

Techniques have been developed to help rescuers cope with overwhelming stress before and after emergencies

Recovery From Rescue

by Jeffrey T. Mitchell

If certain beer commercials are to be believed, when a search, rescue or recovery operation is complete, all that remains is the cleaning and stowing of equipment and a quick trip to the local tavern to unwind. Unfortunately, by itself, such a simplistic solution to stress

does not always work and may even be harmful. Evidence from recent disaster and rescue operations indicates that rescuers are vulnerable to distressing aftershocks which can profoundly affect them for days and even months after an incident.

Dr. Joseph Waeckerle, a Kansas City trauma surgeon, and paramedic James Taylor, a senior paramedic in Kansas City both reported at national EMS conferences during the past year that they experienced serious emotional, physical and cognitive symptoms, both at the scene and for many months later, as a direct result of their rescue efforts at the Kansas City Hyatt Regency Hotel disaster in July of 1981. Their voices are joined by a host of other rescuers from around the nation who report experiencing aftershocks from rescue work in either single victim or multiple victim rescues. The number of rescue personnel participating in psychological counseling rose from 5 percent to 31 percent after the PSA crash in San Diego in 1978. Even Dr.

John Duffy, a psychiatrist specializing in disaster psychiatry, experienced persistent nightmares after working at the scenes of aircraft disasters.

Rescue Stress

Pinpointing the exact causes of rescue stress and its aftershocks is often a difficult task. It is very rare for any single factor of a SAR operation to produce enough stress to cause a profound stress reaction in the rescuers.

There are usually many factors involved in a stress reaction. Noise, poor lighting, inadequate ventilation, cramped work space, dirt, a lack of privacy, physical danger, and stimulus overload are among the many environmental factors which produce stress. Other factors include excessively long hours, manpower and equipment shortages, and overwhelming physical exertion.

In addition to these, a variety of more subjective factors exist which can contribute to rescue stress. The first can be the most devastating — the buildup of personal expectations regarding rescue work in general, or around a specific incident. Great disappointment can result, for example, by believing that one is infallible, or all rescues will go smoothly; that you will always be thanked and appreciated for your work; that the press will report your efforts accurately; or that a specific victim will be found alive.

Direct work with trapped, frightened and hurt people is by itself difficult. For idealistic people, which most SAR team members are, it can be downright painful. The responsibility for the lives of others and the sights and sounds of the injured can produce high levels of anxiety and a number of other strong emotional and physical reactions.

Add to this the fact that most rescuers have little or no training to provide psychological first aid to the victims, and you have a situation that will easily support a stress reaction. Dr. John Duffy points out however,

*Jeffrey T. Mitchell, MS, is a full-time faculty member of the Emergency Health Services Program of the University of Maryland Baltimore County. He is the senior author of the book *Emergency Response to Crisis*. A Ph.D. candidate with a Masters degree in Clinical Psychology, a Certified Maryland EMT-A Instructor and NASAR member, he was a Regional EMS Coordinator in Maryland and a firefighter/paramedic before coming to U.M.B.C. Mr. Mitchell also functions as a part-time psychotherapist and assists people experiencing acute and delayed stress reactions.*



The scene outside the Kansas City Hyatt Regency Hotel disaster. Rescue workers reported serious physical and emotional symptoms both at the scene and for many months later. Photo credit: The Kansas City Times.

that crisis training, although very necessary and helpful, will only partially alleviate the problem because no one can be "...trained to walk among the carnage, burning tissue, skulls, body parts..." and remain unaffected.

Most rescuers begin to experience emotional and physical aftershocks while working at the scene. Common reactions are of an emotional, physical or cognitive nature and include a great many signs and symptoms because people react to stress in their own unique ways.

What should be emphasized most is that these reactions are perfectly *normal* responses of the body and the mind to overwhelming stress. Rescuers should not be afraid to admit that they have these reactions nor should they be criticized or penalized in any way because they experience them. It is really quite normal to feel a little bit crazy in the face of overwhelming stress! Those who absolutely deny any and all reactions to rescue stress are perhaps worse off. It seems that denial in the face of obvious facts indicates terror.

Anxiety, fear, self doubts, anger, irritability, frustration, hopelessness, and dejection intertwined with elements of denial are the most prominent emotional reactions among rescuers during on-scene operations.

Often rescuers experience confusion. They find it hard to problem-solve or make decisions. The trivial is mixed up with the significant and time gets exaggerated or suppressed. Being unable to remember the name of an object is also common. Short term memory problems also develop such as putting a hand tool down next to yourself and not being able to remember where you put it.

Physically, rescuers in all types of incidents report nausea, a pounding sensation in their hearts, muscle tremors, cramps, profuse sweating, chills, headaches and muffled hearing. Most of the physical symptoms disappear within 24 hours although some may hang on for another day or so.

Rescuers generally try to suppress these signs and symptoms to avoid "falling apart" at the scene. They have a rescue to accomplish and can't afford the luxury of becoming emotional or upset. Like most things that go underground, these reactions eventually work their way into the open again, often as the same or possibly more serious symptoms.

Delayed Stress Reactions

The delayed stress responses have a variety of symptoms. Hours, days or weeks after an incident, rescuers may feel somewhat depressed. Grief and a sense of loss are not uncommon. Sometimes guilt is a strong feeling. Rescuers feel guilty for many reasons but mostly because they feel that they failed to do enough (even in a flawless SAR operation). Occasionally they may resent the news media and feel unappreciated. Increased irritability with others is one of the most noticeable signs. Brief visual flashbacks have also been reported by hundreds of rescuers in every possible type of rescue.

Physically, sleep disturbances and an overall sense of fatigue are the predominant reactions. Nightmares, repetitive dreams and waking up in a cold sweat also occur with some rescuers. Headaches, nausea and decreased appetite round off the list of physical symptoms.

Some symptoms of delayed stress responses are not as easy to pick out because they are less frequent and usually blend in with emotional and physical reactions. Some rescuers feel a strong need to discuss the incident, while other prefer to deny the facts or withdraw from such conversations. Serious concern for co-workers' well-being is occasionally expressed. Confused thinking and self blame may persist in spite of reassurances.

Remember, all of these reactions, whether at the scene or later, are considered normal. They do not indicate weakness on the part of the rescuer. They can happen to the most hardened veteran or the newest recruit. Stress experiences tend to be cumulative and may pile up over the years and appear as symptoms when least expected. This happened with veteran fire brigades in London during WW II. Repetitive bombing raids gradually wore them down and highly experienced firefighters became less functional in their work and many experienced severe forms of the symptoms just described.

Danger Signals

Usually stress aftershock symptoms are resolved in about three or four weeks with perhaps mild symptoms lingering for several additional weeks. If rescuers experience a few persistent symptoms for more than three weeks, or an array of milder symptoms for unusually long periods of time (beyond six weeks)

there may be danger present. The lingering presence of distressing symptoms must be alleviated or permanent harm may result. Outside professional help is certainly indicated and should be found without further delay. Remember, no one should be penalized for seeking help. It takes a strong and prudent person to realize he or she is in over their head, and needs help.

Reducing Rescue Stress

There are a great many strategies which can be utilized to reduce stress and the accompanying aftershocks. Some of the more important ones are outlined here:

- Keep personal and SAR team expectations within reason. It is always easier to adjust to good news than to bad news. Expect the very worst but keep your hopes high for the best. Carefully balanced hope is a better motivator than unrealistic and unobtainable expectations.
- Be careful not to belittle or look down on any SAR participant who experiences on-scene or delayed stress responses. These responses are normal and to be expected. Personnel need reassurance and continued group support, not criticism.
- Look for the positive qualities in each other and show appreciation for what they do for other members of the team. Be your own support group. No one else can understand and care for you as well as yourselves.
- Within 24 hours of a rescue, SAR participants should get involved in vigorous physical exercise (running, swimming, tennis, callisthenics, volleyball, basketball, etc.). This helps reduce stress-related chemicals in the bloodstream, and returns the person to a more relaxed state. Physical activity after that first 24-hour period following an incident is only minimally effective as a stress reducing technique.
- Supportive stress debriefings within 24 to 48 hour periods are extremely helpful in reducing the long-term emotional and physical impact of the event. These sessions run about an hour in length and should be set up by SAR leaders. Attendance is a must for all team members involved in the incident. This time together must not be used to discuss the problems and mistakes that occurred during the rescue (that can be done later in the incident evaluation). Criticism of individual members shouldn't be allowed during stress debriefings.

The post-critical incident period debriefing is utilized to allow people to air personal feelings by talking about their own emotional reactions to the rescue. A stress debriefing is *not* a gripe session and leaders need to be careful to set a proper tone and not be sidetracked.

This is a time to affirm and support others; to cry, if one needs to, and to know that the others feel the pain and will not belittle them because they show their emotions. For some it will be a time to be silent with their own thoughts. No one should be embarrassed by being at a loss for words. Those who do not wish to share feelings after being encouraged to do so should be able to sit quietly and listen to others.

Usually it is best if the facilitator is not personally involved in the rescue function. If your community is fortunate enough to have a psychologist, social worker or psychiatrist who is skilled in group processes, and is generous enough to provide some time to your group, he or she may be the best choice for group facilitator. If not, another respected member of the community such as a minister, rabbi, or a priest with some counseling skills is a good alternative. In some communities, medical professionals may perform the task well. If there is no one else available from outside the group a team leader may be the best choice.

Some incidents are so emotionally charged that a group leader may feel a stress debriefing would be too diffi-

cult to manage alone. If local professionals are in short supply, or inadequately trained to handle such intensity in their group, then the group would be wise to pool their resources and bring in a consultant trained in psychology and group processes to work with them in a formal stress debriefing. This should be done within a two-week period (ideally within 48-72 hours). The greater the time between the incident and the debriefing, the greater the chance of permanent emotional damage (when the normal stress reactions do not get adequately supported and resolved and thus become abnormal).

- Get plenty of rest after the debriefing and eat well. You need to restore your body as well as your mind and soul.

Conclusion

Perhaps the next time a critical incident occurs in your area you will consider a stress debriefing *before* the trip to the local "watering hole." A critical incident stress debriefing may, in fact, eliminate the need for such a trip. It is one of the most important ways to properly prevent and manage rescue stress. It and other techniques are important in helping the rescuers recover from the rescue. □

Bibliography

- Berger, S.M. "Conditions Through Vicarious Instigation." *Psychological Review*, 1962, 69, pp. 450-466.
- Cohen, R.E., Ahearn, F.L. *Handbook for Mental*

Health Care of Disaster Victims, Baltimore, MD: John Hopkins Univer. Press, 1980.

Colen, B.D. "Aircraft rescue workers also victims, Psychiatrist says." *Washington Post*, 1979.

Copper, C.L. *The Stress Check, Coping with the Stress of Life and Work*. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1981.

Coyne, J.C. and Lazarus, R.S. *Handbook on Stress and Anxiety: Contemporary Knowledge, Theory and Treatment*. San Francisco: Jossey-Bass Publishers, 1980.

Duston, H. "The Consequences of Stress." *Clinical Roundtables*. Bloomfield, NJ Roche Laboratories, Health Learning Systems, Inc. 1979.

Mental Health Problems, Washington, DC: National Institute of Mental Health, U.S. Dept. of Health and Human Services, 1981.

Fouchee, H.C., Davis, M.H., Stephan, W.G. and Bernstein, W.M. "The Effects of Cognitive and Behavioral Control on Post-stress Performance." *Journal of Human Stress*. 1980, 6(2) pp. 41-48.

Glass, A.J. "Psychological Aspects of Disaster." *Journal of American Medical Association*, 1959, 171(2) pp. 222-225.

Graham, N.K. "Done in, Fed up, Burned out: Too Much Attrition in EMS." *jems*, 1981 Vol. 6 pp. 24-29.

Margolis, B.L., Kroes, W.H. and Quinn, K.R. "Job Stress: An Unlisted Occupational Hazard." *Journal of Occupational Medicine*, 1974, 16(10) 654-661.

Maslach, C. "Job Burnout. How People Cope." *Public Welfare*, 1978, 36(2), 56-58.

Mitchell, J.T. "The Psychological Impact of the Air Florida 90 Disaster on Fire-rescue, Paramedic and Police Officer Personnel." *Proceedings of the First International Assembly on Emergency Medical Services*, Baltimore, MD, June 13-17, 1982.

Page, J.O. *The Paramedics, An Illustrated History of Paramedics in Their First Decade in the U.S.A.*, Morristown, NJ, Backdraft Publications, 1979.

Pines, A.M. and Aronson, E. with Kafry, D. *Burnout, from Tedium to Personal Growth*. New York: The Free Press, 1981.

Shinn, M. *Caveat Emptor: "Potential problems in using information on burnout."* In Paine, W.S. *Proceedings of the First National Conference on Burnout*, Philadelphia, PA, November 2-4, 1981.



Below: Rescue workers aid in the body recovery at the site of the recent Kenner airliner disaster. Supportive stress debriefings within 24-48 hour periods are extremely helpful in reducing the long-term emotional and physical impact of such incidents.