

MENTAL HEALTH & ADDICTION SERVICES

Ohio

Promoting wellness and recovery

Mike DeWitt, Governor

Earl Crist, Director

Crisis & Addiction Awareness

Coalition on Homelessness and Housing in Ohio

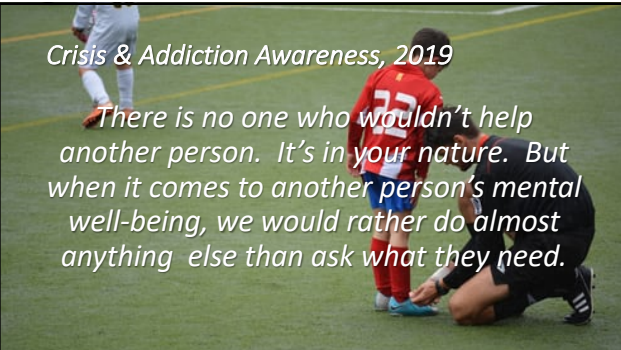
November 12, 2019

Steven M. Click

First Responder Liaison, Trauma Informed Care

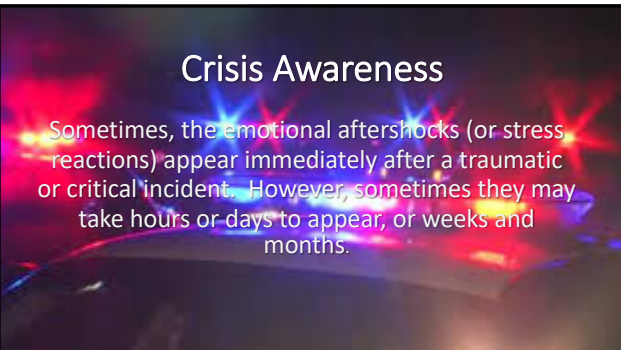
Crisis & Addiction Awareness, 2019

There is no one who wouldn't help another person. It's in your nature. But when it comes to another person's mental well-being, we would rather do almost anything else than ask what they need.



Crisis Awareness

Sometimes, the emotional aftershocks (or stress reactions) appear immediately after a traumatic or critical incident. However, sometimes they may take hours or days to appear, or weeks and months.



Crisis Awareness

What is a traumatic or critical incident????



Crisis Awareness

Signs and symptoms may last a few days but can also last weeks or months.

They are as unique as the person experiencing them.

Two people, involved in the same incident, WILL react differently.

Crisis Awareness



Sometimes the reaction is so severe or life-altering, it takes an intervention from a trained counselor or mental health professional.

Sometimes it may lead to unhealthy coping mechanisms or behaviors.

However, many times, having someone simply ask how they are doing, can assist a person more than we know.

Crisis Awareness

Signs and Signals of a stress reaction:

Physical

- Fatigue/Exhaustion
- Nausea/Vomiting
- Fainting
- Sleep difficulties
- Elevated blood pressure/heart rate

Crisis Awareness

- Grinding of teeth
- Weakness or dizziness
- Profuse sweating or chills

If the person is experiencing chest pains or difficulty breathing, get medical attention IMMEDIATELY

Crisis Awareness

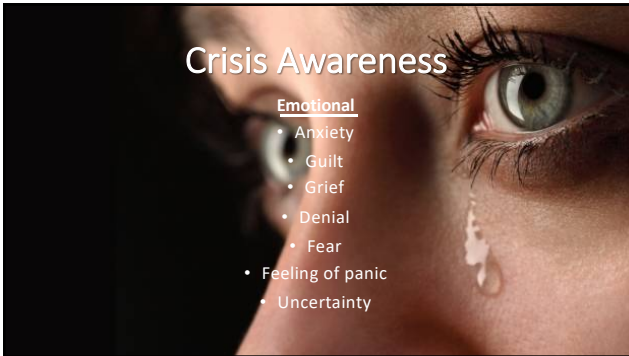
Cognitive

- Confusion
- Poor attention span
- Inability to make decisions
- Heightened or lowered alertness
- Poor concentration/memory issues
 - Flashbacks
- Disturbed thinking/nightmares/intrusive images

Crisis Awareness

Emotional

- Anxiety
- Guilt
- Grief
- Denial
- Fear
- Feeling of panic
- Uncertainty



Crisis Awareness

- Loss of emotional control
 - Depression
- Inappropriate emotional response
 - Agitation
 - Apprehension
- Feeling overwhelmed
 - Intense anger
- Hypersensitivity



Crisis Awareness

Behavioral




- Change in societal perception
- Loss or increase in appetite
 - Withdrawal
- Emotional outbursts
 - Suspiciousness
- Change in usual communication skills



Crisis Awareness

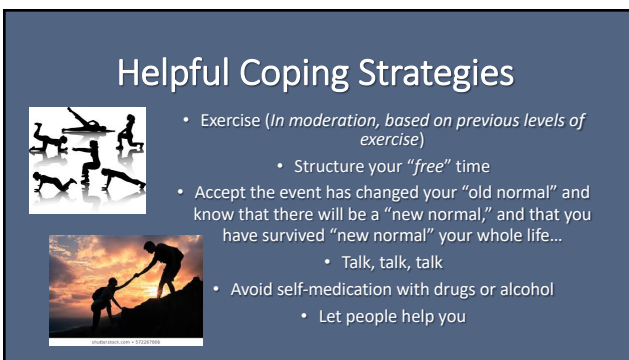
- Inability to rest
- Startle reflex
- Hyper alert to environment
- Change in sexual behavior
- Antisocial acts
- Alcohol consumption



Crisis Awareness

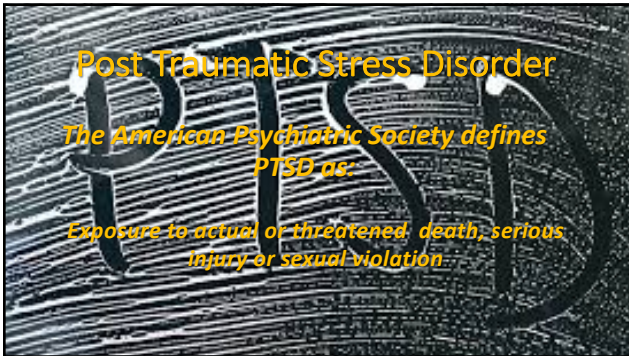
Spiritual

- Anger at God or higher power
 - Loss of faith
 - Over-reliance on faith
- Questioning one's ability to forgive or be forgiven
- Change in sense of self, own abilities



Helpful Coping Strategies

- Exercise (*In moderation, based on previous levels of exercise*)
 - Structure your "free" time
- Accept the event has changed your "old normal" and know that there will be a "new normal," and that you have survived "new normal" your whole life...
 - Talk, talk, talk
- Avoid self-medication with drugs or alcohol
 - Let people help you



Post Traumatic Stress Disorder

Exposure must result from one or more of the following scenarios, in which the individual:

- Directly experiences the traumatic event
- Witnesses the traumatic event in person
- Learns that the traumatic event occurred to a close family member or close friend (with actual or threatened death being violent or accidental)

Post Traumatic Stress Disorder

Experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related)

Post Traumatic Stress Disorder

The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. It is not the physical result of another medical condition, medication, drugs or alcohol

Post Traumatic Stress Disorder



- This is a specific diagnosis, by a licensed clinician. This cannot be self-diagnosed or diagnosed by anyone other than a mental health professional.
- You can suffer from the effects of stress or a traumatic incident and NOT have PTSD.


Helpful Coping Strategies

- Spend time with others
- Helpful for co-workers who were involved in the same incident, to share experience
 - Let yourself have bad days or hours – It's OK
 - Journal if it helps get things out
- Do things you enjoy. It's not only OK to be happy, smile and laugh, it's imperative!!!
- You are not the only one feeling stress from the event; family, friends and co-workers

Helpful Coping Strategies

- Don't make major life decisions (i.e. relationships, buy a car/bike/boat, sell or buy a house, etc.)
- Do make smaller life decisions (i.e. what to eat, what to wear, when to go to work, etc.)
- Rest!!!
- Reoccurring thoughts, dreams or flashbacks are a normal reaction. Don't fight it, let the mind process the event
- Do the best you can to eat a healthy and well balanced diet



How can family and friends help?



- Listen – best thing they can do
- Spend time with the person. They don't REALLY want to be alone all of the time
 - Reassure them that they are safe
- Help with tasks around the house but don't take over
- Give them some personal time but be available if they want company
 - Their anger, fear, and frustration may not be directed at you, personally

Negative Coping Strategies

- What is the most common negative coping mechanism?
 - Alcohol use – WHY?
 - Drug use – WHY?
- What did we hear in the past after an incident?
 - “Suck it up!” and/or *“have a drink”*
 - “This is the job...”
 - “We don’t talk about it...”

Definitions

Addiction

- ✓ Primary, chronic disease of the brain reward, memory, motivation, and related circuits
- ✓ Inability to consistently abstain; impairment in behavioral control' craving
- ✓ Diminished recognition of significant problems with one's behavior and interpersonal relationships
- ✓ Dysfunctional emotional response
- ✓ Can include alcohol, drugs, sex, gambling, food, etc.

Alcoholism

- ✓ Chronic primary, hereditary disease which progresses
- ✓ Physiological susceptibility to addiction
- ✓ Loss of control over drinking
- ✓ Psychological symptoms secondary to physiological disease

Definitions

Alcoholic

- ✓ Person with the disease of alcoholism
- ✓ Problems stem from his/her addiction
- ✓ Not to be confused with problem drinking or heavy drinking in the alcoholic

Problem Drinker

- ✓ Person who is not an alcoholic
- ✓ Alcohol use creates psychological and social problems for himself and/or others

Definitions

Heavy Drinker

- ✓ Drinks frequently or in large amounts
- ✓ May be a problem drinker, an alcoholic, or a normal drinker with a high tolerance

Recovering Alcoholic

- ✓ Maintains continuous, total abstinence from alcohol and substitute drugs
- ✓ "reformed alcoholic" implies the alcoholic has been bad
- ✓ "ex-alcoholic" implies a cure rather than a recovery

Definitions

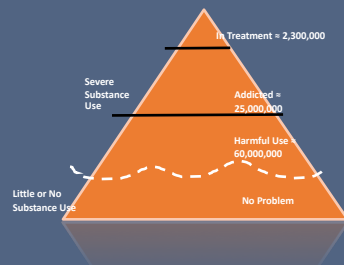
Recovery

- ✓ Return to normal functioning
- ✓ Total continuous abstinence from alcohol and substitute drugs
- ✓ Corrective nutrition and accurate understanding of disease
- ✓ Usually participating in 12-step program

Relapse

- ✓ Any intake of alcohol or substitute drug
- ✓ Taking of substitute drug seriously interferes with recovery and almost always leads to a return to drinking

Substance Use Disorders



Progression of Addiction

SOCIAL <ul style="list-style-type: none"> Introduced to the substance Social use at the beginning Enjoys the "high" or mood changes Occasional use to intoxication 	EARLY <ul style="list-style-type: none"> Little awareness of internal change Begins to use in a habitual or ritualistic manner Blackouts more frequent Alibis, rationalizations, denials are common when confronted Tolerance building
MIDDLE <ul style="list-style-type: none"> Addictive personality/lifestyle firmly in place Denies loss of control Needs the drug/alcohol to cope with withdrawal symptoms Life breakdown begins to occur Hides bottles or paraphernalia Tolerance is high 	LATE <ul style="list-style-type: none"> Neglects family and life responsibilities Goes to "dangerous" lengths to obtain substance Value system disintegrated Fits of rage, pronounced anxiety or paranoia Totally "married" to the bottle or drugs Tolerance reversal Medical problems and visits to ER increase Alibi system collapses – "GET HELP OR DIE"

Choice vs. Disease

CHOICE

- Free will
- Responsibility
- Can stop
- Punishment and coercion DO work
- BEHAVIORS

DISEASE

- No free will
- No responsibility
- Can't stop
- Punishment and coercion DO NOT work
- SYMPTOMS

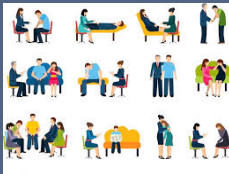
Addiction Awareness

Signs and symptoms may be similar to crisis response

- ✓ Work performance/discipline issues
 - Poor performance or decline in activity
 - Conflict with co-workers
 - Use of force issues
 - Off duty incidents (OVI, domestic violence)
- ✓ Absenteeism
- ✓ Personality change
- ✓ Health issues
- ✓ Domestic issues



Treatment Options



- Do nothing – **not a viable option!!**
 - Detox
 - Therapy
- Intensive Outpatient Treatment
 - Inpatient Treatment (day vs. residency)
 - Halfway houses

What Causes Relapse?

- **Changes in attitude**
 - Complacency, resentment, irritability
 - Blaming others, self pity
 - Trying to be in control
- **Changes in thought**
 - Ignoring warning signs
 - Denial
 - Feeling "cured" – stopping therapy, medication
- **Changes in behavior**
 - Decline in 12-step meeting attendance, not working steps
 - Isolation/lack of contact
 - Dishonesty
 - Spending time with others who use

[illegible]

What Causes Relapse?

- **Emotional distress**
 - Anxiety, guilt, fear
 - Loneliness, overwhelmed, anger
 - Stress, inability to cope with negative feelings
- **Lifestyle conflicts**
 - Death/illness of loved one or friend
 - Loss of intimate relationship
 - Moving to another area
 - Physical injury
 - Loss of job

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What Causes Relapse?

- Relationship difficulties
 - Husband/wife, partner/significant other
 - Parents/siblings
 - Children
 - Co-workers/friends
- Other factors
 - Going back to work/school
 - Taking medication (what if right after an injury?)
 - Legal issues
 - Dealing with retirement

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Best Practices

- **TALK!!!**
- Encourage self-reporting and use of resources
- Training
 - Supervisors, co-workers, professional staff
 - Early intervention techniques, signs and symptoms
 - Policy and contract
 - Stress management skills – cadets, in-service
- Peer support, mental health professionals
- Respect right to privacy
- Encourage others to seek help



Available Resources

- Ohio Employee Assistance Program – (800) 221-6327
- Ohio Mental Health and Addiction Services – (877) 275-6364
- Alcoholics Anonymous – (888) 653-0269
- Al-Anon – (888) 425-2666
- Ohio Crisis Text Line – Text 4hope to 741741



Contact Information

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