

## Effect of Stress on People in Crisis



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## Introduction



- Professional Experience
- Atlanta Real Estate Collaborative
- Open Doors
- Partnership with Hope Atlanta



## Our Experiences



• "Where were you. • "Bubba" Victim Advocacy/Green Cross • Our Work



## Today's Discussion



## A Activating Event(s)

- Defining Crisis
- Defining Stress
- Recognizing Stress

# B Beliefs and Behavioral Response

- The Phases of Crisis
- The Stress Cycle
- Common Stress Reactions

## Consequences

- Incident Response
- CISM
- Managing YourWorkplace

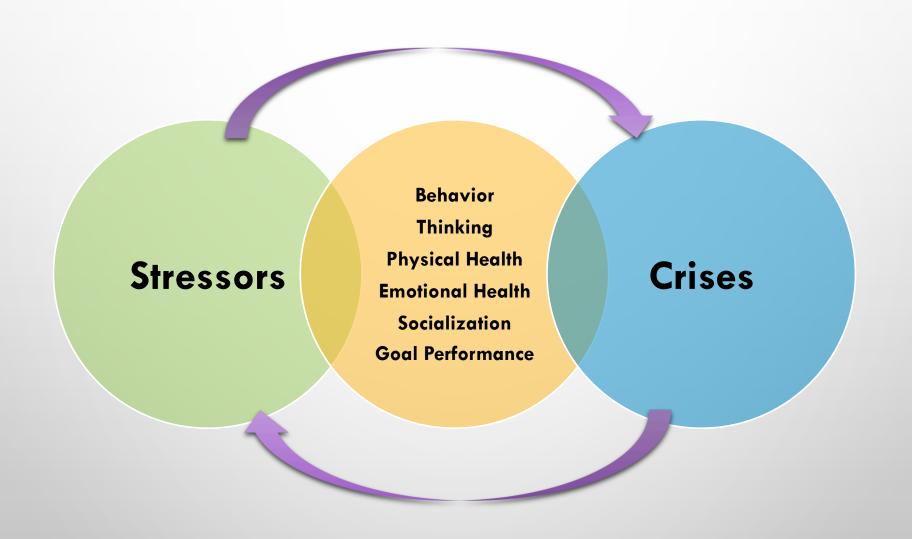
#### D Decisions

Developing
 best practices
 before, during,
 and after
 crises or
 stress-inducing
 events



## The Stress/Crisis Relationship







## Defining a Crisis



A time of intense difficulty, trouble, or danger

Any event that is going (or is expected) to lead to an unstable and/or dangerous situation

Crisis

Unexpected
Creates uncertainty
Seen as a threat to important goals

Unique to that person



## Crisis Phases



#### Fink's Crisis Lifecycle

#### **Prodromal**

Risk cues that potential crisis can emerge

#### **Crisis breakout**

Triggering event with resulting damage

#### Chronic

Lingering effects of crisis

#### Resolution

Crisis no longer a concern to stakeholders

#### Mitroff's Five Stages of Crisis Management

## Signal detection

Warning signs & efforts to prevent

## Probing & prevention

Search risk factors & reduce potential for damage

## Damage containment

Keep from spreading to uncontaminated areas

### Recovery

Return to normal operations asap

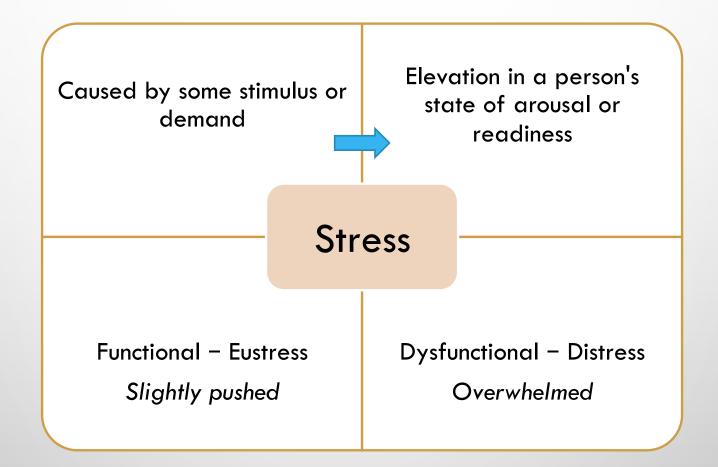
#### Learning

Review & critique CM efforts for improvements



## **Defining Stress**







## The Stress Cycle



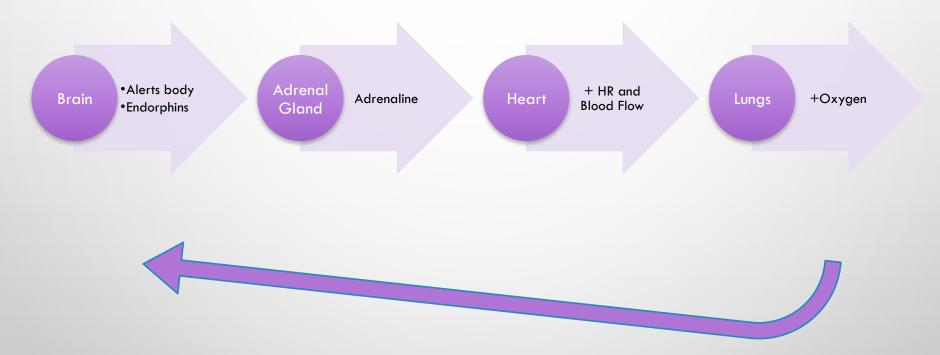
- Temporary Benefits
- The Brain's Test
  - Have we been here before?
  - If so, how did we feel?
  - What was the outcome?
  - Can we cope with the situation now?





## Stress Response Biology









### Behavioral

- Increase or decrease in activity level
- Substance use or abuse (alcohol Frequent crying or drugs)
- Difficulty communicating or listening
- Irritability, outbursts of anger, frequent arguments
- Inability to rest or relax

- Decline in job performance; absenteeism

  - Hyper-vigilance or excessive worry
  - Avoidance of activities or places that trigger memories
- Becoming accident prone





## **Physical**

- Gastrointestinal problems
- Headaches, other aches and pains
- Visual disturbances
- Weight loss or gain
- Sweating or chills

- Tremors or muscle twitching
- Being easily startled
- Chronic fatigue or sleep disturbances
- Immune system disorders





## Psychological/Emotional

- Feeling heroic, euphoric, or invulnerable
- Denial
- Anxiety or fear
- Depression

- Guilt
- Apathy
- Grief





## **Cognitive (Thinking)**

- Memory problems
- Disorientation and confusion
- Slow thought processes;
   lack of concentration

- Difficulty setting priorities or making decisions
- Loss of objectivity





### Social

- Blaming
- Difficulty in giving or accepting support or help
- Inability to experience

pleasure or have fun

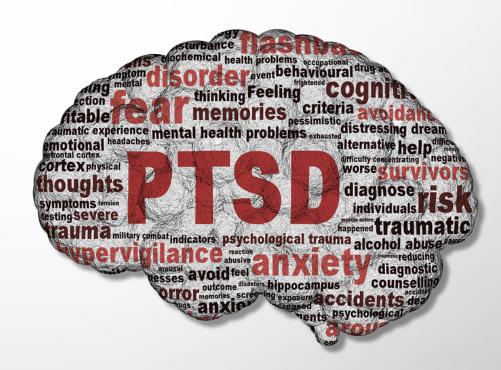
Isolation



### **Extreme Stress Reactions**



- Chronic or Traumatic Stress
- Posttraumatic Stress
   Disorder (PTSD)
- Biological and Psychological Symptoms





## Stress Response



- We do not all interpret each situation in the same way
- Because of this, we do not all call on the same resources for each situation
- We do not all have the same resources and skills.





## **Effective Stress Management**



- 1. Familiarize yourself with signs of stress.
- 2. Get enough rest, exercise regularly, and maintain a healthy diet.
- 3. Have a life outside of job.
- 4. Avoid tobacco, alcohol, drugs, and excessive caffeine.
- 5. Draw strength from faith, friends, and family.
- 6. Maintain sense of humor.
- 7. Have a personal preparedness plan.
- 8. Participate in training offered at workplace.
- 9. Get a regular physical checkup.
- 10. Ask for help if you need it.





### Minimize Stress Before the Crisis



- 1. Familiarize yourself with signs of stress
- Get enough rest, exercise regularly, and maintain a healthy diet
- 3. Have a life outside of job
- 4. Avoid tobacco, alcohol, drugs, and excessive caffeine
- 5. Draw strength from faith, friends, and family
- 6. Maintain sense of humor
- 7. Have a personal preparedness plan
- 8. Participate in training offered at workplace
- 9. Get a regular physical checkup
- 10. Ask for help if needed





## Minimize Stress During the Crisis



- Adhere to established safety policies and procedures.
- Encourage and support coworkers.
- Recognize that "not having enough to do" or "waiting" are expected parts of managing a crisis.
- Take regular breaks whenever you experience troubling incidents and after each work shift. Use time off to "decompress."
- Practice relaxation techniques such as deep breathing, meditation, and gentle stretching.
- Eat regular, nutritious meals and get enough sleep.
- Avoid alcohol, tobacco, drugs, and excessive caffeine.
- Stay in contact with your family and friends.
- Pace self between low and high-stress activities.





### Minimize Stress During the Crisis



- Clearly define individual roles Institute briefings at each shift change that cover the current status of the work environment, safety procedures, and required safety equipment (CMHS, 1994).
- Partner inexperienced workers with experienced veterans. The buddy system is an effective method to provide support, monitor stress, and reinforce safety procedures. Require outreach personnel to enter the community in pairs (CMHS, 1994).
- Rotate workers from high-stress to lower stress functions (CMHS, 1994).
- Initiate, encourage, and monitor work breaks, especially when casualties are involved (McCarroll, Ursano, Wright, & Fullerton, 1993).
   During lengthy events, implement longer breaks and days off, and curtail weekend work as soon as possible.
- Establish respite areas that visually separate workers from the scene and the public. At longer operations, establish an area where responders can shower, eat, change clothes, and sleep





#### Minimize Stress After the Crisis



- Consider participating in organized debriefing or critique.
- Reconnect with family.
- Have a physical checkup.
- Continue normal leisure activities. Stay involved with hobbies and interests.
- Consider stress management techniques such as meditation, acupuncture, and massage therapy.
- Draw upon your spirituality and personal beliefs. Take advantage of faith-based counselors and workplace counseling units.
- Avoid using alcohol, tobacco, or drugs to cope with stress. Seek professional substance abuse treatment if necessary.
- Use Employee Assistance Programs.





### Minimize Stress After the Crisis



## **Critical Incident Stress Management**

- Psychological First Aid
- 7-phase, small group, supportive crisis intervention process

### **Trauma-Informed Care**

- Organizational structure and intervention framework
- Safety for consumers and providers





## Minimize Stress in the Workplace



- Set the tone by relating to workers with respect and valuing their contributions.
- Hold regular staff meetings to plan, problem solve, recognize accomplishments, and promote staff cohesiveness (CMHS, 2000).
- Clearly communicate the rationale behind procedural or supervisory changes and performance expectations (CMHS, 2000).
- Create a formal employee suggestion system (CMHS, 2000) and encourage staff to contribute.
- Resolve conflicts early and quickly (Figley, 1995).
- Prepare workers for concrete tasks they may perform through technical training (Mccarroll et al., 1993).
- Acknowledge that work is often stressful and connect staff to professional help if necessary.
- Promote an atmosphere where attention to one's emotional state is acceptable and encouraged rather than stigmatized or disregarded.



### Minimize Stress in the Workplace



#### Self Awareness

- · Recognize and heed early warning signs for stress reactions.
- Accept that one may not be able to self-assess problematic stress reactions.
- Recognize that over-identification with or feeling overwhelmed by victims' and families' grief and trauma may signal a need for support and consultation.
- Understand the differences between professional helping relationships and friendships to help maintain appropriate roles and boundaries.
- Examine personal prejudices and cultural stereotypes.
- Recognize when one's own experience with trauma or one's personal history interfere with effectiveness.
- Be aware of personal vulnerabilities and emotional reactions and the importance of team and supervisor support.





### **Acute Crisis De-Escalation**



- Model and COMMUNICATE

Validate and Redirect

• Clarify Messages

Allow Silence

Don't Threaten —

Develop a Plan

Be Concrete

Use a Team Approach

Undivided Attention

Use Positive Self-Talk

Be Nonjudgmental

Recognize Personal Limits

Focus on Feelings

Debrief



## **Psychiatric Disabilities**



### **Reality Testing**

The ability to distinguish thoughts and perceptions that originate from our mind versus stimuli that comes from outside our mind.

### **Thought Disorders**

Impacts cognition, sensory input, memory, emotions



## Positive Symptoms



#### **Positive Symptoms**

Pathological additions to normal behavior

#### **Heightened Perceptions & Hallucinations**

#### Sensory flooding

Difficulty distinguishing relevant from irrelevant sensory information

#### **Hallucinations**

- Perceptions contrary to reality w/o external stimulus
- Most often auditory
- Can be visual, tactile, somatic, gustatory, olfactory

#### **Inappropriate Affect**

#### Emotions unsuited to the situation

- Smile or laugh when describing something serious
- Sad or angry in some happy circumstance
- · Inappropriate shifts in mood
- Inappropriately intense mood
- May represent a response to another positive symptom (e.g., hallucination)

#### **Delusions** beliefs contrary to reality

Delusions of persecution: Others are out to get you, victimize you, slander you

Delusions of reference: Attach special/personal meaning to things, occurrences or behaviors of others

Delusions of grandeur: Believe oneself to have special importance or power

• Delusions of control: Belief that others are controlling your thoughts, feelings, or behavior



## Negative Symptoms



#### **Negative Symptoms**

Characteristics that are lacking or reduced

#### **Blunted or Flat Affect**

Blunted: Less expression of feeling than most

Flat: Virtually no emotion

May reflect deficiency in experience of or expression of emotions

**Loss of Volition** (the power of choosing or determining)

#### **Avolition**

- Feel drained of energy or interest in normal goals
- Unable to begin or follow through on activities

#### **Ambivalence**

Conflicted feelings about many things

#### Anhedonia

Inability to experience pleasure

#### **Poverty of Speech**

A decrease in speech or speech content (alogia) little or no reply/meaning

#### Social Withdrawal

Personal and emotional withdrawal from others



## Disorganized Thinking/Speech



#### **Disorganized Thinking and/or Speech**

Disorganization is usually inferred from speech

#### **Derailment or Loose Associations**

Switch from one topic to another

#### **Conceptual difficulties**

Concrete thinking (i.e., difficulty thinking abstractly)

#### **Tangentiality**

Answer to questions may be obliquely or completely unrelated

#### Peculiar word usage

- Neologisms
- Word Salad
- Perseveration
- Clang associations



#### References



- Aid Workers Network. (2003). Personal health and critical-incident stress. Retrieved May 19, 2005, from www.aidworkers.net/personal/health.html.

  Bradford, R. & John, A. M. (1991). The psychological effects of disaster work: Implications for disaster planning. Journal of the Royal Society of Health. (1991, June), 107–110.
- Center for Mental Health Services. (1994). Disaster response and recovery: A handbook for mental health professionals. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Center for Mental Health Services. (2000). Training manual for mental health and human service workers in major disasters. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Center for Mental Health Services. (2004). Mental health response to mass violence and terrorism: A training manual. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Center for Mental Health Services. (2005). Stress prevention and management approaches for rescue workers in the aftermath of terrorist acts.

  Retrieved May 19, 2005, from http://www.mentalhealth.samhsa.gov/cmhs/ EmergencyServices/stress.asp.
- Center for Substance Abuse Treatment. (2003). Demands on the substance abuse treatment delivery system [PowerPoint presentation by H. Westley Clark]. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Federal Emergency Management Agency. (2005). IS700 NIMS course summary. Retrieved May 18, 2005, from http://www.training.fema.gov/EMIWeb/downloads/IS700-NIMS.pdf.
- Figley, C. R. (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.
- Lundin, S. C., Paul, H., & Christensen, J. (2000). Fish! New York: Hyperion.
- Luxart Communications. (2004). The quick series guide to stress management. Ellicott City, MD: Chevron Publishing.
- McCarroll, J. E., Ursano, R. J., Wright, K. M., & Fullerton, C. S. (1993). Handling bodies after violent death: Strategies for coping. *American Journal of Orthopsychiatry*, 63(2), 209–214.
- McEwen, B. S. & Lasley, E. N. (2002). The end of stress as we know it. Washington, DC: Joseph Henry Press.
- Mitchell, J. T. & Bray, G. P. (1990). Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel. Englewood Cliffs, NJ: Prentice Hall.
- National Center for Post-Traumatic Stress Disorder. (2005). What is posttraumatic stress disorder? Retrieved April 11, 2005, from http://www.ncptsd.va.gov/facts/general/fs\_what\_is\_ptsd.html.
- Pan American Health Organization. (2001). Stress management in disasters. Washington, DC: Pan American Health Organization.
- Peters, T. J. & Waterman, R. H. (1982).
- US Department of Health ad Human Services, Substance Abuse and Mental Health Services Administration. A Guide to Managing Stress in Crisis Response Professions. www.samhsa.gov For free copies: 1-800-789-2647 Publication No. SMA 4113.



### More Information



## Thank you for your time!