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11 October 2019
The Washington Program

Describe your objectives in applying to this program and explain what you hope to gain from your experience in Washington as well as what unique qualities or skills you bring to an internship sponsor. Please discuss internships that you would be interested in, emphasizing type rather than a specific organization.

Upon hearing about the Washington Program, I knew it was something I had to pursue. To perform meaningful work in Washington DC, gain experience in a real-world environment, and receive a quality education in relevant courses is the opportunity of a lifetime. I am applying for several reasons: to work in Washington DC, gain experience in my future career path, and make use of the resources offered to Penn State students.

As a California native, I have been fascinated with the East Coast (specifically the District of Columbia) since a very early age. The environment, culture, and atmosphere of the city is one of the many reasons why I am applying. After talking to past alumni of the program, the reoccurring topic was the number of people I get to meet and the networking opportunities that come with this incredible program. Since I aspire to work in Washington when I graduate, the importance of making connections and establishing working relationships with people in the city is something that this will help me achieve.

During my time at The Pennsylvania State University, I have studied Political Science, Economics, and History because of my parents, and in preparation of becoming a policy advisor and working for the federal government. My father worked in law enforcement for 18 years, first as a police officer and then as an undercover federal special agent, and my mother consistently volunteered, advocated, and worked for multiple non-profit organizations. Together, they raised my sister and I on the principles that we should help those in need through our education, privilege, and/or voice - which I have decided to do through the means of legislation and policy.

Throughout my time in school, I have completed numerous research projects regarding social issues such as race, gender, an in-depth study on Post-Traumatic Stress Disorder (PTSD) in First Responders inspired by my father, and currently, a data analysis project about the effects of the economy on election outcomes. While working on these projects, I realized that I wanted to continue doing the type of work which requires me to study current issues, present, and implement meaningful solutions to them. For instance, I found that there is no federal legislation protecting the mental wellbeing of first responders. Recently, California Senate Bill no. 542 was passed into law stating that post-traumatic stress disorder is now considered an injury and is protected under workers' compensation; something my father had to battle in court to prove. While this is a major stride, California is still one of the only states that have begun to raise awareness and take action for improving mental health resources within the first responder community. This fact only motivates me more and solidifies my goals of working to find solutions to the problem at hand as well as many others.

Through my research and data-intensive focused majors, I would bring numerous skills and qualities to my sponsor through an internship. For example, I am currently learning my second programming language that allows me to analyze large amounts of quantitative data such as election survey responses from the American National Election Studies organization. Additionally, I am very familiar with both Mac and PC operating systems, the full Microsoft Office Suite, and other computer skills. Through my student manager position at Starbucks, I am accustomed to working with a team of my peers as well as managing large groups of people. Recently, I was just nominated to be a student-at-large representative on the HUB-Robeson Advisory Board which allows me to speak on behalf of the large majority of students who frequently visit the HUB. Not only does this position teach me more leadership qualities, but it

also prepares me to collaborate with other representatives to find new and innovative ways to advise, evaluate, and discuss matters in an open forum. Finally, my initiative, qualifications, and professionalism will allow me to represent myself, and Penn State, in a manner that will reflect the type of current and future students that attend the university.

If accepted to the Washington Program, the ideal internship would allow me to use both my personal and professional ambitions, in addition to the strengths that I have acquired during my time at Penn State. Using every opportunity to its fullest potential, I believe that this resource will allow me to thrive and make the most of what my school can provide me. I aspire to participate in the Washington Program to make a difference, develop skills in a real-world environment, take courses while simultaneously applying what I learn, and establish working relationships and networks with potential future employers.

The Stigma of Mental Health and PTSD in First Responders

A Brief on Symptoms, Behaviors, and Treatment

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ABSTRACT:

First Responders are the backbone of the nation. Whenever there is an emergency we call them and they are the first people on the scene, hence the phrase "First Responders." However, the common idea is that veterans and people who have been in wars or combat zones are the ones who suffer from mental health issues such as PTSD and not police officers, dispatchers, EMTs, and FireFighters. The goal of this issue brief is to shed light on the unspoken epidemic of PTSD, mental illness, and destructive behavior that is killing our first responders more than line-of-duty deaths.

Post Traumatic Stress Disorder is a mental condition that effects more than 13 million people in the United States. Developed after witnessing, or being involved in, a traumatic experience, the symptoms of this disease is detrimental to the well-being of people that it effects. There is currently no cure for this illness, however there is treatment.

A major problem of PTSD is denial or refusal to believe there is a something wrong. Often times people suffering from this disorder attempt to "self-medicate" in order to not appear weak or hope it will somehow go away. These self-medicating techniques that are projected are normally in manner that hurts the person. This is extended to a new level when the person suffering is a First Responder who feels as if they are alone. This brief will cover current policy and introduce new methods that should be considered in order to protect the mental stability of First Responders.

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The Development of PTSD

The first time Post Traumatic Stress Disorder was recognized was in 1980 by the American Psychiatric Association (APA) when it was added to the *Diagnostic and Statistical Manual of Mental Disorders* or DSM-III. At the time, this was a very widely debated topic because few felt as if it was not considered a mental disorder since it is not an "inherent individual weakness" rather an "etiological agent outside the individual" (1).

PTSD is developed after being exposed to a traumatic event, and in extreme cases, simply by learning about something traumatic. According to the APA, these accounts could be something along the lines of "a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault" (2).

In relation to First Responders, incidents do not necessarily need to be experienced first-hand. Witnessing a traumatic event could be just as effective and emotionally devastating as experiencing one itself. Such stressors could be as follow: "being exposed to direct threats to one's life, sustaining an injury or wound, injuring another, being witness to injuries to fellow officers, citizens, etc." (3)

The Symptoms of PTSD

The effects of PTSD manifest themselves in a number of different ways. Since it's addition to the DSM-III, the categorization of symptoms have evolved into four different classifications:

Intrusion
According to the APA, intrusive thoughts, memories, and flashbacks are the first stage of the symptoms of PTSD. These recollections can appear to a person by means of dreams or just thoughts that can be triggered by something that is familiar to the event. Situations have even been recorded where flashbacks have been "so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes" (4).

Avoidance
In acts of self-preservation, sufferers may start changing their daily habits or going out of their way to isolate themselves from people, locations, actions, or things to avoid distressing thoughts. This could also be known as denial. While going through this stage, victims from PTSD attempt to stop thinking or talking about the traumatic event so the event won't disrupt their life more than it already has.

Negative Mindset
A traumatic experience is devastational to the mind in different ways. In a sense, the entire persona of someone can change. Under this category, paranoia, depression, and pessimistic views towards the self begin to present outwardly. Feelings of fear, anger, and guilt are not uncommon.

Stimulation and Sensitivity
As the final stage of the four categories, and a combination of sorts, symptoms that are expressed tend to follow: irritability, outbursts, lack of focus, self-destructive behavior, and insomnia. The stimulation and sensitivity refers to the low levels of stimulation that could result in these feelings and sensitivity towards different subjects.

SYMPTOM CATEGORIES

❶ INTRUSIONS
Reccuring distressing memories, dreams or flashbacks

❷ AVOIDANCE
Of people or places that remind them of the trauma

❸ PERSISTENT NEGATIVE MOOD OR THOUGHTS
Inability to recall the traumatic event or experience positive emotions; excessive blame, fear, shame, guilt; detachment from others

❹ AROUSAL OR REACTIVITY
Irritability, hypervigilance, difficulty concentrating, self-destructive behaviors

https://www.brainline.org/article/infographic-ptsd-101

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The Diagnosis of PTSD

In a majority of times, symptoms of PTSD begin to present themselves within the first few days of the traumatic event and could continue for any duration of time; however, in some cases, symptoms could develop within three months or later (5).

The road to diagnosis is a long and difficult one; a majority of factors must be considered and the person suffering must take the first step and reach out for help.

According to the DSM-V (5th Edition), the one required criteria for diagnosis is the experience of a traumatic event. Without one, the symptoms that are being displayed will most likely be a result of acute stress disorder.

The experience of trauma scars the mind into changing and reacting in different ways and the presentation of symptoms varies from person to person - while they tend to follow a pattern, they may appear out of order or at the same time. All of the four categories must be present at some point and for a period of three months or longer in order to be considered for diagnosis. In the event of delayed expression, the symptoms may not appear until up to six months after. From there, the physician in charge of care must determine if the patient does fit the criteria described in the DSM-V or if a different condition better applies to the situation.

PTSD In First Responders

Since Post-Traumatic Disorder is commonly associated with active/past duty military members, First Responders are often left out of the picture. Due to their high role in society and consideration as one of the most important aspects of our country, the constant pressure of being strong discourages people to come forward about mental issues they are experiencing.

The type of situations that First Responders are exposed to on a daily basis are often considered traumatic which is how the rate of PTSD in first responders grows.

In most cases, First Responders don't know that they have PTSD, rather just assume that it is a temporary thing or not something serious. Once symptoms begin to show, they consider this to be a weakness or feel alone in their endeavour which is why people don't reach out for help. The stigma of mental illness within a dominant work environment where weakness is considered a danger is more of a reason why this epidemic has gone on for too long without recognition.

The people who do suffer from PTSD and denial from it often turn to self-medication in an attempt to suppress their thoughts and symptoms.

Self-Medication

The stigma of mental health in general has become more accepting in the recent years, however, in the case of First Responders, the need to not appear weak is important. The idea of therapy and admitting there is a problem is the hardest step, which is why they turn to self-destructive behaviors in an attempt to mask the pain they are experiencing. Below the most common activities that First Responders use as coping mechanisms.

Additction is the key to all of the destructive behaviors that takes place. The euphoria that is gained while taking part of these activties keeps the intrusive thoughts at bay which is why First Responders have a higher chance of sticking to these practices.

Alcoholism

The use of alcohol is a suppressant is extremely common in regards to mental disorders. Since alcoholism is its own disease, the term *dual-diagnosis* or *co-occurance disorder* goes hand-in-hand with PTSD (6). According to Alcohol.com,

> *"Attempting to treat PTSD without addressing the alcohol use disorder will exacerbate both disorders, whereas the same situation will occur if the clinician attempts to first treat the individual's alcohol abuse issues and not address the symptoms of the person's PTSD."*

Additionally, they say that 20% of First Responders are diagnosed with a co-ocurrent substance abuse disorder, such as alcoholism.

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Non-Substance Abuse
The use of substances, such as alcohol, is the most common form of addiction, however, addiction is not exlusive to physical things. The use of gambling, adrenaline, or sex are all means by which First Responders have used to ignore PTSD.

Gambling is often used as an enjoyable way to relive stress for a number of reasons, the seemingly "harmless" habit is in a controlled location such as a casino, socializing with other people takes the mind off work, and the joy of winning helps ward off negative thoughts (7). While at first, gambling would seem to help, but the ramifications that could follow are bad to not only the First Responder, but to the family as well. Gambling debt, anger over losing, and the inability to quit are all possibilities that have been recorded of happening, which only worsens the PTSD because of the stress related to gambling.

Adrenaline and sex are almost the same in the sense that the pleasure associated with them is addicting and, like the other methods, takes the mind off of symptoms. Activities that result in the production of adrenaline could consist of reckless driving, getting involved in fast-paced activities, and more. Sexual encounters are used to distract because of the engaging search of new partners if not in a serious relation. The downside to either these is the risk of getting caught, the inability to find new activities/partners, and the lack of meaningful connections (8).

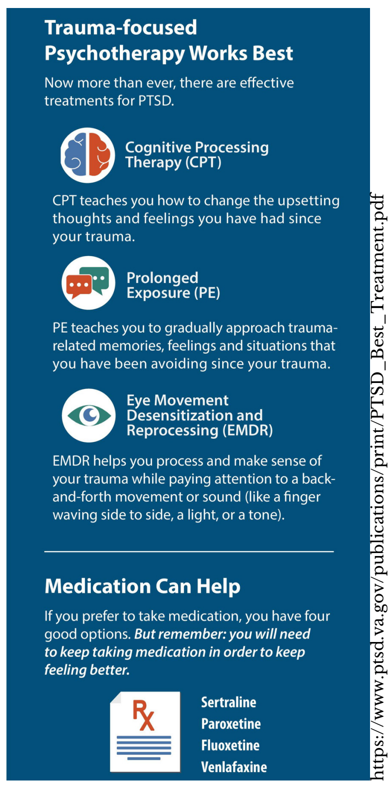
Treatment of PTSD

There Is No Cure
To this day, there is no cure for Post-Traumatic Stress Disorder. Since it is considered a mental disorder that stems from being involved in a traumatic event, medication will not effect the disease itself but there is some that will reduce the symptoms (9). Combined with forms of therapy, living with PTSD is possible.

Current Treatments Available
The biggest resource that is available for people who suffer from PTSD is therapy. By talking about the symptoms and comprehending the emotions they are feeling, the therapist is able to find techniques that are beneficial to their well-being.

Prolonged Exposure (PE)
Similar to regular therapy, prolonged exposure is a type of treatment that forces the patient to come to terms with the trauma they encountered and find ways to deal with it (10). PE is used when the first stage, intrusive thoughts/flashbacks, are regularly occurring. A common method has been virtual reality to help re-live and understand the trauma. The second item that is addressed is avoidance; the facilitator talks about and works through the activities or thoughts the person has been avoiding.

Cognitive Processing Therapy (CPT)
The use of CPT in certain situations allows the therapist to actively identify cognitive patterns and the meaning behind the negative thoughts surrounding the trauma. Sometimes used with PE, this "talk therapy" gets into the deeper understanding of Stage Three and why people who suffer from PTSD tend to look at themselves harsher or constantly have negative mindsets our thoughts.



https://www.ptsd.va.gov/publications/print/PTSD_Best_Treatment.pdf

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Eye Movement Desensitization and Reprocessing (EMDR)
One of the most effective treatments of PTSD is the use of Eye Movement Desensitization and Reprocessing psychotherapy. The thoughts and experiences of a traumatic event are sometimes stored in the part of the brain that is not capable of being expressed through language. By using a back-and-forth feeling such as a pulse or tone between headphones, the patient is able to focus on this event and connect the two halves of the brain and fully express the feelings they have about it. Throughout the session, the person running it will ask a series of questions regarding the traumatic event and other "targets" and determine the next steps that need to follow in order to fully manage the symptoms (11).

Medication
During the four stages of symptoms, the two most "harmful" categories are the second and third, avoidance and negative thoughts/moods, respectively. Because a person can constantly be checking and making sure they are avoiding thoughts, places, and topics, it is not uncommon for an anxiety disorder to develop overtime. Additionally, depression is also frequently observed in patients due to the perpetual pessimistic outlook. Both of these mental illnesses can be helped through medication recommended by a psychiatrist.

Treatment Differences between PTSD in Civilians, First Responders, and Veterans
Around 70% of the population in the United States have experienced a traumatic event in their life, and of that group, 20% will go on to develop Post-Traumatic Stress Disorder (12).

The rate of PTSD is more concentrated in females than males due to the higher likelihood of traumatic events such as rape, domestic abuse, or acts of violence (13).

First Responders and Veterans also have a higher risk of development due to their line of work which often includes traumatic scenarios (14).

When seeking help for PTSD, regular civilians - who do not have a line of work that is exposed to traumatic events - are often times able to go to any therapist and get treatment. The main difference between them and First Responders/Veterans is the capability and specialization of the therapist in regards to the type of material being discussed. For rape or domestic abuse victims, the therapist is able to help due to the more common nature of the topics whereas when veterans or First Responders talk about the combat or incidents they are involved in, professionals might not know how to respond or provide a suitable course of treatment.

Distinguishing Between First Responders and Veterans

There are few, but notable, differences between First Responders and Veterans when it comes to the line of work, traumas, and the resources available to them. Whenever the topic of PTSD is brought up, the number one group that comes to mind is veterans who have returned home from active duty combat. Throughout the years, PTSD has seemed to become "normalized" for people in the armed forces, but not for First Responders within the country.

This is evident from the countless resources that are available to veterans such as the entire branch of Veterans Affairs (VA) which is designed to advocate for the care of Veterans. With bills, insurance, housing, and many more, Veterans seem to have help at every turn, especially when to comes to the mental aspect and PTSD.

In regards to First Responders, virtually none of those assets are available to them. While the profession itself does have benefits, there are not nearly enough that will cover the needs of patients who do have PTSD or other illnesses. Furthermore, with the recent times and growing stigma regarding police brutality, the need for First Responders to be healthy and advocated for is stronger than ever.

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Current/Needed Policy

When conducting research into national policy in place regarding the mental health in First Responders, one discovery was consistently drawn: there is none. There is no national policy that protects the mental health in First Responders.

It is unclear on who, or what, government entity decides the fate of health care initiatives for the men and women who serve as the backbone of this country, but the need for them to be protected is imperative to the success of the citizens.

In 2019, The Sacramento Bee published an article that called for California legislature to pass a bill that would guarantee workers compensation for First Responders suffering from a mental disorder such as Acute Stress Disorder or Post-Traumatic Stress Disorder (15).

The same dedication that has been given towards Veterans and their well-being should be directed towards First Responders as well. Through the VA, healthcare, housing, and job opportunities have all been possibilities while First Responders and departments across the country have yet to recognize the ramifications and the severity of Post-Traumatic Stress Disorder and other psychiatric injuries.

Through a national initiative, the country can fight for the right to health care and advocacy that should automatically given for protecting the citizens of the United States of America.

Conclusion

As of today, about 44.7 million people are suffering with Post-Traumatic Stress Disorder. (16). PTSD is one of the nations most unspoken epidemics and it is effecting the hardworking Americans who are protecting our country at home: Police Officers, Fire Fighters, EMTs, etc.

The four stages of categories associated with this disorder change the lives of the people who have it for the worse. There is currently no cure, but there are treatments and ways to manage the symptoms.

When discovered in First Responders, PTSD often leads to denial which grows into people self-medicating in an attempt to suppress the symptoms. By concealing these thoughts, destructive behavior often ensues and effectively causes damage to the personal and professional life of the patient.

The treatments that are currently available have high success rates but are not within reach to all First Responders. Through therapy, PE, CPT, EMDR, and medication, people are able to live with Post-Traumatic Stress Disorder.

There is current no national policy that is in place is not specifically helping First Responders, however there is some that works in favor of Veterans from the armed forces.

The need for First Responders to be protected and have the advocacy and resources is one of the most important things that is not being addressed. The present-day media has only focused on reform and police brutality, but has ignored the need and cries for help of First Responders. By writing and establishing policy that protects the mental health, we can improve one of the most important systems this nation has: our police, fire, and ambulance departments.

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Endnotes

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