

# Mental Health 101: A Trauma-Informed Approach Training for Military First Responders

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Live Well, San Diego!









- the mental health problem from which there is no way back.



# Depression and agitation resulting in suicide is the mental health problem from which there is no way back.

### **Top 3 Military Causes of Death**

#1 Cause of Death: Suicide

#2 Cause of Death: Auto Accidents

#3 Cause of Death: KIA

#### Sources:

- CDC Cause of Death Report, Summer 2012
- DOD Suicide Event Report 2011



### Suicide in the News – San Diego

#### MURDER-SUICIDE AT MILITARY HOUSING

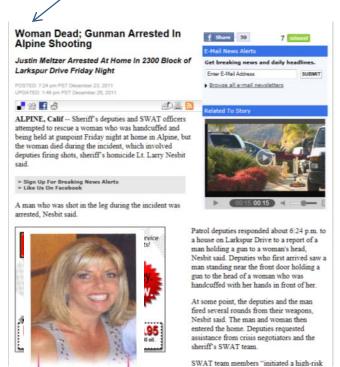
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(Assailant attempted Suicide by SWAT) December 21, 2011

January 1, 2012

December 23, 2011



#### Details Released From Scene of Coronado Murder-Suicide





Mental
Health 101:
Building
Awareness





### What is Mental Illness?

- Biological disease affecting the brain
- Biopsychosocial Context
- Symptoms and their effects on
  - Mood
  - Thinking
  - Behaviors





# Myths and Facts Surrounding Mental Illness



### The Facts

Most major crimes are committed by people without mental illness

Persons with mental illness are 2.5 times more likely to be

the **victim** of crime







### More Facts: Increased Risk

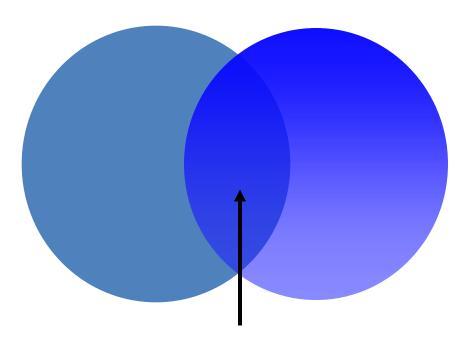
- When drugs or alcohol co occur with mental illness
- During Encounters with First Responders

- Why do you think behavior changes when First Responders arrive?
- What can you do to minimize danger and increase safety during these encounters?



# Co-Occurring Disorders

**Mental Illness** 



Substance Use Disorder

**Co-occurring Disorder (COD)** 



# Why is this important to you?

 First responders do and will encounter mental illness, on the job and in their life.

 Statistics show 5-10% of all 911 calls involve mental health crises.

 First responders can and do make a huge difference in the way they handle these calls.



### Prevalence – General Population

Mental Illness	Prevalence in US population
Substance Abuse Disorder	24%
<b>Major Depression</b>	17%
Social Anxiety Disorder	13%
Post-Traumatic Stress Disorder	8%
Bipolar	2%
Schizophrenia	1%



### **Major Mental Illnesses**

### **Psychotic Disorder**

Schizophrenia

### **Mood Disorders**

Bipolar Disorder Major Depression

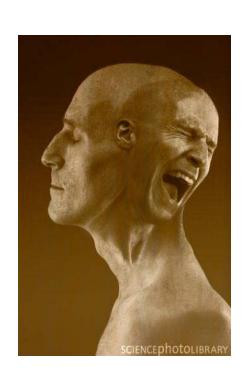




## Distinctive Signs

### Schizophrenia

- Hallucinations (Auditory most common)
- Delusions
- Paranoia & Suspiciousness
- Bizarre Behavior



### **Drug-Induced Psychosis**

- Hallucinations (Auditory most common)
- Delusions
- Paranoia & Suspiciousness
- Bizarre Behavior



# Thought Processing Concerns

### **Hallucinations**

### Auditory

- Hearing voices, yelling
- Commands to hurt self

#### Visual

Seeing things others do not see

#### Tactile

- Sense of Touch
  - Ex: Feeling bugs crawling over their body

### Olfactory

- Sense of smell
  - Ex: Smelling blood

### **Delusions**

#### Paranoid

- "People are reading my thoughts"
- "The FBI is tapping my phone.

### Grandiose

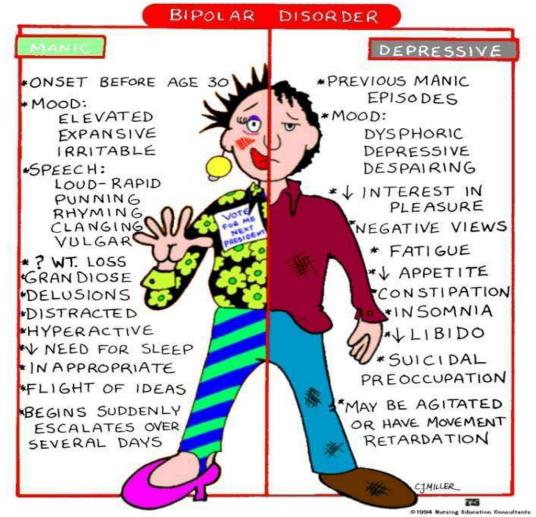
- "I am God"
- "I can communicate with aliens, I can read your mind."

#### Ideas of reference

- "Television shows are about me"
- "Everyone is looking at me and talking about me"



# Bipolar Disorder What is it?





### **Major Depression**

- More common in women
  - Women 20%
  - Men 12%
- Can occur at any age
  - First episodes likely in 30's or 40's.
- Episodic- lasting weeks to months
- New mothers at risk of post-partum depression
  - The "baby blues"
- Responds well to therapy and medication





### First Responder Strategies: Depression

- Assess for suicidal intent, plans, means
  - Ask direct, specific questions
    - "Do you feel safe right now?"
    - "Are you thinking about hurting yourself or ending your life?"
- Be aware of slowed psychomotor responses
  - i.e. slow movements and/or slow to speak
  - This may look like disrespect or lack of cooperation
- Understand that the person may not be able to articulate a clear reason for depressive feelings
- You are not expected to "solve" their depression
  - Being understanding and supportive will go a long way



### 5150

- WELFARE AND INSTITUTIONS CODE SECTION 5150-5157
- 5150. When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.



# Jail or Hospital?

- First Responders do not determine a diagnosis or utilize clinical skills
  - However know that San Diego Paramedics can administer a powerful sedative (Versed) for "Behavioral Emergencies."
- Their role is to assess whether psychiatric intervention is warranted, if so, take to identified hospital
- Consider a drug and alcohol treatment program (rehab) or detox center over jail
  - or other alternatives to incarceration or psychiatric hospital



# Drunk or Date Rape Victim?

- Be aware of male and female passengers in cars or other settings who are unresponsive.
- May be under the influence of a date rape drug.
- Military sexual trauma affects:
  - 1 in 4 females
  - 1 in 100 males
- Assess and assist!
  - This is being "trauma-informed".





# Trauma Informed Care: A New Lens





A single traumatic event that is limited in time.

The experience of multiple traumatic events.

Acute Trauma

Chronic Trauma

Vicarious Trauma

Complex Trauma

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System Induced Trauma

Both exposure to chronic trauma, and the impact such exposure has on an individual.

The traumatic removal from home, admission to a detention or residential facility or multiple placements within a short time.



# What it means to be Trauma-Informed

- IT DOES <u>NOT</u> MEAN TO TREAT THE TRAUMA
- IT DOES mean to:
  - Recognize high level of trauma among those you serve
  - Practice self care
  - Look at the whole person, not just the behavior
  - Understand the role that victimization plays in the lives of trauma survivors
  - Understand that the behaviors you are observing may have protected them in the past.
  - Instead of asking, "What is wrong with you?"
     Ask, "What happened to you?"



# Adverse Childhood Experiences the "ACE" Study

- Adverse Childhood Experiences are the most BASIC cause of most health risk behaviors, morbidity, disability, mortality, and health and behavioral health care costs.
- Which means trauma is a crucial public health issue at the ROOT of and CENTRAL to development of health and mental health problems – and to recovery.

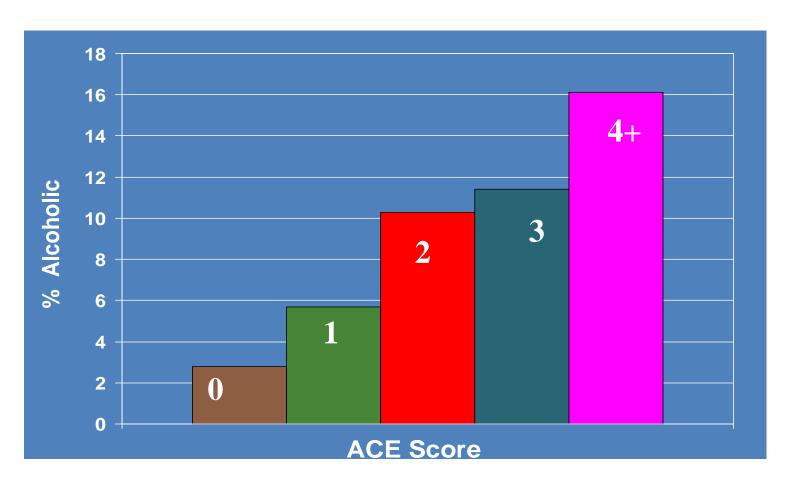


# The ACE Study





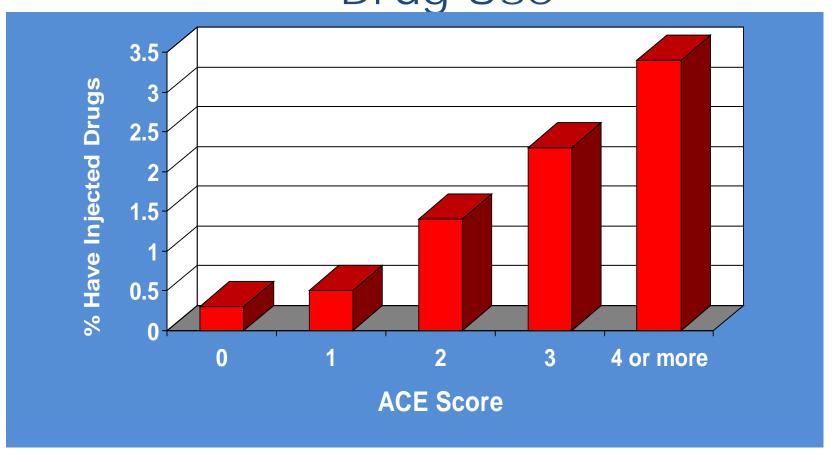
# Childhood Experiences and Adult Alcoholism



Adverse Childhood Experiences*	Impact of Trauma and Health Risk Behaviors to Ease the Pain	Long-Term Consequences of Unaddressed Trauma (ACEs)
<ul> <li>Abuse of Child</li> <li>Recurrent Severe Emotional abuse</li> <li>Recurrent Physical abuse</li> <li>Contact Sexual abuse</li> <li>Trauma in Child's Household         Environment</li> <li>Substance abuse</li> <li>Parental separation or divorce -</li> <li>Chronically depressed, emotionally disturbed or suicidal household</li> </ul>	<ul> <li>Neurobiologic Effects of Trauma</li> <li>Disrupted neuro-development</li> <li>Difficulty controlling anger-rage</li> <li>Hallucinations</li> <li>Depression</li> <li>Panic reactions</li> <li>Anxiety</li> <li>Multiple (6+) somatic problems</li> <li>Sleep problems</li> <li>Impaired memory</li> <li>Flashbacks</li> </ul>	<ul> <li>Disease and Disability</li> <li>Ischemic heart disease</li> <li>Cancer</li> <li>Chronic lung disease</li> <li>Chronic emphysema</li> <li>Asthma</li> <li>Liver disease</li> <li>Skeletal fractures</li> <li>Poor self rated health</li> <li>Sexually transmitted disease</li> <li>HIV/AIDS</li> </ul>
<ul> <li>member</li> <li>Mother treated violently</li> <li>Imprisoned household member</li> <li>Loss of parent – (best by death, unless suicide, - worst by abandonment)</li> </ul>	<ul> <li>Dissociation</li> <li>Health Risk Behaviors</li> <li>Smoking</li> <li>Severe obesity</li> <li>Physical inactivity</li> <li>Suicide attempts</li> <li>Alcoholism</li> </ul>	<ul> <li>Social Problems</li> <li>Homelessness</li> <li>Prostitution</li> <li>Delinquency, violence, criminal behavior</li> <li>Inability to sustain employment</li> <li>Re-victimization: rape, DV</li> </ul>
<ul> <li>Neglect of Child</li> <li>Abandonment</li> <li>Child's basic physical and/or emotional needs unmet</li> <li>* Above types of ACEs are the "heavy end" of abuse.</li> </ul>	<ul> <li>Drug abuse</li> <li>50+ sex partners</li> <li>Repetition of original trauma</li> <li>Self Injury</li> <li>Eating disorders</li> <li>Perpetrate interpersonal violence</li> </ul>	<ul> <li>compromised ability to parent</li> <li>Intergenerational transmission of abuse</li> <li>Long-term use of health, behavioral health, correctional, and social services</li> </ul>



# ACE Score and Intravenous Drug Use





### 2 Styles of Functional Approach

 Detached Concern vs.

Empathic Concern



### Detached Concern Approach

- Typical approach of most medical, law enforcement and fire personnel for most situations
  - Saves time in life-threatening emergencies when eliciting factual information or giving instructions
- Asks necessary questions/provides necessary information
  - Visual: Limited eye contact
  - Physical: Only as required for job
  - Verbal: Courteous but formal (or clinical) tone of voice

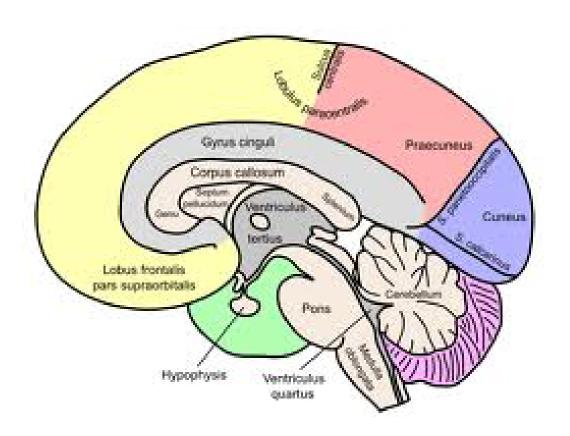


### **Empathic Concern Approach**

- Best approach for emotionally upset or frightened people
- Asks necessary questions/provides necessary information
  - Visual: Maintains eye contact
    - At eye level if possible
  - Physical: Appropriate physical contact
    - Hand on shoulder, back of arm
  - Verbal: Friendly, caring tone of voice
    - Like you would use for a (loved) family member
    - Reflective Listening "one-liners"
    - Reassuring statements



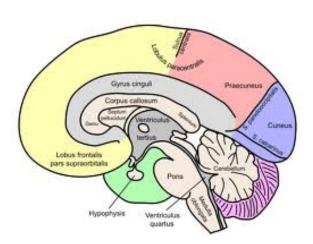
### Trauma and the Brain





### Trauma and the Brain

- People who are exposed to severe and chronic trauma are often unable to "shut down" their emergency response system.
- Executive functioning and Limbic system shut down
- Results in:
  - Hyperaroused state
    - Aggression
    - Violent/Volatile
  - Triggers
  - Body prepares for injury
  - Body prepares to fight for flee





### Post Traumatic Stress Disorder

- May present between 30 days or long after traumatic event.
- 95% of returning veterans suffer *some form* of post traumatic stress. (National Center for PTS, 2011).

### **Symptom Categories Include:**

- Re-experiencing the trauma (flashbacks)
- Emotional numbing
- Avoidance
- Increased Arousal



## Common Symptoms of PTSD

- Anxiety attacks
- Depression
- Nightmares
- Aggressive behavior
- Flashbacks
- Sensitivity to noises/movement
- Numbing of emotions.

- Withdrawal and isolation
- Irritability
- Sleep problems
- Anger and aggression
- Increased alcohol use
- Drug usage
- Symptoms may not develop until 6-12 months after...or years later.



# Traumatic Brain Injury (TBI)

- TBI is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.
- Caused by a jolt or blow to the head, or a penetrating head injury.
- May range from "mild" to "severe".
- Major cause of long term disability.



### First Responder Strategies

- Remain calm.
- Ask closed ended questions-contain the conversation, if possible.
- Remain neutral and resist the temptation to argue.
- Remember, your presence can be very calming and reassuring to someone feeling out of control.
- Try to focus on one issue at a time, provide a sense of safety and structure

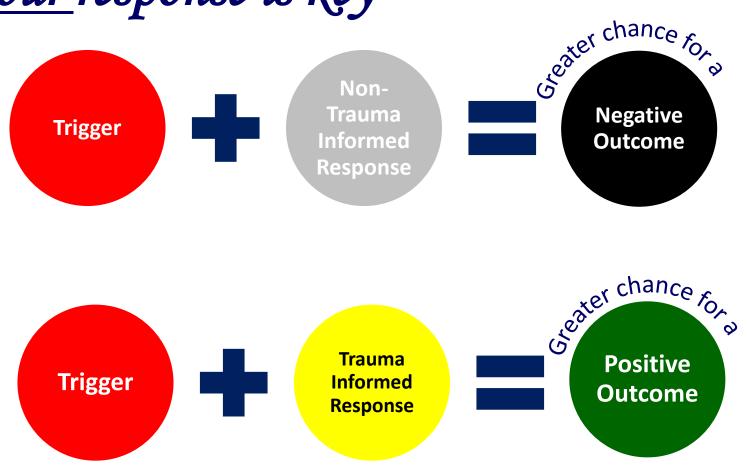


### First Responder Strategies

- Tell the person what you are going to do before you do it.
  - "I'm going to check you for weapons".
- Offer them choices as appropriate
  - "Which side of the car would you like to get in"
  - "Where would you like me to take you for treatment?"
- Do not attempt to play along with delusions or hallucinations, connect to their feelings instead
  - "That must be scary for you to see God and the devil fighting".



# Your response is key-



Which outcome do you want to have?



Traditional Response vs.

Trauma-Informed Response

# "Disturbance, Possible Domestic Violence"





# For further information:



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