

# Reactions to Traumatic Stress

## *Post Traumatic Stress Disorder (PTSD)*

Incidence/Prevalence: Approximately 8% of adults in the United States suffer from post traumatic stress disorder (PTSD) during their lifetime. In the general population, women (10.4%) are twice as likely as men (5%) to have PTSD. Rates of PTSD in firefighters are higher (due to their greater exposure to trauma or critical incidents).



## *Identification*

Exposure to events that many people would consider to be traumatic is relatively routine in the day-to-day occupation of firefighters. Confronting severe injury and death following fire, motor vehicle accidents, industrial accidents, domestic violence, murder, or terrorist attacks is not uncommon during the course of a year for any firefighter.

Factors related to the development of PTSD include:

- greater critical incident duration, intensity, unpredictability, uncontrollability, real or perceived responsibility and betrayal associated with the critical incident
- greater perceived threat from the critical incident or greater terror and horror in reaction to the incident
- family history of psychiatric illness
- ongoing stressful life events at the time of the critical incident
- lack of social support
- a social environment that promotes shame, guilt, stigmatization, or self-hatred

These events are typical traumatic stressors that can lead to nightmares or intrusive thoughts (re-experiencing), avoidance or numbing (avoiding people or places associated with the event) and increased arousal (irritability, difficulty concentrating and sleeping).

## Definition

### Symptoms of PTSD:

A. The person has been exposed to a traumatic event in which both of the following have been present:

1. the person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
2. the person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in at least one of the following ways:

1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

2. recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content
  3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.
  4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
  5. physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:
1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
  2. efforts to avoid activities, places, or people that arouse recollections of the trauma
  3. inability to recall an important aspect of the trauma
  4. markedly diminished interest or participation in significant activities
  5. feeling of detachment or estrangement from others
  6. restricted range of affect (e.g., unable to have loving feelings)
  7. sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)
- D. Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:
1. difficulty falling or staying asleep
  2. irritability or outbursts of anger
  3. difficulty concentrating
  4. hyper-vigilance
  5. exaggerated startle response
- E. Duration of the disturbance (symptoms in B, C, and D) is more than one month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

#### *Coping with PTSD*

Training, experience, firefighter mentality (“I have a job to do”) firehouse camaraderie and sharing tragedies with your firefighter family are factors that can provide a buffer against developing PTSD. Conversely, the greater number of years in fire service will not necessarily protect firefighters from developing PTSD.

- If you find yourself experiencing symptoms of PTSD for longer than a period of one month, don’t ignore it!
- Seek professional help – There are proven effective treatments to relieve PTSD. (International no sign ) Feeling shame, disgrace or dishonor is not helpful and will not move you toward recovery.
- Importantly, there are numerous factors that provide a buffer against developing PTSD:
- Social support- talking to trusted family members and friends
- Seeking help – PTSD can be treated successfully. Your Fire Department’s EAP or professionals within the community can help you overcome PTSD.

- Cope with symptoms in positive and adaptive ways – exercise, healthy nutrition, connecting to others not negative, non-adaptive ways – drinking, drugging, overeating and isolating.

*Resources*

For further information on PTSD and coping with PTSD please see:

The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms by Mary Beth Williams, Soili Poijula New Harbinger Publications; 2002

Post-Traumatic Stress Disorder Sourcebook  
by Glenn R. Schiraldi McGraw-Hill; 2000

[National Center for PTSD](#)

[American Psychiatric Association](#)

[American Psychological Association](#)

Acute Stress Disorder

Acute Stress Disorder is differentiated from PTSD primarily by the time in which it occurs- the first 30 days following exposure to a trauma or critical incident. This disorder involves many of the same symptoms seen in PTSD including the symptom clusters of re-experiencing (nightmares, intrusive thoughts), avoidance and arousal (anger and irritability, sleep and concentration difficulties). If these symptoms continue 30 days after the trauma an individual may be at greater risk for PTSD.

Symptoms for Acute Stress Disorder:

Timeline for symptoms and disorders following exposure to a traumatic event:

Acute Stress Disorder

Posttraumatic Stress Disorder

PTSD-Chronic

2- 30 days -----30 days to 3 months-----6 months

This timeline shows that if left untreated or unaddressed, acute stress disorder can develop into PTSD and PTSD can become chronic. The earlier treatment is sought and positive coping is employed, the less likely that this disorder can progress to a chronic condition.

You can avoid suffering in yourself, your family and your co-workers if these symptoms are addressed early on. At the same time, individuals who have suffered from PTSD for years, or even decades, can get relief and resolution with appropriate treatment.

Don't delay getting help and it's never too late to get help.

*Disaster PTSD*

When disasters occur, the reach and risk of PTSD becomes much greater. Disasters affect whole neighborhoods, towns, cities or countries. During disasters, an entire city's resources may be mobilized to help restore the hundreds or thousands of people affected. Without fail, firefighters are on the frontline, the first to respond to the disaster. In addition, firefighters often stay on the disaster scene for days and weeks if a lengthy recovery operation is necessary. When the magnitude and scope of trauma is so great, the demands on the firefighter's time, strength and energy is equally great. Oftentimes the physical and emotional demands of rescue and recovery do not allow the firefighter to attend to his or her own needs. Firefighters will often take shortcuts with their sleep, their nutrition and connection to their families in the aftermath of disasters. These shortcuts can short-circuit you and your physical and psychological health. Hours and days on the scene of a disaster can take a heavy emotional toll. Unexpectedly

gruesome sights, mass casualties or loss of friends or family during a disaster can put even the most senior and seasoned firefighter at risk for acute stress disorder or PTSD. An appreciative community's gratitude toward firefighters often comes with the label of "hero". In fact, many of firefighter's actions at the scene of a fire accident or disaster are indeed heroic. But the label can come with an unintended side effect making firefighters feel that they themselves should not require help and that if they do need help that all is lost. Seeking help when it's needed is not a weakness, it is a measure of strength. Vulnerabilities arise if problems go unaddressed and begin to erode functioning, family and friends.

Firefighters who work disaster scenes should take more care, not less, to make sure that they and their families, who are also very affected by disasters, are physically and emotionally safe. This will necessitate you giving attention to your own well being in addition to that of the public and your family. Keeping yourself balanced during this time will allow you to meet the extraordinary needs of the disaster aftermath.

*References*