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PREVENTING POSTTRAUMATIC STRESS - PSYCHOLOGICAL FIRST AID AT THE WORKPLACE

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Abstract - Posttraumatic stress caused by accidents has become a topic of growing interest in recent years. Posttraumatic stress can cause long periods of absence from work and sometimes even make it impossible for the affected person to return to the job.

At the workplace, the nature of such traumatic situations can vary from the bank employee who was threatened with a gun during a robbery, the train driver who runs over a suicide on the rails, or the industrial worker who sees his colleague lose a limb in a machine.

Recent research has shown that psychological training and preparation for such traumatic situations, as well as immediate psychological support at the place of the accident and in the days after, can significantly reduce the number of people who develop posttraumatic stress. In those who do develop it, the course of the disorder is less pronounced, its general duration is shorter and the process of recovery is quicker.

In the light of these findings, a seminar for Psychological First Aid at the workplace was developed, which trains colleagues in giving psychological support after work accidents and trauma. This Psychological First Aid does not only help the affected person immediately, it also contributes to fewer psychological after-effects, more well-being and less trauma-caused absence in the company.

INTRODUCTION:

In this article, the concept of posttraumatic stress will be briefly described. It will be shown that posttraumatic stress and other psychological after-effects of accidents are relevant at the workplace for health related and economic reasons. It will be argued, that Psychological First Aid can alleviate these effects and that one way of implementing it in the workplace is through psychologically trained colleagues (peers). A training course for peers is presented and its advantages are outlined.

What is Posttraumatic Stress?

A work accident cannot only produce physical damage, it can also harm a person psychologically. If, for instance, a saleswoman in a supermarket is threatened with a gun, she might not suffer from any injuries, but may nevertheless be affected psychologically. Also, if a worker sees a colleague falling from the scaffolding and fracturing his bones, he may be affected by this witnessing of the situation. For instance, he might “see” the image of his colleague falling off over and over again, he might get distressed, irritable and be unable to concentrate on his work. He may even be unable to continue to his work, as by merely entering the room, he remembers what happened, experiences panic and wants to leave.

For a long time, these symptoms that can occur after a traumatic event have not been adequately dealt with. The affected person was told to “pull himself together” and considered to be weak or unable to cope. However, since 1992 the term “Posttraumatic Stress Disorder” (PTSD), one of the most prominent disorders that can follow

traumatic events, has been included in the International Classification of Diseases (ICD-10 F43.0)[1]. According to the ICD definition, PTSD is a delayed reaction to a stressful event or a situation of extreme threat. It starts one month after the event, rarely more than six month after it. The main symptoms are intrusive memories of the trauma (flashbacks), which are often caused by similar sensory impressions as the ones present at the accident; avoidance behaviour, i.e. not leaving the house in order not to expose oneself again to danger or avoiding the streets where the accident happened; and lastly, overexcitement, which includes not being able to sleep, difficulties to concentrate, and being easily irritated.

> … near the end of a night shift I was controlling the flight. On take-off the aircraft suffered what is known as a bird-strike, which is when the engines suck in a flock of birds. The pilot initially reported that an engine was on fire. From the tower I could see that the aircraft was unable to gain altitude and was continuing in line with the runway. In a second call the pilot confirmed that engine no 1 was on fire and that no 2 had lost power, and that he was still flying over the city at low altitude. He finally managed to extinguish the fire, achieve maximum power in engine no 2 and make an emergency landing. Despite the crew's satisfaction at the happy outcome of the event, in the next few days I began to suffer recurring nightmares in which I saw the plane crashing over the city...' (extract from an air traffic controller's report)[2].

Picture 1: Example of posttraumatic stress after witnessing a near -accident

Is Posttraumatic Stress relevant at the workplace?

Yet, is PTSD really a problem at the workplace or is it a reaction of a minority that can be neglected? Full blown PTSD after an accident is not very frequent. A study by Frommberger et al. (1998)[3] showed that only 8.2 % of accident victims developed PTSD. Yet, the same study demonstrated that 33, 8 % of the people developed some kind of psychological (stress) reaction, ranging from PTSD over subsyndromal PTSD to other diagnoses like depression and anxiety. In a more recent study, Frommberger (2004)[4] found that of the 1.5 million persons that are injured in Germany in accidents at work each year, about 1 out of 7 (14 %) also develops psychological problems in dealing with the accident, in addition to any physical injuries. With or without posttraumatic stress disorder (PTSD), depression, anxiety disorders or pain disorders can develop immediately after the accident or with a delayed onset. Therefore, it can clearly be stated that the psychological effects of work accidents are not a minor issue, but a phenomenon that regards at least 14 % of people that suffer from a work accident, if not more.

The idea that psychological after effects of accidents are indeed relevant for the workplace has also been confirmed by a recent statistic of the German federation of institutions for statutory accident insurance and prevention (HVBG)[5]. It shows an increase in work related psychological trauma accidents. Whereas in the year 2000, there were only 862 trauma-related recognised work accidents, in the year 2001 there were 978 and in 2002 even 1108. This is an increment of roughly 13 % a year.

1 International Statistical Classification of Diseases and Related Health Problems. Tenth Revision (ICD-10). World Health Organization, Geneva 1992.

2 António Abreu Guerra. Managing stress following critical incidents in air traffic control work NAV-PORTUGAL (Navegação Aérea de Portugal-E.P.), OSHA Report 104
Portugal http://agency.osha.eu.int/publications/reports/104/en/index_12.htm

3 Frommberger, U. et al. (1998). Prävalenz psychischer Störungen nach schweren Verkehrsunfällen Freiburger Unfallstudien I

4 Frommberger, U. (2004). Arbeitsunfall und psychische Gesundheitsschäden. Trauma und Berufskrankheit, 6(Suppl 1), 51-56.Springer-Verlag Heidelberg

5 HVBG, Department of „Statistics- Work Related Accidents, Prevention": Research service ZIGUV regarding statistics having to do with work related accidents with the type of the injury being „Schockzustände erlebnisreaktiver/psychischer Art" i.V.m. Verletzter Körperteil „Gesamter Mensch, Gesamtorganismus" .

	2000	2001		2002	
BG RELEVANT ACCIDENTS[6]	862	978		1108	
Increment/year before		**Number**	***Percent***	**Number**	**Percent**
		116	13,46%	130	13,29%
New accident benefits	67	86		94	
Increment/year before		**Number**	**Percent**	**Number**	**Percent**
		19	28,39%	8	9,3%

Picture 2 Work Accidents with the Accident Type „state of psychological shock “in combination with injured part of the body = “whole body”.

Some people may argue that these increases only show an increased awareness and knowledge about posttraumatic stress in doctors and that the numbers may not really have risen. However, if that was the case, there would still be a need for trained peer supporters as many people with traumatic stress are not being identified and treated correspondingly.

Costs:

There are likely to be severe economic costs for the company and/or the social security system if a worker suffers from accident-induced psychological symptoms. Firstly, there is time absent from work: Due to, for example, avoidance behaviour as symptom of PTSD, an employee may be absent from work for a long period of time, wanting to avoid the place or the circumstances where the accident took place. A PTSD often goes unnoticed for a long period of time, mainly because patients complain about insomnia or overexcitement and may be treated for these symptoms first rather than for posttraumatic stress. This may cause a delay in starting psychological treatment, so that the total number of days absent from work may increase.

Secondly, whilst the employee is at home recovering, the company has to hire someone else in the meantime. This includes extra costs for the replacement. Thirdly, when the affected person returns to work, it might be necessary to change his specific task as he may be unable to continue working in the old one. A tram driver, for example, who had an accident and who is now unable to drive again, has to be retrained to take on an administrative job.

Finally there are the costs for accident benefits. In the year 2002 in Germany, there were 1108 registered work accidents that were classified as “psychological state of shock”[7] in combination with the type of injury “whole body”. This makes up a 0,11 % of the total of registered work accidents. However, of the accident benefits that have been awarded in 2002, 0,46 % have been paid on the basis of work accidents that caused “psychological state of shock”. Thus, the percentage of traumatic work accidents that led to accident benefits is higher than the percentage of traumatic work accidents with respect to the total number of work accidents. So the costs of accidents benefits due to psychological after effects of work accidents are rising. To conclude, times absent from work, costs for replacements, re-education and for accident benefits are costs that affect either the employee´s company or the social security system. In addition, there are the costs for medical treatment and therapy and, of course, the personal and social costs the traumatic event has for the affected person and his or her family.

What can be done? Early Intervention and Social Support

Fortunately, there are solutions at sight. In recent years, psychological research has shown that prevention can help to foresee the problems that may happen after a work accident and that early intervention after an accident can diminish the posttraumatic stress reaction of the person in question. Whereas discussions about the most famous of these interventions, the Debriefing are still inconclusive as to its effectiveness[8], there is more and

[6] BG- relevant accidents are work-related accidents which lead to an absence from work for more than two days.

[7] Schockzustände erlebnisreaktiver/psychischer Art

[8] Rose, S. , Bisson, J., Wessely, S. Psychological Debriefing for preventing posttraumatic stress disorder (PTSD). The Cochrane Library , Issue 3, Oxford, Update Software, 2002.

more evidence that brief cognitive-behavioural interventions shortly after the traumatic event are effective[9]. In a recent study by Nyberg et al. (2002)[10], the research team showed that cognitive-behavioural intervention that starts from one to four weeks after the work accident had positive effects six and 18 months later. The patients felt much better, were missing fewer days from work and were more likely to return to their old jobs than a comparable control group.

So there seem to be effective methods of early treatment of those who have experienced a work accident. However, for early treatment to be possible, persons who have been victims of an accident or have witnessed an accident need to be informed about these risks and to be referred to a therapeutic institution if necessary. Yet, especially when the person is not injured and has only witnessed an accident, referral rarely happens because of a lack of information about possible psychological consequences. So what is needed, is that people at risk (accident victims or accident witnesses) are informed about possible after effects and helped correspondingly. What is needed is a link between the company and the place, where further treatment is possible.

Furthermore, it has been shown that apart from the therapeutic early interventions, social support and opportunities to talk about traumatic experiences and their emotional impact with others in the work place are related to fewer PTSD symptoms.[11] In addition, recovery from trauma seems to be facilitated by emotional disclosure within a socially supportive environment (Pennebaker, 1992)[12]. And finally, Orner (2003) found out that after traumatising situations or accidents, 71, 4% of people reported welcoming contact with colleagues, whereas only 9, 2 % welcomed contact with outside professionals[13]. For all these reasons, it appears that organisational measures should be developed that can provide early intervention, social support, information at the workplace and that can also establish the link between the company and the medical organisations, if necessary.

Training Peers in Psychological First Aid

Taking into consideration the above findings, the department of psychology and social sciences at the BG Institute of Work and Health in Dresden has developed a training course for peers in Psychological First Aid within the framework of the Initiative Health and Work (IGA)[14]. Peers are colleagues who are interested in providing Psychological First Aid and support to colleagues who had an accident or near accident. Psychological First Aid comprises the elemental psychological care immediately after a traumatising event. This goes from the provision of a blanket or something to drink to asking orienting questions ("Whom would you like me to inform about your accident?") in order to reconnect the person with reality. In the days and weeks after the accident, the peer supports the colleague by informing him about the possible traumatising effects of the accident, offering conversations and establishing contact with psychologists or doctors. It has to be pointed out, that the peer only offers his help, the person who suffered the accident can decide if and when he or she needs it.

In the training course, the peer learns how to treat a person after an accident or a traumatising situation. This includes, for example, techniques of crisis intervention and psychological stabilisation. The peer also gets to know theories about stress, trauma and coping and about the consequences of traumatic stress. Finally, he learns to which institutions or persons he can refer the colleague if further treatment is needed. After the first course, which lasts three days, the peers are already able to provide Psychological First Aid in the company. In a second course, the participants have the opportunity to deepen their training in Psychological First Aid. Contents here are aspects of psycho hygiene and the implementation of a peer support system in the company. Finally, there is a is a third course that deals with emergencies that affect the whole company. Here, the focus lies on reducing the stress and panic reactions in the case of a damaging event. Participants learn how to handle their own stress reactions and those of colleagues in an emergency or crisis situation.

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[13] Orner, R & Schnyder, U. (2003). Reconstructing early intervention after trauma. Oxford, Oxford University Press.

[14] Initiative Arbeit und Gesundheit, http://www.iga-info.de/

CONCLUSION:

The idea of medical First Aid at the workplace, that assures the medical care after an emergency or an accident a company, is widely established in Germany. A similar concept for widespread Psychological First Aid in the workplace is still missing. This article has shown that the psychological effects of accidents at the workplace can have severe effects on the health and the personal well- being of employees. It also has severe economic implications for the company and the social security. A peer support system that offers Psychological First Aid in the workplace can provide psychosocial support and information, helping the affected person in the process of recovery and reintegration, thus reducing the personal and economic costs of psychological dysfunctions after accidents. As peer support training is now available, it remains to be hoped that in the near future, Psychological First Aid in the workplace will be as common as medical First Aid is at the moment.