

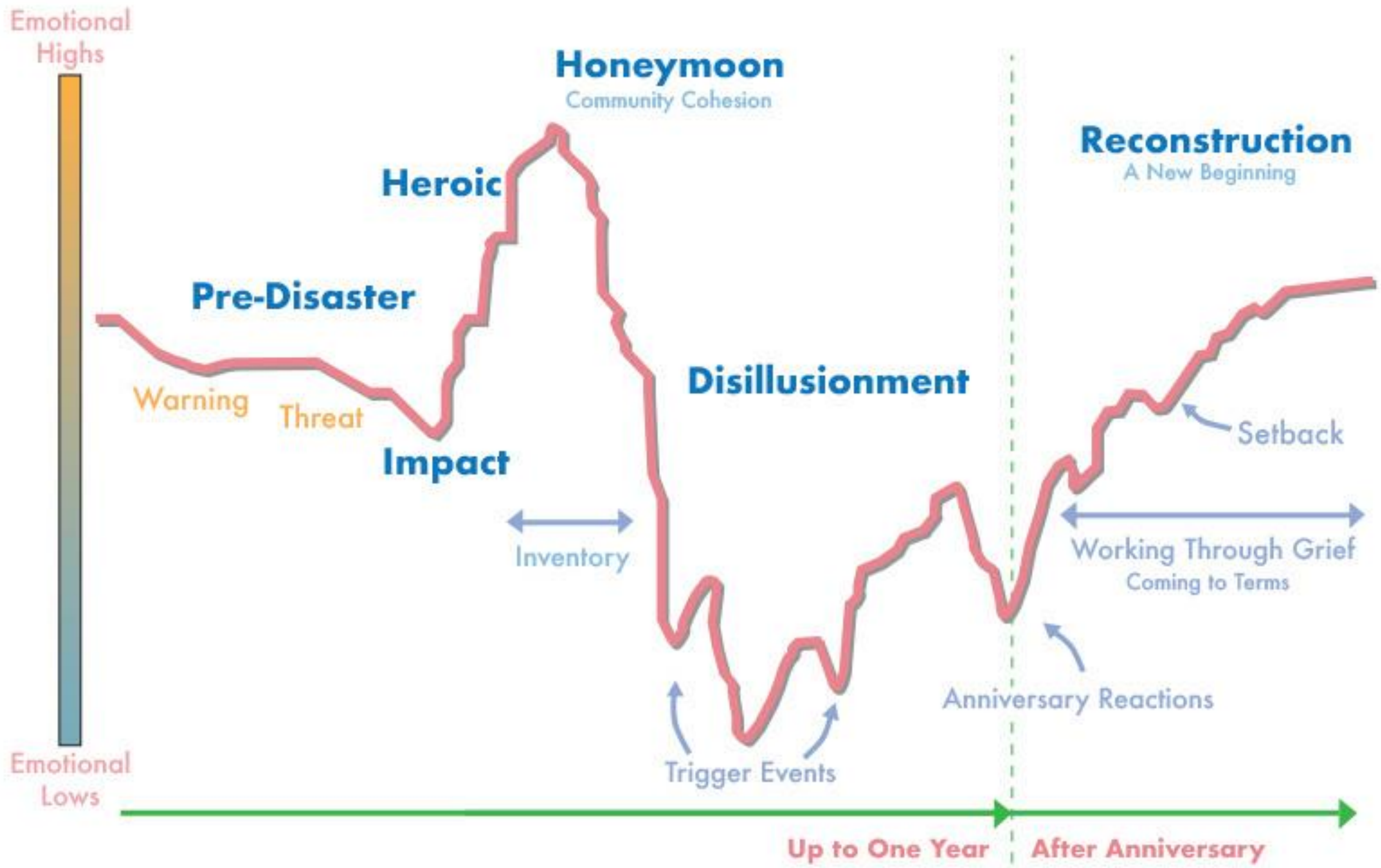
When is the crisis really over?

RESILIENCE FOR CRISIS LINE STAFF AND TEAMS

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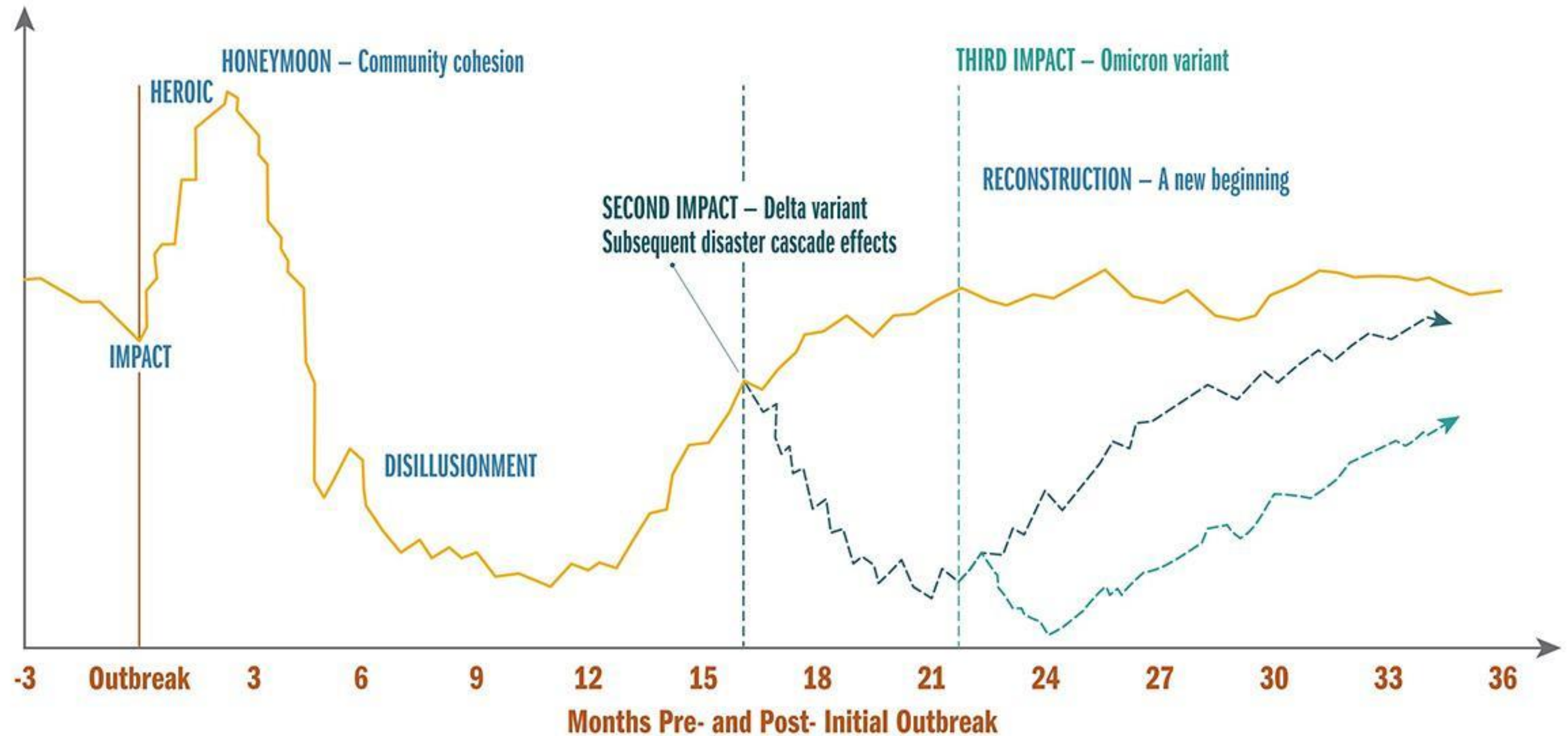
Agenda

- 1 Context for crisis responders
- 2 Specific challenges of crisis response work
- 3 Strategies & Evidence-Based practices
- 4 THRIVE



Reactions and Behavioral Health Symptoms in Disasters – COVID-19

Emotional Response – Lows to Highs



Current Behavioral Health Issues

(CRISIS RESPONDERS ARE NOT IMMUNE TO THESE)

YOUNG CHILDREN (2-5)

- Developmental regression (and delay) for some
- Social interaction
- Communication & behavior norms

CHILDREN 6-12

- Emotion & behavior regulation
- Social / peer difficulties with connection
- Academic challenges

YOUTH 13-18

- Social norms are hard to figure out
- Sense of future may be inaccurate
- Sense of threat is neurologically stronger



An illustration of a diverse group of people representing different age groups. On the left, a young woman with glasses and a green cardigan waves. Next to her is a young man with a baseball cap and a yellow jacket. In the center, a woman with curly hair and a pink cardigan waves. To her right, a man with blonde hair and a blue jacket waves. Next is a woman with dark curly hair and a red jacket. To her right, a woman with blonde hair and a striped sweater waves. On the far right, a man with brown hair and a green jacket waves. The background is white.

YOUNG ADULTS 19-25

- **Concerns about medium term future and realistic opportunities**
- **In-group support vs. out-group (other generational) rejection / judgement**

• ADULTS 26-65

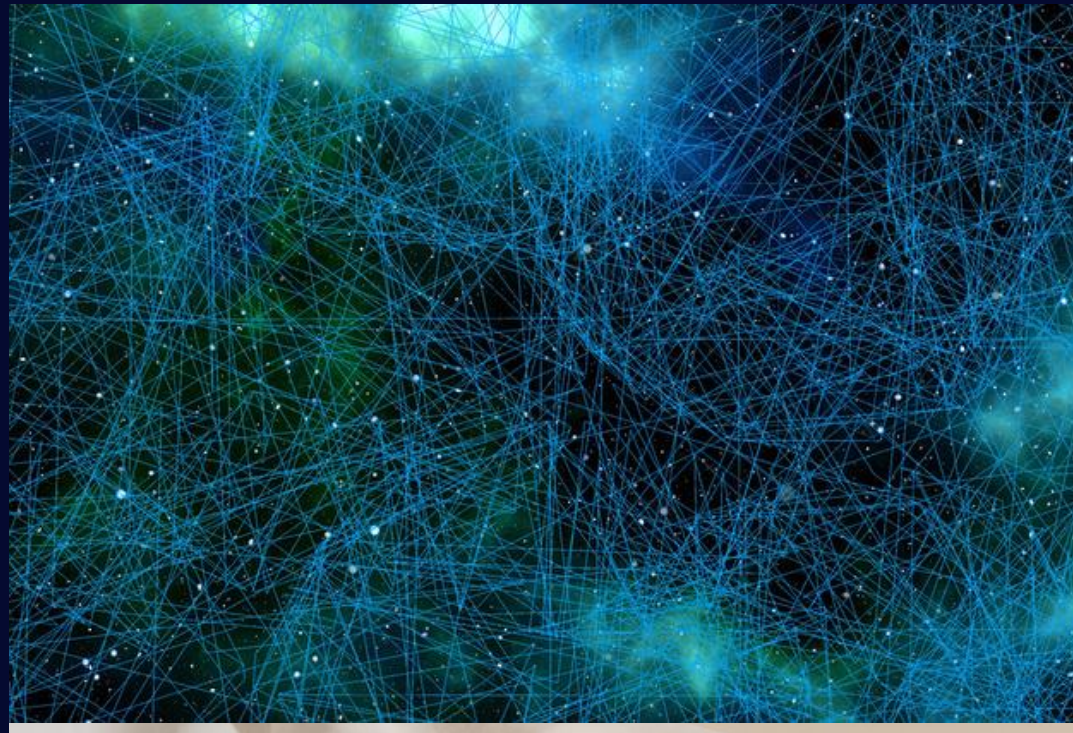
- **Financial pressure**
- **Lost relationships (grieving people who may be still alive)**
- **General sense of disorganization/ feeling unsettled**
- **Brain Fog**

• OLDER ADULTS 65+

- **Social connections (with family, friends).**
- **Meaning making in current work or post-retirement**
- **Peers / friends deteriorating or loss of health**

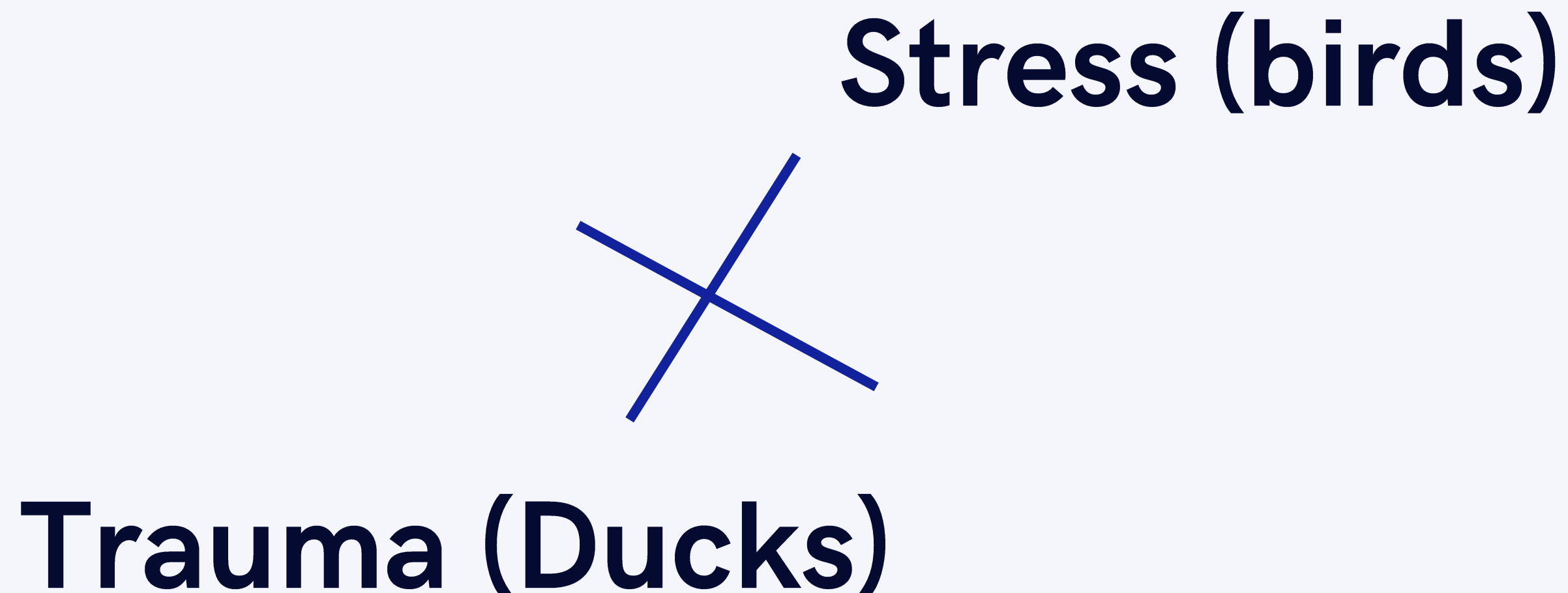
NEUROPHYSIOLOGY

The human brain and body respond in known and predictable ways to stress and trauma. There are often similar responses to exposure in single incidents or over longer periods of time. The limbic system is activated when we perceive a threat, and additional processes are engaged in an effort to keep us alive and safe.



THE RELATIONSHIP BETWEEN TRAUMA AND STRESS:

- All trauma is stressful (all ducks are birds)
- NOT all stress is traumatic (but not all birds are ducks)



Summary

- **STRESS: GRADUAL OR EVENT-BASED**
- **TRAGEDY: USUALLY EVENT BASED**
- **TRAUMA: EVENT BASED, CAN BUILD UP OVER TIME**
 - PTSD – combining trauma and stress or, extreme stress as a result of a traumatic experience

- What are the key issues for people who work in a world surrounded by these conditions?

Structures of Note:

Prefrontal cortex:

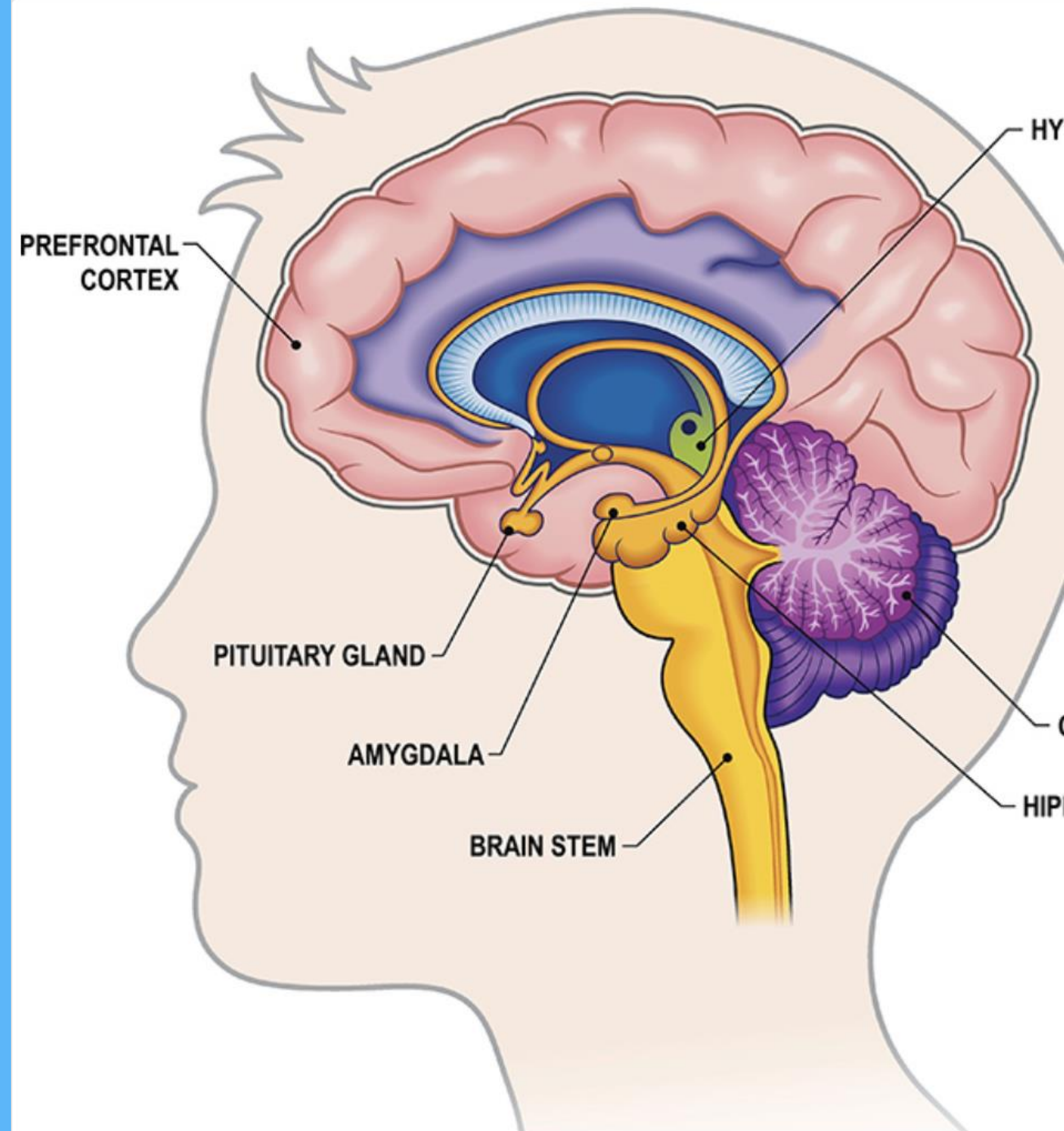
higher-level functioning, planning, organization, details, filtering.

Limbic system:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze).

Includes the Amygdala & Hippocampus

We are all still (at least slightly more) limbicly activated.



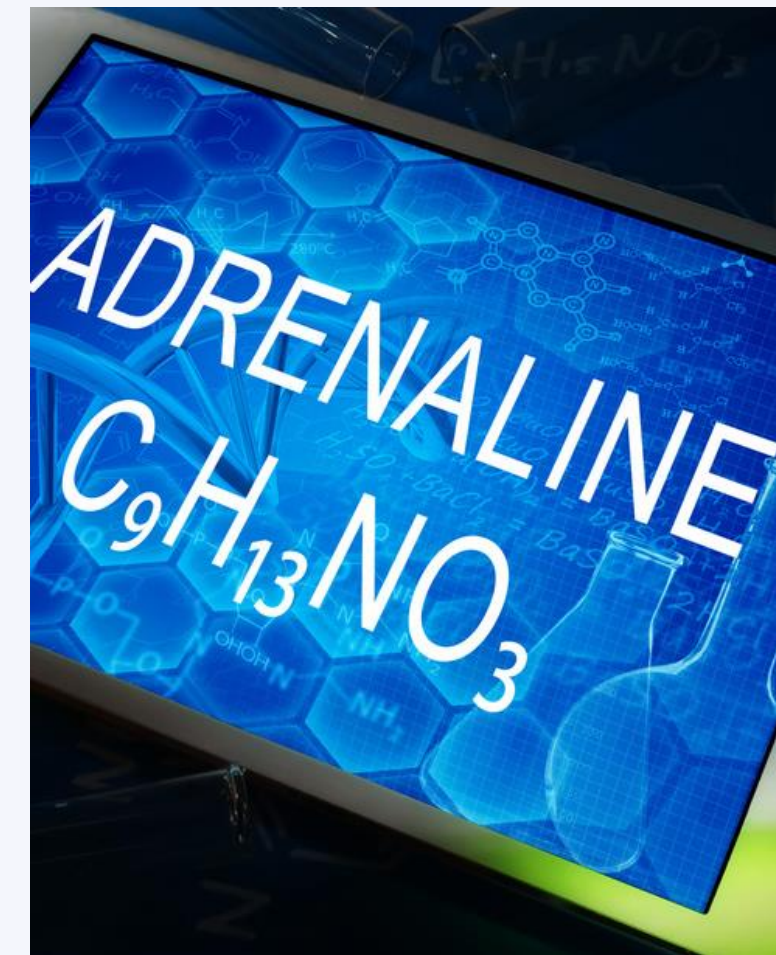
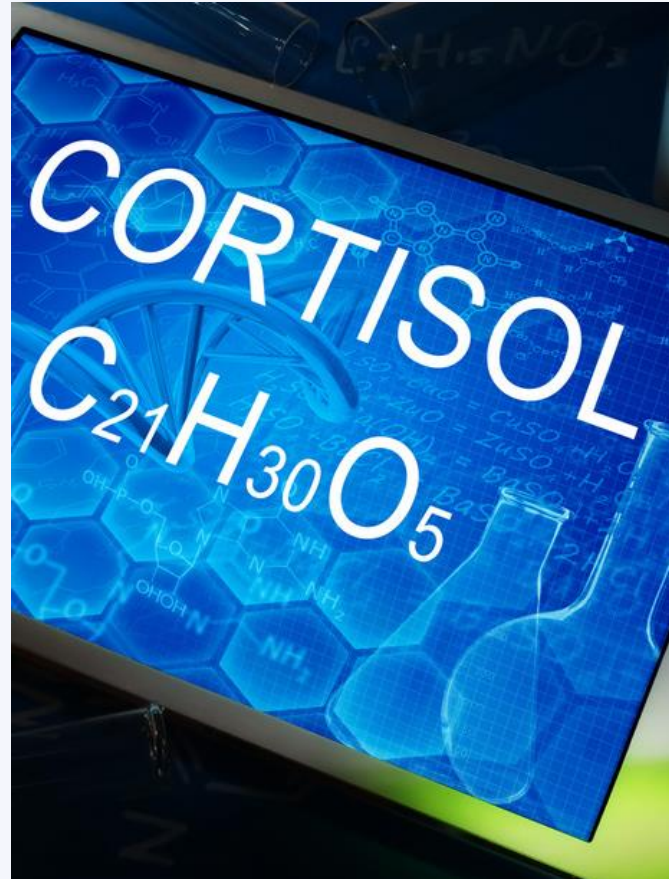
STRESS AND TRAUMA

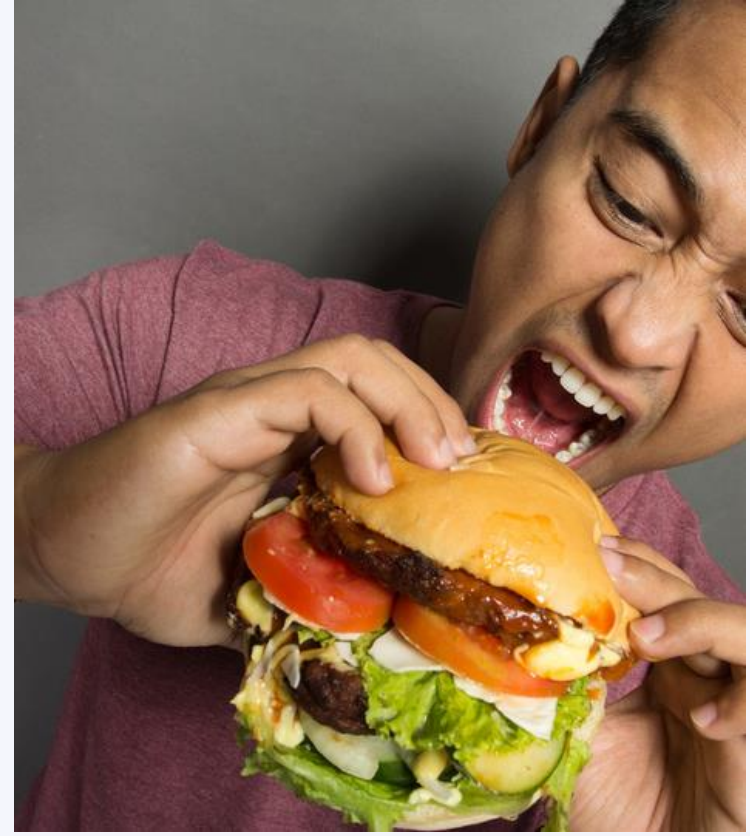
HPA SYSTEM

The Hypothalamic-pituitary-adrenal (HPA) system concerns the adrenal cortex which produces corticosteroids such as cortisol, which we need, but only in moderate amounts. When too much cortisol is released and builds up over time, there can be negative health effects (this is the SLOW response).

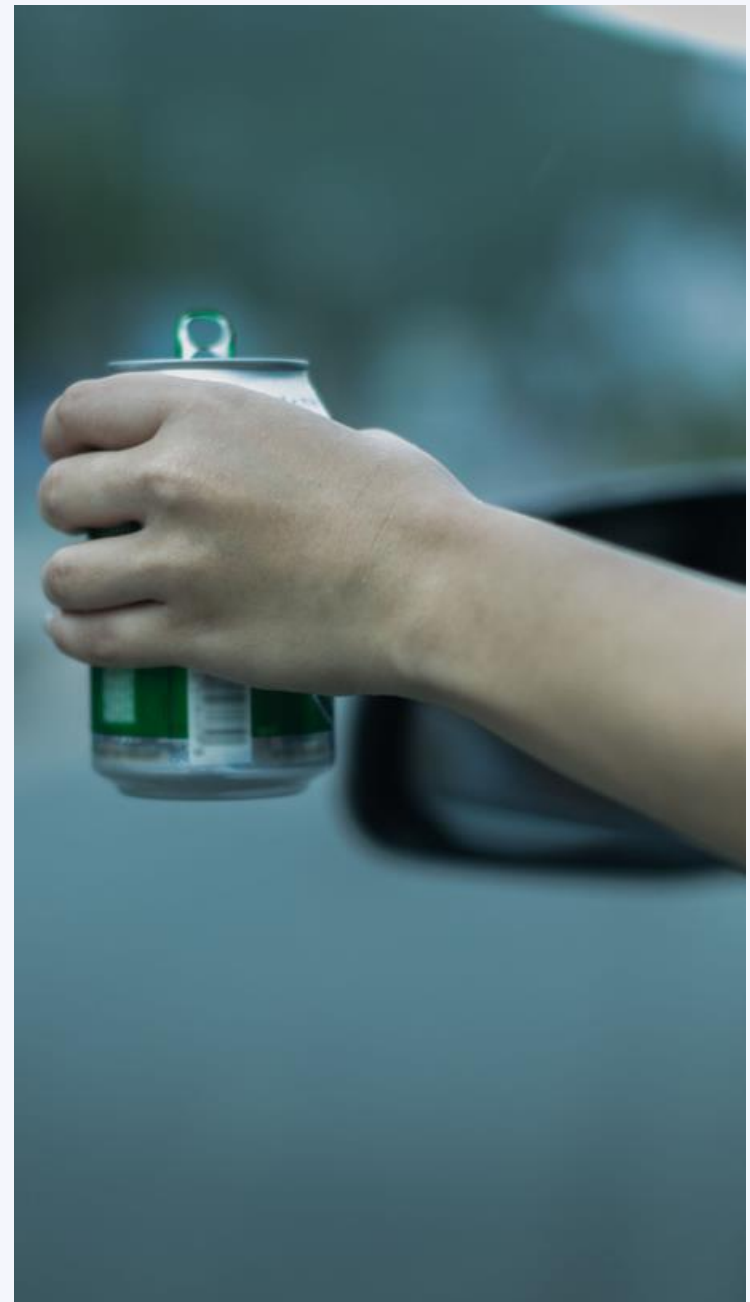
SAM SYSTEM

The sympatho-adreno-medullary or sympathomedullary (SAM) system concerns the release of adrenaline/noradrenaline which produces the fight, flight or freeze response. This is the FAST response that you are all very familiar with.





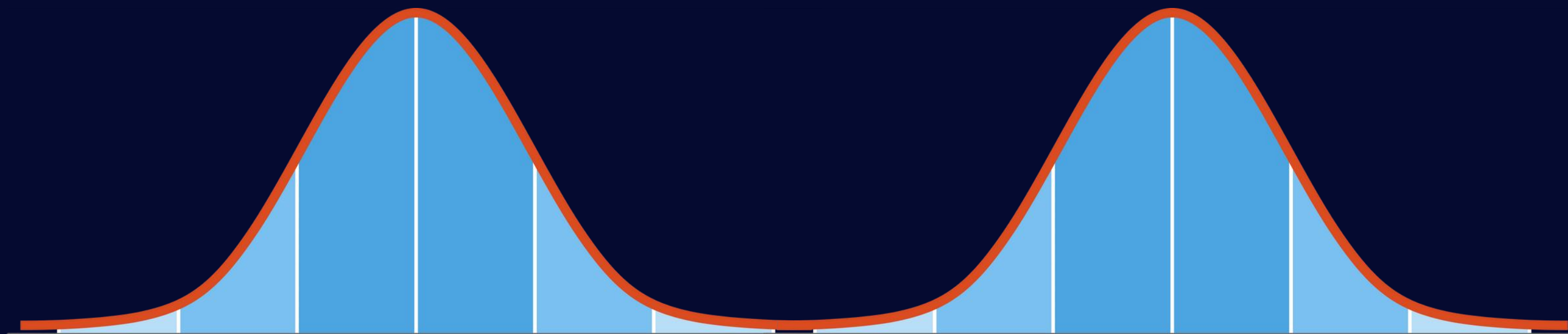
COMMON EXPERIENCES OR CHALLENGES



Acting "Out" vs. Acting "In"

External expression of distress:
Substance use, aggression,
hostility, illegal or questionable
behaviors, reckless driving

Internal expression of distress:
Shutting down, withdrawing,
isolating, not participating



Our (complicated) relationship with time

- The experiences of the pandemic have influenced our collective perception of time.
- Our sense of time does not have its own receptors:
 - Input is needed from sight, touch, taste, smell and sound to influence our perception of how much time has passed.
- “Stronger is perceived as Longer”: the more intense something is, the longer it seems like it lasts.
- We need physical markers from our environment to accurately track time (which may explain in part why 2020 felt -and was- so strange).
 - Re-claiming, prioritizing, and controlling our time is a REALLY important part of our recovery: e.g., Boundaries, Sleep, Relationships

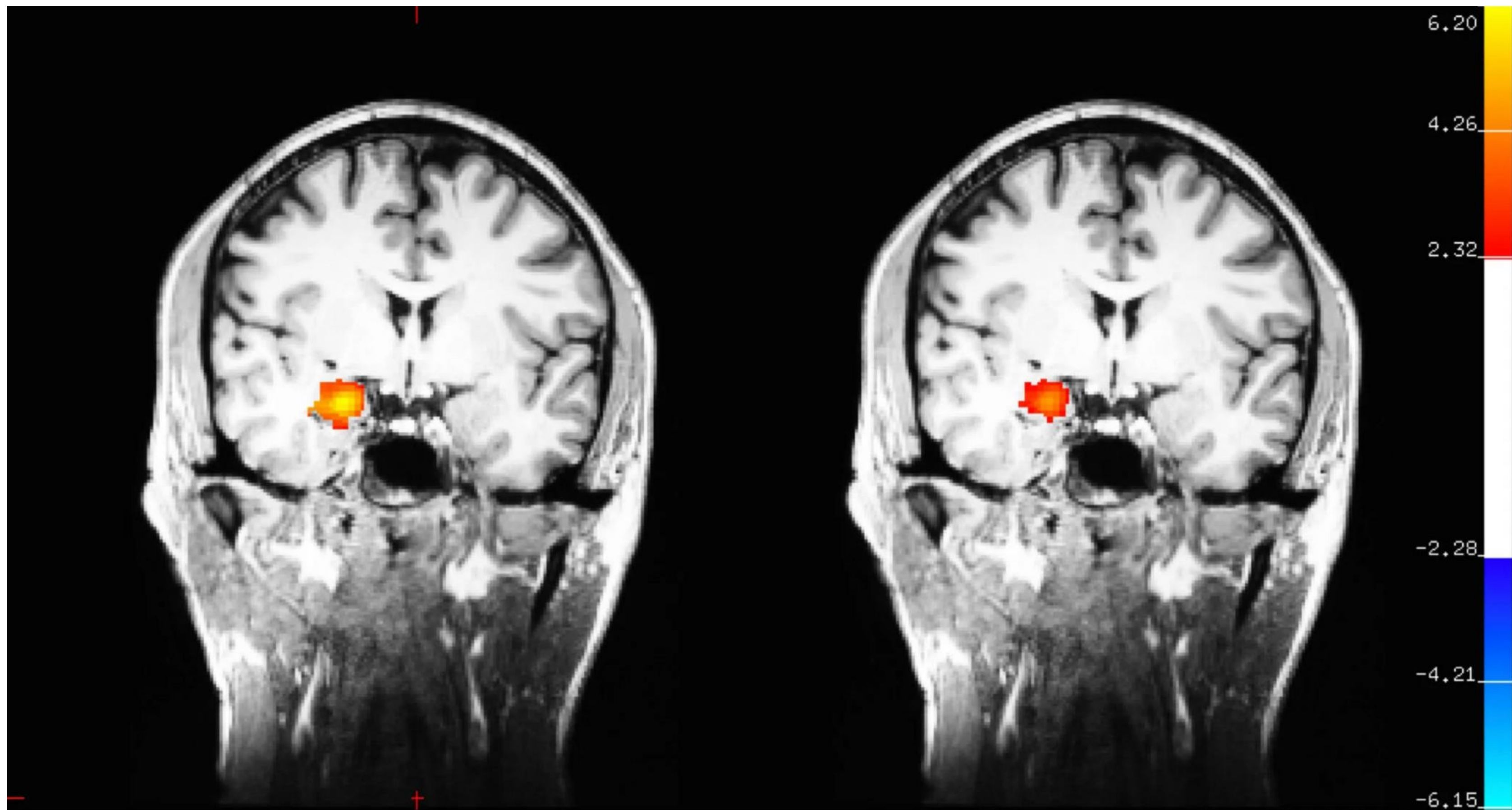
TRANSITIONING TO AND FROM “EMERGENCY MODE”

- The brain and body need an opportunity to let down on the ‘threat scanning’ and be more accurately tuned in to day-to-day ups and downs.
- **ADDICTION TO THE EMERGENCY IS A REAL THING.**
- Key physiology: Dopamine, Adrenaline / Epinephrine / Norepinephrine / Cortisol
- IDEAS: Slow down and evaluate the criticality of a task or a job before you start to do it. Does it need to be done “RIGHT NOW” or can it realistically wait or be prioritized behind other things? Establish a practice of this evaluation for any new task / ask.

The benefits of orienting to “right now”

- TAKING PART OF YOUR DAY TO ‘TUNE IN’ TO THE PRESENT MOMENT (MINDFULNESS, DEEP BREATHING, MEDITATION) IS RELATED TO DECREASES IN ANXIETY AND DEPRESSION AS SEEN IN FMRIS (SEE NEXT SLIDE).
- BEING ORIENTED ABOUT RIGHT NOW REMINDS US THAT WE ARE NOT CURRENTLY UNDER ‘THREAT’.
- MINDFULNESS CAN IMPROVE COGNITIVE FUNCTIONING AND EMOTION REGULATION FOR PEOPLE WHO ARE EXPERIENCING GRIEF AND BEREAVEMENT.
- *** MINDFULNESS AND MEDITATION AS PRACTICES ARE NOT “ONE SIZE FITS ALL”, AND THEY CAN BE TRIGGERING FOR SOME PEOPLE.

- <https://news.harvard.edu/gazette/story/2018/04/harvard-researchers-study-how-mindfulness-may-change-the-brain-in-depressed-patients/>
- <https://askthescientists.com/brain-meditation/>
- <https://www.frontiersin.org/articles/10.3389/fnhum.2018.00541/full>



Functional MRI (left) showing activation in the amygdala when participants were watching images with emotional content before learning meditation. After eight weeks of training in mindful attention meditation (right) note the amygdala is less activated after the meditation training. Courtesy of Gaëlle Desbordes

IMPACTS OF THE WORK: Responder Specifics

**UNDERSTANDING THE SPECIFIC RISKS RELATED TO REPEATED
EXPOSURES IN THE CONTEXT OF CRISIS WORK.**

RESPONDER SPECIFIC CONCERNS



CULTURAL AND COPING NORMS

Traditional coping patterns, stigma around mental health and behaviors that are "acceptable" - such as alcohol use.



LACK OF SOCIAL AND / OR COMMUNITY SUPPORT

Cultural and political shifts that influence the bond, relationship or interaction with members of the public.

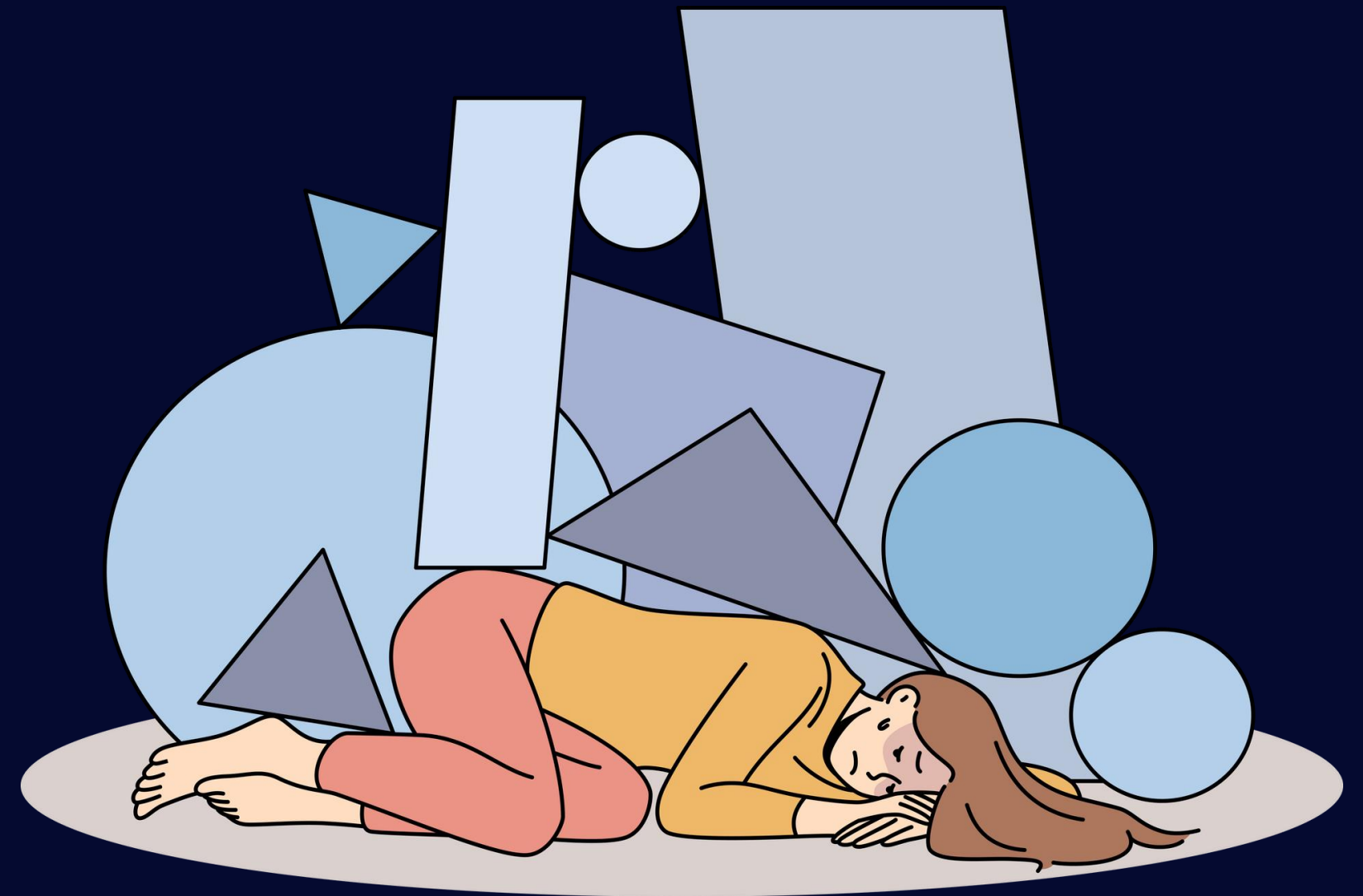


INCREASING SUICIDE RATES

Rates have increased dramatically in recent decades.

Stress at the level of disorder

Clinical diagnoses are often the result of a predisposition (genetic), combined with a stressor, a series of stressors or a traumatic “trigger” event.



Post Traumatic Stress Disorder

- **DIAGNOSTIC FEATURES:**

- Experience of trauma or stressor: actual or threatened death or physical injury, threat to physical integrity, witnessing same for others, or learning of same.
- The response must involve intense fear, helplessness or horror. (disorganized behavior for children).

- Resulting in:
 - Intrusion symptoms (1+),
 - avoidance symptoms (1-2),
 - cognition / mood symptoms (2+),
 - arousal / reactivity sx (2+)
 - Present for more than a month
- **MUST CAUSE CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT**

PTSD abbreviation
Posttraumatic stress
that may develop
traumatic events
threat

Symptom Categories for PTSD

- **INTRUSION SYMPTOMS (1+)**

- Intrusive thoughts, recollections or perceptions
- Recurrent distressing dreams
- Flashbacks, hallucinations, sense of event recurring
- Intense psychological distress at exposure to external cues that symbolize or resemble the event
- Physiological reactivity on exposure to internal or external stimuli that resemble the event.

- **AVOIDANCE SYMPTOMS (1-2)**

- Efforts to avoid thoughts, feelings associated
- Efforts to avoid activities, places, people associated

- **ALTERATIONS IN COGNITION (2+)**

- Inability to recall important aspects of the trauma
- Markedly diminished interest in significant activities
- Feeling of detachment / estrangement from others
- Restricted range of affect (unable to have loving feelings)
- Sense of foreshortened future

- **HYPERVIGILANCE AND CHRONIC AROUSAL(2+)**

- Difficulty falling or staying asleep
- Irritability or anger outbursts
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response
- Reckless or self-destructive behavior

PTSD INFLUENCERS

- Sociocultural Factors:
 - Severity, Proximity and Duration of trauma
 - Social Support
- Psychological Factors:
 - Shattering Assumptions
 - Preexisting Distress
 - Coping Style
- Biological Factors:
 - Physiological hyperactivity
 - Genetics
 - Age



PTSD: BY THE NUMBERS

**MORE THAN 80% OF
FIRST RESPONDERS
EXPERIENCE TRAUMATIC
EVENTS ON THE JOB.**

According to one study (3), PTSD is present in approximately:

- 15% of emergency personnel (crisis/paramedics)
- 13% of rescue teams
- 7% of firefighters
- 5% of police officers

In absolute numbers, an estimated 400,000 first responders in America have at least some symptoms of PTSD.

- <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
- <https://www.sciencedirect.com/science/article/abs/pii/S1359178918302416?via%3Dihub>
- <https://journals.sagepub.com/doi/10.1177/0145445517725048>

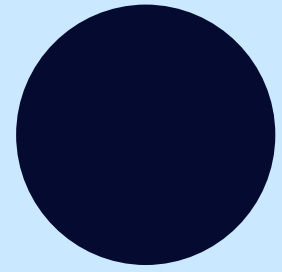
MORE DATA

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), roughly 1 in 3 first responders develop PTSD. In comparison, the incidence of PTSD in the general population is about 1 in 5 people.

[HTTPS://WWW.SAMHSA.GOV/SITES/DEFAULT/FILES/DTAC/SUPPLEMENTALRESEARCHBULLETIN-FIRSTRESPONDERS-MAY2018.PDF](https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf)

ALMOST 37 PERCENT OF EMS PERSONNEL AND FIREFIGHTERS IN THE US HAVE CONTEMPLATED SUICIDE AT SOME POINT IN THEIR LIVES. THIS IS NEARLY 10 TIMES THE RATE IN AVERAGE AMERICANS.

[HTTPS://INSTITUTESOFHEALTH.ORG/PTSD-IN-FIRST-RESPONDERS/](https://institutesofhealth.org/PTSD-IN-FIRST-RESPONDERS/)



**WE KNOW
WHAT
WORKS**



Time Prioritization- on and off work

- *We “have all the time there is”*
- How can you prioritize what you do in a 24-hour cycle differently?
 - SMALL things?
 - Sleep cycle and sleep hygiene
- How can you establish, and then maintain, healthier boundaries around the way you spend your time? (hint: you need time when work is not accessible).



Q: what would be different if your colleagues could see you handle pressure in a healthier way? Two variables (out of many) that have been shown to predict the variance in leaders' capacity to manage pressure well:

- Sense of Purpose, Sense of Potential (when up against roadblocks)

Factors related to stress response

- Physical Health
- Age
- Genetics
- Addictive Behaviors
- Social support

- PERSONALITY TYPE
- ATTRIBUTIONAL STYLE
- EXPLANATORY STYLE
- LOCUS OF CONTROL
- HARDINESS
- PERFECTIONISM
- PESSIMISM
- RUMINATION AND OBSESSION
- DISTORTED THINKING
- ANGER

Psychological Moderators of Stress

- Attributional and Explanatory Style = how we explain past events
- Locus of Control = how we explain future and present events
- Psychological Hardiness = factors associated with positive coping

Both locus of control and attributional styles have a significant impact on motivation, expectations, self-esteem, risk-taking behavior, and even on the actual outcome of our actions.

Explanatory / Attributional style

OPTIMISTIC

EXPLANATORY STYLE:

- **SUCCESS**
ATTRIBUTED TO:
 - Internal
 - Stable
 - Global
- **FAILURE**
ATTRIBUTED TO:
 - External
 - Unstable
 - Specific

PESSIMISTIC

EXPLANATORY STYLE:

- **SUCCESS**
ATTRIBUTED TO:
 - External
 - Unstable
 - Specific
- **FAILURE**
ATTRIBUTED TO:
 - Internal
 - Stable
 - Global

Locus of Control

Associated with J. Rotter

- "A locus of control orientation is a belief about whether the outcomes of our actions are contingent on what we do (internal control orientation) or on events outside our personal control (external control orientation)." (Zimbardo, 1985, p. 275)

- **EXTERNAL V
INTERNAL
LOC**

<https://www.idrlabs.com/locus-of-control/test.php>

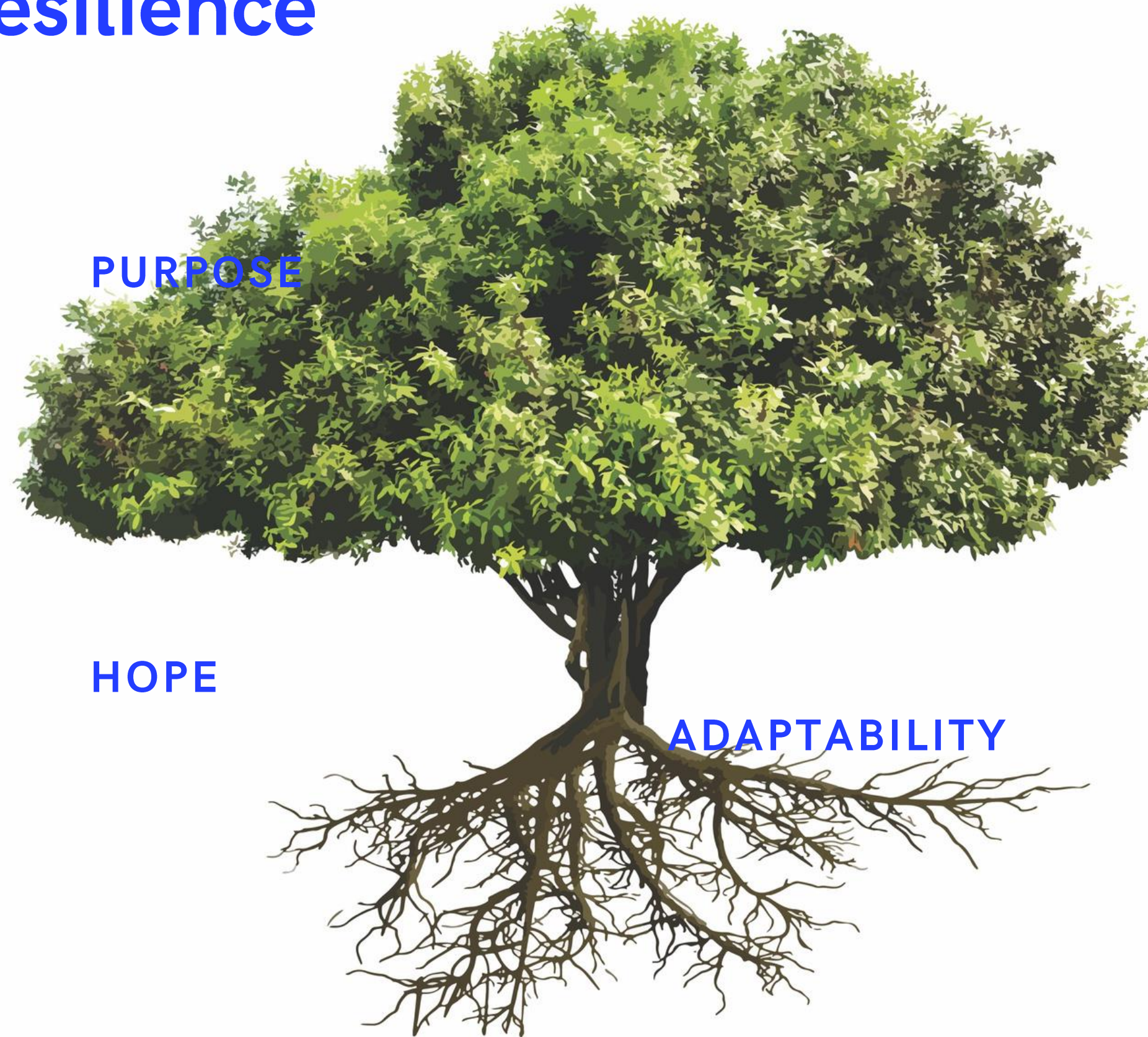


Psychological Hardiness

- A personality factor called hardiness was also identified in psychological studies of health issues.
- Hardiness is thought to consist of:

- **COMMITMENT:** DEVOTION TO JOBS, FAMILIES, AND OTHER VALUED ACTIVITIES
- **CONTROL:** A SENSE OF PERSONAL MASTERY OVER ACTIVITIES AND LIVES
- **CHALLENGE:** A PERCEPTION OF LIFE EVENTS AS CHALLENGING (NOT THREATENING) AND AS AN OPPORTUNITY TO TEST THEMSELVES

Resilience



PURPOSE

HOPE

ADAPTABILITY

CONNECTION



CLARIFY

REFLECT BACK

EXPRESS
EMPATHY

~~PROBLEM
SOLVE~~

Boundaries: not optional for health.

- "Off" time should be protected and unrelated to work as much as possible.
- Lead by example with mandatory and systematic work breaks (on a reasonable schedule) and include them in your calendar.
- Create and maintain three "buckets" of time: ON, ON CALL, and.....OFF



THRIVE

BEYOND RESILIENCE INTO

2023

THRIVE MODEL

(c) Astrum Health, LLC



THRIVE with a focus on

Transparency



- **MODELING THE BEHAVIOR THAT YOU WANT TO SEE INCREASED IN YOUR WORKPLACE**
- **WALK THE TALK. - DON'T JUST TALK ABOUT HEALTHY BOUNDARIES**
- **SHARE THE NOT-SO GOOD NEWS TOO, AND WHEN YOU DON'T KNOW SOMETHING.**

THRIVE with a focus on

Healthy engagement

HEALTHY ENGAGEMENT WITH WORK IS ONLY POSSIBLE WHEN YOU HAVE THE OPPORTUNITY TO RECOVER FROM THE WAY THAT WORK DRAINS YOU.



By establishing and maintaining boundaries that give you the space and time to re energize, you can fully engage and be present when you are back at work.



THRIVE © with a focus on

Respect for people

- **INDIVIDUAL DIFFERENCES, NEEDS,
AND CONTRIBUTIONS**
- **PERSPECTIVES AND VOICES**
- **LIVED EXPERIENCES**
- **PRIORITIES**



THRIVE© with a focus on

Integration

**INTEGRATION IS THE ACT OF BRINGING TOGETHER
SMALLER COMPONENTS INTO A SINGLE SYSTEM THAT
FUNCTIONS AS ONE.**

THREE LEVELS OF INTEGRATION:

1. Team cohesion: Interpersonal functioning as a group,
not a collection of individuals
2. Personal integration of thoughts, feelings and behaviors.
3. Intrapersonal neurological integration- making your limbic system and
prefrontal cortices work as one.

THRIVE© with a focus on

Values & Vision

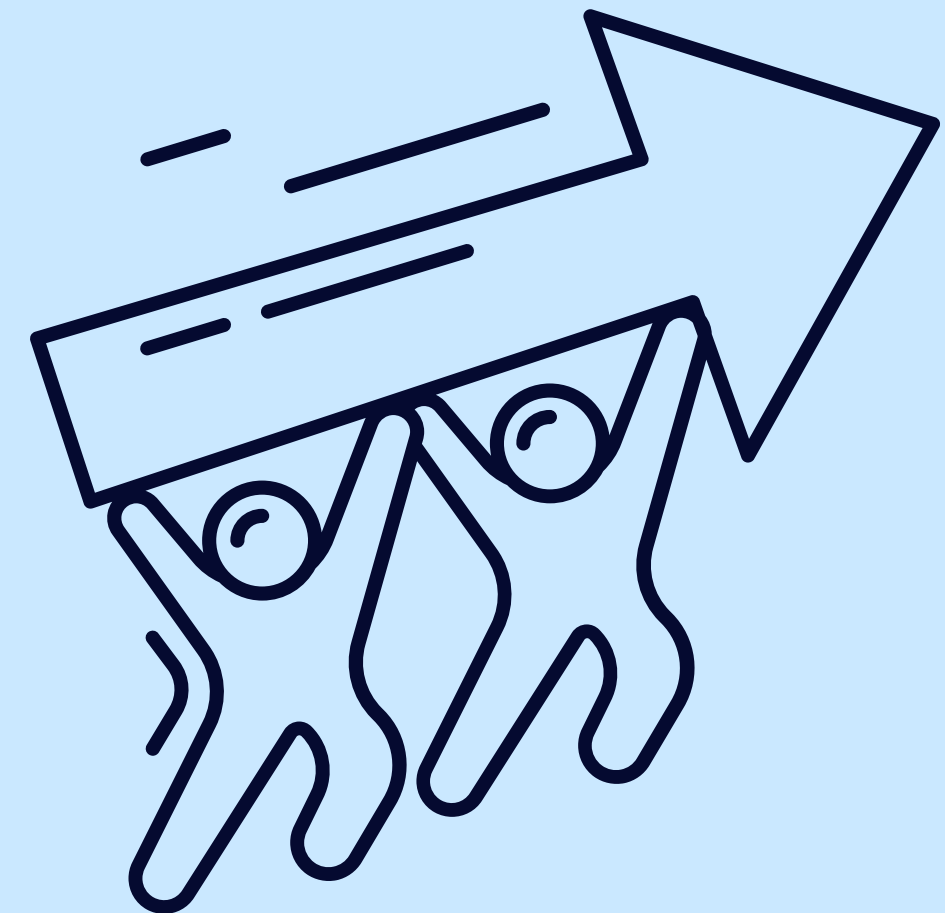
- CONSIDER COMPLETING AN EXERCISE IN CORE VALUE IDENTIFICATION.
- DECIDE ON ONE OR TWO CORE VALUES THAT YOU CAN DEVELOP OR OPERATIONALIZE IN A WORKPLACE SETTING.

ORIENTATION TOWARDS CORE VALUES (AS AN INDIVIDUAL) AND MISSION (AS A TEAM) MAKES DECISIONS, ACTIONS AND CHANGES EASIER AND OFTEN MORE SUCCESSFUL.

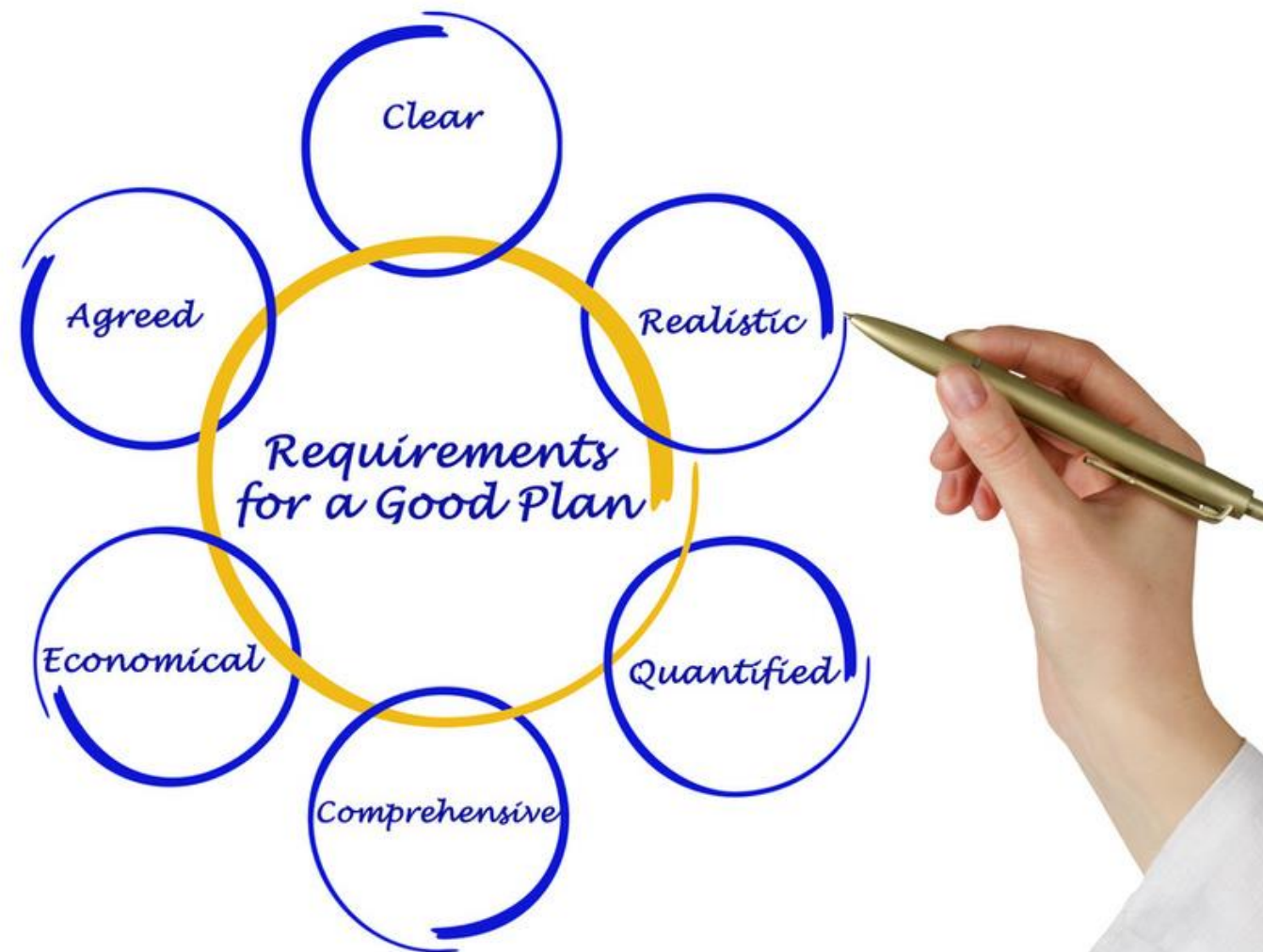


THRIVE © WITH A FOCUS ON Effort

- Ask your colleagues about their preferred “language of appreciation”
 - (think 5 love languages, but workplace appropriate)
- Include kudos, recognition, celebration, and accomplishments EARLY in the agenda for regular team meetings
- Acknowledge the degree of effort that is being made on works in progress.



WHAT GOES INTO A GOOD COPING PLAN?



- Clear Identification of when you need to use it.
- Clear identification of what is available to help you.
- Sensory engagement – sight, touch, taste, smell, sound
- Different time frames (things you can do at work in 5 minutes, and things that you can do when you have several hours or a day on the weekend)

Plan ideas /examples

Concern	INDICATORS	PEOPLE RESOURCES	Coping Option(s)	Length of time or resource needed	Other info or resources needed
Exhaustion	Tension headache, snappiness	(names)			
			Walking the dog	10-30 minutes	After work / at home
			3 days sleep hygiene	3 days to re-set	None
Anxiety	Mental confusion, High heart rate, Stomach upset	(names)			
			Hot shower	30 minutes	Home / none
			Brief Mindfulness exercise	5-10 minutes	No interruptions at work
			Text memes	2-5 minutes	(Names of friends)



THANK YOU!