# Mental Health & CISM for the Emergency Management Community:

## Background and Techniques to Minimize the Risk of Falling Into Crisis



## **Overview**

- Ground Rules
- Why Are We Here
- Compounding Stressors and Risk Factors
- Issues Surrounding Getting Help
- CISM Modality Overview
- Road to Building #ResiliencyPPE



## **GROUND RULES**

- Not too many slides
- Lots of discussion requested
  - Opinions & Comments help us learn from each other
- You can disagree
  - Keep comments to your jurisdiction
  - Use disagreements to clarify or learn why the others do things differently. Remember One Size Doesn't Fit All.
- Learn Things "Dwayne Pride"



## **THE LAST TWO YEARS**

What can we say?

How many compounding incidents can you name that occurred at the same time as the COVID-19 Response?







## **Compounding Stressors**

A combination of stress from various aspects of your life. The tricky thing about this kind of stress is that it's easy to miss the warning signs it's coming until it's already overwhelming you.

ARE YOU SURE THIS IS SAFE, BROP

Other factors to consider:

- Cumulative toll
- Timing
- Duration

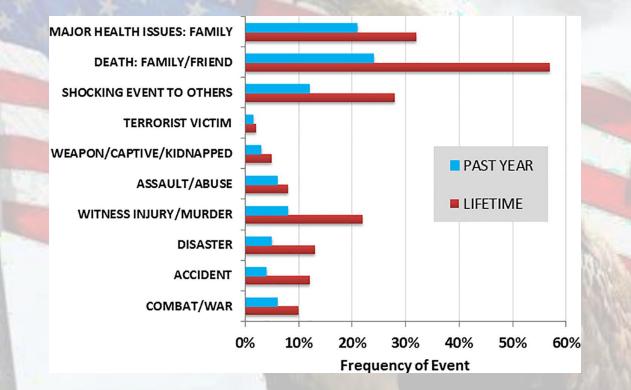
DON'T WORRY BRO! THE AGONIZING PAIN YOU'LL BE FEELING AFTER YOUR BONES SHATTER IS JUST WEAKNESS LEAVING YOUR BODY





### **Frequencies in Exposure to Stress**

The average person is exposed to 3-4 traumatic events in their lifetime. Those in public safety average 1-2 traumatic events every six months.





## **Risk Factors**

- History of Trauma
- Social Circumstances Poverty
- Medical Conditions
- Gender
- Previous Episodes of Depression
- Increase in unhealthy habits: lack of sleep, increase in alcohol intake, poor diet, etc.
- Discrimination



## Why this all matters...

**Statistics** 

- Divorce Rate
- Suicide
- Domestic Abuse
- Depression
- Loss of Productivity
- Loss of Time
- Burn Out
- Health/Medical Issues
- Substance Abuse





## Stigma

#### Consider this: First responders believe treatment is effective - but professionally risky

Most first responders believe that treatment works for conditions like PTSD, depression, and substance use disorders — and they're right. But many also believe that people who seek help for these conditions will face negative repercussions at work. Unfortunately, it's perceptions like these that make many first responders reluctant to take advantage of the mental health services available to them.

Why don't first responders ask for help?

57% fear negative repercussions for seeking help

40% fear being demoted or fired

Source: "University of Phoenix Survey Finds More Than Half of First Responders Feel There Are Job Repercussions for Seeking Professional Mental Health Counseling," University of Phoenix press release, September 11, 2019.

### PUBLIC

Discrimination and Devaluation by Others

#### SYSTEMIC

Reduced Access to Care and Resources Due to Policies

#### SELF

Internalization of Negative Stereotypes

### **Early Intervention**

- Early intervention refers to recognizing the warning signs of a mental health or substance abuse problem and acting before it becomes worse.
  - Goal is to intervene before an individual reaches the state of exhaustion.
  - Sometimes it's hard to recognize others' signs and symptoms. People fake happiness but do not tend to fake depression.
  - Early therapeutics can help people achieve relief from stress; prevent symptoms from becoming more serious; and reduce the likelihood of issues with work, family, school, relationships, and substance use.



# Getting Support & Services or Lack There Of...

#### Access to:

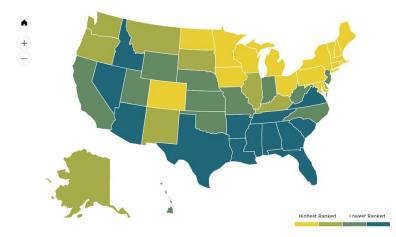
- Employee Assistance Plans
- Health Insurance Risk Pools
- Worker's Compensation
- Peer Support

#### **Modalities:**

- Cognitive Behavioral Therapy (CBT)
- Recreational Therapy
- Meditation



Access To Care Ranking 2020



## So How Do We Combat the Stress?

- Party till you drop probably not!
- Go on a three week bender definitely not!
- Beat your family members Oh heck no!
- Verbally abuse your co-workers assuredly not!
- Take a month-long trip to St. Thomas maybe!
- Go through a Critical Incident Stress Debriefing YES!



## What is CISM?

Critical Incident Stress Management





## What is CISM? (cont.)

Critical Incident Stress Management or CISM is the process of dealing with the bad things you see and hear in the or at the incidents you respond to.

This is done through either a "Defusing" which is very brief and quickly after a severe incident and/or a "Debriefing" which is done within a few days to a week after the incident.



### Another Way to Think of it.

- Every time you go to an incident you see or hear bad or disturbing things that most people will never see or hear and that sticks with you.
- To cope with this, you have to push it back in your mind.
- It's like putting trash in a trash can.





### Another Way to Think of it (cont.)

Sooner or later your trash can gets full.

 The "Defusing" and/or "Debriefing" process Is where you empty your Trash can







## **How This Helps**

The trash-can analogy represents the bad things that you push back in your mind to protect you and by defusing and/or debriefing you empty that bad stuff so that it can't jump out and take you down when you least suspect it.



# What We are Really Talking about? - PTSD -

#### **Symptoms of avoidance may include:**

- Trying to avoid thinking or talking about the traumatic event.
- Avoiding places, activities or people that remind you of the traumatic event.

Symptoms of negative changes in thinking and mood may include:

- Negative thoughts about yourself, other people or the world
- Hopelessness about the future
- Memory problems, including not remembering important aspects of the traumatic event
- Difficulty maintaining close relationships
- Feeling detached from family and friends
- Lack of interest in activities you once enjoyed
- Difficulty experiencing positive emotions
- Feeling emotionally numb



### PTSD (Cont.)

### **Symptoms of changes in physical and emotional reactions** (also called arousal symptoms) may include:

- Being easily startled or frightened
- Always being on guard for danger
- Self-destructive behavior, such as drinking too much or driving too fast
- Trouble sleeping
- Trouble concentrating
- Irritability, angry outbursts or aggressive behavior
- Overwhelming guilt or shame
- Drinking to excess

PTSD symptoms can vary in intensity over time. You may have more PTSD symptoms when you're stressed in general, or when you come across reminders of what you went through. For example, you may hear a car backfire and relive combat experiences. Or you may see a report on the news about a sexual assault and feel overcome by memories of your own assault.



## **Other Things to Consider**

Having PTSD may also increase your risk of other mental health problems, such as:

- Depression and anxiety
- Issues with drugs or alcohol use
- Eating disorders
- Suicidal thoughts and actions



PTSD and Co-Occurring Conditions



## What to look for

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
<ul> <li>Fatigue</li> <li>Chills</li> <li>Unusual thirst</li> <li>Chest pain</li> <li>Headaches</li> <li>Dizziness</li> </ul>	<ul> <li>Uncertainty</li> <li>Confusion</li> <li>Nightmares</li> <li>Poor attention &amp; decision-making ability</li> <li>Poor concentration, memory</li> <li>Poor problem-solving ability</li> </ul>	<ul> <li>Grief</li> <li>Fear</li> <li>Guilt</li> <li>Intense anger</li> <li>Apprehension and depression</li> <li>Irritability</li> <li>Chronic anxiety</li> </ul>	<ul> <li>Inability to rest</li> <li>Withdrawal</li> <li>Antisocial behavior</li> <li>Increased alcohol consumption</li> <li>Change in communications</li> <li>Loss/increase in appetite</li> </ul>



# **CISM Phases and what they are**

Phase 1: Introductory Phase. Facilitator introduces themselves, confidentiality is carefully explained, and the person is urged to talk if they wish.

Phase 2: **Facts Phase**. The person is asked to describe what happened during the incident from their own perspective. This may include stating who they are, where they were, and what they heard, saw, smelled, and did. This helps to give a total picture of what happened.

Phase 3: Feeling and Thoughts Phase. The person describes their first thoughts about the event. The discussion becomes more personal.



## CISM Phases and what they are (CONT.)

Phase 4: **Emotions**. The person discusses their emotional reactions. This phase can be combined with Phase 3 (Feeling and Thought Phase).

Phase 5: Assessment and Symptom Phase. The physical and psychological symptoms are noted and discussed.

Phase 6: **Teaching Phase**. The facilitator and person discuss stress reaction and responses and coping strategies.

Phase 7: **Re-entry Phase**. The person asks questions, wraps up any loose ends, answers outstanding questions, provides final reassurances, and makes a plan of action. Team leaders summarize what has occurred, provide team members contact information, and draw the debriefing to a close





## **Road to Resiliency**

- Self Care Where to start?
- Treatment
- Peer Support
- Multiple Paths can lead to the same goal







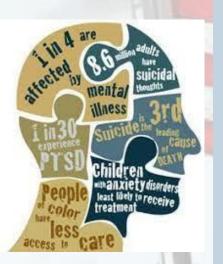
## **#ResilencyPPE**

- People: can include anyone in the person's life who can be supportive of their continued health.
- <u>Programs: could include mentoring</u>
   programs, peer support groups, or peer
   mentors.
- <u>Extra-Curricular Activities: might include</u> sports, art, music, hiking, running, volunteering, etc.



# Mental Health First Aid It's Call to Action





### Mental Health

- IS...
- Something we need to take seriously
- Linked to physical health
- ✓ Worth making time for
- Something everyone has
- Important

DIFFUSINGTHETENSION.COM

\* A sign of weakness

ISN'T ...

- \* Always negative or always positive
- \* All in your head
- \* Something you can just snap out of
- \* Something to be ashamed of







# **Your Presenters**

Steve Howie Emergency Management Coordinator Kaufman County

Sarah Haak District Coordinator 4B Garland TDEM

Samantha Pickett Emergency Management Coordinator Ellis County







## **CONTACT INFORMATION**

## **STEVE HOWIE EMERGENCY MANGEMENT COORDINATOR KAUFMAN COUNTY** 469-376-4190 469-652-4040 steve.howie@kaufmancounty.net

