Organisational trauma counselling

Working with crisis, disaster and trauma in organisations is a demanding but rewarding option for therapists, writes **Noreen Tehrani**

I have worked with victims and survivors of trauma for over 20 years and still find the work challenging and rewarding. In this article I will provide some insights into how it feels to be faced with a major disaster or trauma, and information on the personal and professional skills I have found helpful in my work. I would also like to encourage private practitioners to consider learning more about trauma, as there is no doubt that whether or not the signs of trauma are recognised, counsellors in private practice will be dealing with trauma in many of their cases.

Trauma in organisations

Working in organisations can be difficult and demanding but if you are prepared to take on the challenge it can also be rewarding, particularly if you recognise that like individual clients, organisations can become traumatised. If you wish to help organisations do their best for the workforce you will need to create a relationship with the organisation that can start a healing process, which in turn will benefit the individual worker. Unfortunately, most organisations do not prepare themselves adequately to meet the demands of a major crisis or disaster, such as a fatal accident, major fire or terrorist attack. When these events occur, organisations can find it difficult to know how to respond. While organisations may have comprehensive crisis management or business continuity plans to deal with practical issues related to a disaster,[1] they tend to neglect or underestimate the emotional needs of workers.

Many organisations operate in dangerous environments where physical attack, injury and death pose a real threat. Organisations in the transport, construction, manufacturing and banking sectors tend to be more prepared with systems and procedures for handling traumatic incidents. These organisations will have trained first aiders who provide support resulting from physical trauma but, with a few exceptions (eg railway contractor TES 2000 Ltd),[2] do not have psychological first aiders trained in dealing with emotional distress.

Emergency services are often called to deal with traumatic incidents and although most will have trauma support systems, some workers can slip through this safety net due to a failure to recognise that it is not always the big incidents that cause trauma but rather how the incident is perceived. The culture in these organisations may also get in the way of police officers, firefighters and paramedics seeking help, due to the fear that they will be seen as weak. Current pressures within emergency services have reduced the time available for teams to meet together to discuss the challenges of the day and defuse the traumatising impact of their work.

Organisations where workers engage in listening to or reading the stories of victims or perpetrators of trauma can develop symptoms of secondary trauma. This phenomenon is created when the listener develops a bond of understanding or empathy that provides the material necessary to create the images, sensations and emotions related to the traumatic story being told. Counsellors are familiar with the concept of transference but may not realise that lawyers, teachers, social workers, police investigators and others also experience this process. The emotional labour of working closely with victims and perpetrators of trauma is high and frequently unrecognised.

Post-traumatic stress

Post-traumatic stress is a clinical definition of a disorder associated with traumatic exposure. The diagnosis criteria were re-issued in 2013[3] and describe two main elements: the circumstances that have been recognised as traumatic, and the range of symptoms that are required to confirm the diagnosis. Traumatic events are those where an individual has been exposed to actual or threats of death, serious injury or sexual violence directly or as a witness, family member or through their work. There are four symptoms:

1. *Re-experience* – including constant recall, dreams, flashbacks and distress when exposed to cues.
2. *Hyperarousal* – including anger, self-destructive behaviour, jumpiness and difficulties with concentration and sleeping.
3. *Avoidance* – avoiding thinking about what happened and all reminders of what happened.
4. *Negative thinking and mood* – difficulty in recalling parts of the trauma, negative self-beliefs and affect, loss of interest in the future, and feelings of detachment and self-blame.

Recognising secondary trauma in organisations

Secondary trauma[4] is less easy to identify than primary trauma as the symptoms emerge over time and may not be noticed. However, there are signs that show that workers are

becoming affected by their work that are similar to the signs of primary trauma:

- *Re-experience* – this may involve finding it difficult to switch off from work, having dreams or flashbacks of things that have been heard or read about, overreacting to work-related issues, and having strong emotions related to the victims or perpetrators of trauma
- *Arousal* – this may involve being unreasonable, irritable or angry with family, friends or colleagues, being self-destructive and unable to sleep or concentrate
- *Avoidant behaviour* – this may include putting off work, not wanting to take on demanding cases and blocking or not wanting to ask about difficult issues. These create circumstances that lead to negative self-beliefs in which the worker can feel incompetent and experience the world as bad. There will be a lack of interest in social activities and feelings of isolation and being cut off from family and friends.

An organisation's duty of care

The Management of Health and Safety at Work Regulations 1999[5] stipulate that organisations must fulfil the following responsibilities to protect workers from harm:

- *Identify the risks in the workplace* – what hazards exist and how could these affect the health and wellbeing of employees?
- *Find out who might be harmed and how this might occur* – which groups are particularly vulnerable? How could they become exposed? Which roles or tasks are particularly hazardous?
- *Analyse and evaluate the level of risk* – what is the likelihood of an injury occurring? What could be the magnitude of harm caused? How can the risk be measured?
- *Establish ways to reduce the risks* – what are the control measures? Are they proportionate? How should they be implemented? Who would be responsible?
- *Record, monitor, review and improve* – how is the surveillance programme working? How do we compare with other organisations? What can we do to improve?

Pre-employment screening

Where workers are involved in roles that expose them to high levels of primary or secondary trauma, there may be a need to introduce psychological screening to identify if they are currently experiencing any significant clinical symptoms (eg PTSD, anxiety or depression) and whether they have an appropriate level of coping and resilience skills. A screening and surveillance programme has been introduced into a number of emergency services,[6] in which the screening is undertaken online and the analysis identifies those

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workers who have clinical symptoms that need further investigation. This process provides an opportunity for discussions to take place where the worker can reflect on the role and their coping abilities, and a counsellor can help to identify ways to increase resilience or look for alternative roles that may be more suited to the worker.

Early interventions

Providing appropriate support after a traumatic exposure can reduce the incidence of traumatic stress.[7] There are interventions that need to be carried out by line management, which include providing support during the incident, particularly if it is prolonged, such as managing the time spent at the disaster scene providing food, shelter and support. As a worker leaves the scene of a disaster it is important that someone acknowledges the impact of the incident and provides positive feedback on what has been achieved. In the following days there should be a follow-up session where those involved can talk about their experiences, individually or in groups.

These early interventions are important because social contact and support can increase levels of oxytocin, which has been found to reduce the incidence of traumatic stress. The next stages within the post trauma response within high-risk organisations are often to provide psychological first aid or debriefing. These two approaches have different origins but can be helpful in increasing social cohesion, reducing the incidence of alcohol abuse and supporting an early return to work.

Trauma therapy

Only a very small proportion of people exposed to even the most distressing of traumatic events goes to on to develop PTSD. A study by Shalev and Yehuda[8] showed that of 211 survivors of trauma, 141 experienced no symptoms, 37 developed PTSD and the remaining developed an anxiety and/or depression response. In high-risk roles in emergency services, between five to eight per cent of workers are experiencing clinical levels of traumatic stress. While this is similar to the levels in the general population, it is important that where the condition has been caused by work, the organisation offers appropriate trauma therapy.

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A trauma counselling programme has been introduced within a number of police and ambulance services, based on six sessions of 90-minute duration. The counsellors are all in private practice but are willing to work within an organisational model that involves them attending some training in a model of trauma-focused CBT.[9] Individuals referred to the programme have been exposed to primary or secondary trauma during the course of their work and have been assessed by a trauma psychologist as suitable for the programme. The six sessions are designed to provide psycho-education to understand the nature of the trauma experienced and provide a range of tools to help manage the symptoms. The approach is monitored and the results have been very encouraging, with the client's perception of their capacity at work rising from 35 to 77 per cent.

Clients showed significant improvements in their understanding of their symptoms, ability to cope with their job, relationships at work and ability to deal with problems. The results showed that many of the clients had experienced early life trauma and abuse but that they perceived that workload created most problems in their working life. The clinical results also showed a dramatic reduction of the average anxiety and depression scores, which fell from severe to normal levels, and the PTSD scores from an average score of 70 to less than five.

Is organisational trauma counselling for you?

If you're considering whether to engage in organisational trauma counselling, you may wish to consider the following questions:

1. Would you enjoy working in an organisational setting? You will have to work within strict timescales and provide feedback on progress and information on returns to work or suggestions for rehabilitation.
2. Are you prepared to do the additional training and willing to integrate trauma therapy within your existing set of counselling skills?
3. Can you engage with traumatic material that may involve child abuse, murder, death, torture and other distressing content, without becoming detached or dissociated?
4. Do you know the difference between emotional empathy and cognitive empathy and which is appropriate when working with trauma?
5. Do you have the appropriate level of supervision with a supervisor who is trained in trauma therapy?
6. Are you prepared to look at your own traumatic experiences and recognise when you are becoming secondarily traumatised?
7. Have you got other work that you enjoy that does not involve trauma?
8. Do you have a high level of resilience built upon a positive lifestyle and coping skills?

Working with trauma is demanding but it is also extremely rewarding. I would encourage you to find out more and to see within your existing caseload how many of your clients are actually experiencing a trauma response that could be helped by you having some trauma counselling skills.

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About the author

Noreen Tehrani has worked with victims of the Manchester and London bombings, the Paddington rail crash and the terrorist attacks on the World Trade Centre. She has supported victims of child abuse, murder, rape and fatal accidents and is currently working with the police to reduce primary and secondary trauma in officers involved in undercover operations, firearms, road deaths and child abuse. She has written two books on trauma and is a founder member of the British Psychological Society Section for Crisis, Disaster and Trauma. Email: **noreen.tehrani@noreentehrani.com**