



INTERNATIONAL CONFERENCE OF POLICE CHAPLAINS

B03 – Stress Management

B03 - Stress Management - Revised June 2013



Training Objectives

- Basic stress concepts
- The two types of stress
- Coping methods for responding to stress
- Responding to stress
- Concepts of traumatic stress
- Phases of Critical Incident Stress

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Training Objectives

- Critical Incident Stress Management (CISM)
- Burnout
- Burnout versus Compassion Fatigue
- Post Traumatic Stress Disorder (PTSD)

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Definition of Stress

A mental or emotional tension or strain characterized by feelings of anxiety, fear, etc.; factor or combination of factors that causes such tension or strain as an urgent need or perceived threat (Webster)

“The absence of stress is ...”

(Hans Selye)

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Definition of Stress

Forces from the outside world impinging on the individual. Stress is a normal part of life that can help us learn and grow. Conversely, stress can cause us significant problems. Stress released power neuro-chemicals and hormones prepare us for action (to fight or flee). If we don't take action, the stress response can lead to health problems.

Prolonged, uninterrupted, unexpected, and unmanageable stresses are the most damaging types of stress.

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Two Types of Stress

- ▣ Eustress – “Good Stress” – mental or physical reactions caused by pleasant, positive, enjoyable experiences resulting in euphoric feeling or positive energy
- ▣ Distress – “Bad Stress” – mental or physical strain imposed by pain, trouble, worry, or the like and usually suggests a state or situation that can be relieved

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Stress

- Common denominator for stress – CHANGE
 - Life changes
 - Work related changes
 - Environmental changes
 - Organizational changes

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Stress: Contributing Factors

- Suddenness – surprise causes more stress.
- Intensity – how awful the experience.
- Degree – how widespread is the impact.
- Duration – the longer the exposure, the greater the harm.
- Frequency – the more horrible events, the greater a potential for a problem.

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Stress: Protective Factors

- Training, education, experience – helps us to build up resilience.
- Resource availability – the more resource, the better we cope.
- Positive mental attitude – most important in stress control.

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Perception

- The stress response is activated by our perception of events.
- Our ability to change our interpretation of stressful events is a key to stress resilience!
- “We are disturbed not by events, but by the views that we take of them.” Epictetus
- Stressors can be real or imagined.

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Coping

- Coping – Constantly changing cognitive and behavioral efforts to manage specific demands that are appraised as taxing or exceeding the resources of the person
 - Maladaptive Coping – reduces stress in the short-term, but serves to erode health in the long-term
 - Adaptive Coping – reduces stress while at the same time promotes long-term health

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Awareness Questions

- What are your typical “early warning signs” of excessive stress?
- What are the first changes that you notice in yourself?
- What do others notice?
- What signs do you pay attention to?...which signs do you ignore?...why?

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Responding to Stress

- ❑ Eat regular, healthy meals
- ❑ Normal exercise
- ❑ Normal rest
- ❑ No self-medicating
- ❑ Meditation/Prayer
- ❑ Reading/Music
- ❑ Counseling

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Critical Incident Stress

“Any situation that results in an overwhelming sense of vulnerability or loss of control”

Dr. Roger Solomon

“Any situation or event that causes strong emotional reactions, that has the potential to interfere with an ability to function.”

Dr. Jeffrey Mitchell

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Critical Incident Stress

- ❑ Sometimes called “traumatic stress,” it is caused by exposure to horrible, terrible, awful, grotesque, overwhelming, frightening, threatening or disgusting events.
- ❑ A common, but painful, response of common healthy people to an uncommon event.
- ❑ Symptoms can be physical, emotional, intellectual, behavioral or spiritual.

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Critical Incident Stress

- ❑ Symptoms may last up to four weeks; beyond that period there may be a problem.
- ❑ Most people recover from critical incident stress and remain healthy and productive.
- ❑ If symptoms last beyond four weeks time, the normal critical incident stress may turn into a much more serious problem called Post Traumatic Stress Disorder (PTSD) that can impair or end a career.

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Types of Critical Incidents

- ❑ **Line of Duty Death or Injury**
- ❑ **An Officer Involved Shooting**
- ❑ **A Hate Crime**
- ❑ **Suicide of Co-worker or Family**
- ❑ **Multiple Casualties**
- ❑ **Injury or Death of a Child**
- ❑ **Personally Known Victims**
- ❑ **Prolonged Incident**
- ❑ **Excessive Media Coverage (reminders)**
- ❑ **Community Wide Disasters**

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Critical Incident Stress Symptoms

- ▣ Physical signs/symptoms
 - Headaches
 - Fatigue
 - Rapid pulse
 - Elevated blood pressure
 - Nausea/vomiting
 - Profuse sweating



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Critical Incident Stress Symptoms

- ▣ Cognitive signs/symptoms
 - Hyper-vigilance ("Can't come off duty")
 - Intrusive images/flashbacks
 - Confusion/poor memory
 - Decreased concentration
 - Blaming (responsibility/guilt)
 - Uncertainty



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Critical Incident Stress Symptoms

- ▣ Emotional signs/symptoms
 - Survivor's guilt
 - Irritability
 - Intense anger
 - Grief/sadness
 - Depression
 - Feeling lost/alone
 - Emotional outbursts



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Critical Incident Stress Symptoms

- ▣ Behavioral signs/symptoms
 - Sleep disturbances/restlessness/nightmares
 - Changed communications
 - Withdrawal/suspiciousness
 - Appetite changes
 - Increased alcohol consumption
 - Changes in social activities



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Critical Incident Stress Symptoms

- ▣ Spiritual signs/symptoms
 - Questioning of faith
 - Anger at God
 - "Distance from religion"
 - Belief that God is powerless
 - "How could God let this happen?"
 - Anger toward religious leaders



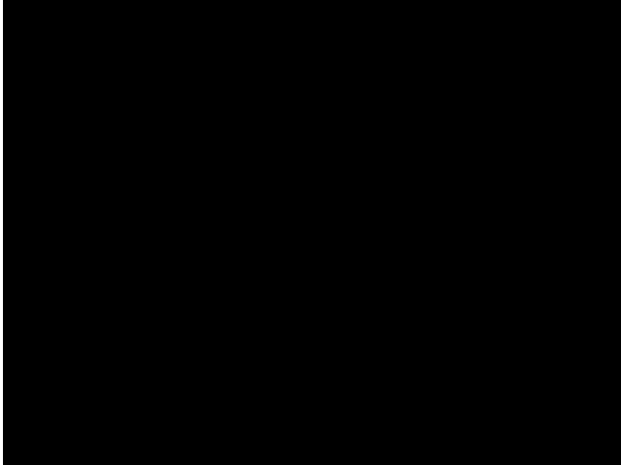
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Coping With Critical Incident Stress

- ▣ Expressing feelings
- ▣ Attend a stress debriefing
- ▣ Getting back to work
- ▣ Exercise
- ▣ Healthy eating and drinking
- ▣ Changing the memory
- ▣ Pacing the pain
- ▣ Accept enjoyment and diversion
- ▣ Don't expect miracle cures
- ▣ The Bottom Line – Face it



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Compassion Fatigue

“The natural behaviors and emotions that arise from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized person.”

Figley



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Compassion Fatigue

- ❑ Empathy is a major resource for trauma workers to help the traumatized.
- ❑ Trauma workers may have experienced personal trauma.
- ❑ Unresolved trauma will be activated by exposure to similar themes in the client.
- ❑ Children’s trauma is stressful for helpers.
- ❑ Secondary traumatic stress.
- ❑ Results from empathic connection to trauma survivor.
- ❑ Post Traumatic Stress (PTS) symptoms develop in the helper.

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Burnout

“A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations.”

Pines & Aronson

“Burnout is used to describe a syndrome that goes beyond physical fatigue from overwork. Stress and emotional exhaustion are part of it, but the hallmark of burnout is the distancing that goes on in response to the overload.”

Maslach



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Danger Signals: Physical

- ❑ Chest pain or difficulty breathing.
- ❑ Excessive blood pressure.
- ❑ Collapse from exhaustion.
- ❑ Unusual heart beat patterns.
- ❑ Signs of severe shock (weak pulse, pale color, excessive sweating, rapid breathing).
- ❑ Excessive dehydration.
- ❑ Dizziness.
- ❑ Vomiting or having blood in feces.

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Danger Signals: Thinking

- ❑ Decreased alertness to surroundings.
- ❑ Difficulties making decisions requiring immediate attention.
- ❑ Disoriented (cannot estimate time; unsure of where they are; unsure of who they are).
- ❑ Unable to focus on one thought at a time.
- ❑ General state of mental confusion.
- ❑ Seriously slow or disrupted thinking.
- ❑ Cannot recall names of familiar equipment or people.

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Danger Signals: Emotional

- ❑ Panic reactions.
- ❑ Numb, shock-like state.
- ❑ Phobic reactions (extreme fear).
- ❑ General loss of control of emotions.
- ❑ Rage reactions and exaggerated emotions.
- ❑ Overwhelming sadness that blocks action.

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Danger Signals: Behavioral

- ❑ Significant changes in speech patterns.
- ❑ Excessive anger at minor inconveniences.
- ❑ Excessive crying or laughing.
- ❑ Violent physical reactions; destroying property.
- ❑ Curling up and rocking continuously.
- ❑ Meaningless repeated actions.
- ❑ Withdrawal from others and hiding.
- ❑ Wringing hands, body shakes, and/or facial tremors.

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Danger Signals: Spiritual

- ❑ Anger at God.
- ❑ Questioning of basic beliefs.
- ❑ Withdrawal from place of worship.
- ❑ Uncharacteristic religious involvement.
- ❑ Sense of isolation from God.
- ❑ Anger at clergy.
- ❑ Religious obsessions or compulsions.
- ❑ Religious hallucinations or delusions.

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Post Traumatic Stress Disorder

A formally recognized psychiatric disorder which may result from an exposure to a critical incident or "traumatic event." PTSD is identified by characteristic clusters of symptoms which follow a psychologically distressing event which is considered outside the range of normal human experience.



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PTSD Symptoms

- ❑ Extreme or unresolved critical incident stress may cause PTSD.
- ❑ About 10% of the general population develops PTSD over a lifetime. 15% to 30% of emergency service personnel develop it in their career.
- ❑ People with PTSD feel "stuck." They see, hear, feel, smell and taste the event repeatedly in their minds.
- ❑ Disturbing thoughts, dreams and nightmares are common.

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PTSD Symptoms

- ❑ Those with PTSD avoid any reminders of the incident.
- ❑ People with PTSD are over-aroused and expect a repetition of the terrible thing.
- ❑ The diagnosis requires that symptoms last longer than 30 days.
- ❑ PTSD causes significant changes to common life pursuits.
- ❑ PTSD requires professional treatment.

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PTSD Contributing Factors

- ❑ Frequent exposure to horrific events considered outside the common range of common human experience increases PTSD potential.
- ❑ The severity of the critical incident is a big factor.
- ❑ Long duration of exposure contributes to PTSD.
- ❑ Significant “hands on” contact with human misery, gory sights, sounds, smells, and sensations enhances the potential for PTSD.

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PTSD Contributing Factors

- ❑ Previous experience can help us. However, the “pile-up” may also work against us.
- ❑ Concurrent stressors (pregnancy, family illness or death, financial worries or other demands) cause greater vulnerability.
- ❑ Severe traumatic events in childhood may increase the potential.
- ❑ Intense guilt feelings or feelings of personal responsibility for what happened open a door to PTSD.

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Personal Resilience Plan

Step 1: Self Assessment

- What are my early warning signs of excessive stress?
- What do I do now on a daily basis for self care?
- What do I do on a weekly basis to improve self care?
- What do I do when my stress level is unusually high?
- What do I do to address the impact of vicarious trauma in my life?

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Personal Resilience Plan

Step 2: Planning for the future

- ❑ What can I add to my self care routine? (identify several if possible)
- ❑ How will I make time for these new strategies for self care?
- ❑ How often should I review what I am doing?
- ❑ What challenges do I expect to have with self care as I make these changes?
- ❑ How will I know if the changes are helping? What do I hope will be the important outcomes I will notice as I improve self care?

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Personal Resilience Plan

Step 3: Getting Support

- ❑ Who can I turn to for support with my plan?
- ❑ How often should I check in with him/her?
- ❑ What professional support is available to me if I need it?

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