QAS Priority One

Trauma and Ambulance Work – A Salutogenic Perspective

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About QAS

- QAS provides full time ambulance services to over 4.5 million people across 1,730,648 km.
- 291 Ambulance locations
- Approx. 4500 personnel.
- 15 Ambulance areas coordinated through Central Office in Brisbane.
Those who were doing well:

1. Recognised when something rattled their cage
2. Had a good balance between work and life
3. Good support networks and they talked.
4. Accessed support when they needed it.
5. They utilised adaptive coping strategies
Those who were not:

1. Did not recognise when things rattled their cage
2. Did not access support networks
3. Did not actively access support and did not engage in support when it was offered.
4. Utilised maladaptive coping strategies i.e. avoidance, alcohol etc.
Among first responders, PTSD rates are greater than 20 percent.
Salutogenesis

• Aaron Antonovsky (1923 – 1994)
  – Medical Sociologist
  – Coined term in 1968 to capture an emerging concept
    • Why did some manage to avoid illness and do well even when subjected to extreme stressors?
the traditional pathological understanding

Absence of symptoms → Critical Incident → PTSD memory with reactivity/distress dysfunctionality
Absence of symptoms

Critical Incident

Symptoms
- hyperarousal
- intrusions
- avoidance

PTSD
- memory
- with reactivity
- /distress
dysfunctionality

the traditional pathological understanding
Absence of symptoms

Critical Incident

Symptoms
- hyperarousal
- intrusions
- avoidance

PTSD memory with reactivity/distress dysfunctionality

Memory without reactivity or distress
- Resilience / PTG

Processing
- Attenuation of Symptoms
- making acceptable meanings
Mythbusters: the QAS Workforce

“Every ambo has some PTSD because of the jobs they go to”
Mythbusters: the QAS Workforce

Diagnostic Criteria
- DSM V – Australia, US
- ICD10 - UK

“Every ambo has some PTSD because of the jobs”
Exposure to Trauma Can Change You

- Remembering Vs Reliving
- Increased and decreased protective behaviours
- Perspectives of the World, Self and Values.
"Normal" parents

HE SNEEZED! HELP HIM!

EMS parents

I THINK MY LEG FELL OFF. WELL, HOP OVER AND GRAB AN ICE PACK.
“Once you have PTSD that’s the end of your career.”
Treatment Interventions

- Trauma Focused CBT
- EMDR
- Mindfulness
- Equine therapy
- Narrative therapies
- Drama therapy
- Physical interventions
- Yoga
“Once you have PTSD that’s the end of your career.”
Trauma Happens!

What we do makes the difference!
Stimulus

Recognised as danger

Physiological Response

• ↑ Heart rate
• ↑ Respiratory rate
• ↑ Metabolism
• ↑ Awareness/ vigilance
• Shunts blood away from GI tract to muscles and limbs
• Pupils dilate

Results in chemical release

Hypothalamus releases
Adrenaline
Noradrenaline
Cortisal
The Neuropsychology of Trauma - The Limbic System

Amygdala
The Neuropsychology of Trauma - The Limbic System

Hypothalamus
The Neuropsychology of Trauma - The Limbic System

Pre-Frontal Cortex
Increased Blood Flow
5 points to trauma management

1. Immediately provide a sense of safety and to allow down regulating of the amygdala
2. Self-titrated talking
3. Exercise
4. Good sleep
5 points to trauma management

5. Breathe
Multi-Pronged Salutogenic Approach to Education

Training includes:

• Pre Employment - Resilience and Readiness Training

• Induction - Finding the Silver Lining Resilience Program

• Manager and Supervisor Trauma and Resilience in the Workplace

• Critical Incident Management for Managers

• Classified Officer Development Program.
2014 Priority One Review

• Participants who had experienced trauma and had accessed Priority One:
  – had significantly lower levels of distress (K10) and burnout (ProQOL) $p<.001$
  – Higher levels of resilience (Brief Resilience Scale)
  – Significantly higher levels of Compassion Satisfaction (ProQOL) and organisational connectedness (PSOM) $p<.001$

• Peer Support Officers consistently show higher levels of resilience and Post Traumatic Growth.
In summary

• Our brains are designed to react to trauma – sometimes.
• How we think about and talk about trauma can make a difference to how our people access support.
• We need to incorporate this into everything we do.
• Provide multiple integrated layers of support so people have options.
• Don’t Stop!
For more information:

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