



Lisa Callander

Director - City of Columbus EAP





First Responders Bridge

Lisa Callander, LISW-S, LICDC-S, MSW

■ Thank you!

- For what you do
- For being here
- For taking care of yourselves so you can take care of us
- **YOU ARE NOT ALONE**





FIRE/EMS

911

POLICE



DISPATCH



LAW ENFORCEMENT





**THANK YOU
VETERANS**



**Honoring All
Who Served**



Everybody is going through something / Everybody has a story

This weekend, lean in:

- Ask questions
- Tell YOUR story
- Talk to somebody you don't know
- Ask what others do to take care of themselves
- Talk to the person you are with
- Use your journal





Some of the reasons you are HERE:

“I want to help others.”

“I recognize I’m feeling burnt out.”

“I can’t stop thinking about critical incident’s.”

“I want my life to be less impacted by this job/my loved one’s job.”

“I feel empty and hopeless”





What we will cover this morning

- 1: Impact of the job
 - Cumulative Impact
 - Critical Incident
 - Traits that help/hurt you
 - Family impact
- 2: Stress, Traumatic Stress
 - POST TRAUMATIC GROWTH
- 3: Tool box Tips: Strategies for high resilience





WHAT IS IN YOUR BUCKET?

- Empty?
- What you brought with you to the job?
 - ACES Score?
- Overflowing?
- Full of sadness, grief, tragedy?
- Anything uplifting?
- THERE IS HOPE!



We don't always notice our own stress:

“Did somebody else die?”

Thinking about work all the time--preoccupied

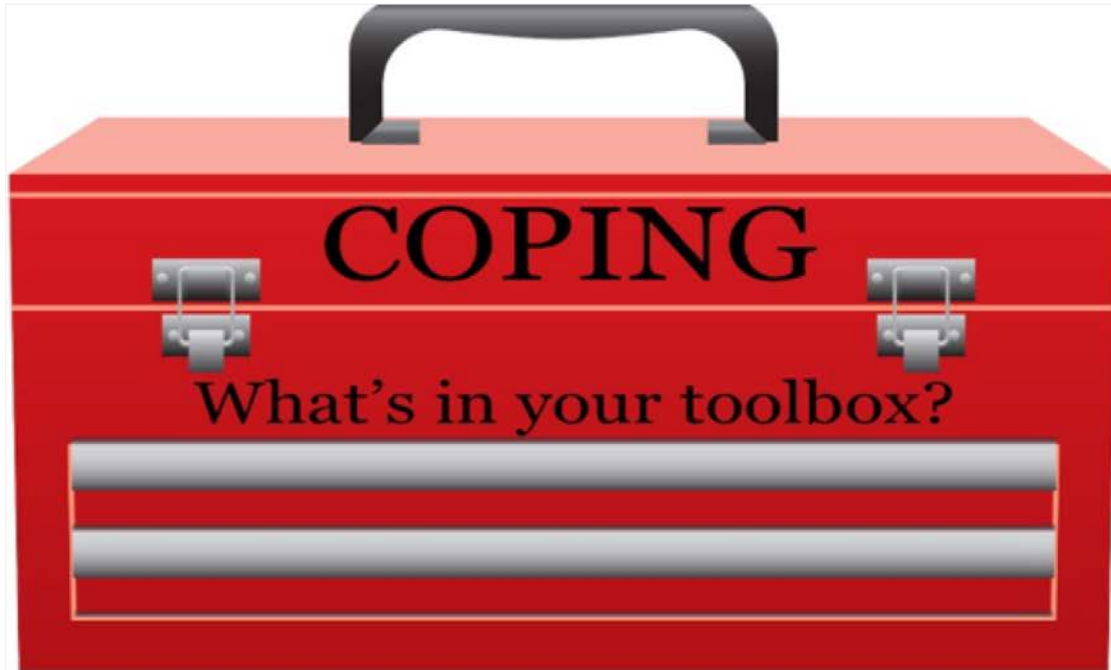
Disconnected with those closest

Feeling of weariness and fatigue

Ran 2 red lights



RESILIENCY TOOLS:



Tool Box STRATEGY #1:



Calming Breathing Strategies:

1. Equal Count Breathing

2. Extended Exhale: 3 In, 4 Out

3. Box breathing

4. Slow breathing along with Body Scan





Have you heard/said this?

- “You’ve lost your heart”
- “You are so impatient all the time”
- “You laugh at sick stuff”
- **“You never listen to me”**
- “You only see the negative stuff in life”
- “Everything is always doom and gloom with you”
- “You’ve changed”



“Joe”

- “Can’t do this job anymore”
- “Look and feel terrible”
- “I’m not being a good husband, dad, partner, friend”
- “Can’t get the distraught families, mangled bodies, and dead people out of my head”
- “I drink in order to sleep”
- “I feel so empty inside”
- “I don’t know how to handle what I feel inside...”





YOU ARE NOT ALONE!

- Medic whom is **frustrated** by repeat “band aid” and “hauling” call’s
- Officers who are **frustrated and angry** about law enforcement/corrections getting bashed on social media
- Dispatcher who feels everyone “**takes us for granted**”.
- Spouse who feels **disappointed/disconnected** because loved one doesn’t share anything about the job
- **YOU ARE NOT ALONE!**



Frustrated, disillusioned, disappointed.....



"My question is: Are we making an impact?"





The Continuum of Stress:

What Burnout--Cumulative stress looks like:

- Physical, mental, emotional exhaustion
- Frustration, guilt, loss of sense of purpose
- “Nothing I do makes a difference”
- “There’s just too many _____”
- High Cynicism, negativity
- Disappointment, discouragement, etc.



Contributing Factors...The “Stuff” of the job:

- Repeat callers
- Staffing/Coverage
- High run volume
- Administrative practices, etc
- Media/Social media,
- View of public towards first responders
- Civil unrest
- AND.....



The Continuum of Stress:

Critical Incident Stress:

- Out of the ordinary incidents
- Incidents that impact your HEART
- Kids, peers, some connection to you personally
- Experienced at a time when you are experiencing other things: recent death in family; depression; major life changes, etc.

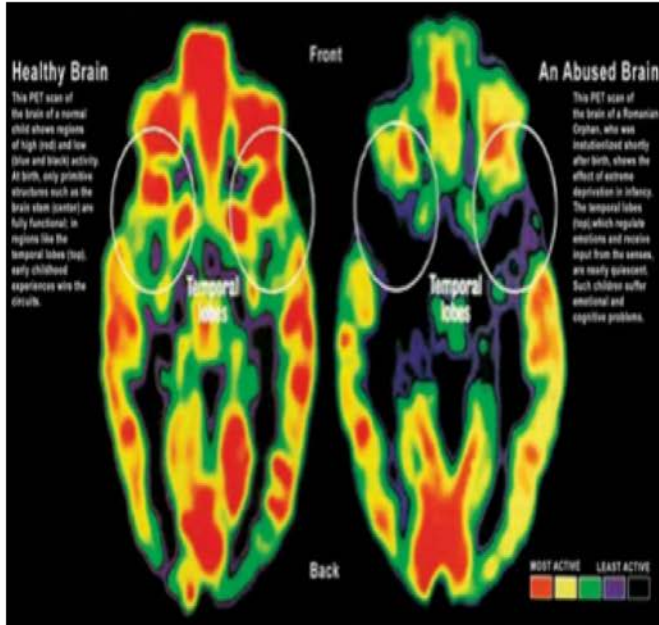


Critical Incident Signs/symptoms

- **Physical** Fatigue; Grinding teeth; Headaches;
Lowered immune system
- **Emotional** Anxiety; Guilt; Overwhelmed; Depression;
EMOTIONALLY SHUTDOWN
- **Behavioral** Easily angered, irritated; Startle response;
Alcohol use; Isolating
- **Cognitive** Fuzzy thinking
- **Spiritual** Loss of faith; Questioning “why?”



The Body Keeps The Score



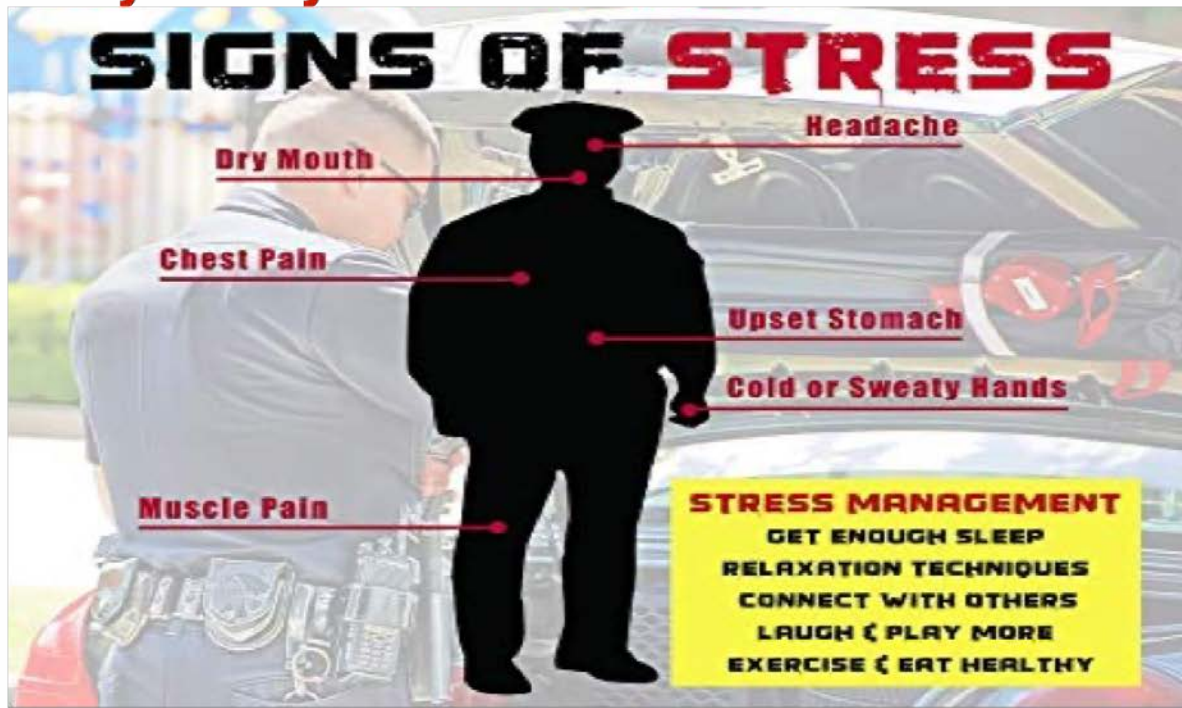
Left Side:

Healthy brain with high functioning areas shown in red

Right Side:

Traumatized brain with reduced function shown in blue/black

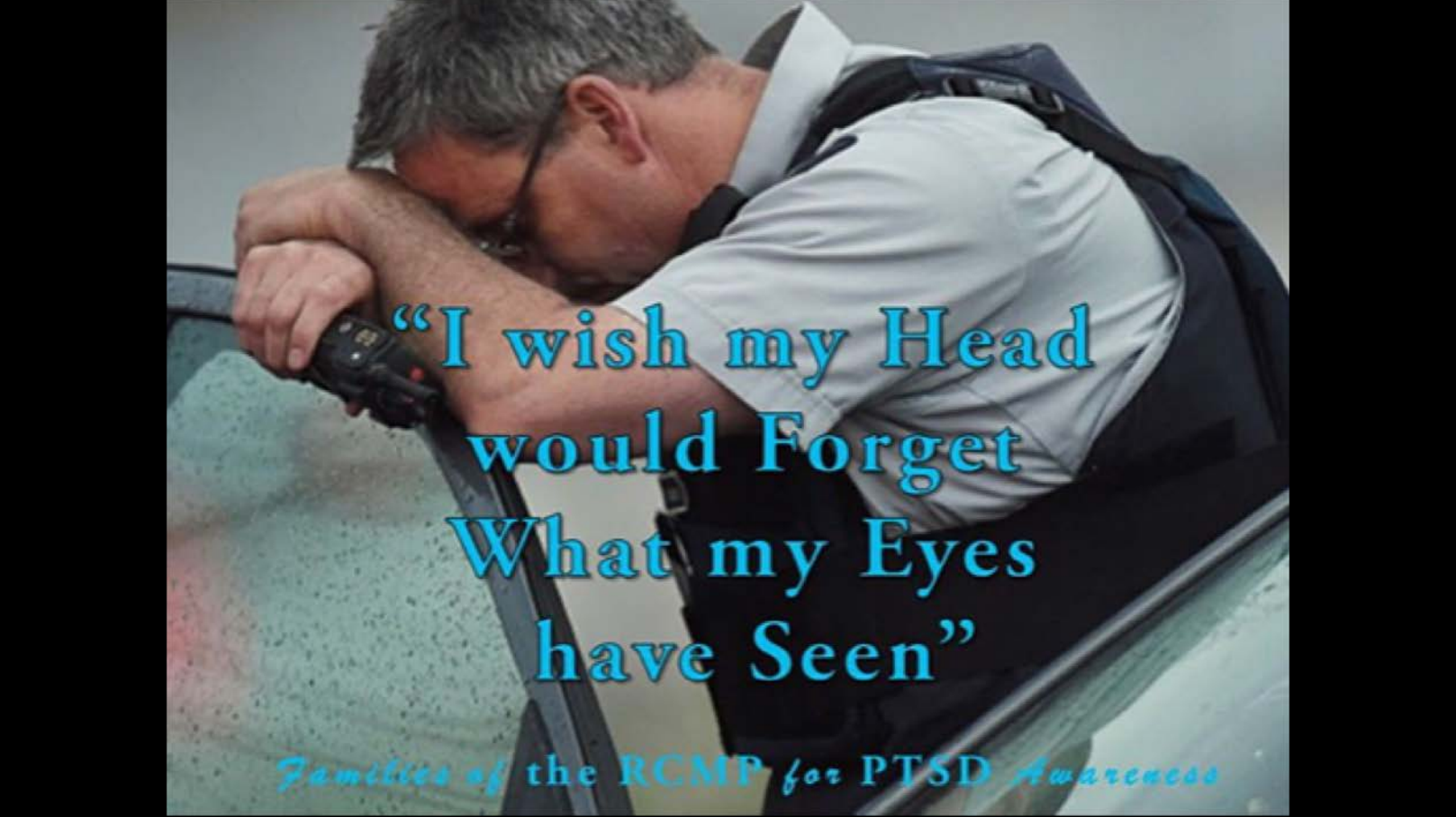
Tool Box STRATEGY #2: Know what your body tells you about stress:



Hopelessness:

- Higher rates of suicidal ideation/attempts among all first responders groups, than general population.
- About 10% of prison guards have considered or attempted: 3x that of general population
- Even higher among retired guards; 14%, similar to rate among military veterans.
- More suicides than line of duty deaths among all first responder groups.
- YOU ARE NOT ALONE! YOU CAN FEEL BETTER!

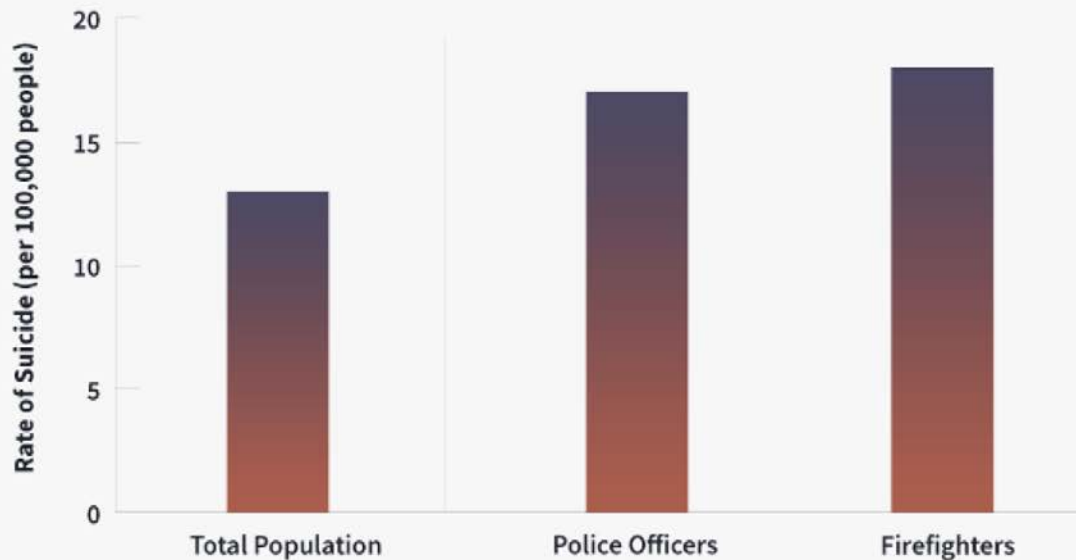




“I wish my Head
would Forget
What my Eyes
have Seen”

Families of the RCMP for PTSD Awareness

Suicide Rates Among Firefighters and Police Officers



Source: Heyman, Miriam; Dill, Jeff; Douglas, Robert. "The Ruderman White Paper on Mental Health and Suicide of First Responders," Ruderman Family Foundation, April 2018. Accessed March 26, 2019. www.rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/

Created by: Counseling@Northwestern, the Online Master of Arts in Counseling Program from The Family Institute at Northwestern University.



For Agencies and Colleagues:

- Having the police chief and fire chief talk about mental health and the importance of going to counselors. Having open and honest discussions is key.
- Placing a mental health advocate or someone in local precincts and firehouses who is made available to talk to in a comfortable way.
- Having management check in regularly with workers.
- “Being able to process a traumatic incident is increasingly recognized as such a crucial and important element in being able to support officers, firefighters, and EMT personnel,” he added.





For Friends/Family:

- Be clear about concern regarding problematic behavior they notice. Clarity in communication is important.
- Encourage an individual to seek help and offer to help them find treatment such as counseling.
- Push back on notions that getting mental health treatment will affect the person's job.



For the First Responder:

- First responders should ask for help if they begin to experience the following warning signs:
- Depression or anxiety.
- Feelings of despair with life.
- Inability to concentrate or make decisions.
- Changing or increased drinking habits.
- Thoughts of self-harm.
- Thoughts of hurting other people.



What is HELPFUL and PROTECTIVE:

- Keys to avoiding burn out, cumulative stress build up, surviving the job, and having a successful and healthy family life is to **adjust expectations**. **Be flexible**.
GO WITH THE FLOW.
- This sounds good, but is contrary to what we know to be usual personality traits of first responders.
- Let's look at these:



A word about personality traits of first responders:

- First responders have GREAT traits, that help navigate the realities of the job
- Good and not-so-good-news:
 - These traits allow you to do the job
 - These traits sometimes prevent you from seeing how your life is being impacted by the job
 - From: Jeff Mitchell, International Critical Incident Stress Foundation (ICISF)



Always good to be in charge?



9 Traits of First Responders:

1. **Focused and task oriented...get the job done:**
 - Can be impatient; Fixers
2. **Action oriented:**
 - Easily bored with routine, “normal” life stuff
3. **All or nothing mentality:**
 - Everything black/white (but life is mostly gray)
 - “Life is all GOOD or all BAD”
4. **Motivated to help:**
 - Can lose sight of oneself (airplane example)
5. **Perfectionistic:**
 - Expectations of self and others unrealistic





9 Traits of First Responders, cont:

6. Ability to perform well under pressure:

- Heightened state of adrenaline becomes “usual” or normal, but is exhausting. (8 years)

7. Become angry at self/others for human error:

- Low tolerance for conflict in personal life

8. Ability to function when others would be overcome by emotion:

- Emotional connecting in personal life gets shut down
- Shielding is IMPORTANT to survive the job

9. Accustomed to taking control of situations that are out of control:

- Spouse/family doesn't want you to be in charge all the time



3 Useful On-Duty Coping skills (which protect your heart)

1. Compartmentalize: put it in the box/file folders
2. Detachment: “not my kid”
3. Shielding: arms distance from human emotion; protects your heart

Switch gears when off duty!!!!



Interpersonal Relationships/ FAMILY LIFE



I know what to do when the smoke clears on the job.
But what to do when that happens in our
relationship...

Well my confidence there isn't quite so high.
Maybe we could practice some drills in that?
I'm willing if you are.

"Being married to a cop is so easy,"
said no police wife ever.





Impact on relationships/ family:

- Checked out?
 - Physically
 - Emotionally
 - Poor communication
 - Low tolerance for routine life “stuff”
 - Increase in alcohol consumption
 - Regrets.....



**YOU DESERVE A LONG,
and a GOOD LIFE**



-
- Must intentionally counteract the impact of the job



EMOTIONAL SURVIVAL FOR LAW ENFORCEMENT



**A Guide for Officers
and Their Families**

Kevin M. Gilmartin, Ph.D.

"If you want to make it through to

Tool Box STRATEGY #3: Maintain balance in life:

1. Be Disciplined about including RE-CREATION in your life
2. Counter the effects of being hyper-vigilant with scheduled “down time”
3. Focus on non-job related people, things; **VOLUNTEER**
4. Schedule time together
5. Get rest....WHENEVER YOU CAN!!!
6. Increase body awareness so you know when stress is building
7. Consider Meditation as a tool to improve relaxation response



-
8. Switch your routine up
 9. Schedule dates with each other
 10. Improve your spiritual life
 11. Talk with others
 12. Use a journal
 13. Get a hobby
 14. Improve how you communicate
 15. Recognize when you are impacted by a CRITICAL INCIDENT



Tool Box STRATEGY #4: Reach out:

- Find providers (clinicians) that work with first responders: union, department, word of mouth, insurance?
- Explore if your department has an EAP and make them work for you!
- It only takes 2 to start a group
- Connect with local CISM/Peer teams
- Connect with first responder Chaplains
- Retirees lunches, etc?
- Auxiliary groups?
- If you've never talked with anybody about all of this, use this weekend to do this!



ASK YOURSELF:

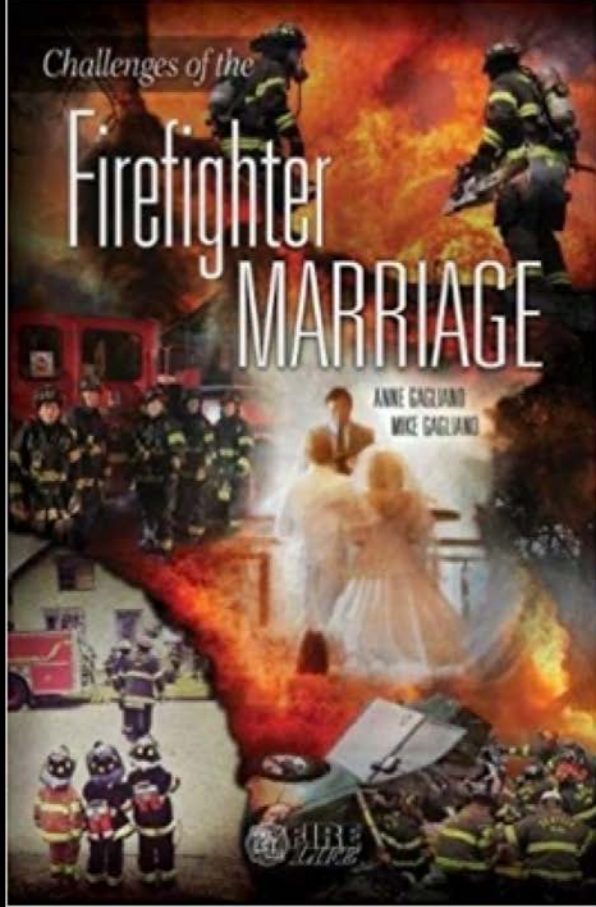
- What do you enjoy? What brings you peace?
- Where is your spirituality? How do you practice that?
- Is your life where you want it to be?



Challenges of the

Firefighter MARRIAGE

ANNE GAGLIARDI
MIKE GAGLIARDI



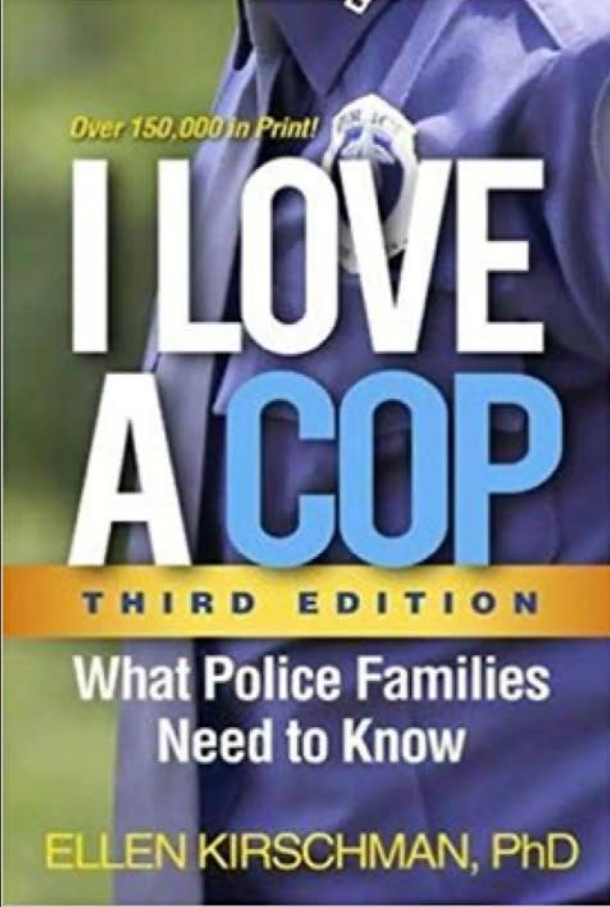
Over 150,000 in Print!

I LOVE A COP

THIRD EDITION

What Police Families
Need to Know

ELLEN KIRSCHMAN, PhD





Tool Box STRATEGY #5: Accountability person

1. Do I have the courage to specifically ask another person to watch my back mentally?
2. Am I open to feedback?
3. Do I surround myself with those who will agree with me?
4. Do I get and remain angry and blaming those who are honest with me?
5. “How have I changed?”





THANK YOU!

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Let's make a Coping Skills Toolbox!

Distraction

(Taking your mind off the problem for a while)

Examples:

Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.

Mindfulness

(Tools for centering and grounding yourself in the present moment)

Examples:

Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.

What is it?

A Coping Skills Toolbox is a place for you to keep things that calm you down in periods of distress. If you have everything gathered in one place, it's easier to remember to use your coping skills, rather than using negative behaviors.

Opposite Action

(Doing something the opposite of your impulse that's consistent with a more positive emotion)

1. Affirmations and Inspiration

(ex: looking at or drawing motivational statements or images)

2. Something funny or cheering

(ex: funny movies / TV / books)

Crisis Plan

(Contact info of supports and resources, for when coping skills aren't enough.)

Family / Friends
Therapist
Psychiatrist
Hotline
Crisis Team / ER
911

Self-Soothing

(Comforting yourself through your five senses)

1. Something to touch
(ex: stuffed animal, stress ball)
2. Something to hear
(ex: music, meditation guides)
3. Something to see
(ex: snowglobe, happy pictures)
4. Something to taste
(ex: mints, tea, sour candy)
5. Something to smell
(ex: lotion, candles, perfume)

Emotional Awareness

(Tools for identifying and expressing your feelings)

Examples:

A list or chart of emotions, a journal, writing supplies, drawing / art supplies

Put it all together!

Once you've gathered all of your items, put them together in a box or other container, decorate it to your heart's content, and put it in a place where you'll remember it. Then USE IT!

Stress Continuum Model

READY

(Green)

DEFINITION

- Optimal functioning
- Adaptive growth
- Wellness

FEATURES

- At one's best
- Well-trained and prepared
- In control
- Physically, mentally and spiritually fit
- Mission-focused
- Motivated
- Calm and steady
- Having fun
- Behaving ethically

REACTING

(Yellow)

DEFINITION

- Mild and transient distress or impairment
- Always goes away
- Low risk

FEATURES

- Feeling irritable, anxious or down
- Loss of motivation
- Loss of focus
- Difficulty sleeping
- Muscle tension or other physical changes
- Not having fun

CAUSES

- Any stressor

INJURED

(Orange)

DEFINITION

- More severe and persistent distress or impairment
- Leaves a scar
- Higher risk

FEATURES

- Loss of control
- Panic, rage or depression
- No longer feeling like normal self
- Excessive guilt, shame or blame

CAUSES

- Life threat
- Loss
- Moral injury
- Wear and tear

ILL

(Red)

DEFINITION

- Clinical mental disorder
- Unhealed stress injury causing life impairment

FEATURES

- Symptoms persist and worsen over time
- Severe distress or social or occupational impairment

TYPES

- PTSD
- Depression
- Anxiety
- Substance abuse

What is EMDR used to treat?

- This is very good evidence that EMDR is an effective treatment for post-traumatic stress disorder (PTSD)
- It is recommended by the National Institute for Health and Care Excellence (NICE) for PTSD.
- EMDR may be an effective treatment for other conditions, particularly if they involve trauma memories or other distressing memories, but more research is needed.

How long does treatment take?

- EMDR sessions are sometimes slightly longer than typical therapy sessions (up to 90 minutes). The number of sessions needed will depend on the type and severity of trauma which you experienced.
- 8–12 sessions may be necessary to treat simpler traumas, with more sessions necessary for multiple traumas.



15 minute break

Up Next
Panel Discussion - "Ask a Clinician"



10 minute break

Up Next

Anthony "AJ" Johnson - Columbus Police/
Humanizing the Badge



