Mental Health 101: A Trauma-Informed Approach

Training for First Responders

Developed by
Tracy L. Fried & Associates

Live Well, San Diego!

HHSA

Healing Neen

" After 83 arrests and 66 convictions, they told me I was going to spend the rest of my life in prison, or die on the streets. And I had become..... comfortable with that."

-Tonier

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

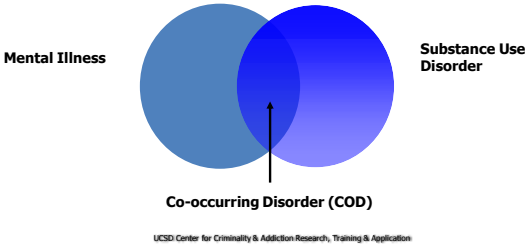



More Facts: Increased Risk

- 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



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 direct mental health crises.
- First responders **can** and **do** make a huge difference in the way they handle these calls.

Prevalence

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%**

Signs & Symptoms

Evident in:

- ❑Mood
- ❑Thinking
- ❑Behavior

Behavioral Health Challenges

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"

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

De Escalation Grid

Think making LEAPS:

- Listen
- Empathize
- Ask
- Paraphrase
- Summarize

First Responder Strategies: Psychosis

- **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".

Bipolar Disorder

- **Mood disorder**
  - Characterized by extreme mood swings
    - The highs: Mania
    - The lows: Depression
  - Moods can cycle up and down
    - every day or every 3 months depending on the person
    - Cycles may not follow a pattern or typical "trigger"
  - Can also be marked with symptoms of psychosis
- ***First responders are likely to encounter while manic, or severely depressed and suicidal***

Bipolar Disorder
What is it?

First Responder Strategies: Bipolar

- 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 re-assuring to someone feeling out of control
- Try to focus on one issue at a time, provide a sense of safety and structure

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

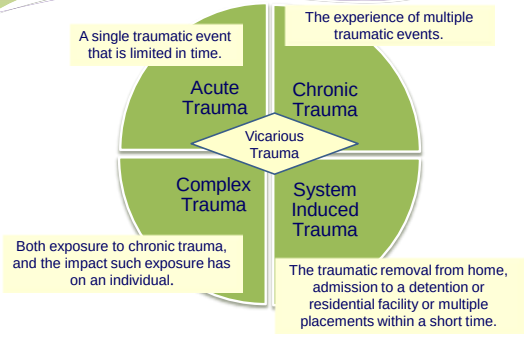
5150

- **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.

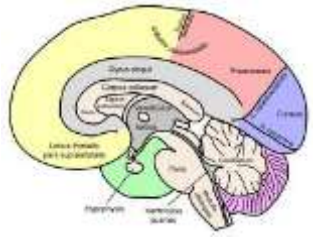
Jail or Hospital?

- First Responders do not determine a diagnosis or utilize clinical skills
- 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

Trauma Informed Care: A New Lens

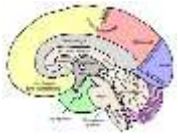


Trauma and the Brain



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



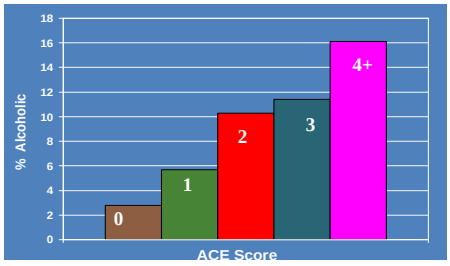
Adverse Childhood Experiences the "ACE" Study

- **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.

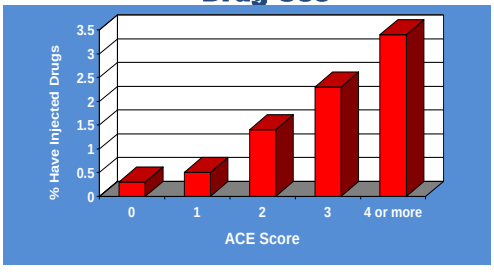
The ACE Study

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

Childhood Experiences and Adult Alcoholism



ACE Score and Intravenous Drug Use



Case Example

- Can you share an example of a call you responded to where the person displayed symptoms of hyper arousal, a triggered anxiety response or violent behavior?
- Did you link this behavior to a possible trauma history?
- How might you respond differently now?

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?"

Your response is key-

Which outcome do you want to have?

Traditional Response vs. Trauma-Informed Response

"Held Hostage"

Healing Neen

Neen's story illustrates the consequences that untreated trauma has on individuals and society at-large, including mental health problems, addiction, homelessness and incarceration. Today, she is a nationally renowned speaker and educator on the devastation of trauma and the hope of recovery.

For further information:

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Training for First Responders

Case Example

"Harvey"

A 43 year old Caucasian homeless male, "Harvey", arrived at a walk in mental health clinic with his dog. He had visible signs of poor hygiene and was demonstrating erratic behavior. Harvey was brought in by his HIV case worker after he made threatening statements about wanting to "kill his children if he ever saw them." The PERT team was called to the scene and began asking Harvey questions. Harvey grew increasingly more upset, began yelling and would not cooperate with law enforcement or the clinical staff on site. A new officer, "Ben Roberts" arrived at the scene, reporting that he had dealt with Harvey before and had happened to hear his description over the radio.

Because Officer Roberts had previous contact with Harvey and had established rapport with him, he was able to diffuse the situation by engaging Harvey in conversation about what brought him into the clinic earlier, referencing past interactions with him and using humor to diffuse situation. With a sense of trust in Officer Roberts, Harvey disclosed that he had been on his way to a campsite in which he would be able to live, but realized he did not have his ID.

Officer Roberts asked if Harvey still had the ticket he had issued him earlier that month. Harvey produced the ticket, Officer Roberts called the campsite and arranged for the ticket to serve as Harvey's ID. Harvey did not meet criteria for hospitalization as his threats were generalized with no plan or means. Once calmed down and assured he could continue to his destination with his case manager, Harvey was able to leave the clinic safely with his dog, to his new safe place to live.

Training for First Responders

Vignette for Discussion

"Held Hostage"

You arrived for work early last Tuesday and after parking your car heard crying and screaming coming from a home located adjacent to your station. As a first responder, you called for back-up and approached the scene where you learned that Richard, a middle aged married male who has his three children and wife barricaded in their home is threatening to kill his wife, three children and then himself with a gun. He has been in the house for the last 3 hours unwilling to come out, or let his family free. His speech is rapid and pressured, and he is speaking incessantly.

SWAT has been engaged, police and the fire department are also present. The cities' designated Psychiatric Emergency Response Team (PERT) arrives on scene to further assess the situation and intervene as needed. The PERT team is comprised of a PERT Clinician and a police officer. John, the PERT Clinician, immediately consults with the first responders on site, obtaining pertinent identifying information about Richard. John takes this information and scans the electronic medical record system for additional data and psychiatric history.

John finds a safety alert and psychiatric history of Richard. Richard has been diagnosed with Bipolar Disorder and when manic has history of erratic, violent behavior, volatile mood swings and extreme paranoia. John reads on to learn that Richard was recently prescribed Seroquel for symptom management.

Discussion Questions:

1. As the first responder who discovered this situation, what are your initial thoughts about effective ways to respond to the situation?

2. Did you think of mental illness as a contributor to Richard's behavior initially? If so, elaborate on your thoughts. If not, why not?

3. Did you think of substance abuse as a contributor to Richard's behavior? If so, elaborate on your thoughts. If not, why not?

John then consults with the hostage negotiator, sharing the recently learned psychiatric history. John initiates conversation with Richard via telephone in a calm, respectful and nonjudgmental tone. John explains his role as a PERT Clinician and tells John that he is aware of his diagnosis of Bipolar Disorder. John then asks if Richard knows where his medication is, particularly his Seroquel. John explains further that Richard's actions are symptoms of his illness and the medication may help him to calm down. John convinces Richard to "just try it and see if the medication works." Richard agrees to locate his Seroquel and takes one tablet.

Discussion Questions:

1. Do you have access to resources in the community you work in to utilize during a crisis call such as this? If not, where can you obtain resources? If so, what are they?

2. What else could you do to de-escalate the situation?

3. How could you use your new knowledge of Mental Health 101 and trauma-informed care in this situation?

End Note:

Within 30 minutes of the PERT Team's arrival, Richard let his family go free and surrendered to the police. Richard was later hospitalized for danger to others. Richard's family was safe and the situation was stabilized.

Discussion Questions:

1. What struck you as the most effective response in this vignette?

2. What might you do to further prepare yourself to use your new knowledge of Mental Health 101 and trauma-informed care to be better prepared for future First Responder calls similar to this?

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.**

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First Responders Trauma-Informed Care Implementation Checklist

- √ **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.

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References

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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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*): _____

_____

_____