Distress Tolerance and Psychological Resilience in First Responders
Samantha R. Bailey and Cynthia L. Lancaster
University of Nevada, Reno

Introduction

- First responders are regularly exposed to traumatic events, which are associated with negative mental health consequences (Jones, 2017)
- However, not everyone who is exposed to a trauma develops PTSD or other psychological symptoms (Santiago et al., 2013)
- Distress tolerance is the perceived and/or actual capacity to withstand exposure to aversive stimuli, including negative affective states (Simons & Gaher, 2005)
- Distress tolerance may buffer individuals against the potentially negative effects of trauma exposure (Bartlett et al., 2018, Smith et al., 2018, Banducci et al., 2016)
- There is little research on the impact of distress tolerance, and tolerance of negative emotions in particular, on the mental health of first responders

Hypothesis: The ability to tolerate negative affective states will be associated with lower levels of psychological symptoms in first responders

Method

Participants
- 71 first responders (professional and volunteer) completed on online survey
- Majority were Caucasian (94%), male (77%), and between ages 30 – 54 (76%)
- Affiliations: Police/Sheriffs Department (44%), Fire Department (46%), Emergency Medical Services (8%), and Trauma Intervention Program (<1%)

Procedure
- Participants were recruited through mass emails and meetings with local first responder agencies
- Informed consent was obtained and data were collected via Qualtrics, an online survey system
- Participants were compensated with a $20 electronic Amazon gift card

Measures
- Distress Tolerance: Tolerance of Negative Affective States (TNAS; Bernstein & Brantz, 2013)
- Post-Traumatic Stress: PTSD Checklist for DSM-5 (Blevins et al., 2015)
- Secondary Traumatic Stress: Secondary Traumatic Stress Scale (Bride et al., 2004)
- Depression, Anxiety, and Stress: Depression, Anxiety, and Stress Scale (Osman et al., 2012)
- Burnout: Abbreviated Maslach Burnout Inventory - emotional exhaustion, depersonalization, and personal accomplishment subscales (Wheeler et al., 2011)
- Substance Use for Coping: Subscale of the Brief Coping Orientations to Problems Experienced Inventory (Carver, 1997)
- Resiliency: Brief Resilience Scale (Smith et al., 2013)

Results

- Simple regression analyses were used to determine the impact of predictors (tolerance of negative affective states) on psychological outcomes
- Tolerance of negative affective states (total score) was associated with lower emotional exhaustion
- Tolerance of fear-distress was associated with higher psychological resilience
- Tolerance of anger and tolerance of sadness-depression were associated with lower emotional exhaustion, stress, and depersonalization
- Tolerance of disgust was associated with lower emotional exhaustion

Discussion

- Tolerance of negative affective states promoted better mental health outcomes
- Across psychological outcomes, tolerance of anger and tolerance of sadness/depression produced the most consistent positive effects
- Prevention programs focused on increasing tolerance of negative emotions, with a particular focus on anger and sadness, might help improve mental health among first responders

Presented at the Nevada Undergraduate Research Symposium, NV, 2019. References available upon request. Author Correspondence: samantha Bailey@nevada.unr.edu