



Let's Talk Differently

Prison Officer Training Program 2015/2016

Managing Stress and Dealing with Trauma

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Managing Stress and Dealing with Trauma

1. WORKPLACE CONTEXT

- Prisoner behaviour is unpredictable with many prisoners having a range of mental health issues. Officers always need to be on guard as population is unstable — hyper-vigilant.
- Many of the prisoners have committed horrendous crimes yet officers have to adhere to a range of management of prisoners protocols.
- ***'Sometimes I struggle with what these women have done to their children. I wonder about how they could do that. In the end I try not to think about it as I still have to treat them with respect no matter what they have done.'***
- Constant verbal abuse from prisoners and blatant attempts to manipulate Prison Officers.
- Sometimes with no warning, prisoners just snap. ***'It is hard to read them at times. We know they watch us individually for any sign of weakness or opportunity to exploit the situation.'*** This includes threatening you physically or the wellbeing of your family.
- ***'I know where you live, Dog. I got your address in the riot. The boys will have fun with your wife.'*** was yelled at me from the cell. ***I have been in this job a long time and all the abuse just rolls off but that comment penetrated a bit'***.
Comment from a Prison Officer after remand riot.
- ***'You have to get to know prisoners to be able to read the signs and be one step ahead.'***
- ***'We are the first response to any act of suicide, self harming or physical assault. It will be some time before paramedics or Police will be able to get into the prison.'***
- ***'You wouldn't normally see these things and you just have to block it out. It does have an impact and you try to minimise that outside of work.'***

- A lock up work site. Not easy for Prison staff to leave workplace during working hours.
- Prisoners are incarcerated people who come with a diverse range of backgrounds, personalities and crimes. They can also have various addiction issues and a range of mental health care issues. Generally, prisoners are a 'marginalised' group of individuals with a complicated range of communication /behavioural patterns.
- A normal day always has the propensity for violence and/or dangerous situations - prisoner to prisoner, prisoner to self, prisoner(s) to Prison Officer
- All in a day's work—being abused, spat at, manipulated, intimidation, threats made to officer or to families, dealing with prisoner suicide, self harming etc. Prison Officers are first to 'scene'. Significant time delays before Police/Paramedics arrive.
- Involves shift work which can place strain on family relationship due to lack of sleep etc. As one officer said ***'they all know when I am on shift work'***
- Community attitudes to Prison Officers. Can be judgemental in terms of why would you work with such scum? Families often concerned about your safety and say 'get out, it's not worth it'. Due to confidentiality restrictions often limited in what you can say about your work. Personal safety concerns and lack of community understanding of the role often means you only have each other to debrief with and a feeling that you can't vent on the 'outside world'. Many Prison Officers have expressed to me they feel very socially isolated.
- ***'You know, people look at me and ask 'Do you ever get scared?'. My general response is 'rarely'. It was a different story during the riots, I was genuinely fearful of my safety and I was running as hard as anybody. My wife was watching it on the news and was so relieved that I had survived. If I had told her what actually happened I think she would have made me resign. So I just told her it was a classic case of the press dramatising it up.'***
- ***'You know, what hurt me the most about the riots was they got their records and pissed on them. We spend a lot of time trying to construct a meaningful existence for prisoners and how we can assist them to make the most of their time in prison. In pissing on their records they really pissed on us.'***

2. PSYCHOLOGICAL IMPACT

- Not a normal work environment. Most people do not have to develop a mindset that incorporates as an everyday possibility they could be violently attacked and harmed, witness a colleague being harmed or having to respond to a prisoner injury/suicide as if they were a paramedic.
- Comment from a Prison Officer during a debrief after a prisoner suicide:

'I got there and I knew he was dead but not dead enough for me not to be questioned if I did not provide CPR. I had to fight my revulsion while I did what I knew I had to do. I could cope with him killing himself but I struggled with what I had to go through to do my job. When I got home I was a bit numb. When my wife said 'How was your day', I said 'Oh, you know, the usual'. I just didn't want to talk about it.'

- The fine line between being compassionate to prisoners and not being vulnerable to being manipulated.
- ***'We are constantly hyper-vigilant, always assessing prisoner mood looking for signs that they are about to lose it. When we have new squads, they roll in like they know everything but they don't. They don't see the prisoners like we do in the early days. One new officer really went for me for overruling him and really did not understand that my assessment was the prisoner was about to lose it with him. It was months later he came up to me and said he now knew what I was talking about. In a recent situation, he had charged in without back up and paid a bit of a price. You can just never let your guard down. The prisoners are always watching you - looking for any sign of weakness.'***

Comment

During delivery of this training program, the issue of being in a new squad has often come up. Many senior officers feel you cannot know the complexity of the job until you are well into it. As one senior officer commented, ***'If only the new officers would listen and watch what we do for the first 6 month. They do not have to jump in and demonstrate how good they are'***. My observation is that it takes time and exposure to the demands of the job to work out over time ways to cope with the difficult aspects of managing prisoners. I would imagine the early years of being a Prison Officer are challenging for most officers. As another officer commented to me, ***'I have been in this game for a long time and generally I manage all the things you talk about. It is the new officers that can really struggle to process what they see'***. I would add to that comment that they also have to learn how to deal with their personal reactions to what they see.

- Normalise the abnormal. It is not easy transitioning from the workplace into home life and everyone does this in their own way.
- *'When I walk out the gate, I just leave it all behind. I numb myself down like I don't give a 'rats'. I do but I don't allow myself to when I step out of the jail.'*
- *'I can't numb myself down like that. I had a prisoner deliberately cut himself in front of me. I did all I had to do and there were no issues there. It was when I got home that I couldn't stop thinking about it. I don't really understand why people do that to themselves but I was a bit angry that this person deliberately did it front of me. I shouldn't have to put up with this shit but I do as it is my job. I wish I could stop going over and over these things in my mind.'*
- *'It is important you do not see prisoner behaviour being aimed at you personally, it is aimed at you as a Prison Officer. I think it is critical you do not personalise it.'*
- *'I was always aware of the need to 'harden up' as an important part of surviving long term as a Prison Officer. After 15 years in this job, I am so hardened up I don't know that I care anymore. I don't seem to react to anything. There is a small part of me that says this isn't normal and at times I wonder if I have any compassion left.'*
- *'I have had to draw a line and once I walk out the gate, that part of my day is done. I drive home listening to music and once home, I walk in the door, go straight to the bedroom and get out of my uniform. Once out of that uniform, I never think of the prison.'*
- *'The prisoners are in your face so much of the day either abusing you or whining about something they are not happy about. By the time I get home, I tell my family they can say anything they like - just don't start whining'.*

Comments

In my mind, the fact that so many officers I talk to develop this process of disconnecting work from their life outside of work means there is an inherent assumption that what happens at work has the potential to negatively impact on your personal life. This may well be true but my sense is this can lead to Prison Officers **bottling things up** and not having the opportunity to debrief about work outside of work which most of us take for granted. I was chatting to a Prison Officer the other day and she asked me *'Do you do groups?'* To which I said 'Yes, of course I do'. She then went on to say *'That is good because we had a very violent event happened here last week and a few of us are really falling apart. None of us*

are going to come and see you individually, we just won't. But I think a group session would work well as no one has to put their hand up and declare to the world they are not coping'.

These discussions really confirm to me how hard it is and what few opportunities Prison Officers have to talk about the complexity of their work and the **emotional feelings and reactions** it can create. Many officers have shared with me that their partners are over it and are no longer prepared to listen to what happened at work. My sense is the Officers have an ongoing need to share what they see and feel at work, as a way of processing it and making sense of it. Due to the extreme aspects of the work, people in the outside world can become overwhelmed or exhausted by it.

The above reflections capture the various reactions Prison Officers have in terms of how they deal with what they see. They capture how we all deal with things in our own individual way. Even though these events are part of 'everyday work place events', they are traumatic events nonetheless and have to be processed as such.

Many people say to me that the only way they can deal with it is to 'lock it up and move on'. In the longer term, the risk is that you become so removed from what you see that you have no reaction to it. Alternatively, if you are thinking about it all the time, there is a risk that you could become emotionally overwhelmed by it. My general view is bottling up emotion is not a long term strategy to deal with high levels of stress. It makes a person more vulnerable to a **meltdown** if they are involved in a traumatic event in the future. When you are in a context where you do not readily have the option to talk about your work and, in particular, the difficult aspects of it, it becomes even more important to utilise counselling and debriefing opportunities. Rather than looking at it as a sign of weakness, it really is an opportunity **to talk and release emotional feelings about what has happened.**

It has become very clear to me that the job of being a Prison Officer is quite challenging and at times demands a great deal from officers. Yet there seems little community understanding of the role or confirmation that what you do is valued in the same way that the community values the work of the Police, Fire Brigade, paramedics etc.

Work /Life Balance

We hear so much about the importance of work/life balance. It is a huge topic but I just wanted to make a couple of simple comments. In my work with Optum, I see people dealing with all sorts of issues: personal, work-related or both. I often feel if one area of your life is going well, your capacity to cope is increased i.e. if you are stressed out at work but home life is good this will facilitate you addressing the work situation. If there are issues at home, people often describe work as a 'sanctuary', a place to have a break from home stress. All of

us, no matter what work we do, need to walk this fine line in balancing these two spheres of our lives.

My general sense is, if you work in high stress occupations it can at times be harder to maintain this balance and there is a greater risk of each area impacting on the other. For example, the Prison Officer whose marriage is breaking down may really struggle to manage when confronted with a violent scenario at work. Their capacity to manage the normal workplace issues may be diminished due to the family stress. Likewise a really stressful period at work could make it harder not to take it out on the family. When people have issues at home and issues at work there can be a sense of nowhere to turn and that is the time to ring EAP!!

3. THE ROLE OF PEER SUPPORT

- An Officer commenting on the riot at the Remand Centre:

'We were literally running for our lives. My heart was pumping. I felt such fear about if I got caught what the prisoners would do to me. It was not until the next day that the full force hit me of what could have been. Family all around were saying 'get out, it is not worth it' but my overwhelming thought was how much I wanted to support my colleagues. I love my job and I love it due to the wonderful relationships and support I have amongst my colleagues. I am scared about what might happen when I go back and I never want to be in that position again but I could never 'walk' - it is not in my DNA.'

- I have heard many comments from Prison Officers who have described collegiate relationships as being so critical to work satisfaction. As one officer commented to me ***'When you are running in to jump between brawling prisoners, you really need to be able to implicitly trust each other as our lives may depend on it'***. There is something in this that is unique to probably the Prison system, the Police and the Armed Services. I don't rely on my colleagues to save my life so I don't have the same 'investment' in them. It is not the norm to have the depth of trust in colleagues that you have to have in each other and I suspect this fosters a deeper level of staff relationships to support each other through the difficult aspects of the job. As one officer said to me after the riot: ***'There are some people in there that I don't think will ever get over it. We will support them every step of the way, we are always looking out for each other.'***
- When you look at the social isolation Prison Officers feel, it is not surprising that most of the job 'debriefing' occurs within the Prison.

- ***'We work with the mentally ill prisoners and it is always non-stop. It is like a pressure cooker every day and we have all broken down at some point. I know I have lost it on more than one occasion. We rely on each other at those times to be able to cry, to vent, to express our frustration and get the support to keep going.'***
- ***'It is not that you get on with everybody, there are Officers I simply don't see eye to eye with. Generally, to survive though, you will have your key group of Officers that you can rely on no matter what and you can share this stuff with. If you are a loner or an isolate you won't survive in this work.'***
- ***'For me, I was pushing through as best I could but a colleague took me aside and said 'You are not right.' She was right, it had been so in my face but I hadn't seen that I was not coping and kind of on auto pilot. I discussed this with my supervisor and was shifted to a different unit, which made all the difference. We have to look out for each other as often other officers see what you don't.'***

Comment

This reflection raises lots of issues as you may notice someone is stressed before they acknowledge it to themselves. The person may become withdrawn or non-communicative. This may come across 'as not quite being themselves'. They may have more of a short fuse and not deal with things the way they would normally. They may become defensive to direction or criticism in any form and snap back rather than discuss things. They may become more critical of the environment or structures around them. Sometimes people will avoid doing the more difficult parts of their job or become a bit teary when under pressure. You may notice they are very up and down or moody. They may become easily distracted, miss deadlines or lack focus. Often there is an increase in sick leave utilisation.

If you notice changes of this nature in a colleague, as a general rule I suggest you give it a week or so to see if the person settles down. If nothing changes you could discreetly ask others in the team if they have noticed anything different about the person. If you feel the situation needs to be addressed, the question is who would be the most appropriate person to address it with the person. This will depend a lot on the context. Sometimes a quiet word from a friend can be sufficient other times it may be more appropriate for their manager or senior officer to raise the issue. Either way, a low key question like 'I have noticed you seem a bit flat, is everything okay?' is a good opener. This needs to be raised in a private place/office and not in front of other people. It is what I would call an invitational question. The person may well take the opportunity to share with you what is happening that has affected them. If the person does not and responds with 'I am fine', not all is lost. You have tabled that you have noticed the change in the person and equally importantly

demonstrated you are interested to know if the person is okay. I often find this type of enquiry can activate the person thinking about how they are presenting and may be the first step in them opening up more to those around them.

Black Humour

- ***'If you were invisible and listened to our conversations, you would at times think we were politically incorrect or inappropriate. We laugh and joke about what we do and see. While it sounds bad laughing at some of the situations it is a coping mechanism. Some of the things we see are so bad if you didn't use humour to deal with it, I don't know what you would do.'***
- It was a few weeks after this comment that I was out at the Remand Centre after the riot. We went to one unit which had been totally destroyed. Prisoners were screaming out, head banging on the walls, busting their toilets and so on. One senior officer was right in the middle of it, when a prisoner yelled out ***'Get me a f.....ing TV, bitch'***. This officer calmly walked to the cell, opened the slit and said ***'I am a little bit busy at the moment but when things settle down, your TV will be my highest priority'***. No one said anything but there were smirks all around. I could see the funny side!

Comment

The use of humour has long been a way of dealing with very difficult situations. I grew up with the saying 'if you didn't laugh, you would cry'. A reflection I would make however is that these days due to the 'political correctness' of modern workplaces you need to be very aware of context and surroundings!

4. MANAGING STRESS

What is stress?

Stress is a response to the highs and lows of everyday life. Stress levels naturally go up and down over time depending upon the events of the day. If you have high levels of stress over a period of time, your brain will let you know through the onset of anxiety symptoms.

Life events that cause high levels of stress

- Death of family member/close friend
- Accidents, health conditions, ageing, mental health conditions
- Addictions, alcohol, drugs prescription and illicit, gambling

- Unemployment, bankruptcy, homelessness
- Childhood/adult trauma
- family relationship difficulties
- Workplace relationships, bullying, harassment

Comment

Sometimes people have stressful events occur in several areas of their lives. Everyone has a stress threshold and sometimes the smallest event can push you over the edge.

The warning signs of high stress levels (anxiety symptoms)

- not sleeping or interrupted sleep,
- hyperventilating, shortness of breath, sweating, fainting, feeling nauseous
- agitation about going to work/social functions
- increasing number of sick days - not being able to make yourself go to work
- grumpy, short tempered, angry
- not eating or over eating, increase in alcohol consumption/drug use
- social withdrawal, isolation
- more tension in family relationships and lack of communication
- increased feelings of worthlessness and being self critical

The role of addictive behaviours

- I see a lot of people who struggle with addictive behaviours. Largely around alcohol, drugs (prescription and illicit) and, to a lesser degree, gambling and computer use. Most people acknowledge they engage in addictive behaviours as a way of managing stress/anxiety or altering their 'depressive' or 'down' feelings i.e. having a break or time out from the mood. Generally, people increase these activities when under high stress while they concurrently decrease all the things they need to do to deal with stress naturally.
- ***'I would come home from work and tell myself to go to the gym. I knew I should do that but it was easier to have a drink or two. Of course, once I started I***

would never get to the gym and I would keep drinking. I hated my life and I hated me and the alcohol just temporarily took that away. 10 years down the track I am an alcoholic and I still hate myself.'

Comment

These are very poignant words and in a nutshell capture the issue. If you become over reliant on addictive behaviour, it will side track you from dealing with the emotional issues you face. What happens over time is that people continue to avoid the painful issues and low mood/thoughts about themselves and fill the void with addictive behaviours. I saw a guy recently who has downed 15 stubbies a night (more on weekends) for 20 years. He quickly declared, ***'My wife told me to come to counselling as she was going to leave me if I didn't. My life is f...ed, it always has been. The good thing about the alcohol is I can't even remember what was so f...ed about it'***. There are several morals here but I wish to highlight one. The longer you utilise addictive behaviours to cover emotional pain, the harder it will be to work through the emotional pain when you try to stop the addictive behaviours. The best way to deal with alcoholism is not to become an alcoholic!

Stress reducing activities

If you wind up, you have to wind down!

- Exercise-- swimming, walking, running, cycling, gym, golf, team sports etc
- Yoga ,Relaxation, meditation, mindfulness
- Holidays, travel, camping, gardening etc
- Socialising, lunches, BBQ, family events, hobbies/interests etc
- There is overwhelming evidence to say these stress reducing activities are critical in living a balanced life.

Comment

Obviously, there is a wide range of activities that lower stress and every individual has their own preferences. It is desirable and almost essential that these enjoyable, stress lowering activities become permanent fixtures in our lives. We should do them whether our stress levels are high or low and no matter what. The temptation is to cease these activities when stress goes up or mood goes down which is the worst thing you can do.

Comment

As stated before, life is unpredictable and life events will happen that will place you under stress and this has to be responded to. As a generalisation, if the stress is present for long periods of time people tend to cease doing their 'stress management' activities, stop communicating what they are feeling and withdraw from the world with a sense of being overwhelmed and a failure. Once in this state, denial can set in and the person is an inch away from a meltdown.

5. POTENTIAL HEALTH CONSEQUENCES OF UNTREATED STRESS

Anxiety

To my mind, anxiety reactions are natural, we all have them and they are driven by our instinctual brain with the aim of protecting us from danger. Our modern world is very different to our ancestors' primal one and instinctual brain reactions such as anxiety reactions can be far harder to understand as people are often unable to connect the feelings they are experiencing with an identified danger.

In some situations, a level of anxiety is a useful reaction as it can be a motivator to do tasks well. For sports people, having anxiety before an event or game can have the body 'ready to go'. Some anxiety prior to giving a presentation can be helpful in increasing performance. Generally, when the event is over the anxiety will dissipate quickly.

An unhealthy level of anxiety can develop in 2 ways:

- an increase in anxiety symptoms that comes when an individual becomes exposed to prolonged periods of high stress. The brain quite rightly identifies this as not good and starts creating anxiety symptoms to get the person to remove themselves from the high stress. Some time ago I saw a young man who was so stressed about going to a toxic workplace, he would pull his car over and vomit every day on his way to work. His brain was telling him not to go. Anecdotally, as complex as it is, there are choices available to people either through decision making or stress lowering activities that can reduce these anxiety reactions by relieving the brain of these high stress messages which in turn diminishes the brain's need to create anxiety reactions. My sense is that if you reach the meltdown point there is a real risk these anxiety reactions can become more fixed or long term and so much harder to reduce in intensity. That is why recognising high stress levels and addressing them is so important.
- traumatic events generally occur with little or no warning and come with the reality of doing the work you do. In a prison environment traumatic events are likely to concern threats to personal safety where people are literally in danger of

being killed or harmed. Where anxiety reactions are experienced in traumatic incidences they invariably need to be managed differently. Once the event has occurred nothing can alter that fact. Whereas the man going to his toxic workplace could decide to leave and immediately lower his stress, no such option is available in dealing with traumatic events. People are more likely to go looking for what they could have done differently or who was at fault in allowing the traumatic event to occur. This includes holding themselves responsible.

The complexity for Prison Officers is that there is the possibility of experiencing both types of anxiety concurrently!

Post traumatic stress reactions

It was ironic in a way that the Justice Department had requested I put this training package together prior to the riot at the Remand Centre. In having exposure to the aftermath of the riot and seeing first-hand the impact on Prison Officers, it has made me aware of the importance of covering **Trauma Reactions**. This section is a very simple interpretation of a very significant and complex field of psychological knowledge.

Approximately 11% of people who experience life threatening trauma go on to develop Post Traumatic Stress Disorder.

Comment

This statistic and what I saw post riot, brought home to me the importance of understanding what PTSD is for those that will experience it and for those that will be around them and very much a part of the recovery process.

'Because we know that PTSD symptoms are nearly universal immediately following very serious traumatic stressors and that recovery takes a few months under normal circumstances it may be best to think about diagnosable PTSD as a disruption or stalling out of the normal recovery process.' [Reference 1]

Comment

I think this is a really good observation. It outlines the reality that the brain reacts to trauma in fairly set ways and across the board for people who have been exposed to a traumatic event. As stated a small percentage of people have a more complex reaction to trauma and their recovery is a much longer process. It can be hard to accept that your conscious thought processes can be hijacked by these more instinctual brain processes.

- As one female officer put it to me after the riot:

'You know what I don't get about this trauma stuff is that I remember at the time my biggest fear was that the prisoners would rape me if they caught me. I escaped. Fortunately, I was not harmed. I know I am safe now and I survived it but my brain is out of control. I am having nightmares that I was raped, hardly sleeping or eating and generally can't stop or sit down. I want to stop but my brain just won't let me.'

- This comment really captures the complexity of understanding the instinctual brain when it is activated by the trauma. It is like losing control of your reactions and from a psychological point of view the brain needs to be rewired to not be so responsive to triggers.
- ***'When people face serious, possibly life threatening, events, they are likely to experience a very strong physical reaction called the flight or fight response. More recently we have learned that there is a third possibility the freeze response. In the flight or fight response your body is trying to get you ready to flee or fight danger. The goal is to get all the blood and oxygen out to our hands, feet and big muscle groups like your thighs and forearms so you can run or fight. All energy and thought processes go into this response. In the freeze response the body is trying to reduce physical and emotional pain by shutting down.'*** [Reference 1]
- I remember an Officer sharing this with me:

'There was the 2 of us in the area when a violent fight broke out between 4 prisoners. We both took off and headed to the area. I jumped in and suddenly realised I was alone. My colleague had run in the other direction. I could have been in a lot of trouble but fortunately others arrived quickly.'

Comment

When I thought about this, it made me realise Prison Officers often have to override their flight or freeze response and only respond with a fight response in order to do their job. This means at times that they have to deliberately put themselves in danger when it may be totally against their instincts to do so. The officer that obeyed his flee response was probably devastated that he had not supported his colleague and had overruled his training. The complexity here is that Prison Officers have to do this over and over again as a normal expected response to their work situation. I can't precisely state what impact this has on Officers over time but my own sense is that it is unrealistic for people to assume it has no impact and is 'just a part of the job'.

- ***'The flight or fight response that you experienced during the traumatic event can quickly get paired with cues or things in the environment that didn't have meaning before. Then later when you encounter those cues you are likely to have another flight or fight response. Your nervous system sense the cues which could be a sight, a sound, smell or even a set time then your body acts as if you are in danger again. These reactions will fade over time if you don't avoid the cues. If you avoid the cues, you remain in a heightened state of danger. After a while you won't trust your own sense of judgement about what is and isn't dangerous.'*** [Reference 1]
- This gives a glimpse of the complexity involved. I remember a conversation with a lady who had been robbed in a liquor store with a knife held at her throat:

'He had a hoodie on and I could not see his face. You know, it took me a long time not to react to someone walking into the shop with a hoodie on'.

Comment

Often, going back to the scene of the trauma can be very difficult as you need to deal with these reactions from your brain. Most text books will say that the process of facing, and not avoiding, is critical in dealing with trauma and re wiring the brain to not automatically revert to flight or fight response when confronted with a trigger.

PTSD - the four clusters of reaction

- 1) The re-experiencing of the event in some way such as nightmares, scary dreams, flashbacks when you act or feel as if incident is reoccurring, intrusive memories that pop into your mind when exposed to triggers.
 - 2) Heightened emotional reaction when reminded of the trauma event. People have problems staying or falling asleep, irritability or outburst of anger, reckless self destructive behaviour, feeling on guard and hyper-vigilant.
 - 3) Change in mood or the way you think, more negative feelings of guilt, shame, anger, sadness, loss of interest in activities, social isolation, no longer feeling positive.
 - 4) Avoidance of these strong emotions by pushing them away or avoiding people and places who remind them of the event. Even avoiding thinking of the event.
- [Reference 1]

- ***'People tend to remember traumatic events in much greater detail than everyday events. Overtime, if you continue to allow yourself to feel your***

emotions about the event, your feelings will become less intense and less overwhelming. [Reference 1]

Comment

This is a critical point. It is a temptation to avoid things that cause us pain. However, in recovering from a traumatic event, the avoidance does not rewire the brain back to a more pre-trauma reaction process. It is important that you allow yourself to express the emotion in order to deal with it, in a nutshell that is what counselling does. One of the issues here for Prison Officers is the exposure to repeated trauma events over long periods of time. Most people experience few traumatic events in their life and the process for dealing with the trauma event is not complicated by continually being re triggered by the same type of trauma. My sense is that Prison Officers experience trauma so often that a fight response followed by calming down occurs frequently. This causes some Prison Officers to decide they are not meant to be Prison Officers. For those that remain on the job, I suspect this continual exposure to trauma over long periods of time is part of this 'hardening up' process that some Officers experience. In order to survive repeated exposure to trauma they have become desensitised to it. The words of a Police women rings in my ears

- ***'You know, I have been to many fatalities and seen all sorts of things and thought nothing of it. We all just saw them as bodies and, in a way, it was not real. A couple of weeks ago, I was called to an accident and raced there as normal. I remember feeling shocked seeing all these bodies of teenagers not one of them alive. It hit me really hard. We all did what had to be done but when I got home I was a mess really. I saw the bodies as people, young people, that was my mistake'***

Comment

The point I would make here is that all of us in the people professions are vulnerable, for whatever reason, to some situations personally impacting on us more than others. Ultimately, we are all vulnerable, no matter how desensitised we become to our work, to the situation that emotionally undoes us. The critical thing here is that we know what to do should this happen and that we act upon it. For the Police woman, it was a painful process but the counselling was able to reconnect her with the importance of the work she does and the role she can play in helping people at these times of high tragedy. There is a stark reality when you work in these stressful occupations that you are far more exposed to 'emotional triggers' that have the potential to impact on your own emotional well being. You not only need skills to deal with your work, you need skills to deal with your, sometimes intense, emotional reaction to it.

Being Re-traumatized

Sadly, people can have more than one traumatic event and as a Prison Officer you can be subjected to repeated trauma over a long period of time. Each traumatic event has the potential to bring back previous trauma, adult or childhood. It is not uncommon during counselling for people to say to me that this current trauma was pretty bad but it has brought back memories of a previous trauma which was more upsetting. The counselling process may need to encompass emotional reactions 'across traumas'. I saw a Prison Officer recently who had become very distressed after witnessing a severe self harming incident by a prisoner. He commented, '**Out of nowhere came the vision of my young son lying on the road after being hit by a car, he died at the scene**'. This pairing of images is very powerful and distressing to the person experiencing them. It is really important that we do not judge trauma reactions as they can be far more complex than they might first appear.

The role of debriefing

As a counsellor with Optum, I often get called out to conduct debriefing sessions with staff after traumatic events. The aim of these sessions is to provide staff with the opportunity to talk about what they saw and share what they felt. While I am experienced in conducting these sessions, the most important outcome is that the staff hear how others are dealing with the traumatic event. So often people will say '**It was such a relief to hear others were struggling to sleep or having nightmares, it made me feel not so different**'.

I have learnt how much people can punish themselves for being weak because they have emotional reactions to traumatic events. It is very therapeutic to learn that most of the Officers around you are having similar reactions and deep down need to talk about it as much as you do but some are better at concealing it than others.

Trauma – Key Points

- When exposed to trauma the brain will react instinctively at the time to a whole range of stimuli. It does not automatically reset itself after a trauma event.
- There will be triggers that connect people back to the trauma and the brain will be hyper-vigilant in protecting you from subsequent trauma.
- Avoidance of triggers is understandable but not the way to work through trauma.
- Controlled, supported exposure to the trauma triggers will slowly help the brain to readjust.
- Talking and expressing feelings/emotions is far more helpful than bottling them up.

- A traumatic event can connect with prior trauma making recovery a more complex process.

Depression

It is always difficult to define depression but clearly there is a high risk of it occurring when people are highly stressed/traumatised. To me it is a combination of 2 main things, a total loss of motivation to do anything and a dramatic increase in the negative thoughts a person has about them self. People sometimes describe this to me as being a 'torrent of negativity and self criticism' that just seems to engulf them. Once this occurs, the temptation to do nothing can almost be irresistible. Depression can be very disabling and impact significantly on the individual and those around them. It needs a combined approach from medical and psychological services and the support network around the individual to commence a recovery process/strategy.

6. THE MELTDOWN

I often see people in counselling that are dealing with high levels of stress and who experience what we used to call a 'nervous breakdown'. I look at it more as a meltdown where we just can't continue to do what we expect ourselves to do. People often describe this as being a feeling of being overwhelmed by events and a feeling of losing control. Often when you unpack this with people, they will acknowledge the stress warning signs were there but they chose to ignore them in the belief they could just push through.

- ***'My wife had been diagnosed with bi polar depression and was really struggling to cope. She had to leave work and financially, we were in trouble. I felt so sad for her and I just couldn't help her. I love my job at the Prison as it makes me think of other things. I applied for a senior position in the Prison and was really optimistic about getting it. When my boss told me I had been unsuccessful, I just broke down and could not stop crying. Fortunately, he recognised I was in trouble and here I am seeing you.'***

Comment

Unfortunately, the meltdown is often what brings attention to the amount of stress and anxiety an individual may be experiencing. I would have to say, it is not a great place to be. Because we often ignore the warning signs, we do not see the meltdown coming and when it comes, we are not prepared for it. For many, it is a long road back. The meltdown in essence is the brain saying enough is enough and it shuts you down. At this time, anxiety

reactions and depressive reactions can really kick in. Recovery has to encompass dealing with these brain reactions to 'trauma' or 'perceived trauma' which can often be a complex process. As one officer put it:

- ***'I don't get this anxiety shit. I know my job is stressful and I know I was upset when I was assaulted. I couldn't believe it the next day when I didn't want to come to work. I said to myself 'Don't be so f....ing stupid.' I got in the car and half way to work I felt sick. I had to come home. I don't like these feelings and I want them to go away. I have had them for 2 weeks now - how much longer is it going to take?'***

Comment

This is a critical point and I have had so many people say this in a variety of ways. It is why managing stress and communicating thoughts and feelings as events unfold is so important in maintaining emotional health and balance. If, as stated before, we cease doing things that historically have helped us manage stress and we start to block thoughts, hold things in and withdraw from communicating to people, we greatly increase our chances of the 'meltdown' given the right triggers. Unfortunately, when I am asked how long it will take to recover, I have to respond with an 'I don't know' and I don't. Everyone is individual and their past life history will have an impact on recovery process. What I do say to people is that our cognitive processing capacity rarely moves at the speed we want it to. Of course, you want to be free of the symptoms and feelings but there are now processes you need to go through and they simply cannot be fast tracked.

Comment

I have never had anyone describe the meltdown or the point of being so overloaded you can't function as being anything but traumatic and highly stressful. This impacts on us physically and psychologically, often in major ways.

7. THE NEXT STEPS

- It is often necessary for people to have time off after a period of prolonged stress. This allows the individual to address the factors that have led to this build up of stress. This also involves assessing ways of responding to this stress more efficiently and can involve some significant decision making
- ***'The day after the riots, I knew I was done. I had been on the edge for some time and I was already questioning whether I wanted to be a Prison Officer any***

more. The fear and stress I went through has really impacted on me. When I think about it, I just can't face it, it is too stressful.'

Comments

In this situation the Officer had to make a decision about the best way to manage his stress. He was very clear that it was time to move on. Another Officer on the other hand expressed it very differently: *'I love my job and even though I am off work at the moment, I have no intention of not going back. I can't say when that will be but I have to battle this, I have to jump back on the horse. If I wasn't a Prison Officer what the hell would I be?'*

In the second Officer's case, she has made a decision that it would be more stressful for her to leave. This will motivate her to go through what she will need to in order to be able to psychologically cope with a return to work.

Medical Assessment

High levels of stress over a long period of time can have a major impact on the physical and emotional health of an individual. The doctor will assess this impact and treat accordingly. This may range from seeking blood tests through to prescribing medications for anxiety/depressive reactions and referral for counselling.

Counselling

To my mind, counselling is often a vastly misunderstood process/experience. I often encounter the attitude of *'I am not going to have some wanker tell me what to do'* or *'We can fix our own problems'*. In reality, counselling is a conversation between 2 people about your life. It is often a different type of conversation to what you would have with a family member. I can ask you things they may not and you can tell me things you may not feel you can share with them. As I often say, counselling is a conversation that 'stays within the room' but provides the person with an opportunity to talk about things of concern, frame new ways of dealing with things and, in general, start talking.

As I referenced before, stress/trauma can have a major impact on our psychological functioning and how our brain sees the world. One of the core skills of the counsellor will be an understanding of this process and ways of responding to it. In the course of my work with Optum, I visit many workplaces where critical incidents have occurred and it is deemed necessary to have a counsellor on site. On one occasion, after a serious work place injury had occurred, when I was introduced to the factory foreman he said *'Why have management sent a counsellor again? The boys are a bit upset but by God they would not go and see a counsellor'*. This comment reflects some deeply held beliefs that men generally

don't share emotional pain or feelings but if they do, it won't be with a counsellor. It saddens me as I know, from a psychological point of view, they need to and these values, especially when stated by a manager, drive a culture where men don't seek help and bottle things up. The irony of this visit was that one of the workers grabbed me at the car for a word '*I haven't slept since the accident - I just can't get it out of my mind*'.

We need to change the belief that seeking counselling is a sign of weakness and promote it as a sensible step to take in a psychological recovery process.

CONCLUSION

In this paper, I have tried to cover some of the issues that can occur in any work place but particularly in occupations of high stress. We are all striving to achieve harmonious work/life balance but at different times, life will throw challenges at all of us. When life does that, it will be imperative that we at least maintain our stress management activities, our social interactions and the capacity to communicate and express our emotions. I have learnt through my counselling work that when things go wrong the only way out is to keep moving as hard as that can be.

My catch phrase is:

If you are battling depression or anxiety, it will never be resolved if you don't get off the couch. As I regularly say, 'I don't care what you do, do something, then come back and tell me how you did it!'

Bruce Perham - Let's Talk Differently

Reference 1: Resick,P.A, Monson C.M ,& Chard ,K.M, [2014].Cognitive Processing Therapy: Veteran/military version: Therapists manual. Washington DC: Department of Veterans Affairs

