Post Trauma Stress Reactions or PTSD?

Working in the aftermath of a disaster site (whether man made or natural) stress reactions are usually normal responses of a healthy person to an abnormal situation.

Always start with the assumption that the person you are talking with has reasonably good coping skills, most of the time, and the level of their present coping mechanisms might be temporarily overwhelmed.

A trauma event by its very nature challenges some of our basic core beliefs about our world. These basic beliefs often include the following:

- Invulnerability
- Meaningful purpose in life
- Self identity

In EPA work, you have the “sudden impact event” and the “glacier event”. Both types of events have the possibility of overwhelming the EPA workers on site in particular. The larger the visual destruction, the more the smell is unique, the more the weather conditions make it difficult, the more uncomfortable the environment, the greater likelihood of stronger stress reactions.

Not everyone will show signs of distress. Not everyone will, in fact, experience severe stress, but start with the assumption that everyone is experiencing some level of discomfort, or will upon their return home. The primary purpose of CISM activities is to educate our participants about critical incident stress, and coping strategies for them to help themselves and help their colleagues.

Another issue for the EPA CISM team is that not all critical incidents happen out in the field. People bring the stressors of their daily life, the stress of their previous history. Since you will not know their previous histories some times, you may be at a loss for understanding their reactions to the current situation. There are many things that are stressful:

- Bereavement of a loss
- Divorce
- Marriage
- Birth of a child
- Promotion to a new position

Our reactions to situations are not always confined to the situation. We can start to worry about how we are going to handle the situation before it occurs, or before we arrive on scene. We can worry about how well we are doing during our posting to the incident, and of course, we can worry about how well we did after the incident when we begin to “process” the experience.

What themes do we listen for?

When the participant is talking with us, it is important to listen for any of the following themes.

- Physical Losses
    - As a disaster worker, has the person experience any similar losses in their personal life?
    - Has the person been physically injured during their current deployment? A previous one?
    - Being deployed away from home is a physical loss
        - Loss of support group
        - Loss of routine
        - Loss of comfort

- Emotional Losses
    - Is the person grieving the loss of someone or something?
        - Don't judge the "value" of the loss, only acknowledging how much it might have meant to the person.
    - Loss of sense of meaningful purpose
        - I am not making any difference here, it is too big, why try to do anything?
        - It is hopeless.
        - I am helpless
    - Loss of sense of personal safety
        - If this can happen here, it can happen to me or my family.
    - Loss of their spiritual beliefs
        - How can God let this happen?
    - Loss of social support network
        - Where is the person's natural support network?

What things do we watch or listen for?

When the participant is working during the incident, or after returning to their regular responsibilities, we might want to pay attention to any signs that they are:

- Re-living the experience now
    - Flashbacks
    - Preoccupation with the experience long after they are not working on it
    - Nightmares or disturbing dreams about the event.
    - Flashbacks to the event
    - Being retriggered a significant portion of the time by any sounds, smells, taste or touch

    - Being significantly affected by triggers from the TV, news, papers, movies etc.
- Avoiding any possible stimuli that might trigger a memory
    - Person begins to withdraw from their natural activities
    - Person withdraws from their natural support network
- Hyper startle response
    - Person is unable to relax
    - Person has greater sensitivity to noise or movement around them
- Feelings of shame, anger, regret, blame, guilt, or bitterness
- Feelings of isolation and loneliness
- Statements about loss of spiritual beliefs
- Statements about change in personal relationships, especially with significant others and family

What behaviors do we watch for?

These behaviors might warrant a talk:

- Difficulty making routine decisions
- Irritability and difficulty concentrating
- Impulsive
- Increase absenteeism
- Somatic aches and pains of unknown origin
- Increase smoking or drug abuse
- Hyper activity
- Listlessness

What do we say?

It is important to use our full array of reflective listening skills to allow the person to tell their story, and to make sure you understand their story from their perspective. This if often the greatest gift we can give them, the knowledge that they are understood.

Our most important message is that their reactions to their experience are not abnormal or even unusual. That is not to say that we are attempting to trivialize them, but rather to let them know these are typical reactions to this type of event. We often need to emphasize that they are not losing their minds, and that there are things they can do to better understand and cope with these reactions.

We might offer suggestions from our regular stress management catalog:

- Get adequate rest
- Increase your exercise
- Increase healthy eating habits
- Increase talking about the experience and its aftermath to trusted others

    - This does not include going over a blow by blow description of the event and its horrors which can be re-traumatizing
    - It might include admitting that parts of the experience continue to be troublesome.
- Increase your “fun” activities
- Decrease caffeine
- Decrease alcohol intake
- Decrease sugar intake
- Decrease your exposure to possible triggers

I think it is equally important to teach to the themes of loss that you have heard. The most significant loss normally experienced in a trauma, or working in the aftermath of a traumatic event is the loss of sense of personal safety. This seems to be true when we acknowledge that this event or this type of event can happen to anyone, including us and our families.

What is often not as well understood is that we grieve this loss of sense of personal safety in the same way we grieve any tangible losses. A brief discussion of the grieving process is sometimes helpful.

The grieving process often seems to follow 4 phases, although not all people go through all four, nor do the necessarily run in sequence, one before the other. Because grief is a process, it is possible to be brought back into active grief by a triggering event, so we may never be totally done with it. Often, the reawakening of the grief process is not as severe as at the beginning.

The grief process often goes like this:

- Phase One - Shock
    - Denial and a sense of unreality
    - Disbelief that this is actually happening
    - Feelings of being in a bad movie
- Phase Two - Anger
    - Why did this happen to my loved one?
    - Why did this happen to me?
    - How can God let this happen?
    - Why did God make this happen?
    - Who or what is to blame?
- Phase Three – Sadness
    - Feelings of loss
    - Feelings of helplessness
    - Feelings of loneliness
    - Feelings of being isolated
    - Feelings of not being able to be happy (ever again)
- Phase Four – Acceptance
    - Adapts to life without the loved one

- Adapts to new rituals
- Adapts to new beliefs and understandings
- Begins to function more like they did before the event

So all of the above are things we might expect to see or hear from people who have responded to a disaster site, or been through a traumatic event. When do we become concerned? When the reactions significantly interfere with the person's ability to live their lives 30 days after their exposure to the event. This is not to say that the event no longer bothers them, but that they have largely returned to pre event functioning.

The role of the peer

You are the eyes and ears of the CISM team. You are often the person that your colleague might talk with first. In fact, you may be the only one they talk to you. Your job is to listen and educate. A part of that education may be mental health resources that are available to the person in the community or within the agency. Your job does ***not*** include counseling them or giving advice. It is to help them understand their reactions to the event, offer some practical suggestions about coping with them, and referral to a mental health professional if their symptoms persist, and significantly interfere with their ability to work or live their lives.

Criteria for PTSD

Criterion A: stressor

The person has been exposed to a traumatic event in which both of the following have been present:

- The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
- The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

Criterion B: intrusive recollection

The traumatic event is persistently re-experienced in at least one of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative

flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

Criterion C: avoidant/numbing

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:
- Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- Efforts to avoid activities, places, or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect (e.g., unable to have loving feelings)
- Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Criterion D: hyper-arousal

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response

Criterion E: duration

Duration of the disturbance (symptoms in B, C, and D) is more than one month.

Criterion F: functional significance

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.