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Supporting First Responders to Children's Trauma

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As the reports from the tragic school shooting in Newton, Conn., poured in, I listened non-stop and like others, tried to make sense of a senseless act of cruelty and horror. I was relieved to learn that my young nieces in Newtown were safe. I was devastated for those who lost their loved ones. As a first responder in the field of child abuse for over two decades, my heart also went out to those police, EMT's, teachers, firemen and medical personnel who had to deal with the horrific murder scene of innocent children and adults, their grieving families and the panicked surviving students. Later that evening, the news reported that those first responders were also receiving counseling services. I was relieved; the psychological and emotional impact of trauma on the "first responders" should never be under-estimated.

Victimization has a "ripple effect," spreading out to all those with whom those who have intimate contact. The impact of exposure to others' pain and suffering must be realized. As a result of indirect exposure to the specific traumatic occurrence via close contact with the survivor, individuals may experience similar symptoms as the survivor. This process has been called Secondary Traumatic Stress (STS).

Secondary Traumatic Stress is a broad term for characterizing the symptoms and behaviors that develop as professionals provide services to children and adults that have been traumatized or are suffering. It is a normal response that professionals experience who are exposed to painful, traumatic material. 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, homeless shelter services or mental and medical health care. They are constantly "taking in" others pain and in the worse cases, like Newtown, CT, horrific scenes of carnage. Research has shown that exposure to children's trauma is more provocative.

This type of exposure to traumatic events means is that these professionals may start to experience symptoms similar to the traumatized person they are trying to help, most often 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 helper too.

For those of us in these professions; we probably understood in general the 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.

As a consultant on STS since the terrorist attacks of 9/11, I have found that 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 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.

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 allow 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.

Peer group supervision or regular debriefing meetings are helpful to many. Such collaboration nurtures collegiality and reduces worker isolation. This worker-team concept can also help staff acknowledge STS reactions as well as recognize the toll that exposure to a survivor's trauma can have on a professional

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 can aid 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.

As with survivors, social support is essential for first responders. Talking with others can be a stress reliever. Co-workers may share similar feelings and discussions can serve to normalize and validate staffs' experiences as well as reduce isolation. Therapeutic support from a licensed clinician may also be helpful and in some situations, recommended.

Maintaining a diversity of activities further strengthens coping capacity. First responders should aim to have a balance of work, outside interests, social contacts, personal time and recreation. Incorporating relaxation into every day; engaging in pleasurable activities such as having contact with nature; spending time caring for pets or gardening have been reported as helpful. This change of view gives one a larger perspective of the world. Often, first responders are so busy they may forget to engage the creative side of themselves. Artistry, baking, cooking, playing a musical instrument, singing, dancing and sports all help mitigate STS reactions.

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 during times of trauma. For more information on supporting first responders and managing STS visit www.nyspcc.org.