

THE TRAUMATIC CALL



How to Recognize & Manage Post-Traumatic Stress Disorder

BY PAUL J. ANTONELLIS JR., MA, CEAP, CAS

It's 1:50 a.m. on Dec. 25, and the 9-1-1 calltaker has just 10 minutes left on her shift before she can go home and celebrate the holiday with her husband and three small children. She's mentally going through a checklist: The kids have already put out milk and cookies so the man in the red suit can have a midnight snack, but she and her husband still need to strategically place the gifts under the tree. She'll have only a couple of hours before the kids are

clamoring to open their presents. Just then the ring of the phone snaps the call-taker back into the present. She answers the phone as she has for the past 15 years, “9-1-1, recorded line. Is your emergency police, fire or medical?”

The voice on the other end is yelling, “Fire!”

The caller is on his cell phone. The call-taker begins entering the information into her computer system and alerts the fire dispatchers. The caller says, “There are flames coming out of the front of the building, and we can see two kids at the second floor window yelling for help.” In the background, the calltaker can hear screaming and people yelling. At this very moment, the calltaker realizes that the address is her brother’s house.

When she goes off shift, she heads to the scene. There, police officers break the news that her brother is being taken to the hospital and his two children were killed. Their bodies remain in the house.

This short transaction forever changes the 9-1-1 calltaker. The initial shock, fear for her family, helplessness and grief are followed by feelings of hopelessness. In the days and weeks following, she relives the event through vivid memories and intense nightmares. She has trouble falling and staying asleep. She has no desire to go back to work, and she starts calling in sick and taking vacation time.

She makes a visible effort to avoid stimuli that remind her of the event.¹ She is detached and appears unconcerned about others. She startles easily and has trouble concentrating.²

She feels as though she’s been drifting away from her husband and she can’t seem to experience loving feelings. She slowly slides into an emotional slump, as she calls it, and does not want to talk about her feel-

ings or discuss anything about the traumatic event. She no longer wants to go out socially or interact with people.

Initially, she thinks her response is normal, considering the type of call and its personal consequences. However, her symptoms don’t subside with time, and she’s confused and frustrated by the fact that she still feels the same way—if not worse than ever—two months later.

Most trauma survivors experience common stress reactions, both physical and emotional. But when the symptoms don’t improve over time, the individual may be experiencing post-traumatic stress disorder (PTSD). This article describes PTSD and some of its symptoms. It also provides tips on how to seek professional assistance when dealing with PTSD.



Feeling anxious, angry or sad after a bad call doesn’t mean you’re experiencing PTSD. That’s normal. If these feelings persist for weeks or months, don’t be afraid to ask for help. Recognizing that you have a problem and seeking help are the first steps toward recovery.

WHAT IS PTSD?

Every person processes trauma in different ways. And most of us have experienced feelings of anxiety, anger or sadness after a bad call. These feelings are not a mental illness. These are normal reactions to abnormal events.³

The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* defines

PTSD very specifically. Four aspects must be present:⁴

1 A person must be exposed to a traumatic event. During this event, they must be confronted with actual or threatened death or serious injury to themselves or someone else. This event must also be accompanied by the experience of intense fear or helplessness.

2 The individual then re-experiences the event because of cues associated with it, or through thoughts or dreams, or by acting or feeling as if it is reoccurring. The person avoids anything that reminds them of the incident, and their responses to normal events are numbed.

3 The person experiences increased arousal, meaning they are unable to fall or stay asleep, have exaggerated startle responses, experience unusual irritability or outbursts of anger and have a heightened sense of vigilance.

4 These symptoms must be experienced for at least one month and interfere with work, social interaction or other important areas of daily life.

PTSD symptoms are categorized as *physical*, *intrusive* and *avoidance*.⁵

If the symptoms last longer than three months, the PTSD is considered chronic. If symptoms last less than three months but more than one month, the PTSD is considered acute. According

to the *DSM-IV*, delayed onset—when symptoms appear at least six months after the stressor—may also occur. People often don’t understand that an incident from a year or several years prior can suddenly start bothering someone again. This adds to the difficulty people have in understanding PTSD.

So how can you tell if someone is experiencing PTSD? The critical point is

when symptoms begin to interfere with the person’s activities of daily living, work and social interaction. Can this person care for themselves? Are they eating, sleeping and maintaining proper hygiene? Are they rearranging activities to avoid reminders of the trauma? According to experts, three factors should be considered when determining whether someone is experiencing PTSD:¹

- Dose: Response relationship with exposure;
- Personal identification with the event; and
- Violation of very important beliefs.

It has been said that the hallmark of PTSD is avoidance. It’s very common for people with PTSD to go out of their way to avoid social interactions, work, co-workers and any reminders of the trauma.

Generally, people who are experiencing symptoms from PTSD don’t want to discuss them. The last thing telecommunicators want to do is admit that they’re having trouble dealing with a call. They fear that if they report it to a supervisor, they’ll be put on leave. If they talk about symptoms with a co-worker, that co-worker may think the person is weak or unfit for duty. Generally, telecommunicators won’t tell family members about symptoms they’re experiencing out of fear that the family members won’t understand or that they’ll be traumatized. Telecommunicators are left believing that the best course of action is not to talk about the symptoms and hope they go away.

Individuals with PTSD may feel they are going “crazy” and feel out of control. In some cases, they may turn to alcohol or drug abuse to dull the arousal associated with the PTSD. Although, alcohol or drugs may dull the intrusive recollections for a short time, it’s a quick fix that compounds the problem and makes the recovery process longer and more complicated. These are normal reactions when dealing with PTSD symptoms.

STEPS TO RECOVERY

It is important to understand that most people with PTSD recover from it and go on to lead productive lives and have

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successful careers. Very few telecommunicators will develop chronic PTSD, and fewer still will be forced into disability and be unable to work. The key to recovery is to seek professional assistance early. The longer the person waits, the longer the recovery period will be, in addition to exacerbating all the potential damage (e.g., failed relationships, failed marriage, loss of employment, alcohol/drug abuse).

Co-workers and family members who are interacting with someone with PTSD or undiagnosed PTSD should be understanding and supportive. What we often find is that a PTSD sufferer’s sudden changes in behavior—angry outbursts or avoidance—may offend family and friends, leading them to turn away from the victim when understanding and support are most needed.

The most difficult part is admitting that the traumatic event is interfering with your life. Don’t underestimate the difficulty in admitting that a call is bothering you and that you need help. Admitting you need help is the first step in recovery from PTSD.

Seeking professional mental health assistance is important. A licensed mental health professional (MHP) is the only one who can determine if you meet the criteria for PTSD. This article is not intended to have you self-diagnose or to prepare you to diagnose someone. The intent is simply to provide you with an awareness of PTSD and suggestions for how to seek professional assistance.

The recovery process from PTSD is very positive with the right intervention. You just need some stress-resistant life skills. In some cases, the person with PTSD is never symptom free, rather they are taught to manage these symptoms and identify when they occur. The recovery process for PTSD should focus on the following:¹

Reduced physiological arousal: The intent at this stage is to remove or reduce cues that would invoke hypervigilance and sleep disturbance, and return you to a pre-trauma state.

Reasonable mastery:

The MHP will provide you with a number of coping skills and methods to control or manage your symptoms. Once you have mastered the management skills, you should be able to lead a productive life with little to no interruption from PTSD symptoms.

Caring attachments: You should make an effort to build new friendships and restore old relationships. Because avoidance is so significant in PTSD, you will have to work at building/maintaining social networks. This involves going out into social environments and effectively communicating with others. Family, friends, and co-workers will provide you with support.

Meaningful purpose to life: At this stage, you will want to re-examine why this trauma happened and how it has changed your life. In doing this you may experience a grieving process. Finally, you recognize how this trauma has made you stronger today and figure out how you will grow from this experience.

SELECTING AN MHP

The only person who can diagnose a person with PTSD is a mental health provider. You need to know if the MHP is licensed by the state to practice and if they hold any specialized certifications. You might be surprised at how many people refer to themselves as specialists in PTSD but are not licensed or properly credentialed to practice. Your health insurance company can provide you with a referral list of MHPs in your area covered by your insurance. *Another resource:* Contact your local employee assistance program.

How do you select the right MHP from a long list? This is an individual choice that should be based on the type of traumatic event, the specialized training of the MHP and trust. First and foremost, you need to feel comfortable with the MHP. Wasted time, money and frustration will

be the result if you and the MHP don't share a sense of trust and open communication. Emergency service professionals typically size up a person moments after meeting them and seldom change a first impression.

Often, word of mouth is the best way to find an MHP. Look for someone with a proven track record of working with telecommunicators and/or public safety officials. Also, seek out an MHP who specializes in the diagnosis and treatment of PTSD. They may be referred to

as *traumatologists*.

At this point, you may want to sit down and make some phone calls. You should make contact with a couple of MHPs and see if they are accepting new patients and how soon can you can make an appointment. This may be a quick elimination process for some MHPs. Don't call with the expectation that the MHP will take your phone call at that moment. Generally, the MHP will set up a time to call you back to discuss your case. The initial phone calls will help you determine your comfort level

with the MHP and allow you to make an informed choice.

Once you've selected an MHP, make an appointment. The first office visit is an opportunity to see the office, meet the MHP and review/fill out the requisite paperwork. During this initial session, you should be deciding if you will be able to build a trusting relationship with the MHP and if you feel that the two of you will be a good fit. You should know that it's common for people not to like or feel just right with the first MHP they talk to. So be prepared to seek out a second person. The selection process can be just as important as the treatment process. Selecting an MHP should not be taken lightly.

In the process of meeting with the MHP, make every effort to read and understand all the forms you are signing. If you don't understand, ask.

Confidentiality is almost always an issue with public safety personnel, so take care when signing a "release of information" form. Normally, the forms have a set period for releasing information and establish the parties to which the MHP can release the information. Even after you sign a release of information, you can later rescind it. If you choose to do so, rescind it in writing. MHPs are held to very strict guidelines for releasing patient information, and I don't know any mental health professional who would risk a lawsuit and license suspension or termination for improperly releasing information. What I do know is that patients can be their own worst enemies. Most of the time, if information leaks out, it's because the patient tells one person about the MHP and the visit and then that person tells someone else. If you don't want it known, don't say anything to anyone.

After establishing a working relationship with the MHP, the two of you will develop a plan of action. This plan will address what you want to achieve from the sessions, the number of times per week/month you will be treated and the method of treatment for the PTSD.

FINAL THOUGHTS

Post-traumatic stress disorder is a very serious condition and can result in loss of relationships, work, money and life if not properly addressed. The person

suffering from PTSD symptoms often feels isolated from friends, co-workers and family and feels that there's no way out. They may be so slowly consumed by the symptoms that they don't even notice what's happening. Family and co-workers may notice a problem first. *The good news:* Most people will recover from PTSD and lead productive lives.

Admitting that the traumatic incident is troubling you and asking for help are the first steps in the recovery process. The proper selection of an MHP is critical to the overall process. With a good working relationship with an MHP, proper treatment plan, support from family/friends/coworkers, and determination you are on your way to the recovery process.

From an administrative point of view, PTSD claims will increase. This is due in part to better identification of PTSD, changed criteria for PTSD and, finally, better education/awareness of PTSD. Organizations can no longer ignore the mental health concerns of their employees. The focus of an organization should be on prevention and education. Let's keep good healthy people working.

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2. Friedman MJ: *Post Traumatic Stress Disorder: The Latest Assessment and Treatment Strategies*. Compact Clinicals, Kansas City, Mo., 2001.

3. Antonellis P, Mitchell S: *Posttraumatic Stress*

➤ RESOURCES ~

- National Center for PTSD: www.ncptsd.va.gov/ncmain/index.jsp
- National Institute of Mental Health: www.nimh.nih.gov/healthinformation/ptsdmenu.cfm
- PTSD Alliance: www.ptsdalliance.org
- International Critical Incident Stress Foundation Inc.: www.icisf.org

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4. *Diagnostic and Statistical Manual of Mental Disorders, revised 4th ed*. American Psychiatric Association, Washington, D.C., 2000.

5. Flannery R: *Posttraumatic Stress Disorder, The Victim's Guide to Healing and Recovery*. Chevron, Ellicott City, Md., 2004.