



The University of
Nottingham

Stress and Post Traumatic Stress in First Responders

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Objectives

- Explore what drives volunteers;
- Understand the reasons why people may be reluctant to seek help;
- Identify the key theorists around stress;
- Recognise PTSD;
- Discuss the possible onset of too much stress and how to alleviate negative affects.

Background



- Why do people volunteer for pre-hospital Care?
- Why do people leave?
- What happened to prevent it?



What prevents people asking for help?

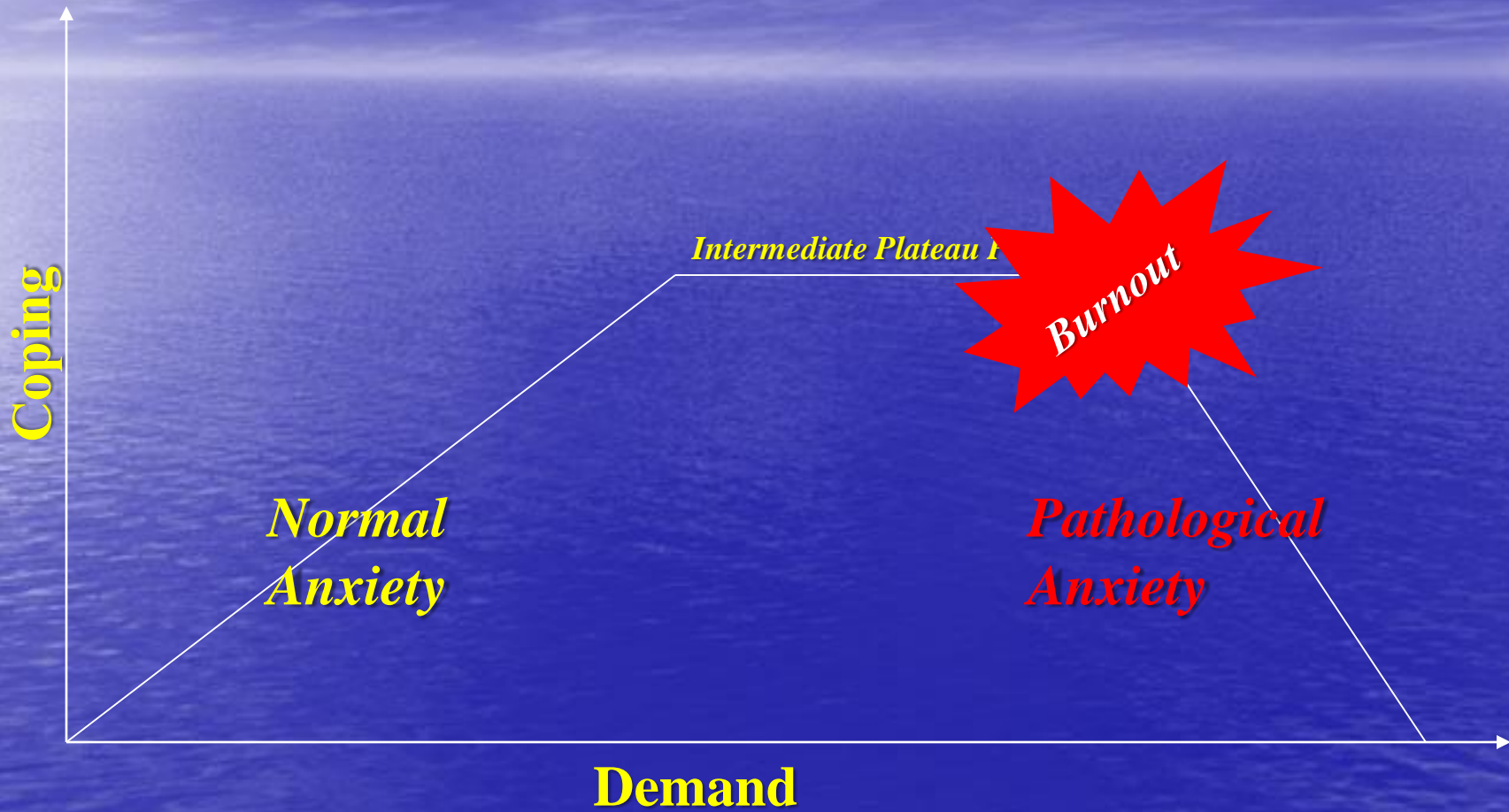
'Macho image'

Fear of appearing weak or incompetent

Position within an organisation

Not wishing to confide in work colleagues

Yerkes-Dodson's Law



General Adaptation Syndrome

Alarm Reaction - Physiological 'fight or flight' response, sympathetic adrenal-medullary (SAM) system activation.

Resistance - Occurs if the above response does not reduce the perception of threat, hypothalamic-pituitary-adrenocortical (HPA) activation.

Exhaustion - Terminal reactivation of the SAM system

Recognising Stress

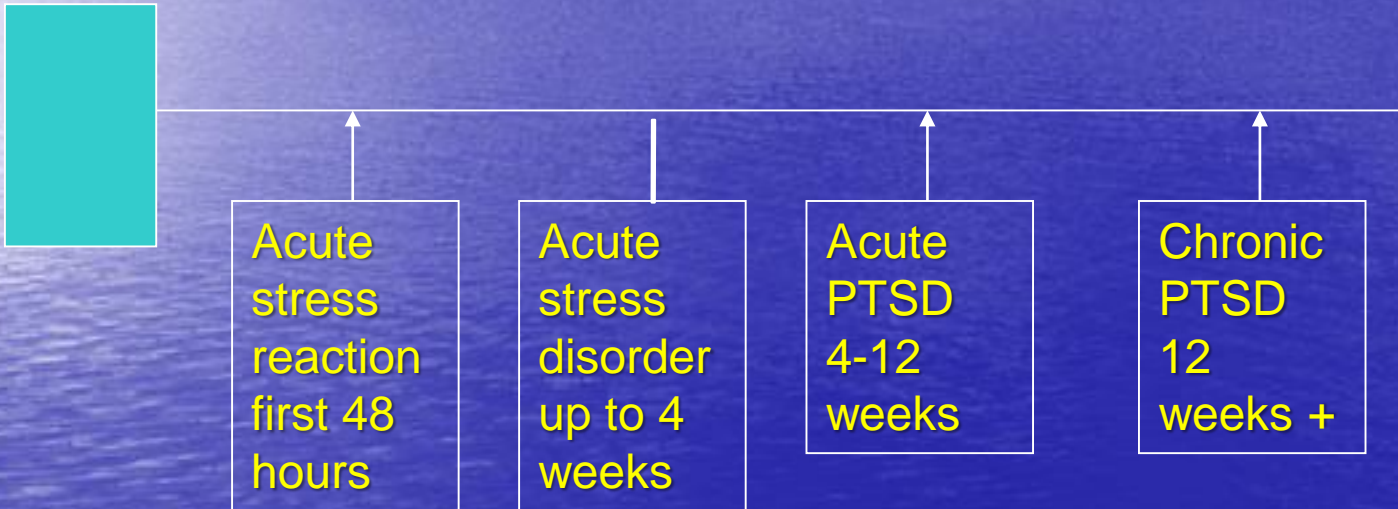
- **Physical Signs:** A pounding heart, tightness of chest, chest pains, sweaty palms, aching muscles
- **Emotional Signs:** Irritable, angry, depressed, jealous, restless, anxious, Hyper alert, Guilt, Panic
- **Behavioural signs:** Withdrawn/not socialising, Increased alcohol or nicotine Under or over eating. Accident prone Impatient, aggressive, compulsive No time for leisure activities.

History of PTSD

- Classic early description of the effects of a traumatic incident can be found in the 17th Century diarist Samuel Pepys' account of the psychological sequelae he experienced after witnessing the Great Fire of London.
- Almost 230 years later Rivers (1918) describes his work with soldiers suffering from war neurosis. His description of treatment were written from a fairly psychoanalytic perspective.

Time course of reactions

Traumatic event



Potential Risk Factors to PTSD

- Familial history of psychiatric illness
- Childhood trauma (e.g. sexual assault, separated or divorced parents before age 19)
 - (Davidson et al 1991)
- Starting the role at a younger age
- Holding a supervisory or senior role
- Proximity to death during traumatic death
- Holding negative beliefs about oneself
- Adverse life events before and after the trauma
 - (McFarlane 1989)

Post Traumatic Disorders

- Traumatic depression
- Traumatic Anxiety disorders
- Traumatic grief
- Traumatic psychoses
- Post Traumatic stress disorder

Symptoms of PTSD (DSM-IV)

- Re-experiencing symptoms
 - Recurrent, intrusive, distressing recollections of the event e.g. images, thoughts or perceptions
 - Recurrent distressing dreams of the event
 - Acting or feeling as if the traumatic event were recurring (flashbacks)
 - Intense psychological distress at exposure to internal or external cues
 - Reactive physiological arousal to internal or external cues that symbolise or resemble an aspect of the trauma

Circumscribed avoidance and dissociative mechanisms

- Avoidance of thoughts, feelings or conversations associated with trauma
- Avoidance of activities, people and situations that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Diminished interest and participation in significant activities
- Feelings of detachment and estrangement from others
- Restricted range of affect (e.g. unable to have loving feelings)
- Sense of foreshortened future

Heightened arousal



- Sleep disturbance
- Irritability and anger
- Concentration difficulties
- Hyper vigilance
- Exaggerated startle response

Cognitive Behavioural Model of PTSD

- Meaning & interpretation of a traumatic event plays a significant role in the development & maintenance of PTSD
- Exposure to fears or avoided situations, either in real life or in imagination are often key therapeutic interventions, playing a key role in reducing intrusive thoughts and hyper-arousal
- Cognitive restructuring strategies used to help individual deal with their shattered beliefs & assumptions

Managing Stress

In the pre-hospital environment, remember:

“You are not dealing with difficult people in normal situations, you are dealing with normal people in difficult situations...”

‘If you are unable to change the cause of stress, look at how you can change the way you deal with it.’

WE NEED TO LOOK AFTER OURSELVES!

Can we prevent the problem?

- More reality during initial training.
- More honesty around CPR and trauma in relation to what a person will see and experience (I don't do blood).
- Recognition that it all grades and levels of responder are susceptible .
- Recognising that the family are likely to display an extreme reaction which can be distressing.
- Ensuring responders understand that they are working in their community and may be asked to treat people they know/are related to.

Looking After Ourselves

To learn about our own reactions. It can help to reflect on our own losses to ensure that we don't load unfinished grief onto others.

To remember that we cannot save every life or take away a families grief but we can help support them and listen.

To have good colleagues to share with and seek support, advice & supervision; preferably mandatory.

Look after yourself, learn to say 'No' sometimes.

Relaxation/Exercise.

Work/Life balance

The background of the slide is a deep blue color with a subtle, wavy texture that resembles water. A bright, horizontal line of light, representing a sun reflection, stretches across the middle of the image. The overall effect is a calm, aquatic scene.

Questions?

Further Reading

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