

Coping with Traumatic Events

Managing employees with Post Traumatic Stress Disorder Symptoms (PTSD)

Introduction

Dramatic events happen throughout life, both within the domestic environment and also the working environment. Such events affect individuals differently and are normally defined as events that are not in the normal range of human experience, such as being the recipient of violence or being exposed to extreme prolonged trauma.

Post Traumatic Stress symptoms, known as Post Traumatic Stress Disorder (PTSD) can develop in people of any age following a stressful event or a situation of a threatening or catastrophic nature. PTSD does not usually develop following generally upsetting situations that are normal in life events such as divorce, loss of a job, failing an exam or bereavement.

Effective treatment for PTSD can only take place if the disorder is recognised. In some cases following a major disaster or an accident within the workplace affecting a significant number of individuals, specific arrangements to screen people at risk should be considered.

Up to 30% of people experiencing traumatic events may develop PTSD.

Symptoms often develop immediately after the event, but the onset of symptoms may be delayed and in approximately 10% of people the symptoms may not present until many years after the event. Treatment can be commenced even at this late stage.

What are the symptoms of PTSD? Individuals suffering with PTSD may have one or more of the following:

- Re-experiencing the event. This may take the form of flash backs, nightmares or repetitive and intrusive images or sensory impressions such as smells or noises.
- Avoidance. Individuals with PTSD avoid people, situations, certain environments or circumstances resembling or associated with the original event.
- Exaggerated arousal. Individuals have an exaggerated startle response, problems sleeping, and problems with irritability and difficulty with concentration.
- “Emotional numbing”. Some individuals are unable to experience their normal feelings, they feel detached from other people, they give up hobbies or other activities that were very meaningful for them, and they suffer from amnesia.
- Depression
- Drug or alcohol misuse
- Uncontrollable anger
- Unexplained physical symptoms which result in repeated visits to the General Practitioner.

It is important if you suspect symptoms of PTSD, that you ask an individual if they have experienced a traumatic event and consider asking them specifically about flash backs or nightmares, or an exaggerated startle response or problems sleeping.

Screening after a major accident or disaster

It may be appropriate to review the accident or disaster plan for your company and consider using a short screening questionnaire for PTSD symptoms. It is usually advised to implement this 4 weeks after the event for individuals at high risk of developing symptoms.

Managing individuals who may be at risk of PTSD

The initial response

For individuals who have experienced a traumatic event, it is now not considered appropriate to arrange a “debriefing” session that focuses on the event.

Current advice suggests ‘watching and waiting’ when symptoms are mild and have been present for less than 4 weeks.

It is advised to arrange a follow up contact in order to review an individuals symptoms 4 weeks after the original event.



Immediate psychological issues

It is however important to be aware of the psychological impact of traumatic events on survivors and to offer practical, social and emotional support, this can be undertaken by colleagues or by employing counsellors.

Treatment for individuals whose symptoms last in excess of 4 weeks.

Two forms of treatment are currently advised

1. Trauma focused cognitive behavioural therapy for individuals with severe symptoms within the first month after the event or symptoms that have not resolved after the first month of the event. This treatment is considered to be particularly useful within the months 2 and 3 after the event.
2. For individuals who continue to experience symptoms for more than 3 months after the event, a relatively new form of treatment, EMDR, eye movement desensitisation and reprocessing is available and seems to be extremely effective.

Such treatment is delivered on an outpatient individual basis and there are therapists delivering this treatment throughout the UK.

Medication is available to be used alongside the psychological treatments mentioned above. This medication should be prescribed and monitored by the appropriate specialist doctors.

In conclusion it is important to consider the effects of traumatic events in your disaster and accident planning.

It is also important to stress from a medical perspective that effective treatments are available for individuals exposed to traumatic events.

The current specialist advice would be to employ a “wait and see” policy in the first 4 weeks after the event, but during this time to provide general emotional and management support. It is important to consider a screening tool after the first 4 weeks and to have a process by which individuals are able to access the appropriate specialist treatment and help if they require it after the first 4 weeks, and also to be aware that approximately 10% of individuals may not develop their symptoms until many months or years after the original event.

Preventative Healthcare has a significant amount of experience in advising employers in both the public and private sector with regards to treatment of PTSD. For any further advice please do not hesitate to contact us at talk2us@phcohealth.co.uk.

Visit us at www.phcohealth.com

