A Guide to Managing Stress in Crisis Response Professions

CHAPTER I. Understanding the Stress Cycle

- Common Stress Reactions
- Extreme Stress Reactions

Stress is an elevation in a person's state of arousal or readiness, caused by some stimulus or demand. As stress arousal increases, health and performance actually improve. Within manageable levels, stress can help sharpen our attention and mobilize our bodies to cope with threatening situations.

At some point, stress arousal reaches maximum effect. Once it does, all that was gained by stress arousal is then lost and deterioration of health and performance begins (Luxart Communications, 2004).

Whether a stressor is a slight change in posture or a lifethreatening assault, the brain determines when the body's inner equilibrium is disturbed; the brain initiates the actions that restore the balance. The brain decides what is threatening and what is not. When we face challenging situations, the brain does a quick search. Have we been here before? If so, how did we feel? What was the outcome? Can we cope with the situation now? If there's doubt as to any of these questions, the stress response goes into high gear (McEwen & Lasley, 2002).

The following provides workers and managers with a list of common stress reactions. Most people are resilient and experience mild or transient psychological disturbances from which they readily bounce back. The stress response becomes problematic when it does not or cannot turn off; that is, when symptoms last too long or interfere with daily life.

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Common Stress Reactions

Behavioral

- Increase or decrease in activity level
- Substance use or abuse (alcohol or drugs)
- Difficulty communicating or listening
- Irritability, outbursts of anger, frequent arguments
- Inability to rest or relax
- Decline in job performance; absenteeism
- Frequent crying
- Hyper-vigilance or excessive worry
- Avoidance of activities or places that trigger memories
- Becoming accident prone

Physical
• Gastrointestinal problems
• Headaches, other aches and pains
• Visual disturbances
• Weight loss or gain
• Sweating or chills
• Tremors or muscle twitching
• Being easily startled
• Chronic fatigue or sleep disturbances
• Immune system disorders

**Psychological/Emotional**

• Feeling heroic, euphoric, or invulnerable
• Denial
• Anxiety or fear
• Depression
• Guilt
• Apathy
• Grief

**Thinking**

• Memory problems
• Disorientation and confusion
• Slow thought processes; lack of concentration
• Difficulty setting priorities or making decisions
• Loss of objectivity

**Social**

• Isolation
• Blaming
• Difficulty in giving or accepting support or help
• Inability to experience pleasure or have fun

(Adapted from CMHS, 2004)

First the brain sounds an alert to the adrenal glands. The adrenals answer by pouring out the first of the major stress hormones—adrenaline—for the classic fight-or-flight response.

The fight-or-flight response evolved with the prime directive of ensuring our safety and survival. The pulse begins to race as the adrenaline steps up the heart rate, sending extra blood to the muscles and organs. Oxygen rushes in as the bronchial tubes in the lungs dilate; extra oxygen also reaches the brain, which helps keep us alert. During this stage of the fight-or-flight response, the brain releases natural painkillers called endorphins. This phase, in which adrenaline plays a leading role, is the immediate response to stress (McEwen & Lasley, 2002).

When the stress response is active for a long period of time, it can damage the cardiovascular, immune, and nervous systems. People develop patterns of response to stress that are as varied as the individuals (Selye, 1984). These responses simply suggest a need for corrective action to limit their impact (Mitchell & Bray, 1990; Selye, 1984).
Extreme Stress Reactions

An optimum level of stress can act as a creative, motivational force that drives a person to achieve incredible feats. As noted earlier, most people do not suffer severe effects from manageable levels of stress. Chronic or traumatic stress, on the other hand, is potentially very destructive and can deprive people of physical and mental health (PAHO, 2001).

If stress is extreme and not managed, some individuals may experience posttraumatic stress disorder (PTSD). PTSD is a psychiatric disorder than can occur following the experience or witnessing of life-threatening events. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms can be severe enough and last long enough to significantly impair the person’s daily life (National Center for Post-Traumatic Stress Disorder [NCPTSD], 2005).

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorce, family discord, and difficulties in parenting (NCPTSD, 2005).

Increased substance use or abuse is also a concern. While researchers appear to be divided on whether substance abuse disorders increase following a disaster, there is evidence to suggest that substance use increases. While substance use increases alone do not qualify as substance abuse disorders, they can create potential health and public safety problems. This is of particular concern when the affected people are crisis response personnel who may have responsibility for public safety as part of their job duties (Center for Substance Abuse Treatment, 2003).

While the effects of PTSD are serious and difficult to deal with, it can be treated by a variety of forms of psychotherapy and medication.

For more information and resources on PTSD, go to NCPTSD’s Web site: http://www.ncptsd.org.

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