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Trauma Awareness in Firefighter Leadership Training



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Even seasoned firefighters are not immune to the threat of trauma. Everyone has their own individual breaking point. When scenes and experiences become too much, or perhaps occur too often in a short space of time for the individual concerned, the result can be depression and behavioural problems. Left untreated, these symptoms may produce avoidable accidents, extended sick-leave and eventually resignation or dismissal – and perhaps a major legal liability for the employer.

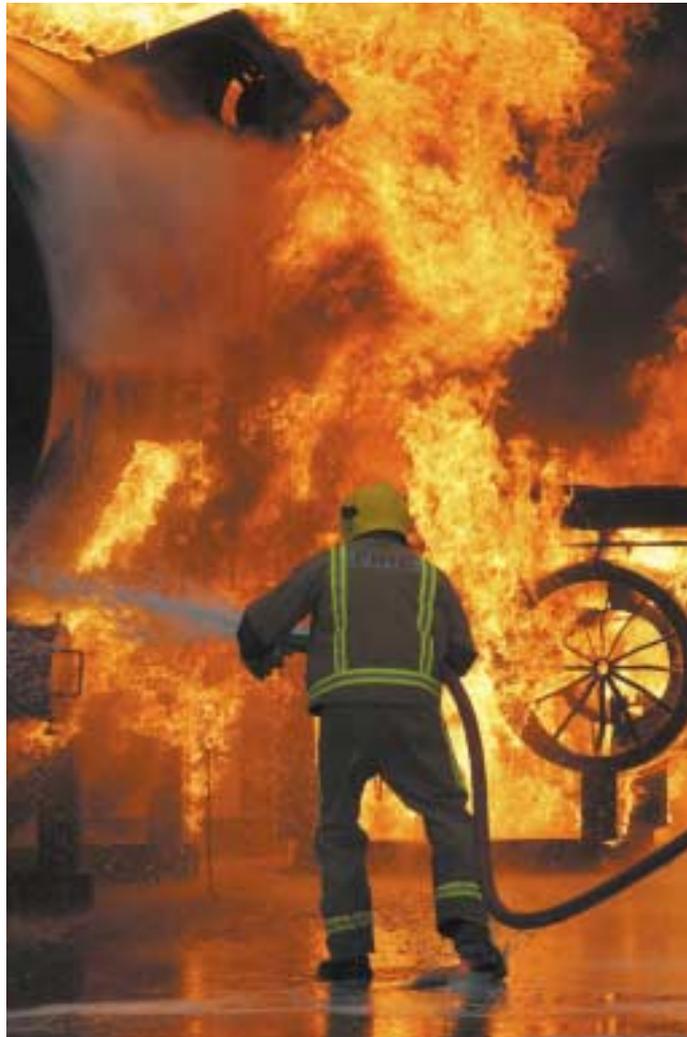
Too often the 'human factor' in team preparedness goes unaddressed in emergency and contingency planning. The best laid plans and most exhaustive drills often fail to take account of the uncertainties of human reactions and behaviour. Instead, organisations tend to rely on team building and a 'macho' culture to get through. Sometimes this is not enough. So what can managers and team leaders do to deal with the threat of staff trauma?

PTSD Resolution is an organisation dealing with trauma awareness and treatment on a daily

basis. In a typical case we received a telephone call recently from a firefighter who had been traumatised in a fire where burning bodies were discovered. He spent some time on sick leave, was eventually retired early and the situation turned into a battle with his employer – which has now also become a traumatic episode in itself.

This secondary problem arose because the fire service concerned did not have even the limited understanding of PTSD that the armed forces are slowly developing – particularly in the UK and USA, as a result of engagements in Iraq and Afghanistan.

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So, why does existing staff training fall short, and what needs to be done?

Firefighters are trained to deal with events that would induce trauma in most people. Part of that training involves behavioural conditioning through graduated exposure to events, so as to increase the ability to overcome a natural fear when confronted by the threat of fire or its consequences, including death and injury.

The core of a standard training regime is to provide the firefighter with a sense of control to meet most conceivable eventualities; to establish routines to deploy him or her into a situation in a controlled way, with maximum provision for personal safety. But sometimes events happen that are out of firefighters' control, such as explosions or fatalities – perhaps of close colleagues.

The traumatic effects of these challenges on each individual can be temporarily overcome, denied or suppressed by the person concerned. But sometimes a further event occurs that may trigger a noticeable reaction; and when such stresses are repeated too often, mental health issues may arise. The result can be debilitating for the individual concerned, and disturbing for family and work colleagues.

As a charity dealing with veterans of the UK armed forces who are traumatised, we meet ex-military personnel who are trained for combat, but repeated or excessive traumatic exposure has led to stress disorders. Eventually, if not understood

and dealt with, these suppressed fears overwhelm a person's self-control and emotional health. That is why all team leaders and employers need to understand how to recognise post-traumatic stress, and where to get help, sooner rather than later.

Many of the military traumatic experiences with which we deal involve fire. The firebombs and incendiaries in Northern Ireland, or the explosive devices and consequent burning of vehicles, people and buildings in Iraq and Afghanistan for example. One of the most noticeable features of fire is the smell, and the most primitive and earliest sense to be activated is the olfactory sense. It is often the smell that will trigger a fear reaction or memory first of all.

Trauma changes people in many ways – it can make them more aggressive, angry, nervous, depressed, vigilant, guilty, paranoid or any combination of these, as well as causing extraordinarily vivid flashbacks and nightmares where, as far as the sufferer is concerned, he or she is reliving the original experience. This can be hell – for the one who is experiencing the problem and for everyone around him or her. Many sufferers stop going to work or going out at all in order to avoid the triggers.

While trauma is usually caused by being involved in or witnessing events that involve actual or potential death or injury, it is important to recognise that in many cases there are initial symptoms that may subside over a few days or weeks. It is a natural coping mechanism. This means that it is usually best to let this process happen by itself – 'critical incident debriefing', where everyone involved in an incident is given counselling, is now thought to cause more problems than it solves.

However, if the symptoms have not subsided after a month, or have got worse, it is time to do something about it.

Trauma Tips

If you have staff that have been exposed to violent scenes, or are going to come across them, they need to be educated in these facts through the correct training:

- 1 There is a chance that in the past, or as a firefighter now, you are or will be affected adversely by the things you see and do. This is normal, and the emotional effects will fade in many cases. If there is no reduction after a month or so, or the condition is getting worse, it is a good idea to get help.
- 2 You are not going mad and this is not a sign of weakness. It is a normal reaction to events and can happen to anyone, even the most robust and apparently stable individuals. Everyone has a threshold beyond which they can be traumatised.



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- 3** It is ok to talk about it, but it will not necessarily help. Treatment is what you need. The sooner you get on with it, the sooner you will be able to get back to normal life.
- 4** Your usual doctor probably will not be a trauma specialist. In fact you may know a great deal more about post-traumatic symptoms than your medical practitioner, because of your experience of disturbing incidents and the effects on colleagues. Contemporary medical opinion does not in most cases recommend medication for post-traumatic symptoms, but many doctors still offer antidepressants to new trauma cases. Insist on a referral.
- 5** There is a strong probability that with appropriate treatment you will experience a good recovery.

Managers and team leaders should develop a culture that is responsible not macho: firefighting equipment is maintained regularly and repaired when necessary, so it is rational to adopt the same approach with your people, at the very least.

If you manage firefighters who may experience trauma, keep an eye on their behaviour. If someone is involved in an incident and seems to have changed, it may be a sign that they will need help. Let them know that you are aware of what they have been through; that the organisation's policy is to be open about stress reactions and to get help if necessary so that everyone can continue to work well. If the team member does not seem to be returning to their normal attitudes, demeanour and behaviour after a few weeks, open a dialogue about how they would like to be helped to recover.

Develop a relationship with an organisation like PTSD Resolution that has experience of severe post-traumatic reactions and can deliver brief interventions that return people to work. The cost of a typical course of treatment should be very much less than the expense of supporting an unwell employee down the line – or worse still coping with the collateral damage if someone

does something unfortunate while traumatised in your employment.

Trauma Treatment

Fortunately effective treatment is now fully available. The therapy that PTSD Resolution uses is Human Givens Therapy (HGT). Used in psychological trauma as a form of Trauma-Focused Cognitive Behavioural Therapy (CBT), this treatment for PTSD is consistent with national guidelines in many countries, including the National Institute for Health and Clinical Excellence (NICE) in the UK.

The goal of therapy is to enable the person to remember the events that may have caused the traumatic memory but with emotional detachment – so that they are not ‘reliving’ the event compulsively. This is achieved by asking patients to recall the events while in a deeply relaxed state during a treatment session; enabling them to understand their reactions and the processes involved. Treatment is repeated and any adverse reactions are noted and measured until both patient and therapist agree that no further support is required – usually within three to five one-hour sessions.

Patients are not required to talk about the incidents concerned, which otherwise tends to reinforce the traumatic memory. Instead, the programme policy is that re-exposure is better done in the client’s visual imagination and while in a relaxed state, protecting confidentiality and reducing distress.

Overall the programme has had a better than 83 percent success rate in resolving the condition for the 150 UK veterans of the armed services treated in a pilot programme. This is similar to the recovery rate in the recent study of 599 stress-related cases from the general population who were treated using HGT: over 70 percent reached a significant and sustained improvement after an average of 3.6 treatment sessions.

Employers’ Training

Recognising the needs of employers in firefighting and other sectors to deal with the problem of trauma, in 2011 PTSD Resolution developed a one-day training programme for employers, so that line managers and human resource professionals can proactively identify trauma symptoms.

This trauma-awareness preventative training enables organisations to meet their responsibilities and statutory obligations – and avoid the operational impact and personal cost of staff trauma. The goal is not to create ‘experts’, because this is not necessary – but to enable managers to confidently identify a potential problem and take action to resolve the situation.

The PTSD Resolution TATE one-day programme in London deals with the key issues for managers and HR professionals. It enables them to: recognise post-traumatic symptoms and PTSD; understand the effects of trauma on human behaviour; engage with traumatised people to discuss practical options; and identify a clear route to resolving workplace difficulties caused by trauma. **IFF**

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For further information, go to www.ptsdresolution.org/tate/