This report reviews the literature from 1990 to 2006, which relates to the effects of traumatic stress on the human organism; in particular, early processing and coping.

Research evidence is evaluated and synthesised to develop an original, generic and multi-agency framework for offering Initial Trauma Support to UK airport users, within the structure provided by the UK Civil Contingencies Act 2004.

This framework is simple, applicable to local conditions and conveys measurable benefit to risk holders with any duty of care for airport users.
Table of Contents

Executive Summary

This report focuses on Initial Trauma Support – the immediate humanitarian assistance offered to people in the UK following an extreme event. The practice context of the researcher is an independent crisis social work team within a large UK international airport.

The report evaluates and synthesises evidence from existing literature for the development of a framework for an Initial Trauma Support response for UK airport users, within the structure provided by the UK Civil Contingencies Act 2004.

It uses this evidence to develop an original, generic and culturally competent framework for Initial Trauma Support at UK airports underpinned by crisis social work practice and interprofessional / multi-agency emergency planning. (Figure 1 SPaCE Framework for Initial Trauma Support)

Current convergent indicators of need for such a UK framework are:

- political will, expressed in legislation and guidance
- an emerging paradigm of corporate social responsibility and business continuity planning
- an exponential growth in aviation to, from and through the UK’s airports for diverse passenger groups
- the publication of recent research based evidence and guidance for best practice in early intervention after trauma

The report retains a practice focus on airport users, as existing research highlights the needs of workers in an emergency. The emphasis is on support for adults – as individuals and as caregivers for children and young people.

The time which has elapsed post-trauma for those attending an airport reception centre will vary considerably (from 1 to 2 hours for a local airfield incident to up to several weeks for someone who has been recovering from injuries abroad or searching for a loved one).

‘Survivors’ will vary in terms of gender, age/developmental level, life experience and usual support networks. It is unlikely that there will be much (if any) reliable personal information about ‘survivors’ available in advance of their arrival. A generic framework is based on this assumption (derived from extensive practice experience).

A generic framework for Initial Trauma Support needs to address the key questions of:

Why is such a service necessary? Is there evidence for a link between effective initial trauma support and positive outcomes for service users (leading to reputation benefit, best value for money and potentially, to management of the risk of litigation for psychiatric injury?)
When should such a service be provided, to be optimally effective? What should it aim to deliver, and what links may be needed to longer term interventions? How (triggers and logistics), where (reception facilities) and who (needs to be involved), are intended for local and dynamic interpretation, informed by the evidence provided herein.

This report has critically reviewed the literature from 1990 to 2006 relating to human experience of extreme events, variously referred to as emergencies or disasters. It has also examined the effects of such events on people from both Western and non-Western cultures.

Findings from the literature about coping with traumatic stress were as follows:
- the majority of adults dynamically cope with an experience of traumatic stress over time
- children can be additionally impacted by extreme events if their caregivers have been affected
- timescales for coping, although varied, have been suggested
- some key peri and post-traumatic factors have been suggested to positively influence early coping
- links have been proposed between early coping and a reduced risk of developing an enduring related disorder later on

Natural human processing of traumatic stress has been shown to be dynamic and interactional. Evidence that early (within the first month) pro-active intervention helps to prevent longer-term problems is inconclusive, although there is evidence that strategies which help mitigate the initial stress, enhance social support, prevent loss of social resources and provide reassurance, are helpful and that any initial supportive approach should focus on ensuring that these optimal conditions for natural adjustment are in place.

Findings about effective early support for coping with traumatic stress were:
- there are some basic conditions that can promote (and avoid impeding) natural recovery following trauma
- these conditions seem likely to be widely applicable across cultures
- they appear relatively simple to understand, explain and satisfy in most practice situations
- they are congruent with an approach to planning for psycho-social need which facilitates coping and seeks to target those most in need of clinical resources
- they (and the longer-term intervention options with which they need to link) are readily applicable to interprofessional planning for Initial Trauma Support, (see Appendix 1 – Early Support for Trauma: towards an evidence based framework 1990-2006 for detail)

These findings support
- the universal provision of Initial Trauma Support
- an additional emphasis on facilitating people’s return to their own social network or context
- refraining from more active interventions within the first month
- building in links to more active interventions for later on for those whose natural recovery is interrupted or lacks resilience

Therefore key elements of an effective generic framework for Initial Trauma Support are:

- Restoration of physical safety
- Appropriate acknowledgement of the perceived magnitude of the trauma
- Availability of support
- Provision of information (including links with further support)
- Facilitation of return to own social setting

An airport-based reception and reunion process to promote early coping after trauma could address those key elements as follows:

**Restoration of physical safety**
- the provision of a designated area (or areas) that was as safe, private and ‘fit for purpose’ as local conditions permitted

**Appropriate acknowledgement of the perceived magnitude of the trauma**
- by appropriately recruited, selected, trained and supported Initial Trauma Support Workers, offering a calm, non-clinical approach information packs (in accessible formats) which acknowledge the possible impact of the experience

**Availability of support**
- appropriately recruited, selected, trained and supported workers to provide Initial Trauma Support to the above areas and offer a calm, non-clinical bio-psychosocial (holistic) approach to the offer of support
- information packs (in accessible formats) for further support

**Provision of information**
- interprofessional planning and management systems that ensure validated information is appropriately shared in a timely manner.
- information packs (in accessible formats) to be given to all, including those people who do not want face to face Initial Trauma Support
- robust and explicit interprofessional links with validated further interventions, support systems and treatment

**Facilitation of return to own social setting**
- workers providing Initial Trauma Support working collaboratively to an interprofessional plan, facilitating telephone and email access to people’s own networks and supportive onward travel planning options
The original, generic and culturally competent evidence-based framework for Initial Trauma Support applicable to UK airports summarised in Figure 1 SPaCE Framework for Initial Trauma Support below offers the following benefits:

- A benchmark for interprofessional planning and response
- A guideline for interpretation of some of the new statutory duties for local authorities and other Category 1 responders and powers for the Category 2 responders (Civil Contingencies Act, 2004)

**Figure 1 SPaCE Framework for Initial Trauma Support**

> Supporting People after Crisis or Emergency

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**A SAFE SPACE for…**

- Protection from further ‘injury’
- Acknowledgement & normalisation of perceptions and feelings by supportive listening
- Addressing additional physical health needs
- Brief assessment of immediate risk to self or others
- The provision of information (including options for future support)
- Providing social interactions (including links with usual support networks)

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**Minimum requirements**

<table>
<thead>
<tr>
<th>THE SPACE</th>
<th>As near as is safe and suitable, available as soon as possible</th>
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<tbody>
<tr>
<td>THE STAFF</td>
<td>Culturally competent, personally resilient, calmly supportive listeners</td>
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<tr>
<td>THE SYSTEM</td>
<td>Effective interprofessional information management</td>
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</tbody>
</table>
Reference List


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Cabinet Office: UK Resilience website, English Regions
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## Appendices

### Appendix 1 – Early Support for Trauma: towards an evidence based framework 1990-2006

<table>
<thead>
<tr>
<th>Adapted from Author/s</th>
<th>Date</th>
<th>Elements and Principles Proposed in Literature and applicable to generic initial support</th>
</tr>
</thead>
</table>
| Holloway and Fullerton      | 1994 p40 | **Initial Trauma Support needs to**  
  - Provide a safe environment  
  - Provide rest and respite  
  - Protect against further ‘injury’/stigmatisation  
  - Allow for the expression of anger  
  - Validate/normalise feelings  
  - Be aware of pre-existing psychiatric disturbances/significant life events |
| Myers (in Myers and Wee 2005) | 2000 p161-2 | **Initial Trauma Support needs to**  
  - Detect – brief assessment of immediate needs  
  - Direct – be brief, clear and repetitive if necessary when imparting a sense of calm control  
  - Protect – people from further harm by establishing a quiet neutral private environment  
  - Connect – individuals to the assistance and/or resources they need -includes information and social support |
| Woodcock                    | 2000 P218 | **Key elements for children**  
  - Provision of a safe transitional space  
  - To listen, bear witness and validating experience |
| Norris et al 2002           | 2002 P248 | **Key Elements for everyone**  
  - Keep people in their natural groups as far as possible  
  - Facilitate return to normal activities as soon as possible  
  - Provide opportunities for routine social interactions (helps normalise post-traumatic stress reactions)  
  - Ensuring that natural helping networks are not undermined |
| Brewin 2003                 | 2003 P188-190 | **Psychological First Aid**  
  - Restoration of physical safety (for processing, the mind-body system must perceive end to active threat)  
  - Appropriate acknowledgement of magnitude of trauma – ‘permission’ to begin/continue adjustment  
  - Availability of support - the person’s own network and/or a professional construct  
  - The provision of information - used by the person in processing, evaluating and making meaning |
<table>
<thead>
<tr>
<th>Author/s</th>
<th>Date</th>
<th>Elements and Principles Proposed in Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myers and Wee</td>
<td>2005 P158</td>
<td><strong>Requirements of initial trauma support</strong></td>
</tr>
<tr>
<td></td>
<td>P78-80 P52</td>
<td>o Proximity – providing the assistance where the person is experiencing the distress</td>
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<td></td>
<td>o Immediacy - providing the assistance close to the time when the person experiences the distress</td>
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<td>o Expectancy – expectation that the person will return to more stable functioning as soon as possible following the provision of support</td>
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<td><strong>Also</strong></td>
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<td>o Survivors of a recent traumatic event are mostly normal people experiencing normal reactions to an abnormal event – they are unlikely to want or need mainstream mental health services</td>
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<td>o Support programmes should have a name and an identity culturally and socially acceptable to the service user community</td>
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<td></td>
<td>o Such programmes must have community acceptance and support and be culturally competent</td>
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<td></td>
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<td>o Confidentiality and information management are important</td>
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<td></td>
<td>o Services and programmes must be creative and innovative in providing services</td>
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<tr>
<td></td>
<td></td>
<td>o Initial support programmes must also identify and refer those individuals who need additional services</td>
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<td></td>
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<td>o <strong>Programmes should:</strong></td>
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<td></td>
<td></td>
<td>o Address physical health problems</td>
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<td></td>
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<td>o Provide supportive listening and opportunity to talk in detail about disaster experience</td>
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<td>o Give opportunities for grieving over losses</td>
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<td>o Assist with prioritising and problem solving</td>
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<td>o Offer information on disaster stress, coping, children’s reactions and impact of disaster on family</td>
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<td>o Facilitate communication among family members</td>
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<td>o Encourage use of social supports</td>
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<td></td>
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<td>o Promote practical steps to resolve pressing immediate problems</td>
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<td></td>
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<td>o Promote practical steps to resume ordinary routines and roles</td>
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<td>o Teach relaxation techniques</td>
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<td></td>
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<td>o Provide information on further resources</td>
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<td></td>
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<td>o Assess and refer where indicated</td>
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</table>
## Appendix 2 – Trauma Screening Questionnaire

### Your Own Reactions Now to the Traumatic Event

Please consider the following reactions that sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event that happened a few weeks ago. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK:

<table>
<thead>
<tr>
<th></th>
<th>Yes, at least twice in the past week</th>
<th>No</th>
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<tbody>
<tr>
<td>1.</td>
<td>Upsetting thoughts or memories about the event that have come into your mind against your will</td>
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<td>2.</td>
<td>Upsetting dreams about the event</td>
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<td>3.</td>
<td>Acting or feeling as if the event were happening again</td>
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<td>4.</td>
<td>Feeling upset by reminders of the event</td>
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<td>5.</td>
<td>Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event</td>
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<td>6.</td>
<td>Difficulty falling or staying asleep</td>
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<td>7.</td>
<td>Irritability or outbursts of anger</td>
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<tr>
<td>8.</td>
<td>Difficulty concentrating</td>
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</tr>
<tr>
<td>9.</td>
<td>Heightened awareness of potential dangers to yourself and others</td>
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<tr>
<td>10.</td>
<td>Being jumpy or startled at something unexpected</td>
<td></td>
</tr>
</tbody>
</table>

Brewin, Rose et al 2002 developed this instrument and used it on survivors of the Ladbroke Grove train crash in London in October 1999. The ten elements correspond to the re-experiencing and arousal symptoms of PTSD.
Facilitating evidence-based practice in nursing and midwifery in the WHO European Region is a guide for Member States, supported by the WHO Regional Office for Europe, to enable and enhance the contribution of nurses and midwives to promoting evidence-based practice and innovation in nursing and midwifery. It aims to promote a shared understanding of evidence-based practice in nursing and midwifery and strengthen its foundations in the Region to support health policy-makers, health-care professionals and others in facilitating the culture of evidence-based practice in nursing and midwifery. This guideline provides an evidence-based framework for the initial assessment of women with chronic pelvic pain. It is intended for the general gynaecologist but may be of use to the general practitioner in deciding when to refer and to whom. 3. Identification and assessment of evidence. The Cochrane Library and the Cochrane Register of Controlled Trials were searched for relevant randomised controlled trials, systematic reviews and meta-analyses. A search of Medline from 1966 to July 2011 was also carried out. The database was searched using the MeSH terms "pelvic pain", "dysmenorrhea" and "chronic pelvic pain". Nerve damage following surgery, trauma, inflammation, fibrosis. Advanced trauma life support (ATLS) is a training program for medical providers in the management of acute trauma cases, developed by the American College of Surgeons. Similar programs exist for immediate care providers such as paramedics. The program has been adopted worldwide in over 60 countries, sometimes under the name of Early Management of Severe Trauma, especially outside North America. Its goal is to teach a simplified and standardized approach to trauma patients. Originally designed for