



Review article

Post traumatic stress disorder and the forensic radiographer

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ARTICLE INFO

Article history:

Received 3 November 2015

Received in revised form

19 April 2016

Accepted 24 April 2016

Available online 12 May 2016

Keywords:

PTSD

Emotional response

Psychological response

Trauma

Mass fatalities

Deceased

ABSTRACT

The term post traumatic stress disorder (PTSD) is used to describe the psychological issues resulting from any traumatic event. An individual's ability to function is impaired by experiencing emotional responses to a traumatic event. Forensic radiographers need to be aware of the potential debilitating effects of this condition and those writing forensic protocols must take the condition into account and build in safeguards and welfare strategies.

This narrative review looks at the origins of the term PTSD and highlights those who may be at increased risk of developing the condition including, in particular, forensic radiographers involved in mass fatality work. Signs, symptoms and possible treatments are also reviewed.

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Introduction

Forensic radiography involves the collection of legal evidence from either living or dead individuals.¹ In the case of the deceased, evidence may be obtained from whole cadavers and/or from pathological specimens.¹ The Society and College of Radiographers (SCoR) and The International Association of Forensic Radiographers (IAFR) state that forensic imaging is a specialist area of post-registration practice and must be undertaken by experienced radiographers who are appropriately trained in forensic practice at postgraduate level.¹ However they also recognise that elements of forensic radiography could lead to possible Post Traumatic Stress Disorder (PTSD) for the individual undertaking the examination and therefore a forensic protocol must include the welfare of staff.

Forensic examinations must be preceded by a risk assessment and a forensic protocol developed which details the availability of support mechanisms for the forensic radiographer with the emphasis on primary prevention of PTSD.¹ The protocol should include information regarding

- the possible symptoms and common feelings associated with PTSD
- advice on coping strategies and other treatments.

There is no literature which provides this information in the specific context of forensic radiography and therefore this article aims to address these informational requirements for a radiographic audience and raise awareness of the effects of PTSD.

Method

A literature search was undertaken, the basics of which are documented in Table 1.

The chosen search engines were used, as the CINAHL database is an essential tool for nursing and allied health research which provides an easy-to-use interface with basic and advanced search features and searchable cited references. CINAHL Subject Headings help users effectively search and retrieve information and follows the structure of the Medical Subject Headings (MeSH) used by the National Library of Medicine. Similarly, Google Scholar provides a simple way to broadly search for scholarly literature which searches across many disciplines and sources. Science Direct is the world's leading source for scientific, technical, and medical research and also contains many journals related to medical

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Table 1
Outline literature search.

Databases used	Search terms
CINAHL	Forensic (+radiographers)
Google Scholar	Mass fatalities
Science Direct	MIND
	PTSD (+recovery, prevention, training)

imaging, including *Radiography*. As mentioned above, the majority of the literature was not specifically related to radiography.

What is post traumatic stress disorder?

PTSD is a unique, highly prevalent and impairing condition found to be a commonly occurring disorder that can have a duration of many years, frequently associated with exposure to trauma² caused by identifiable external forces such as acts of nature or willful human malevolence.³ PTSD is a debilitating disorder affecting an individual's ability to lead a normal life⁴ with risks of attempted suicide particularly high² along with a substantial risk of substance abuse.³

Post-traumatic stress disorder (PTSD) was first officially recognised as a syndrome by the American Psychiatric Association in 1980.⁵ With PTSD, an individual's ability to function is impaired by experiencing emotional responses to a traumatic event. The defining characteristic of a traumatic event is its capacity to provoke fear, helplessness or horror in response to the threat of injury or death.⁷ The term PTSD was first described in relation to the American veterans of the Vietnam War, however the disorder has existed for many years and has had many names; for instance during and after the First World War, many soldiers were said to be suffering from 'shell shock' or 'battle fatigue'; the symptoms referred to by these terms would now be called PTSD or 'combat stress'. The term PTSD is now used to describe the psychological issues resulting from any traumatic event, not only war related trauma.⁴

There have been several major events reported widely by the media which exposed people to horrifying scenes (including the 9/11 terrorist attacks in the USA in 2001, the Boxing Day tsunami in 2004, the London bombings in 2005, and the Parisian and Belgian attacks in 2015 and 2016). In particular, the latter two events were also the subject of widespread coverage on social media in addition to that of the global news media. Exposure to any one of such events can have lasting effects on individuals; however, for people actually present during these types of disasters (and those, such as radiographers, who deal with the aftermath) there is the potential for deep emotional injury to occur.⁴

Possible symptoms and common feelings associated with PTSD

To be diagnosed with PTSD a radiographer must have experienced a traumatic event that involved actual (or threatened) death or serious injury or a threat to the physical integrity of themselves or others. In addition, the individual must have responded to the event with intense fear, helplessness or horror⁵; the key being the intensity of the response ("did that really happen?") and not being able to take the situation in. The three main groups of symptoms of PTSD are seen as characteristic: distressing and recurring recollections of the traumatic event; avoidance of stimuli associated with the trauma; and a range of signs of increased physiological arousal.⁸ Individuals may relive frightening aspects of the trauma with vivid flashbacks, experience intrusive thoughts and images or nightmares and/or may become intensely distressed at real or

symbolic reminders of the trauma.⁴ Repetitive recall of traumatic memories and chronic intermittent hyperarousal are also characteristic of PTSD.⁹

The prevalence of PTSD and its adverse emotional and psychological consequences are much greater in countries that are in the midst of armed conflicts involving racial, ethnic or political violence.² Deliberate acts of violence, terrorism, or exploitation seem to cause longer-lasting and more painful emotional consequences than natural disasters; the crucial factor being that such experiences destroy an individual's trust in others.⁴

In the case of forensic radiography, mass fatalities work involves the process of recovering and identifying large numbers of victims or body parts.¹⁰ Radiographers responding to mass fatalities incidents may be at increased risk of PTSD. Factors increasing the risk of PTSD are identification with the deceased and exposure to the dead, with identification with the dead as a friend or family member being associated with a higher risk.^{11,12} Duration of deployment to mass fatalities incidents also has an impact on the risk of PTSD, which is thought to be potentially higher for those who are deployed for more than three months.¹³ Researchers found an association between PTSD symptoms and intensity and duration of exposure. They could also be triggered by direct involvement with the deceased and bereaved.¹⁴ Exposure to media coverage (particularly the increasing use of social media) could also result in identification with the deceased victim in workers such as radiographers: thus causing further traumatic and emotional impact.¹⁵

IAFR is the organisation that provides a register of trained radiographers (UK Forensic Radiography Response Team) to be deployed with UKDVI (UK Disaster Victim Identification) in the event of a mass fatalities incident. To join the register, the radiographer must attend a two-day training event, that provides training in DVI documentation and processes, imaging modalities utilised, the role of the radiographer in DVI, the role of radiographic imaging in DVI and health and safety. Some members of the IAFR committee are advisors to regional mass fatalities teams, and government. In addition, it is IAFR policy that radiographers are trained to be able to identify signs and symptoms of stress and Post Traumatic Disorder, how to minimise the risk of developing PTSD, strategies to cope with being deployed to a mass fatalities incident, and to know how to access support. Any psychological support required during or after such an event is currently provided by a service employed by UKDVI. The key emphasis is on primary prevention - the training event is to ensure that radiographers deployed to mass fatalities events know what to expect, what they need to do/what their role will be, so that the risk of PTSD is minimised. It is also standard practice by the Police in UKDVI to assess the personal circumstances of the individual prior to deployment.¹⁶ It is about assessing whether there is anything recent in the personal life of the individual that could increase their risk of PTSD if they were to be deployed, such as recent bereavement, illness, separation/divorce, or mental health issues.

Following a major trauma (such as a mass casualty and/or mass fatality event), the majority of radiographers will experience some level of psychological disturbance, with most recovering over time.¹⁷ Traumatic experiences, for some, can lead to development of several other disorders, including depression, anxiety disorders of extreme stress, specific phobias or personality disorders; however some individuals are resilient and fully recover.¹⁸ PTSD affects up to 30% of people who experience a traumatic event.⁷

There is conflicting evidence in the literature about how much experience in such incidents can lead to PTSD. It has been reported that individuals with fewer than three disaster duty experiences suffered increased severity of PTSD symptoms¹⁹ but also that those with previous disaster experience were 6.77 times more likely to

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