



Supporting Trauma At Work



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CG 26 (Post Traumatic Stress Disorder NICE Guidance) recommends that:

All health and social care workers should be aware of the psychological impact of traumatic incidents in their immediate post-incident care of survivors and offer practical, social and emotional support to those involved

But what about the health and social care workers themselves?





- Carefully designed framework for individual and group support following trauma - current evidence base advises against routinely encouraging reiteration of traumatic events as this can increase distress for some people
- Traumatic incident first responders are selected, trained and supervised by our clinical psychologist
- Does not replace managerial responsibility for support and/or debrief





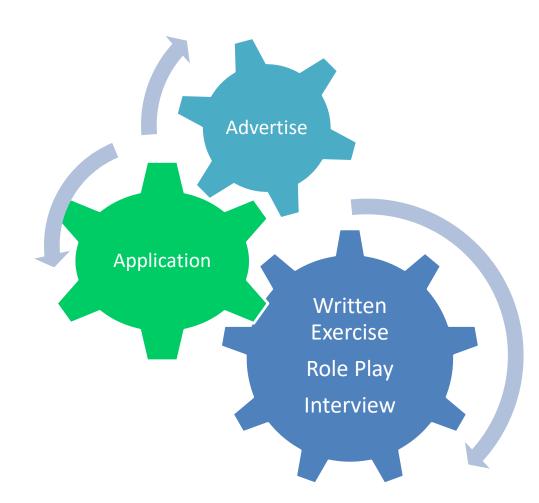
What is a traumatic incident?

- It can be any specific event that a person finds distressing. They may have been directly involved or a witness to it
- It may be something that is unexpected or that has resulted in some sort of harm
- Common examples include an unexpected death, violence or aggression, major incidents, complaints or investigations





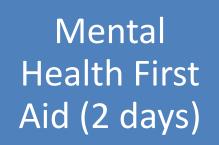
Selection







Training



- Factors affecting mental health
- Spotting triggers and signs
- Non-judgemental listening
- Mental Health First Aid Action Plan (ALGEE)

First Responder Modules (4 x half days)

- Role
- Confidentiality and escalation
- Psycho-education
- Self Care





Supervision

- Direct support with complex, severe or sensitive traumatic incidents
- Regular group supervision/reflection
- Additional ad-hoc and one to one supervision/reflection as required
- Administrative support via the HWB team who provide a central point to process requests for support, monitor first responder activity and collect feedback





