Traumatic stressors

The diagnosis of PTSD is restricted to people who have experienced exceptionally threatening and/or distressing events and would therefore not be diagnosed after other upsetting events that are described as “traumatic” in everyday language, such as divorce, loss of a job, losing an elderly relative or failing an exam.

An extreme traumatic stressor usually involves a perceived threat to life (either one’s own or that of another person) or physical well-being and intense fear, helplessness or horror. Other emotional responses of trauma survivors with PTSD include guilt, shame, fear, intense anger and numbing.

Whether or not a person will go on to develop PTSD depends on their subjective perception of the event as well as the objective facts. The following factors appear to make it more likely that a person will develop PTSD:

- The more severe the trauma
- The longer it lasted
- The closer the person was to it
- The more dangerous it seemed
- The more times the person has been traumatised
- The trauma was inflicted by other people eg. bombing, rape
- The person gets negative reactions from family and friends

For example, you would be more likely to develop PTSD if you were the driver in an RTA and were trapped with petrol spilling around you than a back seat passenger. who was able to get out. People are more likely to get PTSD after being the victim of an attack or torture by other people rather than a natural disaster such as earthquake. Or the boyfriend of a rape victim might blame her for not being careful or friends my not listen sympathetically, instead urging her “to forget the past and move on.”

Furthermore, those at risk of PTSD include not only those directly affected by a horrific event, but also witnesses, carers, perpetrators and those who help PTSD sufferers (vicarious traumatisation).

Recognition of PTSD

PTSD can present with a range of symptoms but they must have lasted for at least one month post incident. There are three main types of symptom:

Re-experiencing the event

- Intrusive distressing recollections of the event
- Flashbacks in which it feels as if the event is recurring
- Nightmares
- Exaggerated emotional and physical reactions to reminders of the event

Avoidance and emotional numbing

- Avoidance of activities, places, thoughts, people, circumstances or conversations related to the trauma
- Loss of interest
- Feeling detached from others
- Inability to have any feelings

Increased arousal

- Difficulty sleeping
- Irritability or angry outbursts
- Exaggerated startle response
- Hyper vigilance for threat
- Difficulty concentrating

Associated symptoms such as depression, generalised anxiety, shame, guilt and reduced libido have also been reported, contributing to sufferers’ distress and effecting their functioning.

What happens next?

People with PTSD usually recognise all too painfully that there is something drastically wrong, but may not be able to put a name to their feelings and symptoms. Without a diagnosis, sufferers can feel as if they are losing their grip on the world around them and even on a sense of who they are.

Individuals exposed to traumas such as those described will not automatically go on to develop PTSD but may experience some or all of the symptoms. Many people recover naturally in the first few weeks or months following a traumatic event without any treatment. Testimonies from sufferers have expressed a need for some form of support and treatment and have made the connection between lack of support and treatment and a worsening of their symptoms.

The Role of SALS

It is the aim of this service to provide support for you in the early stages when you

have been identified has 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 needed.

This can be provided in the form of a structured group intervention if a number of people have been involved. 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 you will be provided with information and encouraged to follow your own normal coping methods and take advantage of your own support network of family and friends. You 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 your consideration.

At this stage, more formal counselling will be offered or alternative options such as seeking help via the GP will be discussed.

And the sufferer's family?

PTSD can also have a profound effect on carers/partners and other family members. Caring for someone with PTSD can be lonely, frustrating and frightening. It is not uncommon for the sufferer to feel that the carer can never truly understand the nature of the trauma or to expect to know what they may be feeling. This may mean that sufferers do not disclose the full nature of their disorder and treatment. This acts to isolate the carers further and make them feel unhelpful and helpless. Sometimes mood swings; irritability and anger felt by the sufferer can be alienating and difficult for the carer to deal with.

In the event of a member of staff being diagnosed with PTSD as result of an incident that occurred to them or they were involved in during the course of their duty and where there is significant impact on the staff member's family, the Staff Advice and Liaison Service will make every effort to extend support and information to the family as part of an on-going care package for that individual

For further information on PTSD, its effects on sufferers, family and friends or to access further help, please call

SALS Co-ordinators

C&W	**Victoria Barrett**	**07980587562**
W. Mercia	**Phil Crowther**	**07738014225**
BBC	**Ray Lloyd**	**07919886690**

West Midlands Ambulance Service NHS Trust

Staff Advice and Liaison Service

Post Traumatic Stress Disorder

What is it?

Post Traumatic Stress Disorder is condition that people may develop in response to one or more traumatic events such as deliberate acts of inter personal violence, severe accidents, disasters or military action. It is a disorder that can occur at any age including childhood.

This document is written to provide you with information about a particular form of stress response, which may affect any one of us working in the emergency services and has particular characteristics which set it aside from other stress, anxiety and depressive disorders.

People at risk of PTSD include:

- Victims of violent crime eg. Physical and sexual assaults, abuse, riots.
- Members of the emergency services, armed forces, journalists, prison services, including those no longer in service.
- Victims of war, torture, terrorism or refugees.
- Survivors of accidents and disasters.
- Women following traumatic childbirth, individuals diagnosed with a life threatening illness.