



TRAFFIR



TRAUMA AWARENESS FOR FIRST RESPONDERS



Project No. 2019-1-UK01-KA202-06144



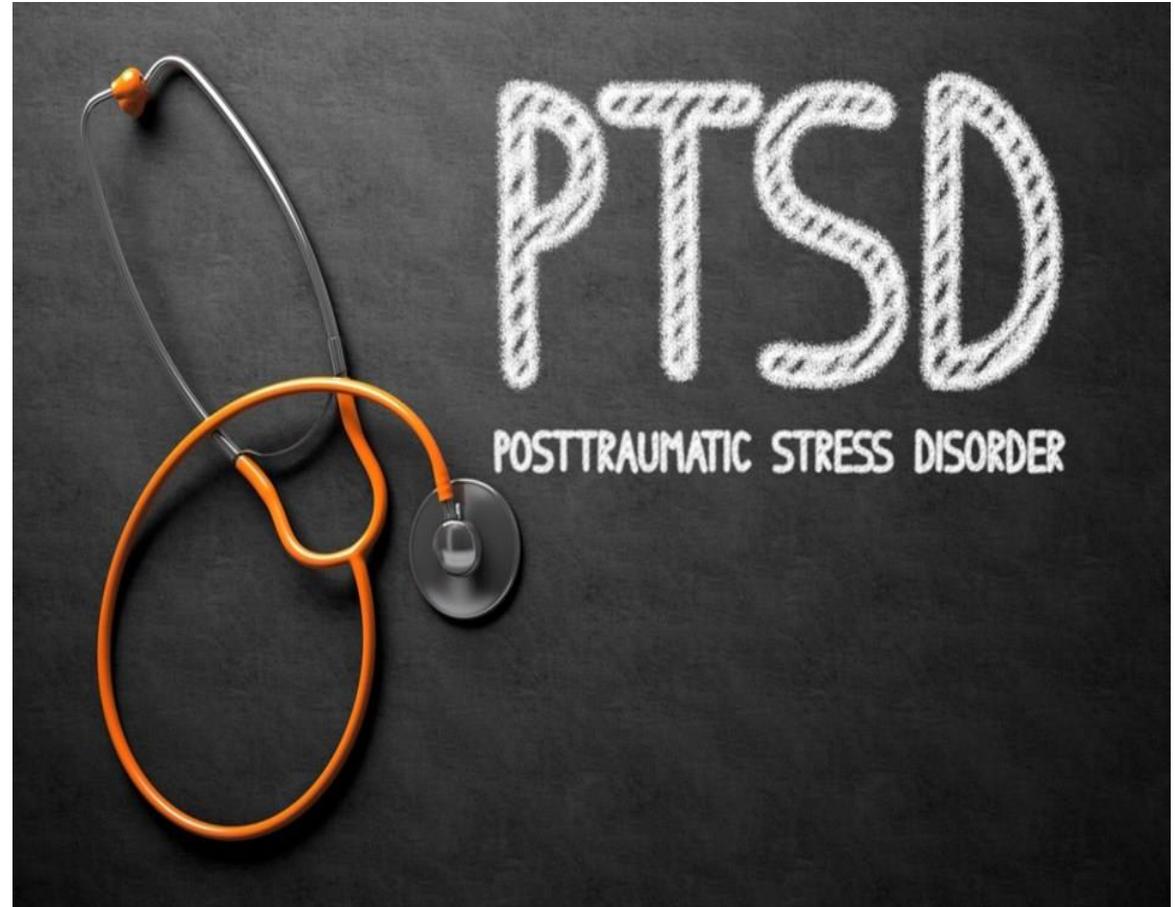
TRauma Awareness For First Responders

The aim of this workshop will be for trainers to learn how to effectively work with the toolkit and understand how to implement it in their teaching practice to ultimately widen participation and increase trauma awareness, emotional self-regulation and preparedness for response to any traumatic event.

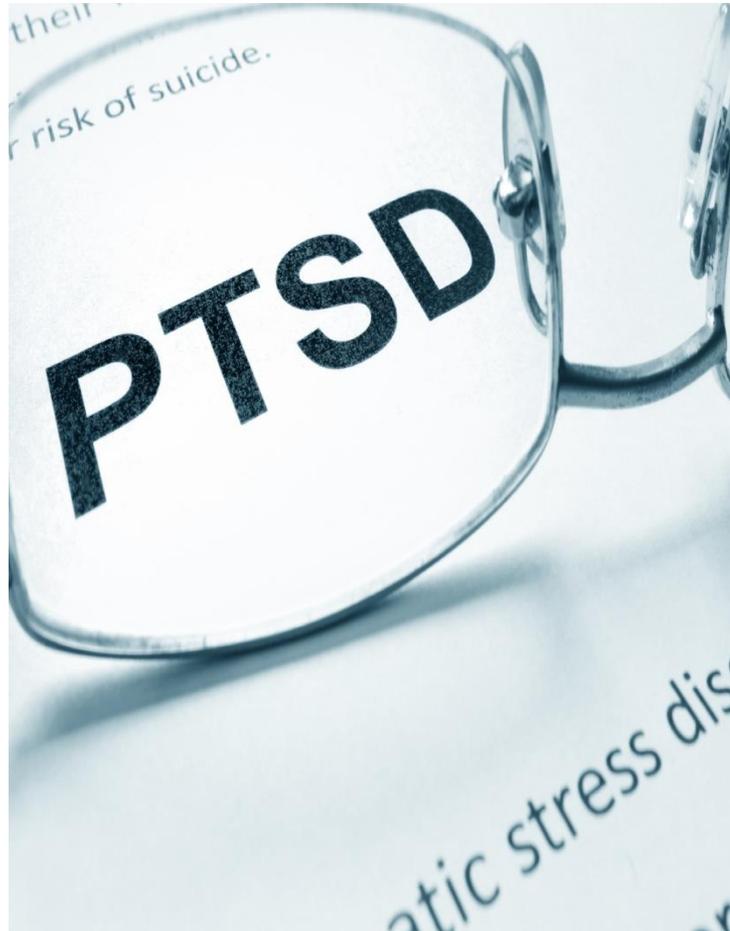


Module 1: Communication

The results suggest that 28% of the studied paramedics may be potentially diagnosed with PTSD.



PTSD



PTSD results from experiencing stress of extreme, traumatic intensity. PTSD was also introduced into ICD-10, and typically involves symptoms that can be classified into three groups:

- intrusion – recurrent images, dreams or memories related to the traumatic experience;
- avoidance – of places, people or topics related to the traumatic experience, accompanied by a general decrease in activity;
- arousal – understood as increased psycho-physiological reactivity in the form of attention deficit disorders, circadian rhythm disorders, or increased vigilance.

Communication

10 ways PTSD messes with communication



- powerful sense of disconnect
- unable to create emotional rapport
- lack of assertiveness
- hypersensitivity
- rage
- rigidity
- difficulty processing information
- difficulty organizing information
- lack of concentration & focus
- memory issues

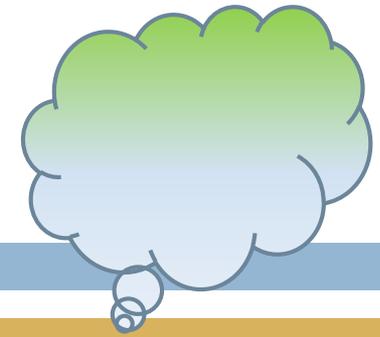
Communication

Good communication is crucial!



Communication in general can be a difficult skill to master. Finding ways to say just the right thing and trying to express yourself in a way that you feel heard or understood can be challenging. Connection and belonging is a basic human need but it can be difficult to create this through the complexities of communication, since there can be different interpretations for just about anything said. When you have experienced trauma, communication can become even more challenging.

Communication

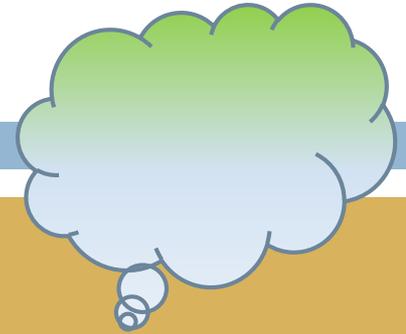


Powerful Sense of Disconnect



Being in my own world characterized by fight-or-flight perceptions means I don't know how I am coming across and may not grasp the other person's point of view. I won't be able to anticipate their reactions. People may not understand what I'm saying. I feel as if I do not belong to their world, which means the communication has to cross a great distance.

Communication

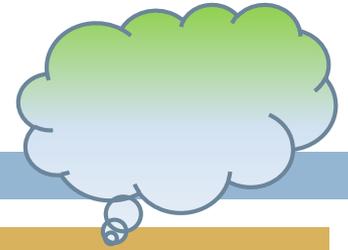


Unable to Create Emotional Rapport



Not being good at creating a sense of rapport at the beginning of the conversation, due to numbness and lack of affect, means the communication may fall apart easily.

Communication

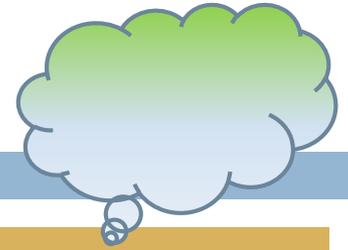


Lacking Assertiveness



Exhibiting PTSD symptoms of learned helplessness, shock, numbness, apathy may mean I get treated like a doormat. Feeling helpless and powerless may lead to problems getting heard and getting needs met successfully.

Communication

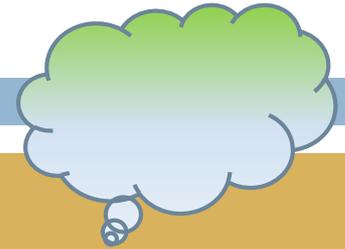


Hypersensitivity



Being extremely sensitive – to the other person's tone of voice, if they are rude or if they are not listening etc. – makes me cut off communication at the slightest thing. Also, being sensitive to standards of behavior that demonstrate trustworthiness, being hypersensitive to betrayal and breaches of trust, means I may exit the situation if someone is acting below my standard.

Communication

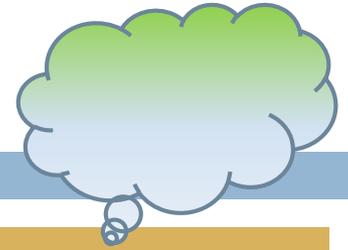


Rage



Being prone to experience sudden, overwhelming rage (the fight response), whether expressed or repressed, may lead to the communication ending in a negative way – e.g. arguments, cutting off the person, leaving.

Communication

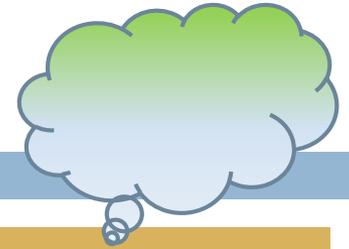


Rigidity



When I won't budge on my idea or position about what needs to happen, this can stop communication from progressing. Being rigid around specific things that are important to me is my way of preventing any danger. It's my way of taking back the control I lost during trauma.

Communication

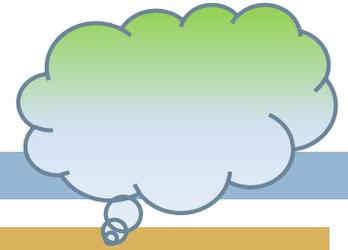


Difficulty processing information



Sometimes, while listening and while speaking, I may lose track of some piece of information and need to be reminded of what all the pieces are and spend a moment catching up to you and seeing the connections. I may not be able to come to a decision right away during the conversation. I may need to write some things down so I can completely process it all after the conversation and then get back to you with my decision. It takes time for me to find my own conclusion after being given a lot of information.

Communication



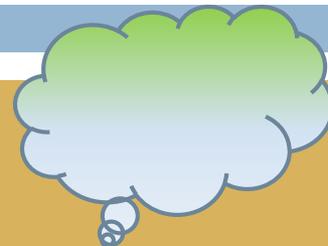
Difficulty organizing information



Sometimes, I don't say things in the most optimal order because I have not organized it all in my mind before speaking. Sometimes I mix things up even if I had them organized before beginning the conversation. If I'm nervous I might get scrambled. I may forget to give the context first and details second.

Communication

Lack of concentration and focus



I can get distracted by things while trying to communicate. I may experience distracting thoughts or feelings. I may need to ask you to tell me what you just said again.

Communication



Memory issues



Sometimes I lose my train of thought and forget what I had intended to say or what my goals were when I set out to have the communication. I may have to call back a little later when I remember something important I wanted to say.

Communication



How to communicate in a PTSD relationship?

Step 1: Clear, concise messages are needed to get your information across.

When you're juggling **post-traumatic stress disorder** and traumatic brain injury in one brain, this is not the time to start getting fancy with your vocabulary! Your spouse needs a simple, concise message so he or she can give you a simple, concise answer.



Communication



How to communicate in a PTSD relationship?

Step 2: The sound of silence

This is a biggie for PTSD marriages. Get comfortable with silence. It's okay not to say anything. Every last minute of every moment together does not have to be filled with noise. Every second of the day isn't filled with conversation and it doesn't mean something is wrong.



Communication



How to communicate in a PTSD relationship?



Step 3: Allow your veteran to answer.

Let your spouse talk. Let your veteran have time to formulate his or her answer (as opposed to just continuing to talk until your hero finally says something). This goes along with Step 2 – Silence. You must be willing to be silent and wait for your spouse to figure out an answer. If a traumatic brain injury (TBI) is involved, this is twice as important because it may very well take longer for your veteran's brain to process (even if you've followed Step 1 and delivered a clear, concise message!).

Communication



How to communicate in a PTSD relationship?



Step 4: Question everything!

Here's how it works.

Him: Great.
Fast Five
would be good.

You: Want
to go to the
cinema on
Saturday?

You: So
you'd like
to see *Fast
Five*?

Him: Yes!

You: So
Fast Five
on
Saturday,
right?

Communication



How to communicate in a PTSD relationship?



Step 4: Question everything!

With your third statement you've reconfirmed the information. If you're on a roll and getting more than one word answers, this is even more important. Try rephrasing what you THINK you heard and asking your spouse if you're correct. By repeating the story from what you hear, you are eliminating the possibility of a misunderstanding. This works both ways and can be an effective way to reduce escalation in arguments because you are keeping the logic intact rather than resorting to pure emotions.

Module 2: Stress

**How Is PTSD
Unlike a
Normal
Stress
Response?**



Stress

Everyone deals with stress at some point or other in life. Whether in response to a physical threat or to a perceived social or emotional risk, the stress response is the body's way of preparing to face or flee from danger. It involves a series of physical, psychological, and behavioral reactions that enable people to deal with the stressor and then return to their normal behaviors.



Stress – Physical symptoms



According to **Mayo Clinic**, the effects of a normal stress response on the body include:

- ❑ Headaches
- ❑ Muscle tension or pain
- ❑ Fatigue
- ❑ Digestive upset
- ❑ Accelerated respiration and heart rate
- ❑ Goosebumps

Stress – Physical symptoms



These symptoms are the result of the body releasing certain hormones that prepare the body for what is called the *fight-or-flight* response. This response prepares the body to deal with the danger physically by either facing it or running away.

Stress – Physical symptoms

Rather than simply having a temporary effect on physical health, the PTSD response can have both acute and chronic symptoms. As described by the National Center for PTSD, research has shown that people with PTSD are likely to have more lasting problems with their health than those who do not have PTSD. Some of the physical issues include:

- Musculoskeletal problems
- Heart disease
- Gastrointestinal disorders



Stress – Psychological symptoms

The symptoms can be stronger if the threat is perceived to be a greater danger. However, after the stress has ended, the body releases additional hormones that return everything to normal over a short period of time. Even for those who experience chronic stress, it is possible to return the body's response to normal once the stressor is resolved.



Stress – Psychological symptoms

In a person who is experiencing a normal stress response, the hormones involved also have a powerful effect on the brain. According to information from [Harvard Medical School](#), this corresponds with the physical response to heighten the person's awareness and increase reaction time when it may be critical. The person may experience the following psychological symptoms in response to normal stress:

- ❑ Mild to moderate anxiety
- ❑ Increased focus and attention
- ❑ Insomnia
- ❑ Moodiness



Stress – Psychological symptoms

For the person with PTSD, the emotional and cognitive response is heightened compared to that of a person who does not have PTSD. In fact, the individual with PTSD maintains many of the psychological symptoms of stress chronically, even when there is no stressor around. For example, a person with PTSD may have heightened anxiety and hyper-attentiveness even in a benign situation, like going out to dinner.



Stress – Psychological symptoms

In addition, people with PTSD have psychological symptoms that those who don't have it don't generally experience, including:

- 1) Re-experiencing the traumatic event through nightmares or flashbacks
- 2) Displaying intense emotion when confronted with reminders of the event
- 3) Feeling hypervigilant at all times
- 4) Having extreme responses to minor stimuli such as being startled



Stress – Behaviours

An individual who is dealing with a normal stress response may respond with abnormal behaviors for a while that might be upsetting to the individual and loved ones. For example, the moodiness and anxiety of stress can make personal interactions and relationships more strained.

A person dealing with stress might also indulge in substance use or other behaviors meant to self-medicate the feelings that arise from stress. Overeating or using alcohol, tranquilizers, or other drugs might make a person feel more in control during the stress reaction.



Stress – Behaviours

Because the person who is struggling with PTSD is dealing with an intense stressor at all times, it can be difficult to feel healthy. As a result, the individual may engage in self-medicating or self-destructive behaviors in an effort to ease the discomfort of symptoms, as described in the PTSD Research Quarterly. As a result, people with PTSD are more likely to experience substance use disorders and severe depression or anxiety that leads to suicidal ideation.



Stress – Behaviours

In addition, the individual with PTSD may be more likely to have a violent behavioral or emotional response to a minor stressor, such as being startled. Outbursts or defensive reactions can be provoked very easily. This can put a great strain on relationships and make the person uncomfortable or fearful of being in public places where a panic attack or violent reaction may occur.



Stress – Behaviours

For the person who has experienced a trauma and comes out of it with PTSD, something in the stress response has malfunctioned, making it difficult for the brain to return to normal. PTSD results in a chemical and communication problem within the brain that leads to these heightened emotions and physical responses.



Stress – Behaviours



The struggle with PTSD is much more intense than with a normal stress response; however, it can be resolved through caring and careful treatment. A variety of therapies, such as trauma-based Cognitive Behavioral Therapy can be beneficial in helping the individual understand the symptoms of PTSD and learn to manage them, leading to a more positive

