Queensland Ambulance Service

How a Good Leader Can Prevent Potential Psychological Trauma

Global Paramedic Leadership Alliance - March 2019













What we know.

- "....just over half of the respondents identified stressful experiences with issues of poor management or being treated badly by managers." Answering the Call- The National Mental Health and Wellbeing Study of Police and Emergency Services, BeyondBlue 2018.
- Significant focus and discussion around the nature of management interactions and managerial process's.
 National Senate Enquiry into First Responders
- ALF Conference Lots of discussion around the need for compassionate leadership and issues around bullying and Harassment etc.





Why do Ambulance leaders have trouble supporting staff?





Mental Health training package – Research Findings (2009)

(n = 283) emergency service supervisors 209 males and 73 females (1 no gender)

20 multiple-choice questions re: mental health knowledge, designed collaboratively by the Priority One facilitators and the QUT research team Day's Mental Illness Stigma



Barnes, B. (2009). Evaluation of workplace resilience training package in the QAS. Unpublished Doctoral Thesis. Queensland University of Technology

Professor Jane Shakespeare-Finch





P1 Facilitator Interviews

- Issues arising during workshops:
 - Confidentiality "What can I do with what I know?"
 - Raised awareness of MH resources but not convinced it is for them
 - Feeling neglected
 - Think they have to be 'headkickers'
 - Caught between a system & empathy
- Other key themes included:
 - the impact of the generation gap
 - heavy workloads
 - difference between country versus city respondents
 - impact of non-traumatic stressors
 - issues of confidentiality and mistrust.



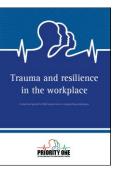


Managerial Empowerment

 Managers play a significant role in preventing psychological illness and injury – but they need to be empowered to do it and they need to know why it is important.







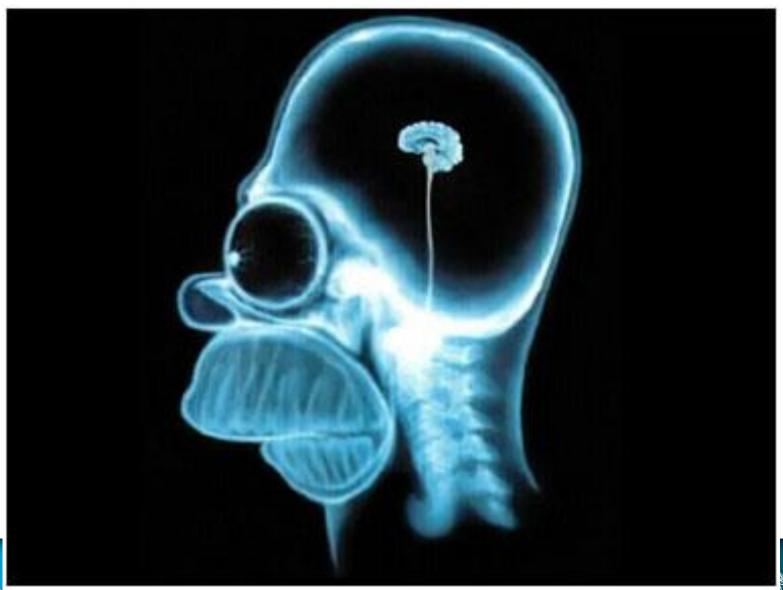
QAS Leadership Investment

- Trauma in the Workplace training for all Managers and Supervisors
- Critical Incident Management Training
- Classified Officers Development Program (CODP) 1, 2 and 3
- Critical Care Development Program (CCDP)
- Managers Coaching and Mentoring









Queensland Government

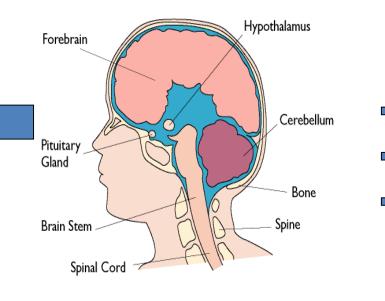


Stimulus

Recognised as danger

Results in chemical release





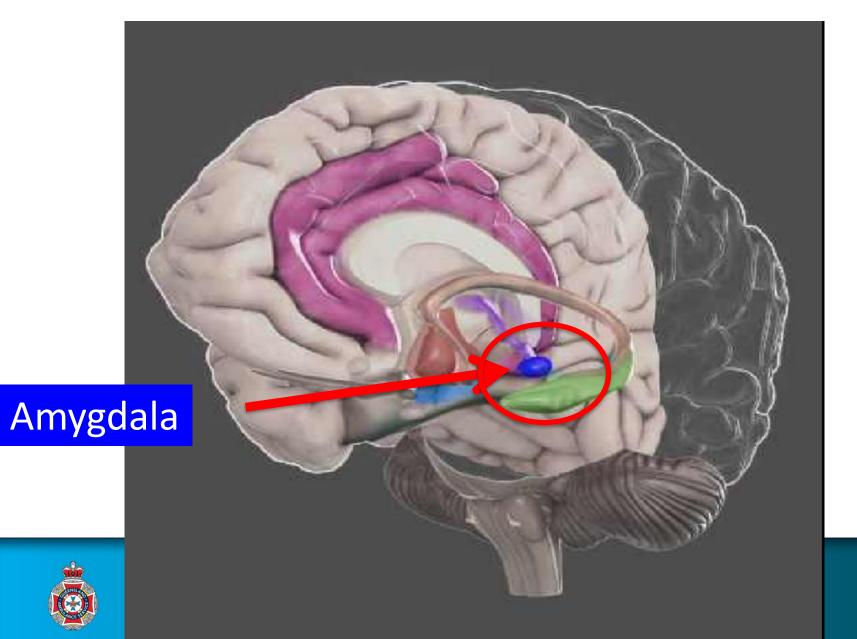
Hypothalamus releases
Adrenaline
Noradrenaline
Cortisal

Physiological Response

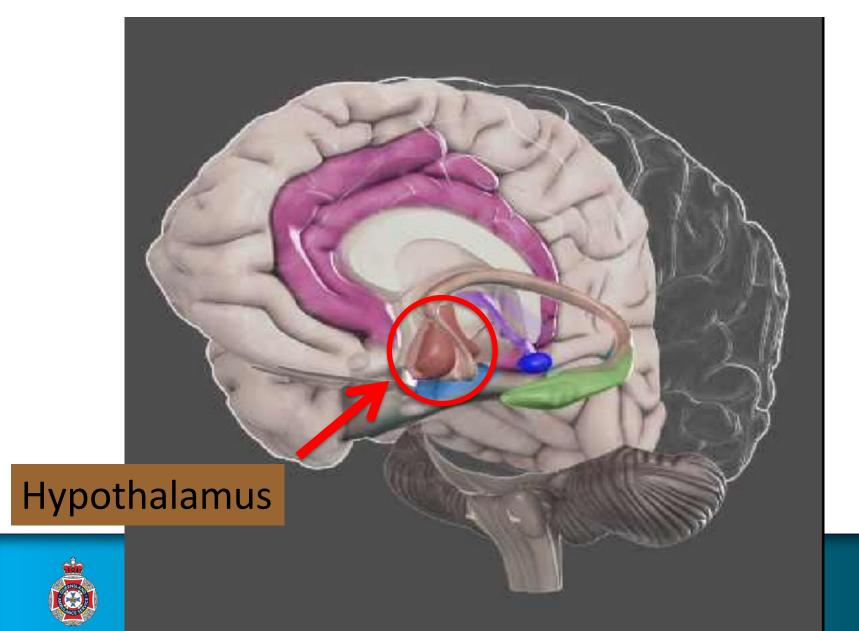
- ↑ Heart rate
- ↑ Respiratory rate
- ↑ Metabolism
- ↑ Awareness/ vigilance
- Shunts blood away from GI tract to muscles and limbs
- Pupils dilate



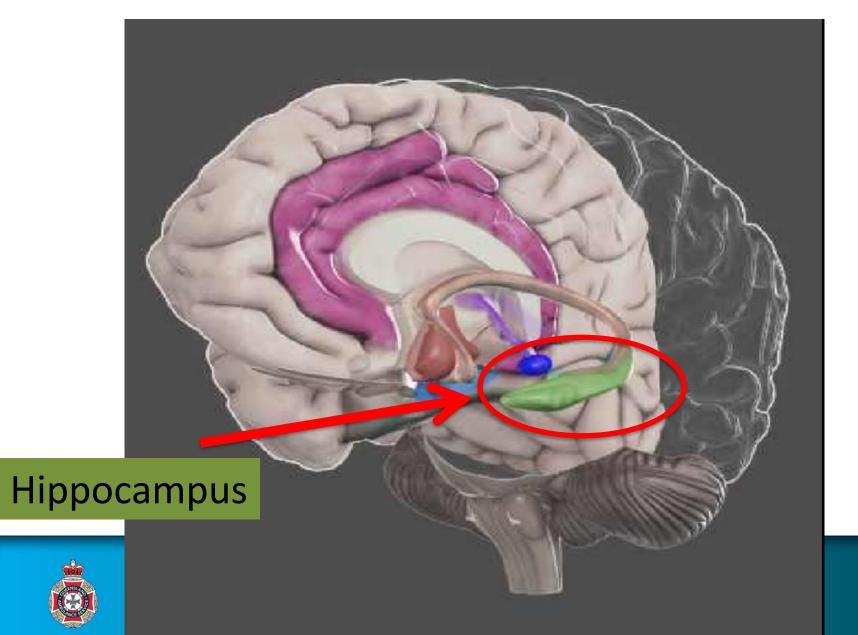




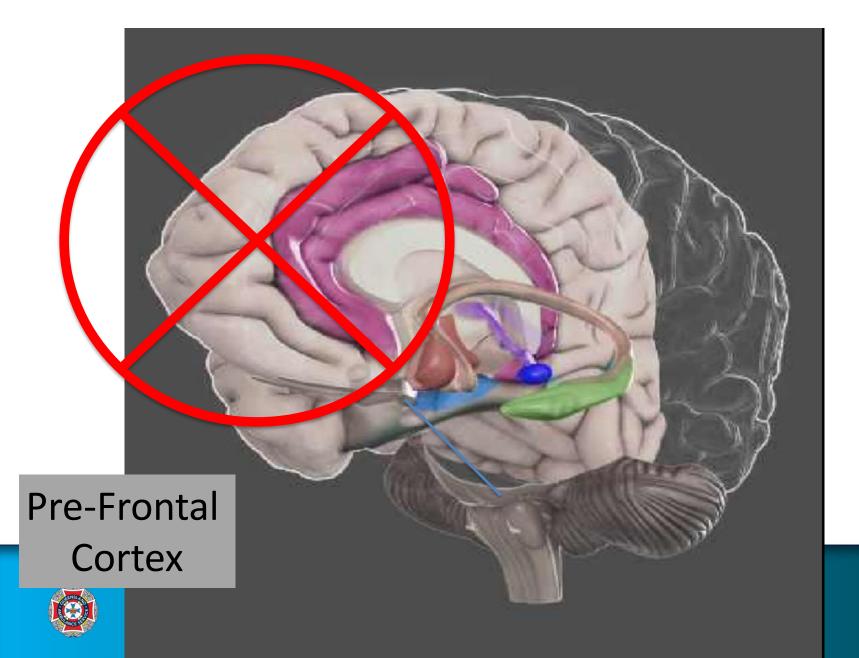




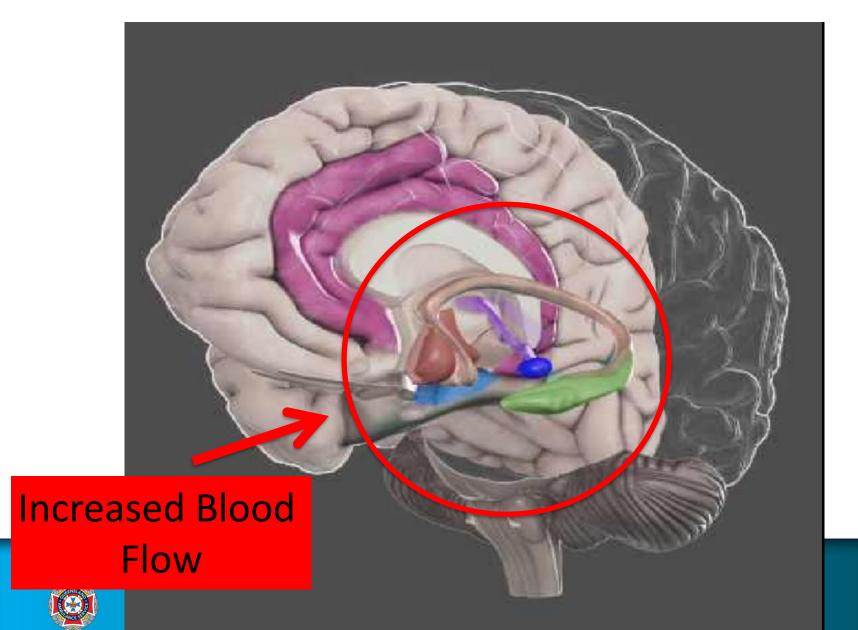




















Trauma management and building resilience.

- 1. Immediately provide a sense of safety and to allow down regulating of the amygdala
- 2. Provide staff with a sense of control find out what they need listen
- 3. Support must be consistent and authentic
- 4. Allow self-titrated talking
- 5. Exercise
- 6. Good sleep





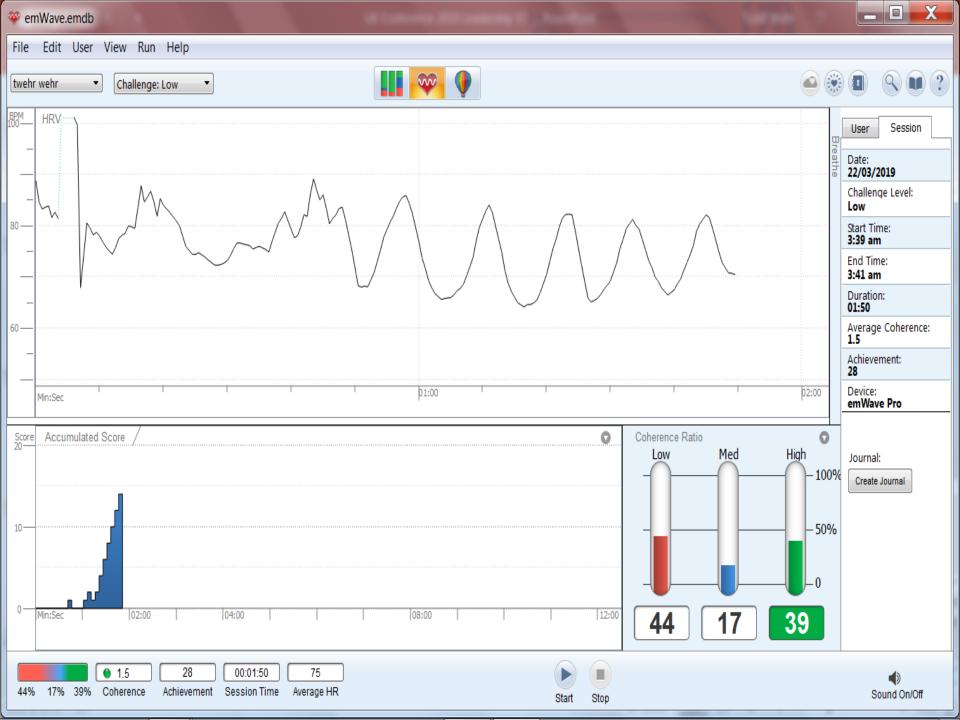
Trauma management and building resilience

7. Breathe

Professor Pieter Roussouw







Critical Incident Response – A stepped approach

Natural Coping Strategies

Immediate **TIME OUT** period
helps here.

Self-titrated talking with colleagues who

Recreational activities help counterbalance meaning and SNS hyperarousal

Manager Support

Peer Support

Process of

making

acceptable

meaning

Genuine concern, acknowledgement validation

Organisational responsiveness

Counsellors Support

For stuckness "I just can't get over

it!"

Specialist Support

GP, Psychiatrist etc.

Priority One/QAS

- Careful Recruitment
- Training
- Pre on-road P1 education
- Finding the Silver Lining
- Peer Support formal and informal
- Normalising language
- Salutogenic understanding.

- Appropriate selection of Managers.
- CODP
- Trauma &
 Resilience in
 the Workplace.
- Other P1 training
- P1 Managers Support
- Peer Support formal and informal

- Careful Selection
- Intensive training
- Supervision
- Refresher training

- Careful
 Selection
- Counsellor workshops
- Station visits
- Defusing/ debriefing

Referral, advice and selection



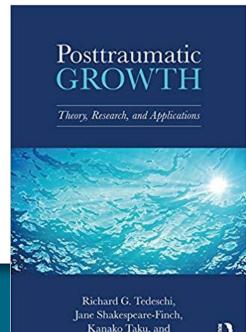


Posttraumatic Growth

(Calhoun & Tedeschi, 2006, 2013; Tedeschi & Calhoun, 1995, 1996, Tedeschi, Shakespeare-Finch, Taku & Calhoun 2018)

- Beyond resilience, PTG refers to positive changes that a person may perceive as the result of engaging in the struggle to adapt to life posttrauma
- 5 factors of the PTGI Changes in:
 - Personal Strength
 - Appreciation of Life
 - Relationships
 - Priorities
 - Religious beliefs/spirituality

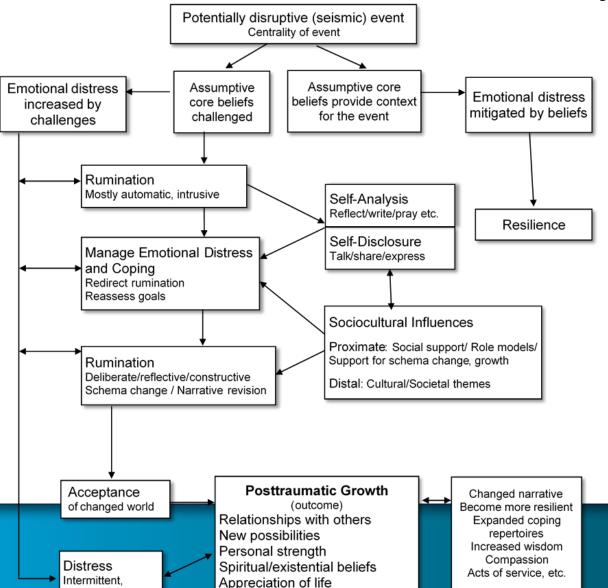




Lawrence G. Calhoun

Person Pre-Trauma

Assumptive core beliefs about the world Individual Differences Culturally Influenced Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Posttraumatic Growth: Theory, Research and Applications*. New York, NY: Routledge





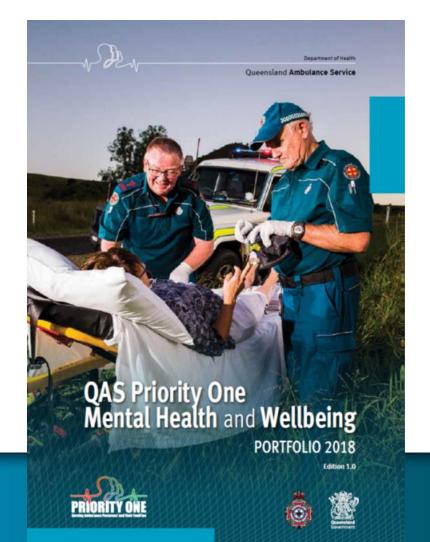
ongoing



Development of QAS Mental Health and Wellbeing Strategy 2018



Development of the QAS Mental Health and Wellbeing Portfolio 2018







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