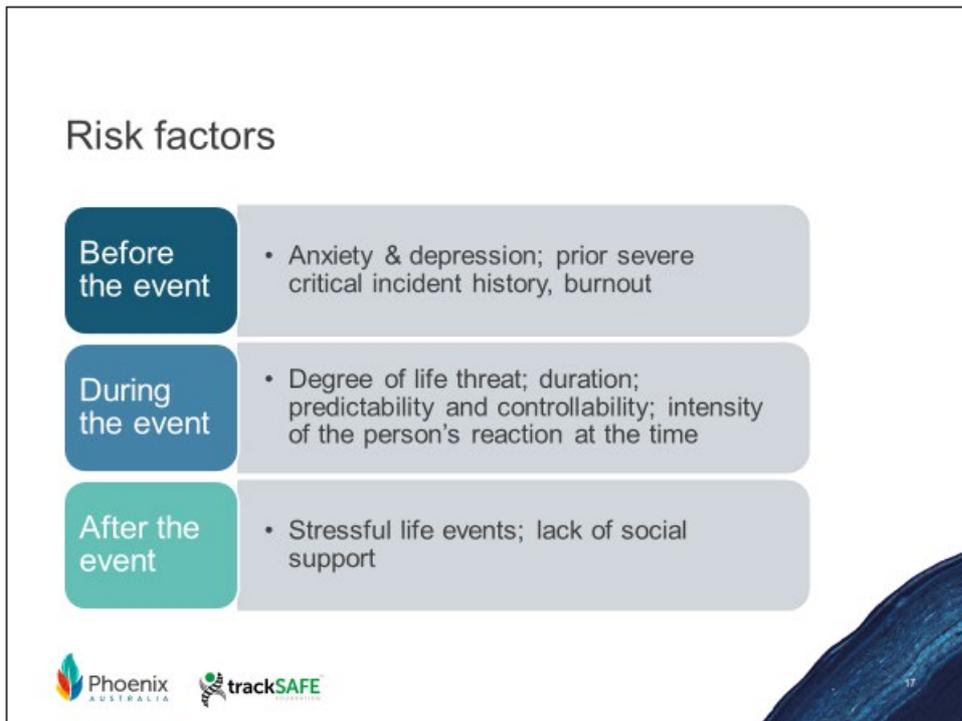
In presenting recovery patterns, ensure that the main message conveyed is that, by and large, people can cope with traumatic events and although initial distress can be expected, most people recover. Ensure that the following points are covered:

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

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

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

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



Discuss risk factors for developing difficulties after a PTE.

- 1. Provide a context & rationale for discussing risk factors.** Risk factors can be present before, during, or after a traumatic incident. While a person doesn't have control over all risk factors (e.g., the number or types of events a person is exposed to) it is useful to have an understanding of these factors when considering staff wellbeing. Also important to point out that whilst you cannot control or change what has happened in the past (e.g. before or during the event) we can influence what happens after the event. This is what Trauma Support is aimed at. We will be asking you to reflect on managing your own risk factors throughout the workshop by asking you to:

 - consider activities that may improve your current lifestyle and ability to manage stress
 - learn skills to manage your immediate reactions to a traumatic event
 - think about the kind of supports for helping you cope with the impact of PTEs.
- 2. Don't set up expectations of not coping.** Stress that not all people who experience these risk factors will go on to develop problems.
- 3. Describe different risk factors.** Provide some concrete examples in the rail industry context.

Predictors of more serious reactions

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

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



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

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

Coping with trauma

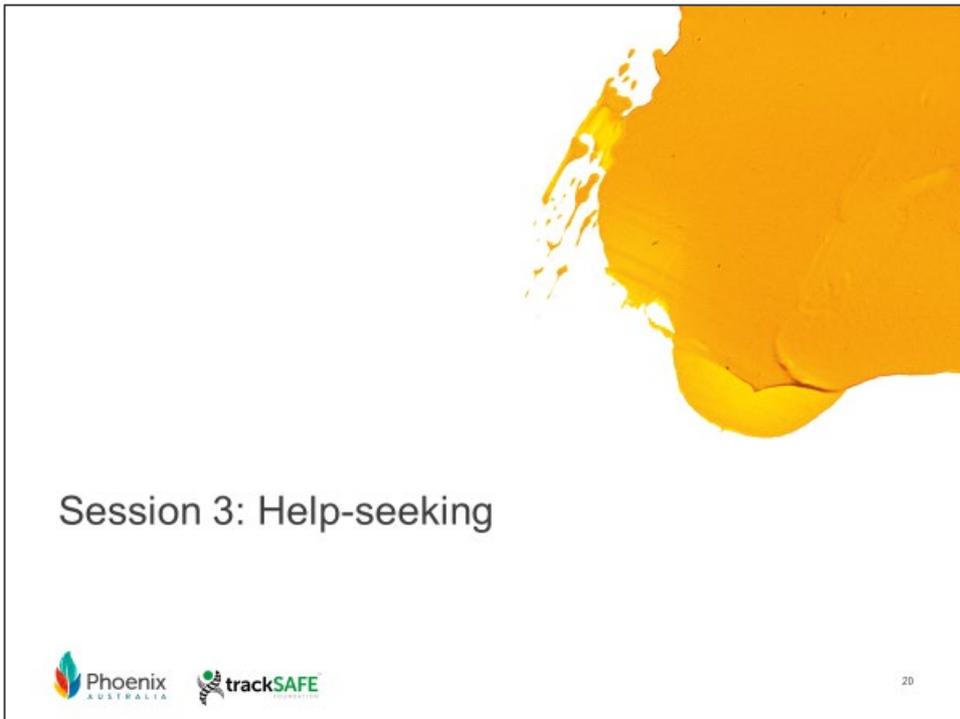
This workshop assumes you are familiar with the Coping with Trauma materials and aims to:

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

Refer to your workbook for more information



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



Help seeking – 10 min session

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

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

For this session you will require:

- no additional equipment

RAILRES

When to recommend seeking help

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

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

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

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



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

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

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

Other signs

Self-screening questions

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

Staff also provided with 'Getting help' handout



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

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

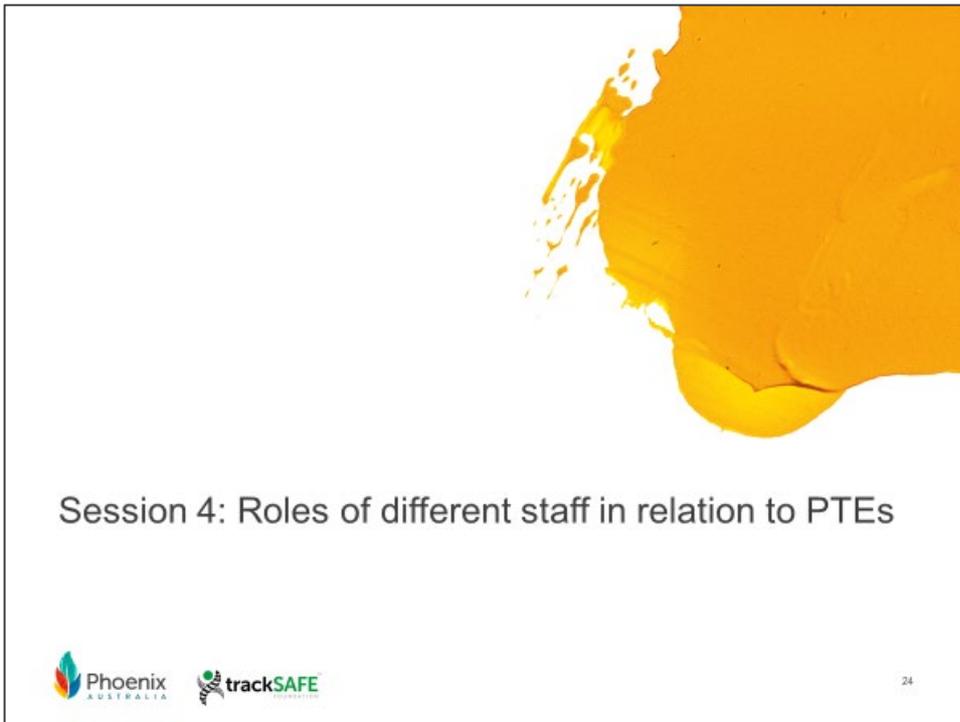
Review support options for staff, e.g., EAP, peer support network, supervisor, management, professional counselling or treatment services.



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

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

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

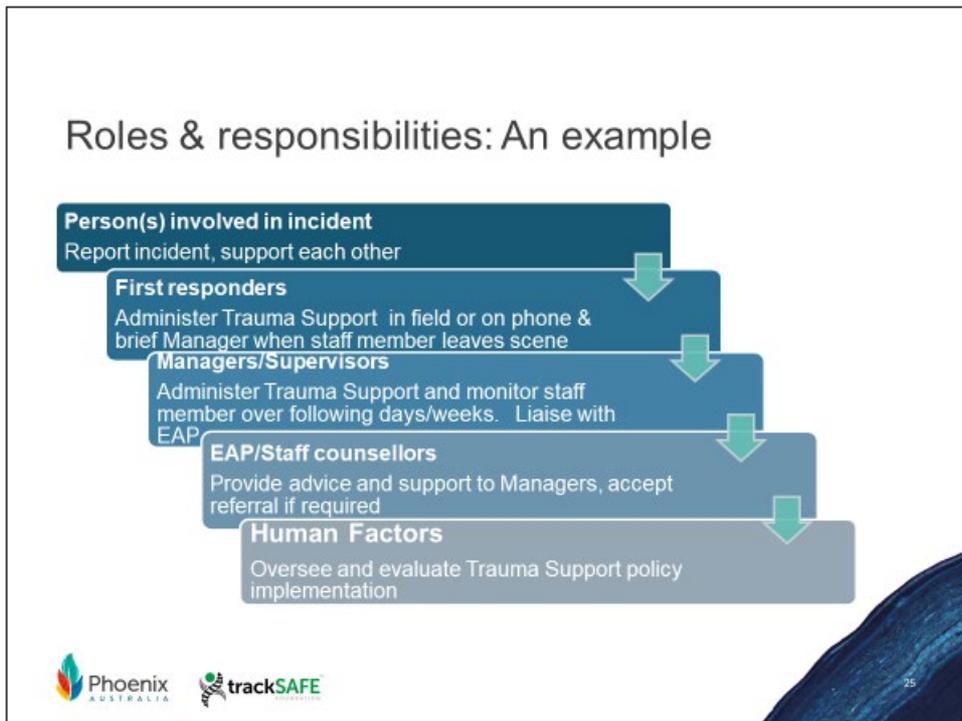


Roles of different staff in relation to PTEs – 5 mins

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

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

For this session you will require no additional equipment.



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

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

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

What to expect after a PTE

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



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

Immediate aftermath:

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

Days and weeks after a PTE:

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



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



Communication – 30 mins



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

Good communication skills are fundamental to delivering effective Trauma Support. The person receiving Trauma Support must feel listened 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. It is therefore important that people being trained as Trauma Support workers understand and can demonstrate skills in effective communication. This session provides an overview of the core communication skills considered important when delivering Trauma Support.

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

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

For this session you will require no additional equipment.

Why communication skills?

Getting relevant information

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

Listening well and providing support

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

Providing useful information

- In a way that is easily understood



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

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

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

Communication skills

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

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

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

Basic listening skills

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



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

Active listening skills

LACE:
Listening
Acknowledging
Checking
Enquiry

Use minimal reinforcers –
nod, say “hmm, yes I see”

Repeat back in your own
words what they have said

Respond frequently, but
don't interrupt or ask too
many questions

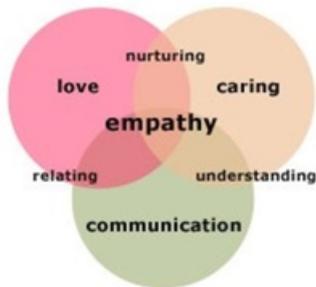


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The LACE acronym is another useful memory aid for remembering the core components of active listening skills – Listening to what they are saying, Acknowledging what they are saying, Checking that you understand what they are saying and Enquiring to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

Empathy

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



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



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

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

Non-verbal communication

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



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

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

Open-ended v closed questions

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



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

Barriers to listening

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

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



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

Tips for communicating in Trauma Support



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



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

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

Tips for communicating in Trauma Support



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



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

Tips for communicating in Trauma Support

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

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



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Some people may be incapable of talking immediately after incident.

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

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

Tips for communicating in Trauma Support

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

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



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Provide information on the reasons that people impacted by trauma may not wish to speak to their manager/supervisor etc.

The importance of confidentiality

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



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

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

A note on confidentiality

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



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

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

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

ALERT for Trauma Support Staff

GET HELP & REFER ON

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



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Emphasise this point and answer any questions the participants may have

Exercise: Good v bad listening

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



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PARTICIPANT EXERCISE (pairs)

5 min pair exercise, 5 min group feedback

Aims of exercise

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

Instructions

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

- Ask the 'teller' to tell a story about their day or something frustrating.
- The listener starts listening in a 'good' way i.e., using communication principles such as active listening, SOLER, expressing empathy etc.
- At the trainer's instruction, the listener shifts from being a 'good listener' to a 'bad listener'.
- Swap teller/listener roles after 5 minutes.

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



Core components of Trauma Support – 10 mins

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

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

For this session you will require:

- no additional equipment.

Trauma support aims

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



Trauma support is not...

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



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

Trauma support components: Who does what?

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



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

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

Each of these components will be discussed in detail.

While displaying the (modified) slide talk through:

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

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



Trauma Support in practice: Managers/Supervisors – 90 mins



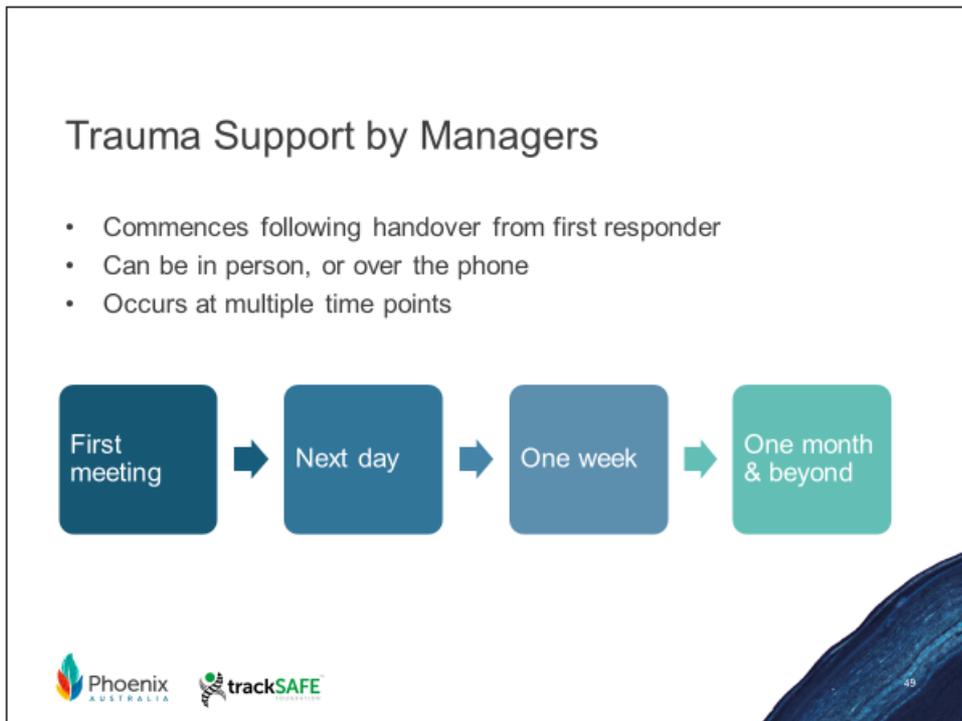
You will need to decide what is going to work best in your organisation and adapt this session accordingly. As trainers, you will need to be flexible with the training slides you use depending on whether you are training first responders, line managers, or Trauma Support workers who will monitor the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

This part of the workshop will take approximately 90 minutes. It aims to provide:

- information on the role of a line manager in supporting a staff member in the days and weeks after a PTE
- practical skills for providing Trauma Support.

For this session you will require:

- the TrackSAFE video *and* a whiteboard.



In this session, we will focus on the role of managers in providing Trauma Support during the:

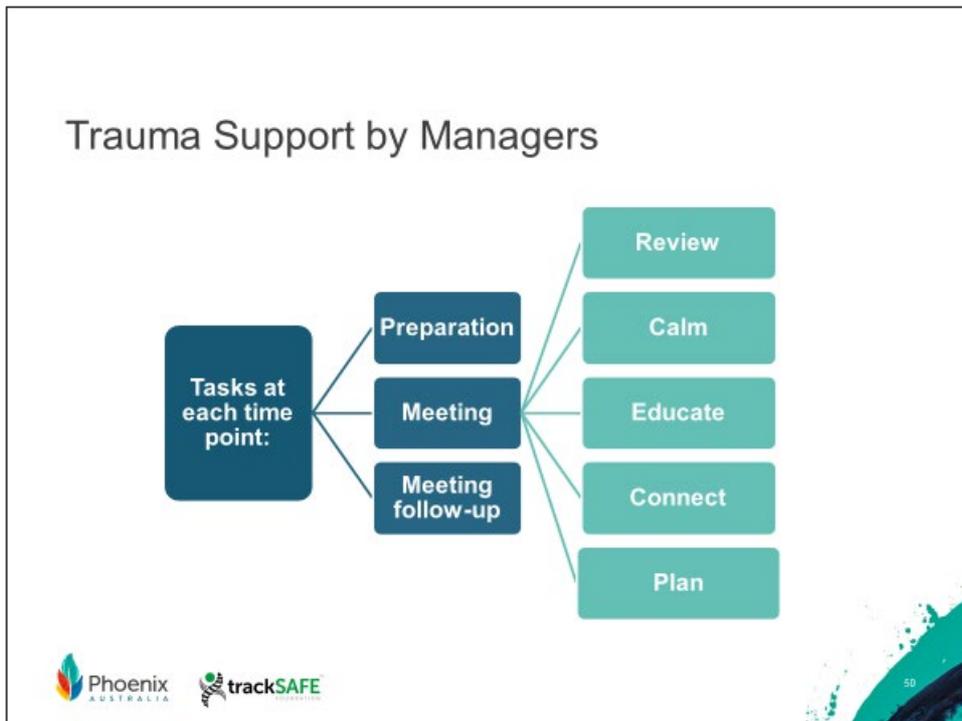
- first meeting (day of incident)
- meeting the next day
- follow-up meeting at one week
- follow-up over the following month and ongoing as required.

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.



This is the format to be followed at each and every meeting between the line manager/supervisor/Trauma Support person and the person involved in the PTE. 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.

First meeting: Preparation

PURPOSE

- To ensure that the staff member has a positive experience
- To establish trust and good communication

TASKS

- Get appropriate handover from first responder, HR, etc.
- Gather as much information as you can about:
 - the incident
 - the staff member

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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.

Also, emphasise the following points while displaying this slide:

- It is important to convey empathy and concern
- Recap importance of helpful communication skills
- Helpful / unhelpful things to say
- Draw on experience of group members – their approach.

First meeting: Preparation

- Gather information on the incident
 - 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
 - Is privacy an issue?



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- This is information that should be handed over to the manager from the first responder.
- Confidentiality should not get in the way of the needs of the train crew.

First meeting: Preparation

- Gather information about the staff member from HR/colleagues
 - Role and level of experience (how many years)
 - Risk factors (e.g., prior social, psychological, alcohol or drug problems)
 - Previous PTE's? (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)



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Group discussion points:

- privacy – limitations about what information you can get
- access to HR files
- colleague's willingness to divulge personal information
- time availability.

The responses to these discussion points are dependent on your organisation's policies in this area.

Exercise: Manager & first responder

- Break into pairs – Manager and first responder
- First Responder calls in about Damien's PTE
- The manager is to practise gathering as much information as possible from the first responder in preparation for first meeting with Damien
- Swap roles then group feedback



If your organisation does not utilise a first responder in Trauma Support, modify this exercise to match your normal practice.



PARTICIPANT EXERCISE (pair)

10 min individual exercise, 5 min feedback



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

Aims of exercise

1. To provide participants with an opportunity to practise the preparation steps required prior to the initial meeting with the staff member after a trauma.

Instructions

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

- Pair up – one person as Manager, one as first responder. Manager to practise gathering as much information from first responder as possible.
- Refer first responder to relevant participant workbook handout.
- Group feedback

First meeting: Meeting

PURPOSE To continue Trauma Support that was begun by the first responder

TASKS

- Review** how staff member is coping & attend to physical/practical needs
- Help **calm** the staff member if necessary
- Educate** re: expected reactions and coping strategies
- Connect** with social supports
- Plan** return to work and follow-up arrangements

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At the first meeting with staff member post-incident

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.

Not all of these steps might be necessary. The manager/supervisor will need tailor the delivery of Trauma Support to the staff members’ needs.

Managers/Supervisors may wish to keep notes on their meetings with staff members so that they can remind themselves of issues to follow-up on in future meetings, or tasks they need to do between meetings. As long as they explain to the staff member the purpose of their note taking, there should not be an issue with this. However, organisations may wish to explore any legal ramifications of keeping these notes, particularly in the event of any future court cases that may arise as a result of the incident.

First meeting: Meeting

Review coping

- How might the focus be different from 1st responders assessment?
- Change over time – *Are they worse, better, or the same?*
- Revisit communication skills
 - Observe non-verbal as well as listening to what the staff member is saying
 - Ask general, open-ended questions
- Revisit typical responses to trauma



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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.

First meeting: Meeting

Review coping

- Individual response is difficult to predict but high-risk situations include:
 - Person hit was a child, known to staff member, other personal significance
 - Train crew believe they are responsible
 - Previous fatality or near miss exposure
 - Very angry, tearful, numb
 - No social support, other current life stressors

In these circumstances, seek advice from EAP



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.

Managers guide for staff wellbeing

Level of distress	Indicators of distress levels	Recommended actions
Low	Can have normal conversation and respond to questions appropriately	Encourage return to work at the beginning of next shift. Talk through coping strategies in the interim.
Moderate	Finding it hard to concentrate, conveying that they don't know what to do, breathless, hard to interrupt in their talking	Take the staff member through controlled breathing. Talk through going home – who's going to be there, coping strategies. Encourage them to come in the next day to check-in and potentially resume work. Contact EAP to discuss the staff member's wellbeing and your Trauma Support intervention.
High	Angry ++, Yelling, mute, crying uncontrollably or non-responsive. Threatening to harm self or others. Making you feel uncomfortable/anxious	Provide reassurance. Arrange contact from EAP. Advise them on when EAP will be in contact. Stay with them and ensure wellbeing.



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

First meeting: Meeting

Review coping

- What if the staff member is very distressed?
 - Whose responsibility is it to assess?
 - Your duty of care
 - How far do you take it?



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This is leading into a discussion about evaluating suicide risk. It is important to emphasise during the following section that there is no expectation of the support person taking on the role of a mental health professional, but rather this aims to give them information on what to do if have a very distressed staff member.

Group discussion point:

Ask participants if they have had to manage highly distressed people, or people who are threatening to harm themselves or others. How have they handled it?

Assessing harm to self or others

			
Do you have concerns about harm to self or others?	Ask the Question – How? Be direct	Don't leave them alone	Get help

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This slide (and the next slide) may need to be modified or excluded in order to meet your organisational needs.

Group discussion points:

- 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 okay to ask questions directly about their intentions to hurt themselves or others. This can be useful information to pass on to EAP/Police etc.
- What might be indicators of concern? See table.
- How do you ask the questions? Directly – are you having suicidal thoughts or thoughts of harming yourself or others? What are they? How likely is that you will act on them?
- Getting help – how? Call EAP or Police if it is extremely urgent.

First meeting: Meeting

Review coping

When to contact EAP:

- If the staff member is very distressed
- Yelling/ angry/ threatening/ crying uncontrollably
- Risk of self-harm or harm to others
- You feel anxious about the person's state of mind and feel reluctant to let him/her go
- The staff member is refusing to meet with management



Things to remember:

- Seek advice on how to proceed; make arrangements for follow-up
- Be clear about the limits to your role and availability
- What are the limits of confidentiality?

RAILRES
First meeting: Meeting

Calm

Purpose To help staff member calm down and feel safe	Tasks 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
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Calm the staff member if necessary

Link to coping with trauma workshop content, and RailRes app.

First meeting: Meeting

Calm

Signs that calming may be needed:

- Hyperventilating (over-breathing)
- Crying uncontrollably
- Experiencing intense physical reactions e.g. shaking
- Extreme agitation
- Not responding to questions
- Losing touch with surroundings

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RAILRES
First meeting: Meeting

Educate

<p>Purpose</p> <ul style="list-style-type: none"> To reassure the staff member of normal reactions To identify problematic reactions To provide suggestions for coping strategies 	<p>Tasks</p> <ul style="list-style-type: none"> Be familiar with the list of normal reactions Use this to provide feedback and reassurance about what the person is experiencing - <i>but don't give them the whole list</i> Suggest helpful coping strategies Do's and Don'ts
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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.



Refer participants to the relevant page in the participant workbook – Self-care after a traumatic event; Do's and Don'ts after a traumatic event; explaining that they have a list of do's and don'ts in their workbook and tips for self-care after a PTE.

Facilitator Note: The RailRes app contains several tools that may be useful here.

RAILRES
First meeting: Meeting

Connect with social supports

<p>Purpose</p> <ul style="list-style-type: none"> To provide information about why support from friends and family is important To encourage the staff member to use family, friends and co-workers as support 	<p>Tasks</p> <ul style="list-style-type: none"> Explain why this is important Good social support is the strongest predictor of recovery Find out about current social supports Encourage the staff member to use immediately-available support persons Connect the staff member with social support networks as soon as possible Talk with the staff member about how s/he could ask for support Discuss how to know when social support is not working
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Connect with social supports

Social support is the most important predictor of recovery for people exposed to potentially traumatic event. Check on the social support available for the staff member at home. If it does not seem to be adequate, try to arrange support through the work network.

Facilitator Note: The RailRes app contains a Social Connections tool that may be useful here.

First meeting: Meeting

Connect with social supports

Further tasks

- Ask the staff member how you can be helpful
 - Could you contact their partner for them?
 - Could you call the staff member later that night?
 - Could you arrange for one of their work mates to call them?

If no supports are available at home, make plans as to how the workplace can be supportive



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The supervisor might ask the staff member:

- Are they going home to someone?
- Is there anything they'd like the supervisor 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?)

Reinforce with them that good social support is the strongest predictor of recovery, so it is important.



Also, inform the participants that there is information in the coping with trauma workbook on helping others after a traumatic event – Helping a colleague after a traumatic event (not designed for a peer support person); Helping a friend or family member after a traumatic event. Participants may wish to encourage staff to provide this information to family and friends.

First meeting: Meeting

Plan

<p style="font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">Purpose</p> <ul style="list-style-type: none"> To promote recovery To ensure wellbeing is monitored & problems identified and managed To minimise risk of adverse outcomes <ul style="list-style-type: none"> • For the staff member • For the organisation 	<p style="font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">Tasks</p> <ul style="list-style-type: none"> Be familiar with benefits of early Return to Work Promote the notion that early RTW is generally best for staff members Discuss alternative work arrangements in the first week Make plans with colleagues to ensure alternative work arrangements happen
---	--




Plan return to work and follow-up arrangements

Facilitate discussion about why return to work is important, for example, it helps the person to:

- normalise routines
- access social support in the workplace
- create positive expectations for recovery
- minimise avoidance as a risk factor.

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.

Group discussion point:

- What might be some risks for the staff member and the organisation if Return to Work (RTW) or Follow Up (FU) plans are not made?

First meeting: Meeting

Plan

Further tasks

- If staff member agrees to return to work, monitor performance and wellbeing, and return to normal duties asap
- If staff member is eligible for and decides to access trauma leave
 - Talk through plans for the time off work (encourage constructive activity, avoid safety critical activity)



This may need to be modified depending upon the policies that apply in your organisation i.e. related to trauma leave arrangements

NOTE: if the staff member plans to visit the scene of the incident then it is important to prepare them for what they might see (e.g., memorials, notices left by family and friends of the deceased).

First meeting: Meeting follow-up

PURPOSE

To make plans to follow up

TASKS

Encourage to drop in the following day for a check in (stay in touch, provide support, encourage positive coping)

Aim to maintain phone contact at a minimum

Make referral to EAP if necessary



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If say going to do it – must do it!

VIDEO: Manager first meeting

Play section from TrackSAFE video that shows segment of first meet between supervisor and staff member after PTE



PARTICIPANT EXERCISE – whole group 5 mins

VIDEO. Play the video (drama part 1). After the video ask participants what aspects of Trauma Support they noticed being used. What did they think about how it was done, what was said, the style of language used? Was it slower or quicker than they thought it might be?

Emphasise that it is important that the participants develop their own style and use language that they are comfortable with. Also emphasise that it can be covered in a relatively short amount of time – it does not need to be burdensome.

Exercise 2: Manager and Damien

- Break into pairs – Manager and Damien
- The manager is to practise going through the recommended Trauma Support steps during the first meeting with Damien
 - Review, calm, educate, connect, plan
- Swap roles then group feedback



PARTICIPANT EXERCISE (pair)

10 min individual exercise, 5 min feedback



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

Aims of exercise

2. To provide participants with an opportunity to practise the recommended steps for the initial meeting with the staff member after a trauma.

Instructions

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

- Split into pairs. Swap roles.
- Conduct role play of initial meeting where manager calls staff member at home.
- During role play, manager is to go through the following steps:
 - **Review** how staff member is coping & attend to physical/practical needs.
 - Help **calm** the staff member if necessary.
 - **Educate** the staff member about expected reactions and coping strategies.
 - Encourage the staff member to **connect** with social supports.
- Group feedback

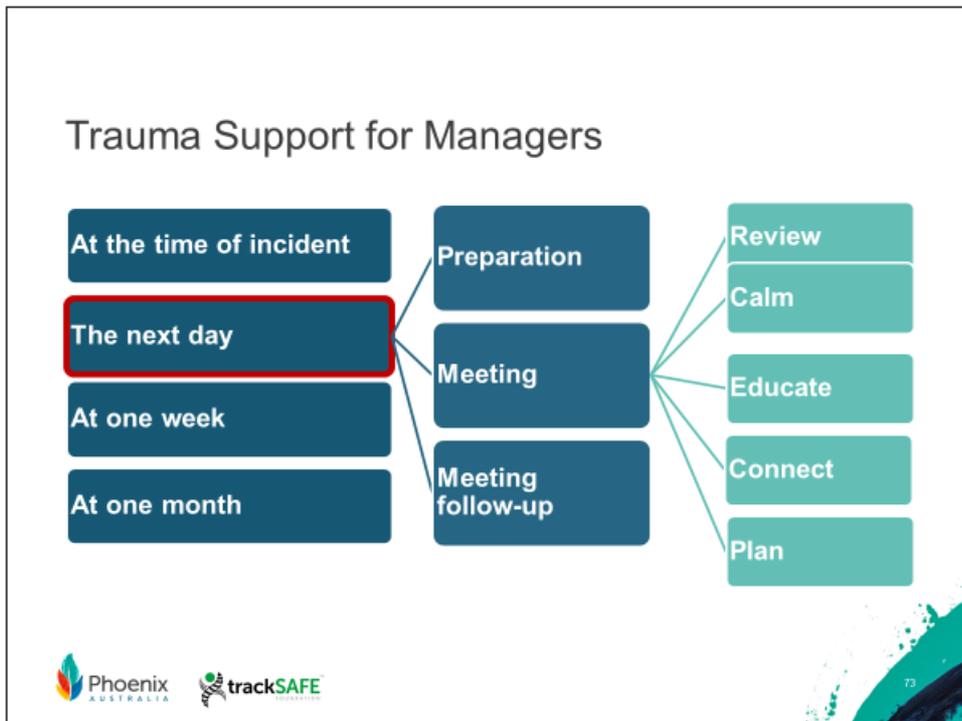
Discussion points

- What if the staff member says s/he's OK but you don't agree?
- What if the staff member doesn't seem comfortable with you?
- What if the staff member leaves before you've been able to arrange follow-up?



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Lead this brief discussion with the group. Also consider confidentiality issues.



The next day

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.

The next day: Preparation

PURPOSE

To continue Trauma Support by:

- Monitoring wellbeing
- Make RTW plans
- Make plans to refer if necessary

TASKS

Set aside the time to catch up

Select a location where you won't be interrupted

Collect feedback from colleagues / people who have had contact with the staff member

Ensure you have had a discussion with EAP if you had concerns after the last meeting, and have made plans for EAP follow-up if necessary



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Provide an overview of the preparation required for the meeting

RAILRES
The next day: Meeting

PURPOSE	<p>To continue Trauma Support by:</p> <ul style="list-style-type: none"> Monitoring wellbeing
TASKS	<p>Review - How they are doing. (Keep discussion informal)</p> <p>Calm - Reinforce calming techniques</p> <p>Educate - re expected reactions and coping strategies</p> <p>Connect - Check on social supports</p> <p>Plan - Discuss return to work plans</p> <p>If not OK, discuss coping strategies and referral to ES</p>

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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.

Facilitator Note: RailRes contains several tools that are relevant here.

The next day: Meeting follow-up

PURPOSE To make plans to refer if necessary	TASKS Make referral to EAP if necessary Arrange check-in time • 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
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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.

Reinforce with participants that if they make a follow-up time they must stick to it. If you say you are going to do it – you must do it!

Exercise 3: Case examples

Case 1:

- Damien reports using 48 hour leave productively, and starting to feel better

Case 2:

- Damien reports heavy drinking during 48 hour leave and feeling no better, possibly worse

Group discussion about what to say in each case to promote recovery through ensuring good social supports and adaptive coping strategies



PARTICIPANT EXERCISE (group)

10 min exercise

Aims of exercise

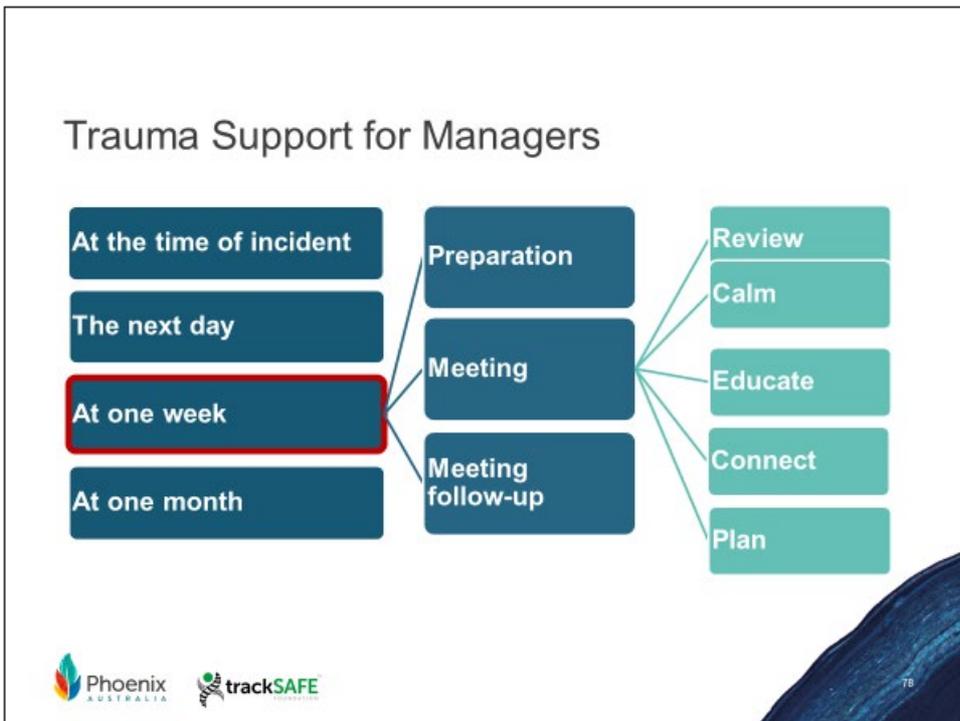
1. To help participants encourage helpful self-care in staff affected by trauma.

Instructions

- In turn, facilitators take on the role of one case each.
- The other facilitator works with the group to get them to rehearse what they might say to, and ask the staff member.

Alternative/additional activity: Using a whiteboard, discuss the following topics:

- RTW – how to encourage RTW
- 48 hour leave – how to make it purposeful.



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.

The following guidance is offered to assist managers/supervisors in identifying staff members who are not readily recovering. Staff members may be at particular risk of poorer recovery in the following circumstances:

- If a person who was severely injured or died in the incident 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 believe they were responsible for the incident could have avoided it.
- If the staff member has been involved in previous PTE incidents.
- If very angry, tearful, numb
- If no social / family support or current psychosocial stressors such as financial, marital, sick children

In addition, 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, less tolerant than usual
- argumentative, 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:

- extended sick leave
- being overly cautious or wary
- concentration difficulties
- heightened anxiety
- lower job satisfaction
- 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 manager/supervisor should treat any additional stressors as a “trigger” to check in again on the staff members' wellbeing.

The impact of poor coping may also be seen at home and as far as possible, without being too intrusive, managers/supervisors should try to be aware of the staff members whole of life functioning – including physical wellbeing, family, social, lifestyle issues.

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

There are circumstances under which a manager or supervisor should refer the staff member to the EAP, however, Trauma Support should continue with ongoing discussion with the EAP. Referral to EAP is recommended when:

- 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 members characteristic personality or behaviour
- There are changes in the staff members usual work performance

RAILRES
Follow-up support session (1 week)

PURPOSE

To continue Trauma Support by:

- Monitoring wellbeing
- Make RTW plans
- Make plans to refer if necessary

TASKS

For each meeting

- Prepare/ Meet/Follow up

At each meeting:

- Review/Calm/Educate/Connect/Plan

Arrange check-in time 1 month

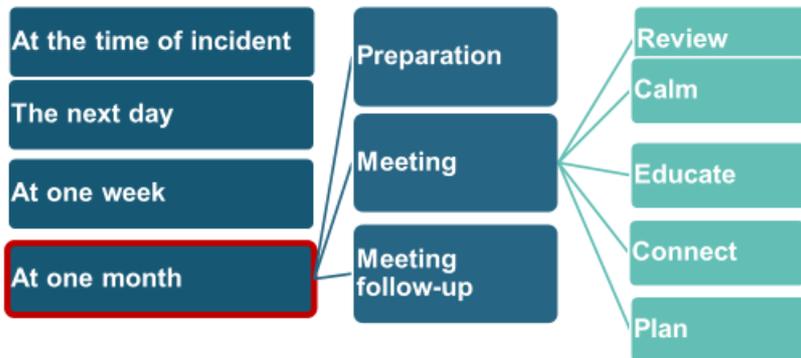
Make a referral to EAP if necessary

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Provide an overview of the purpose and tasks required for the solo-up support session.

Trauma Support for Managers



RAILRES

Follow-up support session (1 month)

PURPOSE	<p>To provide ongoing support</p> <p>To identify any problems that might emerge over time</p> <p>To make referrals & RTW plans as appropriate</p>
TASKS	<p><u>For each meeting</u></p> <ul style="list-style-type: none"> • Prepare/ Meet/Follow up <p><u>At each meeting</u></p> <ul style="list-style-type: none"> • Review/Calm/Educate/ Connect/Plan <p><u>Monitor</u> work performance, wellbeing and exposure to additional traumas</p> <p>If any key issues are of concern during this period arrange to:</p> <ul style="list-style-type: none"> • meet with staff member • discuss with EAP



Provide an overview of the purpose and tasks required for the solo-up support session

Follow-up support session (1 month)

- Possible indicators of concern at 1 month?
- As managers, what would you do if Damien was showing signs of ongoing distress and poor work performance/ attitude problems at one month?



What do the participants think indicators of concern may be? Refer to signs for seeking help discussed earlier in workshop.

Video: Manager follow-up meeting

Play section from TrackSAFE video that shows drama of supervisor and staff member in a follow up meeting



PARTICIPANT EXERCISE – whole group 5 mins

VIDEO. Play the video (drama part 2). This video excerpt presents a second role play of a supervisor speaking with a staff member who has experienced a critical incident.

After the video ask participants what aspects of Trauma Support they noticed being used. What did they think about how it was done, what was said, the style of language used? Was it slower or quicker than they thought it might be?

Emphasise that it is important that the participants develop their own style and use language that they are comfortable with. Also emphasise that it can be covered in a relatively short amount of time – it does not need to be burdensome.

Exercise

Scenario 1 (Week 1) 10 mins

- Damien is back at work on restricted duties but is getting into arguments with co-workers
- Manager to explore what is going on and suggest management strategies

Scenario 2 (Month 1) 10 mins

- Damien has taken a few days sick leave without warning – reports feeling anxious
- Manager to check how coping, identify risk factors and reinforce helpful strategies



PARTICIPANT EXERCISE (pair)

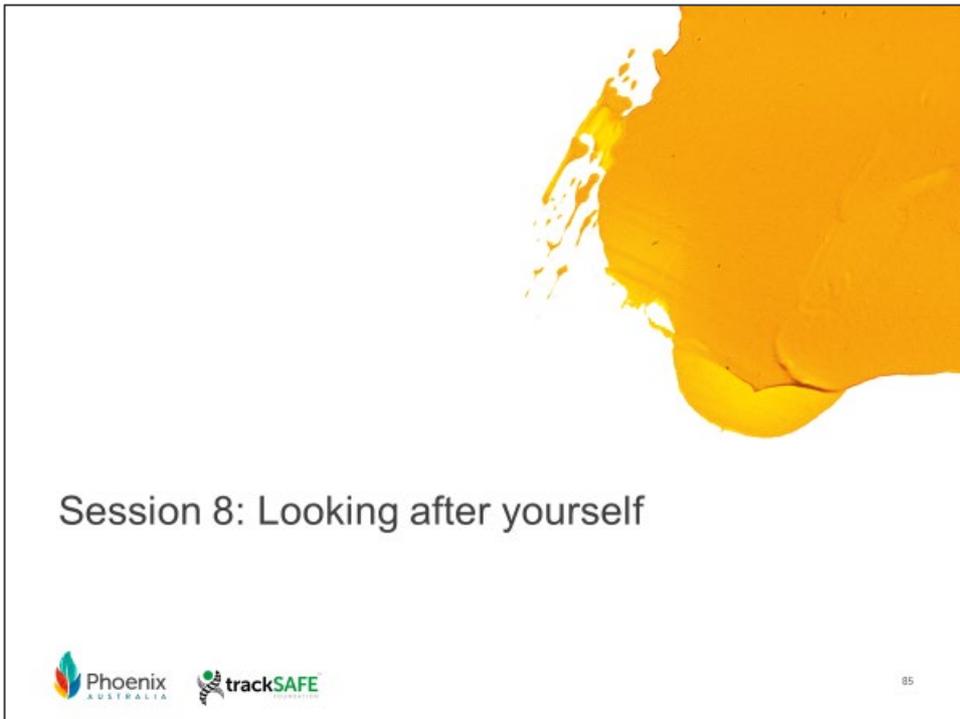
20 min exercise, 5 min feedback

Aims of exercise

1. To provide participants with an opportunity to practise the recommended steps for the follow-up meetings with the staff member after a trauma.

Instructions

- Split into pairs
- Conduct two role plays of face-to-face follow-up meetings
- Role play Week 1 meeting (10 mins)
- Feedback and rotate
- Role play Week 2 meeting (10 mins)
- Group feedback.



Looking after yourself – 25 mins

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

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

For this session you will require:

- no additional equipment.

Looking after yourself

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



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Emphasise this point and answer any questions the participants may have

Useful strategies and work practices

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



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

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

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

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

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

Discussion points

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



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

RAILRES

Looking after yourself: Drafting a plan

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

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

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

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

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

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

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

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

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

RAILRES

Exercise: Complete coping plan

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



PARTICIPANT EXERCISE (individual)

10 min individual exercise, 5 min feedback



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

Aims of exercise

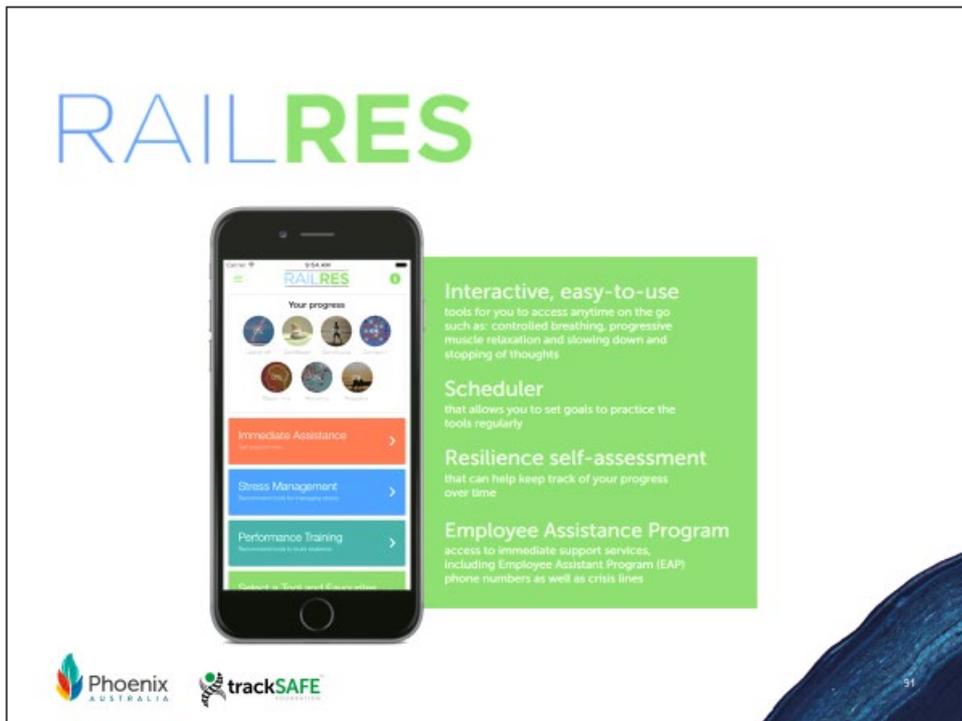
1. To help participants identify sources of support and self-help strategies they would use to cope better during and following a PTE or to improve current ability to manage stress.
2. To encourage participants to prioritise one or two strategies that they can start practising immediately.
3. To ensure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

Instructions

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

Conduct a brief large group feedback discussion where each participant is asked to name one thing they plan to try out to improve their wellbeing. It is important to allow people not to provide feedback if they choose not to: "If you do not want to provide feedback or are not sure about what you want to do, it's OK to say: 'I will need to think about this or I'm not sure yet'."

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



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

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

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

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

Prompt cards



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

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

Conclusion

- Questions?
- Please complete workshop evaluation form



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

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

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

Appendix 1:

Providing Support after Trauma: Managers/Supervisors

Training Fidelity Checklist

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

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

Yes

No

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

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

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

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

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

Appendix 2

Workshop evaluation

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

Providing Support after Trauma: Participant Evaluation Form (Post)

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

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

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

Providing Support after Trauma: Participant Evaluation Form (Post)

Workshop date: _____

1. How would you rate the **overall quality** of this workshop?

1	2	3	4	5
poor				excellent

2. To what extent did you gain **new knowledge**?

1	2	3	4	5
not at all				a large extent

3. To what extent did you gain **new skills**?

1	2	3	4	5
not at all				a large extent

4. To what extent do you think you will **practice and use the new skills** discussed in this workshop?

1	2	3	4	5
not at all				a large extent

5. How would you rate how well the presenter communicated the main **ideas**?

1	2	3	4	5
poorly				very well

6. To what extent did the presenter facilitate **useful discussion**?

1	2	3	4	5
not at all				a large extent

7. The organisation of the workshop was:

1	2	3	4	5
poor				excellent

8. The workshop facilities were:

1	2	3	4	5
poor				excellent

9. What were the best things about the workshop?

10. How could the workshop be improved?

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

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

Post-workshop questions

Please consider **how much to you agree with each of the following statements** regarding workplace trauma.

1. I am aware of the particular psychological hazards that I may be exposed to at work

1	2	3	4	5
Strongly disagree				Strongly agree

2. I am aware of common reactions to potentially traumatic events (PTEs)

1	2	3	4	5
Strongly disagree				Strongly agree

3. I am aware of what kind of response to expect from the organisation in the event of a PTE

1	2	3	4	5
Strongly disagree				Strongly agree

4. As a manager/supervisor I am confident that I can provide psychological support to a staff member in the days and weeks following a PTE

1	2	3	4	5
Strongly disagree				Strongly agree

5. I know where to suggest that my staff seek support from the organisation

1	2	3	4	5
Strongly disagree				Strongly agree

6. I have a personal plan for how I would prepare for and cope with a PTE

1	2	3	4	5
Strongly disagree				Strongly agree

The following questions cover more general aspects of the workshop.

1. How would you rate the **overall quality** of this workshop?

1	2	3	4	5
poor				excellent

2. To what extent did you gain **new knowledge**?

1	2	3	4	5
not at all				a large extent

3. To what extent did you gain **new skills**?

1	2	3	4	5
not at all				a large extent

4. To what extent do you think you will **practice and use the new skills** discussed in this workshop?

1 not at all	2	3	4	5 a large extent
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5. How would you rate how well the presenter communicated the main **ideas**?

1 poorly	2	3	4	5 very well
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6. To what extent did the presenter facilitate **useful discussion**?

1 not at all	2	3	4	5 a large extent
-----------------	---	---	---	---------------------

7. The organisation of the workshop was:

1 poor	2	3	4	5 excellent
-----------	---	---	---	----------------

8. The workshop facilities were:

1 poor	2	3	4	5 excellent
-----------	---	---	---	----------------

9. What were the best things about the workshop?

10. How could the workshop be improved?

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

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

Appendix 3: Trauma Support for first responders – Summary

1. Provide immediate support	
Purpose	Tasks
Initiate contact Offer support Advise and keep informed about onsite support arrangements Ensure that the staff member is able to fulfil responsibilities	Convey key messages: <ul style="list-style-type: none"> • 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>

Appendix 4: Trauma Support for managers/supervisors – Summary

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

Preparation	
Purpose	Tasks
<p>To ensure that the staff member has a positive experience</p> <p>To establish trust and good communication</p>	<p>Gather as much information as you can about the incident:</p> <ul style="list-style-type: none"> • 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)

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

