



Posttraumatic stress disorder in police, firefighters, and emergency dispatchers



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ABSTRACT

Posttraumatic stress disorder (PTSD) may develop after exposure to an event in which death, severe physical harm, or violence occurred or was threatened. First responders, including police, fire rescue personnel, and emergency dispatchers, have been viewed as populations at high risk for developing PTSD symptoms. Indeed, over 80% of first responders report experiencing traumatic events on the job, and it is estimated that 10–15% have been diagnosed with PTSD. However, to date, limited research has reviewed the impact and services available following these traumatic events across first responders. This review examines research regarding PTSD in police officers, firefighters, and emergency dispatchers with particular attention to the prevalence, comorbid diagnoses, risk and protective factors, and resources available to each group. A discussion of limitations of the available research in this area, and suggestions for directions that future work might take, are offered.

Posttraumatic Stress Disorder in Police, Firefighters, and Emergency Dispatchers

“Shortly after 2:00 p.m. on Valentine’s Day, 2018, a lone gunman entered Marjory Stoneman Douglas High School in Parkland, Florida. Once inside the school, the gunman, a former student at the school, proceeded to pull a fire alarm and began shooting at fleeing students and staff, killing 17 and injuring 14 others. In response to this active shooter situation, approximately 50 police officers entered the school in an effort to locate and neutralize the shooter and, where possible, provide first aid to the injured. Nearly 50 firefighters also entered the school once it was determined the shooter was no longer in the building. Throughout the entire event, emergency dispatchers took calls from frantic students, staff, and eventually panic-stricken parents of children attending the school. This proved to be the deadliest school shooting since the Sandy Hook Elementary School massacre in 2012. That evening, local media, in their coverage of the event, repeatedly advised that crisis counseling would be provided for all of the high school’s students and staff. No mention was made of the availability (or need) of any form of crisis response for the many first responders directly involved in this critical incident.”

(Van Hasselt, Klimley, Themis-Fernandez, & Rodriguez, 2018)

First responders, or individuals who, in the initial stage of an

incident, “are responsible for the protection and preservation of life, property, evidence, and the environment” have been viewed as groups at high risk for developing posttraumatic stress disorder (PTSD) (Homeland Security Act of, 2002; 6 U.S.C. § 101). In fact, PTSD, a disorder that may develop after exposure to personal assaults, natural or unnatural disasters, accidents, or combat, is estimated to vary from 5% to 32% in first responders (American Psychological Association, 2013; Carlier, Lamberts, & Gersons, 1997; Epstein, Fullerton, & Ursano, 1998; Friedman, Keane, & Resick, 2007; Fullerton, Ursano, & Wang, 2004; Guo et al., 2004; North et al., 2002; Perrin et al., 2007; Turnbull, 1998) compared to the 4% national prevalence rate (Kessler et al., 2005). This is likely due, in part, to the high rate of occupational-related traumatic events (Haugen, Evces, & Weiss, 2012). When compared to the civilian population, half of whom experience a traumatic event in their lifetime, the majority (84%) of first responders report experiencing traumatic events (Kessler et al., 2005; Patterson, 2001). Further, first responders are typically exposed to increased levels of work demands and a range of physical and psychological stressors (Galloucis, Silverman, & Francek, 2000; Haugen et al., 2012; MacCaslin et al., 2006; Penalba, McGuire, & Leite, 2009). However, despite increased study of PTSD in first responders, research on some subgroups, such as emergency dispatchers is limited (Brewin, Andrews, & Valentine, 2000; Darensburg et al., 2006; Kirby, Shakespeare-Finch, & Palk, 2011; Shakespeare-Finch, Rees, & Armstrong, 2014).

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Table 1
Comparison of PTSD in first responders.

| | Law enforcement | Firefighters | Dispatchers |
|--------------------|--|--|---|
| Prevalence | 7–19% (Carlier et al., 1997; Gersons, 1989; Maia et al., 2007; Martin et al., 2009; Robinson et al., 1997) | 17–22% (Sattler et al., 2013; Vieweg et al., 2006; Wagner et al., 1998) | 13.34–15.56% (Steinkopf et al., 2018) |
| Comorbidities | Chronic pain, cardiovascular problems, arthritis, GI Problems (Brown & Campbell, 1994; Lord et al., 1991; Pacella et al., 2013; Sledjeski et al., 2008) Substance use, depression, anxiety, suicide (Bibbans, 1986; Chopko et al., 2014; Javidi & Yadollahie, 2011; Maia et al., 2007; Martin et al., 2009; Skogstad et al., 2013; Steyn et al., 2013; Stuart, 2008; Violanti, 2004; Violanti et al., 2008) | Cardiovascular disease, musculoskeletal, neurological and respiratory problems (Angleman, 2010; MacFarlane et al., 1994) Depression, acute stress disorder, interpersonal difficulties, substance abuse, suicide (Fullerton et al., 2004; Gist et al., 2011; Wagner et al., 1998) | Higher cortisol (Weibel et al., 2003) Burnout (Roberg et al., 1988) |
| Risk factors | Proximity, type of incident, occupational stressors, neuroticism, introversion, poor coping skills (Breslau et al., 1991; Carlier et al., 1997; Crank & Caldero, 1991; Liberman et al., 2002; Maddi, 2004; Maguen et al., 2009; Martin et al., 1986; Morash & Haarr, 1995; Violanti & Aron, 1993; Violanti & Drylie, 2008) | High hostility, low self-esteem, neuroticism, previous trauma, lack of social support (Bryant & Guthrie, 2005, 2007; Fullerton et al., 2004; Heinrichs et al., 2005; MacFarlane, 1989; Regehr et al., 2013) | Perceived lower rank, limited control, decreased organization support (Blankenship, 1990; Burke, 1995; McCarty & Skogan, 2012; Payne, 1993; Quinn & Shepard, 1974) |
| Protective factors | Resilience, life satisfaction, social support, hardiness (Agaibi & Wilson, 2005; Brucia et al., 2017; Fredrickson et al., 2003; Kleim & Westphal, 2011; Marchand et al., 2015; McCanlies et al., 2014) | Training, social support, humor (Farnsworth & Sewell, 2011; Hytten & Hasle, 1989; Psarros et al., 2008; Regehr et al., 2013; Shakespeare-Finch et al., 2014) | Increased self-efficacy, dispositional positive affect (Shakespeare-Finch et al., 2014) |
| Assessment | Police stress survey (Spielberger et al., 1981) | Firefighter coping self-efficacy scale (Lambert et al., 2012) | N/A |
| Resources | Law enforcement officer stress survey (Van Hasselt et al., 2003) CISM (Mitchell & Everly, 1995) Peer support programs (Digliani, 2015; Everly, 2015; IAAF, 2011; Reese, 1995) EAP (Attridge et al., 2009; Axelrod, 2017; BadgeofLife.com, 2008; Gupton et al., 2011) | Firefighter assessment of stress test (Klimley et al., 2017) CISM (Mitchell & Everly, 1995) Peer support programs (Deppa & Saltzberg, 2016) EAP (Deppa & Saltzberg, 2016) | Coping skills and wellness program (Anshel et al., 2013) Peer support program (Scully, 2011) |

1. PTSD in first responders

Haugen et al. (2012) define the term “first responder” as a “heterogeneous grouping of both paid professionals and volunteers who provide critical services in emergencies; for many their main occupational task is first response” (p. 370). First responders usually have specialized training that prepares them to take action to safeguard the community, while simultaneously coping with high levels of work demands and routine exposure to physical and psychological stressors (Galloucis et al., 2000; Penalba et al., 2009). Hallmark psychological stressors include exposure to traumatic events (e.g., backdrafts for firefighters, being attacked with a lethal weapon for a police officer), and it is such events that separate first responders from other occupations (Haugen et al., 2012).

It has been estimated that nearly 400,000 first responders in the U.S., and 10% of all first responders worldwide, are suffering from PTSD symptoms with associated impairments in daily functioning (Berger et al., 2012; Haugen et al., 2012). Additionally, the development of partial or sub-threshold PTSD (i.e., symptoms that are present, but do not meet full criteria for a PTSD diagnosis) may also impair a first responder's functioning. There are indications that the risk of developing full or partial PTSD can depend on a variety of factors, including: the type of traumatic incident, an individual's developmental history, personality characteristics, and level of social support (Brewin et al., 2000; Ozer, Best, Lipsey, & Weiss, 2003). Moreover, within the first responder community, each occupation is exposed to traumatic events in a different manner. For example, Hartley, Sarkisian, Violanti, Andrew, and Burchfiel (2013) found that the frequency of traumatic events was associated with higher PTSD scores in female first responders, although the proximity of seeing victims of assault was associated with higher PTSD scores in male first responders. These

disparities among first responder groups with regard to traumatic events can, in turn, influence PTSD presentation (Duckworth, 1986; Tolin & Foa, 1999). Understanding the type and magnitude or exposures, and differences in PTSD (i.e., prevalence, demographic factors, physical/psychological comorbidities, risk and protective factors, and resources) among police officers, firefighters, and emergency dispatchers has important implications for prevention and intervention efforts.

The purpose of this review is to examine research concerning PTSD in police officers, firefighters, and emergency dispatchers to delineate prevalence, comorbid diagnoses, risk and protective factors, and resources within each group.

2. Methods

The literature review was conducted with eligible studies and documents identified through a computer-aided search between the years 1960 to 2018 utilizing Google Scholar and PsycInfo. The following keywords, and combinations of these, were used in the search of computerized databases: “PTSD”, and “police officers”, “firefighters”, “dispatchers”, “prevalence”, “comorbidities”, “risk factors”, “protective factors”, and “resources”. For a study to be eligible for inclusion in this review, it had to meet the following criteria: (1) the sample included a first responder group (i.e., police officers, firefighters, or dispatchers); (2) a validated measure of PTSD was utilized; and (3) there were no indications that participants had a history of head trauma, or any serious psychiatric conditions. To minimize omissions, the reference section of past reviews and studies meeting the inclusion criteria were examined to locate additional texts.

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