



ICISF'S 13TH World Congress on Stress, Trauma & Coping
May 11-16, 2015 | Baltimore, MD

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CONNECTING THE CRISIS RESPONSE COMMUNITY



Wounded Responder
Wounded Warrior
Wounded Family
Wounded Home
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Goal: to discuss the implication of secondary PTSD on family members.

In providing care for our responders the question we must ask: Is helping the warrior \ the first responder sufficient? Family members are often not included in our CISM response. Is it time to include family members in our CISM strategic plan of response?

When service members serve their country, they aren't the only ones who serve. Their families serve also. Family members; spouse\partner\parent\sibling live in fear of bad news. They watch news reports and make attempts at the geography guessing game of “Where is??” They live with fear. Usually the separation is hardest on the children. Homecomings are very joyous moments for military families, and they hope for life “as it used to be”. Until recently, the long term consequences of the service and sacrifice made by the families of deployed troops went largely unspoken. The long term implications of deployment affect family members.

Living with a public safety officer isn't easy. Shift work, constant hyper-vigilance, risk-taking on and off the job, call-backs, missed family events are but some of the constants in the lives of a law enforcement officer, fire-fighter, correctional officer or EMS provider. What spouse\partner\parent\sibling has not lain awake at night and worried for the safety of a responder loved one? Family members of our first responders live with the consequences of the on the job trauma exposures of their loved one.



DSM-5 Criteria for PTSD

Criterion A: stressor : The person was exposed to: death, threatened death, actual or threatened serious injury: (one required)

1. Direct exposure.
2. Witnessing, in person.
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

PTSD defined

- PTSD: A physical injury to the brain
- Criteria in DSM-IV makes it the only psychiatric disorder that is caused by an external source
 - Defined as an injury
 - It is not genetic
 - It is not a disease. Cannot be spread through “germs”
 - It is not the fault of the victim
 - It is not caught from another

Vicarious Trauma \ Secondary PTSD

Criterion A: as defined by (Figley, 1998)

- Indirect exposure to a traumatic event through close contact with the primary victim of trauma
- “Natural emotional reaction to the traumatic experience of a significant other.” (Figley, 1988)
- “The stress caused by providing help, or wishing to help, and offering emotional support to a traumatized person.” (Fullerton CS and Ursano, RJ, 1997)



Secondary PTSD: May be a factor with those family members in close proximity to a traumatized adult service member or responder.

The word "secondary" simply means that the family member stands one level or one step away from the traumatized person. For example, a spouse \ a child may be a level removed from the actual war zone \ ugly scene, but may be living with a traumatized warrior \ first responder parent. Even though the route of exposure to trauma may be secondary, its symptoms and effects may be the same as the primary sufferer. In this sense, the spouse \ child may develop PTSD as if he/she is exposed to horrors indirectly.

“Simply having a family member in harm’s way is sufficient to activate secondary traumatic stress symptoms in some or all living in the household. Coping with the strain of being the caretaker leads to emotional fatigue and burn-out.”
(Dirkzwager, Bramensen, Ader & van der Ploeg)