Wellbeing
SUPPORT

PART 2: STRESS, TRAUMA AND YOU

When stress gets stuck

Welcome to a five part series of Fact Sheets on stress and trauma. The series will be looking at different aspects of stress and trauma, the differences and similarities, their impacts on emergency services workers, and ways to manage your reactions.

In Part 1, *Stress and Switching Off*, we learned in detail about what happens to our brains and bodies during the stress response, and ways to manage the impacts.

In Part 2 we will be looking at what happens when that stress response gets stuck – when there is insufficient time for rest and recovery and the stress response is repeatedly activated.

Beyond Blue's *Answering the Call* study found that emergency services workers have substantially higher rates of distress than the Australian population, and that almost half reported experiencing stressful events in their work. Further, 51% reported having experienced traumatic events that deeply affected them.

In Tasmania, the percentage of employees who reported having experienced stressful events that deeply affected them in the course of their work ranged from 38% to 75% across our workforce cohorts.

Why is this?

We know that in addition to common workplace stressors, such as poor support, conflict and under-resourcing, the nature of emergency services work means that you are regularly and routinely exposed to events that are outside the normal human experience and by their nature are stressful and potentially traumatic.

While *Beyond Blue* found that the majority of emergency services workers had good health and wellbeing, even the most resilient can be affected by repeated exposure and the impact that stress has on the body and brain.

In Part 1, we observed that the stress response starts in the brain, where the brain assesses and interprets information. Many emergency services teach its members to interpret the environment as potentially threatening in order to stay safe and develop "street survival" skills. These, as well as the person's previous experiences teaches the brain to stay alert to danger.

However learning to stay alert to threats means the brain may become threat-focused and interpret many things as potential threats. While this is a normal mechanism that keeps you safe in these roles, it can also become overactive and start to see danger where there is none.

Being in a state of elevated attentiveness, or hypervigilance, maintains a heightened physiological state, and vice versa. Hypervigilance keeps you attuned to threat, and the interpretation of threat sets off the stress response. The problem is, the occupational role of emergency service workers often requires this state to stay switched on.

Hyperarousal and Hypervigilance

Hyperarousal is when the autonomic nervous system (ANS) is in a constant state of activation. The ANS is made up of the two systems that are responsible for the stress response that was discussed in Part 1 - the parasympathetic nervous system responsible for the "fight or flight" response, and the sympathetic nervous system, responsible for the "relaxation" response.

As a whole, the nervous system works to keep a person in balance. When this balance is not kept, a person can experience a persistent state of arousal. Hyperarousal is what gives fuel to the "fight or flight" response.

Hypervigilance refers to an increased state of alertness where one is sensitive to their surroundings and where the brain is constantly anticipating danger. It can also be described as a symptom of hyperarousal.

The biological roller coaster

The biological roller coaster is a term developed by Kevin Gilmartin, author of Emotional Survival for Law Enforcement. It refers to the extreme psychological and physiological swings experienced by police officers on a daily basis. While Gilmartin's background is in law enforcement, he notes the similarities with other emergency services professions when he describes the "brotherhood of biochemistry".

This is where emergency services workers in different professions and roles may not necessarily be familiar with each other's day to day activities, but they understand each other's internal environments, and the physiological sensations of the job. They understand what it is to be in the pattern of work that requires the switching on and off of the nervous system.

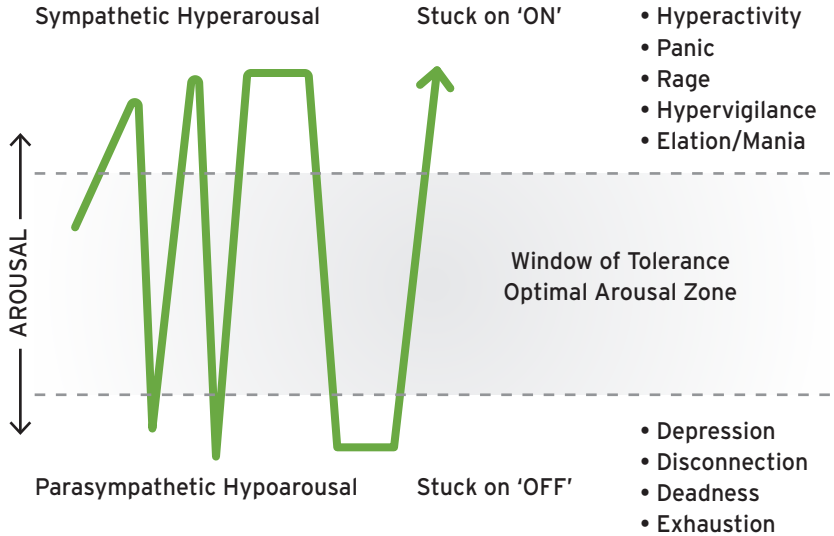
The *biological roller* coaster refers to this constant switching of the nervous system. The work role requires you to be switched on, so going to work can initiate an increased alertness, energy and involvement – it requires you to be **hyper-aroused**. Hyperarousal means you can identify threat and stay safe. Coming home means you can switch off, but instead of returning to 'normal' levels, over time people can go to the other extreme and experience exhaustion, detachment and lethargy, becoming **hypo-aroused**. So the worker swings between the two extremes, usually daily, where the nervous system is constantly activated.

The following picture illustrates these extremes. In between is what is called the *Window of Tolerance*, or *Optimal Arousal Zone*, which is the zone of arousal in which people are able to function most effectively.

Impacts

As discussed in Part 1 *Stress and Switching Off* there are numerous impacts of stress and chronic stress on the body and brain. Stress hormones can act in ways that have physical impacts such as high blood pressure or weight gain, or increased

Autonomic Adaptation to a Threatening World



Source: Foundation of Human Enrichment

vulnerability such as through decreased immunity. Hyperarousal and the biological roller coaster illustrate some of these impacts, but there are also psychological and social impacts to consider.

Being in a state of hypervigilance and arousal can be disruptive to social relationships, as others in your world do not see or interpret things in the same way. This may lead to over-identification with the job, and a narrowing of social supports as the person more frequently associates with people who see things the same way they do.

Constantly being 'switched on' can also be exhausting, leading some people to try and reduce their arousal or switch off through the use of alcohol in particular. *Beyond Blue's Answering the Call* found that emergency services employees had high rates of alcohol consumption with almost 50% exceeding recommended guidelines. The report also noted that those with probable PTSD had the highest rates of harmful levels of drinking.

At the other end, being hypo-aroused can bring feelings of exhaustion, detachment, disconnection and alienation, with many described as being a 'couch potato'. These feelings can also significantly disrupt personal and social relationships through non-involvement and withdrawal. This detachment, although physiologically based, can be misinterpreted as lack of interest or rejection, leading to problems within key relationships.

For some, these feelings can also lead the person to try and seek nervous system stimulation through things like alcohol, drugs or other reckless or impulsive behaviours.

What can I do?

When our system is working well, we are typically motivated to pursue activities that help us maintain balance. When we are overly aroused, we seek soothing activities to relax us and when we are bored or flat we seek out more invigorating activities that energise us. However this natural balancing becomes more difficult when swinging between the extremes of arousal.

Track your patterns – become aware of what affects your energy levels.

Hyperarousal

- Do you always pick the seat with the back to the wall where you can see everything? And do you become agitated if you can't sit in that seat?
- Are you always looking around and scanning, even when in mid-conversation?
- Do you always assume the worst?
- Are you jumpy or easily startled?

Hypoarousal

- Do you come home and not move from the couch?
- Do you have trouble making simple decisions at home?
- Have you become less involved in your key relationships?

If you are unsure, ask those around you for feedback.

Remember, this is a nervous system issue, so the strategies you use should be aimed at helping your nervous system to regulate better.

If you are **hyperaroused**, consider what you could do to help bring your hyperarousal down to a more manageable level. The strategies we listed in Part 1 *Stress and Switching Off* for managing stress also apply here, as they act on your nervous system to help reduce the stress hormones.

If you are **hypo-aroused**, consider what 'activating' activities you could do that bring you back into optimal arousal or the Window of Tolerance. You don't want to tip yourself into hyperarousal, but you want to do enough to bring yourself out of that detached and exhausted state.

This is where mildly active strategies may help, such as:

- Listening to faster paced music – heart rate tends to move in the direction of the beat of the music
- Gentle (but achievable) physical activity that gets you moving but does not overwhelm, exhaust or overstimulate you – walking, gardening, playing with the kids, walking the dog are good options
- Quick deep breathing
- Socialise

As with managing all stress, there are things you can do to set yourself up for good mental health and wellbeing, which will help you withstand some of the impacts of stress caused by these patterns.

Focus on the basics and develop or maintain good habits in diet, exercise and sleep, and nurture your social connections.

Be aware of the signs and symptoms of stress that are unique to you, so that you are better able to identify it early. Learn strategies and techniques that you can use to manage the physical and emotional impacts of stress. Refer to the Fact Sheet on Tactics for Stress and Coping for more information.

Want further help or resources?

Keep an eye out for other parts to this series covering the following topics: *Stress and Switching off; Stress, Burnout and Trauma; Trauma and PTSD;* and *Traumatic Incidents.*

For more information on mental health and wellbeing check out posts and resources available through MyPulse **www.mypulse.com.au**.

For more about stress and stress management tools and strategies:

The American Institute of Stress **www.stress.org**

www.positivepsychology.com have extensive resources and tips.

www.mindtools.com have an extensive toolkit, for stress management and many more.

www.bebrainfit.com has general mental health information as well as a range of strategies and tips.

Wellbeing SUPPORT

Tasmania Fire Service

AT & DPFEM
GPO Box 308, Hobart TAS 7001
Level 5, 111 Macquarie St, Hobart TAS 7000
P (03) 6173 2188
E wellbeing@dpfem.tas.gov.au
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Ambulance Tasmania Peer Support 6166 1994

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Wellbeing Support Psychological Services
Phone (office hours) 6173 2188 | wellbeing@dpfem.tas.gov.au

Wellbeing Support Officers:
South 0429 453 689 or 0436 800 604 **North** 0436 812 038 **North West** 0419 126 551

Further general information is available at **mypulse.com.au**

Printed fact sheets are available from **wellbeing@dpfem.tas.gov.au**