



Post Trauma Stress and SEES

If you have experienced a traumatic event, now that the event is over you may find that you are experiencing, or may in the future, experience strong emotional or physical reactions to the trauma.

Common responses to a traumatic event

- Sadness
- Anger
- Helplessness
- Guilt
- Numbing
- Tension and restlessness
- Reliving the event
- Fear and anxiety
- Physical reactions
- Difficulty sleeping
- Impaired concentration
- Irritability
- Cognitive and behavioural avoidance

It is common and perfectly normal to experience a variety of symptoms when you have been through a distressing ordeal.

Sometimes the stress reactions appear immediately after the event or they may occur hours, days, even weeks or months later.

With understanding and support from others, these stress reactions usually pass more quickly. Occasionally however, the traumatic event is so painful that professional assistance may be necessary. This does not imply that you are going crazy or that you are weak. Rather it simply indicates that your reaction to the trauma is too powerful to manage without the help of others.

Why provide psychosocial support after a critical incident?

- To provide social support; the prognosis for good recovery is poor if there is little or no social support from family, friends or colleagues
- To sign-post what to expect in terms of symptoms
- The normalisation and legitimisation of trauma reactions and the course of such reactions
- To facilitate and encourage the use of appropriate coping strategies
- To give advice and guidance following exposure to a traumatic event
- To facilitate early help seeking, thus hopefully preventing possible psychological complications in the longer term

Social, Emotional, Educational Support (SEES)

In order to minimise distress, SALS aims to provide more direct support in the early stages when individuals have been identified as having experienced or been involved in a traumatic event. The emphasis is on providing a caring, listening approach backed by practical information and social support at the scene if necessary.

Such events include

- Sudden or traumatic death of baby, child or young person
- Extensive traumatic injuries to baby, child or young person
- Death or significant injury to a colleague
- Death or significant illness/injury to crew family member
- Mass casualty situation
- Situations involving fear or threat of injury or death to crew
- Assault/abuse of crew
- Untoward incident causing injury or death of patient

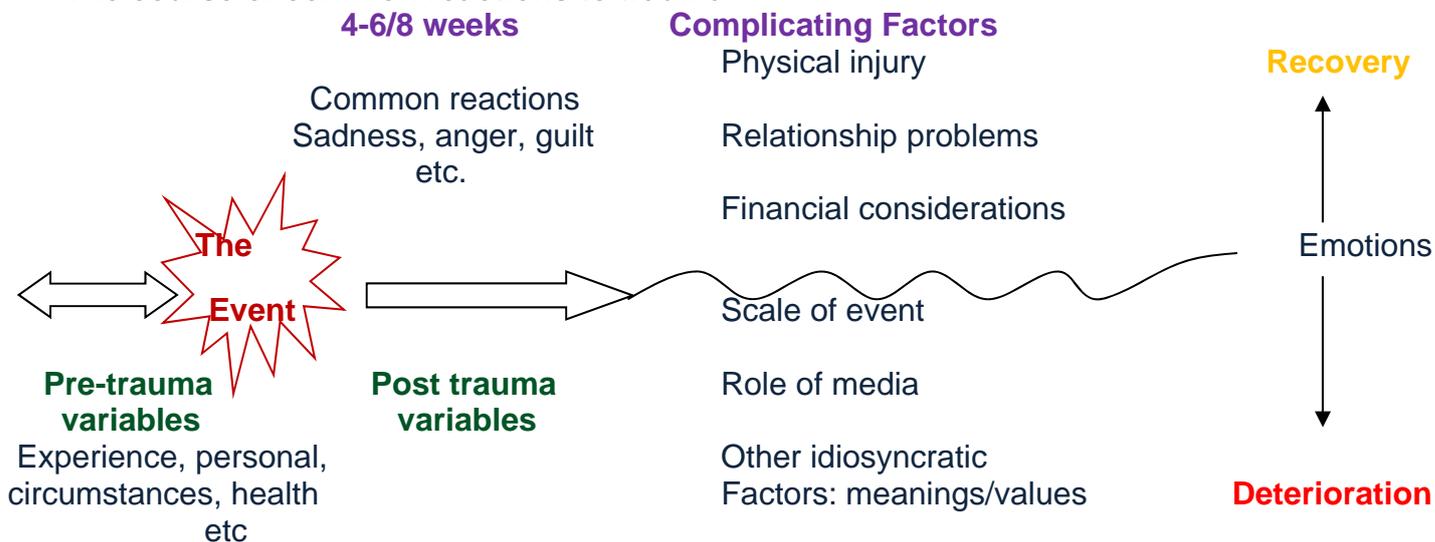
This support can be provided through a structured meeting in the form of a SEES if a number of people have been involved. It is a group meeting offered to or requested by staff involved in a critical incident and is intended to allow staff to share and review their experiences, reactions and feelings, giving practical, social and emotional support. It is an information sharing session on when and where to get further help if necessary.

The SEES Model for intervention

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| 1. Introduction | Purpose, ground rules, time frame, agenda, questions |
| 2. Overview of experience | “What happened?” involvement of self and significant others, discussion of circumstances |
| 3. Thoughts and Reactions | Subjective experience, first /later thoughts, thoughts about others, sensory impressions, thoughts since the incident |
| 4. Normalisation and future Planning/coping | Discuss and describe reactions in context of the experience, give predicted time frame and course of reactions, advise about fear cues, intrusive thoughts and triggers, discuss adaptive -v- maladaptive avoidance, involve relatives and significant others, provide/suggest appropriate reading material, follow-up and sign post other services |
| 5. Closure | Summarise, check and clarify understanding of meeting, repeat main points, arrange follow up. |

For individuals or single crews, a welfare call will be made as soon after the event as is practical. Both of these interventions will mark a period of watchful waiting during which sufferers will be provided with information and encouraged to follow their own normal coping methods and take advantage of their own support network of family and friends.

The course of common reactions to trauma



Staff will be followed up over the following weeks and it is only if symptoms persist beyond a month that further intervention or treatment will be offered to the individual for their consideration.

If necessary at this stage, more formal counselling will be offered or alternative options such as seeking help via the individual’s GP or Occupational Health will be discussed.

The well-being of staff and their families is of paramount importance to WMAS. Please do not feel too proud, embarrassed or intimidated by older members of staff to seek assistance or to deny the possible effects of incident trauma. It is common to *think* that seeking help is a sign of weakness, quite contrary, it is a very *positive* action that is actively encouraged.