

## **Supporting Staff Following a Traumatic Incident at Work - a Guide for Managers.**

**WWR- 041**

This information sheet is designed to help you understand the possible effects of a traumatic incident so that you are better able to help and support your staff.

Any actual or perceived threat to people's sense of well-being and safety has the power to raise anxiety levels in even the calmest and most confident of us. It is entirely understandable that you are worried about 'doing the right thing'. This anxiety sometimes leads managers to want to rush into arranging counselling for everyone affected – but this is not actually the most helpful response. In the first days and weeks following the incident, it is important not to pathologise normal people reacting normally to an abnormal event. If you know what sort of reactions might be expected and can support your staff yourself, that is likely to lead to better long term outcomes.

### **So, what is the natural response to trauma?**

At first there is a sense of shock and disbelief, and a feeling of helplessness. People may be upset, tearful, shaky, and scared, or they may feel very angry or completely numb. Over the next few weeks a whole range of responses are common, which can be categorised as physical, emotional, cognitive, and behavioural.

People are likely to feel very tired, they may have problems sleeping, their appetite may be affected, and they are more susceptible to minor illnesses like coughs and colds. They may have panic symptoms – palpitations, excessive sweating, dizziness, or digestive upsets. Increased muscle tension can lead to backache, headaches, neck pain and the like.

There are a whole range of emotional responses. People may be very upset and tearful, find they cannot enjoy anything, feel vulnerable and anxious, or very irritable and angry.

Often people find it difficult to accept the way they are feeling – they think they are breaking down, can't cope, are losing control, or going mad. They may think they or someone else should have done, or not done, something that could have affected the outcome of the incident. They may believe nobody else can understand what they are going through, that things will never be the same again, or question why me? – or why not me? Flashbacks, constant ruminations, and disturbing dreams are common, and people find it difficult to concentrate, to make decisions, and to remember things.

All these distressing thoughts, feelings and symptoms often lead people to behave in ways they wouldn't normally. They may withdraw from the people closest to them, or keep very busy in an effort to block out their feelings. Hypervigilance – constantly looking out for threats, is common. They may pick arguments or fights with people, or turn to alcohol or other substances to help them cope.

For most people, these reactions gradually diminish over time. Just as bodies take time to heal, so do our minds. Within a month or six weeks, most people will find they are coping again. However, in the meantime these raw and powerful reactions are hard to manage.

## So what can you do to help?

- Reassure your staff that their reactions are normal and to be expected.
- Keep them informed about what is happening, regularly and face to face.
- Be visible and available. Encourage people to talk to each other, and to you, about what happened.
- Enable this process of informal talking together, especially for those who might easily be missed out, like shift workers.
- Do not send people home 'to get over it' unless you absolutely have to – they need to be with others who shared the same experience, and continue their normal routines as far as possible.
- Be tolerant and supportive of staff working less productively than usual. Accept that normal work will be disrupted for a while.
- Encourage people to go with their feelings rather than to deny or avoid what is a normal process of making sense of what has happened.
- Tell people what to expect, give them our information sheet on trauma, and on how to refer themselves for counselling if they need to.

Remember, most people will come through this experience in around a month. However, up to a third could have symptoms for longer, or develop symptoms much later, and it may help them to see a counsellor. About 1- 2% may go on to develop Post-Traumatic Stress Disorder. The people who are most traumatised may not always be the ones you expect. Someone who was seemingly on the periphery of the incident itself may be finding it difficult to cope, and feel unable to ask for help because they think they have no right to be struggling when others who were closer to the incident seem to be coping better. So keep an eye out for everyone concerned and keep an open mind about people's reactions. Those with pre-existing vulnerabilities – states of anxiety, depression, trauma from a previous incident etc – are more likely to need professional support. A standard response to everyone is unlikely to be helpful.

In addition, remember you may well be feeling traumatised yourself, either by the incident or because of the physical and emotional demands of helping everyone else. The counselling team here at Working Well can offer you support and guidance – contact us on **01452 894480** or email [2gnft.Counselling-WorkingWell@nhs.net](mailto:2gnft.Counselling-WorkingWell@nhs.net)