



## Self-support techniques after a traumatic incident

**Policing is exciting, challenging and often dangerous work. It involves adjusting to everyday exposure, to incidents and situations that for most people might only happen once in a lifetime.**

It is common to experience a series of challenging incidents, one after the other. Healthy processing of such incidents is essential in policing to reset the stress response, to file events as past, and to move on to the next job.

As the nature of crime changes, so do the different types of trauma exposure police might experience. It is well recognised that different types of trauma exposure call on us to adopt different coping strategies: to prepare ourselves for what we are about to experience, to manage our response to the experience, to make sense of what we experience, and to move on.

*One example of where trauma exposure type can be a risk to wellbeing is with the case of Body Worn Video. If an officer's role typically involves an active response to an incident, their brain may well become accustomed to preparing for active engagement during exposure. Subsequent exposure to passive Body Worn Video footage (especially from another officer's point of view) could be unexpectedly distressing, because the sense of being able to do something about the situation has been taken away. The officer in question may then experience feelings of helplessness which they did not at the actual scene.*

Here, we offer tips and coping strategies which may be helpful for different people at different times for different types of incidents.

### What makes an incident traumatic?

Some incidents can be harder to process over the first four weeks than others. Examples include:

- Particularly graphic or extreme incidents (such as terror attacks).
- Incidents involving children, the vulnerable, or someone familiar to us.
- Events which take place on an otherwise pleasant day (such as a birthday, or other celebration).
- Incidents or scenes which did not make sense or which conflict with our world view.

### The 3 types of trauma

- **Incident-based** (live, immediate or real-time) eg. attending incidents in a response capacity such as terror attacks, sudden deaths, road traffic collisions etc.
- **Extreme digital and/or audio material** eg. child sexual exploitation work, digital exploitation (terrorist propaganda material) analysis of CCTV/BWV footage etc.
- **Secondary or vicarious exposure** eg. family liaison work, supporting vulnerable victims and/or witnesses, control room staff etc.

The first  
**24hrs**

**TIP:** Individuals might protect themselves by improving their self-awareness of the ways in which they tend to prepare for, manage and process different exposures.

What is important is that officers and staff are given due warning about exposure so that they have the opportunity to employ appropriate techniques, arrange appropriate working conditions and access appropriate support for that particular form of exposure.

## Safety cues

The immediate stress response to a difficult situation focuses our attention, strengthens our muscles, and increases our vigilance. Once the situation is resolved, our minds need to fully acknowledge that, so we can turn our attention away from reacting and toward making sense of the incident and 'filing it' (in our memory).

What many of us don't realise is that this 'standing down' can require deliberate effort.

**TIP:** Practice looking out for signs in your mind that an incident has wound down, is safe or is over, for example:

- The smell of coffee back at the station
- The slam of the car door as you begin your journey home
- The feel of your child's hug when you tuck them in to bed

Commit these kinds of "all clear" moments to memory as best you can, so that if ever you feel yourself being pulled back into re-experiencing the incident, you can remind yourself it is over and was 'then', not now.

## Sharing experiences

Scientific military and civilian studies show that making sense of incidents out loud (i.e., verbalising them) with peers can reduce our emotional response to them, and can help kick-start our brain into committing the incidents to the past. Even if you are not deliberately talking over the event in any particular detail, a shared understanding of having experienced the event can help the brain put it (and how you feel about it) into context. This strengthens our sense of connectivity with others as well, and this is known to promote resilience.

**TIP:** Some forces and teams have the opportunity to be debriefed after some incidents, but this is not always something to which everybody has access -nor is it everyone's preference.

If you can, make some time after an incident (before you return home from your shift) to spend with colleagues who have had similar experiences to you. Make that time "time out" – even if it just comes down to a cup of tea or a walk around the block.

The first  
**48hrs**

## Dealing with vivid memories

After a particularly vivid trauma exposure, the brain can retain explicit images and sounds (a bit like how it feels to be in the quiet after a loud concert). This is natural and will likely subside over time but it can disturb sleep, and can be distracting and disconcerting.

Persistent threatening images can keep the threat response active in the amygdala, when we really need it to calm down.

**TIP:** We can be more proactive about vivid intrusions. Civilian research in the UK has shown that distracting the brain by playing computer games which demand visuospatial processing (like Tetris™, for example) can reduce intrusive imagery after an incident.

Other US military research suggests that it is better not to try to sleep until these images and sounds have subsided and instead to provide the mind with some positive distraction until it is ready to sleep.

Another option is to deliberately bring to mind (and hold in the mind) the 'safety cues' and "all clear" moments from an incident when we realised it was over or resolved. These may override the involuntary and possibly less pleasant images. We can train our brain to retain these safety cues.



Safety Cues- Above: removal of the bus from the 7/7 scene watched by an attending officer.

## Maps and timelines

In the weeks following an incident, the brain needs time and space to make real sense of what happened. We can help the brain put events into the context of time and space by drawing maps and timelines, like witnesses are often encouraged to do.

'Zooming out' to an overhead view of the incident or seeing it from another person's point of view can help depersonalise the memory and place it in a "bigger pot" - so it feels smaller and less dramatic.

Ongoing research with newly recruited police officers in the UK\* suggests that this can improve how we feel and improve our memory of what happened so it can be better filed away.

*Taking myself out of the situation and remembering it from other perspectives has helped me, normalise and overcome the feelings I had towards that experience.*

Quote from a newly recruited female officer (29yrs) after applying map and timeline techniques to a work-related incident in her first month of service (UK, 2018)\*.

## Finding the right techniques for you

We all differ from each other in how we respond to stress and process our experiences – and, what is more, we may differ in how we manage from one day to the next, depending on what else is going in our worlds, and how self-aware we are.

Civilian research suggests that adverse childhood experiences, repeated exposure, the time we have put aside to process what happens to us, our lifestyle habits, our general self-awareness and even our genotype\*\* can all determine how we respond to trauma exposure.

Neuropsychological research into policing (in the UK and abroad) also suggests that the job itself can shape how we process our experiences.

**TIP:** There are a range of suggestions on how to improve resilience and trauma processing in the brain, borrowed from civilian research.

Being open-minded about what might be useful for one incident or another -at one time or another- may support you well in the choices you make to boost your own trauma resilience.

**Breathing techniques:** Lengthening the exhale for 6-8 seconds ten times activates the "rest and digest" system (the opposite of the stress response system). Humming can have the same effect, as can splashing the face with cold water. Learning to watch your own breath (without changing it!) is also great practice for tuning up the brain to be self-aware and is also a way of calming the brain and body.

**Reducing refined sugar and alcohol intake:** sugar and booze highs may feel like respite from a stressful lifestyle but they prevent one part of the brain involved in trauma memory processing (the hippocampus) from working as well as it can do. Moderation and timing the intake of both is advisable.

**Taking essential fatty acids (like fish oils)** can bring down inflammation in the body from stress, protect neurons from stress-related damage and regulate cardiovascular health. Eating a high fat, low carbohydrate diet has also been shown to release proteins to boost hippocampus function and protect the body and brain against inflammation. Always seek advice from a GP before significant dietary changes.

**Running and taking aerobic exercise** stimulates the hippocampus, improves memory consolidation and actually creates new neurons to hold the spatial information we use to contextualise traumatic events. Exercise also lowers stress responses in the body and soon releases 'feel good' chemicals.

**Grounding exercises in the body** are a reliable way of training the brain to settle even after the most adverse circumstances. Using our senses and verbalising to ourselves quietly what we can see, hear, smell, taste and sensing gravity literally 'grounds us' in the present, freeing us from being pulled away into difficult memories or future threats. Techniques can take a matter of seconds to stabilise mind and body.

**Improving sleep hygiene:** Trauma-related sleep disturbance has been shown to impair how we use the hippocampus (which we need to consolidate memories and file them away). Basic sleep hygiene (such as avoiding caffeine, sugar and 'junk' or blue light before bed) not only restores our bodies but may well help us process trauma exposure in our sleep. Making an effort to get bedtime right is likely to pay off.

**Awareness, concentration & attention training:** Reactivity, threat perception, cutting off from feeling and being in a constant 'doing mode' are recognisable traits of the policing mind. Watching our own mental activity may seem to contradict the action-focussed demand of policing, but that is precisely why it is key for resilience.

**Meditation** wakes up and trains the brain (pre-frontal cortex) to make more conscious decisions about how we respond in any one situation. Practicing with app's (such as HeadSpace™) brings quick results and longer term contemplative practice is scientifically proven to 'rewire' the brain to manage trauma exposure.



The first  
**3 mths**

## Self-checking trauma impact

Being affected by traumatic or major incidents is an inevitable and accepted part of contemporary policing. However, it is important to keep an eye on how long it takes us to readjust. Scientifically validated and yet easy-to-use tools are available for everyday folk to monitor their own wellbeing after a particularly traumatic or challenging experience, police included. For more information, contact your Occupational Health, wellbeing officers, Police Federation rep, staff associations, TRiM manager, employee assistance programme or your GP.

REMEMBER, trauma impact is a natural response to exposure for 4- 6 weeks. Post-Traumatic Stress Disorder (PTSD) is rare and can only be diagnosed through an interview with a qualified clinical physician or psychiatrist.

**TIP:** Many self-assessments to help you monitor your own responses to difficult incidents can be found online and downloaded for free.

Examples of these self-assessment checklist currently include the Trauma Screening Questionnaire (view it online at <https://bit.ly/2HAsn5X>) the PDS, the PCL-5 and the ITQ.



The first  
**year**

## Memory consolidation

As months go by after an incident, memory consolidation usually improves so that what was experienced as traumatic genuinely feels like 'a thing of the past'.

However, it's important to check in to how we feel about an incident and the impact it has had on us as that year unfolds, rather than avoiding it. There are times in the year or years following an incident which can be particularly challenging, including anniversaries and prolonged investigations (be they criminal, internal or even external).

**TIP:** The first anniversary of an event can be a difficult time, especially if the incident attracted media attention.

It is important to be honest with yourself about the impact the event has had -and yet also what the situation is now, noting what is different, and what (and who) has moved on.

One way of doing this is to draw an updated map or timeline of the incident, either in your mind or using pen and paper. Making contact with others who shared the experience of the incident (at home or at work) may be helpful for some, even if it is not to discuss the event in any particular detail.

**TIP:** Prolonged investigations require continual recall and re-evaluation of events, which can prevent the brain from filing incidents away.

This can sustain the stress response to a degree and may induce chronic symptoms of stress in the body (such as sleep disturbance, heart arrhythmias, raised blood pressure, gastrointestinal problems and immune system disorders). What is more, investigations can cause us to question our judgement, our roles and our sense of who we are.

It may be helpful to a) have a physical check-up periodically with a GP and b) to access professional support which can address the particular emotional strains that investigations can put on individuals, their families and their relationships at work.

## When to seek further help and where to go

If you are experiencing difficulties as a result of trauma impact (including investigative procedures) and you would like some support, contact the Police Dependents' Trust, Police Federation rep, or your staff association.

For more information about the neuropsychological research underpinning this guidance, please contact [research@pdtrust.org](mailto:research@pdtrust.org).

020 8941 6907  
[office@pdtrust.org](mailto:office@pdtrust.org)  
[www.pdtrust.org](http://www.pdtrust.org)

**Start a conversation. Don't go it alone.**