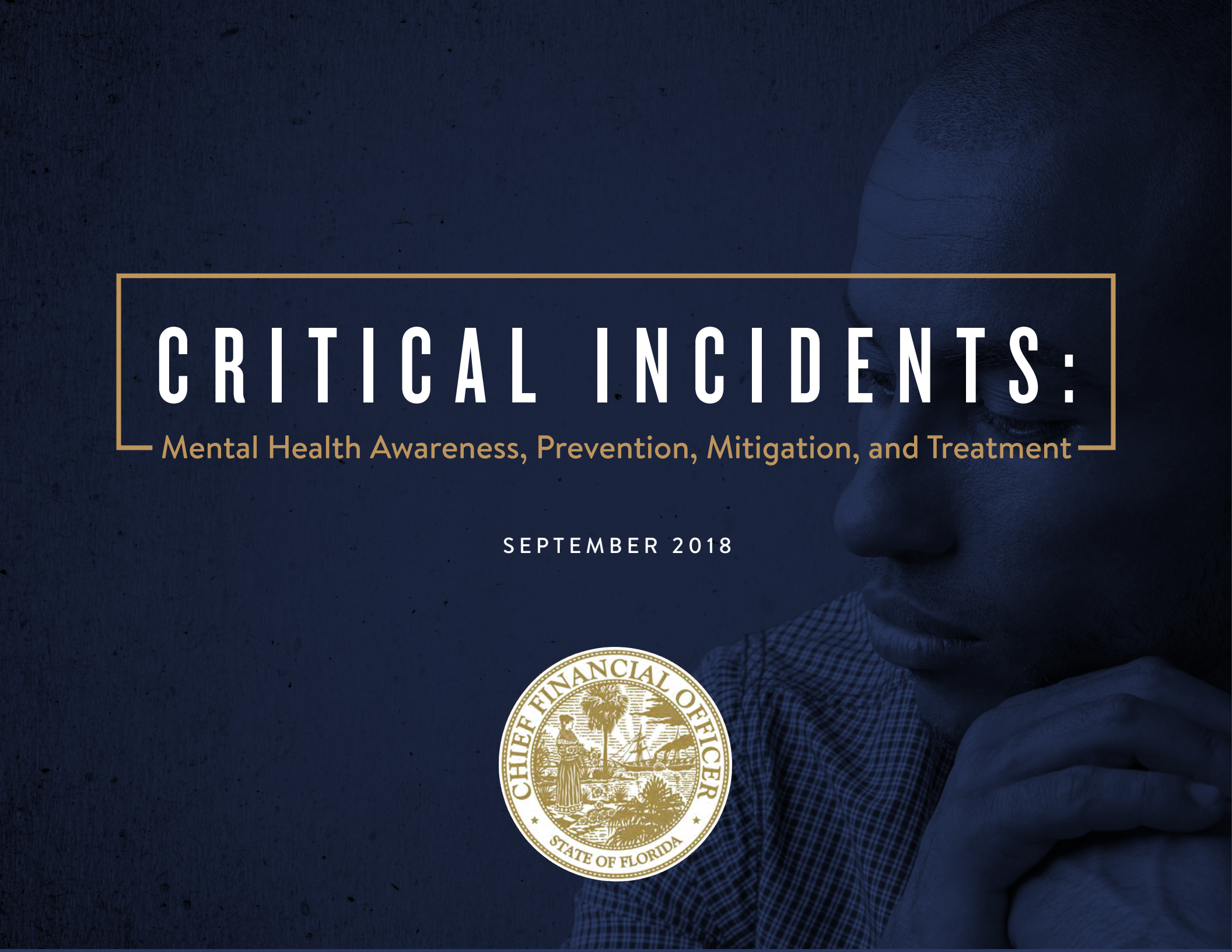


CRITICAL INCIDENTS:

Mental Health Awareness, Prevention, Mitigation, and Treatment

SEPTEMBER 2018

OBJECTIVES

- Review stressors associated with emergency services
- Discuss reactions, symptoms, and syndromes; select disorders related to critical incident stress
- Explore individual and organizational activities for both promoting and improving crew mental health
- Describe the basic objectives and the intervention steps of Psychological First Aid

DEFINITION: CRITICAL INCIDENT

- A stressful event that challenges one's ability to cope and adapt. Critical incidents have the potential to result in positive adaptation and growth, or they could result in acute decompensation, even traumatic stress reactions, grief, or depression.

DEFINITION: STRESSOR

- A stimulus that causes, evokes, or otherwise strongly associates with the stress response

- Events or conditions that may cause psychological or behavioral reactions, which present coping difficulties for the individual experiencing them

TRAUMA FROM TWO PERSPECTIVES

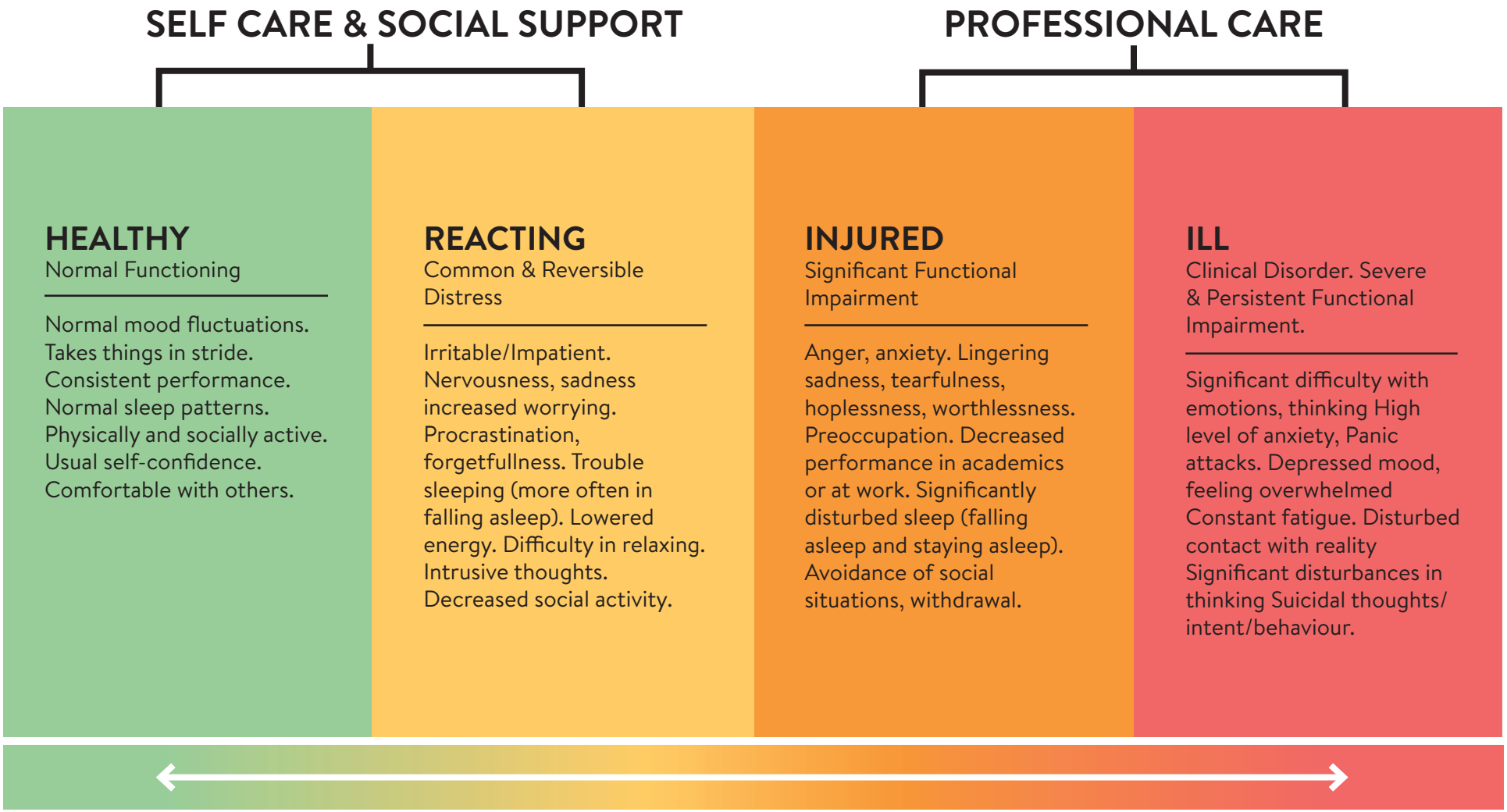
Trauma has both a medical and a psychiatric definition.

- Medically, trauma refers to a serious or critical bodily injury, wound, or shock. This definition is often associated with trauma care and represents a popular view of the term.
- In psychiatry, trauma has assumed a different meaning and refers to an experience that is emotionally painful, distressful, or shocking, and which often results in lasting mental and physical effects.

CONSOLIDATING MEMORIES

- An essential function for the human brain.
- Involves stabilizing of memories and allowing memories to ripen and mature.
- After a traumatic event, the consolidation process can go into overdrive, lending traumatic memories their unforgettable quality and allowing them to invade a survivor's life, weeks and months later, in an intrusive and highly visual manner.

MENTAL HEALTH EXISTS ON A CONTINUUM



AWARENESS: SCOPE OF THE PROBLEM

First responders and other professionals who are exposed to potentially traumatic incidents in their work environments are four to five times more likely to develop PTSD compared to the general population.

PTSD is associated with reduced occupational, social, and family functioning.

AWARENESS: SCOPE OF THE PROBLEM

A study of over 4,000 first responders found that:

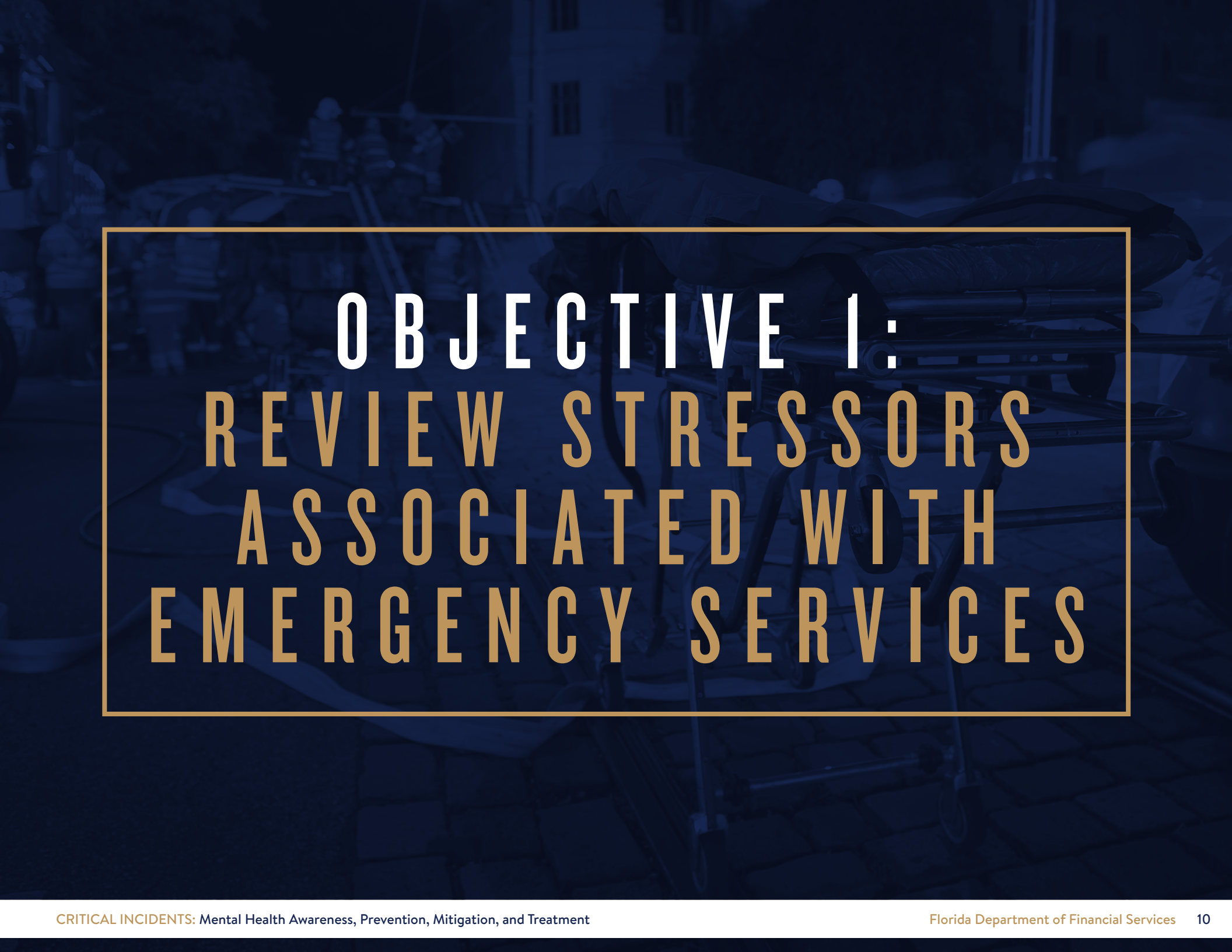
- 86% had experienced critical stress. Critical stress was defined as the stress an individual undergoes, either as the result of a critical single incident that had a significant impact on the individual, or the accumulation of stress over a period of time.
- Suicide attempts among those responding to the survey were roughly 10 times greater than the national average for adults in America.

AWARENESS: SCOPE OF THE PROBLEM

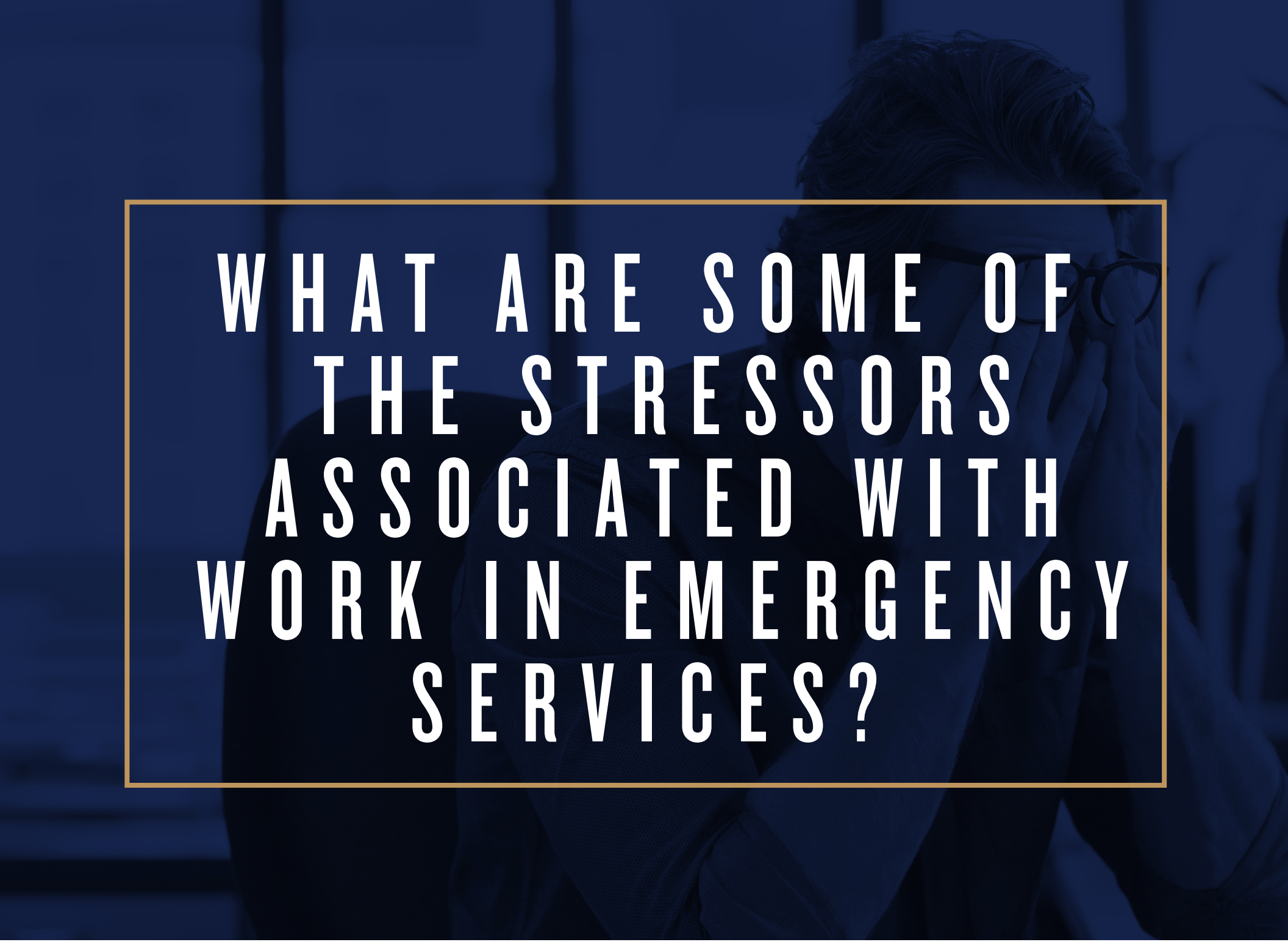
A 2015 study showed that:

- Nearly half of firefighters surveyed (46.8%) had thought about suicide;
- 19.2% had suicide plans;
- 15.5% had made suicide attempts; and,
- 16.4% made non-suicidal self-injuries.

Key factors included lower firefighter rank, fewer years in the firefighter service, membership in an all-volunteer department, a history of professionally responding to a suicide attempt or death, and active duty military status.



OBJECTIVE 1: REVIEW STRESSORS ASSOCIATED WITH EMERGENCY SERVICES



WHAT ARE SOME OF THE STRESSORS ASSOCIATED WITH WORK IN EMERGENCY SERVICES?

STRESSORS: PHYSICAL / ENVIRONMENTAL

- Fatigue, exhaustion
- Long hours, erratic work schedule, minimal rest breaks
- Excessive heat
- Exposure to unpredictable physical danger
- Exposure to violence
- Direct threat to personal safety
- Cross cultural differences between responders and the community / patient

STRESSORS: EMOTIONAL

- Encounters with violent death or human remains
- Encounters with multiple patients, their injuries or subsequent death
- Encounter involving the death of a child
- Encounters involving the suffering of others
- Repeat or vicarious exposure to the injured or deceased
- Exposure to survivor grief, terror, shame, guilt, or confusion
- Inability to connect with loved ones
- Separation from loved ones
- Personal loss

STRESSORS: COGNITIVE

- Over-identification with the victims or survivors
- Time pressures
- High workload intensity
- Human errors
- Perceived mission failure
- Frustration
- Difficult choices or decisions
- Lack of training or practice
- Pressure to provide answers and solutions to problems

STRESSORS:

ORGANIZATIONAL /OPERATIONAL

- Intense need for information
- Ineffective communication (within the crew, with non-crew members, with supervisor)
- Command and control ambiguities
- Communication breakdown
- Lack of team cohesion
- Equipment failure
- Integration barriers (work vs. off work)

OBJECTIVE 2: DISCUSS REACTIONS, SYMPTOMS, AND SYNDROMES; SELECT DISORDERS RELATED TO CRITICAL INCIDENT STRESS

WHAT ARE TYPICAL STRESS REACTIONS TO CRITICAL INCIDENTS?

TYPICAL CRITICAL INCIDENT REACTIONS: PHYSICAL

- Fatigue
- Insomnia / sleep disturbances
- Decreased or increased appetite
- GI upsets (i.e.: nausea, vomiting, diarrhea)
- Headaches
- Non-specific aches and pains
- Changes in startle response / reactions
- Impaired immune response

TYPICAL CRITICAL INCIDENT REACTIONS: EMOTIONAL

- Agitation / Anger
- Frustration
- Emotional numbing
- Anxiety
- Guilt
- Sadness
- Sense of failure
- Loss of pleasure from regular activities

TYPICAL CRITICAL INCIDENT REACTIONS: COGNITIVE

- Intrusive thoughts or memories
- Dreams or nightmares
- Impaired concentration
- Impaired memory
- Impaired decision making / indecisiveness
- Impaired attention
- Self-blame or self-doubt
- Decreased self-esteem or self-worth
- Preoccupation

TYPICAL CRITICAL INCIDENT REACTIONS: BEHAVIOR

- Social withdrawal or isolation
- Increased relationship stress / conflicts
- Reluctance to leave the scene until all the work is finished
- Increased risk taking behaviors
- Emotional outbursts
- Deny need for rest or recovery time
- Inability to rest or excessive sleep
- Attempt to override stress of fatigue with dedication or commitment

POTENTIALLY INCAPACITATING CRITICAL INCIDENT STRESS REACTIONS: PHYSICAL

- Tunnel vision or muffled hearing
- Extreme fatigue
- Gastrointestinal upset
- Frequent headaches
- Hypertension
- Chest pain
- Panic attacks
- Exacerbation of medical conditions

POTENTIALLY INCAPACITATING CRITICAL INCIDENT STRESS REACTIONS: EMOTIONAL

- Hopelessness
- Diminished feelings of happiness, joy, purpose, or humor
- Low self-esteem
- Inability to maintain balance of empathy and objectivity
- Unrelenting guilt
- Persistent fear, anxiety, or depression
- Extreme emotional numbing
- Inappropriate reactions to trauma triggers
- Burnout, compassion fatigue

POTENTIALLY INCAPACITATING CRITICAL INCIDENT STRESS REACTIONS: COGNITIVE

- Difficulty remembering instructions or making decisions
- Disorientation or confusion
- Inability to engage in problem solving
- Persistent sense of failure
- Diminished sense of self or personal accomplishments
- Unrealistic self-expectations
- Prolonged dissociation
- Suicidal or homicidal thoughts

POTENTIALLY INCAPACITATING CRITICAL INCIDENT STRESS REACTIONS: BEHAVIORAL

- Uncontrolled anger, hostility, aggressiveness, rage, or violence
- Relationship problems up to and including violence
- Blaming others
- Substance abuse or self-medicating (drugs or alcohol)
- Inability or refusal to follow orders
- Persistent sleep disturbances or nightmares
- Social withdrawal, avoidance, or isolation
- Increased absenteeism
- Workaholism

POTENTIALLY INCAPACITATING CRITICAL INCIDENT SYNDROMES: BEHAVIORAL

- Erratic work related behavior
- Substance abuse
- Panic attacks or disorder
- Adjustment disorders
- Obsessive Compulsive Disorder (OCD)
- Bereavement complications
- Sexual dysfunction
- Personality disorders

POTENTIALLY INCAPACITATING CRITICAL INCIDENT SYNDROMES: PHYSICAL

- Hypertension
- Cardiovascular disorders
- Migraines or tension headaches
- Gastrointestinal disorders (ulcers, colitis, Irritable Bowel Syndrome)
- Muscle tension problems or aches
- Skin rashes
- Exacerbation of medical conditions

ACUTE STRESS DISORDER & PTSD EXPOSURE CRITERIA

Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event(s) as it occurred to others
- Learning that the event(s) occurred to a close family member or close friend
- Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g.: first responders collecting human remains, police officers repeatedly exposed to details of child abuse. This does not apply to exposure through electronic media, television, movies or pictures, unless the exposure is work related.)

ACUTE STRESS REACTION

- Varies by individual, but typically involves an anxiety response that includes some form of re-experiencing of or reactivity to the traumatic event.
- Symptoms last at least three days and no longer than one month. If symptoms persist, a diagnosis of Post-Traumatic Stress Disorder may be more appropriate.
- Characterized by intrusive symptoms (distressing dreams, flashbacks, distress caused by triggering clues), negative mood, dissociative symptoms (seeing oneself from another perspective, being in a daze, time slowing), avoidance symptoms and arousal symptoms (sleep disturbances, problems with concentration, exaggerated startle response).

POST-TRAUMATIC STRESS DISORDER (PTSD)

Symptoms usually begin within the first three months after the trauma, although there may be a delay of months or years. Symptom duration is more than one month.

- Reoccurring, involuntary, and distressing memories or dreams of the traumatic event.
- Dissociative reactions (e.g.: flashbacks) where the individual feels or acts as if the traumatic event was reoccurring. These reactions occur on a continuum, with the most extreme being a complete loss of awareness of present surroundings.

POST-TRAUMATIC STRESS DISORDER (PTSD)(2)

Symptoms (continued):

- Intense or prolonged psychological distress to internal or external clues that symbolize or resemble the traumatic event(s).
- Persistent avoidance of stimuli associated with the traumatic event(s). This may involve avoidance of people, places, conversations, objects, or situations.
- Negative alterations in cognitions or mood associated with the traumatic event(s). This may include persistent and exaggerated negative beliefs about oneself, others, or the world.
- Persistent and distorted blaming of oneself or others.

POST-TRAUMATIC STRESS DISORDER (PTSD)(3)

Symptoms (continued):

- Persistent negative emotional state (e.g.: fear, anger, guilt, shame).
- Marked diminished interest or participation in significant activities.
- Feeling of detachment or estrangement from others.
- Persistent inability to experience positive emotions.
- Arousal symptoms (sleep disturbances, problems with concentration, exaggerated startle response).

TREATMENT

- Therapy
- Complementary and Alternative Medicine (i.e.: yoga, guided imagery)
- Medications

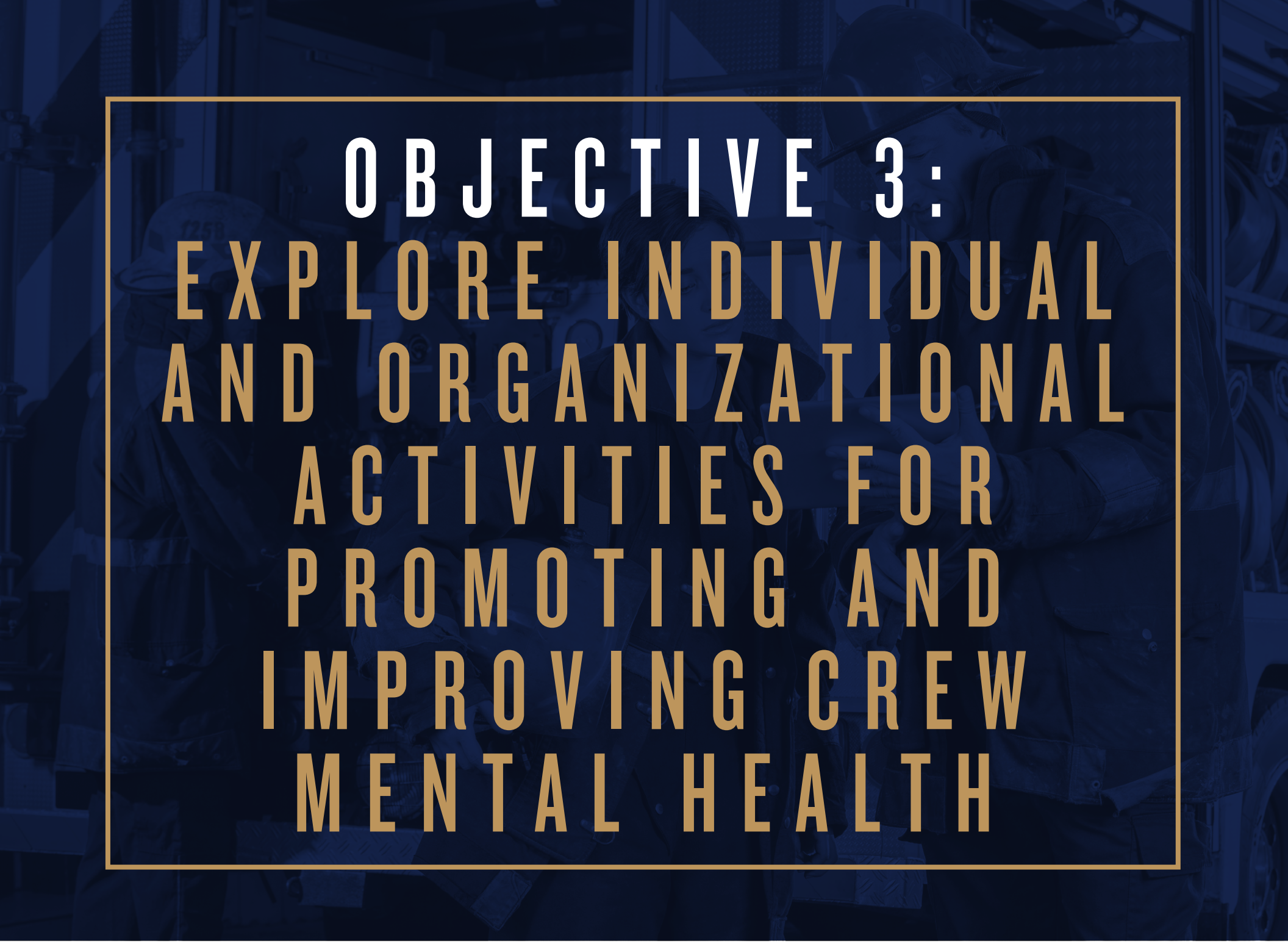
PREVENTION: PROTECTIVE FACTORS

Protective factors for first responders include:

- High perceived preparedness;
- Greater sense of purpose in life;
- Family support;
- A positive approach and emotion focused coping (e.g.: problem solving, positive reframing, acceptance); and
- Training and preparedness for specific tasks performed has also been associated with resilience or recovery.

PREVENTION: PROTECTIVE FACTORS

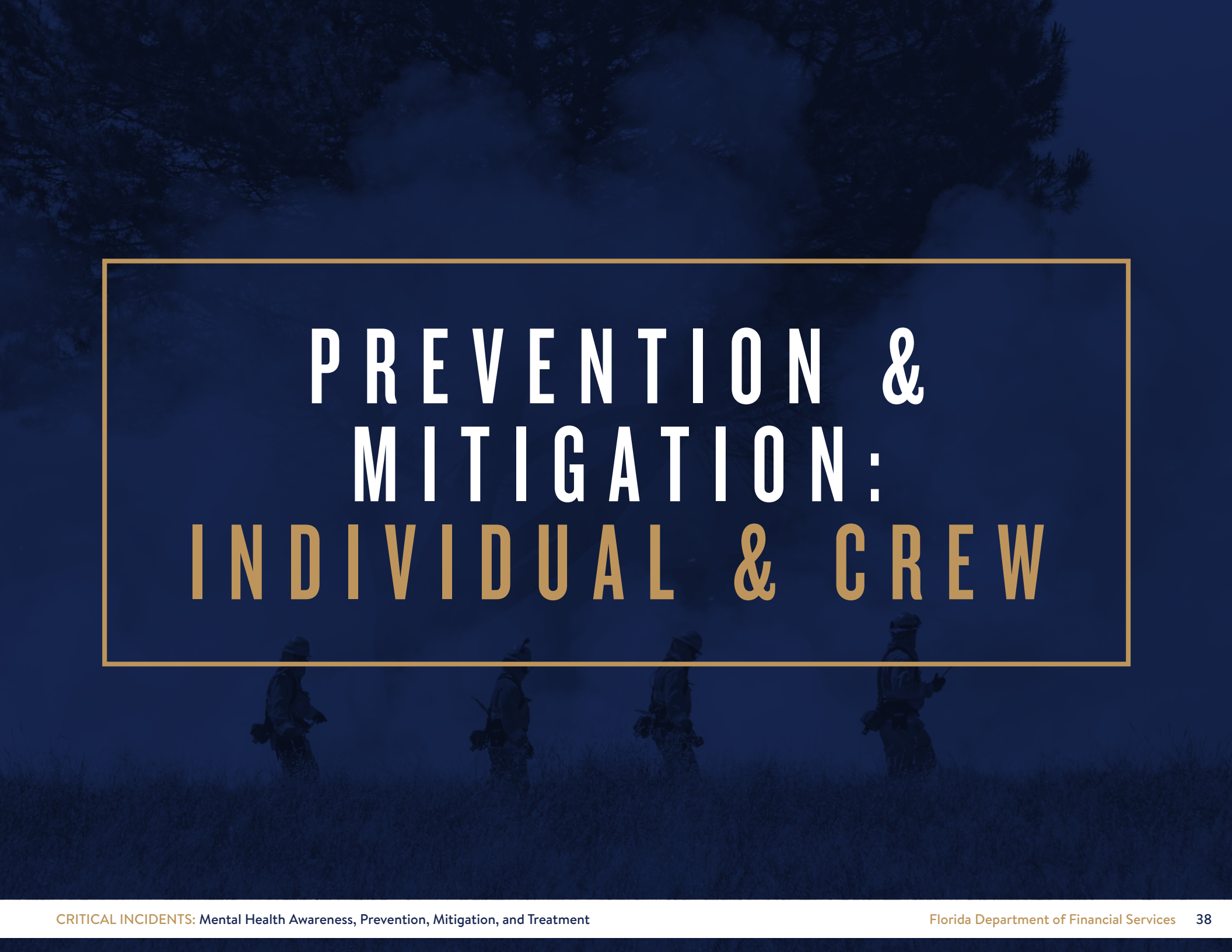
- Ongoing peer support interventions is critical in the first responder culture!
- Peer support is useful as first responders have:
  - Limited opportunities to access formal treatment
  - Concerns about the stigma or negative changes in job duties or pay should they engage in mental health treatment
- Research has shown that those that receive early and regular peer support report significant gains in cognitive functioning, improved social and overall functioning and a decrease in psychiatric symptoms.



OBJECTIVE 3: EXPLORE INDIVIDUAL AND ORGANIZATIONAL ACTIVITIES FOR PROMOTING AND IMPROVING CREW MENTAL HEALTH

PROTECTIVE FACTORS

- Emotional wellness is a growing concern for the first responder community.
- Responders that have undergone resilience training have displayed improvements in negative affect, depression, and stress levels.



PREVENTION & MITIGATION: INDIVIDUAL & CREW

It is better to ***be*** better
than have to ***get*** better

GENERAL SELF-CARE TECHNIQUES: PHYSICAL

- Eat regularly
- Practice good nutrition
- Exercise regularly
- Seek regular medical care
- Engage in hobbies and recreational activities
- Take vacations
- Practice relaxation and stress management techniques

GENERAL SELF-CARE TECHNIQUES: COGNITIVE

- Read
- Journal
- Talk to others
- Practice stress reduction and stress management techniques
- Notice your inner sensory experiences (how you feel)
- Practice receiving support from others
- Be positive
- Set realistic goals and expectations

GENERAL SELF-CARE TECHNIQUES: EMOTIONAL

- Spend recreational time with others
- Build and maintain significant relationships
- Increase self-esteem
- Engage in positive and comforting activities, hobbies, and sports
- Allow yourself to express emotions
- Play

GENERAL SELF-CARE TECHNIQUES: SPIRITUAL

- Make time to reflect
- Spend time with nature
- Find a spiritual community
- Meditate
- Engage in inspirational activities
- Contribute to causes
- Volunteer

CREW CARE TECHNIQUES

- Remove the stigma around the topic of mental health
- Establish a positive and supportive atmosphere
- Provide anticipatory guidance
- Set appropriate expectations
- Provide realistic training / exercises / drills
- Provide stress management and stress inoculation training
- Offer support
- Encourage crew preparedness and contingency planning (including personal and family)

CREW CARE TECHNIQUES (2)

- Promote crew building activities
- Hold crew picnics, parties, and celebrations
- Create or maintain a buddy system to promote peer support and camaraderie
- Assure crew access to professional mental health and crisis intervention services and resources
- Identify, and, if needed, procure resources for crew wellness

PSYCHOLOGICAL DEBRIEFING (PD)

- **Psychological debriefing (PD) is not recommended after trauma exposure.**
- PD is a structured group intervention for early implementation after potentially traumatic events, and it has been widely implemented in police, fire, emergency medicine, and military settings since its introduction. As a programmed group intervention, PD assumes that all individuals who have experienced the same traumatic stressor have similar needs.
- PD does not include an assessment component, so it cannot be tailored for each person's immediate status and context.

PSYCHOLOGICAL DEBRIEFING (2)

- Those who implement PD often assume that a single session of help occurring over a few hours is sufficient, without either mandated follow-up or mechanisms for assessing who needs greater help.
- **Several reviews of studies of the efficacy of PD have failed to find evidence that it prevents long-term negative outcomes and two randomized controlled trials of PD have reported a higher incidence of negative outcomes in those who received PD compared with those who did not receive any intervention.**

OBJECTIVE 4: DESCRIBE THE BASIC OBJECTIVES AND INTERVENTION STEPS OF PSYCHOLOGICAL FIRST AID

PSYCHOLOGICAL FIRST AID (PFA)

- While PFA models have not received controlled empirical support to date, they are generally considered evidence informed and are the strategies most appropriate and least likely to do harm as post-trauma early intervention.

- These interventions can be used with crew members as well as patients or others showing signs of psychological distress.

PSYCHOLOGICAL FIRST AID

- Supportive intervention that is comparable to the concept of physical first aid.

- The goal is to:
  - Stabilize the situation;
  - Reduce emotional distress;
  - Provide advice on self-care; and
  - Identify persons who may need professional assistance and referral for further assistance as necessary

ACTION STEP 1: CONTACT AND ENGAGEMENT

Goal: To respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner.

Activities:

- Introduce yourself (if you do not know the responder)
- Ask the responder for permission to speak with them
- Explain that you are there to see if you can help
- Identify any barriers or limitations to communication
- Employ behaviors to effectively communicate with the responder

ACTION STEP 1: CONTACT AND ENGAGEMENT (2)

Things to Consider and Sample Questions to Ask:

- *If you do not know the responder: 'Hello, my name is _____. I work with _____. I am checking with people to see how they are doing and if I can help them in any way. Is it ok if I talk with you for a few minutes?'*

ACTION STEP 2:
SAFETY & COMFORT

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

Activities:

- Identify hazards, dangers, obstacles, and barriers
- Ensure that the responder is safe
- Direct any concerns for safety to the Safety Officer or their Deputy

ACTION STEP 2:
SAFETY & COMFORT (2)

Things to Consider and Sample Questions to Ask:

- Be alert to possible tunnel vision and avoid it.
- Maintain situational awareness.
- *'Are you thirsty? Would you like a bottle of water?'*
- *'Are you hungry? Would you like some food?'*

ACTION STEP 3: STABILIZATION (IF NEEDED)

Goal: To calm and orient emotionally-overwhelmed/ distraught responder.

Activities:

- Calm and orient (if necessary) the overwhelmed or disoriented responder
- Provide physical and emotional comfort to the responder (look for simple ways to make the physical environment more comfortable)

ACTION STEP 3: STABILIZATION (IF NEEDED)(2)

Things to Consider and Sample Questions to Ask:

- Are there responders that are experiencing signs of physical or behavioral distress and require immediate attention?
- What immediate stabilization or stress reduction technique would be most beneficial for this / these responder(s)?

ACTION STEP 4:
INFORMATION GATHERING
CURRENT NEEDS & CONCERNS

Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

Activities:

- Identify immediate needs and current concerns
- Gather information about the responder's ability to adaptively cope with previous critical incident stress

ACTION STEP 4:
INFORMATION GATHERING
CURRENT NEEDS & CONCERNS (2)

Things to Consider and Sample Questions to Ask:

- Is the responder displaying signs of functional impairment?
- What are the responder's most immediate and primary needs and current concerns?
- *'Have you ever experienced these kinds of feelings or reactions before?'*

ACTION STEP 5:
PRACTICAL ASSISTANCE

Goal: To offer practical help to the responder in addressing immediate needs and concerns.

Activities:

- Use the information gathered to tailor interventions based on the responder's needs

ACTION STEP 5: PRACTICAL ASSISTANCE (2)

Things to Consider and Sample Questions to Ask:

- What services or resources are needed by, appropriate for, and available to the responder?
- *'Is there anything that I can do to assist you in meeting any of your immediate needs, current concerns, pressing problems, or challenges?'*

ACTION STEP 6: CONNECTIONS WITH SOCIAL SUPPORTS

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

Activities:

- Facilitate interactions with family members, friends, and community helping resources (i.e.: provide coverage while the responder contacts support persons).

ACTION STEP 6: CONNECTIONS WITH SOCIAL SUPPORTS(2)

Things to Consider and Sample Questions to Ask:

- *'Would you like to take a break and call _____?'*
- Refer for further evaluation or higher level of care (if indicated)
- *'Is it ok if I introduce you to someone that is better able to help you?'*

ACTION STEP 7: INFORMATION ON COPING

Goal: To provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning.

Activities:

- Provide the responder with information about stress reactions and coping

ACTION STEP 7: INFORMATION ON COPING (2)

Things to Consider and Sample Questions to Ask:

- *'The reactions that you are experiencing are common. Many responders that go through an incident like this experience _____.'*
- *'If you want, I can give you some information on _____ that may help you feel better.'*

ACTION STEP 8: LINKAGE TO COLLABORATIVE SERVICES

Goal: To inform and link the responder with available services needed at the time or in the future.

Activities:

- Link the responder with available services that are needed and available at this time or in the future

ACTION STEP 8: LINKAGE TO COLLABORATIVE SERVICES (2)

Things to Consider and Sample Questions to Ask:

- *'Would you like me to tell you about some resources that are available that you can use if you choose to?'*

Asking for help is a sign of **STRENGTH**, not of **WEAKNESS**

Questions?

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