



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

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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



Emergency Room

Val Tarsia, PA



City of Blues and Red

Clare Patterson



Kupka

Greg Zivic, MD



Untitled

Daniel



Red River Gorge Series 2021

Jon Gaddis

Links to Consider

<https://codegreencampaign.org/>

- The Code Green Campaign is a first responder oriented mental health advocacy and education organization.

<https://www.artofemergencymedicine.com/>

- A curated collection of medical and non-medical artwork, literature, photographs, and more created by those in the emergency profession.

<https://www.reddit.com/r/ems/>

- A subreddit for medical first responders to hangout and discuss anything related to emergency medical services.

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 nocuous 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 nocuous 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

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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

Forgetfulness and disorganization	Low energy	Insomnia	Clenched jaw and grinding teeth	Poor judgment
Aches, pains, and tense muscles	Headaches	Frequent colds and infections	Constant worrying	Being pessimistic or seeing only the negative side
Having difficulty relaxing and quieting your mind	Upset stomach, including diarrhea, constipation, and nausea	Exhibiting more nervous behaviors, such as nail biting, fidgeting, and pacing	Racing thoughts	Changes in appetite -- either not eating or eating too much
Feeling bad about yourself (low self-esteem), lonely, worthless, and depressed	Feeling overwhelmed, like you are losing control or need to take control	Nervousness and shaking, ringing in the ear, cold or sweaty hands and feet	Becoming easily agitated, frustrated, and moody	Procrastinating and avoiding responsibilities
Avoiding others	Chest pain and rapid heartbeat	Dry mouth and difficulty swallowing	Inability to focus	Increased use of alcohol, drugs, or cigarettes

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

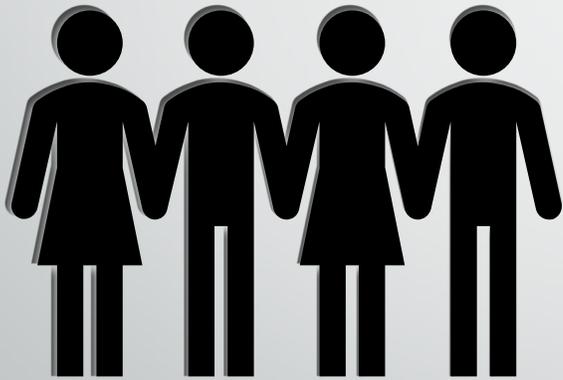
- Confrontive coping
- Accepting responsibility
- Planful problem solving, Distancing
- Self-controlling
- Seeking social support
- Escape-avoidance
- Positive reappraisal

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)

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