

Emotional Impact on First Responders and Emergency Medical Personnel in a SIDS Incident

by The Counseling Team, San Bernardino California

Dealing with a SIDS case can have an emotional impact on all emergency responders involved in the situation. The following are a list of feelings and reactions experienced by many emergency responders. Not all of these reactions are experienced by everyone and not necessarily in this order.

Emotional Numbing

Emergency responders report distancing themselves from the incident and making an effort not to feel anything. They almost deny having an emotional component, and therefore give the appearance that they have no feelings. They usually say, however, that they are in control and are having no problems dealing with the situation.

Isolation

The feeling of being alone is also common, and the perception that no one else knows what you are going through. Emergency responders have stated they experience irritability and agitation, and repeatedly deny that anything is wrong.

Intrusive Thoughts

Emergency responders have shared they relive SIDS events in their minds, over and over again. If it continues, they begin to wonder or question whether they have complete control of their thoughts. They can change the final outlook, for better or worse. While an emergency responder is replaying the event, they may change the character mentally by replacing the victims with their own family members. This also occurs in their dreams.

Anchors

When an emergency responder is involved in any situation which is emotional, they will naturally be anchored in some way. It may be the environment, date, time, or similar SIDS calls. This anchoring can cause an emotional response for the emergency responder at inconvenient times.

Sleep Disturbances

Disturbances which can result from a SIDS incident include inability to sleep, nightmares, and waking in a cold sweat.

Anxiety and Fear

The fear most commonly felt is that of returning to work and having to another SIDS call. They anticipate it happening again on their shift. They also get in touch with their own child's vulnerability to SIDS. This creates a tremendous amount of fear and anxiety for the emergency responder.

Re-evaluation

Re-evaluation of each person's value system, goals, and status is often the final step which determines the person's abilities to cope and how they will continue their future activities. Some consider giving up their current careers. They may also re-evaluate their relationships to their children and make a stronger commitment to parenting.

Initial Denial

When the SIDS incident takes place, the person involved thinks, "This couldn't happen to me. I can always save babies." Emergency responders many times convince themselves that SIDS deaths should not bother them. They fear their peers will evaluate them negatively if they show emotions. It is a psychological defense toward being judged.

Helplessness

Emergency responders are helpers and do not like the feeling that there is nothing they can do to change the situation. When a child dies from SIDS they feel helpless.

Loss of Interest/Burnout

The impact if SIDS calls on the emergency responder will determine the degree of burnout, which occurs afterwards. How many similar calls has the emergency responder rolled to? Does the emergency responder deal with accumulated stress? What is the length of time in their profession?

Hostility and Anger

Hostility and anger can be non-directed (just mad it happened) or directed toward the parent of the child. The hostility is short-lived, but returns several times during the adaptation process.

Feelings of Guilt/Bargaining

Feelings internalized or projected, over things they did or didn't do (wishing the baby survived), or things they might have done differently during the incident have been reported. The emergency responder will criticize themselves after the situation is over. They tend to feel they could have done something more for the child. They question their competency levels, constantly asking themselves "what if?"

Withdrawal/Depression

Depending on the life situations of the responder, SIDS incidents may become too painful to cope with, causing the sadness to go on for days. The length of time depends on one's basic personality, the type of SIDS incident, how peers deal with the incident, and the availability and use of psychological intervention services.

Gradual Testing and Retesting Reality

Through gradual testing and retesting, emergency responders are able to feel out the possibility of coping with future SIDS situations that are similar. This leads to final acceptance, acknowledging that this incident happened and that it may happen again. The pattern ends with an eventual letting go from the influence of the past SIDS experience.

Available Psychological Services

There is a need to have immediate available psychological services to call if necessary. On-call counselors are ideal. This allows responders to verbalize their feelings and concerns while they are still fresh, and in an atmosphere that is "safe."

Critical Incident Debriefing

Many times responders can relate to a group of their peers with whom they can share their experiences. The counselor will arrange this debriefing, which allows the ventilation process to occur.

***Remember... Emergency Responders are Not Immune to
Horrible Human Tragedy!***



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