

- 1 **Wounded Warrior**
Wounded Responder
Wounded Home
Wounded Family

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- 5 **The Need for All Our Caregivers to Have an Awareness of Mental Health Concerns of our Uniformed Service Personnel**

- 6 **Secondary Traumatic Stress**

- *What is it?*
- *How can I recognize it in a family member?*
- *Impact of secondary traumatic stress on family members*
 - *Spouse \ partner*
 - *Parents*
 - *Children*
 - *Extended family members*
 - *Friends*
- *Risk factors for families*
- *Options for coping with STS\SPTSD*
- *Where do we go with this knowledge?*

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Questions we should ask

- 8 **A Family in Trauma?**

- 9 **Some Additional Thoughts about Families**

- Family can be a source of "natural supports"
- Major influence of families
- Families can be primary or secondary victims of occupational stressors
- Peers and \ or organizations have credibility

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Trauma Exposures
Primary Impact and
**** Secondary Impact**

Responders

** their families

Service members
 ** their families

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- *DSM (DSM-5)*, the definition of trauma and the diagnostic criteria for post-traumatic stress disorder have changed considerably.
- This has changed conceptualization of trauma and how the *DSM-5* definition impacts effective practices for assessing, and treating traumatized individuals.

12 **DSM-5 Criteria for PTSD**

- Exposure to actual or *threatened death*, serious injury or *sexual violence*
- Symptoms of *intrusion* associated with the traumatic event
- Persistent *avoidance* of stimuli associated with the traumatic event
- *Negative alterations* in thinking and mood associated with the traumatic event

13 **DSM-5 Criteria for PTSD**

- Marked alterations in *arousal* and *reactivity* associated with the traumatic event.
- Duration of the disturbance is at least 30 days
- The disturbance causes clinically *significant distress or impairment* in social, occupational and other important areas of function.
- The *disturbance* is not attributable to physiologic effects of a substance (medication or alcohol) or other medical condition.

14 **Structural and functional brain changes in posttraumatic stress disorder.**

- The field of neuro-imaging has made tremendous advances
- significant neuro-biologic changes in PTSD
- There appear to be 3 areas of the brain that are different in those with PTSD
 - hippocampus, the amygdala, and the medial frontal cortex..

15 **The patho-physiology of PTSD. The Brain Relationship**
Hallmark Symptoms of PTSD

- Exaggerated startle response and flashbacks, may be related to a failure of higher brain regions and the hippocampus
- The amygdala appears to be hyper-reactive to trauma-related stimuli
- The findings of structural and functional neuro-imaging studies show a decrease in volume of the amygdala
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16 **Is PTSD a Line of Duty Injury?**

- PTSD: A physical injury to the brain
- Criteria in DSM-IV makes it the only psychiatric disorder that is caused by an external source
 - Defined as an injury
 - It is not genetic
 - It is not a disease

- It is not the fault of the responder
- Can not be spread through "germs"

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Retired Army General Peter Chiarelli has endorsed the idea that post-traumatic stress *disorder* should be renamed post-traumatic stress *injury* to emphasize its putative organic basis.

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18 **PTSD has sometimes been referred to as a soul injury**

Sometimes a place of darkness - a broken spirit or a hemorrhaging soul

The unseen wounds of trauma exposure

19 **Public Safety \ Military Inoculation against Stress and Trauma Reactions**

- Learn how to suppress their emotions
- Culture enhances this learning
- Bravado enriches this learning
- Comradery heightens this
- Self-confidence demands this

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20 21 **Impact of Unresolved Critical Incident Stress Exposures**

- Depression
- Substance abuse
- Anxiety disorders to include PTSD
- Family discord
- Suicidal thoughts\actions

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22 **A Goal for Every Fire Department:
Include a Definition of
An Operational Stress Injury**

- Any persistent psychological difficulty resulting from operational duties performed by a firefighter\ paramedic

- Include diagnosed medical conditions as as anxiety, depression and PTSD

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Although it's not 'contagious,' PTSD can affect everyone around a person who has PTSD. This 'Secondary PTSD' can become a vicious cycle for all concerned.

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Recognition of the Impact of Trauma on Uniformed Services Families

- 25 **Secondary PTSD (Vicarious Trauma)**
- Referred to a “the stress resulting from helping or wanting to help a traumatized or suffering person.”
 - The “cumulative transformative effect of working \ living with survivors of traumatic life events.” Figley \ Pearlman etc.
 - “The stress caused by providing help, or wishing to help, and offering emotional support to a traumatized person.” Fullerton CS and Ursano, RJ, 1997
- 26 **SPTSD Diagnostic Criteria**
- Secondary Impact:
 - Formally recognized in fifth edition DSM-V
 - Spouses and those who live with one who suffers from PTSD
 - They may notice themselves beginning to “mirror” some of the behaviors of the emergency service person
 - A transformation called *Secondary Post Traumatic Stress Disorder*
 - The signs and symptoms are as varied as *Primary PTSD*
- 27 **Secondary PTSD “When S..... Rolls Down Hill” (Bower)**
- First study of Secondary PTSD published in Croatian Medical Journal April, 2007 by Medicinska Naklada
 - Purpose of this study was to determine the symptoms of secondary traumatic stress and the influential factors on the occurrence of secondary traumatic stress in the wives of war veterans with PTSD
 - Method: 56 wives in the study
- 28 **Research Findings**
- 32 participants had six or more symptoms of secondary traumatic stress
 - Three had none
 - Twenty-two met the diagnostic criteria for secondary traumatic stress
 - Those with secondary traumatic stress were married longer than those without
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- 29 **“In an instant, his mood changes. One time something triggered him and he raised his fist over my head. I covered myself as best I could. Then he smashed a glass serving dish onto the granite counter and another onto the kitchen floor.”**
- 30 **“ My son has nightmares every night. He yells, screams and wails in his sleep. Sometimes he wakes up from them. Sometimes I have to talk to him, call to him, and try to wake him up. He wakes up startled, overwhelmed with fear, soaked in sweat. He dreads the night now and finds it almost impossible to rest. He knows that his fears are waiting for him when he shuts his eyes.”**

31 **A Quick Glimpse into the Life of**

"Grumpier than usual

Doesn't sleep well

Not a whole lot of fun

More detached in general

Irritatingly shorter fuse

Even more uptight

His need to chew tobacco and blatant disregard for how put off I find it has reached an all time high".

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"His wife, in the kitchen making dinner, has no idea what her husband has just witnessed. She knows only that he is detached and uninterested in talking to her during their meal.

When she asks if something is wrong, he accuses her of nagging him, leaves the table, spends the rest of the evening in his shop, where he continues to have intrusive thoughts about the incident. His wife, on the other hand, is upset by behavior she does not understand.

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If this situation continues, several things might occur: his wife could become depressed, alienated, and betrayed by her husband's lack of communication; she could start drinking before dinner to numb her feelings of despair; or she might constantly be on the lookout for various cues and triggers that bring on her husband's reactivity. Eventually, her behavior – especially her hyper vigilance – could become a stressor to him. The result is a dysfunctional and unhappy couple."

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34 **Secondary PTS \ PTSD**35 **Life at home with PTSD**

■ Don't write anything on the calendar in pen.

■ We don't know what s\he will be like when s\he comes home.

■ Attitude is most important when dealing with "Semper Gumby"

■ I loved her\him the way s\he "used to be"

36 **Recognition of Family Member Secondary PTSD**37 **At Home the Firefighter Might Say**

■ You just don't understand

■ That's not how we used to do it

■ I need to keep everyone safe so I feel safe

■ I don't do fire engine driving to the grocery store-you only think I do

■ My team at work vs. my family

38 **What a spouse \ partner might say**

- I'm constantly watching for anything that might "set him\her off"
- I need to keep the peace
- I need to keep everyone else in line just in case...
- Everything goes in pencil on the calendar because I never know what mood he'll be in



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What a spouse \ partner \ child might say

"It is easier on days when I know I have to do this family stuff by myself."

"When does s\he really come home?"

"I wish this battle would end soon so I can return to being a normal kid."

"I want my dad back."

40 **Crisis Risk Factors for Family Members**

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44 **Secondary Impact Trauma**

45 **Attempts to Help Often Fail**

- Every once in while the world is good
- But may still get screamed at
- Berated by responder partner
- Responder is "not there" for spouse emotionally
- Begin to feel ignored, unloved
- Coping mechanism of the spouse is often "treat him the way he treats me"

46 **What To Look For**

1 Psychological Effects

2 Depression

Anxiety

Burn-out

Anger outbursts

Loss of emotional control

Suicidal thoughts\actions



3 Behavioral Effects

4 Self Isolation

Sleep disturbance

Change in eating habits

Increase in alcohol or other substance use

Irritability
Temper tantrums



47 **Family members may not acknowledge STS**

1 Self Blame

2 Its just me

Shame: I'm embarrassed to admit it

Denial: it will pass if I ignore it

Cost: I can't afford to take time from work to deal with this and spend family money on me



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Self- sacrifice

4 Don't want to bother anyone else with this

I have to keep up appearances

I can't expose my weakness

Pressure to stay normal

I don't have the time to deal with this

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No time or energy for self

Disconnected from loved ones

Social withdrawal

Cynicism

Generalized despair & hopelessness

Changes in world view or spirituality

Intrusive imagery, dissociation or depersonalization



49 **Who We Are...**

50 **Work that must be done by family members**

■ Identify loved one's symptoms

■ Identify personal coping strategies

■ Identify those strategies that work and those that do not

■ Chose how to respond

■ Chose a well defined self-care package

51 **Culture is the problem** **Culture is the answer to the problem**

We need to create a culture within our profession that does NOT avoid, nor minimize, the importance of mental, emotional or even spiritual health maintenance.

We need to have these strategies be as important a part of our regular training and conditioning programs as our physical fitness programs are.

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Culture: The behaviors , attitudes, beliefs and ideas that are shared within a group and conveyed to future members. Culture reflects the collective perception of right and wrong, good and bad, desirable and undesirable behaviors and characteristics.

Fire service is steeped in a culture of traditions, history, readiness and brotherhood. It is a culture of service and courage. (Chief Ron Siarnicki)

53 **Public Safety \ Uniformed Services**

- Married to the job
- Juggle department and home life
- Public scrutiny: The new era of public safety as the bad guy
- Identifying the job as their identify
- Keep score (control over the outcomes)
- Sleep deprivation and shift work
- Fear of counseling

54 **Fire Fighters and Their Family Members Deserve Care of**

- Body
- Mind
- Spirit
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55 **How Can Chaplains Help?**

- Education for recognition of STS
- Education for typical coping mechanisms used by family members
- Make it ok for family interventions
- Seek treatment options before needed
 - Seek behavior health therapists
 - Explore alternative therapies
- Help develop practical strategies for families
 - Be there without an agenda
 - Develop effective exchange and mutual problem solving with fire fighters and their spouse\partner
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A Burden or a Gift?

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Family members need and deserve as much help as your fire fighters.

Fire fighters need and deserve care for mind \ body\ and spirit.

Chaplains need and deserve care for mind \ body and spirit.

Take care of yourself first, so you can be an effective as a care giver.

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.....but that difference is only possible when you are healthy, functional, and engaged.

.....caring for another is noble;

.....caring for yourself is required.

Thank you for caring

Anne