

EPPIC trauma training tool

Discussion prompts

Primary issues to consider and debate - this document is designed to prompt reflection and debate about Rachel's situation, as seen in the play and about the wider impact and treatment of post-injury psychopathology. Use your own and other's experience to help you explore the following issues.

1. **What is the impact of post-injury psychopathology** (e.g., Post-Traumatic Stress Disorder: PTSD) on the patient, their family/carers, the NHS, and society?

To help you think about this consider: the impact on Rachel and her recovery, her family, and use of NHS resources. Then widen your discussion to consider the broader impact of post-injury psychological problems on the extent and duration of recovery, quality of life, family economic/social wellbeing, demand on (and costs of) NHS resources, and on society – if individuals are unable to return to work, have reduced physical healing and long-term mental health issues.

2. **What does a normal stress response look like and how long does it last?**

To help you think about this consider: what early stress symptoms (physical and emotional) did Rachel display? Then consider individual differences in the way people react, what physical and emotional signs have you observed, are some people stunned and quiet while others are visibly distressed and agitated. How long does this phase 'normally' last?

3. **What are the warning signs of a more problematic psychological response?**

To help you think about this consider: was Rachel's reaction to her injury/accident more pronounced than 'normal', at what point in her story and what symptoms caused you to think that? More generally, when/why might you start thinking a patient's reaction is becoming problematic? What stress symptoms does the patient present with - what is their intensity, impact on their functioning and trajectory? Are they improving over time or becoming more pronounced?

4. **What risk factors increase an individuals' risk of post-injury psychopathology?**

To help you think about this consider: what pre (before the accident), peri (at the time of the event) and post- traumatic risk factors did Rachel present with? More generally: what have you observed in your practice, do you think the severity or mechanisms of injury a good predictor of risk? How important are these risk factors in determining patient experience and outcomes, and how can they inform the delivery of care?

5. **What early interventions or approaches can mitigate or accentuate the risk of post-injury psychological problems and what gets in the way of their delivery?**

To help you think about this consider: what in-patient events or experiences heightened Rachels stress and how could their impact be mitigated? What are the 5 core principles of psychological first aid and how can they be incorporated into the delivery of care? What are the aims of early psychological intervention and how can you/your service promote resilience and positive coping? What does Rachel need or want, what gets in the way and what can you change?

6. **What are the aims and components of later intervention and what gets in the way of their delivery?**

To help you think about this consider; was Rachels deteriorating mental health noticed, what opportunities were there to intervene and what prevented practitioners from doing so? In general, consider why early intervention is key, what steps could you take/or could be implemented to ensure signs of deteriorating mental health are detected and effectively treated. What do trauma patients need or want, what gets in the way, what can you and/or your organisation change?