

Taking Care of Our Own: Emergency Responders and Traumatic Stress



A few years back, a seasoned firefighter/paramedic was in my office after having recently examined the body of the most grotesque murder in the community's history. He was surprised to find he couldn't just shake the images. "I've been doing this job for 20 years ... seen more than you can imagine ... I don't understand why this one is getting to me ..." This is a theme I've experienced many times in my work with emergency responders: the expectation that they are somehow above it all—able to do this intense work, day after day, without any feeling. And then, when the feelings come—and they always do eventually—there often is a sense of shame that they may be losing their "edge." This sometimes invisible burden can take a toll on the men and women who do this important work. Let's take a look at what's going on and what can be done about it.

Emergency services personnel are a special breed and withstand situations that would make most of us crumble. They must go from stretches of boredom to extreme intensity in a heartbeat, and are faced repeatedly with physical and emotional trauma, have irregular and interrupted sleep, deal with the worst in society first-hand, and are often in physically demanding situations. Doing the work requires that they wall off emotions to keep a clear head and attend to the situation at hand. But what happens after the event? What does one do with the images and feelings then?

The common line of thinking is: "No big deal. I do this all the

time. It's just part of the job." It is part of the job, but all you have to do is look at the divorce rates for people in this line of work, and the heightened tendency toward substance abuse, to know that it is, in fact, a big deal. Someone having the skill and ability to do a job well does not mean that they are immune to the repercussions.

The defenses of the psyche are amazing, enabling us to block out certain thoughts and feelings that we perceive as threatening in some way. They allow people to survive otherwise impossible situations. Those defensive walls, however, are not built to stay up indefinitely. When the feelings make their way through, it is not a flaw in the system, but a normal part of being human. Rather than trying to deny that reality, the best course of action is to understand and prepare for it.

TROUBLE SPOTS

There are certain situations that make it more likely that a call will be the one that evokes feelings in an emergency worker.

- 1) *The type of call.* When kids are involved, or when the victim reminds the emergency worker of someone or something in his or her life. Or, as in the case mentioned above, the event is just so unusual or horrific that there is no blocking it out.
- 2) *Multiple hits in a brief period.* An emergency worker might go for weeks without any significant calls, and then all of a sudden, they

come fast and furious. The psyche likes to have some recovery time between highly stressful episodes and when we don't get it, the feelings can become more overwhelming. By the way, the stressful events may not just be on the job. Death of a loved one, divorce, health crises, parenting or eldercare concerns, financial troubles, and any number of other life stressors can take their toll as well. Our psyche can't separate the two, and there is a cumulative effect on our capacity to withstand it all.

3) *The levy breaks.* This might occur with people who continually deny that they are affected by it all. Case after case, they store up their feelings—mostly unaware that they are even there—until, without warning, the wall gives way. The particular incident may or may not seem like that big of a deal; it was just the proverbial straw that broke the camel's back.

SIGNS AND SYMPTOMS

Did I mention that high stress having an impact on one's body, mind and soul is a normal, human response? We were made that way for a reason. The symptoms are a warning sign that some care and attention are needed to prevent further trouble and to allow us to continue doing the work. If we attend to the symptoms appropriately, they will subside and we can move forward. If we do not, further problems are likely to develop. Here are some of the signs and symptoms that may surface:

Cognitive

Confusion	Nightmares	Uncertainty
Hyper vigilance	Suspiciousness	Intrusive images
Blaming someone	Inattention	Poor problem solving
Disorientation	Reduced alertness	Poor abstract thinking

Physical

Thirst	Chills	Fatigue
Nausea	Fainting	Twitches
Vomiting	Dizziness	Weakness
Chest pain	Headaches	Elevated blood pressure
Rapid heart rate	Muscle tremors	Shock symptoms

Behavioral

Withdrawal	Inability to rest	Change in social activity
Appetite change	Excessive humor	Hyper-alert to environment
Excessive silence	Increased smoking	
Increased alcohol consumption		

Emotional

Fear	Guilt	Grief
Panic	Denial	Anxiety
Agitation	Irritability	Depression
Intense anger	Apprehension	Emotional shock
Worry	Feeling overwhelmed	Emotional outbursts



BY THE NUMBERS

Firefighter Fatalities

- 106** The number of U.S. firefighters who died while on duty in 2006
- 77** Among those killed, the number who were volunteer firefighters
- 6** The number of incidents where two or more firefighters were killed
- 22** The number of firefighters killed during activities involving brush, grass or wildland firefighting
- 61** The number of firefighters killed while responding to emergency incidents
- 9** The number of firefighters killed during training activities
- 50** The number of firefighter deaths attributable to heart attack, the leading cause of fatality among firefighters
- 19** The number of firefighters killed as a result of vehicle crashes

Source: Michigan Occupational and Safety Health Administration

While this is not an exclusive list, you get the idea. Being involved in traumatic situations can hit our system pretty hard. Later in the article, I'm going to review strategies to effectively cope with and move through these symptoms. But first, let's go over what can happen if one chooses to take the "ostrich" approach.

POSSIBLE COMPLICATIONS OF UNRESOLVED STRESS

Although numerous health problems can develop from unresolved, cumulative stress, I'm going to focus on three of the most common negative outcomes in this line of work. They can occur on their own or simultaneously, and all are potentially dangerous.

Depression

When you think of depression, what comes to mind? Depression can look different on different people. If you notice a significant change in someone's behavior (or your own) look to see if some of the following warning signs are present:

Changes in thought

Loss of interest in usual activities	Difficulty making decisions
Self-criticism	Self-loathing
Thoughts of harming self or others	Preoccupation with problems, failures

Change in feelings

Overwhelmed by everyday demands	Anger or Irritability
Loss of pleasure	Low confidence
Numbness	Hopelessness
Anxiety/Worry	Guilt

Physical & Behavioral Changes

Everything feels like effort	Difficulty getting out of bed in the morning
Withdrawal from others	Feel like sleeping all the time
Change in appetite	
Reduced activity levels	

Often people are surprised by how "physical" depression feels. In some ways, the fatigue and lethargy can almost feel like the flu, and it often comes on gradually so it isn't always noticed right away. For other people, the primary symptom is agitation, and they find themselves snapping at family and coworkers for insignificant issues. Guilt often follows and the downward spiral continues.

This is not an encouragement to diagnose one's self or others with clinical depression. There are specific criteria that must be met for the formal diagnosis. However, if a number of these signs are present, it would be a good idea to seek out professional help for further assessment. Depression is very treatable, but if not attended to, it can be deadly. Treatment usually involves cognitive behavioral therapy and in some cases, medication. Exercise is also very helpful. Many people don't realize how bad they felt, until they recover. Then they always wish they had attended to it earlier.

Substance Abuse

What is one of the most common coping strategies for emergency responders after a rough shift? Alcohol. It is a time-honored tradition to numb out the ugliness of the day by tipping back a few. Often more than a few. On occasion, and for most people, this isn't such a big deal. However, there are some situations where it is a big deal:

1) *If it's the primary coping strategy.* Continually "medicating" with alcohol simply delays the inevitable reality of dealing with it. The longer the ghosts of past traumas haunt someone, the louder they get, and increasing amounts of alcohol are needed to keep them at bay. Then of course there are the other complications of alcohol abuse, such as health problems, declining work performance due to hangovers, and the negative impact it tends to have on relationships. If someone's using alcohol to keep the pain at bay, it is also keeping his or her loved ones at bay—and the person from being fully present in his or her life.

2) *If you might be an alcoholic (or have a family history of such).* Some people were born with brains that simply do not have a shut-off valve when it comes to alcohol. Whereas most of us could have a couple of drinks, make a reasonable decision when to stop and go for a considerable amount of time without drinking again, the alcoholic generally cannot. I have worked with a number of people in this field who are silently in recovery. They rarely attend social functions with their colleagues because they know they'll be given a hard time about not drinking. What a shame that the support of camaraderie is not as available to these folks. In my ideal world, each community would have 12-step meetings especially for emergency service personnel, and departments would do what they can to support attendance.

3) *If you are depressed.* Alcohol chemically depresses the brain, furthering the symptoms. In addition, many people who kill themselves are depressed and under the influence of alcohol. Both impede judgment and increase the likelihood of violence; in combination they are extremely dangerous. Don't encourage a colleague



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who may be depressed to go out drinking with you. You will only be contributing to their decline.

Of course, alcohol is only one of the many substances available. I have seen respected professionals become heroin addicts after getting hooked on oxycotin prescribed for a back injury and crack addicts after “just trying coke once” at a party after a particularly bad shift. It is incredibly sad to watch a person who once was picking up addicts in the ambulance or squad car, actually become the addict. None of these people planned to go down that path, but a series of bad choices got them there quickly.

Some **warning signs** of a substance abuse problem include:

- Increased tolerance
- Desire to continue use when others stop
- Use to calm nerves or as a reward
- Preoccupation with getting the next drink
- Occasional memory losses or blackouts
- Increased frequency of relief drinking/drug use
- Mood swings
- Decreased work performance

If some of these signs are present, it would be a good time to seek professional help.

Often people have fears about discontinuing use. They worry that they won't have fun without it, that they won't feel like themselves or that they won't know what to do in its place. It can be a frightening change to give up an addiction, but I have yet to hear anyone regret it. Every person that I know who is in substance abuse recovery is grateful every day that he or she made the change and can tell you innumerable ways that their life has been enriched. *Every person.*

Post Traumatic Stress Syndrome (PTSD)

Some people think they have PTSD if, following an incident, they exhibit a number of the stress symptoms I mentioned earlier. It is important to note that it is absolutely normal to experience the symptoms for a while as one's psyche processes what has happened. Generally the symptoms subside in the days and weeks following the incident, and the person gradually gets back to life as usual. With PTSD, the symptoms hang on for more than one month and are characterized by the following:

- Repetitive, intrusive memories or recollections of the traumatic event
- Persistent symptoms of increased arousal
- Numbing, withdrawal and avoidance
- Significant distress and dysfunction

Most of the literature states that approximately 10 percent of individuals exposed to traumatic events can be expected to develop PTSD. Professionals working with trauma victims are more likely to exhibit symptoms if they have been personally traumatized previously. As you might expect, folks in this line of work have a higher occurrence rate than the general population due to repeated exposure. There are a number of different counseling approaches that can be very helpful in relieving the symptoms, such as cognitive behavior therapy and eye movement desensitization and reprocessing (EMDR). People who suspect that they ▶



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have this condition should seek out professional help. As you can imagine, the symptoms make it increasingly difficult to function effectively on the job, not to mention enjoy one's life.

So that is the dark side—some of the common repercussions of not attending to the psychological health of the fine people who serve. Fortunately, there is an upside. There are plenty of preventive and follow-up strategies that can help keep emergency workers strong and effective despite the difficult nature of the work.

COPING STRATEGIES AND SURVIVAL SKILLS

I hate dealing with car problems. Truthfully, I'd just like to ignore my car all together, but want it to work whenever I need it. I'm also smart enough to know that if I keep up with the regular maintenance schedule, it is far more likely to function better and not fall apart. That effort that I put in on the front-end saves me a lot of stress in the long run. Human beings are much the same. If we put some effort into regular maintenance, we are likely to weather the storms that life inevitably puts before us. And let's face it, emergency workers face more storms than most, thus, that daily maintenance is even more important.

Preventive Care

If one word could sum it all up, it would be BALANCE. Everyone has to take an honest look at their life to see if they are striking some level of balance across the board. Assess the areas in life—such as work, family, friendships, creative outlets, etc.—to see if any areas are being neglected. Which are taking up more than their fair share? Life usually demands that we get out of balance from time to time. The goal is to do our best to give attention to the various aspects of our life on a regular basis. Doing so keeps us sturdier and less dependent on any one aspect going well.

Then there are the preventive strategies we all know about, but don't always follow through on. They might include:

- Getting regular exercise
- Eating a healthy diet
- Staying connected to the people who are important to us
- Addressing problems as they come up so we don't have that "snowball effect"

Daily maintenance strategies of this sort can help us live lives that don't simply involve moving from one crisis to the next. They give us the sense that we are grounded and able to handle the problems that do arise. It is not uncommon for people in this line of work to be a bit addicted to adrenalin. Some even create crises in their lives, just to keep things interesting, or perhaps because they aren't aware that it can be different. These people need to ask themselves how well that is really working for them and how they might be able to tweak things a bit.

CRITICAL INCIDENT STRESS MANAGEMENT

Even when an individual does a good job managing his or her physical and mental health on a day-to-day basis, the impact of traumatic calls can still be felt. The International Critical Incident Stress Foundation (ICISF) recommends the following to better deal with the situation:

- Scheduling periods of physical exercise, alternated with relaxation, to alleviate some of the physical reactions
- Structuring one's time; keeping busy
- Not labeling one's self as crazy; acknowledging that it's a normal reaction to an abnormal event
- Talking to people; talk is healing medicine
- Maintaining as normal a schedule as possible
- Spending time with others
- Helping co-workers as much as possible by sharing reactions and checking out how they're doing
- Giving one's self permission to feel rotten for a while
- Doing things that feel good; knowing it's OK to laugh and enjoy one's self
- Realize that those around you are under stress
- Not making any big life changes at this time
- Making as many daily decisions as possible give one a sense of control over his or her life
- Getting plenty of rest
- Not trying to fight reoccurring thoughts, dreams or flashbacks—they are normal and will decrease over time and become less painful

In addition, townships can support their workers by offering the following:

- Training and education
- Employee assistance programs for free, confidential counseling
- Critical Incident Stress Management sessions following incidents
- Spousal support programs
- Spiritual support

The strategies may seem simple but they are highly effective. The firefighter I mentioned at the beginning of the story applied them, and felt relief with each passing day. He also handled it without using alcohol, for the first time ever!

Reactions to traumatic incidents feel awful, and it makes sense that we would do just about anything to feel better. It is good to know that there are some very practical strategies that can be utilized to cope effectively and allow a person to move forward.

Emergency service workers have extremely demanding jobs. Let's do what we can to support their amazing efforts!

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