

Stress

Post Traumatic Stress Disorder

Trauma Risk Management



**Police Federation of England and Wales
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INTRODUCTION

The police service is a very tense, high impact service, which constantly exposes officers to high pressure situations that require spontaneous responses. The outcome from these pressures is not always obvious to the forces or the individual and can come to the fore at any time.

With the ever increasing financial demands on the service, there is a need to consider and continue investment in people's health, safety and wellbeing.

It is important to note that the following information is not meant as a medical diagnostic tool, but a starting point for guidance only, for those who have been exposed to stressful or traumatic situations. It has been compiled by the Police Federation of England and Wales with the assistance of various professional organisations.

What is Stress?

The HSE states:

“By the term work-related stress we mean the process that arises where work demands of various types and combinations exceed the person’s capacity and capability to cope. Think of this as ‘bad work’. It is a significant cause of illness and disease and is known to be linked with high levels of sickness absence, staff turnover and other indicators of organisational underperformance - including human error.”

<http://www.hse.gov.uk/pubns/priced/hsg218.pdf>

The core of the HSE approach for work-related stress is the Management Standard. The Management Standards represent a set of conditions that, if present, reflect a high level of health well-being and organisational performance. This material can be found elsewhere on this website. The approach is designed to help those people who have key roles in promoting organisational and individual health and well-being and preventing illness and diseases resulting from stress.

<http://www.hse.gov.uk/stress/standards/index.htm>

Are you feeling stressed?

Do you suffer from some or all of the following:

General stress (under stress and anxiety)

Headache

Backache

Head and shoulder pain

Muscle cramps

Nausea

Poor sleep

Fatigue/lack of energy

Cold hands/feet

High Blood pressure

Diarrhoea/constipation

Digestive upset/stomach pains or ulcers

This list is not exhaustive

Acute stress (under trauma)

These symptoms are much the same as for the above, but much more severe.

Have you been involved in a serious incident that has really upset you?

Are you aware of the services your force offers, such as Trauma Risk Management (TRiM) or debriefing services?

Have you talked to your line-manager?

What help is available to me?

- Your line-manager or someone else you trust in your force.
- Occupational Health Department.
- Welfare and Counselling Services.
- Your GP.

What can I do to help myself?

Your perception

The nature of our work means we may become directly involved in traumatic situations with little or no warning. Each incident will affect different people in different ways. Usually we can deal with this by talking informally to colleagues. Often people look back on their role as something positive, feeling they have played a useful part and learned from it. Some don't even give the experience a second thought. Occasionally though, people can be hit, often quite unexpectedly, by a traumatic stress reaction.

How does this affect me?

Even if you feel you are pretty resilient, the experience may affect you more than you think or are prepared to admit, even to yourself.

Most emergency workers, however well trained and equipped, will admit to getting a hollow feeling in the stomach in the few seconds before arriving at an incident or while dealing with it.

When the incident involves death or significant injury, the personal impact can be greater, particularly if a colleague, friend, child or other vulnerable individual is involved. Reactions will vary from person to person and incident to incident.

Possible reactions

Your feelings may include:

Sadness

- for deaths and injuries of every kind

Guilt

- for not having done more
- for having survived

Anger

- at what has happened
- at whoever caused it or let it happen
- at the injustice of it all
- at the lack of understanding of others
- at the inefficiency of the 'system'

Shame

- for not having reacted as you would have wished
- for having appeared 'needy'

Fear

- of 'breaking down' or 'losing control'
- of a similar event happening again

Memories

- of past, similar events
- of feelings of loss or of concern for others in your life

Disappointment

- which can alternate with hope

These reactions may be worse if there has been a death, a feeling of wanting to have done more, the incident followed closely on top of other stressful events in your life or you feel you have little support from colleagues, friends or family.

Physical and mental reactions

Physical reactions include: tiredness, sleeplessness, 'racing' heart, nausea, headaches, neck and backaches, muscular tension, tightness in the chest and throat, changes in eating habits and sexual interest.

Mental reactions may be loss of concentration and/or motivation, poor memory, nightmares, flashbacks (vivid images or unexpectedly reliving the experience), hypervigilance (always on your guard), or being easily startled.

You may find yourself withdrawing from those closest to you, unable to express your feelings or let them help. Irritability, loss of sense of humour and impatience with self and others are very common. Your family and friends may be distressed and confused, feeling left out as they try to understand how they can help you. You can help them and yourself by letting them know what you want or need.

It is important to remember that your reactions are part of a natural process, that your body-mind is primed to heal itself, and that letting your feelings come out in the open can help to reduce the time it takes to recover.

After the incident

There are some strategies you can use to make things easier to bear post-incident. Your mind's defence mechanism may not let you feel the full impact of an incident straight away; the event may seem unreal, almost dream-like. You may be in shock. Your feelings will slowly unfold as the days go by.

How you can help yourself

- Keep yourself occupied with other things, whilst being careful not to 'overdo' it
- Accept your reactions – it says nothing about you as a person – it has happened to others too
- Talk about your feelings to friends/colleagues who were also involved in the incident
- Return to the scene of the incident and confront the reality of it all
- Accept any support that is being offered be that practical or emotional
- Balance time on your own to reflect with time in the company of friends, family, colleagues
- Accept that pain is often part of the healing
- Remind yourself that you are still essentially the same person

In addition:

don't bottle up your feelings, tell someone

don't avoid talking about what happened

don't be too hard on yourself, give yourself a bit of 'slack' whilst you adjust to what has happened

don't expect the memories to go away immediately, it may take quite some time

do try to re-establish your normal social and work routines as quickly as possible

do drive with greater care, your concentration may be impaired

do be more careful in general – accidents are more likely to happen at this time

Look for additional help if you:

- have difficulties handling intense feeling
- continue to experience physical reactions
- have to keep highly active in order to cope
- continue to have nightmares or sleep badly
- feel isolated or have no one to turn to
- are aware that your relationships are suffering
- develop sexual problems
- are having accidents
- your work performance is suffering
- are smoking/drinking to excess since the event
- continue to rely on/are taking medication to excess
- are suffering from depression or exhaustion
- cannot control your memories of the event

Restoring the balance long term

Take good care of yourself. Your health (physical and psychological) is your most valuable resource.

- Eat regularly and healthily
- Take regular exercise (particularly aerobic)
- Ensure you are getting enough sleep
- Take leave (and avoid the work phone if possible)
- Avoid drinking too much alcohol
- Seek help if you are feeling unwell
- Pay attention to your life-work balance
- Invest in relationships with friends and family
- Volunteer to help make a positive contribution
- Take up a hobby/re-invest time in an existing one
- Stretch yourself physically/academically
- Deal with problems resolutely, rather than avoid

WHAT IS POST TRAUMATIC STRESS?

Royal College of Psychiatrists states:

PTSD can start after any traumatic event. A traumatic event is one where we can see that we are in danger, our life is threatened, or where we see other people dying or being injured. Some typical traumatic events would be:

- serious road accidents
- military combat
- violent personal assault (sexual assault, rape, physical attack, abuse, robbery, mugging)
- being taken hostage
- terrorist attack
- being a prisoner-of-war
- natural or man-made disasters
- being diagnosed with a life-threatening illness.

Even hearing about the unexpected injury or violent death of a family member or close friend can start PTSD. <http://www.rcpsych.ac.uk/>

When does PTSD start?

The symptoms of PTSD can start after a delay of weeks, or even months. They usually appear within 6 months of a traumatic event.

What does PTSD feel like?

Many people feel grief-stricken, depressed, anxious, guilty and angry after a traumatic experience. As well as these understandable emotional reactions, there are three main types of symptoms produced by such an experience:

- Flashbacks & Nightmares
- Avoidance & Numbing
- Being "On Guard"

Other Symptoms

Emotional reactions to stress are often accompanied by:

- muscle aches and pains
- diarrhoea
- irregular heartbeats
- headaches
- feelings of panic and fear
- depression
- drinking too much alcohol
- using drugs (including painkillers).

Why are traumatic events so shocking?

They undermine our sense that life is fair, reasonably safe, and that we are secure. A traumatic experience makes it very clear that we can die at any time. The symptoms of PTSD are part of a normal reaction to narrowly avoided death.

Does everyone get PTSD after a traumatic experience?

No. But nearly everyone will have the symptoms of post traumatic stress for the first month or so. This is because they help to keep you going, and help you to understand the experience you have been through. This is an "acute stress reaction" (this is a normal reaction – not necessarily, and only seldom, an acute stress reaction). Over a few weeks, most people slowly come to terms with what has happened, and their stress symptoms start to disappear.

Not everyone is so lucky. About 1 in 3 of those people who have been diagnosed will find that their symptoms just carry on and that they can't come to terms with what has happened. It is as though the process has got stuck. The symptoms of post traumatic stress, although normal in themselves, become a problem - or Post Traumatic Stress Disorder - when they go on for too long.

What makes PTSD worse?

The more disturbing the experience, the more likely you are to develop PTSD. The most traumatic events:

- are sudden and unexpected
- go on for a long time
- you are trapped and can't get away
- are man-made
- cause many deaths
- cause mutilation and loss of arms or legs
- involve children.

If you are in a situation where you continue to be exposed to stress and uncertainty, this will make it difficult or impossible for your PTSD symptoms to improve.

Why does PTSD happen?

There are a several possible explanations for why PTSD occurs:

Psychological

When we are frightened, we remember things very clearly. Although it can be distressing to remember these things, it can help us to understand what happened and, in the long run, help us to survive.

- The flashbacks, or replays, force us to think about what has happened. We can decide what to do if it happens again. After a while, we learn to think about it without becoming upset.
- It is tiring and distressing to remember a trauma. Avoidance and numbing keep the number of replays down to a manageable level.
- Being "on guard" means that we can react quickly if another crisis happens. We sometimes see this happening with survivors of an earthquake, when there may be second or third shocks. It can also give us the energy for the work that's needed after an accident or crisis.

But we don't want to spend the rest of our life going over it. We only want to think about it when we have to - if we find ourselves in a similar situation.

Physical

- Adrenaline is a hormone our bodies produce when we are under stress. It "pumps up" the body to prepare it for action. When the stress disappears, the level of adrenaline should go back to normal. In PTSD, it may be that the vivid memories of the trauma keep the levels of adrenaline high. This will make a person tense, irritable, and unable to relax or sleep well.
- The hippocampus is a part of the brain that processes memories. High levels of stress hormones, like adrenaline (and cortisol), can stop it from working properly - like "blowing a fuse". This means that flashbacks and nightmares continue because the memories of the trauma can't be processed. If the stress goes away and the adrenaline levels get back to normal, the brain is able to repair the damage itself, like other natural healing processes in the body. The disturbing memories can then be processed and the flashbacks and nightmares will slowly disappear.

How do I know when I've got over a traumatic experience?

When you can:

- think about it without becoming distressed
- not feel constantly under threat
- not think about it at inappropriate times.

Why is PTSD often not recognised?

- None of us like to talk about upsetting events and feelings.
- We may not want to admit to having symptoms, because we don't want to be thought of as weak or mentally unstable.
- Doctors and other professionals are human. They may feel uncomfortable if we try to talk about gruesome or horrifying events.
- People with PTSD often find it easier to talk about the other problems that go along with it - headache, sleep problems, irritability, depression, tension, substance abuse, family or work-related problems.

How can I tell if I have PTSD and when should I seek help?

Have you have experienced a traumatic event of the sort described at the start of this section?

If you have, do you:

- have vivid memories, flashbacks or nightmares?
- avoid things that remind you of the event?
- feel emotionally numb at times?
- feel irritable and constantly on edge but can't see why?
- eat more than usual, or use more drink or drugs than usual?
- feel out of control of your mood?
- find it more difficult to get on with other people?
- have to keep very busy to cope?
- feel depressed or exhausted?

If it is less than 6 weeks since the traumatic event, and these experiences are slowly improving, they may be part of the normal process of adjustment.

If it is more than 6 weeks since the event, and these experiences don't seem to be getting better, it is worth talking it over with your doctor.

How can PTSD be helped?

Helping yourself:

Do

- keep life as normal as possible
- get back to your usual routine
- talk about what happened to someone you trust
- try relaxation exercises
- go back to work
- eat and exercise regularly
- go back to where the traumatic event happened
- take time to be with family and friends
- drive with care - your concentration may be poor
- be more careful generally - accidents are more likely at this time
- speak to a doctor
- expect to get better.

Don't

- beat yourself up about it - PTSD symptoms are not a sign of weakness. They are a normal reaction, of normal people, to terrifying experiences
- bottle up your feelings. If you have developed PTSD symptoms, don't keep it to yourself because treatment is usually very successful.
- avoid talking about it.
- expect the memories to go away immediately, they may be with you for quite some time.
- expect too much of yourself. Cut yourself a bit of slack while you adjust to what has happened.
- stay away from other people.
- drink lots of alcohol or coffee or smoke more.
- get overtired.
- miss meals.
- take holidays on your own.

Treatment

Just as there are both physical and psychological aspects to PTSD, so there are both physical and psychological treatments for it. It is important to seek professional advice.

Trauma Risk Management (TRiM)

What is TRiM?

TRiM is a peer-delivered programme developed by two mental health professionals with a wealth of experience of helping army personnel: Major Norman Jones and Captain (Retd) Pete Roberts. The programme has distinct advantages over one delivered by welfare and counselling departments, in that it deals with factors such as immediacy, logistics, dispersal of personnel and the limited number of Welfare Advisers. Moreover it ensures effective psycho-education of the appropriate staff, normalises stress reactions and is available in the immediate work-place environment.

TRiM is now well-embedded in the Royal Marines and Navy, it was recently introduced by the army and adopted by many other police forces. People who have been at the receiving end report that they have felt valued and found it helpful. The programme incorporates the NICE guidelines of 'watchful waiting', whilst at the same time helping to identify early on those individuals who might be at risk of experiencing a delay in their recovery. The programme also takes advantage of the natural coming together of existing groups talking over what has happened after they have been involved in an incident, with the opportunity for colleagues to be mindful of each other's well-being.

The process

TRiM Practitioners, under the direction of an Area TRiM Coordinator liaise with managers/supervisors after a potentially traumatic event – identified by specific criteria. Depending on outcome they will deliver a psychological briefing, identify at-risk individuals by means of 3 TRiM assessments over a period of three months and offer continued support where necessary and wanted – participation is voluntary. Assessments are confidential, except when there is concern about harm to self, others and/or the organisation, or criminal or disciplinary offence. If an individual's well-being does not improve he/she is referred to Welfare and Counselling Services and/or Occupational Health for an early professional intervention.

TRiM Practitioners are also able to act as advisers with regards to psychological site-management during long and complex events.

The practitioners

The practitioners have been chosen on account of their excellent 'people skills', they have gone through a rigorous assessment procedure and are well-trained; they are supported and supervised by Area and Lead Co-ordinators.

TRiM helps to modify attitudes about PTSD, stress, and help-seeking, leading to early treatment and a consequent positive impact on morale, sickness absence and functionality.

Police Federation Annual Conference 2009

During the Police Federation of England and Wales conference in 2009 a presentation was given by Professor Gordon Turnbull on PTSD:

http://www.polfed.org/Gordon_Turnbull_Trauma_Presentation_2009.pdf

Brief Q&A:

http://www.polfed.org/PTSD_Q_and_A.pdf

Where can I find further information on the above?

Further help is available at:

Royal College of Psychiatrists	http://www.rcpsych.ac.uk/
Professional Counselling	http://www.professionalcounselling.co.uk/
Health & Safety Executive	http://www.hse.gov.uk/
NICE	http://www.nice.org.uk/
NHS	http://www.nhs.uk/Pages/HomePage.aspx
World Health Organisation	http://www.who.int/en/

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