Cesar Chavez Conference: Short-Term and Long-Term Coping and Resilience Strategies for Integrated Health Providers

Dr. Chris M. McBride
Chris.McBride@gcu.edu
Full Time GCU Faculty
Licensed Psychologist
The Ten Core Values of César E. Chávez

- Service to Others
- Sacrifice
- A Preference to Help the Most Needy
- Determination
- Non-Violence
- Acceptance of All People
- Respect for Life and the Environment
- Celebrating Community
- Knowledge
- Innovation
City of Blues and Red

Clare Patterson
Links to Consider

- The Code Green Campaign is a first responder oriented mental health advocacy and education organization. [https://codegreencampaign.org/](https://codegreencampaign.org/)
- A curated collection of medical and non-medical artwork, literature, photographs, and more created by those in the emergency profession. [https://www.artofemergencymedicine.com/](https://www.artofemergencymedicine.com/)
- A subreddit for medical first responders to hangout and discuss anything related to emergency medical services. [https://www.reddit.com/r/ems/](https://www.reddit.com/r/ems/)
Mental Health in EMS

• A study of those that served on an ambulance (pre-COVID)
  • 11% qualified for posttraumatic stress
  • 15% qualified for depression
  • 15% qualified for anxiety

• A Canadian study found 44.5% screened positive for clinically significant symptoms of one or more diagnosable mental disorders
  • About four times higher than the general population

• Always remember under-reporting is thought to be a pervasive feature of this healthcare workforce
Mental Health In EMS

- A study in Arizona revealed several EMS suicide statistics
  - EMS professionals died at a significantly younger age than non-EMS professionals
  - Over two times as many EMS professionals deaths were declared suicide compared to non-EMS professionals (5.2% vs. 2.2%)
  - Divided by age this finding was consistent
    - In 18-34 year olds, 24% of EMS deaths were suicide compared to 16%
    - In 35-54 year olds, 16% of EMS deaths were suicides compared to 10%
  - On average Arizona loses 9 EMTs to suicide each year

- Firefighters exposed to more suicides had an increase in their suicidal ideation rate of approximately 30%
Basics of Stress

Selye’s General Adaptation Syndrome

• When in danger, the body engages in physiological reactions to noxious agents that are not the products of the agents themselves
• The response continues even after the agent was removed

Phases

• Alarm Phase
  • The body becomes aware of damage following the onset of a noxious agent – e.g., Danger is present, adrenaline is released
• Shock
  • The body rebalances homeostatic processes in order to cope with the agent – e.g., increase heart rate, breathing rate, calorie burn
• Countershock
  • The body attempts to make up for the lost resources of the shock phase – e.g., adjust metabolism, increase desire for simple high energy food
• Resistance Phase
  • Additional resources are used to fight off the stressor at the sacrifice of alternative defenses – e.g., change digestive rate, reduce immune response
• Exhaustion
  • Additional resources are depleted and the body can no longer cope with the agent – e.g., burnout, extreme fatigue, depression
Basics of Stress

Selye’s General Adaptation Syndrome

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Phases Applied to COVID

• Alarm Phase
  • COVID is out there! People are dying, we must protect ourselves.
• Shock
  • Other people are dangerous, we need to mask up, use hand sanitizer, keep our distance, watch for everyone coughing or sneezing
• Countershock
  • Hypervigilance requires a lot of energy, store all fats, reduce calorie burn
• Resistance Phase
  • No time with friends, Zoom/Skype with them. Can’t eat out, order in. Can’t go shopping, buy online. Can’t travel, improve the home.
• Exhaustion
  • Maintaining quarantine has gotten too difficult and gone on too long; start to ignore CDC suggestions, return to Pre-COVID lifestyles before it’s actually safe. Grow more frustrated with limitations
### Detection: Putting Stress on the Radar

#### Adult Signs

<table>
<thead>
<tr>
<th>Symptom Category</th>
<th>Symptom Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgetfulness and disorganization</td>
<td>Low energy</td>
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<tr>
<td>Aches, pains, and tense muscles</td>
<td>Headaches</td>
</tr>
<tr>
<td>Having difficulty relaxing and quieting your mind</td>
<td>Upset stomach, including diarrhea, constipation, and nausea</td>
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<tr>
<td>Feeling bad about yourself (low self-esteem), lonely,</td>
<td>Feeling overwhelmed, like you are losing control or need to take control</td>
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<tr>
<td>worthless, and depressed</td>
<td>Nervousness and shaking, ringing in the ear, cold or sweaty hands and feet</td>
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<tr>
<td>Avoiding others</td>
<td>Chest pain and rapid heartbeat</td>
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<td>Dry mouth and difficulty swallowing</td>
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<td></td>
<td>Inability to focus</td>
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<td></td>
<td>Increased use of alcohol, drugs, or cigarettes</td>
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<td>Poor judgment</td>
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<td>Being pessimistic or seeing only the negative side</td>
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<td>Racing thoughts</td>
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<tr>
<td></td>
<td>Changes in appetite -- either not eating or eating too much</td>
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<tr>
<td></td>
<td>Procrastinating and avoiding responsibilities</td>
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</tbody>
</table>
Stress and Coping

• When evaluating an event the individual works through the following series of questions:
  • What has happened?
  • Does this affect my needs or desires? Does it affect me?
  • Do I have the resources to handle this?

• Due to this last question, we must always study stress and coping simultaneously
Stress and Coping

• Identifying a situation as stressful will trigger an evaluation
  • Is this a threat? Have I been hurt? Is this a challenge?
  • The evaluation will impact the emotions and actions of the individual

• Different forms of coping serve different purposes
  • Problem Focused Coping
    • Attempts to change the self or the environment in order to eliminate the stress
  • Emotion Focused Coping
    • Aspires to change the emotional stress of the situation without changing the realities of the situation
Coping with Stress

Effective coping matches the style to the situation

Coping styles include

- Confrontive coping
- Accepting responsibility
- Planful problem solving, Distancing
- Self-controlling
- Seeking social support
- Escape-avoidance
- Positive reappraisal
Stress in EMS

• Emergency Personnel want to do the job they trained for
  • They want to run calls and attend to patients
  • Any obstacle that may prevent them from performing their duties may be considered stressful
  • Administrative duties may be considered stressful because they are not lifesaving procedures
Stress in EMS

- The most stressful calls are those with personal relevance
  - When emergency personnel identify with a call it is more stressful
  - Connection allows them to experience greater pleasure from well performed calls while also suffering greater detriment from calls that went poorly
  - Personal relevance as an integral factor in determining the level of stress assigned to the call reflects Lazarus and Folkman’s Relational Stress Theory
Stress in EMS

• Emergency personnel do not use all of the coping techniques available to them
  • They lean very heavily on Emotion Focused coping* over Problem Focused coping

• Primary coping techniques include
  • Confrontive coping (acting with hostility)
  • Escape-Avoidance (wishful thinking)*
  • Seeking Social support*
  • Distancing (detachment or intellectualization)*

• The least used techniques were
  • Planful-Problem Solving
  • Positive Reappraisal*
  • Self-Controlling*
  • Accepting Responsibility
Going Forward

• Emergency personnel are generally apprehensive to engage with mental health professionals
  • But they are very willing to engage with each other

• It is highly recommended that we work closely with administrators and medical directors to create more opportunities for emergency personnel to support each other
  • Create opportunities for off call socialization
  • Encourage development of peer support networks
  • Find ways to engage emergency personnel romantic partners and family to support each other and understand the first responder culture
  • Provide obvious cues for opportunities to engage with professional support anonymously.
Going Forward

• My research and experience has shown that the emergency services is a very hierarchical, white, male, heterocentric environment

• Some groups may require additional support, especially in their early career
  • LGBTQIA+
  • Women and Trans individuals
  • Racial/Ethnic minorities (especially Spanish speaking professionals who may have more demands placed on them)
References


