Looking after people with acute trauma

Safety

1. Communicating a safe environment away from the dangerous place/situation (both physical and mental)

    - Bring the person away from the danger/dangerous persons.
    - The most important sentence is "It's over".
    - Be very careful about physical contact, but try to communicate warmth with gentle touch, a blanket, by giving the person a drink, or a cigarette ...
    - Be transparent: give all the information about the steps being taken by the rescue team, but also communicate what else is going on.
    - Observe different individual safety aspects (door open/closed, other persons present or not, ...).

⇨ "The danger has passed" signalises that it is no longer necessary for stress hormones to be produced.

2. Communicating information/acknowledging what has happened.

    - Pay attention to reactions, but don't overtax the person: relaxing and calming down have priority.
    - Also give information to patients about what has happened, injuries and what has been done even if they are not responsive (people's imaginations are often worse than the actual information about the injuries sustained).
    - If the person is shivering or shaking, see this as a desired reaction of the body that makes it easier to get rid of the energy mobilised but also blocked by the trauma.
    - Describe what has happened, there are no taboos. That way you will help the person to integrate the inconceivable.

⇨ Orientation and feeling safe: recognising what has happened promotes value creation.

3. Orientation in time and space

    - "You're safe" and "It's over" (but only if that's actually true, otherwise you risk a further, even greater loss of trust) are important infos for the client who is still stuck emotionally in a traumatic situation.

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- Ask questions before and after about harmless, non-traumatic situations – this helps to bring the traumatised person into the here and now.

⇨ Orientation and the chance to assess the situation.

4. Supporting the person's capacity to act

   - When the person shows that they are ready to act in a structured manner (phone calls, putting together documents, informing relatives, etc.), support them sensitively and calmly.
   - When possible, if the person starts to get agitated and unconcentrated, calm them down again by emphasising how important it is to be calm and let them know you will help them do what's necessary later. Whatever you do, do not leave the person alone and if necessary accompany them by pacing with them until they calm down again.

⇨ Increasing the person's feeling of control, overcoming the feeling of helplessness

Being there

5. Finding language helps

   - Allow the person to talk.
   - Allow them also to talk about what happened, but don't force it!
   - Signalise that you are listening.

⇨ Speaking promotes integration, but only when the person wants to speak — everyone has a different way of processing. If someone is forced to speak, there is a risk of a renewed trauma.

6. Allow the person to show their feelings

   - If the person affected shows their feelings, reacts strongly, then let them do so, and support it as an important, integrating experience, stay with them.
   - If the person shakes themselves, shivers, or sobs, support this process by saying sympathetic things assuring them that the way they are showing their feelings is:
     - appropriate
     - helpful for the success of the process.

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⇨ In this way you will help their self-acceptance, the grieving process, their trust in the appropriateness of their own behaviour and it will also support the physiological integration of any excess energies.

7. Provide relief

   - "The way you are reacting to this is normal, almost everyone who experiences something as terrible as this reacts in the same way".
   - "You did what you could. Nobody could have done things differently".
   - "You've survived it".

⇨ Feelings of guilt and shame are individual feelings that arise from what has been experienced and can be alleviated by making comparisons with others and showing that such reactions are normal.

8. Allow the person to behave in an avoiding/defensive manner

   - Be available, but don't be forceful.
   - Show your understanding for and tolerance of their pushing you away and signalise that you are there if they need you.
   - But be sure to be there and tell the person beforehand if you have to leave.

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⇨ Losing control is a central topic in trauma and your behaviour gives the person their control back. The other person can decide themselves if and when to approach you. Being there for them over a longer period (and providing information immediately of the situation changes) creates a basis for trust.

9. Observe for signs of dissociation

   - Pay attention to verbal and non-verbal signals that tell you that the other person is "absent".
   - Bring the other person back to the here and now by changing the modalities and through haptic/acoustic/visual impulses.
   - Be definite but not invasive, avoid scary situations.

⇨ Dissociations are effects of traumatic situations but also attempts to integrate traumatic experiences. Stress the normality and the increasing normalising of the processing.

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Reducing stress

Stress hormones are released after traumatic experiences, and they can be processed by movement and relaxation techniques.

10. Movement is good

- Make sure while you are both moving that the person increasingly comes back into the here and now. Help this process by speaking to them and guiding their movements.
- Shivering and involuntary bodily movements are mostly (socially) undesired and are therefore quickly suppressed – encourage this automatic way of discharging pent-up energy!
- Concentrate on breathing if moving is initially too much for the person and be sure to breathe calmly yourself.

⇨ Movement helps to integrate the person into the here and now as long as it does not happen fully automatically and without conscious attention. Breathing is a good mediator between the body's energy and feeling anchored in the here and now.

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