

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

Developed by  
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County of San Diego  
Behavioral Health Services



Live Well, San Diego!



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## Suicide

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

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**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

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



## Myths and Facts Surrounding Mental Illness



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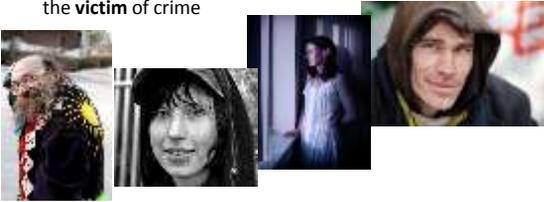
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## The Facts

- 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



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## More Facts: Increased Risk

- When drugs or alcohol co occur with mental illness
  - During Encounters with First Responders
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- *Why do you think behavior changes when First Responders arrive?*
  - *What can you do to minimize danger and increase safety during these encounters?*

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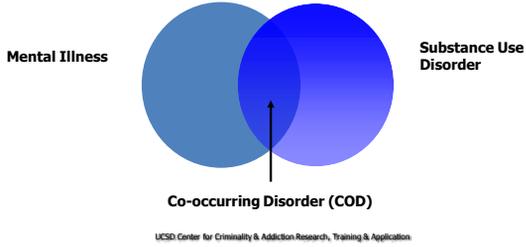
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## Co-Occurring Disorders



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## 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.

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## Prevalence – General Population

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

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## Major Mental Illnesses

**Psychotic Disorder**  
Schizophrenia

**Mood Disorders**  
Bipolar Disorder  
Major Depression



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## Distinctive Signs

### Schizophrenia

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



### Drug-Induced Psychosis

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

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## 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"

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## Bipolar Disorder What is it?




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## 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




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## 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

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## 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.

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## 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

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## 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”.



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**Trauma Informed Care: A New Lens**




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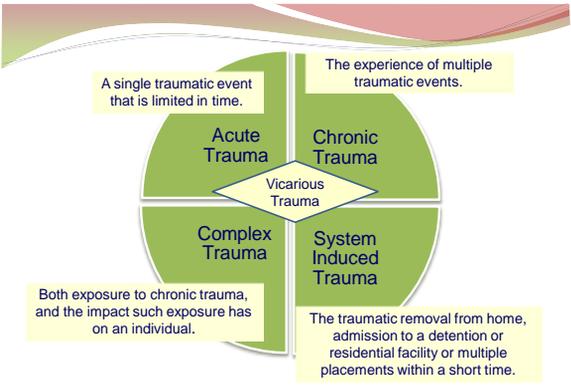
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**What it means to be Trauma-Informed**

- IT DOES NOT 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?"

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## 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.

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## The ACE Study




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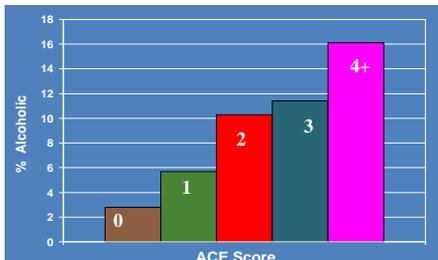
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## Childhood Experiences and Adult Alcoholism




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## 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

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## 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

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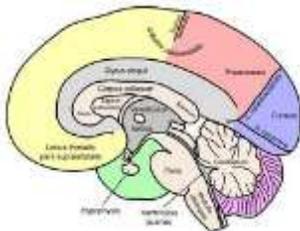
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## Trauma and the Brain



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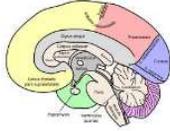
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## Trauma and the Brain

- 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 or flee



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## 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 PTSD, 2011).

### Symptom Categories Include:

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

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## 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.

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## 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.



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## 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

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## 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”.

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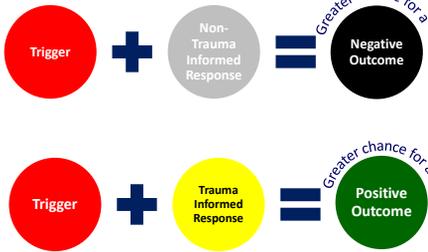
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*Your response is key-*



*Which outcome do you want to have?*

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Traditional Response vs.  
Trauma-Informed Response

## “Disturbance, Possible Domestic Violence”



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**For further information:**



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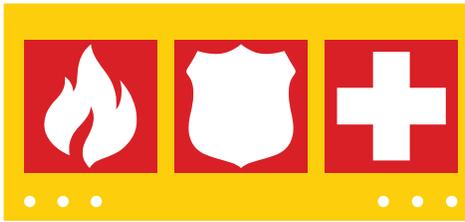
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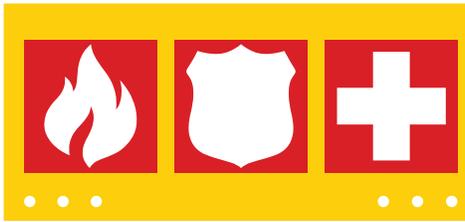
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## **Commitment to Wellness Checklist**

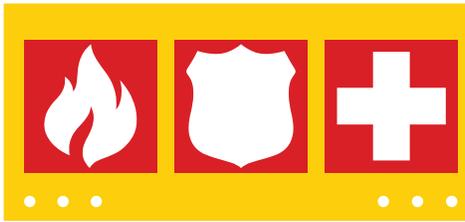
- ✓ **Acknowledge the trauma.** Within the bounds of confidentiality, speak openly about the violence and trauma you have observed and been told about. It is also important to “process” (share) your feelings and reaction to what you have experienced.
- ✓ **Maintain a normal schedule.** Avoiding work or working a significant number of extra hours could be indicators that work and personal/family life are out of balance.
- ✓ **Create balance and separate work and your personal life.** If you are a professional, what happens at work, should stay at work. For community partners, it can become more complicated when social and helping roles intersect. Keep them separate whenever you can. Professionals are encouraged to manage their caseload to include a variety of clients and issues.
- ✓ **Pay attention to basic self-care.** Make sure you give yourself the opportunity to get a good night's sleep and eat healthy, nutritious foods. Do things you enjoy doing on a regular basis, including regular exercise.
- ✓ **Do not “numb out”** with excesses of alcohol, gambling, eating, shopping, TV, etc.
- ✓ **Minimize your exposure to traumatic stimuli**, including, movies, newscasts, etc.
- ✓ **Play! Nurture yourself.**
- ✓ **Know your red flags and warning signs.**
- ✓ **Debrief (talk) with colleagues. Seek further assistance** after a few weeks. Consider personal counseling.
- ✓ **Know whom you can't work with.** If working with a particular issue is too uncomfortable, or “pushes” your own discomfort, consider referring them to a colleague or community agency.
- ✓ **Engage in continuing education.**
- ✓ **Confide in colleagues and those you trust**, while maintaining confidentiality. Talk about what you are feeling, thinking and experiencing.
- ✓ **Express emotions.** Don't “stuff” your feelings. Take mental health breaks.
- ✓ **Seek appropriate support.** Obtain supervision and consultation. **Instill hope and meaning in your work.**



# First Responders Trauma-Informed Care Implementation Checklist

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- ✓ **Focus on safety always.** Safety must be addressed proactively and at all times during intervention.
- ✓ **Screen for lethality.** Part of establishing and maintaining safety involves gaining a formal understanding of the potential for deadly or lethal outcomes if not managed.
- ✓ **Train staff.** A key aspect of implementing a trauma-informed approach is staff training. Training must be ongoing and reviewed frequently to reinforce learning.
- ✓ **Educate yourself and keep informed of local resources** that may assist you in times of need. This will allow you to connect to appropriate referrals in an efficient and beneficial manner during a crisis.
- ✓ **Show transparency and offer choices.** Partner with the individual by taking an equalitarian approach to de-escalate the situation and avoid resistance. Prepare the individual for your actions. Offer choices when possible.
- ✓ **Show sensitivity to the individual's needs.** Consider where the person is coming from and what they have gone through. Treat the individual with the respect you would want to receive. Take a non-judgmental and compassionate stance.
- ✓ **Respect diversity.** Be aware of cultural differences that allow individuals to maintain their dignity. Realize that you are seeing this person in their most vulnerable state. Allow them to educate you on their needs.
- ✓ **Be accountable.** Remember that you are accountable for your actions and are expected to act with integrity and professionalism. What you do can make a significant difference in the outcome of the event.



## References

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### REFERENCES

In this section the reader is provided with a detailed listing of the source information for each citation or reference found throughout the Building Solutions Toolkit.

### RESOURCES

In the resource section you will find the name of key resources, a brief description of the resource's contribution to our collective knowledge about types of trauma and about trauma-informed care.

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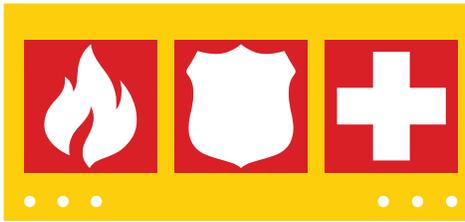
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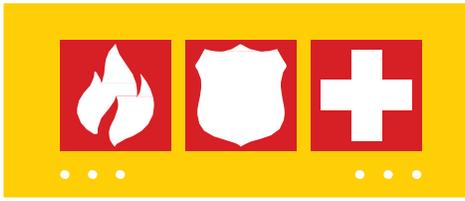
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# Behavioral Health 101: A Trauma Informed Approach Evaluation

Date of Training: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Department/Division: \_\_\_\_\_

**Your feedback is very important to us, please thoughtfully mark your response to each question.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. The content of this course was what I expected.						
2. The content of this course was relevant to my job.						
3. This training program will help me do my job better.						
4. This training program was well organized.						
5. This training program increased my knowledge in the content area.						
6. I will apply what I have learned back on my job.						

Comments on the above questions (*optional*): \_\_\_\_\_

7. Please list the top 3 topics that you found most useful for your work: \_\_\_\_\_

8. Please list which topic area(s) it would have been helpful to add or spend more time on: \_\_\_\_\_

9. Please circle which additional trainings you would find useful (if any). Circle all that apply:  
 Mental Health  
 Trauma Informed Care  
 Other (please specify): \_\_\_\_\_

10. What training length would be most useful if additional trainings were held?:  
 2 Hours  
 Half day (4 Hours)  
 Full day (8 Hours)  
 Other (please list): \_\_\_\_\_

Additional comments (*optional*): \_\_\_\_\_