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Combatting the Stress of Responding to Critical Incidents Involving Children

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“Mom sets herself on fire after losing custody of her children. Teen stabs her older sister in the back and her Mom in the head. Mom confesses to strangling baby to death. Three-month old found unconscious with multiple fractures and is on life-support.” These recent headlines are shocking. Most of us do not contemplate what we would have done at the scene or how we would have responded. However, there are professionals and child welfare staff who are dealing with these types of tragedies on a regular basis. As a first responder in the field of child abuse for over three decades, my heart goes out to the victims and survivors, but also to those multi-disciplinary team members - the police, EMT’s; child protective service workers, social workers, firemen and medical personnel; who must deal with these horrific, often grisly cases. They also must engage with their distressed - or hostile - family members, neighbors and the witnesses. Usually, you hear about the cases for a day or two on the news, but rarely do you hear about the psychological and emotional impact of trauma on the “first responders.” It should not be under-estimated.

For many years, I have been working across New York State to support multi-disciplinary team members (MDT) in managing their stress following child fatality and other critical incidents. I’ll be sharing this information at an international conference on child and family maltreatment in San Diego in a few weeks, with the hopes that other States can use the curriculum developed to help MDT members manage the impact of the work.

Secondary Traumatic Stress (STS) is a broad term for characterizing the symptoms and behaviors that develop as professionals provide services to children and adults who have been traumatized. It is a normal response that professionals experience following exposure to painful, traumatic material. The child’s victimization has a “ripple effect” spreading out to all those who have intimate contact. These practitioners may be working as firemen, police officers, social workers, EMT’s, child protective service workers, therapists, caseworkers, attorneys, or physicians; in a wide range of fields, such as child protection, domestic violence prevention, law enforcement, or mental and medical health care. They are constantly “taking in” others pain.

Exposure to traumatic events means that these professionals may start to experience symptoms similar to the traumatized person they are trying to help, most often that's Post Traumatic Stress Symptoms. Many first responders have reported intrusive symptoms like nightmares and flashbacks of the event or an intense preoccupation with the traumatic situation; avoidance symptoms such as avoiding places where an event occurred, or becoming "numb" to others pain. They may also experience hyper-arousal symptoms such as irritability, impatience with self and others; anger, restlessness, trouble concentrating. A common problem reported by first responders is memory impairment. This may be due to a combination of physical fatigue and information overload, but can also be a reaction to stress. Cognitive problems can also lead to poor judgment, a critically necessary attribute when responding to a traumatic situation.

Essential to understanding why this occurs are the concepts of empathy and exposure. First, those in the helping/rescuing professions are there because they care. And, because they care, they are constantly in situations where they are exposed to others pain. It really only makes sense that this work impacts the responder too.

For those of us in these professions; we probably understood in general personal fortitude needed and risks involved when we signed on. But, more often than not, we didn't realize how deeply we could be impacted by bearing constant witness to the intense suffering of others. Be it an EMT, a child protective services worker or a doctor in an emergency room; there is a constant "taking in" of others pain.

Several interventions on the organizational, professional and personal levels are very helpful to managing STS.

Organizationally, a supportive environment, enlightened supervision and access to longer term counseling when needed is a tremendous help to first responders. If the organization that the person works for is savvy about the impact of STS, steps can be put in place, such as regular crisis debriefings, that will validate and normalize the reactions. Management must also set good practice policies for hiring, compensation, work hours, overtime and a regular break schedule. Personnel policies that ensure adequate time off, access to medical and mental health care, and solid insurance coverage for staff are also important organizational responsibilities.

Professionally, balancing the number of hours worked per week as well as the proportion of work that is directly trauma related should be taken into consideration. It is also important to set time boundaries that balance work life with personal life. Overworking is common among dedicated professionals. Many assume too many responsibilities, take work home and subsequently do not allowing adequate time to separate from work. Setting limits may be hard, especially in traumatic response settings where long days are expected, but, rejuvenation is critical for sustaining one's on-going efforts.

All first responders should develop a workday self-care plan to aid with coping. Scheduling in a brief break in between highly charged assignments is helpful. Even minimal down time and three minutes of focused breathing can aid keeping a positive perspective.

Personal interventions include aspects of physical, social and psychological self-care. Maintaining the health of one's body is essential. This includes regular exercise, scheduling - and keeping - routine medical and dental appointments, and making sure to get adequate sleep and nutrition every day. Therapeutic support from a licensed clinician may also be helpful and in some situations, recommended.

First responders often cite spirituality and meditation as helpful in handling STS. The benefits of meditation can include reduced blood pressure, easier breathing, and muscle relaxation. Spirituality can include participating in an organized religion or simply engaging in activities that bolster positive faith in one's self.

First responders must be supported. It's critical that they remain at the top of their game - for themselves - and for all of the children and families that count on them. For more information on managing STS visit www.nyspcc.org.