

nation's fire departments can look back some day and say, "Fire prevention is the greatest innovation in the fire service."

Anonymous

**Psychological first aid**

The article "Psychological First Aid: After the Debriefing" by Cheryl Lemanski and Stephanie Samuels (June 2003) brings psychobabble to an unprecedented level. Not only was it nonsensical, but it made several erroneous statements.

The authors state, without reference, numerous assumptions about firefighters. For example, the statement that firefighters can't seek solace and comfort in their families because their families don't understand the job is sheer nonsense and unsupported by fact. They also state that firefighters tend to use "black and white" thinking, which is also totally baseless. They go on to say that this thinking is "bipolar." Bipolar disorder is a specific condition—an affective disorder characterized by extreme shifts in mood ranging from depression to mania. It is a very different process than "black and white" thought.

While the attack on the United States by terrorists profoundly affected all Americans, there is no proof that firefighters are any more affected than members of the general public. Most studies have shown that firefighters deal with occupational stress quite well.

The authors state that there was a rise in post-traumatic stress disorder (PTSD) after 9/11. I have not seen any evidence that this is the case other than in those who were specifically involved or who lived in lower Manhattan. And there, the incidence of PTSD fell sharply in the months that followed the attacks. PTSD is an anxiety disorder that is an abnormal response to stress—usually occurring in persons with some sort of psychological predisposition. It is overdiagnosed.

The authors state that stress causes increased thyroxin release from the thyroid gland and this can "alter the immune system." This is just not true at physiological thyroxin levels. It takes several days for the thyroxin level to rise in response to stress, and the signs and symptoms are hardly noticeable. Furthermore, the statement that thyroxin (in response to stress) can increase the metabolic rate by 60

to 100 percent is total nonsense. Furthermore, the symptoms the authors list as signs of increased thyroxin levels are from pathological increases in thyroxin levels—a condition called thyrotoxicosis. They do not occur with a physiological thyroxin elevation as occurs with the stress response.

The world literature is clear that CISD and CISM are ineffective in mitigating stress associated with emergency services. Furthermore, some studies indicate that it might be harmful. Several studies, including one sponsored by FEMA, have looked specifically at firefighters and CISD and found the practice to be ineffective. It is hard to believe that these authors still advocate such practices.

Finally, the article was supposed to be about psychological first aid. As best I can tell, psychological first aid is not discussed. Psychological first aid is the appropriate practice for assisting rescuers after a traumatic event. It doesn't involve such nonsense as CISD or CISM but simply meeting the physical needs of those involved. This is the practice that the National Institute of Mental Health endorses—not CISD or CISM.

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*respond:* We are aware that Bledsoe lives in the Midwest, which might not have the same need as the East Coast for CISM and CISD. After 9/11 and the collapse of the WTC, the partial collapse of the Pentagon, and the downing of the United Airlines Flight 93 in Somerset County, Pennsylvania, it was clear that something needed to be done on a large scale—and quickly—for firefighters and first responders.

CISM/CISD is one of the first tools in psychological first aid. It provides a safe, appropriate place to deal with thoughts and feelings and receive educational tools as well as understand that the reactions responders are having are "normal responses to an abnormal situation." Firefighters and other first responders having difficulty can be identified in these debriefings or defusings, and additional psychological first aid can be administered. Without the initial phase, it would be difficult, if not impossible, to reach those having difficulties and attempt to prevent PTSD.



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