

Preventing and mitigating posttraumatic stress reactions: THE IMPORTANCE OF ONGOING EDUCATION, TRAINING AND SUPPORT

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Emergency service professionals, the men and women serving their communities as firefighters, EMTs, and paramedics, encounter daily experiences that are often highly stressful, and sometimes life-threatening. In addition to firefighting situations, firefighters and other emergency service personnel are often first on the scene of fatal accidents, medical emergencies, suicides, and serious acts of violence. They can respond to airline crashes, floods, earthquakes, or events like 9/11, in which the death toll and property destruction can be overwhelming. In addition, they care for victims of domestic violence and abuse, extricate bodies from motor vehicle accidents, and provide life-critical medical assistance. At times, they must physically restrain those who are combative or comfort those who have suddenly lost a loved one.

It has been noted that volunteer firefighters comprise approximately 71% of all firefighters in the US (NFPA, 2008 update). Many have fulltime jobs in addition to their duties and responsibilities at the fire department. They can be exposed to the same dangers, experience the same job-related stress, and face the same grief as those in career departments; they fight fires, save lives, protect property, and find themselves in life-threatening situations. They experience these stressors on top of their day-to-day fulltime employment. Additionally, while some volunteer departments are in large cities, many are in smaller, often rural, communities. Volunteer firefighters frequently know the victims and families on their calls, potentially compounding their level of stress.

All of these potentially traumatic events can affect emergency service professionals in diverse physical, mental, and emotional ways, leading to increased risk of illness, emotional problems, and potentially problematic family relationships.

The Importance of Education and Preventative Care:

Other than sometimes participating in a critical incident stress debriefing (CISD), firefighters, EMTs, and paramedics may receive little, if any, education, training or support to help them cope emotionally with traumatic events. To address these needs, fire service organizations, such as the National Fallen Firefighter Foundation and the national Volunteer Fire Council, have recommended that

departments use regular educational programs and preventative care to help reduce mental and emotional stress for firefighters (Sweeney, 2010). Critical incident stress management and CISD alone are not the answers. Some departments may also offer the support of a department chaplain. However, only a small number of departments offer educational programs related to coping with traumatic stress or grief reactions for firefighters and their families.

While CISD can be valuable in ameliorating the long-term psychological impact of the event and accelerating the recovery process, it does not generally afford emergency service professionals preventative training or long-range follow-up support or education, which can leave the individual vulnerable to recurring future problems. To address these issues, continuing education and training that emphasize stress management and emotional health within fire departments can be useful tools.

Before a traumatic event occurs, fire agencies can offer education about normal reactions to stress and grief and how to handle them. After an event, agencies can try to help responders identify symptoms and appropriate treatment resources to help prevent long-term problems. Education that emphasizes preventative and coping strategies can help inoculate emergency services professionals from the negative effects of stress, such as decline in job performance, burnout, high turnover rates, health problems, and family problems.

Emotional health and stress inoculation training should be an integral part of regular training programs. Protecting emotional safety is just as important as protecting physical safety and training emergency services professionals to cope with trauma, stress, and grief is no less important than training them to be safe on calls.

What is a Normal versus Abnormal Response?

Some emotional distress following a critical incident is a normal reaction to an experience that is abnormal (at least for most people). So what is “normal” psychological distress in these cases? Typically, right after a traumatic event, one would expect to experience a range of reactions, which could include anxiety, arousal caused by adrenaline, fatigue, irritability, hypervigilance, increased emotion-

ality, problems sleeping, bad dreams, exaggerated startle response, change in appetite, feeling overwhelmed, impatience, and/or withdrawing from family and friends.

Signs or indicators of a more potentially problematic response occur when physiological, emotional, cognitive and/or behavioral changes persist for longer than four weeks, cause unmanageable levels of distress (including depression, anxiety, or suicidal thoughts), or have a significant negative impact on important areas of functioning (i.e., work, school, family, relationships).

The Importance of Family Support:

Many times, firefighters and other emergency service personnel may feel that their families and friends do not understand the magnitude of their duties or the emotional strain they must endure. However, family and social support are very important resources that can be used to cope with and manage the impact of traumatic experiences. In many cases, eliciting the support of family and friends helps healing proceed normally with few long-term consequences. The Trauma Center, a program of Justice Resource Institute (JRI), is a large nonprofit organization dedicated to social justice with resources available to first responders. It has provided some guidance in differentiating between normal and abnormal stress reactions.² Recovery is much more difficult in isolation, so one's ability to accept support and help is critical to healing.

Other Means of Preventative Care and Coping:

Education can also emphasize other preventative strategies, such as taking care of oneself physically, focusing on a balanced diet, and getting adequate rest and exercise. Post-event, education can emphasize maintaining as much of a routine as possible while planning extra time to perform usual tasks and resume familiar routines. Providing education on the benefits of talking about the trauma, which can often be uncomfortable, and the feelings associated with it can be very helpful. At the very least, one can be encouraged to write about the experiences and express emotions in a journal.

A Time for Additional Help:

If a month has passed since the event and the individual is still experiencing significant distress, a more chronic or potentially serious stress reaction may be the reason. At this point, family members are usually voicing concern or have questions regarding what their loved one is experiencing. "Red flags" of more serious problems can include significant changes in family, work, or school patterns, sleep disturbance, persistent sadness, irritability, nervousness, or an increase in the use of alcohol or other addictive substances. At this time, it may be helpful for the firefighter, EMT, or paramedic to seek professional support from a mental health professional, which could include individual or group counseling or prescribed psychotropic medications. Some specific evidence-based therapies include cognitive processing therapy (CPT), prolonged exposure therapy (PE), and eye-movement desensitization and reprocessing therapy (EMDR). Peer support counseling can also be helpful as an adjunct

therapy. Both the Metro CIMS Team and the Central Minnesota EMS Region provide counseling by trained peer counselors. More resources for dealing with symptoms of trauma can be found at the National Center for PTSD website.³

Conclusions:

It is important for firefighters, EMTs, and paramedics to understand that the memory of certain events, including traumatic ones, will always be a part of their lives and that the incident cannot be erased from memory. Everyone moves at his or her own pace through the stages of distress, grief, and healing. The feelings and reactions one can experience are often normal and natural, even though they may seem uncomfortable or unusual. They may differ from what others experience in the same situation. Having this understanding, along with on-going education related to emotional health and coping strategies, can be crucial to sustaining a career and maintaining resiliency. When problems persist in spite of the best efforts of the affected emergency services professional, family members, friends, and professional colleagues, effective therapies are also available to help.

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