Mental Health Support for the Frontline: Moving from Reactive to Proactive

BOS
Before Operational Stress

Ryan Collyer – ACP (ret'd)

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43.5%
of Frontline Workers and Public Safety Personnel are potentially screening positive for at least 1 mental health condition, caused by work stress

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The average public will be exposed to 3 traumatic events in their lifetime. Public Safety and Healthcare workers will be exposed to approximately 100/yr.

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Approximately **23%**
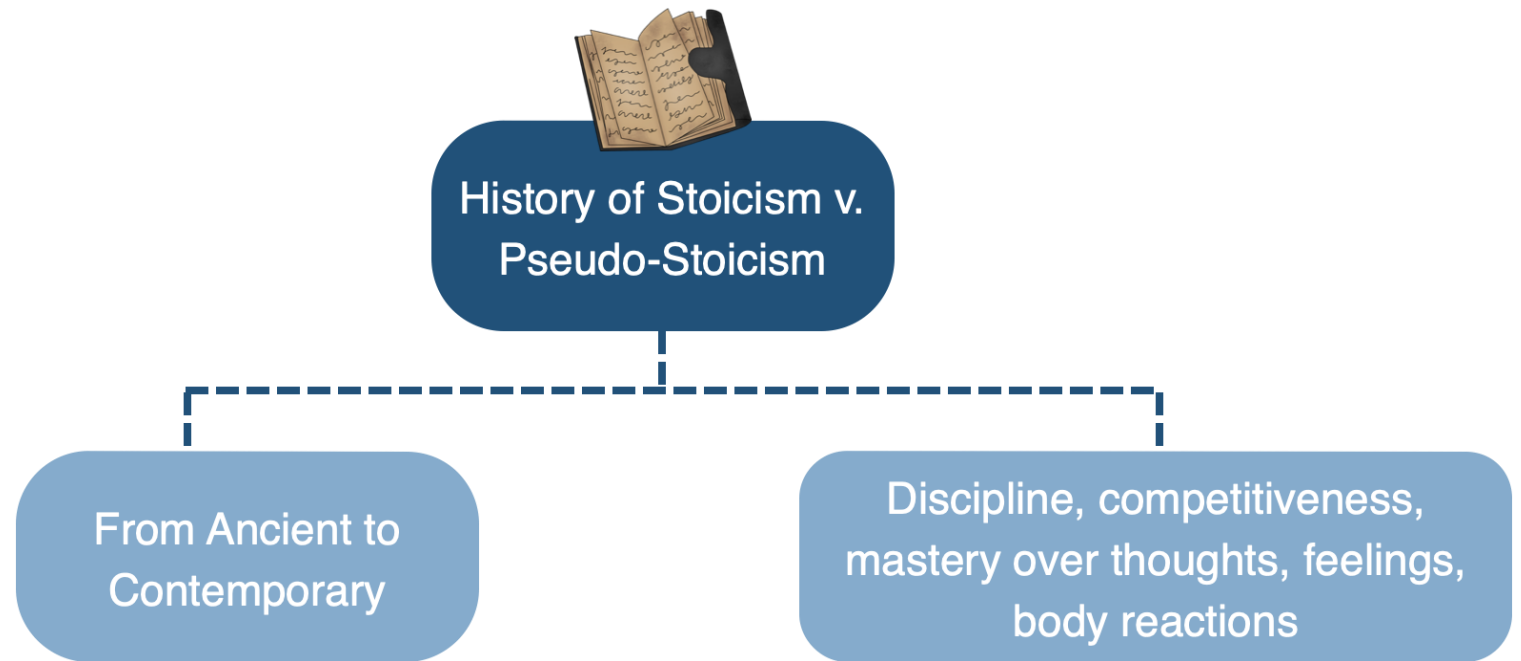# of Public Safety Personnel are dealing with Post Traumatic Stress Disorder (PTSD)

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Cultural Impacts

History of Stoicism v. Pseudo-Stoicism

From Ancient to Contemporary

Discipline, competitiveness, mastery over thoughts, feelings, body reactions

Two Consistent Components of Resiliency

▶ • Self-awareness

    ▶ Subjective sense of one's personal ability to manage life stressors

    ▶ Physical, mental, emotional, spiritual

▶ • Authentic, healthy relationships

    ▶ A lived sense of being able to be oneself, however one is, within personal relationships

    ▶ Related to self-awareness and communication

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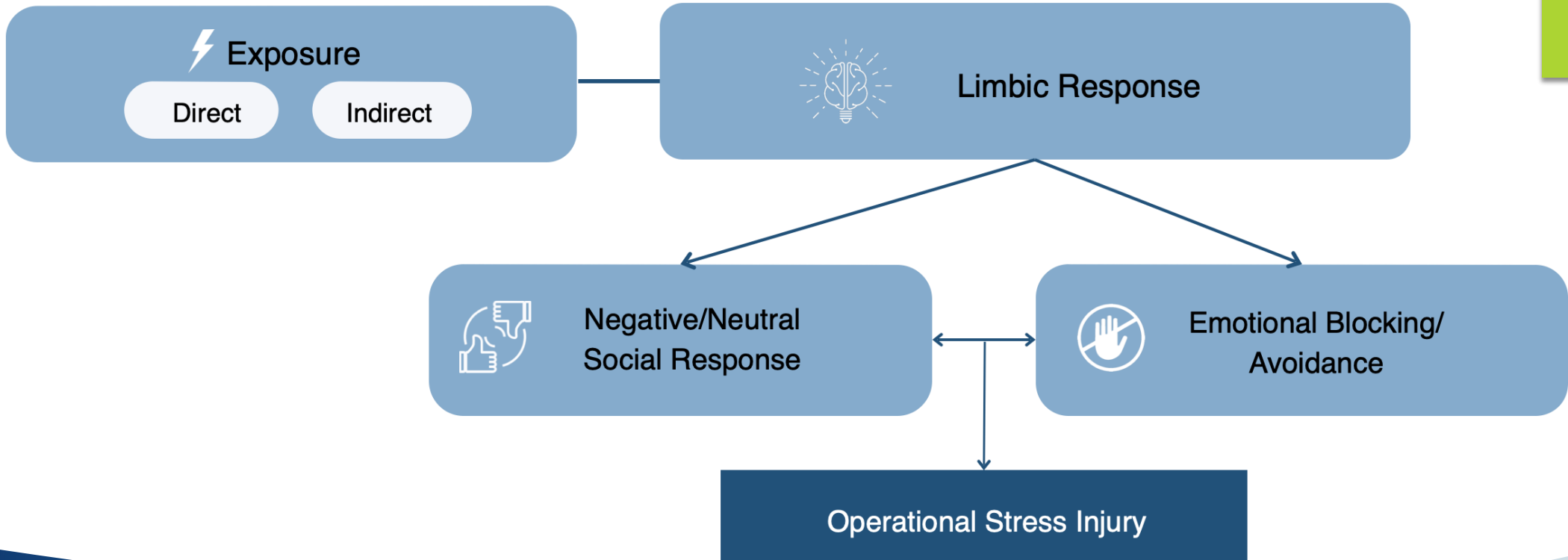
Model of Operational Stress Injury (Black, 2016)

Stress Injury Formation

➢ You **WILL** experience exposure to potentially psychologically traumatic events over the arch of your career BUT

➢ We can train before exposure to become more skillful at being within it and move through it to recovery.

➢ Participation in the following areas is suggested to achieve neutral buoyancy and/or post traumatic growth

   ➢ Medical

   ➢ Psychological

   ➢ Social

   ➢ Spiritual

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The Stress Response

- Physically
  - The amygdala detects a threat (the bear!), and instantly activates the fight-flight-flop-freeze response. Hormones (e.g., adrenaline, cortisol) are released.
- Emotionally
  - Stress may cause you to suddenly feel overwhelmed with emotions. You may feel anxious, nervous, fearful, stressed, or panicked.

- Cognitively
  - In terms of how you think, you are likely to be highly focused on the threat and will have trouble noticing anything else other than the stressor
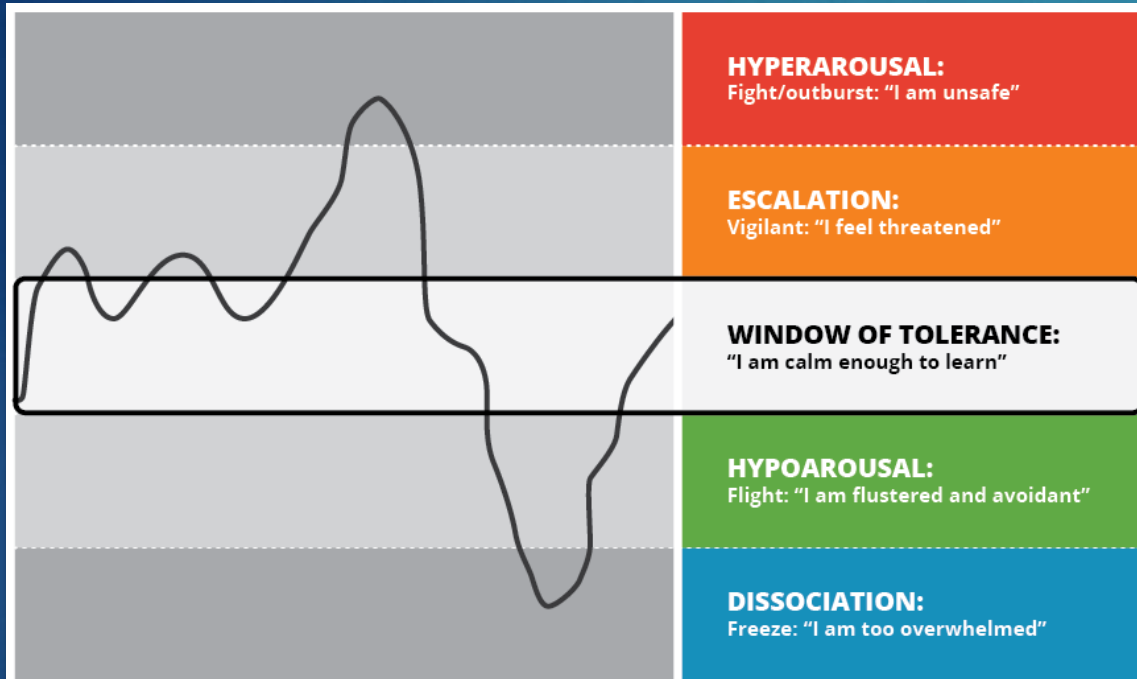
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The Stress Response – Cont.

➤ Physiological responses might include:

    ➤ Racing heart

    ➤ Tense muscles

    ➤ Chest tightness

    ➤ Hyperventilating

    ➤ Sweating

    ➤ Pupils dilate

    ➤ Shaking

    ➤ Nausea/upset stomach

    ➤ Tingling in hands or feet

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Window of Tolerance

HYPERAROUSAL:
Fight/outburst: "I am unsafe"

ESCALATION:
Vigilant: "I feel threatened"

WINDOW OF TOLERANCE:
"I am calm enough to learn"

HYPOAROUSAL:
Flight: "I am flustered and avoidant"

DISSOCIATION:
Freeze: "I am too overwhelmed"

Developed by: Dan Seigel

Optimal Regulation	Hyper-Arousal	Hypo-Arousal
Ability to identify thoughts and articulate them well	Racing thoughts	A sense of feeling shut down
A state of alertness and ability to engage	Physiological reactivity: shaking, sweating	A desire to isolate
Neutral physiological response	Nervousness	Brain fog
Neutral emotional reactions	Urges to fight or to run away	Lack of empathy, or not feeling as though you care
		Numbness
		Physiological heaviness

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Chronic Stress

➢ Chronic or cumulative stress can have a similar impact; the repeated release of stress hormones (e.g., adrenaline, cortisol) can wear us down.

➢ Considering the impact of disrupted sleep from shift schedules, organizational and personal stressors, and of course, exposure to traumatic incidents on a regular basis, we then have created our own personal water torture scenario.

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Skill sets to Develop as components to overall Wellness

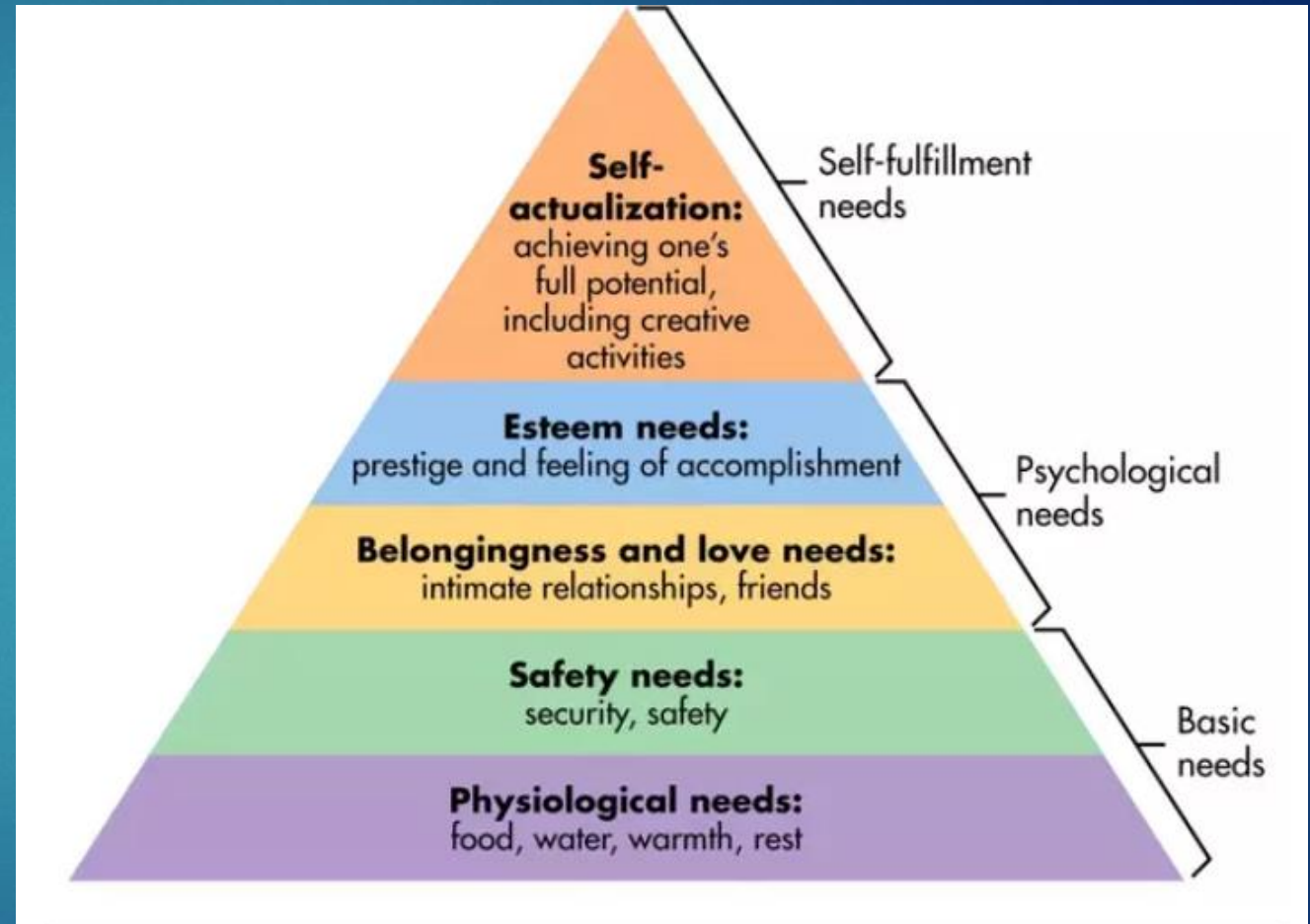|		
Mindfulness	Growth Mindset	Self-Compassion
Emotional Intelligence – name the feeling	Emotional Agility – toxic positivity; acknowledging where someone is at.	Acknowledgement of previous training and how it affects us day to day

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Maslow Hierarchy of Needs

➢ Physiological needs - these are biological requirements for human survival, e.g. air, food, drink, shelter, clothing, warmth, sex, sleep.

➢ If these needs are not satisfied the human body cannot function optimally.

➢ Maslow considered physiological needs the most important as all the other needs become secondary until these needs are met.

Self-actualization: achieving one's full potential, including creative activities — Self-fulfillment needs

Esteem needs: prestige and feeling of accomplishment — Psychological needs

Belongingness and love needs: intimate relationships, friends

Safety needs: security, safety — Basic needs

Physiological needs: food, water, warmth, rest

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Phased Approach to Wellness

- ▶ Phase 1 – What are you doing before work?

- ▶ Phase 2 – What are you doing at work?

- ▶ Phase 3 – What are you doing after work?

- ▶ In the next slide we will introduce the concepts of Functional Disconnection and Functional Reconnection (FD/FR) introduced in the Before Operational Stress Program (module 8)

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Phased Approach to Wellness

Phase 1 – Before Work

- Night before
- Prepping food
- Prepping uniform
- Sleep Routine
  - Theta/Delta Wave music
  - Body scan meditation
  - Progressive Muscle Relaxation
- Morning Routine
  - Eat/drink/
  - Meditation in the morning

Phase 2 – During Work

- Moment to moment regulation
- Breathe work prior to anything that you do
- Take frequent breaks, when you can
- Fulfill basic needs
- Connect with family (phone/Facetime/texts)
- Regulation is the key by bringing awareness to your internal narratives and environment
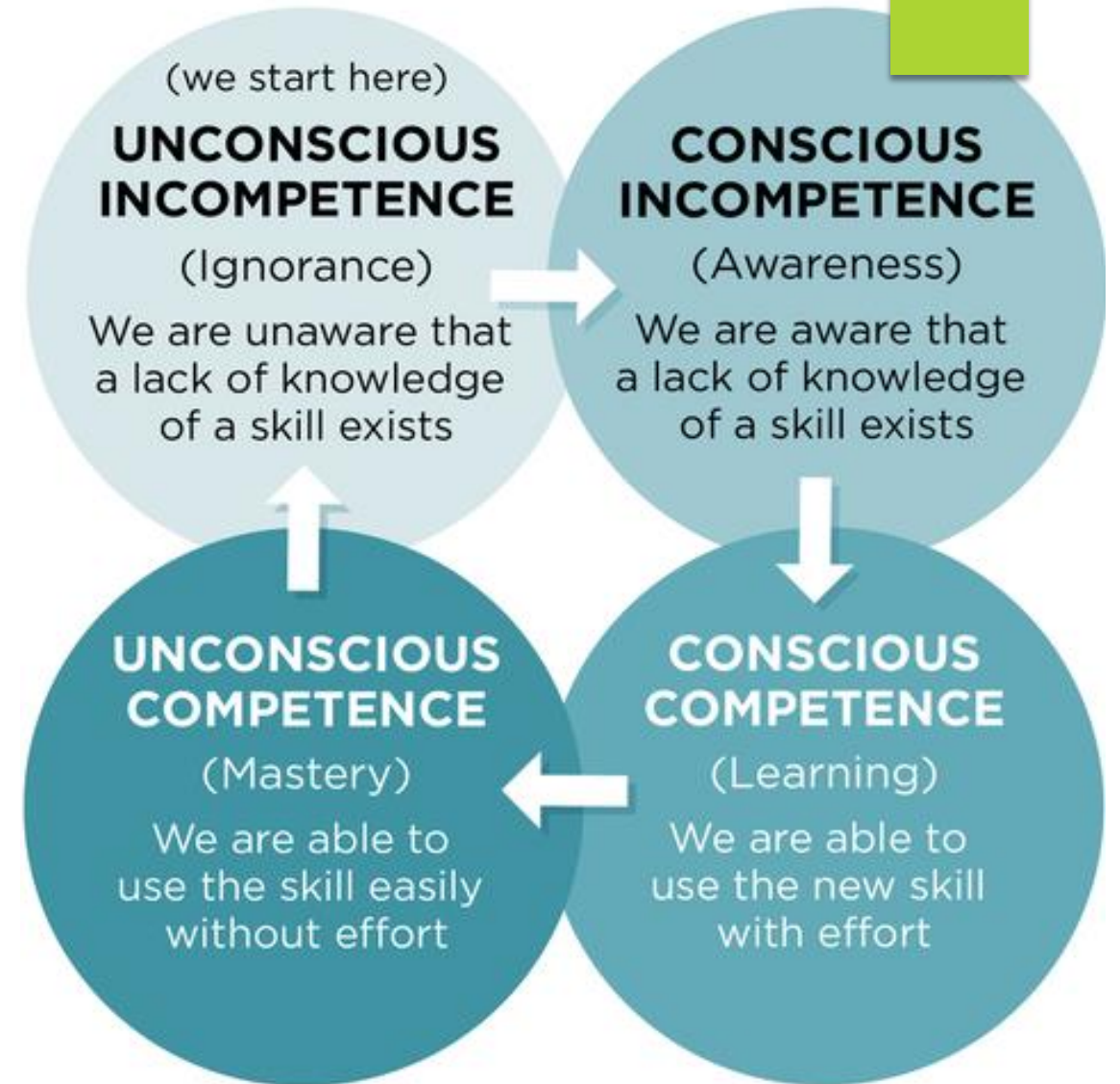
- FUNCTIONAL DISCONNECTION

Phase 3 – After Work

- MOST IMPORTANT PHASE
- Do something prior to arriving at home (walk/meditation)
- Have a routine that signals that you are done your shift. (uniform change at work, etc.)
- Prep for the next shift (food, etc.)
- Sleep routine
- Recognize previous habits

FUNCTIONAL RECONNECTION

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Conscious Competence Ladder

▶ Two Factors that affect our thinking as we learn a new skill

  ▶ Consciousness (awareness)

  ▶ Skill Level (Competence)

▶Noel Burch – 1970's

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(we start here)
UNCONSCIOUS INCOMPETENCE
(Ignorance)
We are unaware that a lack of knowledge of a skill exists

CONSCIOUS INCOMPETENCE
(Awareness)
We are aware that a lack of knowledge of a skill exists

UNCONSCIOUS COMPETENCE
(Mastery)
We are able to use the skill easily without effort

CONSCIOUS COMPETENCE
(Learning)
We are able to use the new skill with effort

What If?

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Preliminary Survey Data

▶ "Traumatized organizations just don't support these things" -030

One in ten meet criteria for major depressive disorder

One in five meet criteria for PTSD, generalized anxiety disorder

One in three meet criteria for hazardous alcohol consumption

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Preliminary Results & Encouraging directions

- BOS On-Demand is indicating statistically significant improvements in stress, anxiety, depression, alcohol consumption, and mental health service use.

- Participants feel that BOS helped them put words to their experiences, gave them tools to manage their emotions with family, and understand themselves and begin to heal.

- They practiced monitoring themselves and moving away from unhelpful coping mechanisms like substance use.

- Having organizational and government support was an important part of their positive experience.

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The Cost of Proactive vs Reactive

▶ Organizational Impacts

- ▶ Increased LTD and STD costs due to operational stress injury (OSI)
- ▶ Loss of the organizational training investment due to limited career time
- ▶ Loss time/absenteeism due to stigma, and employees using sick time to manage OSI symptoms
- ▶ Performance issues at work – investigations or complaints
- ▶ Potential civil or personal lawsuits by employees and families
- ▶ https://amp.theage.com.au/national/victoria/coroners-court-pleads...

▶ Personal Impacts

- ▶ Vicarious trauma to family
- ▶ Developmental impacts of children due to OSI of a parent
- ▶ Monetary issues surrounding many factors, including addictive behaviors due to avoidance
- ▶ Distrust of the organization due to sanctuary trauma

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Contact

▶Ryan Collyer –
ryanc@wayfound.ca