Posttraumatic Stress Disorder (PTSD) & Upsetting Calls

Causes, Symptoms & Rate of Occurrence

BY MICHELLE LILLY

It is almost inevitable that anyone working within the field of 9-1-1 telecommunications will experience at least one call in their career that is emotionally upsetting. It may be that the caller is in extreme distress and cannot help the telecommunicator dispatch responders. The caller may be severely injured or in danger of being harmed or killed. The caller may have discovered the injury or death of another person, possibly a loved one or child. Although telecommunicators are trained to gather all relevant information as quickly as possible and remain calm, no matter what is happening on the other end of the line, the very nature of these calls can be upsetting to even the most seasoned or stoic of veteran telecommunicators. However, there has been limited acknowledgment of how particularly upsetting calls can impact telecommunicators and may be very upsetting to trainees and early career telecommunicators.

The field of clinical psychology recognizes that exposure to upsetting events can have a lasting effect on mental health. Individuals exposed to a particularly distressing event or repeatedly exposed to events that most people would find distressing are at increased risk of developing depression, anxiety, drug and alcohol problems, and physical problems.

PTSD CRITERIA

Observations of post-traumatic suffering have been made throughout history, and our current understanding of PTSD as a clinical disorder began to receive attention in the 1970s and 1980s. At the present time, an individual is considered to have PTSD if they meet all four of the following criteria:

A. The person has experienced an event in which there is risk of serious injury or death to others, or actual injury or death to self or others, and the person must experience feelings of intense fear, helplessness or horror in reaction to that event.

B. The person must be experiencing one or more of the following symptoms of re-experiencing: 1) flashbacks of the event, 2) upsetting dreams about the event, 3) feeling as though they are reliving the event or 4) intense, negative reactions when reminded of the event.

C. The person must be experiencing at least three (or more) of the following symptoms of avoidance and numbing: 1) attempts to avoid thinking about or talking about the event, 2) attempts to avoid people, places or things that remind the person of the event, 3) difficulty remembering aspects of the event, 4) decreased interest in things that the person typically enjoys, 5) feeling detached from others around them, 6) feeling emotionally numb and 7) having a sense that one’s future hopes and dreams will not come true.

D. The person must be experiencing at least two (or more) of the following symptoms of hyper-vigilance: 1) trouble falling or staying asleep, 2) irritability or outbursts of anger, 3) difficulty concentrating, 4) an exaggerated response in reaction to something startling and 5) feeling excessively vigilant to one’s surroundings.

It’s natural for someone to experience distress following a particularly upsetting call. In fact, many people who are exposed to a potentially traumatizing event will experience some of the symptoms of PTSD for several days, up to several weeks, following an upsetting experience. When someone continues to experience these types of symptoms for more than a month after an upsetting event, and if these symptoms make it difficult for the person to work or perform their regular duties (at home, at school, in their relationships), it may be considered PTSD. It is also important to note that in some instances, a person who experiences an upsetting call may seem fine in the following days and weeks, but may still go on to develop symptoms months or years later.

However, this is considered rare. Most people who develop PTSD will begin to suffer from symptoms within the first month following the event, and almost all will display symptoms within the first six months following the upsetting event.

In May 2013, the diagnostic criteria for PTSD changed with the newest edition of the diagnostic manual used by clinicians. As this issue goes to press, it’s anticipated that most of the criteria won’t change; however, the “C cluster” described above will be split into two separate clusters. Our cluster will focus on avoidance of memories, thoughts, feelings, people, places and things associated with the upsetting event; and the second cluster will focus on negative thoughts and feelings associated with the event. These changes are being made because research has shown that people who suffer from PTSD typically experience a distinct negative change in thoughts and mood (often characterized as “numbing”) following the event that is separate from their avoidance of the event. However, much of the diagnostic criteria will not change significantly in the new diagnostic manual.
INCIDENCE

In the general population, PTSD affects a sizable minority of people exposed to upsetting events. Research has shown that approximately 8% of people in the U.S. will qualify for a diagnosis of PTSD at some point in their lives, and approximately 3–4% of the population suffers from PTSD at any one time. This number is higher in people who are routinely exposed to potentially upsetting events as part of their work. Examples: Rates of PTSD in police officers have been observed as high as 19% and as high as 22% in firefighters.

Research done in the Trauma, Mental Health and Recovery (TMRH) Lab at Northern Illinois University (NIU) has shown that approximately 9% of one sample of 9-1-1 telecommunicators reported current symptoms that were consistent with a PTSD diagnosis, a number that is almost three times greater than in the general population.

People who develop PTSD are also at risk for a number of other comorbid disorders. A comorbid disorder occurs when a person is displaying significant symptoms across two different types of disorders. For example, individuals with PTSD frequently report also experiencing symptoms of depression. In fact, depression is the most common comorbid condition with PTSD. Symptoms of panic attacks, alcohol or drug problems, depression, physical problems, as well as a number of other disorders, are all commonly comorbid with PTSD symptoms.

SPECIFICALLY, CALLS INVOLVING CHILDREN WHO ARE INJURED, ASSAULTED OR HAVE DIED ARE AMONG THE MOST UPSETTING FOR TELECOMMUNICATORS. CALLS IN WHICH A POLICE OFFICER, FIRE FIGHTER OR EMS PROVIDER IS INJURED OR KILLED ARE ANOTHER TYPE OF CALL ASSOCIATED WITH HIGHER LEVELS OF EMOTIONAL DISTRESS THAN THOSE INVOLVING FAMILY MEMBERS OF THE TELECOMMUCATOR.

The fact that these are the worst types of calls may make it more difficult for those in the field, but those outside of the 9-1-1 telecommunication field might ask why these particular types of calls may lead to greater distress. One possibility is that these types of calls have the potential to fundamentally challenge one’s beliefs about the safety and benevolence of the world and the people in it. When an innocent child is hurt, assaulted or killed, it naturally raises questions about why this type of atrocity occurs in the world. Why should an innocent child be hurt? The same may be said for fellow emergency responders, who place themselves in harm’s way for the sake of others. When fellow emergency responders are injured, harmed or killed, they may have “close to home” for a telecommunicator who may know the responder and the responder’s family.

INCITING INCIDENTS

Although any telecommunicator can experience psychological struggles following a particularly upsetting call, there are a number of factors that increase the risk of developing symptoms of PTSD and depression. Specifically, research in our lab showed that the content of an upsetting call can affect outcomes.

Specifically, calls involving children who are injured, assaulted or have died are among the most upsetting for telecommunicators. Along with calls in which an officer, firefighter or EMS provider is injured or killed. Another type of call associated with greater levels of emotional distress are those that involve friends or family members of the telecommunicator.

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REBOUND & OTHER EFFECTS

When these horrible things occur, people may have to wrestle with profound changes in their world views and they may attempt to completely avoid thoughts, feelings, or reminders of the event. Unfortunately, when people actively avoid thinking or talking about an event it can actually prevent them from fully processing the event and making sense of it. This can impede recovery by actually increasing the frequency with which the upsetting thoughts, images and memories come to mind. This is called the rebound effect and can be demonstrated as follows.

If someone were to say to you, “What you do, do not think about a purple elephant,” the chances are that you will immediately think about a purple elephant. When people have experienced an extremely upsetting event and then actively attempt to avoid thinking about it, this rebound effect can result in more intrusive thinking about the event and can maintain PTSD symptoms over time.

As mentioned above, some people who go through an upsetting event end up holding negative views about the world and the people in it. Although these shifts in thinking make sense, this way of thinking can also contribute to the development and maintenance of PTSD. Depression and a number of other emotional difficulties.

HELP IS AT HAND

The good news is that there are a number of very effective treatments that can help people suffering from PTSD and depression following an upsetting event. Therapies that help people process and make meaning out of the event have been found to be quite effective in reducing the psychological struggles that some people experience. Talking about an upsetting event with a mental health professional, or even a friend, co-worker or supervisor can help a person cope with an upsetting event in a way that may prevent the development of more severe psychological symptoms.

Although one study has been conducted with 9-1-1 telecommunicators, we have only scratched the surface in terms of what may be important to know about how the job of 9-1-1 telecommunication impacts one’s physical and mental health, as well as factors that increase risk for mental and physical health problems. The TMRH lab at NIU is currently conducting a number of studies that examine the duty-related experiences of 9-1-1 telecommunicators with the hopes of gathering follow-up data that considers how telecommunicators effectively cope with upsetting calls. It is believed that future research efforts can advance our understanding of how repeated exposure to upsetting calls can affect telecommunicators over time, and the best ways to prevent mental and physical health problems in this amazing and typically resilient population.

At the present time, our lab is seeking current and former telecommunicators who are willing to complete an online survey that takes approximately one to two hours to complete. Participants do not need to be currently working as a telecommunicator, and may have left the job for any reason. Those who complete the survey are entered for a chance to win a $100 gift card. We will also be launching a project in the summer of 2013 that enrolls 9-1-1 telecommunication trainees in their first one to two months of training and follows their progress over 18 months. Anyone interested in learning more about our research can contact us at info@rcc.com.
more about, or participating in, these Posttraumatic stress Disorder (PtsD) & Upsetting calls.

1. What does PtsD stand for?
   a. Permanent traumatic stress disorder
   b. Posttraumatic stress disorder
   c. Posttraumatic stress disorder
   d. Psychological threat disorder

2. What are calls associated with the greatest level of distress?
   a. Calls involving harm to children
   b. Calls involving harm to other emergency responders
   c. Calls involving a friend or family member
   d. All of the above

3. What is the most common comorbid condition with PTSD?
   a. Obesity
   b. Heart conditions
   c. Depression
   d. Alcohol abuse

4. Which of the following is an example of an avoidance symptom?
   a. Constantly forgetting where one put one’s keys
   b. Not wanting to use or talk to a coworker who handled a really difficult call with you
   c. Remembering everything about an upsetting call
   d. Talking to one’s spouse about something upsetting that happened at work that day

5. Which of the following is an example of a re-experiencing symptom?
   a. Having a recurring nightmare about an upsetting call
   b. Having a sudden vivid memory of an upsetting call while driving
   c. Feeling nauseous or angry when someone brings up the details of an upsetting call that you have handled
   d. All of the above

6. Which of the following is a trick question because emergency responders cannot develop PTSD?
   a. Trying to consider how the event changed one’s thinking about the world
   b. Not wanting to ride a rollercoaster
   c. Talking about the event with a co-worker or supervisor
   d. Trying to consider how the event changed one’s thinking about the world

7. Which of the following is an example of a hypervigilance symptom?
   a. Jumping 10 feet in the air when someone comes up behind you and says “boo”
   b. Not wanting to ride a rollercoaster
   c. Sleeping in more than you should
   d. Feeling especially motivated to help out a trainee

8. How likely is it that someone in the general population will suffer from PTSD at some point in their life?
   a. Very common because most people will suffer from it at some point in their lives (50-70%)
   b. Somewhat common because the majority of people will suffer from it at some point in their lives (50-70%)
   c. Not too common, but a sizable minority of people will suffer from it at some point in their lives (75% or more)
   d. Very common because the majority of people will suffer from it at some point in their lives (50-70%)

9. How common is PTSD in emergency responders?
   a. PTSD is much more common in the general population than in emergency responders
   b. PTSD rates are about the same between the general population and emergency responders
   c. PTSD is more common in emergency responders than in the general population
   d. This is a trick question because emergency responders cannot develop PTSD

10. Which of the following ways of dealing with an upsetting event increases the chances that someone will struggle with PTSD?
    a. Trying to actively avoid thinking about or talking about an upsetting event
    b. Talking about the event with a mental health professional
    c. Calling about the event with a co-worker or supervisor
    d. Trying to consider how the event changed one’s thinking about the world

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