

Tips for managers and supervisors

Supporting staff and volunteers exposed to trauma in the workplace

Many people are exposed to trauma at some point in their life. Staff and volunteers in emergency services and other high-risk workplaces may be repeatedly exposed to trauma in the course of their occupational roles. Their exposure may be through directly witnessing an event, or by hearing someone re-tell distressing events. It may also occur through exposure to the media, such as photographs, audio or video, or a combination of these. More distressing trauma that is of longer duration, or repeated exposure, can increase the risk for adverse effects, which may negatively impact interpersonal relationships and work performance.

Adverse effects of workplace exposure to trauma include distress reactions (insomnia, anger, guilt, scapegoating, anxiety, decreased perception of safety), and risky behaviours (increased alcohol and tobacco use, social isolation and restricted activities, reduced self-care behaviours). In the workplace, lost productivity, absenteeism, and distractibility may also occur. Prolonged and more severe responses can include psychological disorders, such as depression, anxiety, posttraumatic stress disorder (PTSD), and complicated grief.

Some occupations have a culture of pride in being able to withstand trauma exposure and not seek support, which can delay recovery. Managers and supervisors can help by addressing myths and encouraging support at all levels while maintaining performance and accountability to promote a healthy organisation.

Managers and supervisors can assist personnel repeatedly exposed to workplace trauma through education, training, modelling, and support using evidence-based early interventions. The recommendations below describe actions that managers and supervisors can take to help their staff and volunteers before, during, and after workplace exposure to trauma.

Please note: The recommendations describe actions that managers and supervisors can take to help emergency service staff and volunteers before, during and after exposure to trauma in the workplace.

Before

Being prepared (e.g., mental, physical, equipment) helps staff and volunteers focus on the task at hand.

1. Obtain information about anticipated trauma exposures (risk assessment).
2. Provide adequate protective equipment and ensure personnel understand their purpose and proper use.
3. Determine minimum required exposure to perform essential tasks.
4. Train staff and volunteers about expected trauma exposure and normal reactions: insomnia, anger, boredom, decreased feelings of safety, guilt, helplessness.
5. Educate staff and volunteers to monitor themselves to identify difficulties and when to get help. For example, persistent difficulty with sleep, increased problems at home or work, reduced self-care, thoughts of harming self or others.



During

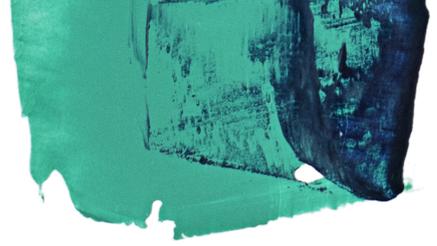
Efforts to limit the intensity and duration of exposure to trauma will decrease adverse effects. Identifying problems early and providing prompt and effective interventions can protect performance.

1. Encourage peer support where staff and volunteers support and regularly check-in with one another.
2. Model self-care, including adequate sleep, hydration, nutrition, stress management, and exercise.
3. Encourage help-seeking, such as taking a break or talking to someone.
4. Monitor and adhere to exposure limits. Reduce further exposure or temporarily remove anyone showing significant adverse effects from exposure.
5. Facilitate team check-ins to enhance cohesion, discuss challenges, address misconceptions, and informally assess personnel.
6. Use breaks or brief team meetings to facilitate peer support.
7. Directly encourage and facilitate help-seeking for staff and volunteers who are having persistent or increasing difficulties in their roles.
8. When particularly shocking or disturbing exposures occur, anticipate, validate, and respond supportively to grief and other distress reactions.
9. Use effective communication strategies: say what is known and unknown, commit to getting answers when there is uncertainty, follow through on promises, avoid false reassurances, and provide the truth. Good communication builds trust and decreases rumours.

After

Adverse effects of trauma exposure may not be seen until after the stress of operations are over. Self-care and peer support are important first line interventions. Screening and referral are helpful for those displaying moderate to severe mental health concerns or an impact on their functioning.

1. Remind staff and volunteers about normal and expectable reactions to trauma as well as common patterns of recovery.
2. Communicate the value and benefits of peer support in maintaining wellbeing and recovery.
3. Ensure personnel have access to resources (information, physical and mental health care, family support, financial assistance).
4. Continue informal check-ins with personnel. If concerns arise, seeking additional information, when possible, from colleagues, family, or friends may help in understanding.
5. Create opportunities for informal social interactions (coffee catch-ups, etc.); these can strengthen cohesion and promote informal peer support.
6. Engage Employee Assistance Programs (EAPs) or other resources for more formal assessment measures to help staff and volunteers who may be struggling. Offering compassionate and confidential screening and referral to treatment can encourage individuals who might otherwise feel stigmatised to seek assistance.



Additional resources

Resources for managers and supervisors, and emergency services workers and first responders to prepare for and respond to crisis and disaster events: www.phoenixaustralia.org/resources/disaster-resources.

Adapted with permission from the Center for the Study of Traumatic Stress

If anxiety, depression, sleep difficulties or irritability persist for more than two weeks after your return home, you should talk to your GP. For immediate assistance and/or 24-hour counselling and referrals, see details on the right.

Useful services and resources

Lifeline - for immediate assistance
13 11 14

Australian Psychological Society - find a psychologist
1800 333 497

Beyond Blue
1300 224 636