

Post traumatic stress - a risk for responders to dog bite cases

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Abstract

Post-traumatic stress disorder (PTSD) can develop in people who have experienced, or witnessed, something that threatens their life or safety (or that of other people). PTSD impacts every aspect of a person's life; reducing their ability to relate to others and ability to focus attention and work, increasing anxiety and depression and causing sleep disruption. Often the event precipitating PTSD is an accident, assault, or a natural disaster such as bushfire or flood. Dog bite cases can also be the trigger events. Animal management officers acting as first responders in cases of dog-bite may be at risk of developing PTSD. Dog bites and attacks can result in disfigurement to either the officer or other members of the community. Officers then have to capture an animal that has inflicted significant damage, and may have to do so under full public scrutiny, increasing the stress of the situation. PTSD will lead to significant loss of labour due to sick days, increased officer burn-out and decreased retention. This presentation will outline the signs and symptoms of PTSD and identify some actions that could potentially reduce the impact of PTSD on officers.

What is Post-Traumatic Stress Disorder?

Post-traumatic stress disorder (PTSD) is a condition that adversely affects a sufferer's life on many levels. Originally PTSD was thought to be a relatively rare condition associated with dramatic and unusual events, such as war or torture, however, now it is recognised that PTSD can arise from many events such as serious accidents, physical or sexual assaults, or natural disasters such as bushfires or floods. According to the Australian Centre for Post-traumatic Mental Health (ACPMH) (www.acpmh.unimelb.edu.au/trauma), up to 65 per cent of Australians are likely to experience or witness an event that could trigger PTSD.

The frequency of exposure to traumatic events is a major contributing factor in the development of PTSD. The risk of developing PTSD increases with repeated exposure and so emergency responders are at an increased risk of developing PTSD compared to the rest of the population (Streb, Haller, & Michael, 2013), not only because they are exposed to significant trauma, but because they are exposed to it on a frequent basis. In some cases, the prevalence of PTSD in front-line responders affects almost one-third of employees in a particular profession (rates vary

from 6% and 32% of employees (Javidi & Yadollahie, 2012)).

PTSD and AMOs

Animal Management Officers (AMOs) are often the first responders to dog attacks, where they are likely to witness significant injury inflicted upon other people or other animals. Seeing such things is traumatising of itself (Javidi & Yadollahie, 2012) but AMOs are at the added risk of being bitten themselves when they have to apprehend the dog/s who have perpetrated the attack. AMOs are likely to be exposed to multiple events of this type in the line of duty, increasing their risk of developing this condition. The level of trauma, life-threatening nature and repetitive exposure to dog attacks satisfy the stressor criterion required for a PTSD diagnosis. AMOs deal with difficult and confronting situations on a daily basis and their role is often very stressful, putting them at increased risk of developing PTSD after a critical incident stressor such as a dog attack.

Although we have no information on how PTSD affects male and female AMOs, information on other emergency service personnel indicates that the prevalence of PTSD in female employees is higher than in males (Javidi & Yadollahie, 2012), with female workers reporting significantly more symptoms of anxiety, depression, PTSD, and emotional exhaustion than males (Ager et al., 2012). Older employees (Johnson & Thompson, 2008), or those with personal or family history of psychiatric issues are at greater risk than other personnel (Javidi & Yadollahie, 2012).

General risk factors for developing PTSD

The severity of the trauma, perceived lack of social support and the presence of dissociative symptoms soon after the event are factors associated with the development of PTSD. High levels of stress in the workplace further compound the risk of developing PTSD (Donnelly, 2012). Unfortunately, animal management can be a highly stressful work environment.

However, the way that an individual responds during the traumatic event appears to be the most significant factor in determining whether they will subsequently develop PTSD, or not. People who experience dissociation at the time of the traumatic event are at the greatest risk of developing PTSD. Dissociation is a response to a stressful experience where a person feels separated from themselves

and/or their surroundings. Someone in a "dissociative state," will feel numb, lose track of time, feel as though they are having an 'out of body' experience, or be unable to remember things. It is thought that this disconnection with the traumatic event prevents the processing of the associated emotional state which is required for recovery afterwards (Ozer, Best, Lipsey, & Weiss, 2003).

How PTSD affects people

An officer suffering from PTSD is likely to perform significantly worse on tasks requiring perceptual-psychomotor skills, decision and judgement, attention and concentration abilities, and memory (Buodo et al., 2011). All of these are key components of an AMO's enforcement and regulatory role.

Traumatic events can cause people to question their basic beliefs such as their general safety, how much control they exert over their lives, how skilled they are and how predictable the world really is (ACPMH). Immediately following a traumatic event, an affected person will experience strong reactions such as fear, sadness, guilt and anger. They may be emotionally labile. They may feel uncertain about things that they were sure of in the past. Usually, these reactions gradually decrease over time.

However, someone experiencing PTSD is unable to successfully process these feelings and regain their equilibrium. The signs and symptoms of PTSD include recurring feelings of panic or extreme fear, which may resemble that experienced during the traumatic event. PTSD can affect a person's ability to work, perform day-to-day activities or relate to their family and friends. A person with PTSD experiences three main types of difficulties:

- **Reliving the traumatic event** – through unwanted and recurring memories and vivid nightmares. There may be intense emotional or physical reactions when reminded of the event. These can include sweating, heart palpitations or panic.
- **Being overly alert or 'wound up'** – sleeping difficulties, irritability, lack of concentration, becoming easily startled and constantly being on the lookout for signs of danger.
- **Avoiding reminders of the event and feeling emotionally numb** – deliberately avoiding activities, places, people, thoughts or feelings that are associated with the event. People may lose interest in day-to-day activities, feel cut off and detached from their friends and family, or feel flat and numb. Eighty percent of people with long-standing PTSD have an increased incidence of depression and anxiety and greater usage of alcohol or other drugs. Alcohol or other drugs are often used to deaden the emotionally painful memories experienced. This strategy may appear to work in the short term, but by not facing the issues that caused the PTSD, the person will not resolve the

issues. A person with PTSD can often seem disinterested or distant as they try not to think or feel in order to block out painful memories. They may stop participating in family life, ignore offers of help or become irritable. This can lead to loved ones feeling shut out and rejected. In some cases this will lead to relationship breakdowns.

Effects on the employer

PTSD has significant effects for the employer, as affected staff often require extensive sick leave, are often less productive when at work due to lack of attention and motivation. In some cases the worker maybe so traumatised that they leave employment (Stergiopoulos, Cimo, Cheng, Bonato, & Dewa, 2011). This means that the employer will lose the significant training investment that is required to train an AMO, plus experiencing disruption to the team of absences or reduced productivity.

Protective factors against developing PTSD (also called resiliency)

Although the ACPMH believes that up to 65% of Australians are exposed to situations that could precipitate PTSD, obviously, 65% of Australians are not walking around with PTSD, so some protective factors exist (Agaibi & Wilson, 2005); (Hunsley, 2008). Factors associated with resiliency and recovery after experiencing a traumatic event (Agaibi & Wilson, 2005) include:

- Coping style – people who deal with issues in a healthy manner rather than avoiding them.
- Having a strong and positive self-image including:
 - o Belief in ones abilities and self-efficacy.
 - o Belief that one's resourcefulness and problem-solving skills.
 - o Belief in ones ability to manage their emotions
 - o Identifying oneself as a survivor rather than a victim.
- Having social support available at work, home and amongst social contacts enabling the sufferer to discuss the events with them and a willingness to disclose feelings about the trauma to loved/trusted others.
- A willingness to seek help when it is needed.
- Having an external focus by having a concern for and helping others.
- The ability to perceive any positives that might come from the trauma, such as learning more about oneself, finding greater trust in others etc.
- Spirituality – having a belief in a greater, guiding force seems to be associated with helping people find positives in a situation.

The stronger a person is in these factors, the better they can cope with stress. Importantly, the majority of

the factors identified above can be learned or developed.

Obtaining social support early on is critical. For many people support from family and friends or work colleagues may be all that is needed. The ACPMH suggests a number of things that an affected individual should do immediately following a traumatic event. These include:

DO

- Spend time with people who care about you
- Give yourself time
- Find out about the impact of trauma and what to expect
- Try to keep a routine going – work, study, sport
- Return to normal activities
- Talk about how you feel or what happened when ready
- What can you do right now....?
- Do things that help you relax
- Do things that you enjoytraumatic event. These include:

DON'T

- Use alcohol or drugs to cope
- Keep yourself busy and work too much
- Engage in stressful family or work situations
- Withdraw from family and friends
- Stop yourself from doing things that you enjoy
- Avoid talking about what happened at all cost
- Take risks

Table sourced from <http://www.acpmh.unimelb.edu.au/>

The ACPMH recommends that while it is natural for a person to be affected by a traumatic event, if problems persist after two weeks, then professional help should be sought required.

Treatments exist

Recovery from PTSD is a gradual process that often takes a significant period of time. Most treatments for PTSD are psychological in nature, although medication may be used as part of the treatment program. It is beyond the scope of this paper to discuss PTSD treatment in other than the most general terms but the cornerstone of treatment for PTSD involves confronting the traumatic memory and

working through the thoughts, emotions and beliefs associated with that experience through Exposure Therapy or Prolonged Exposure (PE). PE consists confronting the event systematically in a structured way that keeps the stress experienced at manageable levels. The process starts with imagining systematic and repeated exposure to the traumatic memory; progresses to systematic and repeated exposure to non-dangerous activities and situations that have been avoided because of the traumatic event; includes education about treatment and reactions to trauma; and finally retraining the individuals' physical responses to the trauma e.g. via breathing exercises. PE has proven highly effective in treating PTSD that has resulted from both combat and non-combat situations (Eftekhari et al., 2013); (Rauch, Eftekhari, & Ruzek, 2012). Although not directly aimed at reducing depressive symptoms, PE has also proven effective in reducing them.

Work-related interventions also show promise in promoting the return to work for employees with PTSD in the workplace. Further research is needed in this area to determine how different occupational groups with specific types of traumatic exposure might respond differently to work-tailored treatments (Stergiopoulos et al., 2011).

Prevention is always better than cure

Traumatic events, such as dog attacks, are an unavoidable part of life for an AMO. While education in animal behaviour and good handling skills can reduce the threat to workers themselves, there is always the risk of exposure to trauma that has been perpetrated on others i.e. witnessing the damage done to dog attack victims. Employers can help prevent the progression of PTSD from the normal acute response to a traumatic event to a long-term debilitating condition by:

- ensuring that information regarding PTSD is readily available,
- identifying where help can be accessed,
- providing a work culture that ensures there is no stigma attached to acknowledging that a worker can be adversely affected by traumatic events that have occurred in the workplace,
- providing supportive counselling soon after an event occurs,
- educating employees and employers about the risks of PTSD and
- providing follow-up of employees after a critical event and monitoring for any changes in behaviour that might indicate PTSD (Skogstad et al., 2013).

Pro-actively providing staff in front-line roles with training in handling stress and developing resiliency are a good investment for employers in these areas and is likely to reduce staff burn-out and turnover.

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- Clients whose pet dogs who have behavioural issues.
- Urban planners regarding ways to include dogs and cats within the urban landscape and designing dog park equipment and layouts

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About the Author

Dr Linda Marston, PhD works in the shelter world and with local government to address issues to improve the role of companion animals in our community. She currently work part-time as the Education officer at an animal welfare organization (Animal Aid, Coldstream) and as the Program Manager for an Assistance dog provider (the Centre for Service and Therapy dogs Australia). She also holds roles at a number of universities, where she supervises research students. Over the years she has worked in a consultative capacity with:

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