EMERGENCY RESPOND: PSYCHOLOGICAL TRAUMA

Video – Educational

Learning Objectives

- Identify a Critical Incident Stress Event
- Recognize the various types of stress responses
- Identify the various Critical Incident Stress Management Principles

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**What is Psychological Trauma?**

“Psychological trauma is the *unique individual experience* of an event or enduring conditions in which: The individual's ability to integrate his/her emotional experience is overwhelmed or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity.”

Pearlman & Saakvitne, 1995, p. 60

**Let's talk about PTSD**

- **Trauma**: which involves a physical threat to life or bodily integrity which include the following:
  - exposure
  - witnessing a traumatic event
  - being confronted with a trauma
- **Intrusive, re-experiencing symptoms**
- **Avoidance**
- **Hyperarousal**
- **Duration of symptoms more than 1 month**
- Syndrome is *acute* if it has lasted less than 3 months and *chronic* if it lasts more than 3 months.
- PTSD has delayed onset if the onset of symptoms is greater than 6 months after the trauma

**Critical Incident Stress Management**

*What is a Critical Incident Stress Event?*

"Any event in which there is a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group.” (Everly & Mitchell, 1999)
Psychological vs. Medical “Footprint”

In a disaster, the size of the psychological “footprint” greatly exceeds the size of the medical “footprint.”

Exacerbating Factors

- Unexpected
- Unknown Cause
- Many Deaths, especially of children
- Long Duration of Event
- Affects a Sensitive/Significant Place
- Affects a Large Area

Haitian Presidential Palace

Ameliorating Factors

- Preparation
- Training
- Teamwork, cooperation, camaraderie
- High level of pre-event well being
Differentiating Disorder

Post Traumatic Stress:
A normal reaction in a normal person to an abnormal event. It is an intrinsic mechanism.

Post Traumatic Stress Disorder is a pathogenic variation of that normal survival mechanism.

The Stress Response

- Physiologic
- Emotional
- Cognitive
- Behavioral
- Spiritual

Physiologic Stress Reactions

A normal reaction to an abnormal situation...
**Physiologic Stress Reactions**

- Tachycardia
- Hypertension
- Hyperglycemia
- Increased Gastrointestinal Motility
- Insomnia
- Acute- Increase in Immune Response
- Chronic- suppression of Response

**Emotional Stress Reactions**

- Fear and anxiety
- Sadness and depression
- Anger and irritability
- Feeling numb, withdrawn, or disconnected
- Feeling a lack of involvement or enjoyment in favorite activities
- Feeling a sense of emptiness or hopelessness about the future

**Behavioral Reactions to Stress**

- Increased Social Confrontations
- Substance Abuse- most commonly alcohol
- Overly Security Conscious
- Overly Engaged in Activity
- Isolating- to the point of alienation of family
- Easily Alarmed- especially by sudden noise
- Problems falling asleep and/or staying asleep
- Avoiding Psychological Triggers of Memory
### Cognitive Reactions Stress

**ACUTE STRESS**
- Improved concentration
- Improved memory
- Difficulty communicating
- Difficulty with performing multistep tasks

**CHRONIC STRESS**
- Poor concentration
- Poor memory
- Intrusive thoughts or memories- graphic
- Dreams or Nightmares- often recurring
- Flashbacks

### Spiritual Reactions to Stress

- Increased Devotion or Faith
- Reexamining Values and Beliefs
- Feeling a Loss of Meaning in Life
- Anger Toward a Higher Power
- Cynicism- Outright Spiritual Rejection

### Post Traumatic Stress Disorder
Critical Incident Stress Management (CISM)

What is CISM?
- Opportunity to assess and risk stratify
- Opportunity to set up follow-up based upon that assessment of need.

Opportunity to improve outcome

Critical Incident Stress Management (CISM)

What CISM is not?
- Not an Intervention
  - CISM = Postvention
- It is not a cure
  - It improves outcome
- Not equivalent to psychosocial support
  - It is an opportunity to bring people together

CISM Principles
B - I - S - E - P
- Brevity – few minutes up to 1 hour
- Immediacy – Rapid Intervention
- Simplicity – Supportive Approach
- Expectancy – Expect emotional response
- Proximity – Close to site of incident
**Active Listening and Understanding**

- Avoid interruption
- Use open ended questions to clarify
- Occasionally summarize
- Establish chronologic sequence
- Common Pitfalls:
  - "Why?" and "Why not?"
  - "I know how you feel"
  - Evaluation of their experience
- Silence is Golden

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**Reactions that Indicate Additional Need**

- Difficultly thinking clearly or acting logically
- Bizarre behavior
- Lacking awareness of reality
- Extreme stress reactions or grief
- Confusion
- Inability to concentrate or make decisions
- Haunted by images or memories of the event
- Complaining of ailments after investigation and reassurance that there is no physical cause

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**Active Listening and Understanding**

- Expect and promote normal recovery
- Assume survivors are resilient
- Recognize survivor strengths
- Promote resiliency through a focus on strengths
- Support survivors to encourage empowerment

*Sources: Glass et al., 2002; Pich, 2004*

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**Reactions Indicating Immediate Need**

- Disorientation
- Psychotic behavior
- Inability to care for self
- Suicidal/homicidal thoughts, talk, or plans
- Inappropriate anger or reactions to triggers
- Excessively “flat” emotions
- Regression
- Alcohol or drug intoxication
- Flashbacks, excessive nightmares, or crying
Self-Care: Are You Ready...Really?

- Evaluate your level of readiness to respond
- Do not assume that because you are experienced you must be ready to respond
- Give consideration to your physical and emotional health
- If you have recently encountered a major life stressor it may be better for you and those who need assistance for you to NOT to respond

What is Resilience?

- Positive adaptation in the face of adversity
- Ordinary—not extraordinary
- People commonly demonstrate resilience
- The “rule” not the exception

Promote Resiliency

- Everyone who experiences a disaster, whether first hand or not, is touched by it.
- We have the ability to “bounce back” after a disaster to a “New Normal”

Personal Resilience

- Focus beyond short-term
- Know your unique stressors and Red Flags
- Know unique stressors of the event: extent of damage, death, current suffering
- Demystify/de-stigmatize common reactions
- Select from menu of coping responses
- Monitor on-going internal stress
**Fostering Cohort Resilience**

- Educate and train
- Build social support systems
- Instill sense of mission and purpose
- Create family communications plan

**Response**

- If possible deploy as a team or use the buddy system
- Focus on immediate tasks at hand
- Monitor occupational safety, personal health, and psychological well-being
- Know your limits
- Activate family communication plans

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**Post-event (Recovery)**

Monitor health and well-being

- Delayed reactions with increased demand for services seen in general public and emergency responders (onset >5 wks later)

- Give yourself time to recover

- Seek support when needed

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**The most important role:**

*Compassionate Presence*

![Heart with bandage]


