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## **PTSD: Disaster Rescue and Response Workers**

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Police, firefighters, emergency medical personnel, National Guardsmen, and other rescue workers who respond to disaster and mass violence events face the danger of death or physical injury, the potential loss of their coworkers and friends, and devastating effects on their communities. In addition to physical danger, they may also be at risk for behavioral and emotional readjustment problems.

### **What Are the Mental Health Risks of Rescue and Response Work?**

Posttraumatic stress disorder (PTSD) and depression have been the most studied mental health outcomes among rescue and response workers, with the prevalence of PTSD ranging from 0%-34% and depression from 21%-53% (8). For instance, in post-World Trade Center (WTC) disaster studies, most rescue workers experienced mild and normal stress reactions, but some workers experienced severe stress reactions that led to chronic decrements in functioning or worsening function over time. Risk factors included Hispanic ethnicity, pre-WTC psychiatric history, greater WTC disaster exposure, greater medical illness burden, life stressors, and post-WTC traumas, and maladaptive coping (e.g., substance use, avoidance coping).

In other post-disaster settings, rescue workers at greatest risk for the development of ongoing trauma-related symptoms have been those who: had a history of early physical victimization; had a prior psychiatric history; were volunteers; had been exposed to extreme danger, death, bodily injury, or maimed bodies; had experienced loss (of home or valued possessions, neighborhoods, and communities); had experienced intense emotional demands, extreme fatigue, or physical stress; had experienced chronic medical illness or psychological disorders, chronic poverty, or recent or subsequent major life stressors; and had reported avoidance coping, lower levels of self-efficacy and lower social acknowledgment.

### **What Protective Factors Benefit Rescue and Response Work?**

Protective factors for first responders include higher perceived preparedness, greater sense of purpose in life, family support, and positive-approach and emotion-focused coping (e.g., problem solving, positive reframing, acceptance) (5,10,13). Longitudinal studies of disaster responders have identified social support and integration, and a benevolent perception of the world, as potentially buffering factors to developing PTSD. Training and preparedness for specific tasks performed have also been associated with resilience or recovery.

## **What Are Some Ways to Manage Work-Related Stress?**

Emotional wellness is a growing concern for responder organizations. Responders who have undergone **resilience training** have displayed improvements in negative affect, depression, and stress levels. And, unlike psychological debriefing, resilience training does not appear to cause harm in regard to psychological distress measures or memory performance.

Another approach has been to **integrate ongoing peer support interventions into first responder culture**. This strategy is attractive because first responders have limited opportunities to access formal treatment, as well as concerns about stigma or negative changes in job duties or pay should they engage in mental health treatment. The limited research that has been conducted on peer support shows that those who have received early and regular peer support report significant gains on a number of dimensions, including better cognitive functioning, improved social and overall functioning, and decreased psychiatric symptoms.

The **Stress First Aid model** is one example of a framework for peer support within the first responder culture. It was based on the same five elements of recovery identified for post-disaster environments (safety, calming, connectedness, self-efficacy, and hope), and has been applied to military, fire and rescue, and law enforcement personnel.

With regard to treatment, studies using **trauma-focused cognitive behavioral approaches and medication** with first responders generally show significant treatment effects, particularly among patients who have a good alliance with their therapist. Treatments that prioritize and provide targeted assistance for particular symptoms have also proven effective.

National Center for Post-Traumatic Stress Disorder

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