

How to contact us:

Email:



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For other information on what support our team can offer, please see:



The Staff Psychology Team Intranet Page

Understanding Normal Reactions to **Traumatic** Events

A Guide for NBT Colleagues

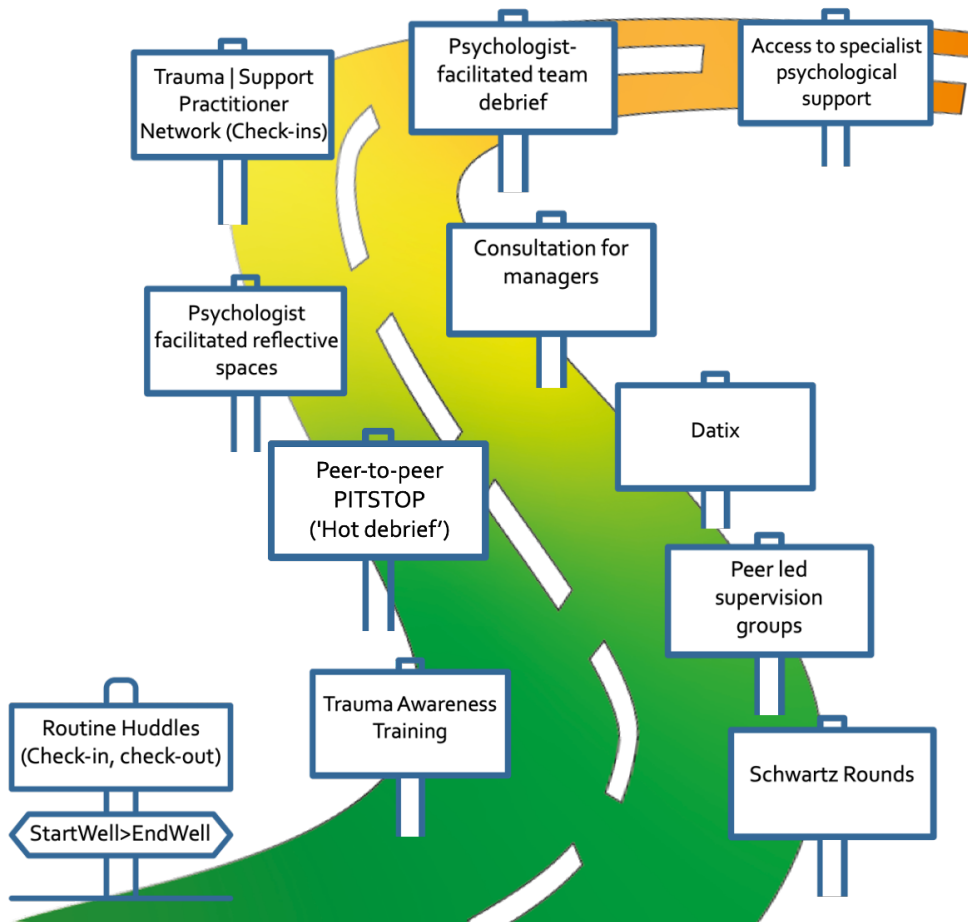
Compiled by The Staff Psychology Team as part of the
NBT Staff Trauma | Support Pathway

NBT Staff Trauma | Support Pathway

Our NBT Staff Trauma | Support approach recognises the need to provide tailored and responsive support for our colleagues with the psychological impact of experiencing and witnessing work-based incidents.

The NBT Staff Trauma | Support approach spans from preventative approaches that foster healthy team cultures to responsive support for those experiencing ongoing symptoms of post-traumatic distress.

The approach replaces the TRiM model and is integrated with wider forms of tailored support available at NBT.



The following information is aimed at helping people who have experienced a difficult or traumatic event to understand some of the normal feelings and reactions they may be experiencing.

- Our minds are pretty good at dealing with traumatic events, but it often takes time to process what has happened
- Everyone is different in how they experience this.
- Some people have very intense psychological or emotional experiences soon after, but which fade with time.
- Others are fine to begin with, but then struggle later on.
- Many people have little or no difficulties like these.
- A small number of people need some extra support – and this support can be very effective.
- A more severe injury does not always result in psychological or emotional difficulties – sometimes people with smaller injuries find dealing with a traumatic event more difficult.

Common reactions following a traumatic event

- Traumatic events are usually sudden and unexpected, so we don't have time to prepare for them (sometimes called Type 1 Trauma - exposure to a single 'major traumatic incident').
- Some people are directly involved in events like an unexpected death of a patient, or a house fire, others may have just seen something happening, but not been directly involved e.g. clerical or domestic staff.
- Seeing a traumatic event can be just as emotionally difficult as being directly involved.
- We know that after traumatic events people can sometimes experience strong physical feelings and emotions or find that they are behaving differently.



People can feel on constant high alert:

- Being more sensitive to things around you, such as noise, lights and smells
- Feeling more jumpy or startling easily
- Difficulty sleeping
- Irritable and snappy with others
- Not being able to concentrate or remember things
- Feeling unsafe, helpless or vulnerable



Have powerful feelings which remind them of the event:

- Sudden or unwanted memories of the event
- 'Flashbacks' – images, or a sudden feeling as though it is happening all over again
- No control over thoughts or images about the event, appearing suddenly out of nowhere, causing strong emotions (fear, panic, helplessness, sadness, horror)
- Distressing dreams or nightmares about the event
- You might also notice particular 'triggers' such as TV or video pictures, smells or particular sounds, or things directly associated with the event itself.
- Feeling like it just happened yesterday, even if it was a long time ago



Thinking in particular ways

- Going over and over what happened,
- Thinking "what if..." thoughts
- Difficulty thinking clearly or making decisions
- Worrying or having racing thoughts
- Blaming themselves



Other feelings

- Numbness or empty of feelings and emotion
- Distant from reality - feeling that things are 'unreal'
- Anger about what happened
- Guilt or shame

➤ These experiences can feel very scary and people sometimes fear they are 'going mad'. They're not – it's just the mind trying to process what's happened or make sense of a very difficult and overwhelming experience.

➤ These thoughts and feelings are a part of normal processing and for most people they start to fade and settle down within a few months.

➤ Sometimes they can continue for a longer period of time or are more severe and get in the way of day to day life. If you continue to experience distress for more than a month, this may be consistent with a diagnosis of post-traumatic stress disorder (PTSD).

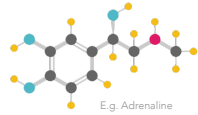


Why do people have these reactions?

We know that at the time of a traumatic event it's normal to react with an **adrenaline response** (sometimes called 'fight, flight, freeze').



During the early days and weeks, the parts of our minds that are involved in these sudden reactions can stay overactive. We also have higher than normal stress or 'threat' hormones, which means the adrenaline response keeps going, so we feel frightened and on edge, even for some time after.



When this is going on your normal memory processing doesn't work so well. The sense of threat or danger can mean your mind holds firmly on to the memory. It takes time to process what has happened and for the sense of danger to calm down, which is why people can sometimes feel strong emotions long after a traumatic event.



- > Processing a traumatic event often involves the mind going over and over things or 're-experiencing' the memory, often in images or thoughts about the event or in dreams.
- > People who have experienced a traumatic event and been in hospital, will also have to deal with other experiences, such as pain, strong medication, sleep disruption and perhaps having treatments such as surgery. This extra stress can make managing these feelings even more difficult.
- > For most people, as time passes (and this can be days, weeks or sometimes longer) the mind adjusts, the "sense of danger" gets less and people feel more settled again.

What can you do to take care of yourself?

- Reassure yourself that this is normal and not a sign that you are 'going mad'. Your mind is only trying to make sense of what has happened.
- Remember that it is the traumatic event that is abnormal, not you.
- Find someone you can talk to about what happened and your feelings.
- Sometimes people find that writing down what happened can help them to make sense of it.
- Distracting yourself or avoiding the feelings and thoughts about the event by drinking more alcohol, taking drugs, or coping using food generally doesn't help.
- Try and get back to your normal routine and usual activities as soon as you can, particularly doing those things that matter to you.
- Take care of yourself - eating proper meals, rest and relaxation, exercise.
- Spend time (or over the phone/video) with people who can support you.



What can you do to take care of your colleagues?

We know that resilience is much more helpfully seen as fostered by strong supportive. Connections between us, not just an individuals mental fitness. Furthermore, there is strong evidence that good social support from managers and team members can be a strong protective factor after a colleague has experienced a potentially traumatic incident.

- **Check-in with colleagues and remind them that it is normal to feel a range of emotions** after a challenging event and that they don't need to cope with this on their own.
- **On the day, offer a peer-to-peer PITSTOP (hot debrief).** The Staff Psychology Team can provide training and support as needed.
- **Check in with colleagues after the event,** to see how they are, and again over the coming weeks.
- **Consider other staff members who might be affected** (e.g. security and domestic colleagues).
- **Look out for a change in how someone is behaving** (e.g. are they quieter than usual, or more frustrated?).
- **Ask for consent** before signposting to a NBT peer-led check-in or referring to specialist psychological support.



- **'Make a moment'**, regularly, e.g. to invite colleagues to do a brief PITSTOP, take time to recognise the impact of the work, thank staff for the difference they make.
- **Consider organisational factors** that may reduce the likelihood of exposure to a critical incident (e.g. staffing levels, sufficient PPE) and highlight these as needed e.g. with your manager, on datix, via the Freedom to Speak Up Guardians.
- **Consider your own need in the aftermath of a challenging event.** Do you need support? The Staff Psychology Team offer consultation and support for managers and team leaders.



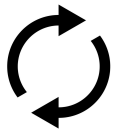
'Resilience is between us, not just within us'

Secondary Traumatic Stress



Secondary Trauma

- Secondary trauma can be incurred when an individual is exposed to people who have been traumatised themselves, disturbing descriptions of traumatic events by a survivor, or others inflicting cruelty on one another.
- Symptoms of secondary trauma are similar to those of PTSD (e.g. intrusive re-experiencing of the traumatic material, avoidance of trauma triggers/emotions, negative changes in beliefs and feelings and hyperarousal).
- Secondary trauma is not uncommon in first responders, nurses and doctors, mental health care workers, and children of traumatised parents.
- Look out for you and your colleagues with regards to this.



Repeated exposure to potentially traumatic events

(sometimes referred to as Type 2 Trauma)

- Type 2 trauma is sometimes common in work context such as a hospital like ours due to regular exposure to difficult events.
- Gradual deterioration in mental health occurring over time rather than an 'all of a sudden' reaction which can follow Type 1 traumas.
- It is important to seek help if you feel you are in this category.



NBT Staff Trauma | Support

(Psychological informed pathway, including peer-led support to reduce the psychological impact of challenging events and access to specialist support as needed.)

- We have several trained **Staff Trauma | Support** practitioners, both in clinical and non-clinical roles, located across the trust who can support staff following a traumatic incident at work.
- A **Staff Trauma | Support** response is suitable for Type 1 type incidents but **Staff Trauma | Support** practitioners can also 'check-in' with colleagues they notice might be suffering with a 'drip, drip' effect of working in a challenging environment (i.e. Type 2 Trauma).
- A **Staff Trauma | Support** practitioner may carry out assessments with staff who have been involved or witnessed a difficult incident and refer on to staff psychology if they feel they need a more detailed assessment or a trauma intervention (or indeed another kind of intervention for their wellbeing).
- The Staff Psychology Team can also offer consultation for managers and team leaders in the case of critical or major incidents, as well as facilitating group debrief sessions as needed, and as appropriate.

If you feel an incident requires a **Staff Trauma | Support** response (individually, as a team, or consultation) please email StaffTraumaSupport@nbt.nhs.uk and someone will be in touch within 72 hours to co-ordinate a response to support affected colleagues.

Getting Specialist Help



- Following an incident, if difficult thoughts and feelings are not starting to improve over a few weeks, you might need some specific help.
- Equally, if you feel you or a colleague is suffering from the effects of secondary traumatic stress, or symptoms as a result of repeated exposure (type 2 trauma) to traumatic events, that is not resolving to also seek help.
- We know that in most cases, distress will resolve on its own. However, there are proven, effective, evidence-based interventions we can use if you continue to feel the effects of a traumatic event, including trauma-focused Cognitive Behaviour Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing (EMDR). These can help individuals find practical ways to live well after a traumatic incident and more forward positively with their lives.

Please self-refer to Staff Psychology if you feel you might benefit from this specialised support.


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NBT Staff Trauma | Support

Whether you work on the frontline, or do invaluable work behind the scenes, our work is all about making a meaningful difference to our patients' lives. Often this can be rewarding and fulfilling, but we also know this work can be stressful, complex and uncertain. At times, this may challenge our sense of physical and/or psychological safety, act as reminders of challenging prior events, and may lead to symptoms of trauma.


We are here to support you in the following ways:

 **Peer-to-peer check-in**


Our network of **Staff Trauma | Support Practitioners** can offer check-in conversations following challenging situations at work. During the check-in, you may be offered a follow-up, or signposted to specialist services if needed.

 **Trauma / bereavement consultation session for managers**


We offer consultation, guidance, and support to managers and leaders. This could be following a significant event or an opportunity to consider factors that may support you and your team, should an event arise.

 **PITSTOP Training (90 mins - 1.5 CPD hours)**

As part of StartWell>EndWell, this training session focuses on how to run a peer-to-peer PITSTOP (hot debrief) following a challenging incident. PITSTOPs provide opportunities for teams to reflect, connect, check-in on how we are doing, and how we can support each other.

 **Trauma Awareness Training (90 mins - 1.5 CPD hours)**

This session provides guidance on recognising the impact of the work we do, increasing understanding of normal reactions to challenging events in ourselves and/or colleagues, and practical approaches to self-care, team-care and specialist support.

 **Specialist 1-to-1 Psychological Support**

We provide evidence based psychological interventions on an individual basis for colleagues experiencing longer-term effects of work-based trauma.

“You do an **extraordinary** job - your day, is not normal, by many many people's standards”



Contact us at StaffTraumaSupport@nbt.nhs.uk to book a session or to find out more.