DSM-5: Definition of Trauma

Exposure to actual or threatened:

- Death
- Serious injury
- Sexual violence

Exposure can occur through four pathways:

- **Direct exposure:** Experiencing the traumatic event.
- **Witnessing:** Seeing the event happen to another person.
- **Learning:** Discovering that a close family member or friend experienced the event.
- **Occupational exposure:** Repeated or extreme exposure to traumatic details through professional duties, such as first responders or medical personnel.

Important distinction: Exposure to trauma does not automatically mean someone has PTSD. PTSD also requires specific symptoms, duration, and clinically significant distress or impairment.

Who experiences trauma?

Both the impacted community AND the responders.

Examples of high-impact incidents

- Tornado: Responders exposed to mass casualties, destruction, family reunification, recovery operations, and repeated exposure to human suffering.
- School shootings: Law enforcement, EMS, fire personnel, school staff, families, and survivors may experience profound psychological distress.
- Post-event screening: Behavioral health teams screen survivors while emergency responders continue working long hours in demanding conditions.

What increases the risk?

- Repeated exposure to death, injury, and suffering
- Extended shifts and disrupted sleep…FATIGUE
- High operational demands and limited recovery time
- Cumulative exposure to multiple critical incidents

What should we look for?

Screening should assess exposure, symptoms, fatigue, changes in functioning, and the individual's ability to cope.

Area	Indicators to watch for
Physical	Exhaustion, headaches, sleep disruption, aches, increased heart rate
Emotional	Anxiety, irritability, anger, guilt, sadness, emotional numbness
Cognitive	Poor concentration, memory problems, confusion, intrusive thoughts
Behavioral	Withdrawal, increased alcohol use, risk-taking, changes in appetite
Trauma-specific	Nightmares, flashbacks, avoidance, hypervigilance, exaggerated startle
Fatigue	Slow reaction time, excessive sleepiness, impaired judgment, reduced alertness


"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."

Is immediate intervention needed?

- Suicidal thoughts, risk of harm to others, severe disorientation, inability to care for oneself, or acute medical concerns require immediate intervention.
- Do not assume that because someone returned to work, returned home, or appears to be functioning, they are okay.
- **Behavioral health support should not end when the incident ends.**

After the incident

- Offer confidential behavioral health screenings
- Provide voluntary peer support and Critical Incident Stress Management (CISM) resources
- Provide access to culturally competent behavioral health professionals
- Ongoing follow-up
- Reassess symptoms and functioning
- Refer for clinical evaluation when indicated
- Offer evidence-based trauma treatment, such as EMDR when clinically appropriate
- Support family education

Identify needs early, provide support, and establish a pathway to continued care.

Local Resources

The Battle Within-First Responders and Veterans

Warrior’s Ascent-First Responders and Veterans

Post Critical Incident Seminar for First Responders

First Responder Provider Network