

First Responders: Self Care, Wellness, Health, Resilience & Recovery

Dealing with Stress:
Personal, Department/Job, Home & Family in the Aftermath
of Disasters

A program developed in collaboration between NJ Disaster Critical
Incident Stress Response and the Center for Public Health
Preparedness at UMDNJ



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Objectives

- Help first responders better understand stress and critical incidents
- Increase awareness of self care and helpful resources
- Recognize symptoms in one's self and in others
- Not intended to certify or credential anyone in clinical care, CISM, or other related activity



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Areas of Interest

- I. Critical Incident Stress Affecting The First Reponder
- II. Increased Awareness of Self Care and Helpful Resources
- III. Recognizing Stress Symptoms in Yourself and in Others
- IV. Lessons Learned from Past Incidents
- V. Hazard Analysis and Who's Vulnerable
- VI. Remediation at a Traumatic Incident
- VII. Types of Critical Incident Stress Management (CISM) Interventions
- VIII. Self Care for Critical Incidents



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I. Critical Incident Stress Affecting The First Responder

- 43% of all adults suffer adverse health effects from stress.
- 75% - 90% of all physician office visits are for stress-related ailments and complaints.
- Stress is linked to the six leading causes of death -- heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide.
- The Occupational Safety and Health Administration (OSHA) has declared stress a hazard of the workplace.



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Managing a mass casualty
or bioterrorism situation is
no job for a single provider
organization.



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This is, in fact, the responsibility of the
“Community” a composite that, at a
minimum, includes;

- fire, police
- emergency medical services
- the public health system
- local municipalities and government authorities
- local hospitals and other health care organizations



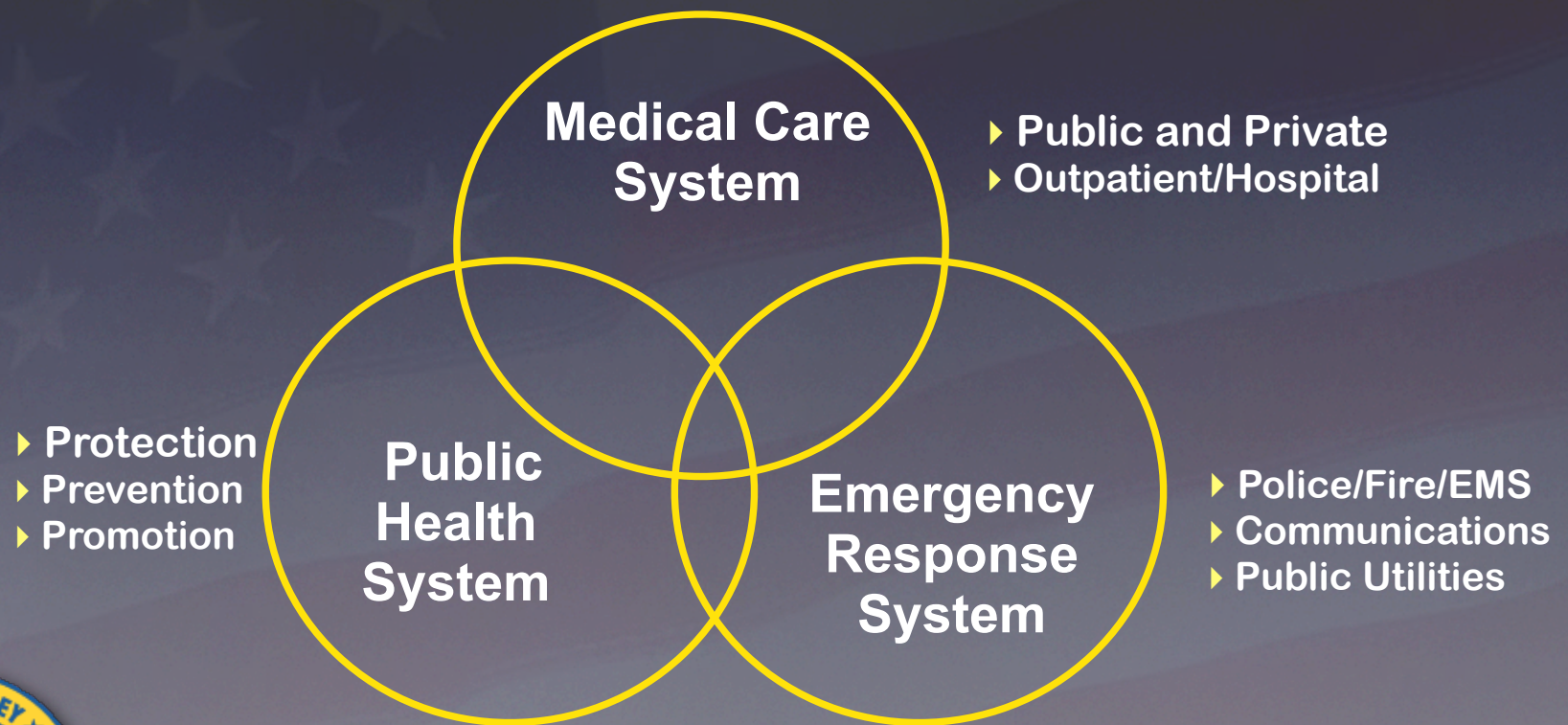
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Disaster Response and the Public's Health



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Mental Health in Disaster and Terrorism



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Police/Fire/EMS/Rescue Workers

- Individuals who traditionally work in stressful environments often develop various positive coping skills.
- These skills allow them to bounce back and recover from the traumatic aftermath of the event. (Resilience & Recovery)



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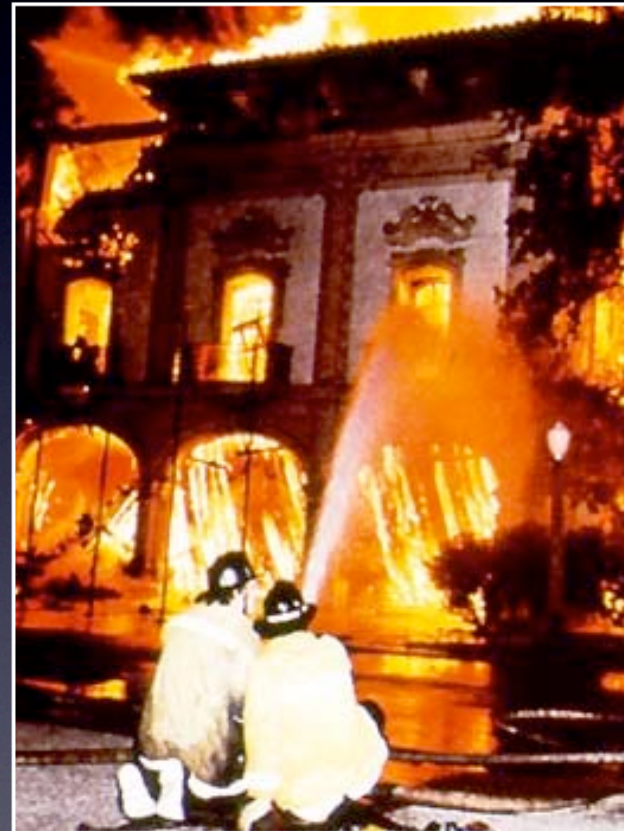
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Police/Fire/EMS/Rescue Workers

- Often these skills enable you to respond and maintain your level of function in performance of your duties, especially during difficult situations



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Police/Fire/EMS/Rescue Workers

- Some of the approaches can be considered healthy or positive
- Others may have a negative or unhealthy consequence.



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Police/Fire/EMS/Rescue Workers

- They can be appropriate for the individuals involved.
- They may seem unusual or strange to an outsider.
- What other characteristics do First Responders exhibit?
 - Personal
 - Professional



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First Responders Are:

- Protectors
- Helpers
- Rescuers
- Risk Takers
- Caretakers
- Miracle Workers



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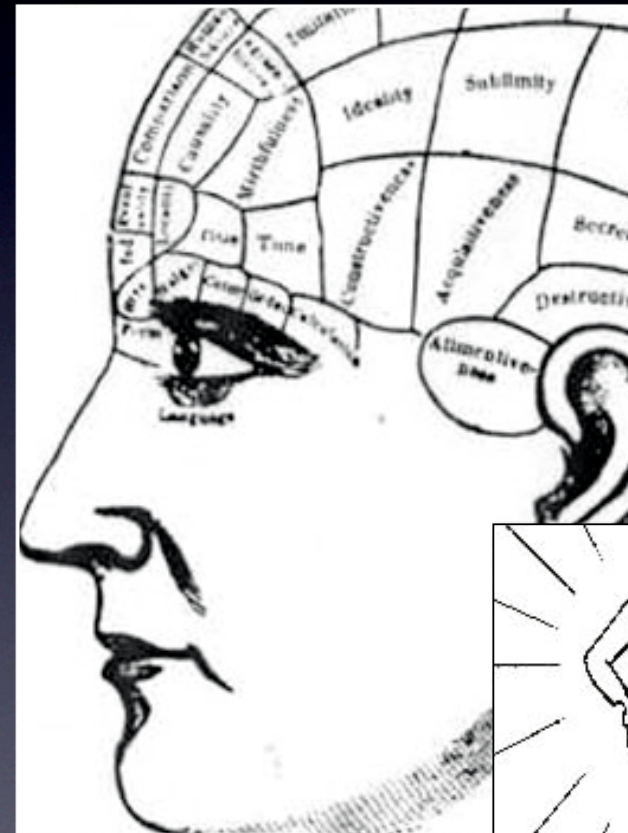
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Personality Traits

- Obsessive Compulsive
- Control Issues
- Action orientated
- Risk taker
- High need for stimulation
- Highly dedicated
- Easily bored
- Need to be needed
- Difficulty saying “No”
- “Caretakers”
- Family orientated
- High tolerance for stress
- Addiction to trauma



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What is a Critical Incident?

- Any situation that results in an overwhelming sense of vulnerability or loss of control.
 - Roger Solomon, Ph.D.
- Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.
 - Jeff Mitchell, Ph.D.



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Critical Incidents

- Are sudden and unexpected.
- Disrupt our sense of control.
- Involve the perception of a life-damaging threat.
- May involve emotional or physical loss.



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Fight or Flight

- When you are faced by a threat, your body responds with a complex cascade of chemicals.
- The ultimate result is a release of the energizing hormone known as adrenaline.
- The effect - faster pulse, higher blood pressure, sharpened awareness - is the “fight or flight” response to fear and anxiety.



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Core Issues

- Suicide
- Substance Abuse
- Stress
- Burn-out/PTSD
- Marital - Family
- Violence
- Shut down
- Spirituality



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Understanding the “Blue Culture”

- Police Officers are taught to take care of everyone else.
- To Serve and Protect
 - Don't feel
 - Use police officer face/persona
 - Walking wounded
 - Us vs. Them
 - Police Officers - Everyone Else



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Types of Critical Incidents for L/E

- Line of Duty Death (LODD)
- Serious injury
- Suicide of co-worker
- Mass Casualty Incident
- Police shooting that ends with injury or death
- Death or violence to a child
- A prolonged event with negative results
- Extensive media attention
- Knowing the victim of the event



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Sources of stress for individual officers can be placed into five general categories:

- Issues in the officer's personal life
- Pressures of law enforcement work
- Attitude of the general public toward police work and officers
- Operation of the criminal justice system
- The law enforcement organization itself



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Stress in Law Enforcement

- Internal (department)
- External (community)
- Cumulative (career)
- Critical Incident Stress
- Family Stress



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What we don't often talk about



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Police Suicide

- Impulsive Suicide
- Depressed Suicide
- Suicide as an escape to suffering
- Communication Suicide
- Loss of a loved one
- Every 17 hours a police officer commits suicide in the US.
 - In 2004, 453 officers committed suicide
 - 90-95% occurred in their homes with their service weapon over relationship issues



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Added Risk Factors

- Immediate Plan
- Lethality
- Family history
- Alcohol
- Access to weapon
- History of Attempts
- Family Problems



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Disturbing Legacy of Rescues Linked To Suicide

- Bob Long, a surveyor credited with finding the nine trapped Pennsylvania coal miners, killed himself in June.
- Terry Yeakey, an Oklahoma City police sergeant who rescued four bombing victims in 1995, committed suicide the following year.
- Robert O'Donnell, a paramedic who played a crucial role in saving baby Jessica McClure from a Texas well shaft in 1987, took his life nearly eight years later.



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Common factors in suicide by law enforcement officers:

- Alcohol
- Coupled with an always-present firearm
- Drinking and depression are major causes of police officer suicides



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Common factors in suicide by law enforcement officers:

- Breakup of a relationship or marriage.
 - Often, the only people outside law enforcement an officer trusts are his or her family.
 - When a relationship ends, an officer loses his or her emotional support base.
- Stagnated career.
- An officer under investigation.



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Common police suicide warning signs:

- An officer who starts having a high number of off-duty accidents.
- A rise in citizen complaints about aggressiveness.
- A change in personality in which a sullen officer suddenly becomes talkative or an officer who is normally very vocal becomes silent and withdrawn.
- The officer starts giving away prized possessions or telling friends they will be missed.
- The officer suddenly writes a will.

Source: The National P.O.L.I.C.E. Suicide Foundation



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II. Increased Awareness of Self Care and Helpful Resources

HEALTH & WELLNESS

- What is good health?
- What is wellness?
- What is comfort?



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People can use rituals to find comfort

Family
Friends



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People can use rituals to find comfort

Activity



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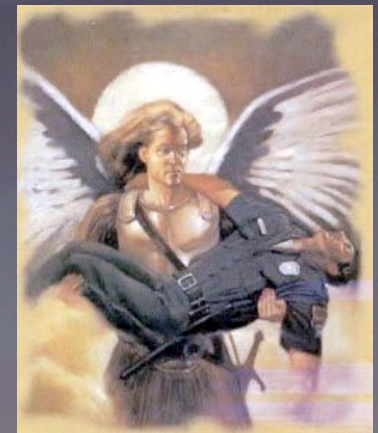
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People can use rituals to find comfort

Religion / Spirituality



Grief

Even the most experienced and skilled professional can be affected by their work



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Phases of a Crisis

- Impact
- Inventory
- Rescue
- Recovery

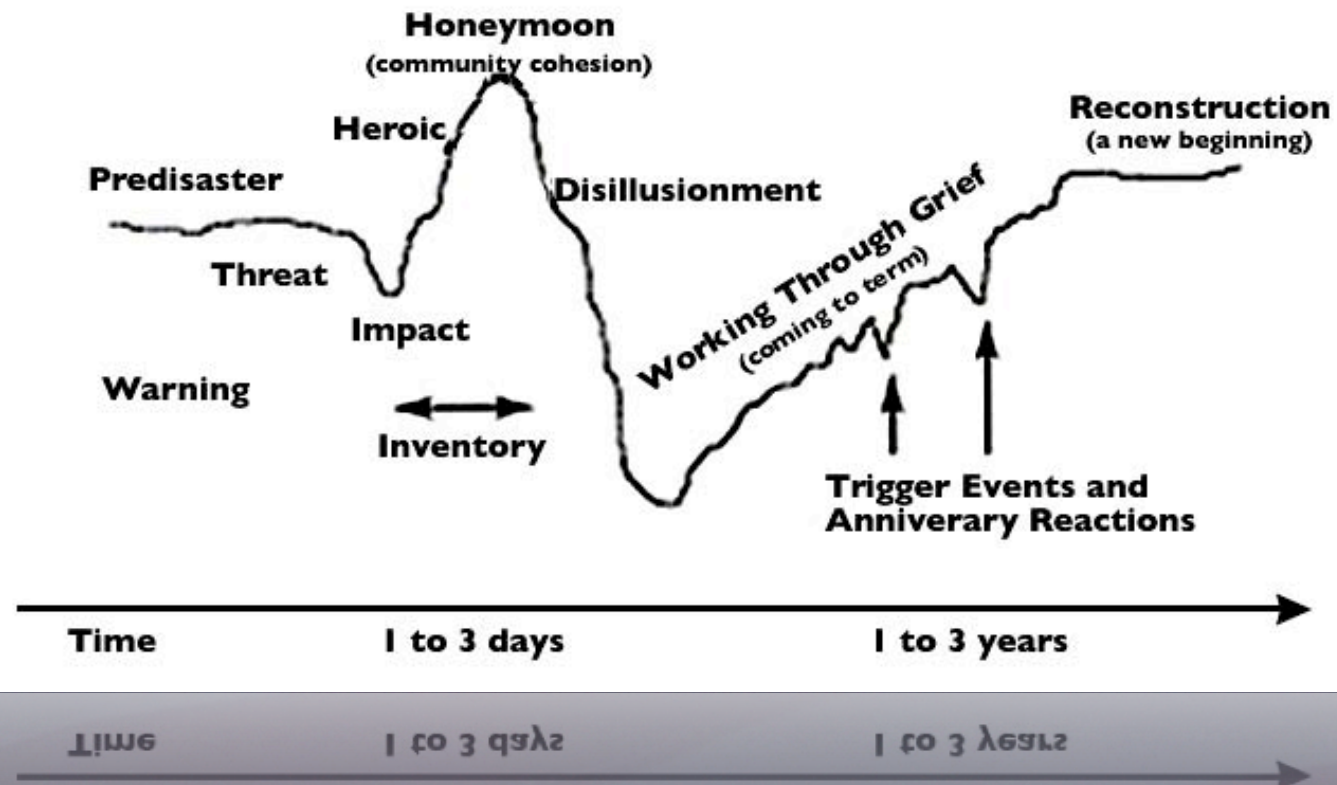


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Phases of Disaster



From Zunin & Myers (2000)



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What is a Traumatic Incident?

- A situation that is extraordinary and may overwhelm coping mechanisms
- It causes the worker to experience a stress reaction
- An unusually strong emotional reactions at any time during or after the incident



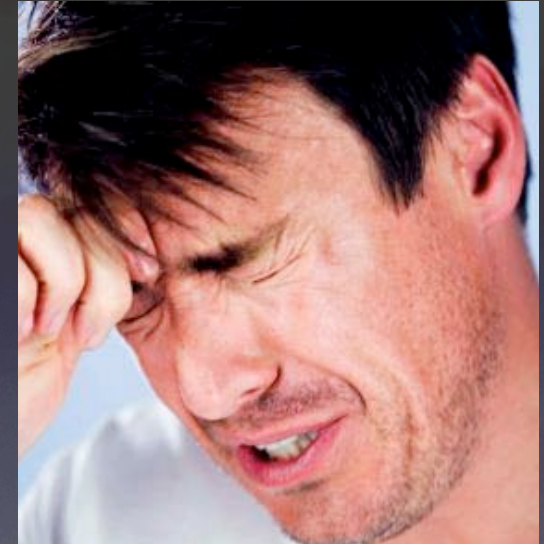
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Symptoms of a Stress Reaction

- Can last
 - a few days
 - a few weeks
 - a few months
 - and occasionally longer
- Support and understanding of loved ones are needed



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Symptoms of a Stress Reaction

- difficulty feeling love and intimacy



- difficulty taking interest and pleasure in day-to-day activities



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Symptoms of a Stress Reaction



Professional assistance may be necessary



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III. Recognizing Stress Symptoms in Yourself and in Others

FOUR BASIC CATEGORIES

- Emotional
- Cognitive
- Behavioral
- Physical



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Emotional

- Feelings of shock
- Anxiety
- Guilt
- Grief
- Severe panic
- Fear
- Uncertainty
- Depression
- Apprehension
- Intense Anger
- Irritability
- Agitation
- Resentment
- Shame
- Helplessness
- Hopelessness
- Emotional numbness
- Feeling overwhelmed



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Cognitive

- Blaming someone
- Confusion
- Heightened or lowered awareness
- Indecisiveness
- Worry
- Shortened attention span
- Self-blame
- Poor concentration
- Memory problems
- Hyper-vigilance
- Poor problem solving
- Nightmares
- Intrusive images

Loss of time, place, or person orientation



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Behavioral

- Change in activity
- Change in speech patterns
- Withdrawal
- Emotional outbursts
- Increase or decrease in appetite
- Startle reflex intensified
- Change in sexual functioning
- Erratic movement
- Antisocial acts
- Suspiciousness / paranoia
- Pacing
- Alcohol and/or drug consumption



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Physical

- Fatigue
- Nausea
- Muscle cramps
- Twitches
- Chest pain
- Difficult breathing
- Grinding of teeth
- Elevated blood pressure
- Rapid heartbeat
- Thirst
- Headaches
- Visual difficulties
- Profuse sweating



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IV. Lessons Learned from Past Incidents

The mental fallout from the Oklahoma City bombings in 1995 didn't peak until 12 to 18 months after the event



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Lessons Learned

One year after the bombing, three times as many residents of Oklahoma City reported increased drinking as those in a control community (Indianapolis).

Rescue workers in Oklahoma City experienced elevated rates of substance abuse, depression and suicide.



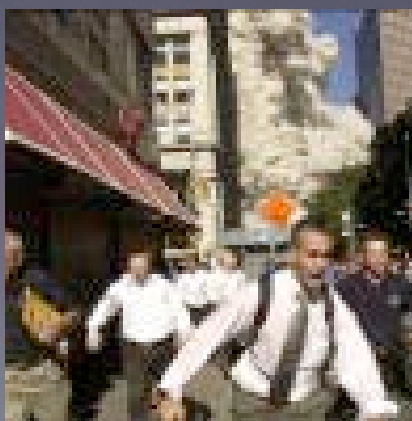
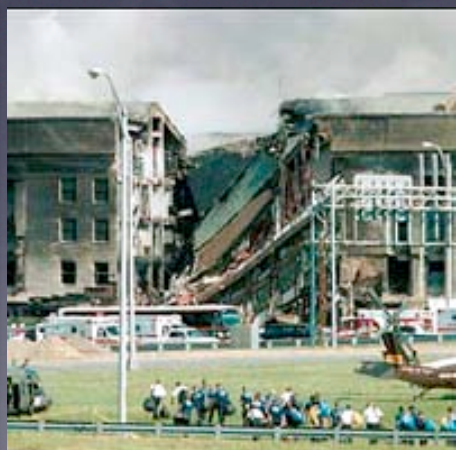
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9.11.2001



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Beyond the range of normal experience



(AP PHOTO)



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Stress-Related Illnesses 11 Months After the Attacks

- During the 11 months after the attacks, 1,277 stress-related incidents were observed among FDNY rescue workers, a 17-fold increase compared to the 75 stress-related incidents reported during the 11 months preceding the attacks.



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- As of August 28, 2002, a total of 250 FDNY rescue workers remain on leave with service-connected, stress-related problems. Of these, 37 also have respiratory problems.
- As of August 28, 2002, a total of 358 firefighters and five EMS workers remained on medical leave or light duty assignment because of respiratory illness that occurred after WTC exposure.



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- The number of New York City firefighters and emergency medical service workers being treated for alcohol and drug abuse in 2004 is more than 50 percent higher than it was the previous year.
- The counseling unit of the Fire Department has seen an increase in every diagnostic category since Jan. 1, 2004.
- After Sept. 11, the department's caseload went from an annual average of 600 cases to over 3,600.
- Most of those cases are for anxiety and bereavement after the terrorist attack.
- The alcohol and drug treatment cases represent 4% of the counseling unit's total caseload.



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Police Organization Providing Peer Assistance (POPPA)

- POPPA is a confidential, voluntary, independent, departmental assistance program for the NY Police Department that uses trained volunteer NYPD officers in peer support.



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Police Organization Providing Peer Assistance (POPPA)

- In the first year, there were 250 calls to the help line.
- Since 2001, the number of calls has increased between 900 to 1,200 each year.
- The proportion of callers who accept a referral for professional assistance has also increased from 30% - 45%.



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Additionally, the primary reasons for calls over the years 2003 and 2004 were in the areas of:

- stress or anxiety (34%)
- alcohol related (26%)
- marital related (24%)
- traumatic stress (18%)
- depression (14%)
- bereavement issues (7%)

** Because of confidentiality issues, detailed information is unavailable.*



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New Jersey Cop-2-Cop

- The Cop-2-Cop program, which began in November 2000, experienced a 300% increase in calls following 9/11.
- Since that time, Cop-2-Cop has received over 15,000 calls.



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- Also highlighted in the report is a unique strength of FDNY firefighters and officers: they work in highly supportive self-managed teams, which enable them to operate as highly effective work units in fighting fires and confronting other emergencies.



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V. Hazard Analysis and Who's Vulnerable

Groups Potentially Vulnerable to Terror-Related Issues *Demartino 2001*

- Rescue Workers
- Medical Personnel
- Leaders
- “Hero”
- Persons deemed responsible
- Media representatives
- Elderly
- Children
- Single Parents
- Injured
- Bereaved



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Who is at greatest risk for severe stress symptoms?

- Rescue workers who directly experience or witness any of the following during or after the disaster are at greatest risk for severe stress symptoms and lasting readjustment problems.



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Risk Factors

- Life threatening danger/physical harm
- Exposure to gruesome death or bodily injury
- Extreme environmental/human violence or destruction
- Loss of home, possessions, community
- Loss of communication with, or support from, close relations
- Extreme fatigue, weather exposure, hunger or sleep deprivation
- Extended exposure to danger, loss or emotional/physical strain
- Exposure to toxic contamination



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The psychological problems that may result from disaster experiences include:

- Tension
- Fatigue
- Edginess
- Difficulty sleeping
- Body aches or pain
- Startling easily
- Racing heartbeat
- Nausea
- Change in appetite
- Change in sex drive



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The psychological problems that may result from disaster experiences include:

- Interpersonal reactions in relationships at school, work, in friendships, in marriage, or as a parent:
 - Distrust
 - Irritability
 - Conflict
 - Withdrawal
 - Isolation
 - Feeling rejected or abandoned
 - Being distant
 - Judgmental
 - Over-controlling



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What severe stress symptoms can result from disasters?

- Most responders only experience mild, normal stress reactions, and disaster experiences may even promote personal growth and strengthen relationships.



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Severe Stress Symptoms

- However, as many as one out of every three rescue workers experience some or all of the following severe stress symptoms, which may lead to lasting Post Traumatic Stress Disorder (PTSD), anxiety disorders, or depression.



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Severe Stress Symptoms

- Dissociation:
 - feeling of completely unreal or outside yourself, like in a dream
 - having “blank” periods of time you cannot remember



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Severe Stress Symptoms

- Intrusive re-experiencing
 - Terrifying memories
 - Nightmares
 - Flashbacks



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Hyper-arousal

- Panic attacks
- Rage
- Extreme irritability
- Intense agitation



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Severe anxiety

- Paralyzing worry
- Extreme helplessness
- Compulsions or obsessions



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Severe depression

- Complete loss of hope,
- Self-worth,
- Motivation,
- Purpose in life



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Traumatic Crisis

An event in which people experience or witness:

- Actual or potential death or injury to self or others
- Serious injury
- Destruction of homes, neighborhood, or valued possessions
- Loss of contact with family/close relationships



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Mediating Factors

- Prior experience with a similar event
- The intensity of the disruption in the survivors' life
- Individual feelings that there is no escape, which sets the stage for panic
- The emotional strength of the individual
- The length of time that has elapsed between the event's occurrence and the present



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VI. Remediation at a Traumatic Incident

- Stabilizing an Individual
 - Assess the survivors for injury and shock
 - Get uninjured people involved in helping
 - Provide support by:
 - Listening
 - Empathizing
 - Helping survivors connect with natural support systems



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Avoid Saying ...

- “I understand.”
- “Don’t feel bad.”
- “You’re strong / You’ll get through this.”
- “Don’t cry”
- “It’s God’s will.”
- “It could be worse” or “At least you still have...”



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Managing the Death Scene

- Cover the body; treat it with respect
- Have one family member look at the body and decide if the rest of the family should see it
- Allow family members to hold or spend time with the deceased
- Let the family grieve



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Informing Family of a Death

- Separate the family members from others in a quiet, private place.
- Have the person(s) sit down, if possible.
- Make eye contact and use a calm, kind voice.
- Use the following words to tell the family members about the death: “I’m sorry, but your family member has died. I am so sorry.”



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Emergency Mental Health and Traumatic Stress

- Disasters, whether natural or terrorist-related, may result in human trauma that requires special attention.
- Following such events, the need for crisis counseling is just as important as the need to clean up debris and reconstruct property.



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Emergency Mental Health and Traumatic Stress

- They do not see themselves as needing mental health services and are unlikely to request them.
- Community outreach may be necessary to seek out and provide mental health services to individuals who may be affected by a disaster.



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COMMON CRISIS COUNSELING SERVICES

- Information
- Education
- Outreach
- Counseling
- Supportive listening
- Referrals
- Training
- Collaboration with other programs



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Individual Stress Management Training

- Will Help To Re-Establish:
 - How we think,
 - How we live,
 - How we work
- Secondary Prevention:
 - Incorporation of relaxation exercises,
 - Physical fitness,
 - spirituality and faith,
 - and emotional outlets



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Individual Stress Management Training

Secondary...



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Individual Stress Management Training

- Tertiary Stress Prevention:

Psychological counseling/therapy, medical care for stress-related physical or psychological illnesses



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VII. Types of Critical Incident Stress Management (CISM) Interventions

- Social support is one of the most important and powerful stress reducers.



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Disaster Stress Interventions

Two powerful ways of healing from a disaster:

- For the individual, creating and telling the story of the disaster
- Rituals and memorials, which bring the community of responders, victims and public together



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Traumatic Incident Stress Management Techniques

- An intervention specifically for dealing with traumatic events
- Helps those involved in a traumatic incident to share their experiences, vent emotions, learn about stress reactions and symptoms
- Confidential, voluntary and educative process
- NOT psychotherapy



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Types of Traumatic/Critical Incident Stress Management:

- Emergency Preparedness
- Crisis Management Briefing
- Defusing
- Debriefing
- Grief and Loss
- Individual Crisis Intervention
- Family CISM
- Organizational Consultation
- Follow-up/Referral



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Managing Stress During A Disaster

- On scene briefings for incoming responders
- Develop a “buddy” system
- Watch out for each other



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Fatigue as a Health Hazard

The Health Effects of Working Long Hours

- Stress
 - Causes a lack of concentration, memory loss and errors in judgment
- Depression
 - May be caused by extended periods of stress
 - Can be caused when workers experience high demands and low levels of control over their work
- Burnout (Work Exhaustion)
 - When workers undergo extended periods of high demanding & high stress situations coupled with long hours



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Psychological First Aid is...

- Psychological first aid (PFA) is as natural, necessary and accessible as medical first aid.
- Psychological first aid means nothing more complicated than assisting people with emotional distress resulting from an accident, injury or sudden shocking event.



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General Principles of Psychological First Aid

The most urgent tasks for the Psychological First Aid Responder is to focus on restoring emotional equilibrium.



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Psychological First Aid responders should:

- Present a calm, reassuring demeanor
- Be direct, informative, authoritative, nurturing, and problem-solving oriented



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Psychological First Aid

- Counter denial, by encouraging individuals to deal with the facts of the event
- Give accurate information and explanations of what happened and what to expect
- Never offer false or unrealistic assurances



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Psychological First Aid

- Talk to individuals about their emotional reactions and encourage them to deal with such reactions as another facet of countering denial and other defenses that interfere with restoring equilibrium
- Convey a sense of hope and positive expectation--that a crisis changes things, there are ways to deal with the impact
- Normalize the individual's emotional reaction as much as feasible



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Psychological First Aid

- Facilitate emotional expression
 - example:
 - through use of empathy, warmth, and genuine concern
- Explain what can and will be done to assist the individual, their family and community



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Protect:

- Individuals from further physical or emotional harm, including gruesome or graphic sights and sounds
- Individuals' dignity and privacy following a crisis
- Individuals from media intrusion or curious well-wishers
- Individuals from danger to self or others



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Direct:

- Individuals toward quiet, safe areas
- With calm, compassionate but authoritative tone
- Any available personnel to appropriate tasks and to offer support to co-workers



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Connect

- Individuals with mental health and social service resources
- Individuals and their families with available printed and online resources for coping with the emotional consequences of crises
- Friends, family, co-workers and other sources of emotional support
- Individuals to information about the event or any relevant news pertaining to the situation



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Managing Stress after a Disaster

- Attend end of shift briefing
- Reach out
- Reconnect
- No big life decisions
- Rest
- Eat well
- Avoid mood swings
- Slow down
- Don't overwhelm children
- Stress relief
- Recall what is important
- **Avoid use of drugs or alcohol**



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VIII. Self Care for Critical Incidents

- Alternate strenuous exercise and relaxation for the first 24-48 hours after the incident.
- Keep busy. Structure your time. Be with people, especially those who have “been there.”
- Remember that your reactions are normal and expected. Don’t label yourself as “crazy” or “weak.”
- Keep your life as routine as possible. Avoid making any big life changing decisions. However, you should make a lot of small choices about your daily life; this will return a sense of being back in control to you.



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Self Care for Critical Incidents:

- Avoid alcohol and drug usage. Any relief that is felt will be short lived and your feelings afterwards will be more extreme than before.
- Give yourself permission to feel rotten.
- Watch your diet. You should avoid sugars and caffeine. Eat regular, balanced meals. Increase your intake of fruits and vegetables.
- Realize that others have gone through this before and have felt the same way you are feeling now.
- Don't hesitate to call a trusted and experienced peer anytime you need to talk.



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REMEMBER

Take care of yourself.
Take care of your family.



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1st Responder Assistance

- New Jersey State Police (Employees & Family)
Employee & Organization Development
1-800-FOR-NJSP (1-800-367-6577)
- NJ Disaster Critical Incident Stress Response
1-866-4U-NJ-1st (1-866-486-5178)
- Cop-2-Cop (Police)
1-800-FOR-NJSP (1-800-367-6577)
- NJ Fire & EMS Lifeline (Fire & Rescue)
1-866-NJFD-EMS (1-866-653-3367)



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