

Helping the Helpers

Individual Services for First Responders and Medical Professionals

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1

Law enforcement personnel are 54% more likely to die of suicide than civilians³

> Suicide rates amongst EMS

professionals is wice as high as the national average.⁵ Rates of PTSD and depression for first responders has been found to be as much as five times greater than the general population.⁶

75% of 911 dispatchers report feeling burnout

46% of Healthcare Workers reported feeling burnout in 2022.1

> The majority of LEO suicides occur at home, using the officer's own service weapon. 7

Healthcare Workers reported an average of 4.5 "poor mental health days" in the past 30 days in 2022.¹

From 2014-2020, more fire fighters died by suicide than in the line of duty.²

2

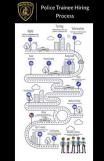


Work Conditions Cultural Challenges Risk Factors



Work Conditions

- Training process
- Shift work
- Separation from friends/family
- Intense physical/emotional labor
- Repeated trauma exposure



4

Cultural Challenges

- Idealistic Rookie vs. Cynical Veteran
- Are mental health issues acceptable?
- Survival Mentality
- Agency Structure/Leadership

"Does being distrustful of human nature and motive have a purpose? Yes, it keeps cops alive."

Dr. Kevin Gilmartin

5

Risk Factors

BURN OUT

a state of mental, emotional, and often physical exhaustion brought on by prolonged or repeated stress ⁸

MORAL INJURY

COMPASSION FATIGUE

a condition in which

someone becomes

numb to the suffering of others, feels less

able to display empathy toward them, or loses hope in their ability to help.⁸ when one feels they have violated their conscience or moral compass when they take part in, witness or fail to prevent an act that disobeys their own moral values or personal principles.⁹

Commonly Reported Issues9

- Sleep disturbances
- Appetite change
- Digestive issues •
- Poor focus
- Intrusive
- images Nightmares •
- Memory issuesHypervigilance

Building Rapport Effective Interventions Do No Harm

- Anxiety/PanicSurvivor guilt Anger outbursts
- Numbness •
- ObsessivenessDenial/Disbelief
 - Isolating
 - Secondary
 - injury from

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- relational stress
- Alcohol/drug consumption Sex drive change •
- Recklessness •
- Loss of motivation •
- Startle reaction Redefining morals/values/ • •
- faith Lack of hope •

7



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8

"The most challenging aspect of intervening with first responders is the resistance you will meet. Whether this is due to the culture or the fact that they have been through poorly run interventions in the past, you should expect it each and every time you respond. The key to resolving this is to avoid making it seem like an intervention, but more like extended family showing up to help out any way you can."

- Tania Glenn, PsyD, LCSW, CCTP





Building Relationships

DO10

- Schedule quickly & w/ flexibility
- Reiterate Confidentiality
- Establishing Your KnowledgeKeep it real, direct, and
- transparent

AVOID⁹

- Fall victim to the "shock factor"
- Use psychological
- terminologyUse language like "I
- understand how you feel" or "This is God's will"
- Interpret their emotions

10

Effective Interventions

- Focus on Hierarchy of Needs First¹⁰
 Confirm basic needs are being met
 Establish safety
- Evidence Based Practices
 - Motivational Interviewing
 - EMDR
 - Progressive Desensitization



11

DO NO HARM!

Improper/Inadequate training is the greatest risk factor associated with interventions!9 International Critical Incident Stress Foundation's Cautions to Providers9:

- 1. Not all individuals exposed to trauma will need intervention
- 2. Normalizing responses is encouraged, however do not dismiss

- Normalizing responses is encouraged, nowever do not distinct crisis reactions
 Interventions should be voluntary
 Interventions should not interfere with natural recovery
 Individuals should not be encouraged to talk about or relive a traumatic event unless they are comfortable doing so
- 6. When in doubt seek assistance and supervision
- 7. The risk of adverse outcomes is associated with all intervention

13



14





16

Questions?

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17

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