PTSD in First Responders

Susan Drevo, MA and Elana Newman, PhD
The University of Tulsa
12/10/14
Objectives

- Define first responder
- Discuss how duties and experiences of first responders are reflected in DSM-5
- Identify best practice for treating first responders
- Identify barriers to treatment and intervention research
- Identify special treatment considerations
Who is a first responder?
Primary and Secondary First Responders

- Construction Workers
- Police Officers
- Fire Fighters
- EMT’s
- Search and Rescue
- Ambulance Personnel
- Community Volunteers
- Utility Workers
In Their Words...
### Types of Job Related Stressors

<table>
<thead>
<tr>
<th>WORK DEMANDS</th>
<th>PHYSICAL STRESSORS</th>
<th>PSYCHOLOGICAL STRESSORS</th>
<th>TRAUMATIC STRESSORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overtime and shift work</td>
<td>• Firefighters: heavy personal equipment</td>
<td>• Labor and management conflicts</td>
<td></td>
</tr>
<tr>
<td>• Maintain skills and training</td>
<td>• EMT’s: lifting gurneys</td>
<td>• Harassment</td>
<td></td>
</tr>
<tr>
<td>• Under public and press scrutiny</td>
<td>• Police officers: foot pursuit</td>
<td>• Insufficient resources to meet work demands</td>
<td></td>
</tr>
<tr>
<td>• No scheduled breaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sleep in harsh environmental conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Control and superior problem-solving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tulsa: 299, 500/30,000 in 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Canfield, 2014; Haugen et al., 2012; Liberman et al., 2002)
1) Direct Exposure
   - Responder is at risk for death or severe injury
     - E.g., Backdrafts for firefighters and being attacked with a weapon for a police officer

2) Witnessing in person
   - Participate in rescues that involve preventing death or mitigating serious injury

3) Indirectly learning, close friend or relative, violent or accidental
   - Fellow responders/peer

4) Repeated or extreme indirect exposure to aversive details usually in the course of professional duties (e.g., first responders, collecting body parts, professionals repeatedly exposed to details of child abuse)
PTSD Prevalence Rates Among First Responders

10% PTSD (150,300) + Subthresh (115,700) = Quarter million

(Berger et al., 2011; Weiss et al., 1992)
Evidence Base of Treatment for PTSD in First Responders

- No RCT’s on pharmacotherapy alone or combined with psychosocial treatment

- 2 RCT’s for psychosocial interventions
  - Brief Eclectic Psychotherapy (BEP) (Gersons et al., 2000)
  - Cognitive-Behavioral Treatment (CBT) (Difede et al., 2007)

(Haugen et al., 2012)
Barriers to Treatment/Treatment Research

- Duty status
- Stigma
- Job consequences
- Lack of advocacy

(Haugen et al., 2012)
Special Treatment Considerations

- Unique symptom profile for PTSD in first responders
  - Repeated exposure
  - Cumulative impact

- Routine exposure
  - Continue to work in environments in which they may be re-exposed
  - May return posttreatment to same environment

(Haugen et al., 2012)
Symptom Timeline

- Critical Incident
- Acute
- Delayed
- Chronic
Future Directions

- Investigate all subcategories of responders, females, and large samples
- Whether active duty during or posttreatment
  - Treatment paradigm shift?
- Other PTSD treatments studied, especially those validated with active duty military personnel
- Treatments identified in case studies and controlled trials should be tested via RCT’s
- Focus on psychoed/resiliency
Conclusions

- A lot of gaps in treatment evidence base
- The limited evidence available for first responders supports CBT as a first-line treatment for PTSD
References


- Canfield, K. (June, 2014). County's plan for 911 center will help city, official says. Tulsa World.


Questions?

- Define first responder
- Discuss how duties and experiences of first responders are reflected in DSM-5
- Identify best practice for treating first responders
- Identify barriers to treatment and intervention research
- Identify special treatment considerations