Psychological and psychopathological problems of victims and rescuers in accidents and catastrophes

(photo taken in Katowice on 28.01.2006)

Paweł Rasmus
When there is an accident or a catastrophe it can touch:

• Victims
• Witnesses
• Rescuers (doctors, life-guards, fire-fighters, police officers, city-guards, soldiers, etc.)
Psychological / Psychopathological

- **Refers to „psyche”**
- Personality
- Emotions
- Temperament
- Motivation
- Problems Solving
- Locus of Control
- Sense of Coherence
- Coping with Stress
- etc.

- **Refers to „pathological” (according to DSM-IV)**
- **Anxiety Disorders**
  - Acute Stress Disorder
  - Obsessive Compulsive Disorders
  - Posttraumatic Stress Disorder
- **Substance-Related Disorders**
  - Alcohol Dependence
- **Mood Disorders**
  - Depressive Disorder
- **Personality Disorders**
  - Borderline Personality Disorder
Personality, Emotions, Temperament, Motivation, Problems Solving, Locus of Control, Sense of Coherence, Coping with Stress are our „PSYCHE” PREDISPOSITIONS

• If those above are „strong” or well organized they CAN protect us by mitigating the adverse effects of exposure to traumatic events (before and after).

• If they are „weak” or do not work properly they CANNOT protect us and they can cause serious mental disorders!
So it seems to be a good idea to examine the Rescuer’s using psychological diagnostic methods. Instead of examining only their:

- Theoretical Knowledge
- or/and Practical Knowledge
- or/and Physical Ability
- or/and Health
It is also important to examine Rescuers, Victims and Witnesses using psychological diagnostic methods after the traumatic events

• To get to know about their mental state.

• To help them.
Psychopathological problems of Victims and Rescuers

Anxiety Disorders

Acute Stress Disorder

• **Diagnostic Criteria**
  The person has been exposed to a traumatic event in which both of the following were present:
  1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  2. The person's response involved intense fear, helplessness, or horror.

• Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:
  1. A subjective sense of numbing, detachment, or absence of emotional responsiveness.
  2. A reduction in awareness of his or her surroundings (e.g., "being in a daze").
  3. Derealization.
  4. Depersonalization.
  5. Dissociative amnesia (i.e., inability to recall an important aspect of the trauma).
Acute Stress Disorder

- The traumatic event is persistently reexperienced in at least one of the following ways:
  - recurrent images,
  - thoughts,
  - dreams,
  - illusions,
  - flashback episodes,
- Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).
- Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).
- The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.
Posttraumatic Stress Disorder

•  **Diagnostic Criteria**
  A. The person has been exposed to a traumatic event in which both of the following were present:
     1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened **death or serious injury**, or a threat to the physical integrity of self or others
     2. the person's response involved intense **fear, helplessness, or horror**.

  B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
     1. recurrent and intrusive distressing **recollections** of the event, including images, thoughts, or perceptions.
     2. recurrent distressing **dreams** of the event.
     3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes – **SEE FILM**).
Posttraumatic Stress Disorder

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness:
1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. efforts to avoid activities, places, or people that arouse recollections of the trauma
3. inability to recall an important aspect of the trauma
4. markedly diminished interest or participation in significant activities

D. Persistent symptoms of increased arousal as indicated by two (or more) of the following:
1. difficulty falling or staying asleep
2. irritability or outbursts of anger
3. difficulty concentrating
4. hypervigilance

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
Obsessive Compulsive Disorders

- **Overview**
- Either obsessions or compulsions: **Obsessions** as defined by:

  1. recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
  2. the thoughts, impulses, or images are not simply excessive worries about real-life problems
  3. the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
  4. the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)
Obsessive Compulsive Disorders

- **Compulsions** as defined by:
  1. repetitive behaviors, e.g.
     - hand washing,
     - ordering,
     - checking
     - or mental acts, e.g.
     - praying,
     - counting,
     - repeating words silently that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
  2. the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive
Substance-Related Disorders

Alcohol Dependence

• **Diagnostic Criteria**
• **Alcohol abuse:** A destructive pattern of alcohol use, leading to significant social, occupational, or medical impairment.
• Must have three (or more) of the following, occurring when the alcohol use was at its worst:
  1. **Alcohol tolerance:** Either need for markedly increased amounts of alcohol to achieve intoxication,
  2. **Alcohol withdrawal symptoms:**
     • (a) Two (or more) of the following, developing within several hours to a few days of reduction in heavy or prolonged alcohol use:
       – sweating or rapid pulse
       – increased hand tremor
       – insomnia
       – vomiting
       – physical agitation
       – anxiety
       – hallucinations or illusions
  • (b) **Alcohol is taken to relieve or avoid withdrawal symptoms.**
Alcohol Dependence

3. Alcohol was often taken in larger amounts or over a longer period than was intended

4. Persistent desire or unsuccessful efforts to cut down or control alcohol use

5. Great deal of time spent in using alcohol, or recovering from hangovers

6. Important social, occupational, or recreational activities given up or reduced because of alcohol use.

7. Continued alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been worsened by alcohol (e.g., continued drinking despite knowing that an ulcer was made worse by drinking alcohol)
Mood Disorders

Depressive Disorder

• **Diagnostic Criteria**
  1. Abnormal depressed mood most of the day, nearly every day, for at least 2 weeks.
  2. Abnormal loss of all interest and pleasure most of the day, nearly every day, for at least 2 weeks.

  1. Abnormal depressed mood
  2. Abnormal loss of all interest and pleasure
  3. **Appetite or weight disturbance,** either:
     • Abnormal weight loss or decrease in appetite.
     • Abnormal weight gain or increase in appetite.
  4. Sleep disturbance, either abnormal insomnia or abnormal hypersomnia.
  5. Activity disturbance, either abnormal agitation or abnormal slowing
  6. Abnormal fatigue or loss of energy.
  7. Abnormal self-reproach or inappropriate guilt.
  8. Abnormal poor concentration or indecisiveness.
  9. Abnormal morbid thoughts of death (not just fear of dying) or suicide.
Personality Disorders

Borderline Personality Disorder

**Diagnostic Criteria**

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment.

2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.

Identity disturbance: markedly and persistently unstable self-image or sense of self.

3. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).

4. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
Borderline Personality Disorder

- 5. affective instability due to a marked reactivity of mood (e.g. irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- 6. chronic feelings of emptiness
- 7. inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- 8. transient, stress-related paranoid ideation or severe dissociative symptoms
How to help?

• **Anxiety Disorders**

• **Medication:**
  1. Nefazodone (Serzone) was found to reduce PTSD symptoms by almost 30 percent in 24 veterans who took the drug during a year-long study's eight-week treatment period. The study found that Serzone not only alleviated depression, but also the core symptoms of PTSD—flashbacks and nightmares.
  2. Olanzapine (Zyprexa) aids in stabilizing the mood and reducing flashbacks in combat veterans suffering from PTSD.
  3. NO DRUGS are currently designated for the treatment of PTSD. Although psychotherapy is commonly used to treat the disorder, its effectiveness is unproven.

• **Psychotherapy:**
  1. Although psychodynamic psychotherapy is commonly used to treat the disorder, its effectiveness is controversial.

  •

  2. Debriefing
Psychological Debriefing

- Psychological debriefing (PD) is considered to be a single-session semistructured crisis intervention designed to reduce and prevent unwanted psychological sequelae following traumatic events by promoting emotional processing through the ventilation and normalization of reactions and preparation for possible future experiences. PD was initially described as a group intervention, one part of a comprehensive, systematic, multicomponent approach to the management of traumatic stress, but it has also been used with individuals and as a stand-alone intervention. Its purpose is to review the impressions and reactions of clients shortly after a traumatic incident. The focus of a PD is on the present reactions of those involved. Psychiatric "labeling" is avoided, and emphasis is placed on normalization.
References:

Thank you for your attention

Paweł Rasmus

😊