

#### **PREREQUISITE**

•ENTER WITH AN OPEN MIND AND FREE OF PREJUDICE

#### **DANIEL MILLS**



- Flight Medic
- Firefighter
- Paramedic
- Educator
- Veteran
- Former Substance Abuser



"1-YEAR-OLD AIRLIFTED FROM CALERA MOBILE HOME FIRE; 3 OTHERS SERIOUSLY INJURED"



- MY CENTENNIAL EVENT
- WEDNESDAY 0915 JANUARY 28<sup>TH</sup>, 2015
- •SHELBY COUNTY, ALABAMA
- •1 YR OLD BURN PATIENT
  - 98% FULL THICKNESS BURNS

THE SUICIDE RATE IN FIRST RESPONDERS IS HIGHER THAN IN THE GENERAL POPULATION AND ON PACE WITH THE "RATE OF SUICIDE IN THE MILITARY.

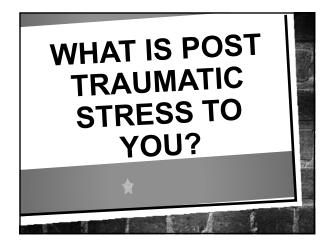
ANN FARINA, PRESIDENT OF THE CODE GREEN CAMPAIGN





OUR BROTHERS AND SISTERS

HOW MANY OF YOUR PEOPLE
HAVE MENTAL HEALTH ISSUES,
DRUG AND ALCOHOL
PROBLEMS, MARRIAGE
ISSUES, FINANCIAL TROUBLES,
MEDICAL ISSUES OR POST
TRAUMATIC STRESS?

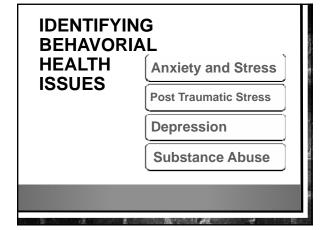


### THE RIDERS

- •RIDERS ARE THE CALLS THAT WON'T LEAVE YOU ALONE.
- THE SIGHTS, THE SOUNDS, THE SMELLS THAT TAKE YOU BACK TO "THAT CALL."
- **DO YOU HAVE RIDERS?**

# WHERE ARE WE FAILING?

- •WE FAIL IN THE PREPARATION.
  - "FAILING TO PREPARE IS PREPARING TO FAIL." J. WOODEN
- \*ZERO FOCUS ON MENTAL HEALTH TRAINING AND WELLNESS.
- •WE TREAT OUR EMPLOYEES LIKE RENTAL CAR'S.... SAY WHAT???



## **ANXIETY AND STRESS**

- •ACUTE: ON SCENE OR WITHIN 24 HRS
  - •PREFRONTAL CORTEX SHUTS DOWN, OVERWHELMING FEELING.
  - •FIGHT OR FLIGHT RESPONSE
- •DELAYED: 48 OR MORE HRS POST INCIDENT.
  - SIMILAR SYMPTOMS TO ACUTE STRESS.
  - "PANIC AFTER THE STORM."

#### CUMULATIVE STRESS= BURN OUT?

• AN INDIVIDUAL'S PATTERN OF NEGATIVE AFFECTIVE RESPONSES THAT FURTHER REDUCES HIS OR HER OWN JOB SATISFACTION, PRODUCTIVITY AND JOB PERFORMANCE AND IS KNOWN TO INCREASE ABSENTEEISM AND TURNOVER

#### CUMULATIVE STRESS= BURN OUT?

THE PRESENCE OF A CONSTANT
NEGATIVE ATTITUDE TOWARD ANY
ASPECT OF AN INDIVIDUAL'S WORK,
GOES THROUGH THREE PHASES:
EMOTIONAL EXHAUSTION,
DEPERSONALIZATION AND LOSING
ONE'S SENSE OF PERSONAL
ACCOMPLISHMENT

### **BURN OUT**

- ABUSE OF THE 9-1-1 SYSTEM.
- **EXTENSIVE TIME SHIFT LENGTH.**
- **EXTENDED LENGTH OF SERVICES.**
- •HIGH CALL VOLUME.
- •SLEEP DEPRIVATION.
- •LACK OF ADMINISTRATIVE SUPPORT

## HOW DOES STRESS AND ANXIETY EFFECT US?

- STRESS EFFECTS US ON MANY AVENUES:
  - PHYSICALLY- HEADACHES, GI ISSUES, SLEEP ISSUES, HEART PROBLEMS, EVEN ACNE.
  - MENTALLY- DIFFICULTY CONCENTRATING, MOOD SWINGS, LACK OF INTEREST, FEELING OVERWHELMED.

# HOW DOES STRESS AND ANXIETY EFFECT US?

- SPIRITUALLY- QUESTIONING BELIEFS, ANGER AT GOD, WITHDRAWING FROM CHURCH.
- EMOTIONALLY- SADNESS, FEELING OF DOOM, EMOTIONAL OUTBURSTS.

### WHO'S AT RISK?

• ANY EMERGENCY PROVIDER WHO HAS BEEN EXPOSED TO A TRAUMATIC EVENT IN WHICH BOTH OF THE FOLLOWING HAVE BEEN PRESENT:

### WHO'S AT RISK?

- THE PERSON HAS EXPERIENCED, WITNESSED, OR BEEN CONFRONTED WITH AN EVENT OR EVENTS THAT INVOLVE ACTUAL OR THREATENED DEATH OR SERIOUS INJURY, OR A THREAT TO THE PHYSICAL INTEGRITY OF ONESELF OR OTHERS.
- THE PERSON'S RESPONSE INVOLVED INTENSE FEAR, HELPLESSNESS, OR HORROR.

# POST TRAUMATIC STRESS



# WHAT IS POST TRAUMATIC STRESS?

- PTSD: IS A DISORDER THAT CAN DEVELOP AFTER A PERSON IS EXPOSED TO A TRAUMATIC EVENT, SUCH AS SEXUAL ASSAULT, WARFARE, TRAFFIC COLLISIONS, OR OTHER THREATS ON A PERSON'S LIFE.
- POST TRAUMATIC INJURY, POST TRAUMATIC STRESS SYNDROME.

#### **RISK FACTORS FOR PTS**

#### FBHA:

- SEPARATION OR DIVORCE.
- GRADUATION FROM A RURAL HIGH SCHOOL (ESPECIALLY YOUNG PRESENTERS—THOSE WHO DEVELOP SYMPTOMS AT AGE 24 OR YOUNGER).

#### **RISK FACTORS FOR PTS**

- •WAR EXPERIENCE
- •PREDISPOSITION TO MENTAL ILLNESS
- SLEEP DEPRIVATION

## SIGNS AND SYMPTOMS OF PTS

- RELIVING THE EVENT
- FLASHBACKS
- UPSETTING MEMORIES
- NIGHTMARES
- UNCOMFORTABLE REACTIONS TO SIMILAR SITUATIONS
- REMEMBERING KEY ASPECTS OF THE EVENT
- AVOIDANCE

## SIGNS AND SYMPTOMS OF PTS

- EMOTIONAL NUMBING
- DETACHED FEELINGS
- LOSS OF INTEREST IN NORMAL ACTIVITIES
- FAILURE TO SHOW MOODS
- AVOIDING LOCATIONS SIMILAR TO THE EVENT
- HOPELESSNESS
- IRRITABILITY

#### **DEPRESSION**

 WIKI SAYS THAT DEPRESSION IS A STATE OF LOW MOOD AND AVERSION TO ACTIVITY OR APATHY THAT CAN AFFECT A PERSON'S THOUGHTS, BEHAVIOR, FEELINGS AND SENSE OF WELL-BEING.

### **DEPRESSION**

PEOPLE WITH DEPRESSION EXPERIENCE PROFOUND SADNESS, GUILT, AND LOSS OF INTEREST IN ACTIVITIES, WHILE PEOPLE WITH BIPOLAR DISORDER EXPERIENCE THOSE SYMPTOMS ALONG WITH PERIODS OF HIGH ENERGY, EUPHORIA, AND IRRITABILITY.

#### **DEPRESSION**

• HORMONES ALSO PLAY A ROLE IN MOOD.

DURING TIMES OF STRESS, THE ADRENAL

GLANDS RELEASE CORTISOL INTO THE BLOOD

STREAM, WHICH INCREASES BLOOD SUGAR,

SUPPRESSES THE IMMUNE SYSTEM, AND AIDS

THE METABOLISM OF FAT AND PROTEIN. HIGH

CORTISOL LEVELS ARE USEFUL IN SHORT-TERM

"FIGHT OR FLIGHT" SITUATIONS, HOWEVER,

OVER TIME THEY ARE ASSOCIATED WITH

DEPRESSION AND ANXIETY.

#### **DEPRESSION**

• ARE WE IN CONSTANT COMBAT? CLOSE QUARTERS COMBAT? PROLONGED BATTLE?



#### **SUBSTANCE ABUSE**

- SUBSTANCE ABUSE ISN'T
  RESERVED FOR THE HEROIN
  ADDICTS OR THE JUNKIES ON THE
  STREET.
- •ALCOHOL, FOOD, PILLS, TOBACCO, COCAINE, CAFFEINE?



#### WHY?

- •WAY TO DISCONNECT
- **SOCIAL CONNECTION**
- •PHYSICAL DEPENDENCE
- •FAMILY HISTORY
- **SCRIPTS AREN'T ENOUGH ANYMORE**

## SIGNS AND SYMPTOMS OF ABUSE

- CANNOT QUIT DRINKING, OVERTAKING MEDICATION OR CONTROL HOW MUCH YOU DRINK OR TAKE.
- NEED TO DRINK/TAKE MORE TO GET THE SAME EFFECT.
- HAVE WITHDRAWAL SYMPTOMS WHEN YOU STOP. THESE INCLUDE FEELING SICK TO YOUR STOMACH, SWEATING, SHAKINESS, AND ANXIETY.

## SIGNS AND SYMPTOMS OF ABUSE

- SPEND A LOT OF TIME DRINKING/ TAKING DRUGS AND RECOVERING.
- HAVE GIVEN UP OTHER ACTIVITIES SO YOU CAN PARTY.
- KEEP ABUSING EVEN THOUGH IT HARMS YOUR RELATIONSHIPS AND CAUSES HEALTH PROBLEMS

#### WHAT TO WATCH FOR

- **POOR MOOD**
- DECREASED PRODUCTIVITY
- •ABSENTEEISM OR TARDINESS
- PHYSICAL CHANGES
- **PRISK TAKING**
- **SUDDEN CHANGES IN BEHAVIOR**

## TOP 5 WARNING SIGNS – THINK "RAILS" FBHA

- RECKLESSNESS/IMPULSIVENESS
- •ANGER
- ISOLATION
- •LOSS OF CONFIDENCE IN SKILLS AND ABILITIES
- •SLEEP DEPRIVATION

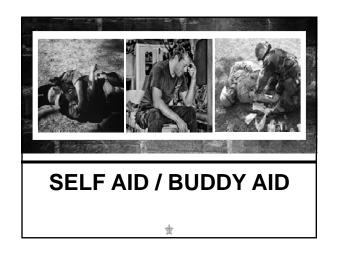
# TOP REASONS OR FIRE/EMS SUICIDES

ESTIMATED 40% REPORTING TO FBHA. OUR TOP KNOWN REASONS FOR FF AND EMS SUICIDES ARE

- FAMILY AND MARITAL RELATIONSHIPS
- DEPRESSION
- MEDICAL
- ADDICTIONS
- POST TRAUMATIC STRESS

#### MAYDAY, MAYDAY, MAYDAY

- WHEN TO CALL A MAYDAY
  - •WHEN OUR PEOPLE ARE IN OBVIOUS DISTRESS?
  - ANY OF THE SIGNS AND SYMPTOMS DISCUSSED ARE DISPLAYED.
  - DUI'S, SUICIDES, FAILED DRUG SCREENS, ARRESTS...... IT'S TOO LATE.





SO WHAT'S THE SOLUTION ? PEER SUPPORT

PEER COUNSELING

CISD

PROFESSIONAL COUNSELING

RELIGIOUS COUNSELING

PHYSICAL ACTIVITIES

HEALTHY HABITS

#### QUIT THE JOHN WAYNE BS

- •BE REAL
- ●BE RELEVANT
- HAVE COMPASSION AND EMPATHY
- •BE OPEN MINDED
- •TELL YOUR STORY



### **PEER SUPPORT**

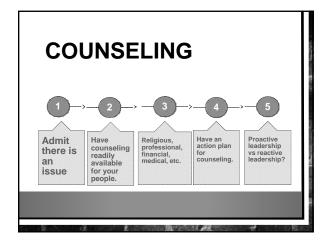
- "PEER SUPPORT CAN BE A LIFELINE WHEN ALL OTHER METHODS FAIL." KELLY GRAYSON
- IMPLEMENT A HEALTHY PEER SUPPORT SYSTEM WITHIN YOUR DEPARTMENT.
- •GET MEMBER'S TRAINED IN PEER SUPPORT.
- •WE HAVE SPECIALISTS IN ALL ASPECTS OF FIRE AND EMS, WHY NOT MENTAL HEALTH?

# CRITICAL INCIDENT STRESS DEBRIEFING

- CISD IS AN INTEGRAL PART OF THE RESPONSE PROCESS.
- THE EMERGENCY DOESN'T ALWAYS STOP WHEN WE DROP THE PATIENT OFF.
  - **●**DON'T BECOME A SECOND VICTIM.

# CRITICAL INCIDENT STRESS DEBRIEFING

- MANDATE A POLICY FOR CISD WITHIN 24-48 HRS POST INCIDENT.
  - MAKES GUIDELINES FOR MANDATORY DEBRIEFINGS.
  - ALSO MAKE AVAILABLE UPON REQUEST.



## PROMOTE WELL ROUNDED HEALTH AND WELLNESS

- DIET IS A TREMENDOUSLY IMPORTANT PART OF THE HEALTH AND WELLNESS PROCESS.
  - EAT CLEAN
  - DIETARY COUNSELING
  - •HEALTHY LIFESTYLE HABITS
  - RISK MANAGEMENT
- RECOGNIZE, EDUCATE AND MITIGATE POOR HEALTH HABITS.

# WITCHES BREW FOR DEALING WITH STRESS

- YOGA
- GUIDED MEDITATION
- BREATH WORK
- **COGNITIVE FRAMING**
- POSITIVE AFFIRMATION AND VISUALIZATION



