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POST-TRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDERS

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What Is Post-Traumatic Stress Disorder?

Every year, thousands of first responders experience traumatic events that can cause long-term consequences that affect not just themselves, but their families, friends, and employers as well. Critical incident stress was discussed in Chapter 2, and it is important to keep in mind that the definition of critical incident must remain fluid because what affects one first responder may not affect another. Research indicates that critical incident stress affects up to 87 percent of all emergency services workers at least once during their careers (Kureczka, 1996, p. 1). In many of these situations, the stress from one event can be compounded by additional factors. For example, a police officer involved in an armed standoff exchanges gunfire with a suspect. The result of the standoff is that the officer is wounded and the suspect dies. This type of situation will ignite significant media coverage and the officer's actions will be reviewed and likely heavily scrutinized by others. The resulting issues will multiply the stressors the officer has to manage. As previously discussed, critical incident stress manifests physically, emotionally, and cognitively within an individual. The officer in the aforementioned example may experience some or all of these reactions immediately, or perhaps not for some time. While most symptoms disappear or subside in a matter of weeks, a few of those affected by critical incident stress will suffer from permanent emotional trauma that will adversely affect them and perhaps cause serious problems in their professional and personal lives.

Acute stress disorder (ASD) is characterized by the development of severe anxiety and other symptoms that occur within one month after exposure to an extremely traumatic event. Individuals who suffer from ASD may be at high risk for subsequent develop-

acute stress disorder (ASD)

development of severe anxiety, dissociation, and other symptoms that occur within one month after exposure to a traumatic event

ment of **post-traumatic stress disorder (PTSD)**. In short, ASD may serve as a predictor of PTSD.

PTSD is a powerful reaction to a critical incident and develops as a result of the unresolved stress related to that incident. As mentioned in Chapter 1, many soldiers returned from the First and Second World Wars suffering from **shell shock** as a result of the adverse effects of critical incident stress. The term **battle fatigue** was coined and later formally recognized as PTSD. During the 1980s and early 1990s researchers began to make links between the body's normal survival response and the symptoms commonly seen in PTSD. This led to an increase in the number of treatments available for trauma-related syndromes.

PTSD is defined as “the development of characteristic symptoms following a psychologically distressing event that is outside the range of human experience” (Kureczka, 1996, p. 3). PTSD is considered to be one of the most debilitating consequences of exposure to severe trauma. Once PTSD sets in, an individual's ability to manage stress and be resilient is significantly compromised.

As mentioned in Chapter 2, PTSD is considered an “abnormal” stress. Approximately 10 percent of the general population will develop PTSD at some point during their lifetime. However 10 to 35 percent of first responders will develop PTSD during the course of their career (Freeze, 2016). The following table illustrates the estimated prevalence of PTSD among various Canadian emergency services professions.

post-traumatic stress disorder (PTSD)

emotional disturbance that may occur following exposure to an exceptionally stressful event; may be caused by unresolved critical incident stress

shell shock

term used to describe a psychological disturbance caused by prolonged exposure to active warfare

battle fatigue

another term for shell shock; PTSD that occurs among soldiers engaged in active combat

Group	Lifetime Prevalence Rate (Estimates)	2010 Population	Prevalence Estimates
Adult population	9.2%	27,259,525	2,507,876
Military personnel	8%	30,513	2,441
Police officers	8–32%	85,050	6,464–27,213
Corrections workers	17–26%	23,965	4,074–6,231
Firefighters	17%	34,390	5,846
Paramedics	26%	26,760	6,958
Volunteer first responders	12–23%	100,000	12,000–23,000

Source: Wilson, Guliani, & Boichev, 2016, at p. 28.

Trauma and Causes of PTSD

PTSD may develop following a critical incident. The following chart illustrates various types of trauma that may lead to PTSD following exposure to it. These examples are not exclusive.

Potential Causes of PTSD
<ul style="list-style-type: none"> • Natural disasters • Life-threatening accidents • Violent crimes • Sexual assault • Serious threat of injury or death • Witnessing death • Prolonged violent event or combat



Diagnosing PTSD

In many cases, first responders who suffer from PTSD go untreated because the symptoms are not recognized or are ignored. PTSD requires professional treatment. According to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders*, there are criteria for PTSD to be diagnosed. The following is a brief overview of the main criteria:

- Exposure to a traumatic event with an unresolved stress reaction
- Arousal symptoms (sleeplessness, inability to focus)
- Intrusive symptoms (mental replays of the event)
- Avoidance symptoms (shutting oneself off from the world)
- PTSD symptoms that last beyond one month
- Symptoms cause significant disruption to everyday life

Symptoms of PTSD

The symptoms of PTSD range in level of intensity and vary from person to person. Responses to stress can be mild to severe, and early intervention may have an impact on recovery and resilience for the first responder. The following tables illustrate the range of symptoms and how they may present.

Mild Symptoms of PTSD

- Some indication of distressing memories and dreams/nightmares
- Inability to focus, feeling distracted but overall still able to function
- The condition may resolve itself without intervention

Moderate Symptoms of PTSD

- Increased number and intensity of symptoms
- Depression, heightened arousal, avoidance, restlessness, sleep disturbances
- Disruptions in day-to-day life (family, work, activities)
- Intrusive images, flashbacks
- Professional help is usually required

Severe Symptoms of PTSD

- Inability to complete routine tasks (affects work and family life)
- Nightmares, panic attacks, depression, anxiety
- Spiritual despair
- Suicidal thoughts
- Professional help is required

Other Issues Linked to PTSD

Unfortunately, PTSD is not the only disorder that may be a serious problem for individuals who are dealing with the effects of trauma. There are other serious conditions that may accompany PTSD, and



these conditions are what mental health professionals call **co-morbid disorders**. It is believed that of all people diagnosed with PTSD, 80 to 98.8 percent also battle with at least one other clinical issue (O'Brien & Bremner, 2006). The most common disorders that accompany PTSD are the following:

1. **Depression:** An inability to manage PTSD may lead to feelings of depression.
2. **Panic attacks:** Increased arousal is a reaction to stress.
3. **Substance abuse:** Individuals with PTSD may turn to drugs and/or alcohol as a coping strategy.
4. **Anger and irritability:** These reactions are responses to excessive internal stimulation.
5. **Vicarious trauma:** This occurs when PTSD symptoms develop in people who are close to affected individuals (for example, spouses and/or children).

co-morbid disorder

clinical term used to define the simultaneous presence of two chronic conditions in a patient

Susceptibility to PTSD

It is important to understand why some first responders develop PTSD while others do not. A variety of factors are involved; however, two main points come into play:

1. **With experience, an individual learns how to manage stress.** Some individuals, through their own life experiences and challenges, have cultivated either strong or weak coping strategies and these strategies determine how stress will impact their lives.
2. **The meaning an individual assigns to an experience will direct how the event is perceived and processed.** If a first responder views an incident as devastating and hopeless, his or her ability to recover will be more of a challenge compared with that of another first responder who views the same situation as unfortunate and unpreventable.

Risk Factors for Developing PTSD

It is difficult to predict who will develop PTSD; however, there are risk factors that will increase the likelihood of a first responder being diagnosed. The following are factors that contribute to the manifestation of PTSD:

- Anxious individuals are more susceptible to PTSD
- Having sustained childhood trauma and/or a history of traumatic events
- Feelings of guilt or personal responsibility
- Perception of the event as life-threatening
- Current stressors (illness, divorce, death of a loved one)
- Having felt dissociated from or "outside" the event when it occurred
- Having sustained severe personal injury during the event
- Pre-existing psychological problem and/or family history of mental illness

Reducing the Risk

Understanding and identifying the risk factors that may contribute to the development of PTSD can reduce an individual's overall chance of being diagnosed with PTSD. Steps that can be taken to mitigate the risk of developing PTSD are outlined below.

Reducing the Risk of PTSD

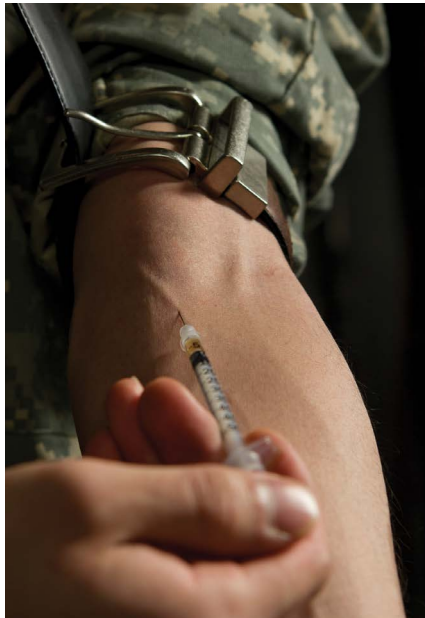
- Take part in PTSD education and training.
- Develop a positive attitude and the ability to envision the possibility of a greater good in all situations.
- Associate and socialize with supportive people (leaders, managers, family, friends).
- Limit exposure (when possible) to reminders of the traumatic event.
- Have belief in your role; understand that not all situations can be controlled.
- Use teamwork and peer support during difficult events and situations.
- Get early intervention after a traumatic event: ASK FOR HELP.

Coping Strategies to Avoid

The following are a few common behaviours that individuals may turn to to alleviate the pain and discomfort they experience after a traumatic event; however, these behaviours are not effective treatments and should be avoided.

Behaviours to Avoid Following Exposure to Stress

- Use of drugs and/or alcohol to relax, lower anxiety, or block thoughts. Substance use/abuse is not a cure for PTSD.
- Social isolation and avoiding people who could be supportive. Blocking emotional contact allows negative thoughts to persist.
- Stopping physical exercise and recreational activities. Exercise is a natural antidepressant and should not be avoided.
- Anger. Outbursts directed at people may lead to social isolation.
- Overfocusing on work. Addiction to work leads to further isolation—a work–life balance must be maintained.



Treatment for PTSD

It is crucial to not leave the responsibility for recovery up to others. While other people can be supportive, the individual first responder is the most important person in the recovery process. First responders should educate themselves about PTSD. Reading this book is a great start. If an individual experiences symptoms of PTSD, regardless of how mild or insignificant they may be, psychological evaluation to confirm PTSD should be sought. Acceptance of appropriate help is critical and it should be remembered that most people recover from PTSD. Resources are provided in Chapter 7 of this handbook to assist individuals in locating support and treatment programs.

KEY TERMS

- acute stress disorder (ASD), 32 post-traumatic stress disorder (PTSD), 33
- battle fatigue, 33 shell shock, 33
- co-morbid disorder, 37

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