

WORKING WITH TRAUMA EXPOSURE IN FIRST RESPONDERS:
Recommendations and Considerations of Treatment Design



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WELCOME & ACKNOWLEDGEMENTS

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INTRODUCTION

First Encounter - Doug

Professional Experiences

- **Substance Abuse - Inpatient**
- **Safe Haven Outpatient**
- **PTSD in Private Practice**



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INTRODUCTION

- In the United States there are approximately 331,407 professional firefighters and 219,000 emergency medical service, including both EMTs and paramedics.
- Studies have found PTSD rates of up to 30% among first responders
- Firefighters in the United States are three times more likely to die of suicide than from fighting a fire.



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INTRODUCTION

- In addition to posttraumatic stress disorder (PTSD), first responders are very likely to struggle with various stress-related disorders including depression, generalized anxiety disorder, social anxiety disorder, or panic disorder.
- 50% of firefighters report excessive alcohol and an increased level of substance abuse has been observed, as many first responders self-medicate to cope with the untreated symptoms of traumatic stress exposure.



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PROBLEM STATISTICS

- Firefighters are 3 times more likely to die from suicide than from a line of duty death.
- PTSD in firefighters and emergency medical services workers ranges from 8-32% compared to 6.8-7.8% in the general population.
- Depression, anxiety, sleep difficulties, alcohol, and substance abuse are co-occurring disorders with PTSD with a disproportional representation in the ranks of first responders (Sheldon et al., 2019, Smith et al., 2018; Straud et al, 2016).



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POPULATION DEMOGRAPHICS

- Ten individuals participated in the study by sitting for a 45-60 minute interview.
- Six study participants were firefighters (all were cross-trained EMS).
- Four study participants were emergency medical services workers.
- Participants ranged from 10 – 30 years active service.
- All study participants were male.
- Eight study participants were Caucasian, one African-American, one bi-racial.
- Study participants were from Pennsylvania (7), Maryland (2), and Florida (1)
- Nine identified as Christian, one as Agnostic



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IDENTIFIED THEMES

- Trauma
- Coping
- Culture
- Professional Help
- Faith



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TRAUMA

Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. According to *Diagnostic and Statistical Manual 5 (DSM-5;* American Psychiatric Association, 2013)A traumatic stressor is "any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close member, or a close friend" (DSM-p. 271).

- Subtheme 1: Experiences
 - ❖ Experiences: Children victims
 - ❖ Experiences: Death/Injury
- Subtheme 2: Traumatic Effects
 - ❖ Effects: Physical
 - ❖ Effects: Cognitive
 - ❖ Effects: Emotional



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COPING

Coping refers to how the individuals deal with the effects of traumatic stress exposure on their lives. Coping could be either positive or negative in nature, or healthy versus unhealthy.

- Subtheme 1: Internal Coping
- Subtheme 2: External Coping
- Subtheme 3: Support



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CULTURE

Culture is defined as a way of life of a group of people: the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next (Spencer-Oatey & Franklin, 2012).

- Subtheme 1: Like Family
- Subtheme 2: They get it, others don't.
- Subtheme 3: Gallows humor
- Subtheme 4: "Suck it up and deal"
- Subtheme 5: Stigma



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PROFESSIONAL HELP

Professional help refers to the firefighters and emergency medical services connecting with treatment for symptoms of traumatic stress exposure.

- Subtheme 1: Recognition
- Subtheme 2: Knowledge of resources
- Subtheme 3: Access
- Subtheme 4: Level of Care



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FAITH

- The theme of Faith refers to the impact of traumatic stress exposure on the individual's faith or spirituality.



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ISSUES UNIQUE TO FIRST RESPONDERS

- STIGMA
- CONFIDENTIALITY
- "OTHERS DON'T GET IT"
- CHALLENGING SHIFTS
- REPEATED EXPOSURE TO SITUATIONS



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COMMON DIAGNOSES IN FIRST RESPONDERS

- Depression
- Anxiety
- PTSD
- Alcohol/Substance Abuse
- Suicidal Ideation
- Domestic Abuse
- Anger Issues
- Insomnia



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COMMON TREATMENT MODALITIES

- **Prolonged exposure therapy.** This therapy allows patients to face past triggers and trauma in a safe environment. Prolonged exposure therapy may incorporate virtual reality or imaginal exposure. Prolonged exposure therapy gives first responders the relaxation and coping techniques that can help them manage the stress encountered on the job.
- **Trauma-focused cognitive behavioral therapy (TF-CBT).** This gives first responders the ability to recognize problematic and negative thoughts and replace them with positive ones that can support positive behaviors.
- **Didactic behavior therapy.** This teaches techniques that can help first responders practice mindfulness so that they can manage turmoil and their emotions in more effective ways.



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COMMON TREATMENT MODALITIES (cont.)

- **Stress Inoculation Therapy.** SIT is a specific type of cognitive behavioral therapy that incorporates ways to manage stress. Within this therapy, there is a variety of options. These include role-playing, biofeedback, meditation, breathing exercises, and more.
- **Eye-Movement Desensitization and Reprocessing (EMDR).** This therapy uses stimulation in the brain triggered by eye movements and simultaneous recollection of memories. This may help minimize traumatic memory's intensity. It also works to reduce the emotions associated with trauma.
- **Cognitive Processing Therapy.** CPT teaches you how to evaluate and change the upsetting thoughts you have had since your trauma. By changing your thoughts, you can change how you feel..
- **Experiential therapies.** Therapies like hypnosis, breathwork, eye movement desensitization and reprocessing (EMDR), and somatic experiencing can assist first responders in developing a greater understanding of how trauma impacts their minds and bodies. It can also teach them the methods required to heal from the effects of past trauma.



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HELPFUL APPROACHES

- STAFF WITH EMS EXPERIENCE
- ACKNOWLEDGE DIFFERENCES
- HIGHLIGHT EXPERIENCE
- RELATIONSHIPS
- BE CURIOUS
- PSYCHO-EDUCATION AND NORMALIZE
- ASSESSMENTS – CONCRETE SCORES



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USEFUL ASSESSMENTS

- IMPACT OF EVENTS SCALE-REVISED (IES-R)
- TRAUMA SCREENING QUESTIONNAIRE (TSQ)
- PTSD CHECK LIST (PCL-5)
- CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-5



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RESOURCES FOR INFORMATION



www.thecodegreencampaign.org



<https://arsuniversity.thinkific.com/>



www.copline.org



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QUESTION AND ANSWER



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