



Promoting wellness and recovery

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Crisis Awareness

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Assume Best Intent...

When we talk about stress and trauma, we can be reminded of events from our own lives that may cause discomfort, feelings of anxiety or other emotions.

Please assume that if there is anything you see or hear that causes you concern or uneasiness, it was not meant to and the only intent is to share information in an open and honest fashion to save lives.



Crisis Awareness, 2020

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 Potentially
Traumatic Event????*



Crisis Awareness

Bears vs. Ducks



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



Post Traumatic Stress Disorder

The American Psychiatric Society defines PTSD
as:



*Exposure to actual or threatened death,
serious injury or sexual violation*

Post Traumatic Stress Disorder

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

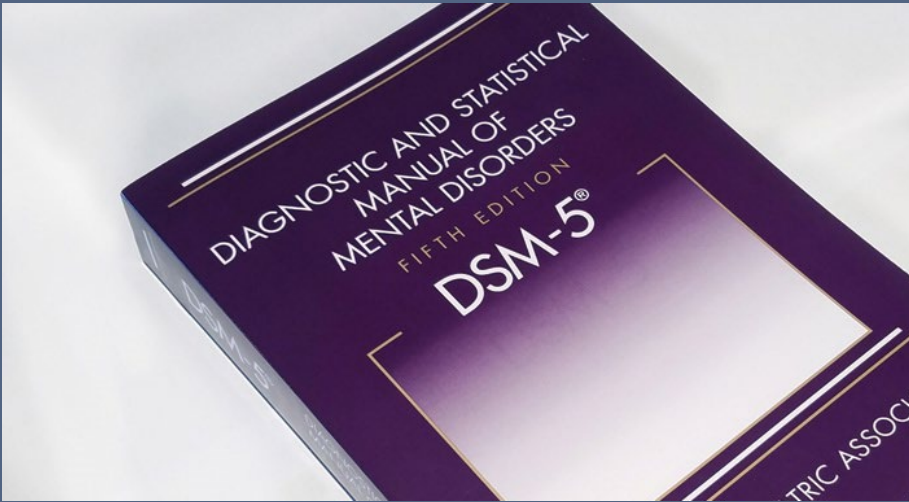
- Directly experiences the traumatic event
- Witnesses the traumatic event in person
- Learns that the traumatic event occurred to a close family member or close friend (with actual or threatened death being violent or accidental)

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.

Negative Coping Strategies

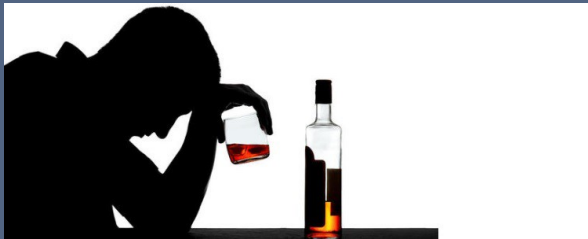
- What is the most common negative coping mechanism?
 - Alcohol use – WHY?
 - Drug use – WHY?
- What did we hear in the past after an incident?
 - “Suck it up!” and/or **“have a drink”**
 - “This is the job...”
 - “We don’t talk about it...”



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

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?



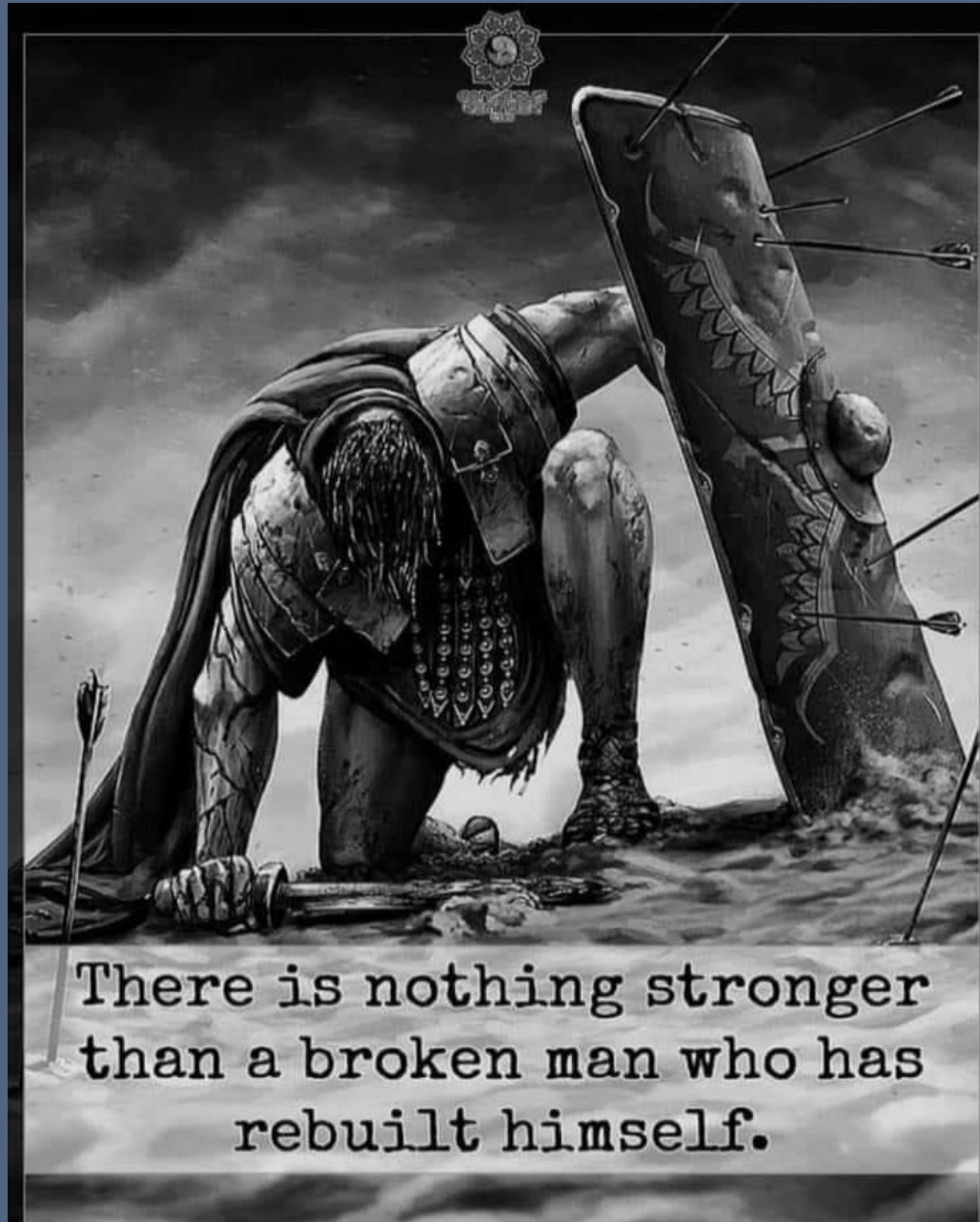
- Listen – best thing they can do
- Spend time with the person. They don't REALLY want to be alone all of the time
 - Reassure them that they are safe
- Help with tasks around the house but don't take over
 - Give them some personal time but be available if they want company
- Their anger, fear, and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

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
- Group of trained officers available (Peer support, mental health professionals)
- Respect right to privacy
- Encourage others to seek help



Let your smile change the world, but don't let the world change your smile.



There is nothing stronger
than a broken man who has
rebuilt himself.

Contact Information

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