

REMOVING THE STIGMA

WHAT IS POST TRAUMATIC STRESS DISORDER (PTSD)?

Post-traumatic stress disorder (PTSD) is a particular set of reactions that can develop in people who have experienced a traumatic event or a series of traumatic events (through either hearing, witnessing, or experiencing it); that threatened the life of themselves or others that led to feelings of intense fear, hopelessness or horror.

(Ref: Beyond Blue, 2016)

PTSD is characterised by four (4) clusters of symptoms:

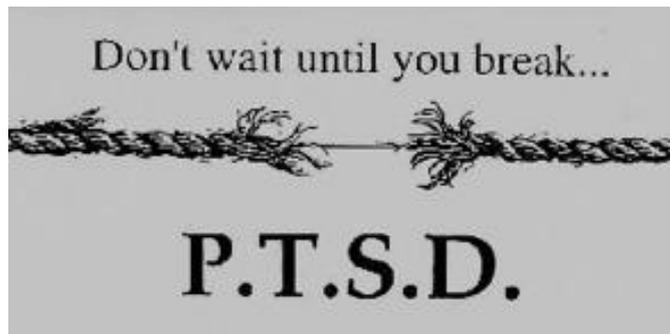
- **Re-experiencing** symptoms (intrusive memories / dreams)
- **Avoidance** symptoms (avoiding thoughts / feelings / places)
- **Numbing** symptoms (feeling 'detached' from others)
- **Increased arousal** symptoms (difficulty sleeping, irritability, hypervigilance)

At least one symptom in each of the four categories must present for more than one (1) month & be associated with significant distress in the persons functioning.

(Ref: ACPMH, 2015)

> 80,000 full time Emergency Workers in Australia, approximately 1:10 experiencing PTSD symptoms

(Ref: Black Dog Institute, 2015).



EMERGENCY WORKERS and TRAUMA

- **Accumulative exposure**

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- Responses amplify the more times a person:

- 'Icing on the cake' can occur with jobs that were once considered:

- 'Culture' within the services can cause:

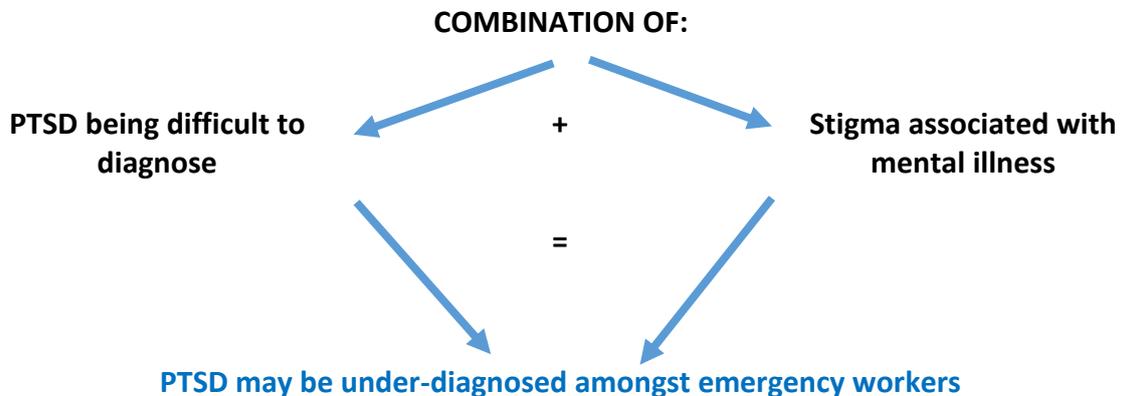
- Can have a **delayed onset of PTSD** where in some cases symptoms don't present until more than: _____ after exposure.

- In contrast to the general population, their response to trauma is often:

_____ rather than:

- Those with PTSD are six (6) times more likely to: _____ & (5) times more likely to: _____

(Ref: ACPMH, 2015)



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- Therefore many officers are not receiving the help that they need to begin healing their injuries.

(Ref: ACPMH, 2015)



VICARIOUS TRAUMA

It's not just the jobs that the 'on-road' staff **physically attend** – that can cause psychological trauma.

Whilst it can be a natural stress response to feel empathy towards the ones experiencing the trauma, **over time** – the '**controlled**' empathy that **Communication officers / Emergency Medical Dispatchers (EMD's) & Call takers have**, can start to become **overwhelming and intruding for some**, also causing **psychological & physical concerns if not dealt with**.

*Please be mindful, that family and friends can also be susceptible to vicarious trauma – through what you tell them.

LIFE - PRE & POST TRAUMA

"You must see some terrible things."

How often have you heard that?

The **good** news is that:

'Research has shown that a small percentage of people who are exposed to trauma – actually suffer from PTSD as a consequence.'



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The treatments for PTSD and other mental illnesses associated with exposure to trauma, should be carried out by a professionally trained practitioner. However, the more we know about what symptoms & behaviours can happen should it ever occur to you or someone you know – the better it can prepare us in discovering & managing it early to precipitate a quicker recovery.

Trauma has the effect of organising the lives of trauma survivors into:

LIFE PRE-TRAUMA & LIFE POST TRAUMA

(McElheran, 2011)

Pre-trauma:- Has not been exposed to any of life's traumas

Post trauma:- That particular view on life can no longer be ignored or denied.

'Distance' between themselves and these events is sought – to try and recover.

Much like burning yourself on a hot stove – the initial impulse is to withdraw from the source of the pain.



Withdrawing (in the world of an Emergency Service worker) can be in the form of:

- Absentee days
- Emotionally numbing
- Alienation from others unless necessary.

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CONTROL

When people develop PTSD as a response to exposure to trauma, there will be dysfunctional attempts to gain a sense of **control** – which in reality *prolongs* the problem.

“If I can control my world – then I will be physically & emotionally safe”

- Rarely leave the house unless they have to
- Hypervigilance causes the need to try and control what **could** go wrong (**See ‘Hypervigilance’ section*).

However, the more a person **disconnects & retreats**, the worse the cycle of pain and alienation gets.

The urge to pull away from painful experiences – is considered a ‘normal response to an abnormal event’.

Yet unlike the hot stove scenario....in order to start any psychological healing:

‘the process of re-engagement needs to occur’.

(Ref: McElheran, 2011)

RE-ENGAGEMENT

- Human beings thrive on relationships and **connection**
- **Good relationships** keep us happier and healthier.
- **Social connections** are good for us
- **Loneliness** has detrimental effects.

- **Connections:** To family, friends, & community; are happier, physically healthier, & live longer!
- **Quality relationships:** It’s not the **number** of relationships you have, it’s the **quality** of those relationships that matter. *(Ref: Waldinger, 2016)*
- **Maintain contact:** with people. If you notice someone has become withdrawn in your circle of workmates – call them up, go and visit them, keep the communication happening.
- **Emotional connection with your therapist:** Evidence suggests that if therapy will only be successful if there is a connection made with the therapist on an **emotional level** (regardless of the clinician’s expertise). *(Ref: McElheran, 2011)*

Therefore;



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If you don't feel like you 'connect' with your therapist.....don't give up...

CHANGE TO ANOTHER ONE!



'Life can be hard, but with the right tools – 'trauma' can be reversible.'

-Tony Robbins-



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