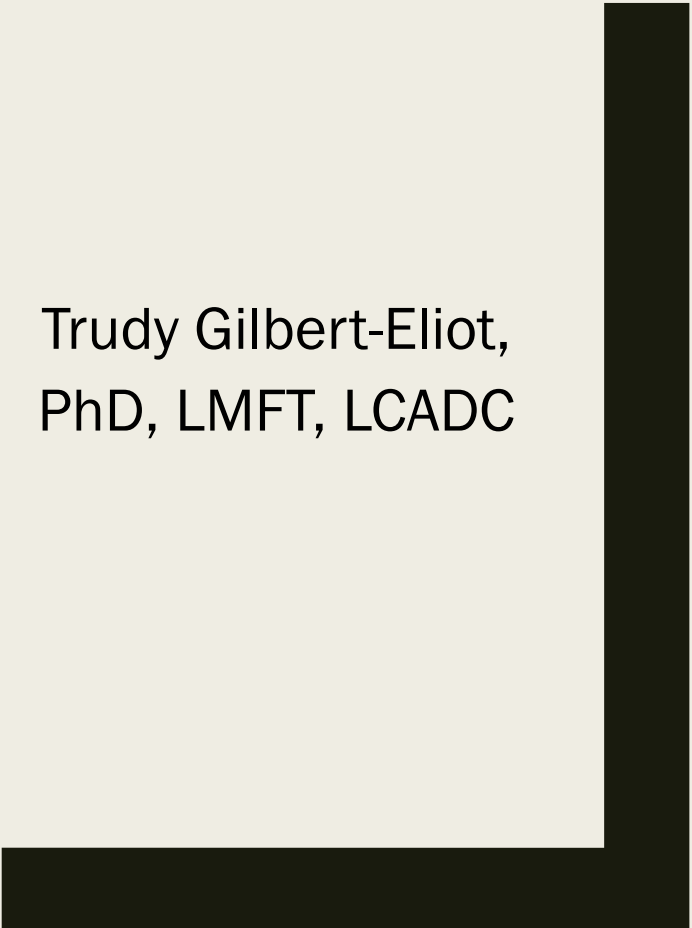




TRAUMA AND FIRST RESPONDERS

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First Responder Demographics

- Almost 3 million First Responders according to Department of Labor Statistics
- Jobs in these categories regularly make the list of most dangerous and most stressful
- Still disproportionately male compared to female

Trauma: Quiet Truth

- First Responders are exposed to trauma almost daily
- Trauma can be direct or secondary
- Trauma can lead to several different diagnoses
- Trauma can increase suicide risk in a First Responders
- The culture of the First Responder world increases the risk
- Effective treatments are available

Direct Trauma

- Critical incident in which the First Responders own life is threatened
- Critical incident in which the First Responder witnesses trauma happening to someone—most likely if they feel a connection to that person

Secondary Trauma

- Added to DSM V and qualifies for a PTSD diagnosis
- Exposure to another person's trauma
- Most frequently due to emotional stories from those directly traumatized
 - *Police*
 - *Fire*
 - *EMT's*
 - *Therapists*
 - *Etc.*

Results of Trauma

- The body is activated via the sympathetic nervous system and strong chemicals course throughout the body
- The body must respond to the trauma in some way
- The hypothalamus notifies the system that the “danger” has passed and it is “safe now”
- The parasympathetic nervous system activates to calm the system

When the System doesn't work: Is it a tiger??

- When the hypothalamus does not see clear signals that it is safe it can stay “on”
- The chemical activation of the sympathetic nervous system does not shut down all the way
- The brain looks for ways to “generalize” rather than discriminate
- Symptoms crescendo then develop the new normal
- After week 4, PTSD can be diagnosed

PTSD

- Qualifying event (death, injury, sexual abuse): direct, witness, or indirect
- Four symptom clusters:
 - *Intrusion*
 - *Avoidance*
 - *Cognitions/Mood*
 - *Arousal/Reactivity*

Burn Out

- Burn out usually due to working conditions
 - *Long hours, task ambiguity*
 - *Agency setting, public sector jobs*
 - *Interaction with people with severe problems or chronic mental illness*
 - *Poor supervision, lack of evaluation or feedback on performance*
 - *Lack of meaning/purpose in work*
- Symptoms
 - *Seeking distraction or arousal*
 - *Desire to escape*
 - *Negativity*
 - *Usually quit job or leave the field*

Compassion Fatigue

- Compassion fatigue is a risk when doing work that utilizes compassion/empathy as a tool of the trade
- Greater risk for Compassion Fatigue if you work with trauma survivors
- Has cumulative effects over time
- Explained as an overuse of the empathetic system via mirror neurons
- Emotional contagion

Compassion Fatigue Symptoms

- Symptoms:

- *Apathy, negativity, irritability*
- *Poor concentration*
- *Lower self-esteem/self-efficacy*
- *Anxiety, guilt, anger, fear, overwhelm, drained, powerless*
- *Lapses in empathy*

Other Risks

- Much higher rates of marital dissatisfactions and divorce
- Much higher rates of depression
- Substance Use and Alcoholism are experienced at 8.2 % in the general population but can be double that in First Responder populations
- PTSD and addiction are highly comorbid: 52% of those with PTSD are also diagnosed with SUD
- The combination of PTSD and alcoholism increases risk of suicide by 10 fold.

First Responder's and Suicide

- Police and firefighters have higher suicide rates than most professions
- Police suicides have outnumbered line of duty deaths for the third year in a row.
- PTSD rates in general population are approximately 6.8%
- PTSD rates for firefighters are approximately 15-22%
- PTSD rates for police officers are approximately 35%
- Depression is most cited disorder for civilian suicides
- Depression: 6.7% in General Population; 11% Firefighters; 9-31% Police Officers

What makes First Responders more vulnerable?

- Sleep deprivation
- Poor nutrition
- Stress of the job
- Trauma exposure
- Stoic Culture: “Don’t Talk”
- Stigma secondary to Mental Health utilization
- Rural vs. Urban access to Mental Health
- Volunteer vs. full-time firefighters

Critical Incident Response

- Sleep
- Eating three meals a day
- Exercise
- Structure
 - *Work*
 - *Dr. appointments*
 - *Home projects, etc.*

Sleep & Exercise

- Shift work
- “Jet Lag” pattern
- Considered one of the most predictive symptoms of later PTSD
- Exercise seems to impact norepinephrine—50% of the supply is produced in the locus coeruleus which connect to emotional and stress response
- What’s enough?
 - *Cardio: 150 minutes weekly moderate or 75 vigorous*
 - *Strength: twice per week*
 - *Stretching*
- Even brief bouts of activity can be very helpful—three 10 minute walks, for example.

Results of Poor Sleep

- Lowered immune system response
- Shorter life-span and faster aging
- Greater difficulty losing weight thus more obesity and hypertension
- Less concentration
- Lowered alertness and more mistakes
- Moodiness
- Sleep impacts safety: more accidents after daylight savings 1 hour loss and less when we gain an hour

Coping with stress

- Social support—accept feedback
- Talk about stress but avoid “venting”
- Mindfulness/Exercise
- Accept failures
- Find meaning in your work
- Protect your “off” time
- Vacations, breaks, laugh
- Separate work and private life
- Compartmentalize when appropriate

Combating the Stigma

- If you admit you are struggling you will lose your badge
- We are tough vs. we are human
- No emotion vs. debriefs which normalize responses
- It is not a weakness to seek help
- Alcohol as the culturally approved method of coping

Trends in Cultural change

- Peer Support Programs
- Debrief procedures
- Education for officers about self-care and mental health
- Access to mental health services
- Open communication and trainings about stress resilience
- Nutritionists and emphasizing exercise
- Emphasize reconnecting with the meaning of the job

When someone is struggling

- Listen, listen, listen
- Normalize their experience
- Get comfortable hearing difficult stories
- Consider supervision as you are developing this muscle
- Be willing to ask direct questions:
 - *Are you suicidal?*
 - *Are you drinking most days?*
 - *Are you sleeping, etc.*

Effective Treatments

- CBT
- EMDR
- CPT
- PE

Other Resources

- Blue H.E.L.P.
- 1st Alliance
- The Code Green Campaign
- Firefighter Behavioral Health Alliance
- First Responder Center for Excellence
- First Responder Support Network
- Foundation1023
- Healing Our Own

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