

Psychological Response Advice following a Traumatic Event.

Following exposure to a traumatic event it is common for all those involved to experience psychological distress. Around 80% of individuals directly and indirectly affected will experience what is often referred to as a post-traumatic stress response. These symptoms are distressing and unpleasant however are a normal response and show that what the individual went through was too big for their brain to process in that moment and it needs some time to process it afterwards. They may impact on everyday activities for a while and may feel consuming. However, they are a normal response and human beings are incredibly resilient and resourceful and for most individuals the symptoms will pass on their own.

We recognise that because humans are the most affiliative of all species and as we are designed to feel the feelings of others, especially those we care for it can be hard to see those around us struggling. And we may notice a drive to seek support for them and to immediately remove their distress. Therefore, we hope this information sheet will offer some ideas for how best to support others during this time.

As mentioned, the initial period of psychological distress for an acute trauma is normal and usually lasts around 4-6 weeks. During this period, the evidence suggests it is best to support the brain to do its own processing whilst not pushing it to relive the event before it is ready. This means that accessing psychological therapy too early can increase the risk of longer-term distress. However, there are some useful things we can do to support others.

Initial Phase – Connection and Psychological Support

The aim of this phase is to mitigate the psychological impact, as much as possible. Thus, this phase focusses on building resources, connectedness, and support.

- **Psychoeducation.** It is important to provide brief information around psychological responses following exposure to trauma, to consider normal responses, access to resources and additional information and include how to access further support if needed. **Attached are three leaflets** which can be used for this purpose, one for children and young people, one for their significant adults caring for the children/young people and one for professionals who may have been directly or indirectly impacted.
- **Existing Safe Relationship.** Where possible we would recommend that individuals are supported through an established safe relationship. This may be with a teacher, family member, mentor, support worker or an existing professional relationship. This established relationship and the safety will allow the individual to talk at their own pace and experience the important validation and psychological support.

This individual will also need to ensure they have support too. This may be accessed through their existing relationships or through consultation with Phoenix Psychology. Your VRP Navigator can access this for you.

- **Peer and Team support.** Feeling connected and supported will be essential for their psychological health and well-being. So where possible, individuals should be encouraged to continue to engage in relationship-based activities that are usually enjoyable to them, so this may be hobbies, interests, and social activities.



It is also likely to be helpful if there is a group of individuals who shared the trauma experience for them to have opportunities to collectively acknowledge the impact of the situation and plan together how to manage and support each other. This ideally would be facilitated by an individual who the group feel safe with and at a familiar and safe location. Through consultations with Phoenix Psychology, we can support you to consider how to facilitate this and support the delivery. We can also offer facilitation of these sessions should a suitable individual not be identified.

- **Community Spirit.** At this time connecting with the wider community is important, so having opportunities to engage with this will be important. Depending on setting and location there may be a greater or lesser number of opportunities.

Next Phase: Recovery

There is likely to be a small percentage of those affected who may require psychological support. The factors likely to increase the risks are:

- Previous exposure to trauma.
- Previous experiences of mentally ill difficulties.
- Being unable to access the safe supportive relationships to receive the recommended psychological support in the initial phase.
- Being unwilling or unable to connect with their own emotions.
- Personal connection to the incident.

Therefore, this is the phase where referrals may be required to psychological therapy services. However, the child, young person or adult needs to have been able to access safety for this to be psychologically beneficial and therefore initial focus should be on ensuring safety, real and perceived and to ensure that the immediate threat has reduced.

Connections and shared experience: Throughout this phase it is important to encourage group opportunities where connectedness, collective group experiences and reflective space is the focus to provide support to one another. Psychoeducation should also be revisited to explain the signs and symptoms of psychological distress. Revisiting the leaflets can be helpful.

Within this phase it is also helpful to support others to reconnect with their social networks and communicate with them. It may be necessary to have a friends and family group meeting to provide psychoeducation to significant others.

One to one therapy. For those who would benefit from and are ready for one-to-one psychological therapy. This should be offered by experienced and suitably qualified providers. Your VRP Navigator can support you to explore trauma informed providers within your area. Phoenix Psychology, through consultation, can also support consideration of individual's readiness and what modality may be most helpful. These consultations can be booked through your VRP Navigator.