



## Stress Post Traumatic Stress, & Post Traumatic Stress Disorder

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## Purpose

The purpose of this course is to familiarize you with the basic components of stress and PTS/D so that you can recognize stress, understand it's implications, and deal with it in a positive way.

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## Why the concern?

- World War I - shell shock
- World War II - combat/battle fatigue
- Vietnam - PTS/D
- Until 1980's, few police officers, firefighters and medics are included. No studies have been done on coroners/ME's to date.

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## Statistics (Point Specific)

- |                      |               |
|----------------------|---------------|
| ■ General Population | 1-3%          |
| ■ Urban Adolescents  | 9%            |
| ■ Vietnam Veterans   | 15-20%        |
| ■ EMS Personnel      | <b>15-32%</b> |
| ■ Firefighters       |               |
| ■ Medics             |               |
| ■ Police Officers    |               |
| ■ Coroners/ME's?     |               |



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## Statistics (Lifetime)

- |                      |               |
|----------------------|---------------|
| ■ General Population | 2-6%          |
| ■ Urban Adolescents  | 18%           |
| ■ Vietnam Veterans   | 30-40%        |
| ■ EMS Personnel      | <b>30-64%</b> |
| ■ Firefighters       |               |
| ■ Medics             |               |
| ■ Police Officers    |               |
| ■ Coroners/ME's?     |               |



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## Why the concern?

- Knowing the signs of stress can help us **deal with stress** and/or **prevent its effects**.



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## Results of Stress?

**The result of stress can have outward effects:**

- lower job satisfaction
- higher divorce rate
- higher alcoholism/drug use rate
- higher suicide rate
- higher isolation rate



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## Definition

### **Stress**

A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression.

(**Normal** reaction to the **normal** aspects of life)

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## Most Common Stressors

In order of effect:

**Money - financial problems**

**Marriage - (spouse/s.o.) - relationships**

**Job**

**Children**



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## Definition

### **Post Traumatic Stress**

"A normal adaptive process to an abnormal situation."

R. J. Lipton

**In other words... "a normal reaction, in normal people, to highly abnormal events." It is "after trauma stress."**

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## Definition

### **Post Traumatic Stress Disorder**

"A **sustained** physical, mental, and emotional reaction to an abnormal situation."

(Full symptoms must be present for more than one month:

**Acute** - less than three months  
**Chronic** - more than three months)

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## PTS/PTSD Prerequisite

### **CRITERIA A**

A person must “experience (witness, or be confronted with) events (or personal experiences) that bring about intense fear (helplessness, or horror.”)

From: Diagnostic & Statistical Manual of Mental Disorders: IV

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## PTS/D Specific Traits

- Three hallmarks of PTSD:
  - **Intrusive memories (Criteria B)** – nightmares, flashbacks
  - **Avoidance and numbing (Criteria C)** – inability to face reminders of the event, distance
  - **Hyperalertness (Criteria D)** – increased arousal, sleeplessness, jumpy, easily startled

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## PTSD Characteristic Symptoms

- **Re-experiencing (Criteria B)**
  - Recurrent and intrusive distressing recollections or dreams of the event
  - Acting or feeling as if event were reoccurring
  - Intense psychological distress at exposure to internal/external cues similar to the event
  - Physiological reactivity on exposure to internal/external cues

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## PTSD Characteristic Symptoms

- **Avoidance (Criteria C)**
  - Efforts to avoid thoughts, feelings, conversations associated with the trauma
  - Efforts to avoid activities, places or people
  - Inability to recall important aspects
  - Markedly diminished interest or participation in significant activities
  - Feeling of detachment or estrangement from others
  - Restricted range of affect (inability to have loving feelings etc.)
  - Sense of a foreshortened future (does not expect to have career, marriage, children or a normal life span.

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## PTSD Characteristic Symptoms

- **Increased arousal (Criteria D)**
  - Difficulty in falling or staying asleep
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle response

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**In the latest studies, Criteria C seems to be the most important in diagnosing symptoms that are likely to become a disorder.**

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- PTSD is not based on weakness, but rather is a dose response relationship, i.e. it is not as dependent on your background or personality as it is what you are exposed to.
- It is being in the wrong place at the wrong time. For officers, coroners, firefighters, or EMT's it may be "being in the right place at the right time."
- You cannot test for PTSD proclivity.

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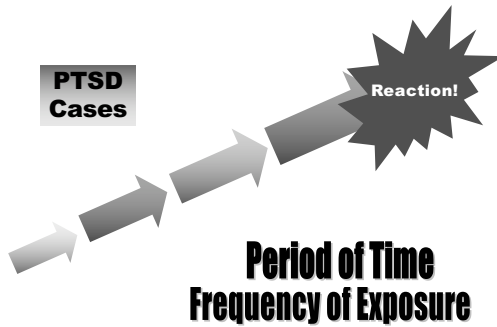
## Either - One Time Event

**PTSD  
CASES**



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## Or - Long-term effect



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## Precipitators of Stress

Previous experiences

- Smells
- Sights
- Sounds

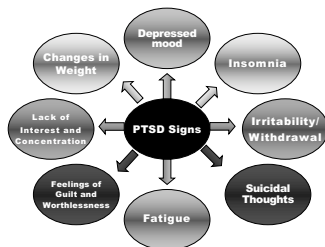
**Current Experiences**

**Anticipated future experiences**



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## Possible Early Signs



(These symptoms may be normative in some people . . . stress reaction is "more" than normal.)

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## Signs of Acute Stress

### ■ Physical

- Chills, thirst, fatigue
- Nausea, fainting, twitches, vomiting
- Dizziness, weakness, chest pain, headaches
- elevated blood pressure, rapid heart rate
- muscle tremors, shock symptoms,
- visual difficulties, profuse sweating,
- difficulty breathing, etc.



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## Signs of Acute Stress

### ■ Cognitive

- Confusion, nightmares, uncertainty
- Hypervigilance, suspiciousness, blame
- Poor problem solving, poor abstract thinking
- Poor attention, poor concentration or memory
- Disorientation of time, place, or person
- Difficulty identifying objects or people
- Heightened or lowered alertness



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## Signs of Acute Stress

### ■ Emotional

- Fear, guilt, grief, panic, denial, anxiety
- Agitation, irritability, depression, intense anger
- Apprehension, emotional shock, outbursts
- Feeling overwhelmed
- Inappropriate emotional response



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## Signs of Acute Stress

### ■ Behavioral

- Withdrawal, antisocial acts
- Inability to rest, intensified pacing
- Erratic movements
- Change in social activity
- Change in speech patterns
- Loss or increase of appetite
- Hyperalert to environment
- Increased alcohol consumption



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## Signs of Acute Stress

### ■ Spiritual

- Anger at God
- Questioning of basic beliefs (89% believe in God, 75% of those believe in heaven/hell – crisis/tragedy could effect those beliefs!)
- Withdrawal from place of worship
- Faith practices and rituals seem empty
- Loss of meaning and purpose
- Uncharacteristic religious involvement
- Sense of isolation from God
- Anger at clergy



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## Critical Incident Trauma

### ■ Shock Phase

- Normally occurs within the first 24-48 hours
- Emotional numbing and distancing
  - Denial of emotions
  - Just part of the job – “it doesn’t bother me”
  - Emotions likely are on the surface
- Feelings of isolation, being alone, no one understands or cares
- May experience irritability, agitation, hyper or depressed

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## Critical Incident Trauma

### ■ Impact Phase

- Normally occurs between 24 hours to 8 weeks depending upon support
- Post-critical incident reactions
  - Anger at having been involved in the situation
  - Anger at the agency over the handling of the situation
- Blaming
  - Who is responsible for what happened?
  - Where/whom do I direct my anger, if not myself
- Sensitivity to peer and administration for second guessing

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## Critical Incident Trauma

- Alienation
  - Withdrawal from peers, friends and family (no one understands)
  - Good opportunity for the chaplain to have a "one on one" debriefing
  - Personnel need someone to talk to who does not have a better story and who can tolerate the details
- Confronting one's own vulnerability/fear
- Bargaining
  - "what if"
  - "If only I had" (second guessing one's actions)
- Depression

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## A Possible Chemical Reaction

- PTS (Stress) and PTSD exaggerates **chemical brain arousal** and stimulation
- There is a **physical/chemical reaction** within the brain
- If you have a sustained chemical reaction, you may need a chemical solution (traditional methods of treatment may not work)

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## An Issue of Control

- PTS and PTSD creates a loss of control (to a lesser or greater degree)
- What is the first thing police officers, coroners, firefighters and EMT's do when they arrive on-scene? **Gain control!**  
When you lose control personally, it can be even **tougher** to deal with!

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## Another Important Factor

- Human beings require (create) cognitive schemes (world-views/belief systems) re: safety and self-efficacy.

**When these are violated/removed, stress and a potential for disorder exists.**



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## What do you believe?

- What do you believe about life?
- What do you believe about fairness or unfairness?
- What do you believe about your personal reputation and your personal safety?

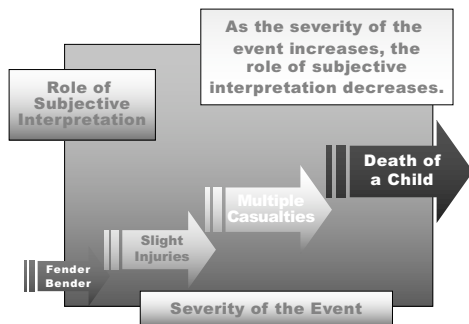
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## Four Global Themes of Trauma

- Violation of "just world" belief
  - "Things are just, fair, and the good guys win."
- Violation of a sense of self
  - "Of who you are"
- Abandonment/violation of trust
  - "Someone I trusted (God or man) did something to me."
- Violation of a sense of safety
  - Theory of percentages

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## Role of Subjective Interpretation



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## Recovery and Health

What can we do to (a) prevent and (b) cope with stress?

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## Recovery/Stress Health

### ■ Preventative Maintenance

- Awareness
  - Individual
  - Family/Co-Workers
  - Institutional
- Communication
  - Institutional
  - Family
  - Friends/Co-Workers



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## Recovery/Stress Health

- CISM and CISD  
Critical Incident Stress Management

### Defusings

### Critical Incident Stress Debriefings



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## Recovery/Stress Health

Regulation of chemical brain arousal  
Reduce "vehement emotion"

**Talk about the incident - "What you can't put into words, you can't put to rest." (Bruno Bettelheim)**

**Spouses/S.O.  
Co-workers  
Friends  
Professionals**



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## After A Critical Incident

- Eat nutritious foods: fruits, vegetables
- Get plenty of physical exercise
- Moderate your intake of caffeine
- Avoid alcohol and other depressants
- Keep rested - remain on sleep schedule
- Avoid changes in your daily routine
- Give yourself permission to feel rotten



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## After A Critical Incident

- Find a friend or a support source to talk about the incident
- Do not make significant changes for at least 30-days
- Find time to do things that you enjoy
- If symptoms do not lessen, seek additional intervention and/or counseling

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## Remember . . .

- Post Traumatic Stress Is Normal
- If you need help, get it.
  - Remember, this does not signify "weakness"
- Traditional responses don't work!
  - "It goes with the job"
  - "If you can't take the heat, get off the street"
  - "You get used to it after a while"

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## Watch for the Clock!

- The clock starts ticking when the person begins their reaction to what they have experienced.
- Prompt action can (a) prevent the reaction or (b) minimize it.



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## Where do you go for help?

- People you feel comfortable with who are also competent:
  - Friends, family, co-workers
  - Chaplain, clergy
  - Psychotherapists
  - EAP personnel
  - Psychologist/psychiatrist

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## Timing Is Everything!

- The first 24-48 hours after an event is critical!
  - You may not be able to prevent the event, but you can effect the cure early and prevent a disorder.

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