

First Responders and Traumatic Events: Normal Distress and Stress Disorders

First Responders are routinely exposed to traumatic events in the course of their duties. As such, they are at increased risk for long-term problems from traumatic stress. This resource sheet answers some of the questions you may have about trauma, normal stress responses, and chronic stress disorders.

What qualifies as a “traumatic event?”

What is the normal response to a traumatic event?

What signs are indicators of a stress disorder?

What are the personal risk factors?

What kinds of situations may increase a First Responder’s risk for developing a stress disorder?

What kinds of support and intervention are helpful?

When should a First Responder seek professional help?

Where can First Responders look for help?

The *normal* response of *normal* people to traumatic (*abnormal*) events is psychological and physical distress. Humans have both inborn and learned responses to threatening events, based in our drive to survive. We use established coping skills and support from family and friends to manage such experiences. Often healing proceeds normally and there are no long-term consequences to the event. At other times, the individual may experience temporary or chronic effects from the traumatic incident.

• ***What qualifies as a “traumatic event?”***

The DSM-IV, the manual clinicians (“mental people,” as they are called by some Responders) use to diagnose psychological disorders, identifies a traumatic event as one in which we experience a *threat* (actual or perceived) of *death or serious injury to self or others*, with a response of “*intense fear, helplessness or horror*.” It is not the event itself, but the meaning it has for the individual that makes it traumatic.

• ***What is the normal response to a traumatic event?***

Right after a traumatic event, normal people experience a range of normal reactions, including: anxiety, feeling “revved up;” fatigue; irritability; hyper-vigilance; increased emotionality; problems sleeping; exaggerated startle response, change in appetite; feeling overwhelmed; impatience; withdrawing from family and friends.

• ***What signs are indicators of a stress disorder?***

According to the DSM-IV, a person may be diagnosed with *Acute Stress Disorder* in response to a “traumatic event” if he experiences a specified number of symptoms in these four categories: hyper-arousal, intrusions, avoidance and psychic numbing. These physiological, emotional, cognitive and behavioral changes must occur within a month of the incident, and last for at least two days, but not more than four weeks. These symptoms must have a significant negative impact on important areas of functioning (such as social or occupational function, or the ability to obtain and use support.)

Hyper-arousal: increases in heart rate, respiration and blood pressure; psycho-motor agitation, physical tension, difficulty sleeping, anxiety, fear, irritability or anger;

Avoidance: avoiding exposure to the trauma, including talking about it, thinking about it, visiting the place where it occurred or seeing people who shared the experience of it; other avoidant symptoms might include withdrawing from friends and family, being unable to go back to work if it was an on-the-job trauma.

Intrusions: include intrusive thoughts or memories of the traumatic event; flashbacks, in which people feel as though they are reliving the event with great intensity, and nightmares

Psychic numbing includes a sense of being emotionally numb after a trauma, experiencing a sense of unreality, dissociative amnesia, in which the traumatic event is pushed out of awareness, “spacing out” and using substances to “numb out.”

If the symptoms begin or persist beyond a month after the traumatic event, the person is diagnosed with **Posttraumatic Stress Disorder (PTSD)**.

- ***What are the personal risk factors?***

People who have experienced prior trauma are more vulnerable to PTSD than those who haven't. This is significant for First Responders, who are constantly exposed to traumatic events. People exposed to trauma as children are at even greater risk for developing PTSD after a trauma in adulthood. There is some research indicating that females may be more vulnerable to PTSD than males. Experiencing a high level of physical and psychological hyper-arousal in the period immediately following a traumatic event may predispose a person to later PTSD. There is also evidence that experiencing dissociative symptoms and psychic numbing at the time of a traumatic event may put a person at increased risk for PTSD. Research has shown a connection between symptoms of depression in the initial weeks after the traumatic event as an indicator of increased risk for PTSD. Finally, experiencing Acute Stress Disorder predicts an increased risk for PTSD.

- ***What kinds of situations may increase a First Responder's risk for developing a stress disorder?***

First responders are exposed to highly stressful events in the course of their routine duties. There are specific situations that increase one's vulnerability to traumatic stress: having no control over the volume of calls; having to continue responding to calls regardless after an especially disturbing call; being in the service for a long time, since stress is cumulative; being in a situation where one feels helpless in the face of overwhelming demands, such as a prolonged, failed, rescue; having a partner, or a peer killed or seriously injured in the line of duty; the suicide of a peer; being at serious risk oneself as in losing the wall or running out of air in a working fire; witnessing horrifying things, such as Responders to 9/11 saw, is another risk factor; experiencing the death of a child in the line of duty; responding to a call for a victim who is known to the responder; working without the support of administration, or having administration question one's actions in an investigation.

- ***When should a First Responder seek professional help?***

With the support and care of family, friends and peers, many people are able to recover from the effects of a traumatic event. It is difficult to recover in isolation, though; the ability to accept support and help is essential to healing. People are sometimes able to recover from Acute Stress Disorder using their own coping skills and support from friends and family. If a month has passed since the event and the First Responder is still experiencing significant distress, this may signal Posttraumatic Stress Disorder (PTSD), a chronic, disabling stress disorder. It may be helpful to seek professional support, through either individual or group counseling, to deal with the effects of PTSD and return to optimal function.

- ***Where can First Responders look for help?***

MOVA (Massachusetts Office for Victim Assistance) funds no-cost services for First Responders to the 9/11 Terrorist Attacks and their families. Information on Massachusetts clinics offering these services is available on their web-site www.state.ma.us.mova; phone: 617-727-5200

The Trauma Center, in Allston, MA, is one of a number of clinics throughout the Commonwealth of MA specializing in the assessment and treatment of PTSD. Homepage: www.traumacenter.org ; phone: 617-782-6460

The On-Site Academy in Gardner Massachusetts has expertise in treating First Responders who have experienced traumatic stress related to their work. They provide a residential setting and offer both 3 day and 5 day programs at their facility. Treatments include psycho-education, coping skills training, EMDR, and other state-of-the-art Trauma treatments. Many of the clinical staff at On-Site Academy are First Responders, and so particularly sensitive to the culture of the Responder. web-site: onsiteacademy@aol.com ; phone: 978-632-3518