

# PTSD & ASD

According to the **NHS**, PTSD is a mental health condition caused by a traumatic experience. Professor Neill Greenberg, psychologist and academic adds that it occurs either after “a specified single trauma or multiple traumas”.



ASD occurs immediately after a traumatic event. If it is left untreated, it can lead to PTSD.

## WHAT ARE THE SYMPTOMS OF PTSD?

### RE-EXPERIENCING OR INTRUSION SYMPTOMS

Nightmares, repeated thoughts about the traumatic incident, racing pulse, fast breathing and anxiety when they are reminded of the trauma, are common.

01

### AVOID TALKING ABOUT THE TRAUMA

Avoidance a person with PTSD will seek to avoid talking about the trauma at any cost, nor will they want to go the place where it occurred.

02

### DISTORED WORLD-VIEW

PTSD dramatically changes the way a person thinks about the world and can distort people's perceptions of reality.

03

## WHAT ARE THE CLASSIC SIGNS THAT REGISTERED MANAGERS SHOULD LOOK FOR?

A

### Absenteeism

Are you seeing a sudden and dramatic fall-off in the number of days a staff member is at work?

P

### Presenteeism

It's best to tackle distress, burnout and PTSD during the Pandemic rather than when it ends.

M

### Mood

Has a person's mood, behaviour or appearance suddenly changed?

## What pro-active steps can be taken to tackle PTSD?

1.

### Pre-crisis steps:

Equip staff with psychological PPE. In other words, ensure they know what's coming and prepare them

2.

Arrange regular group sessions with staff. Have an honest discussion about the challenges ahead.

3.

Encourage staff to prepare a plan of activities they can do when they stressed.

4.

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# DURING THE CRISIS

1. Display strong leadership skills.
2. Employ the PIES principle in your service.
3. Ensure that your team is well-supported. Encourage staff to buddy-up.
4. Monitor staff closely and increase supervision.
5. Frequently engage in psychologically-driven, but light-touch chats. Simply accepting that a staff member, who has witnessed a traumatic event is okay, because they say they are, is not acceptable.
6. Often the simple things in life can make a big difference. Ensure that staff are getting adequate breaks, are eating properly and getting enough sleep.
7. If a staff member has been affected by trauma, with their buy-in, temporarily re-deploy them in another role, rather than sending them home.



## POST CRISIS

1. Arrange a series of 'non-judgmental' group sessions where staff can openly reflect on what went well and what could be improved in the future. This period of honest dialogue not only build psychological resilience but, if mistakes are rectified, it can reduce cases of ASD and PTSD too.



## IF YOU SUSPECT A STAFF MEMBER HAS ASD OR PTSD,

1. Early intervention is key as ASD often leads to PTSD if untreated.
2. If your service has access to an employee assistance programme or an occupational health department, enlist their help.
3. If not, support the person by helping them to arrange a GP appointment. Follow up with them afterwards to see how it went.
4. Help them to link in with local Improving Access to Psychological Services (IAPT). Check in with them after the appointment to ensure that a treatment plan has been put in place.



*This Factsheet is adapted from an interview with Professor Neil Greenberg, Kings College and Jim Thomas, Skills for Care*