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????**

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.

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

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

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

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

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

**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
The American Psychiatric Society defines PTSD as:
Exposure to actual or threatened death, serious injury, or sexual violation.

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)

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.)
• 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

### 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

### 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

<table>
<thead>
<tr>
<th>Substance Use Disorders</th>
<th>Treatment: 2,380,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Substance Use</td>
<td></td>
</tr>
<tr>
<td>Harmful Use</td>
<td>≈ 400,000,000</td>
</tr>
<tr>
<td>No Problem</td>
<td></td>
</tr>
<tr>
<td>Little or No Substances</td>
<td></td>
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</tbody>
</table>

Progression of Addiction

Social
- Introduced to the substance
- Social use in the beginning
- Enjoys the "high" or more changes
- Disinhibition or introduction

Early
- Little awareness of internal change
- Begins to drink for a physical or emotional reason
- Frequent blackouts
- Falsifies reasons, denial, or rationalizations when confronted
- Tolerance building

Late
- Neglects family and job responsibilities
- Does not "drunk" enough to maintain sobriety
- Does not eat
- Sudden increases in anxiety, hostility, paranoia
- Tolerance reversal
- Medical problems, and visits to ER increase
- Alibi system collapses
- "GET HELP OR DIE"
Choice vs. Disease

<table>
<thead>
<tr>
<th>CHOICE</th>
<th>DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Free will</td>
<td>• No free will</td>
</tr>
<tr>
<td>• Responsibility</td>
<td>• No responsibility</td>
</tr>
<tr>
<td>• Can stop</td>
<td>• Can’t stop</td>
</tr>
<tr>
<td>• Punishment and coercion DO work</td>
<td>• Punishment and coercion DO NOT work</td>
</tr>
<tr>
<td>• BEHAVIORS</td>
<td>• SYMPTOMS</td>
</tr>
</tbody>
</table>

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

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

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
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) 272-6364
- Alcoholics Anonymous – (888) 653-0269
- Al-Anon – (888) 425-2666
- Ohio Crisis Text Line – Text 4hope to 741741

Contact Information

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