

# Traumatic Stress and First Responders

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According to the US Department of Health and Human Services Substance Abuse and Mental Health Administration trauma results from "an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

# Post-Traumatic Stress

- a normal response to an abnormal situation
- Adaptive strategy to survive
- When faced with and or witnessing stress, threats, unsafe or life threatening situations our bodies automatically react.
- Reactions are heightened sympathetic defense responses of fight, flight, freeze, or parasympathetic response of collapse.
- In prolonged stress or life threatening situations, the amygdala continues sending an alarm signal (always in heightened state)
- Symptoms can present as depression and anxiety
- Can initially be 2-4 weeks of symptoms
- High risk for first responders to experience traumatic stress
- At risk for Post-Traumatic Stress Disorder (PTSD)

# Post Traumatic Stress Disorder (PTSD)

- Diagnosable Mental Health Condition of Post Traumatic Stress
- To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

## **At least one re-experiencing symptom**

(flashbacks, nightmares, triggers)

## **At least one avoidance symptom**

(Staying away from places, events, or objects that are reminders of the experience, avoiding thoughts or feelings related to the traumatic event)

## **At least two arousal and reactivity symptoms**

(easily startled, rapid breathing, increased heart rate, difficulty falling or staying asleep, anger outbursts, irritability)

## **At least two cognition and mood symptoms**

(depressive symptoms, anxiety, memory issues)

# Complex Post Traumatic Stress

## Attachment and Relationships:

- Relationship problems with family members, adults, and peers
- Problems with attachment and separation from caregivers
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Difficulty attuning to others and relating to other people's perspectives

## Thinking & Learning:

- Difficulties with executive functioning and attention
- Lack of sustained curiosity
- Problems with information processing
- Problems focusing on and completing tasks
- Difficulties with planning and problem-solving
- Learning difficulties
- Problems with language development

## Physical Health: Body & Brain:

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span
- Developmental delays/regressive behaviors

## Behavior:

- Difficulties with impulse control
- Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.)
- Problems with externalizing behaviors
- Sleep disturbances
- Eating disturbances
- Substance abuse
- Oppositional behavior/difficulties complying with rules or respecting authority
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

## Emotional Responses:

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs
- Internalizing symptoms such as anxiety, depression, etc.

## Dissociation:

- Disconnection between thoughts, emotions and/or perceptions
- Amnesia/loss of memory for traumatic experiences Memory lapses/loss of orientation to place or time
- Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real)
- Experiencing alterations or shifts in consciousness

## Self-Concept & Future Orientation:

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt
- Negative expectations for the future or foreshortened sense of future

Several Risk Factors include:

- Having a job that exposes them to traumatic events
- Experiencing intense trauma
- Having feelings of helplessness or fear
- Seeing people get killed or hurt



# Symptoms of PTS and PTSD in First Responders

- Intrusive memories, dreams, or flashbacks of a specific incident
- Refusing to talk about a traumatic event
- Losing interest in activities
- Avoiding places where a traumatic event occurred
- Feelings of hopelessness, guilt, or low self-worth
- Distancing themselves from others-Isolation
- Feeling tense or on-edge all the time
- Sleep disturbances
- Paranoia or overwhelming fear
- Irritability or aggressive outbursts
- Inability to focus
- Reduced work performance or missed days
- Increased alcohol or drug consumption
- Unreasonable reactions to average situations
- Risky, dangerous, or self-destructive behavior
- Suicidal thoughts, feelings, and behaviors

# Delayed Trauma Reactions

- Trauma is a sensory experience and no trauma and reaction is the same for everyone
- Act Now → Feel Later Mentality
- Delayed Onset of Symptoms- 6 months or more after an event or series of events
- When one is chronically exposed to traumatic stress on a daily basis, hard to pin point the major triggering event as “the trauma.”
- Stigma and stoicism- an expectation that first responders are expected to not be impacted by the events to which they respond and don’t need assistance in managing their traumatic stress.



## Stress Continuum Model

<b>READY</b> (Green)	<b>REACTING</b> (Yellow)	<b>INJURED</b> (Orange)	<b>ILL</b> (Red)
<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>◇ Optimal functioning</li> <li>◇ Adaptive growth</li> <li>◇ Wellness</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>◇ At one's best</li> <li>◇ Well-trained and prepared</li> <li>◇ In control</li> <li>◇ Physically, mentally and spiritually fit</li> <li>◇ Mission-focused</li> <li>◇ Motivated</li> <li>◇ Calm and steady</li> <li>◇ Having fun</li> <li>◇ Behaving ethically</li> </ul>	<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>◇ Mild and transient distress or impairment</li> <li>◇ Always goes away</li> <li>◇ Low risk</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>◇ Feeling irritable, anxious or down</li> <li>◇ Loss of motivation</li> <li>◇ Loss of focus</li> <li>◇ Difficulty sleeping</li> <li>◇ Muscle tension or other physical changes</li> <li>◇ Not having fun</li> </ul> <p><b>CAUSES</b></p> <ul style="list-style-type: none"> <li>◇ Any stressor</li> </ul>	<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>◇ More severe and persistent distress or impairment</li> <li>◇ Leaves a scar</li> <li>◇ Higher risk</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>◇ Loss of control</li> <li>◇ Panic, rage or depression</li> <li>◇ No longer feeling like normal self</li> <li>◇ Excessive guilt, shame or blame</li> </ul> <p><b>CAUSES</b></p> <ul style="list-style-type: none"> <li>◇ Life threat</li> <li>◇ Loss</li> <li>◇ Moral injury</li> <li>◇ Wear and tear</li> </ul>	<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>◇ Clinical mental disorder</li> <li>◇ Unhealed stress injury causing life impairment</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>◇ Symptoms persist and worsen over time</li> <li>◇ Severe distress or social or occupational impairment</li> </ul> <p><b>TYPES</b></p> <ul style="list-style-type: none"> <li>◇ PTSD</li> <li>◇ Depression</li> <li>◇ Anxiety</li> <li>◇ Substance abuse</li> </ul>

# Healing Traumatic Stress Reactions

- PTS and PTSD are not life sentences for first responders and their families
- Learn more about PTS and PTSD to help deal with it ongoing
- Talk to someone (family, friend, partner, professional)
- Improve physical health- monitor somatic symptoms (stomach aches, headaches) Nutrition
- Lean on others for help- spend time with people who make you feel good (friends, family, role models)
- Join a support group
- Learn relaxation skills
- Monitor your symptoms- write down what you are thinking and feeling
- Take part in positive activities and continue to do regular routines
- Use healthy distractions like sports, exercise, netflix, reading

# Healing is Hopeful

- Recognize your wearing down or drained and do something every day that recharges you
- Take care of yourself- take time off, yes time off
- Take on a project that doesn't involve work
- Learning mindfulness meditation is an excellent way to ground yourself in the moment and keep your thoughts from pulling you in different directions. The ability to reconnect with a spiritual source will also help you achieve inner balance
- Be spiritual- whatever this means to you
- Build resilience into your daily routine- There is Hope
- Shifting the thoughts from “what is wrong with me?” → “what is going on with me?”

# Talking to a Professional

- You keep us safe in many ways, who helps to keep you safe so you can better serve the community?
- Professional assistance may be needed to heal post-traumatic stress and PTSD
- This could be inclusive to a case manager, counselor, therapist, clinician, psychiatrist, nurse practitioner, psychologist, medical provider, and other helping professionals.
- Relationship and Trust
- Confidentiality
- Individual, Group, Family



# Mount Carmel Crime and Trauma Assistance Program (CTAP)

- Since 1997, It has been our mission to facilitate the recovery process for victims, survivors, and co-survivors of crime or trauma through education, advocacy, and therapeutic intervention.
- Recovery and healing may require specialized professional assistance. Mount Carmel's Crime & Trauma Assistance Program (CTAP) was developed to respond to this need.
- CTAP provides services at ***no cost*** to those we serve.
- Reducing the barriers to receiving services by providing transportation assistance, case management services, language interpretation services, while removing the financial barrier of cost to those we serve.

- The Community, nearly 400 clients a year.
  - Individuals and groups affected by crime and trauma
  - Provide training, consultation, and education to local and national organizations, conferences, and schools and universities
  - Victim Rights Assistance
  - Services to culturally diverse community populations
  - Clinicians have specialized trauma treatment experience, EMDR trained
  - Ages 5 and up
  - Case Management Services
  - Horticultural Therapy and Canine Companion
  - Trauma and Addiction
  - Men and Women
  - Confidentiality
- Victims, survivors, and co-survivors of
    - sexual assault
    - domestic violence
    - robbery
    - childhood sexual abuse
    - human trafficking
    - homicide
    - divorce
    - grief/loss
    - physical assault
    - ongoing traumatic event exposure-first responder exposure to traumatic stress
    - elder abuse
    - physical abuse
    - neglect
    - accidental event

- To make a self-referral
  - Call our main line at (614)-234-5900
- Screening for Criteria prior to intake assessment
- Waitlist Update for The Bridge
- In Process and Development of Specialized Services for First Responders



# My Contact Information

CTAP

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[ctap@mchs.com](mailto:ctap@mchs.com)

614-234-5900



- Dr. Robbie Adler Tapia-Serving First Responders
- <https://www.traumacenter.org>
- <https://www.ptsd.va.gov/>
- SAMHSA