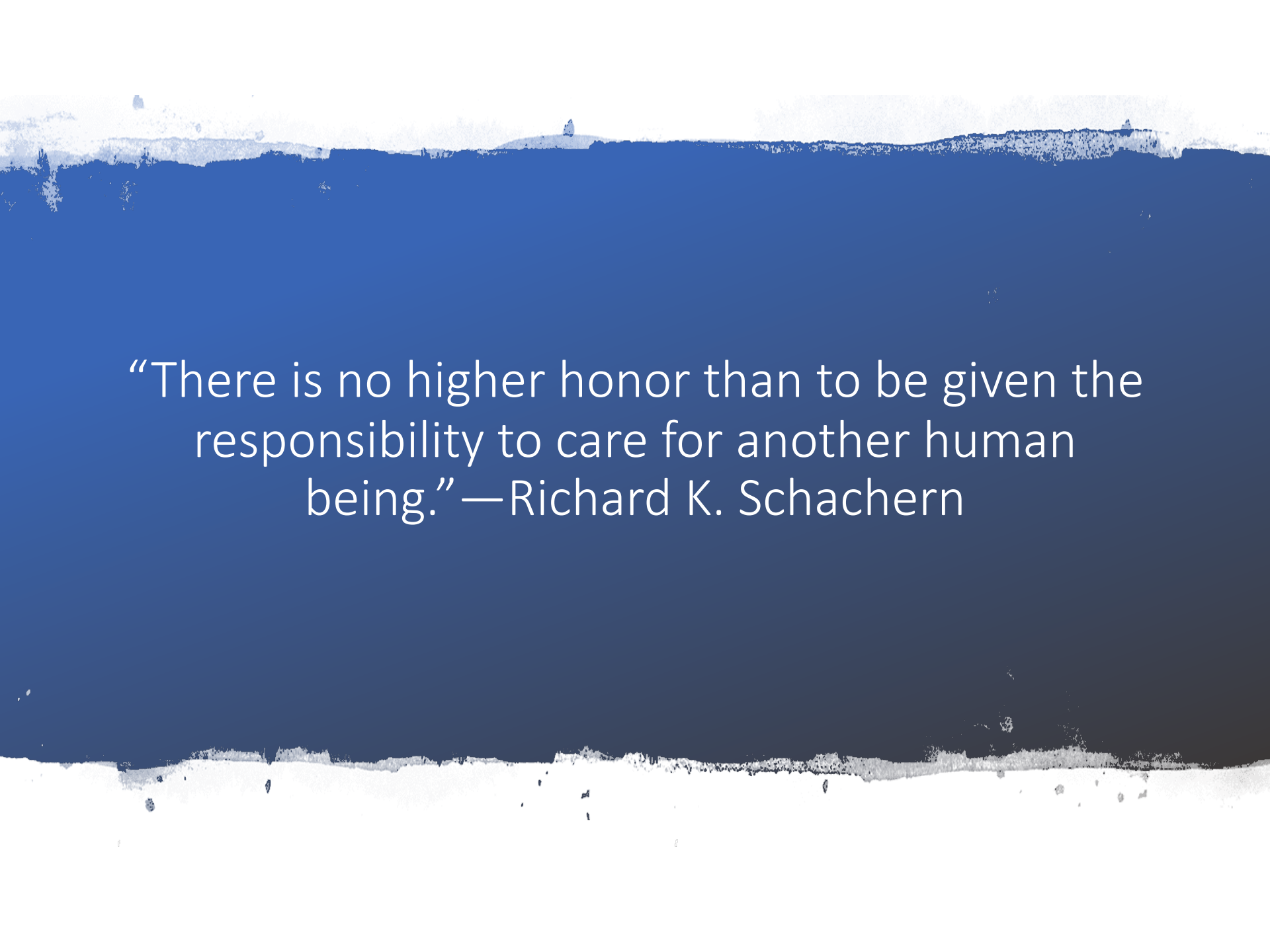


Traumatic Stress and First Responders

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“There is no higher honor than to be given the responsibility to care for another human being.” —Richard K. Schachern

Defining Trauma

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)

Post-Traumatic Stress

- 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)

Diagnosable Mental Health Condition of Post Traumatic Stress

To be diagnosed with PTSD, an adult must have all the following for at least 1 month:

Post-Traumatic Stress Disorder (PTSD)

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)

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

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

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.

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

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

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)

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

Complex Post- Traumatic Stress

PTS and PTSD

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
- Secondary Trauma/Vicarious Trauma/Burn Out

Symptoms of PTS and PTSD

- 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

Symptoms of PTS and PTSD

- 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

“Act Now and Feel Later” Mentality

- Trauma is a sensory experience, and no trauma and reaction is the same for everyone
- Delayed Onset of Symptoms- 6 months or more after an event or series of events
- When one is chronically exposed to traumatic stress daily, hard to pinpoint 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.

“

The cure for burnout isn't and can't be self care. It has to be all of us caring for each other.

Emily & Amelia Nagoski

dare to lead PODCAST WITH BRENÉ BROWN

Listen Free



Spotify

Stress Continuum Model

READY (Green)

DEFINITION

- ◇ Optimal functioning
- ◇ Adaptive growth
- ◇ Wellness

FEATURES

- ◇ At one's best
- ◇ Well-trained and prepared
- ◇ In control
- ◇ Physically, mentally and spiritually fit
- ◇ Mission-focused
- ◇ Motivated
- ◇ Calm and steady
- ◇ Having fun
- ◇ Behaving ethically

REACTING (Yellow)

DEFINITION

- ◇ Mild and transient distress or impairment
- ◇ Always goes away
- ◇ Low risk

FEATURES

- ◇ Feeling irritable, anxious or down
- ◇ Loss of motivation
- ◇ Loss of focus
- ◇ Difficulty sleeping
- ◇ Muscle tension or other physical changes
- ◇ Not having fun

CAUSES

- ◇ Any stressor

INJURED (Orange)

DEFINITION

- ◇ More severe and persistent distress or impairment
- ◇ Leaves a scar
- ◇ Higher risk

FEATURES

- ◇ Loss of control
- ◇ Panic, rage or depression
- ◇ No longer feeling like normal self
- ◇ Excessive guilt, shame or blame

CAUSES

- ◇ Life threat
- ◇ Loss
- ◇ Moral injury
- ◇ Wear and tear

ILL (Red)

DEFINITION

- ◇ Clinical mental disorder
- ◇ Unhealed stress injury causing life impairment

FEATURES

- ◇ Symptoms persist and worsen over time
- ◇ Severe distress or social or occupational impairment

TYPES

- ◇ PTSD
- ◇ Depression
- ◇ Anxiety
- ◇ Substance abuse

Healing PTS and PTSD

- 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)

THE SELF-CARE ICEBERG

@heatherderanja

WHAT WE "THINK"
SELF-CARE LOOKS LIKE
(WHAT WE "SEE")

EXERCISE
BUBBLE BATHS
SKIN CARE SPA DAYS MESSAGES

TRAUMA HEALING PURGING NEGATIVITY
INNER CHILD HEALING CRYING/FEELING EMOTIONS
SETTING BOUNDARIES GETTING PROPER REST
LETTING GO OF ATTACHMENTS MEDITATION
DIFFICULT CONVERSATIONS LEARNING FROM TRIGGERS
NOURISHING YOUR BODY

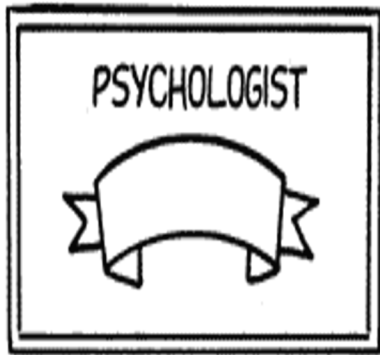
WHAT SELF-CARE
REALLY LOOKS LIKE
BEHIND THE SCENES

Healing PTS and PTSD

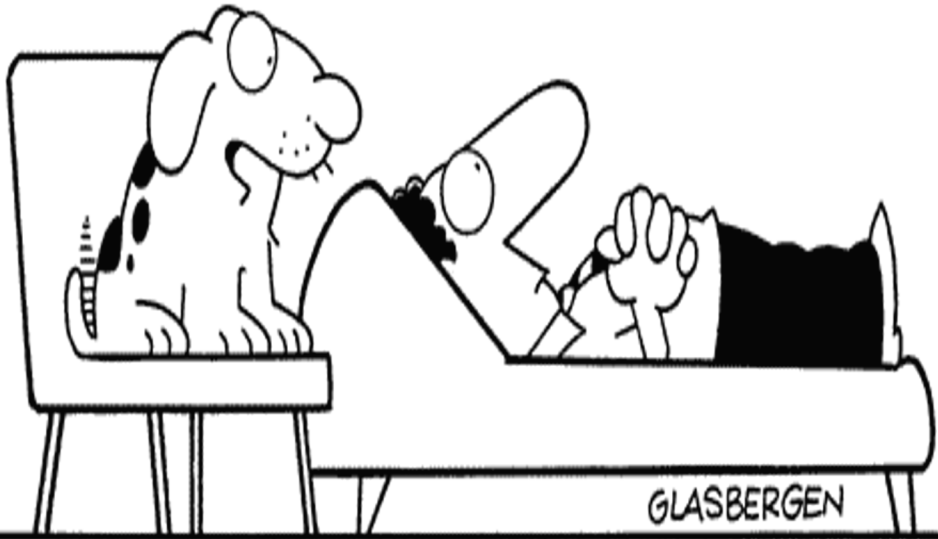
- Join a support group
- Learn grounding and relaxation skills
 - 5,4,3,2,1
 - finger breathing
 - bilateral tapping (proactive and reactive)
- Monitor your symptoms- write down what you are thinking and feeling
- Take part in positive activities and continue to do regular routines
- Use healthy distractions like sports, exercise, netflix, reading, music

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?”



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“My therapy is quite simple: I wag my tail and lick your face until you feel good about yourself again.”

off the mark.com

by Mark Parisi



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offthemark.com

MARK
PARISI

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

RUN THE DISHWASHER TWICE.

When I was at one of my lowest (mental) points in life, I couldn't get out of bed some days. I had no energy or motivation and was barely getting by.

I had therapy once per week, and on this particular week I didn't have much to 'bring' to the session. He asked how my week was and I really had nothing to say.

"What are you struggling with?" he asked.

I gestured around me and said "I dunno man. Life."

Not satisfied with my answer, he said "No, what exactly are you worried about right now? What feels overwhelming? When you go home after this session, what issue will be staring at you?"

I knew the answer, but it was so ridiculous that I didn't want to say it.

I wanted to have something more substantial. Something more profound.

But I didn't.

So I told him, "Honestly? The dishes. It's stupid, I know, but the more I look at them the more I CAN'T do them because I'll have to scrub them before I put them in the dishwasher, because the dishwasher sucks, and I just can't stand and scrub the dishes."

I felt like an idiot even saying it.

What kind of grown ass woman is undone by a stack of dishes? There are people out there with *actual* problems, and I'm whining to my therapist about dishes?

But my therapist nodded in understanding and then said:

"RUN THE DISHWASHER TWICE."

I began to tell him that you're not supposed to, but he stopped me.

"Why the hell aren't you supposed to? If you don't want to scrub the dishes and your dishwasher sucks, run it twice. Run it three times, who cares?! Rules do not exist, so stop giving yourself rules."

It blew my mind in a way that I don't think I can properly express.

That day, I went home and tossed my smelly dishes haphazardly into the dishwasher and ran it three times.

I felt like I had conquered a dragon.

The next day, I took a shower lying down.

A few days later. I folded my laundry and put them wherever the fuck they fit.

There were no longer arbitrary rules I had to follow, and it gave me the freedom to make accomplishments again.

Now that I'm in a healthier place, I rinse off my dishes and put them in the dishwasher properly. I shower standing up. I sort my laundry.

But at a time when living was a struggle instead of a blessing, I learned an incredibly important lesson:

**THERE ARE NO RULES.
RUN THE DISHWASHER TWICE!!!**





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