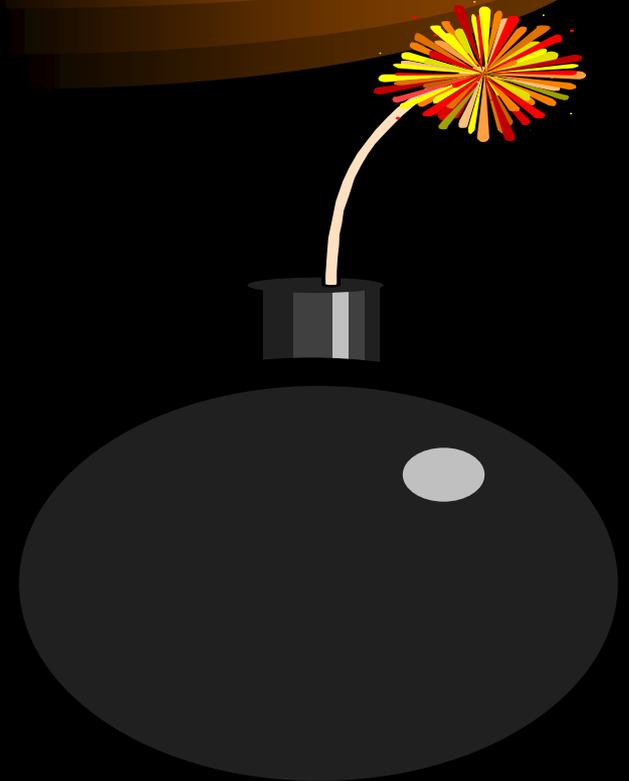


# ***STRESS & TRAUMA IN CRISIS***

**Two Days in June  
Boise, Idaho**

**June 2/3 , 2016**

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# *CRITICAL INCIDENT STRESS*

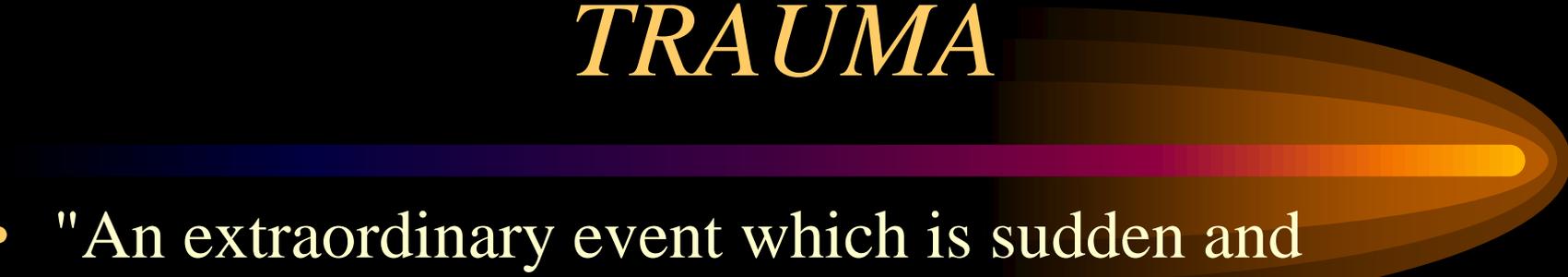


- Emergency services professionals risk exposure to critical incident stress with accompanying post-trauma reactions.
- Reactions to these events can affect job performance, social and family relationships and the overall quality of life.

# *CRITICAL INCIDENT STRESS*

- Stress Kills – Reacting vs. Responding
- Police officers reporting high levels of stress have three times greater health and domestic violence problems, five times higher rates of alcoholism, and are ten times more likely to suffer from depression than other officers (National Institute of Justice. 1999).

# *TRAUMA*



- "An extraordinary event which is sudden and overwhelming, often dangerous either to oneself or significant others" (Figley, 1988).
- Characterized by: "A sudden and unexpected onset, threat to life, loss of the person's sense of self, and a disruption of values" (Nielson, 1984).
- Trauma can cause post-incident symptoms such as hyperarousal, intrusive imagery, rage, and grief. These are symptoms associated to an **abnormal** event.

*Some days we wish we didn't  
have to be at work!*





# *FACTORS AFFECTING TRAUMA IN FIRST RESPONDERS*

- Exposure to a Traumatic Event **can** result in Posttraumatic Stress Disorder (PTSD).
- State of mind in the midst of trauma influences how memory is laid down and processed.
- Peritraumatic **reaction** predicts prolonged distress.
- Secondary or Vicarious Trauma **can** be experienced by Helpers as a result of the empathetic engagement with others.
- Cognitive Denial (Defense) can be useful in the Impact Phase but not in the Recoil or Adaptation Phase.

# *POSTTRAUMATIC STRESS DISORDER*

- Experienced at least one traumatic or life-threatening event.
- Persistent re-experience via dreams or intrusive thought.
- Persistent avoidance of associated stimuli and numbing of emotion.
- Persistent increased arousal.
- Disturbance duration of more than one month.
- Threat or harm to self and significant others. Seeing death or injury occurring.
- Flashbacks, illusions or distress at exposure to symbols.
- Diminished interest, detachment, restricted affect, sense of foreshortened future.
- Insomnia, irritability, reactivity hypervigilance, anger, > startle response, < concentration.

# *VULNERABILITY FACTORS*

## *VS*

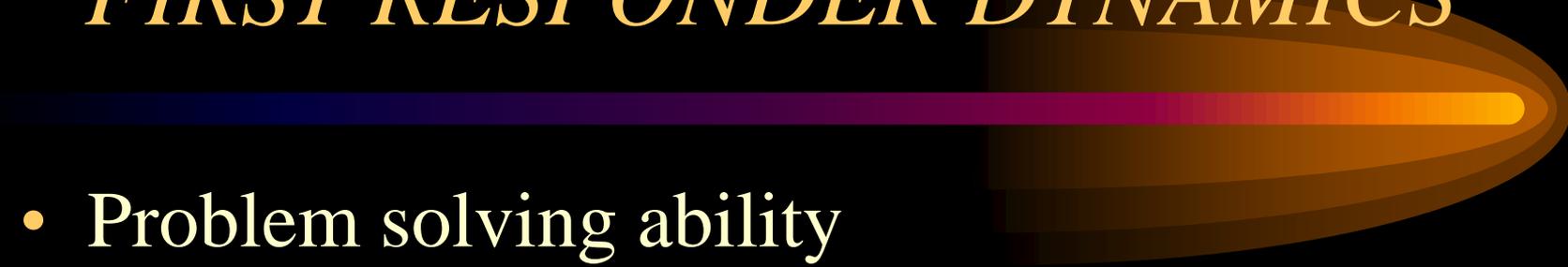
# *MITIGATING FACTORS*

- Personality Traits
- Previous Exposure
- Parental Separation
- Lower Education
- Severity of Event
- Relationship to Agent
- Duration
- Peritraumatic Response
- Pretrauma Innoculation
- Sense of Control
- Actively Helping
- Controlled Disclosure
- Social Support
- Belief System
- Debriefing (CISD)
- Psychological

# *First Responder Trauma*

- Police officers, firefighters, correctional officers, emergency medical technicians, and dispatchers, face unique challenges in dealing with and recovering from critical incidents.
- First responders often deny and suppress normal emotional responses, such as empathy or fear.
- Continued suppression can lead to symptoms of emotional detachment, agitation, substance abuse, suicide, and symptoms associated with PTSD.

# *FIRST RESPONDER DYNAMICS*



- Problem solving ability
- Action oriented in the service of responding to emergencies
- An expectation to be in control of the environment and of him/herself
- Command presence and ability to maintain clarity and effectiveness under stress

# *FIRST RESPONDER DYNAMICS*

- Effectively able to control people in crisis
- Unaffected by gruesome events
- An expectation to affect positive outcomes regardless of the circumstances.

Holy \_ \_ \_ \_ Batman...It's Superwoman!!

# *FIRST RESPONDER DYNAMICS*



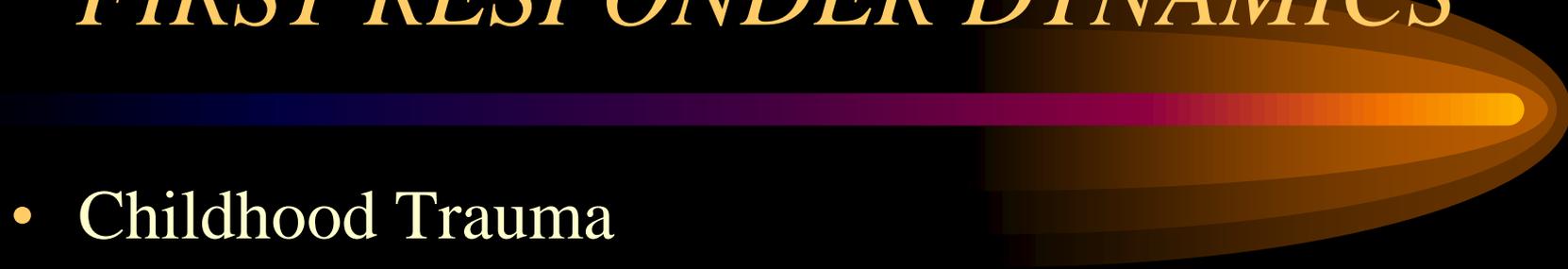
- strong need for the acceptance, respect and approval of peers (Benner, 2000).
- survival strengths such as psychological toughness, independence and self-reliance help the responder.
- recovery strengths such as warmth, compassion, and sensitivity are often discouraged.

# *FIRST RESPONDER DYNAMICS*



- survival characteristics that are reinforced on the job can result in negative consequences if taken home (i.e., emotional suppression)
- Self-blame and “what if’s”

# *FIRST RESPONDER DYNAMICS*



- Childhood Trauma

“It is a paradox that those early life experiences that may lead a person to choose police work as a career might be the very elements that undermine it”  
(Kirschman, 1997).

# *VICARIOUS TRAUMA INJURY*



- Behaviors and emotions resulting from witnessing an event or knowledge about a traumatizing event that was experienced by another person.
- Cumulative stress resulting from heightened caring about victims of criminal acts (compassion fatigue) (Figley, 1999).

# *QUESTIONS???*



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# Immediate Referral Signs:

## Cognitive

*When:*



*Has become:*

- Slight disorientation
- Problems prioritizing
- Flashbacks
- Numbing
- Problems planning
- Confusion, misperceptions

- Can't tell who, when
- Overwhelmed
- Hallucinations
- Disconnection
- Life-skills dysfunction
- Acting on bizarre beliefs

# Immediate Referral Signs:

## Emotional

- | <i>When:</i>        |  | <i>Has become:</i>       |
|---------------------|---|--------------------------|
| ■ Upset, crying     |   | ■ Hysteria               |
| ■ Anger, blame      |   | ■ Threat to others, self |
| ■ Dulled response   |   | ■ No response, rigidity  |
| ■ Anxiety           |   | ■ Panic                  |
| ■ Fatigue, slowness |   | ■ Physical shock         |

# Immediate Referral Signs: Behavioral

■ *When:*

■ Excessive talk, laughter

■ Restlessness, excitement

■ Pacing, hand wringing

■ Disheveled appearance



■ *Has become:*

■ Uncontrolled/Manic

■ Unfocused agitation

■ Ritualistic behavior

■ Inability to care for self

# *Remember!!*

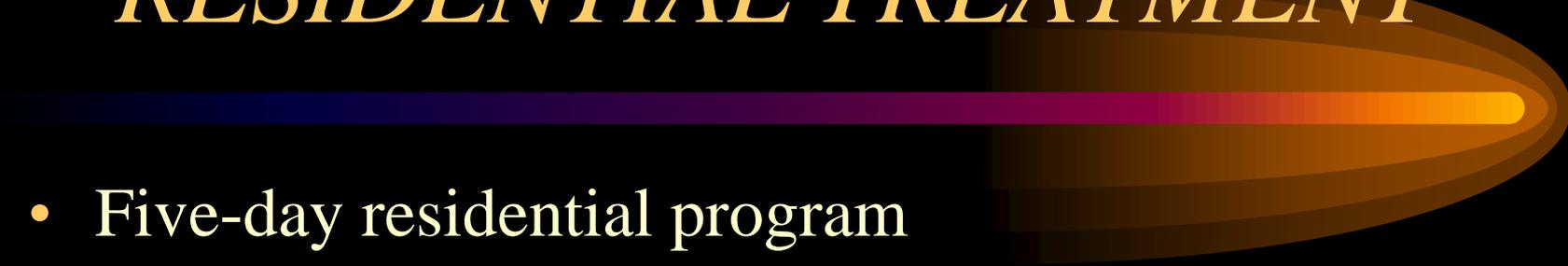
↓ The effective helper views another person's problem as just that... the other person's problem!!

↓ The helper can assist the individual to do what he or she wants to do, but that person must act on his or her own behalf.

# THRIVING vs COPING

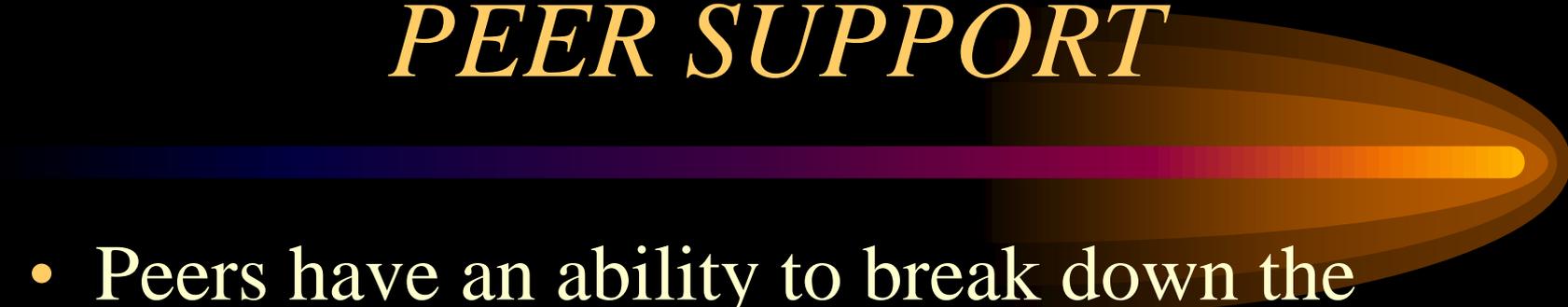
- It is normal to have posttraumatic symptoms (ie. Rage, fear, insomnia, fear of losing control).
- Symptoms usually get worse before they get better. Some may remain. What matters is that they do not interfere with normal functioning.
- Post Incident distress is responsive to counselling. Disclosiveness is correlated with resilience.
- Recall of trauma is triggered by something in the present that needs attention. **GET TALKING.**
- Positive outcomes can emerge from trauma (ie. Growth, strength, hope). **Find the Positive - Thrive!**

# *RESIDENTIAL TREATMENT*



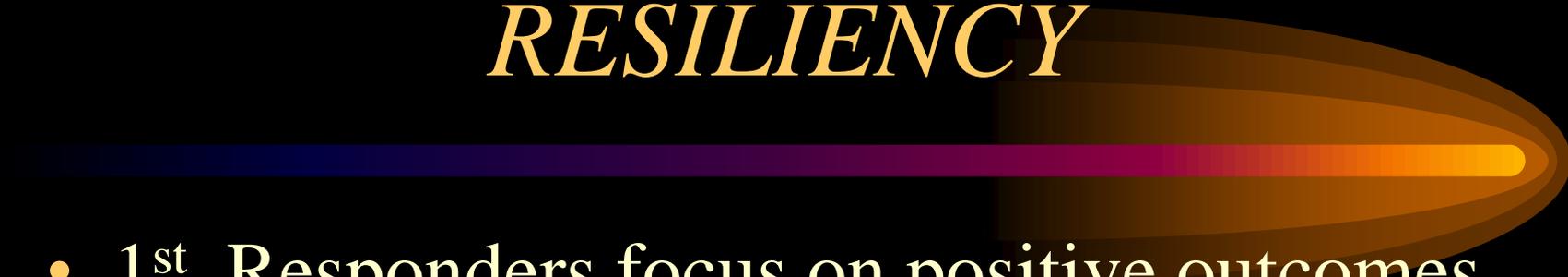
- Five-day residential program
- West Coast Post Trauma Retreat – Napa, CA
- On-Site Academy in Gardener, Massachusetts.
- Key Components include: Peer Support, Context, CBT, Spiritual, Intense Group Process, EMDR.

# *PEER SUPPORT*



- Peers have an ability to break down the fallacy of uniqueness.
- The peer role, in the treatment process provides acceptance, validation and empowerment as the resident reprocesses and reworks their experience.
- Highly trained peers who themselves may have experienced similar circumstances.

# *RESILIENCY*



- 1<sup>st</sup>. Responders focus on positive outcomes of having survived a critical incident.
- they may share their experience with others.
- Resiliency research from Holocaust forward reflects health through sharing experience.

# *CONTEXT*



- Creating a personal place of peace - senses engaged
- Sight (swaying palms)
- Sound (surf)
- Smell (plumeria)
- Taste (pineapple or macadamia)
- Touch (sand or breezes)

# CONTEXT

- Dismantles guardedness
- Reduces or increases anxiety
- Opens a different stream of affect & cognition
- Affects behaviour
- Provides a healing environment

Context in your life – campfire/vehicle at night/ski lift/boat/horseback

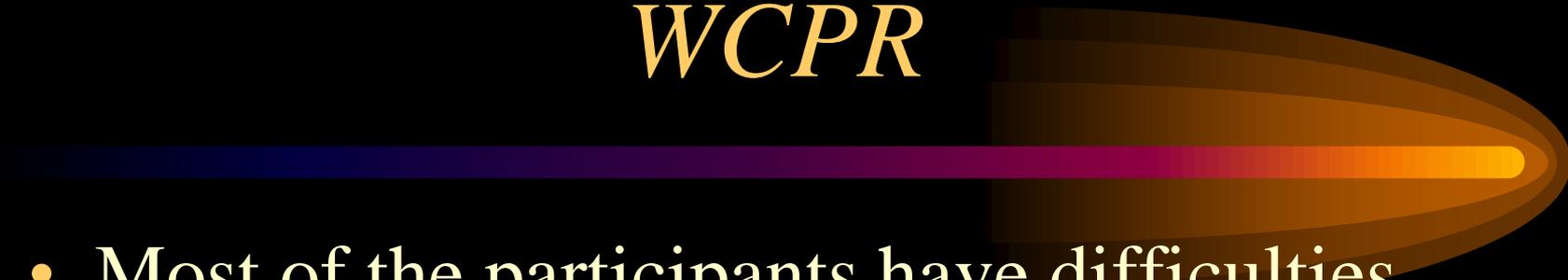
- Walk 'n Talk
- Intentional Conscious Walking

# *WEST COAST POST TRAUMA RETREAT (WCPR)*



- The mission of the WCPR program is to help emergency service professionals and retirees regain control over their lives and either return to work with a new perspective on stress and coping, or make career change, including retirement.

# *WCPR*



- Most of the participants have difficulties functioning at work and/or at home as a result of their involvement in one or a number of critical incidents.
- Others are unable to function at all and are at high risk for suicide.