

INITIAL CONTACT

Introduce self

Name

Volunteer in the MV Well Resiliency Check-in

Status: MHC Intern, LMHC, MHC Student

Disclaimer:

All confidential – nothing will be shared

MVPD requesting only name of those who have called

But no personal details or length of contact, etc

Legally/ethically only break if concerned for safety

Explain role:

Reaching to MVPD (officers/employees)

strengthen coping & emotional resilience

Check-in not a check-up

Not looking for problems or pathology

Looking for ways to support, connect, provide resources

Especially during this time of COVID-19

Providing an opportunity to connect to someone safely

Promoting resiliency so can keep doing important work

Suggestions for initiating conversation:

How are you holding up?

How have you dealt with the impact of COVID?

How is your family?

Practice:

- Focusing on strengths
- Being a good listener
- Patience
- A Caring attitude
- Being Trustworthy
- Being Approachable
- Cultural awareness
- Empathy
- A Non-judgmental approach
- Kindness
- Flexible
- Accept information at face value
- Able to tolerate anger
- Assuming generally healthy individuals

Do Not:

Pander

Overdo "hero" worship

Everything is going to be "ok"

Over identify or attempt to

Do not give unknown assurances

Pathologize

Assume you understand when you do not

Modified PFA focusing on Resilience Strategies for Police Officers

Safety:

- Risk factors – lack of self-care, addictive behaviors, aggression

Connectedness:

- Personal
 - Constant communication
 - Share their experiences,
 - Who are you speaking to? (partner?)
 - Peers
- Family Support
 - use family for support? Are they getting the support they need?
Cause additional stress?

Self-Efficacy (strength based)

- Life Outside of Policing
 - What do you do when not at work
 - What bring you oy away from policing?
 - Does it help to redirect the stresses of the job
- Stress Management Training
 - What do you do to manage everything confronted with at work?
 - Do you care for your whole self?
 - What do you do to blow off steam (substance assessment)?
- Physical Health
 - Sleeping well? Eating well? Exercising?
- Have you been sick? Family members?
- Eliminate Other Stressors
 - Feeling the COVID stress?
 - Changes in society?

Help/Hope (Psych-ed focused)

- Peer support
 - Would this be useful
 - Provide resources
- Hotlines
- Addictions resources
- Therapy outside EAP
- Reconnect

In interactions:

Support the development of

AWARENESS

Strength Based

Understand what experiencing

How impacting you & others

How these are normal responses

Balance

Equilibrium/ balance part of life and self

Managing emotions/impact 'positively'

Connections

Connect with others – peers/family/other

Normalization

NORMAL RESPONSES TO AN ABNORMAL EVENT

PTSI

Burnout

Secondary Stress Response

Components of Resiliency:



Self-Awareness

The ability to pay attention to your thoughts, emotions, behaviors, and physiological reactions.



Self-Regulation

The ability to change one's thoughts, emotions, behaviors, and physiology in the service of a desired outcome.



Mental Agility

The ability to look at situations from multiple perspectives and to think creatively and flexibly.



Strengths of Character

The ability to use one's top strengths to engage authentically, overcome challenges, and create a life aligned with one's values.



Connection

The ability to build and maintain strong, trusting relationships.



Optimism

The ability to notice and expect the positive, to focus on what you can control, and to take purposeful action.

Post-traumatic stress injury (PTSI) Potential experiences

- Feelings of fear, horror, guilt, shame, anger, irritability and self-blame.
- Avoidance of sights, sounds, smells, people, places, and activities that trigger memories of the original trauma.
- Depressed feelings and behaviors.
- Thoughts, plans, intentions and having the means of committing suicide.
- Poor concentration and memory problems. Inability to remember aspects of the trauma.
- Increased use of drugs and or alcohol.
- Panic attacks, agitation and increased generalized anxiety.
- Negative beliefs about the world at large and feelings that no one can be trusted.
- Reckless and self-destructive behavior.
- Sleeping too much or too little. Nightmares.
- Eating too much or too little.
- Isolation and detachment from others.
- Inability to feel pleasure.
- Flashbacks and frightening intrusive thoughts.
- Direct exposure, or indirect exposure to a horrifying event.
- Witnessing trauma or learning a friend or relative was exposed to trauma.

SAFETY ISSUE

Suicide Clues

- Nearly all reveal some clues or cries for help
- Most feel high levels of ambivalence or inner conflict
- Verbal Clues: spoken or written, direct or indirect
- Behavioral Clues: purchasing a grave marker to practice runs or gestures
- Situational Clues: preoccupations with death or death dates, drastic life changes, concerns over conditions, sudden bankruptcy
- Sxs Clues: depression loneliness, hopelessness, dependence, dissatisfaction with life
- Risk factors
 - Many , age, substance use, mental illness, job quality, family quality, recent life changes, gender, place of origin – so many hard to predict
- Instruments
 - Only worthwhile if back with clinical interview

Don'ts

- Don't lecture, blame, give advice, judge or preach
- Don't criticize choices or behaviors
- Don't debate pros & cons of suicide
- Don't mislead client that the crisis has passed
- Don't deny the clients suicidal ideas
- Don't challenge for shock value
- Don't leave client isolated, unobserved & disconnected
- Don't diagnosed & analyze or confront during acute phase
- Don't be passive or overreact
- Don't keep the clients risk a secret
- Don't get sidetracked on extraneous or external issues or persons
- Don't glamorize, martyrize, glorify, heroize or deify suicidal behaviors
- Don't become defensive or avoid strong feelings
- Don't hide behind professionalism as way of distancing
- Don't fail to identify the precipitating event
- Don't terminate intervention without some level of positive commitment
- Don't forget to follow up or to document & report
- Don't be embarrassed or too vain that don't consult
- Don't fail to make self available & accessible

Potential assessments

<https://traumatest.com/>

<https://www.theiacp.org/projects/law-enforcement-agency-and-officer-resilience-training-program>

Acronyms

CIT : Crisis intervention team