Vicarious Trauma After a Critical Incident

Causes

Workers whose jobs involve exposure to human tragedy, extreme fear, anxiety or pain, are likely to be affected by these in some way. How they are impacted will vary depending on their individual style of coping, psychological well-being, capacity for resiliency, social support, age, gender, educational achievement and socio-economic status.

Their distress is often not recognised as such because they themselves are not directly involved in a traumatic event until it becomes visible and start affecting their capacity to do their job. Such experiences have been recently identified as “vicarious traumatisation”, that is experiencing trauma through being exposed to others’ trauma through an empathic helping relationship. While for some emergency personnel, the exposure and amount of empathy required is limited, there is an additional complexity and that is their inability to help directly, despite their skills and commitment to helping people.

Cumulative effect

Some may find that it has a cumulative effect on them - they cope well for many years in their jobs and then an unexpected event either in their personal or professional life triggers symptoms akin to acute or posttraumatic stress disorder. These symptoms may include: intrusive imagery, nightmares, avoidance of reminders, hyper vigilance, numbing, social withdrawal and emotional flooding, disturbed sleep, irritability.

Other effects include loss of trust and safety, and attempting to impose greater control over their world. These lead to relationship problems as the worker’s beliefs about intimacy with others is linked to safety, trust and control.

One-off trigger event

Some may experience an immediate reaction to a particular event irrespective of how long they have been performing the job. The event may be a trauma that has affected them or their family personally or a work incident that they closely identify with, for example people experiencing trauma being of the same age as someone close to them. These events may trigger a reaction that is usually associated with anxiety, depression or other mood disorders.

Symptoms of anxiety may include:

- Behaviours such as: avoidance of situations, obsessive or compulsive behaviour, distress in social situations, phobic tendencies
- Physical reactions:
  - » Cardiovascular: palpitations, chest pain, rapid heartbeat, flushing.
  - » Respiratory: hyperventilation, shortness of breath.
  - » Neurological: dizziness, headache, sweating,tingling and numbness.
  - » Gastrointestinal: choking, dry mouth, nausea, vomiting, diarrhoea.
  - » Musculoskeletal: muscle aches and pains (especially neck and shoulders), restlessness, tremor and shaking.
- Psychological reactions: unrealistic and/or excessive fear and worry (about past or future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness, or feeling ‘on edge’ or nervousness, tiredness, sleep disturbances and vivid dreams.

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Symptoms of depression typically include:

- Emotions: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.
- Thoughts: frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death and suicide.
- Behaviours: crying spells, withdrawal from others, worrying, neglect of responsibilities, loss of interest in personal appearance, loss of motivation.
- Physical: lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, loss of sexual desire, unexplained aches and pains.

Assistance and intervention strategies

It needs to be recognised that mental health conditions diagnosed as either generalised anxiety disorder, depression or post-traumatic stress disorder are treatable, take considerable time to resolve (from 1 month for acute disorders to 12 months and longer for their chronic manifestations) and progress is usually observed in small steps.

As a general rule, the following steps are recommended for dealing with any mental health issue:

- Assess risk of suicide or harm – if risk is considered high or extreme, immediately seek professional help for the employee
- Listen non-judgmentally
- Give reassurance and relevant information e.g. about work issues, processes or supports available
- Encourage to get appropriate professional help
- Encourage self-help strategies, which may include:
  - Deep breathing (e.g. just prior to engaging with an emergency call)
  - Isometric or progressive muscle relaxation
  - Visualisation of a specific calm place
  - Healthy eating (reduced caffeine intake)
  - Regular physical exercise

The most important of all is for managers to create a supportive work environment to reduce the level of anxiety for the employee. This may take the form of practical and emotional support such providing mentoring or additional coaching by a person other than the line manager, reducing workload for a period of time, discretionary leave of absence if needed and requested, access to professional assistance, provision of debriefs. It is often beneficial to check in with the employee about their perception of organisational support and how it can be practically expressed.

Ongoing monitoring of the employee's behaviours in the workplace is also recommended to recognise the symptoms and intervene early.

It is also recommended that the organisational and individual risk is regularly assessed to ensure that the person engaged in the emergency work has capacity to perform their job, and plan risk controls accordingly.