



PTSD TRIGGERS

Awareness of PTSD responses is key to coping with stressors in the ECC.

By Tracy Eldridge

I stepped out of my office into the dispatch area to make a copy of something, and the business line rang. My single telecommunicator was handling another matter, so I didn't hesitate to pick up the phone. On the other end, a caller explained that he saw a 2-year-old walking down the street alone and when he returned, she was gone. As I proceeded to get the information, a 9-1-1 call came in, and my coworker picked up the phone. I heard her reiterate, "It was a 2-year-old, but she is OK?"

While our officer was enroute, we discovered that a 2-year-old had left the house on a mission to find mom and dad. In the middle of the night, the toddler's grandparents had come to watch her as her parents went to the hospital to have her younger sibling. After my caller drove by, another caller saw the same 2-year-old walking down the street, and she stopped, scooped up the child, went to the closest house and knocked on the door. An older gentleman met the knock with a surprised look on his face, and he exclaimed, "How did you get out of the house?" When my coworker dispatched an officer, she explained the situation and wanted a wellbeing check on the child. I could feel myself getting angry, but I couldn't understand why I felt this way. Even while getting angry at the situation, I didn't understand why. Why was my reaction so severe?



When a trigger has activated our nervous system and sends us into a fight, flight or freeze response, it may take a bit to return to normal.

I did not realize at the time that I was triggered. I was feeling unprocessed emotions attached to a tragic call that I had responded to as an EMT seven years earlier. On that call, I was the second field responder on the scene of a 2-year-old who drowned, and CPR was in progress. Once on the scene, I took over CPR and continued enroute to the hospital. Despite our efforts, the child could not be saved. Upon further investigation, we discovered that days before the tragedy the grandparents had watched the child while the parents were away for the night. The grandparents revealed that two days before the drowning, she had figured out how to get out of the house through the sliding glass door. However, the grandparents failed to tell the parents so the parents could seek alternate means of securing the door.

It was only when my officer returned to the station from the recent wandering child call that I realized I had not fully processed the events of the previous call involving a 2-year-old. What happened next was what I consider an out-of-my-mind experience. The officer commented not to tell the parents what happened so the grandparents wouldn't get in trouble. At that point, the rage came from deep in my soul, and I had an explosive emotional outburst toward the officer. I was "triggered."

I took a step toward him screaming, "you must tell the parents!" As a telecommunicator, if you have ever told a police officer how to do his job, it does not go over very well. We were in dispatch disputing who was right, and I suddenly cried. To my officer's bewilderment, he realized whatever was happening was way more profound than what he originally thought. Once I could explain how I felt, we called a truce; we cried together, and he ultimately told the parents.

What does it mean to be triggered? The word trigger gets tossed around a lot, and it is essential to understand that not liking something or the fact that something makes you feel uncomfortable because it reminds you of something you do not like is not the same as being triggered. A trigger is any sound, sight, smell, touch, feeling or object that can recall past experiences — whether positive or negative. Have you ever smelled a familiar smell that brought you back to a happy time or heard a song on the radio that reminds you of the good times you had at a roller-skating rink as a teen? These happy triggers derive

from just two senses: smell and sound. Most people welcome triggers of positive experiences; we find it challenging when the trigger is attached to negative experiences. I did not realize at the time that I was triggered. I was feeling unprocessed emotions — likely connected to post-traumatic stress disorder (PTSD) — attached to a tragic call that I had responded to as an EMT seven years earlier.

When a trigger has activated our nervous system and sends us into a fight, flight or freeze response, it may take a bit to return to normal. The fight, flight or freeze response is a human survival mechanism and is considered an acute response by the sympathetic branch of the autonomic nervous system. When our mind perceives a threat, either real or imagined, physical and physiological changes occur in the body. These physical and physiological changes prepare the body to either fight a predator, run from the predator, or freeze and play dead so the predator moves on. As telecommunicators, many fear-based reactions do not come with physical activity. Instead, they are mental and emotional.

Signs to look for when we have entered the fight, flight or freeze response include:

- Increased heart rate including feeling your heart race or hearing it beat in your ears
- Increased blood pressure, which can result in a flushed face or headache
- Respiratory rate increases causing vessels in the lungs to dilate and short, rapid breaths that can lead to numbness
- Gastrointestinal issues such as nausea and stomach pains and constipation
- Dry mouth
- Pupils dilate allowing in more light to see clearer
- Hearing is heightened

Awareness of physical and physiological responses during a shift in the emergency communications center (ECC) can help identify unresolved critical incident stress or trauma related to a previous call or event. While we are getting better at recognizing

acute symptoms of stress, we still have a long way to go. We must smash the stigma of the "suck it up mentality," or fearing repercussions if you speak up about feelings after a *perceived* horrible incident. The word *perceived* is valuable as not all calls carry the same weight or trigger negative emotions for each person. A call that involves an animal may have a higher stress response in someone than an armed robbery. We should not judge the intensity of feeling that a call evokes in others because it may not bother us personally.

There are obvious and not-so-obvious triggers in the ECC. An obvious trigger may be someone screaming, sirens or calls such as suicidal caller, domestic violence, child abuse, animal cruelty, mass casualty incident or natural disaster. Less than obvious triggers might include a caller hanging up, the smell of hot apple cider or a 2-year-old walking down the street. Let me explain why "being hung up on" and a "hot apple cider" warrant a trigger.

The tone went off for an elderly man, unconscious and not breathing. The telecommunicator dispatched the ambulance as usual; the ambulance transported the patient and that was that. The call taker met her supervisor at the office door the following day, disheveled and distressed. She shared with her supervisor that the call she received the night before "messed her up."

Confused, the supervisor asked, "was it the elderly male call?"

She replied, "Yes, and I have no idea why. I could not sleep, and I cannot stop crying."

"Interesting," the supervisor says. "That does not seem like a call that would mess someone up!"

As the two of them reviewed the call, it was clear that it was not the call itself that was the problem; it was the fact that the caller hung up on the call taker. Her feelings recalled the ones she had felt eight years earlier. In addition to myself, this call taker received the 9-1-1 call about the 2-year-old who died tragically. During that call, the grandmother who called for help hung up on the call taker, the same way the wife of the elderly man did the night before. It was a not-so-obvious trigger that became clear upon further inspection.

As for the hot apple cider, this one also made sense once the layers were peeled off. In the fall, the call taker picked up a hot apple

cider from her local coffee shop on her way to work. When she sat at the console, she took the cover off to let her hot cider cool off. One day, as soon as she took the lid off and found peace in the aroma, she took the worst call of her career. She never said what the call was; she did not have to. She realized why she could no longer drink her favorite fall drink. When she tried it, the smell and taste of it were garbage. Her brain was actively protecting her.

A form of therapy widely and successfully used in treating PTSD — and its associated triggers — is eye movement desensitization reprocessing (EMDR). EMDR uses external stimuli, such as moving an object like a pen

or finger light back and forth in front of your eyes, hand tapping or vibration, or audible tones that alternate in each ear.

When EMDR therapy is used to access traumatic memories, the memories become manageable and less intrusive. The emotional charge that often accompanies the event becomes disconnected from the previous trigger. EMDR assists emotion to be separated from the event, and that connection between the trigger and the emotion is no longer as intense if it remains at all.

The goal of this brief overview of PTSD triggers is to raise awareness about how public safety telecommunicators react to professional stressors. Ignorance of these triggers

can lead to an official PTSD diagnosis, broken relationships, self-harm or worse. If you find yourself reacting physically or physiologically to triggers, it may be time to get a checkup from the neck up. Stay safe, stay strong and stay here; we need you. ●

Tracy Eldridge has spent 25 years in public safety, 20 in the emergency communications center, and four years at RapidSOS. She has now launched her own training and consulting company and podcast, On Scene First, which focuses on educating public safety professionals on must-have technology tools, leadership skills and mental health resources to “save lives on both sides of the call.”

CDE EXAM #65176

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| <ol style="list-style-type: none"> 1. EMDR stands for: <ol style="list-style-type: none"> a. Eye movement desensitization reprocessing b. Eye mitigation desensitization reprocessing c. Eye moving desensitization reprocessing d. Eye movement desensitization repurposing 2. All triggers are obvious. <ol style="list-style-type: none"> a. True b. False 3. A happy trigger may be sight and sound and is usually a welcomed event. <ol style="list-style-type: none"> a. True b. False | <ol style="list-style-type: none"> 4. Based on the article, which is not an indication that you are having a fight, flight or freeze response: <ol style="list-style-type: none"> a. Breathing faster b. Increased heart rate c. Upset stomach d. Hearing loss 5. Dry mouth is an indication of a stress response. <ol style="list-style-type: none"> a. True b. False 6. Awareness of physical and physiological responses during a shift is not essential; as long as you recognize it in the first month you will be ok. <ol style="list-style-type: none"> a. True b. False 7. Short rapid breaths do not cause numbness; increase of heart rate does. <ol style="list-style-type: none"> a. True b. False | <ol style="list-style-type: none"> 8. EMDR treats PTSD by: <ol style="list-style-type: none"> a. Creating an exercise program b. Prescribing powerful tranquilizers c. Using external stimuli, such as moving an object like a pen or finger light back and forth in front of the eyes d. Laying down dietary guidelines 9. Physical and physiological changes prepare the body to either fight a predator, run from the predator, or freeze and play dead. <ol style="list-style-type: none"> a. True b. False 10. Feeling unprocessed emotions attached to a tragic call can be a trigger. <ol style="list-style-type: none"> a. True b. False |
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