

# TRAUMATIC STRESS

## MINIMISING THE RISK

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# TRAUMATIC INCIDENT

A traumatic stress reaction is only different to any other stress reaction in its severity or acuteness.

The signs and symptoms of the reaction are exactly the same as the commonly understood “**stress**” response.

In any stress reaction, once a threat has been perceived by the brain, messages are sent to the adrenal glands to release

The “**emergency**” or “**stress**” hormones of adrenaline and cortisol.



# TRAUMATIC INCIDENT

## So what makes an incident traumatic?

- Threat of violence, death or severe injury to self or others. (Real or Perceived)
- Unnatural, unexpected or innocent death.
- Human degradation, suffering, violence or loss (e.g. warfare or natural disasters).
- Suicide?



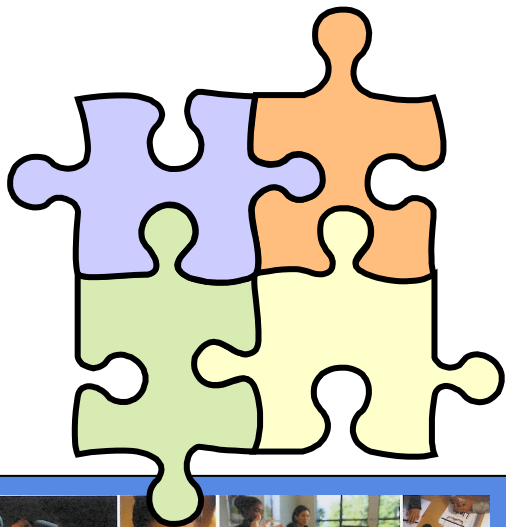
# TRAUMATIC INCIDENT

**A traumatic event  
threatens our life, security,  
challenges our sense of invulnerability,  
and does not accord  
with our sense of what is fair or just,  
and can leave us distressed,  
confused or angry,  
even for just a short time.**



# TRAUMA

A trauma is a contradiction of the person's belief system regarding safety and/or sense of self with the subsequent inability to assimilate trauma into their world view.



# TRAUMATIC INCIDENT

Traumatic events generally cause acute stress reaction after a period of initial “**shock**”.

This reaction, called “**TRAUMATIC STRESS**” occurs in most people and can be immediate or delayed, mild or severe, and can last for hours, days or weeks.

Where traumatic events occur frequently in certain occupations, we may notice less severe shock reactions over time.

This is called “**HABITUATION**”.



# PHYSICAL SYMPTOMS

- Muscle Tension
- Headaches
- Nausea
- Diarrhea
- Loss of Appetite
- Sleep Disturbance -  
Inability to Sleep
- Nervousness
- Poor coordination
- Lethargy
- Slowed reflexes
- Restlessness
- Sexual Difficulties
- Easily Startled



# PSYCHOLOGICAL SYMPTOMS

- Nightmares about event
- Flashbacks
- Preoccupied thoughts
- Feelings of panic
- Anxiety and depression
- Anger / guilt
- Irritability / Sensitivity
- Reliance prescription drugs
- Poor concentration/ memory
- Job confidence down
- Withdrawal from people/ relationships
- Fear in response to triggers/reminders
- Problems communicating
- Increased drinking/smoking/ drug
- Emotional Numbing / Moods



# INDIVIDUAL FACTORS

- Personality
- Adaptive Behaviours
- Previous Life Experience
- Coping Skills
- Support System
- Previous involvement in a traumatic incident



# INTENSITY OF IMPACT

- Personal Relevance
- Duration
- Sense of Loss
- Previous History
- Guilt
- Social Support, Coping Skills

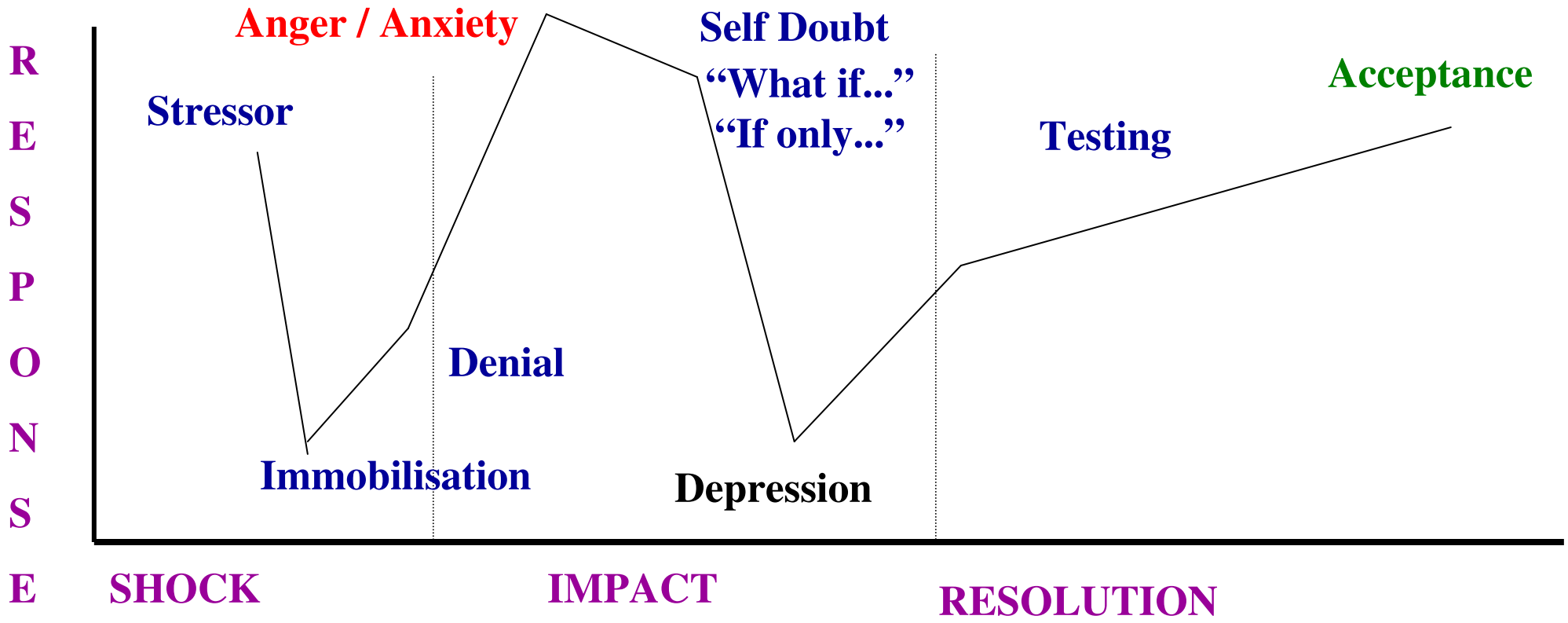


# RECOVERY CYCLE

The traumatic stress reaction normally follows a recovery cycle over a period of time. How severe the reaction is and how long it lasts differs between individuals according to their preparation and their experience.



# THE RECOVERY PROCESS



## Acute Trauma Responses

Dr. T. Williams, Post Traumatic Stress Disorders - A handbook for Clinicians, 1997, Cincinnati, OH - Disabled American Veterans



# THE BASIC ASSUMPTION

The majority of individuals exposed to a traumatic event will not need formal psychological intervention.

However, that does not negate the obligation to respond to the needs of the minority who will require acute psychological support.



# THE GOALS OF CRISIS INTERVENTION

- Stabilisation i.e. stopping of the escalating distress
- Easing of acute signs and symptoms of distress
- Restoring the normal adaptive behaviours and functioning (if possible), or
- Facilitation of access to a higher level of care

*George S Everly Jr*



# FIRST THINGS FIRST (MASLOW)

- **MEET BASIC PHYSICAL NEEDS FIRST:** food, water, shelter, mitigation of pain/suffering
- **MEET BASIC PSYCHOLOGICAL NEEDS:** safety



# PRIORITY

There is a strong argument for providing acute psychological first aid as early as is practical following a traumatic event.

(Bisson, et al, 2000, ISTSS Treatment Guidelines)



# IMMEDIATE NEEDS

- Typically benefit from being allowed to talk about their disaster experiences
- Being assisted in problem-solving  
(DeWolfe, 2000, DHHS Field Manual)



# CISM

- Organizes thoughts
- Provides perspective
  - Develops “big picture”
- Links cognition and emotion
- Networking with peers
  - Recreates a social network
- Reduces risk of PTSD



- A significant body of research consistently points to the importance of an organisation showing concern and a commitment of support for employees involved in a critical incident.
- This seems to be a major factor in enhancing the recovery cycle and avoiding PTSD



# THE TRAUMA MANAGEMENT PLAN

- Access to an external Trauma Manager in larger incidents, to liaise/consult with managers/supervisors to ensure that all employees receive assistance and to coordinate the team of psychologists providing the services.
- Provision for defusing which is an informal session conducted on-site soon after the traumatic incident. This can be done by either specially trained internal people or by your external trauma services provider.



# THE TRAUMA MANAGEMENT PLAN

- Critical Incident Stress Debriefing (CISD) held 24 - 48 hours after the event for homogenous groups of employees.
- It is a highly structured psychological process conducted by professional psychologists with specific expertise in trauma treatment.
- It is conducted away from the trauma site in a location free from interruptions and demands.



# THE TRAUMA MANAGEMENT PLAN

- Individual Trauma Counselling for employees - especially when there are small numbers involved or where some employees are more directly affected than others. (This is often indicated by their reaction in the group debriefing).
- Grief counselling for family members (usually in their homes).



# THE TRAUMA MANAGEMENT PLAN

- Trauma education / counselling for the families of traumatised employees so they know how best to help their partners/family members.
- Ongoing support / counselling (if needed) usually through their established Employee Assistance Program but this can be more logistically feasible on site.
- Follow-up contact a month after the event by a psychologist to assess symptom frequency.
- Escalation to intense intervention if still symptomatic



# PTSD

Traumatic event is persistently re-experienced in one of the following ways:

- Recurrent/intrusive distressing recollections
- Recurrent/distressing dreams of the event
- Sudden acting or feeling as if the event were recurring (hallucination, illusion, flashback)
- Intense distress at exposure to events that symbolise or resemble the event



# PTSD

PTSD

> 1 month

Acute PTSD

> 1 month < 3 months

Chronic PTSD

> 3 months



# PREDICTORS OF PTSD

Dose - Frequency – Response Exposure

Personal Identification

Parasympathetic symptoms (1-3 days)

- Freezing
- Dissociation
- Depression
- Numbing of emotions
- Giving up



# LONG-TERM EFFECTS

Are there long-term physical and personality changes after a critical incident?

Yes. There is an acceleration of the aging process in PTSD.

There are biological changes within the brain which can effect personality.

Social isolation – difficulty with normal relationships

