

Secondary Traumatic Stress in First Responders

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One concept that is not often discussed or taught in the process of training in our professional lives is the cost of caring (Figley & Ludick, 2017). “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet” (Remen, 1996, p. 52). In the fields of medical services, law enforcement, fire response, victim assistance, and mental health, professionals are frequently exposed to traumatic events, sometimes even on a daily basis (Molnar et al., 2017). Numerous terms are used to describe this concept of witnessing other’s trauma and the impact that can have on our physical, emotional, cognitive, mental, and/or spiritual functioning (Branson, 2018). While some studies incorporate specific definitions for each of these terms, others use them interchangeably (Greinacher et al., 2019). Some of these terms include secondary traumatic stress, compassion fatigue, and vicarious trauma (Branson, 2018). It is essential to understand these terms, as well as the impact they can have on professionals, specifically first responders.

### **Definition of Terms**

The term “secondary traumatic stress” will be used for the purpose of this article as it most closely relates to first responders. Figley (1995) coined the term secondary traumatic stress and described it as the phenomenon that occurs as a result from professionals (i.e., first responders, medical personnel, etc.) being “psychologically overwhelmed by their desire to provide assistance and comfort to their observations of trauma and suffering” (Branson, 2018, p. 3). It is mostly used to describe professionals who frequently are exposed to the trauma of others, but who do not develop a continuous empathetic relationship with these individuals (Branson, 2018).

While secondary traumatic stress is the focus of this article, it is important to understand the definitions of the other terms as well. Compassion fatigue, also coined by Figley (1995) is similar to secondary traumatic stress and is often used interchangeably, as it also focuses on the observations of trauma and desire to help those individuals (Figley, 1995; Branson, 2018). Vicarious trauma was coined by McCann and Pearlman (1990) and can be defined as “the unique, negative, and accumulative changes that can occur to clinicians who engage in an empathetic relationship with clients” (Branson, 2018, p.2). While this original definition has been primarily studied as it relates to mental health professionals, it has developed into encompassing first responders in its definition by addressing the occupational challenge of these fields and the frequent exposure to the traumatic experiences of others (Molnar et al., 2017).

### **Symptoms of Secondary Traumatic Stress**

The symptoms of secondary traumatic stress are similar to those of primary trauma in that they can manifest in diverse ways and in four categories, including arousal, intrusive imagery, negative changes to cognitions, and avoidance behaviors (Branson, 2018). Some of these symptoms include social isolation, negative coping skills, poor decision making, unwanted mental images, oversensitivity to trauma reminders, loss of motivation, and stress-induced medical conditions (Branson, 2018). In contrast to vicarious trauma and compassion fatigue

where the symptoms develop after several exposures, the development of the symptoms as a result of secondary traumatic stress can happen after one exposure (Branson, 2018).

### **Prevalence in First Responders**

First responders are frequently exposed to traumatic events as part of their daily job duties. They are continuously managing unpredictable situations that can be emotionally challenging for everyone involved (Greinacher et al., 2019). Experiencing these events, including assisting survivors and the families of survivors, being exposed to the dead and severely injured, can cause a high level of stress and prevent the first responder from being able to appropriately adapt and cope with these situations (Greinacher et al., 2019). While little research has been conducted on the prevalence of first responders, some studies have shown up to 35% of first responders being at risk of developing symptoms of secondary trauma. While first responders encompass law enforcement, fire fighters, and emergency paramedics, similar rates have been shown for medical and mental health professionals as well (Greinacher et al., 2019). Due to a variety of reasons, including concerns of losing jobs and social desirability, it is a possibility that these rates have been underestimated (Greinacher et al., 2019).

### **Risk and Protective Factors**

While certain fields have begun to identify risk and protective factors, there is very little research on this topic. However, some risk factors that have been identified in first responders and related fields include caseload frequency, caseload volume, and having a personal trauma history. (Molnar et al., 2017). Other risk factors can include age, gender, emotional exhaustion, exposure, and substance use (Greinacher et al., 2019). Some protective factors include having social support and adequate support from supervisors (Molnar et al., 2017). Additional protective or resilience factors that have been identified include self-efficacy, internal control, a cohesive organization, engagement, and mindfulness (Greinacher et al., 2019).

### **Treatment Recommendations and Conclusion**

The treatment of first responders is something that is not really addressed outside of the forensic realm. In the forensic arena, law enforcement receives psychological services after a major shootout or a traumatic event where they begin exhibiting signs and symptoms of distress. In those instances, they are encouraged to seek psychological help. However, many do not because they fear losing their jobs. Thus, it is imperative that outside psychologists are aware of the traumas this population encounters and be mindful of their apprehensions. As much as therapy is warranted among first responders, there are things that organizations can put in place to assist on a daily basis, such as a gym at the facility, a quiet room for meditation, hiring a wellness coach, and fostering an environment of social support. As psychologists working with first responders, we must treat the whole person because we know that the ramifications of trauma can manifest in various ways.

## References

- Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology* 25(1), 2-10. <http://dx.doi.org/10.1037/trm0000161>
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner/Mazel
- Figley, C. R. & Ludick M. (2017). Secondary traumatization and compassion fatigue. *APA Handbook of Trauma Psychology* 1(1), 1-21. doi: 10.1037/00000019-029
- Greinacher, A., Derezza-Greeven, C., Herzog, W., & Nikendei, C. (2019). Secondary traumatization in first responders: a systematic review. *European Journal of Psychotraumatology* 10(1), 1-21. doi: 10.1080/20008198.2018.1562840
- McCann, I. L. & Pearlman, L. A. (1990). Vicarious trauma: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149. <http://dx.doi.org/10.1007/BF00975140>
- Molnar, B. E., Sprang, G., Killian, K. D., Gottfried, R., Emery, V., & Bride, B. E. (2017). Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. *Traumatology* 23(2), 129-142. <http://dx.doi.org/10.1037/trm00001122>
- Remen, R. N. (1996). *Kitchen table wisdom: Stories that heal*. New York, NY: Riverhead Books