

Acute Stress: A Normal Response To An Abnormal Event

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Objectives

- Discuss acute stress response and how it differs from Post-Traumatic Stress Disorder (PTSD).
- Understand how acute stress may manifest and how to address it most efficiently.
- Discuss treatment options for acute stress and PTSD

My Experience

- By December of 2012 I had been training and working with law enforcement for over 10 years
- Sandy Hook
 - Hard to anticipate event
 - Soft(er) target
 - Shooter kills himself shortly after LE arrival
 - Resources available but no patients
 - Long investigation

After the Event...

- Despite my training and experience nothing could prepare me (clinically or emotionally) for the scene at Sandy Hook
- I was fortunate - Good council normalized what I was about to experience

Acute Stress

- Symptoms (typical course) experienced during or immediately after the trauma
- Last for at least 2 days, and resolve within 4 weeks
- NOT PTSD (more on this shortly)
- How to respond
 - Debrief, talk, exercise, sleep/eat, avoid alcohol/drugs, counseling
- What to watch for and when to get more help

EMDR

- Eye Movement Desensitization Reorganization
- Effective way to help with Acute Stress
- Not psychotherapy in a traditional sense
- Protocol
- Good at any point after the offense

So I Started Asking People to...

- Keep in mind the very real affect that crisis events have on responders
 - Empower responders to understand and process what is ultimately ***a normal response to a very abnormal event***
 - Advocate for resources/understanding for those that need support after a crisis event

When Trauma Occurs....

- A reaction to Trauma can be adaptive in the moment, but, remnants of the experience sometimes remain.
- When this happens, there's too much (overwhelmed) to process what happened and as time moves along, the trauma can get frozen in time.

What is Trauma?

Any event experienced, witnessed, or retold to you that **causes on-going distress**.

- Single event
- Accumulated experience
- Institutional response



Trauma - Big T vs. little t

- Big “T” events can be obvious – Sandy Hook, etc.
- Little “t” traumas are usually not difficult to deal with – routine calls
- Accumulated trauma can be T, t or both
- Both T and accumulated t have been correlated with PTSD

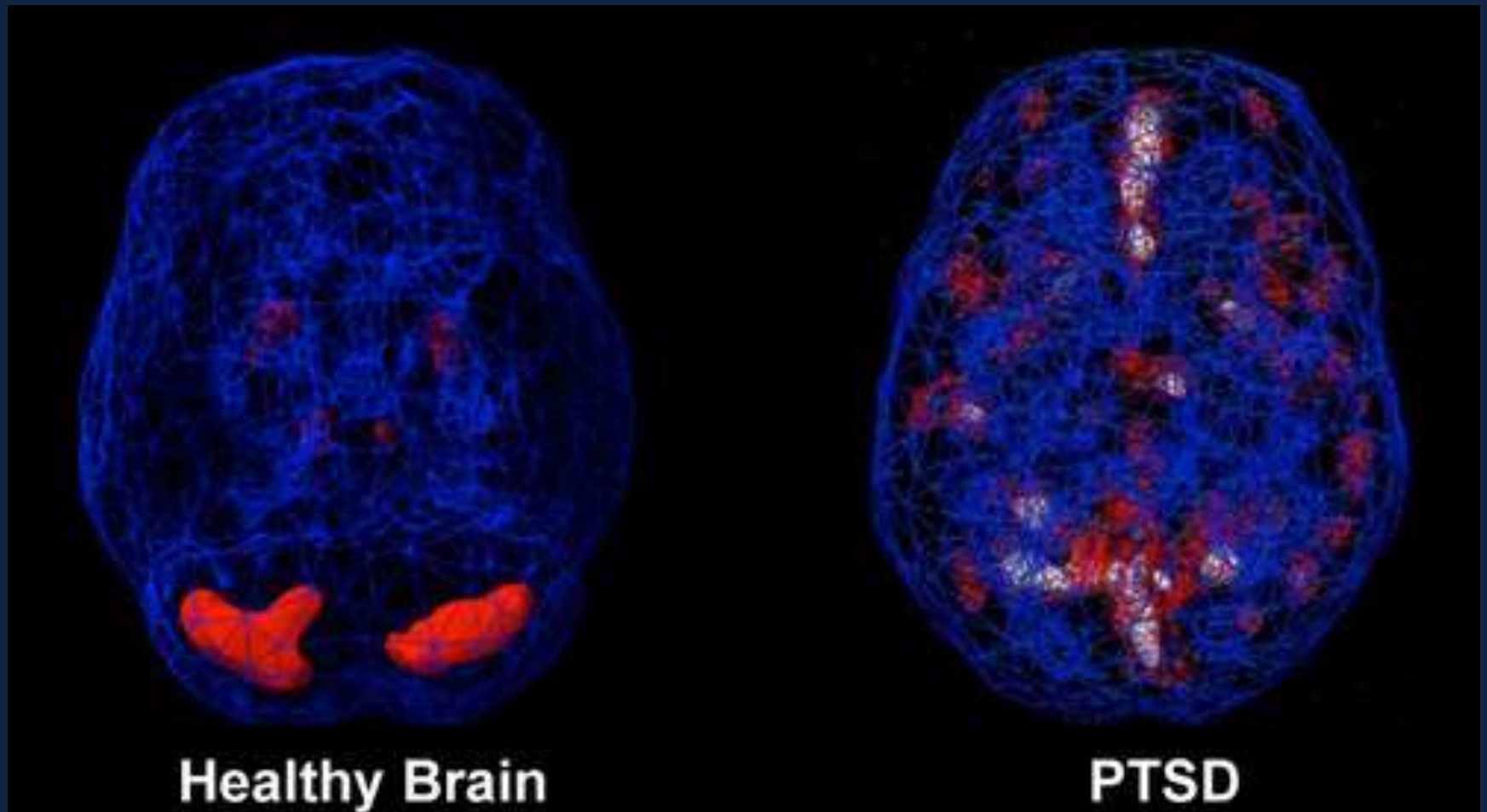
PTSD: Post Traumatic Stress Disorder

Continued disturbance for more than a month after exposure to actual or threatened death, serious injury, or sexual violence

- 1) Directly experienced
- 2) Witnessed
- 3) Learned about
- 4) Repeated or extreme exposure

DSM-5 APA

PTSD is a physical wound



Neuroscience Direct Washington Academy of Sciences, Time magazine Brain and Behavior foundation Yale School of Medicine

Trauma is an internal storm



The “invisible injury” is no less real

- Nightmares
- Reacting or feeling like the event is still happening
- Feeling dazed or having trouble concentrating
- Feeling detached or outside your body
- Startle easily

Know the signs

- Irritability
- Difficulty sleeping & getting rest
- Intrusive images (flashbacks)
- Avoidance of reminders/triggers
- Isolating
- Over indulging (drugs including alcohol, sex)
- Unusual moodiness

- TSQ may be offered 3-4 weeks post-trauma (allow time for normal recovery process)
- 6 or more YES answers should consider a referral to a behavioral health practitioner

C. R. Brewin, et al, 2002.
From National Fallen Firefighters
Foundation

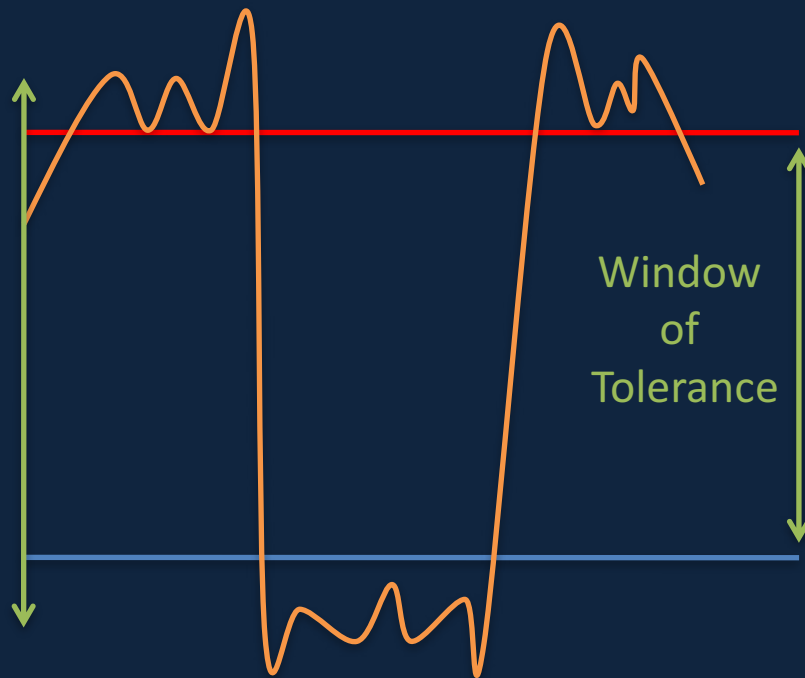
Trauma Screening Questionnaire (TSQ)

If you have recently been exposed to a potentially traumatic event (a PTE), here is a tool that may help you to identify whether or not you should seek additional help in recovering from its effects. Have you recently experienced any of the following:

	YES at least twice in the past week	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning)		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Feeling jumpy or being startled by something unexpected		

Best functioning is in the “window” of tolerance

Level of Arousal



Hyperarousal

- Hyper-orienting and defending
- Emotional reactivity
- Hypervigilance
- Intrusive imagery
- Obsessive/cyclical cognitive processing

Hypoarousal

- Flat affect
- Inability to think clearly
- Numbing
- Disabled orienting/defensive responses
- Avoidance

The people you love are also effected

- Increased arguments with family and friends
- Unusual behavior from children (i.e.. school difficulties or startle response)
- Fights or distance with significant others



We are herd animals



There's a lot you can do

- Stay with your herd
- Speak to others who experienced similar events
- Be attentive to sleep patterns
- Eat healthy, reduce alcohol use
- Use what has worked in the past
 - Exercise, uplifting music, time with family or friends, hobbies
- Use new coping techniques

EMDR helps heal the wound

Eye Movement Desensitization and Reprocessing Recent Traumatic Episode Protocol

- Jump starts the brain's natural mechanism
- Can be used as soon as difficulty arises to shorten healing
- No loss of expertise or “edge”



What is EMDR Therapy?

- EMDR uses bilateral stimulation to activate the brain (similar to REM sleep)
- It is a psychotherapy designed to help your brain heal itself
- It has been around for more than 20 years
- EMDR is approved by: US Dept. of Defense, Israeli Government, World Health Organization, National Council for Behavioral Health, SAMHSA, APA

An Adaptive Information Processing Model



- EMDR specifically targets traumatic material and appears to restart this ‘stalled’ information via processing in a focused manner
- Facilitating the resolution of the traumatic memories through the activation of neurophysiological networks

Why And How Does EMDR Work?

Hypothesized Mechanisms

- Many hypotheses to explain the mechanism of change related to EMDR
 - A definitive explanation has not been confirmed

Why And How

- Involves alternating stimulation to both sides of the brain through visual, tactile or audio input.
 - Examples: Eye Movements, Tappers and Tones
- Activates parasympathetic orienting response (MacCullough & Feldman, 1996)
- Expands associational memory networks (Christman, et.al, 2003, 2006)
- Activates brain systems normally activated during REM sleep (Stickgold, 2002, 2008)
- Decrease in sympathetic arousal (Elofsson et. al, 2008)
- Taxes working memory while decreasing emotionality of memory (deJongh et al., 2013)
- Increase capacity for distancing/noticing (Lee & Cuipers, 2013-2014)

EMDR is not just Hand Waving!

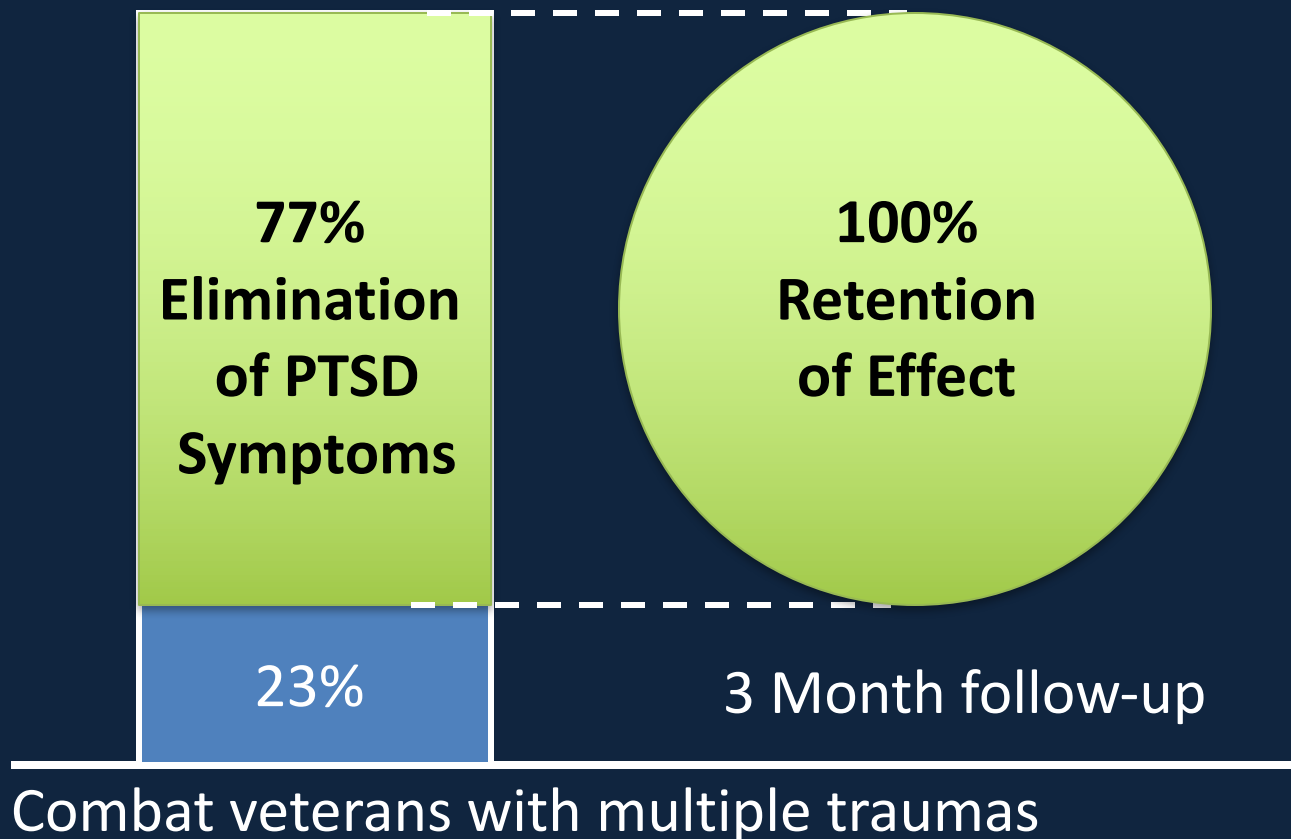
- The waving back and forth – moving the eyes, is only a part of a **protocol** that involves bilateral stimulation (BLS).
- What precedes the BLS, is a discussion between client and therapist about their recent or earlier trauma(s), and what THEY are interested in addressing.

EMDR is not just Hand Waving!

- Before any trauma reprocessing occurs, the therapist tries to understand why symptom relief from a trauma has been hindered, through comprehensive history taking and assessment.

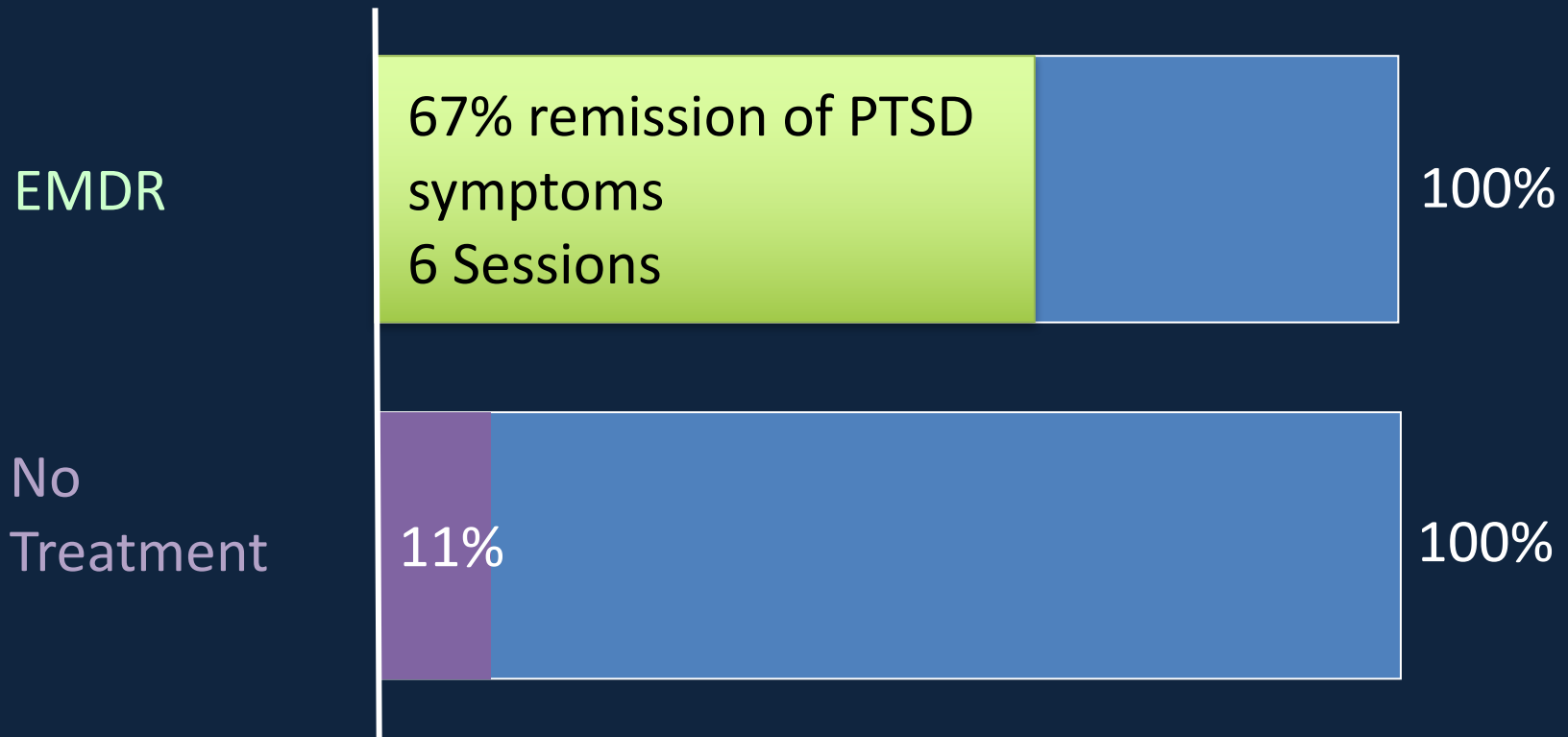
EMDR is effective and lasts

12 sessions of EMDR



With no treatment symptoms stay

Transit worker who experienced “person-under-train” or assault at work



Not the only game in town...

- Immediate assistance
 - Starts on scene, informal, “upward contacts”
- Early, reliable, focused assessment
- Stepped care matched to needs
- Evidence based treatment by competent providers

Good Intervention

- Likely to help
- Not Likely to Hurt
- Not expensive

What happens immediately after matters

- Debrief with each other
- Use your coping skills
- Remember, the critical incident was abnormal not you
- PTSD is a physiological injury that can be healed
- Seek out a qualified therapist

Contact us

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www.fctrn.com

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They will refer you to one of our TRN therapists

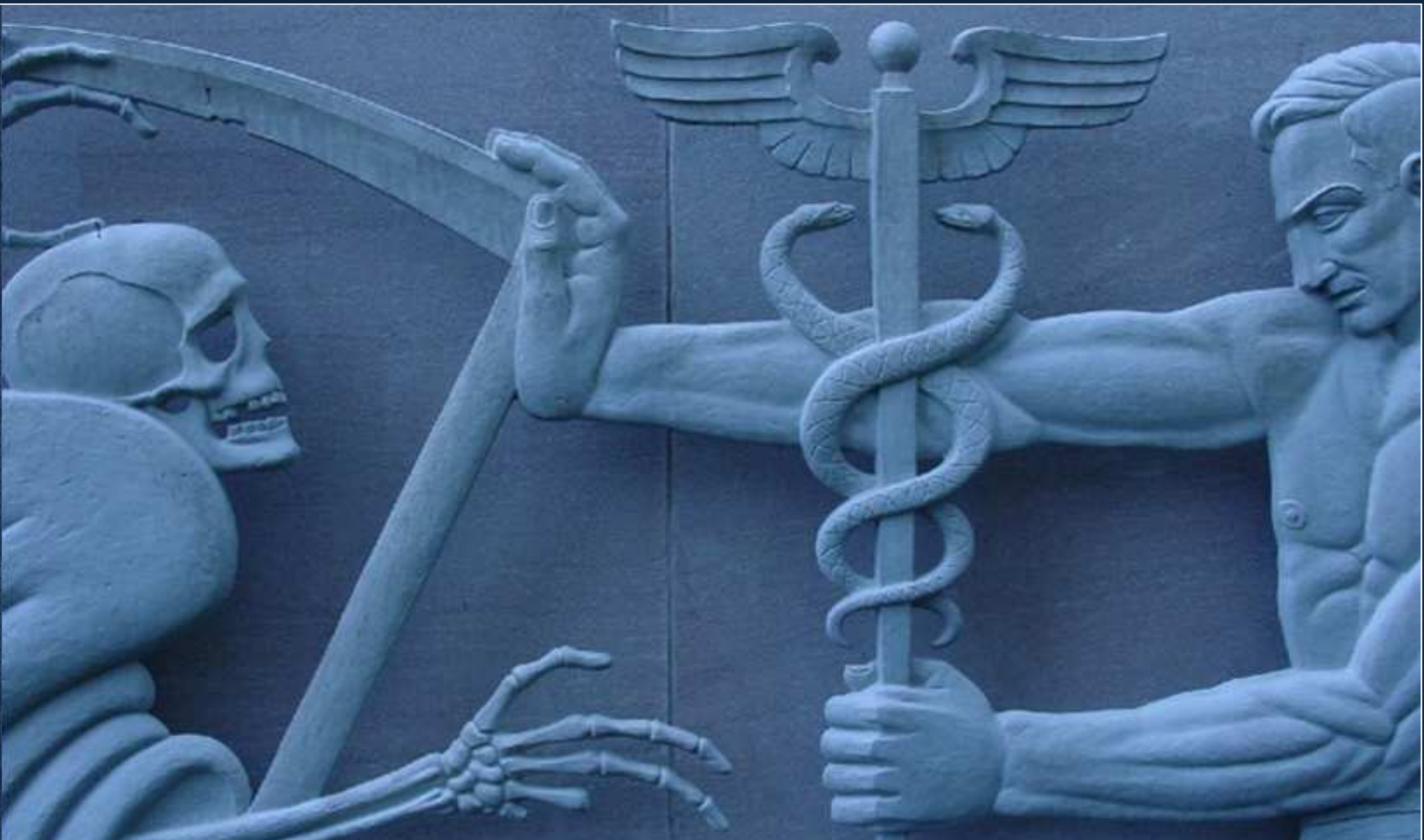
Left of Boom...

- Resilient People Have
 - Caring and supportive relationships
 - High expectations for success
 - Opportunities for meaningful participation
 - Positive bonds
 - Clear and consistent boundaries
 - Life skills

Left of Boom...

- Vulnerable People Exhibit
 - Substance abuse
 - Poor anger management
 - Lack of community integration/social isolation
 - Multiple chronic illnesses (or symptoms with minimal, vague or inadequate organic basis)
 - Chronic dysthymia and/or anxiety
 - Dysfunctional relationships
 - Inadequate school/work/community performance

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