

Stress Management for First Responders

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A decorative graphic consisting of several horizontal lines of varying lengths and colors (teal, light blue, white) extending from the right side of the slide towards the center.

Stress vs. Trauma

- Stress and trauma are NOT the same thing
- Stress happens daily to everyone
- Trauma “happens to you”(far more intense)- emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless and vulnerable in a dangerous world

Post Traumatic Stress Disorder

- Exposed to traumatic event in which the person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- Response involved intense fear, helplessness, or horror

Post Traumatic Stress Disorder

- **Re-experiencing** symptoms-having upsetting thoughts or memories about a traumatic event, recurring nightmares, acting or feeling the traumatic event is happening again “Flashbacks” (1 or more for dx)
- **Avoidance**-effort to avoid thoughts/feelings about event, avoid places or people reminding person of event, isolating/feeling distant from others, difficulty experiencing positive feelings(3 or more for dx)
- **Hyperarousal**-difficulty falling/staying asleep, irritable, anger outbursts, constantly feeling “on guard”, easily startled, difficulty concentrating (2 or more for dx)

Early Warning Signs of PTSD

- Changes in **how you think**- “I just don’t care anymore.”
- Changes in your **mood**- feeling annoyed/irritated at people, feeling sad, hopeless even when with loved ones, feeling happy/up one minute then feeling down/anxious the next
- Changes in your **behavior**- not taking care of daily tasks such as showering, eating, etc. due to lack of energy, isolating from loved ones, using substances to numb/cope
- Recognize your own warning signs

Post Traumatic Stress Disorder

- Critical Incidents-big, catastrophic events that can lead to PTSD-some depts. have programs to offer support for CI
- Cumulative PTSD-living through a series of stressful and/or traumatic events over time-like one bumble bee sting after another
- Secondary or vicarious trauma-person associated with victim of trauma themselves experience PTSD symptoms

Hypervigilant Stress Cycle

- Nature of the job-bombarded with constant frustration, negativity, and unappreciativeness leads to an experiencing of the stress reaction and consequently to **adaptation**
- Creates a learned perceptual set ultimately causing the person to alter the social and physiological manner in which he/she interacts with the environment
- Interpret any environment as potentially threatening-informed and experienced-Where do you sit at a restaurant? Do you carry a firearm off duty? (Rather be judged by 12 than carried by 6)
- Average person has stimulus habituation where brain scans environment as neutral-officers need elevated attentiveness and hypervigilant perceptual style
- Elevated physiological state-on alert constantly, daily

“Cop Work Gets in the Blood”

- Message of potential danger-mild to moderate elevations of the sympathetic branch of the autonomic nervous system (Fight, flight, freeze)
- Interpreted as energizing, rapid thought pattern, general speeding up of physical and cognitive reactions
- Behavioral-rapid speech, humor and wit present, general feeling of aliveness
- Limbic system activated-epinephrine physiological responses initiated (adrenaline rush)
- Significant specific stressor does not need to be present-just the perceptual set that becomes an everyday manner of perceiving the world

“Cop Work Gets in the Blood”

- Over-identifying with work-mainly socially interacting with other law enforcement types reinforces hypervigilant perceptual set
- Narrowing comfort zone-where he/she is able to interact without feelings of vulnerability and reactivity
- Parasympathetic state (“off duty depression”)- tiredness, numbness, an almost detached exhaustion when interacting with less threatening and more mundane tasks (body attempting homeostasis and to revitalize)
- Physiologically based detachment and exhaustion-can be misinterpreted by family members as a lack of interest in family matters or basic rejection of spouse and family

Common Coping Strategies

- Use of drugs or alcohol to “relax”, numb out, decompress, etc.-trying to relax the hyper-aroused physiological state (alcohol activates pleasure centers of brain and it is also a depressant)
- Novelty buying—guns, cars, trucks, boats, etc. as a means of short-term excitement and to “feel good at home and get away from cop work”
- Promiscuity and/or infidelity
- Attempts to create autonomic arousal away from the work place (ways to get the adrenaline rush) and avoidance of the depressed exhaustion

Negative Consequences

- Divorce
- Alcoholism
- Depression
- Anxiety
- Domestic violence
- Heart disease
- Cancer
- Suicides-2009 143 police officers completed suicide

Negative Consequences

- 2009 police suicide statistics-143 police suicides in 2009 (Police Suicide- A Comprehensive Study of 2008 National Data)
- 2008 The National Surveillance of Police Suicide Study(NSOPS) -first of its kind to study actual suicides on a daily basis across all 50 states for an entire year and established that 141 police suicides occurred during 2008
- Highlights from the 2008 study-ages 35-39 are at highest risk, service time at highest risk was 10-14 years, and 64% of suicides were a surprise
- 2009 NSOPS-143 police suicides, ages 40-44 were 27% of the suicides, service time was 20 years and above, officers with less than 10 years continued to share a disproportionate portion of the suicides 17%

Healthy Coping Strategies

- “Decontaminate” from the effects of the street adrenaline through aerobic exercise (relatively low intensity, increases heart rate and breathing)-walking, biking, low impact dance class, kick boxing, all the cardio machines at the gym
- Time management-make a commitment to engage in desired aerobic exercise immediately after duty to help transition home
- Relaxation techniques-deep breathing, meditation, guided imagery, yoga, progressive muscle relaxation, etc.
- Exercise-walking, swimming, running, basketball, biking, etc. which helps with sleep, goal is 30-60 minutes on most days
- Eating a well balanced diet
- Sleep-go to bed and wake up at same time, goal is 8-9 hours of sleep

Healthy Coping Strategies

- Importance of other social roles-officer needs to practice perceptual sets other than those of hypervigilance and scanning the environment (family, friends, sports, church, etc.)
- Connecting with others-ask for support, accept support, volunteer
- Find activities that make you feel better-cooking, reading, playing with kids or pets, etc.
- Allow yourself to feel what you are feeling when you feel it

Resiliency: Ability to Bounce Back

- Commitment to finding meaningful purpose in life
- Belief in our ability to affect the outcome
- Acceptance-particularly of what you do not like
- Self-reliance
- Spirituality-which need not be religious

Summary

- Be aware of warning signs
- Be aware of changes in thoughts, mood, and/or behavior
- Seek support
- Be aware of they hypervigilant perceptual set and cycle
- Implement healthy strategies to calm your system down
- Implement other learned healthy coping strategies daily
- Take time to take care of you

Thank you

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