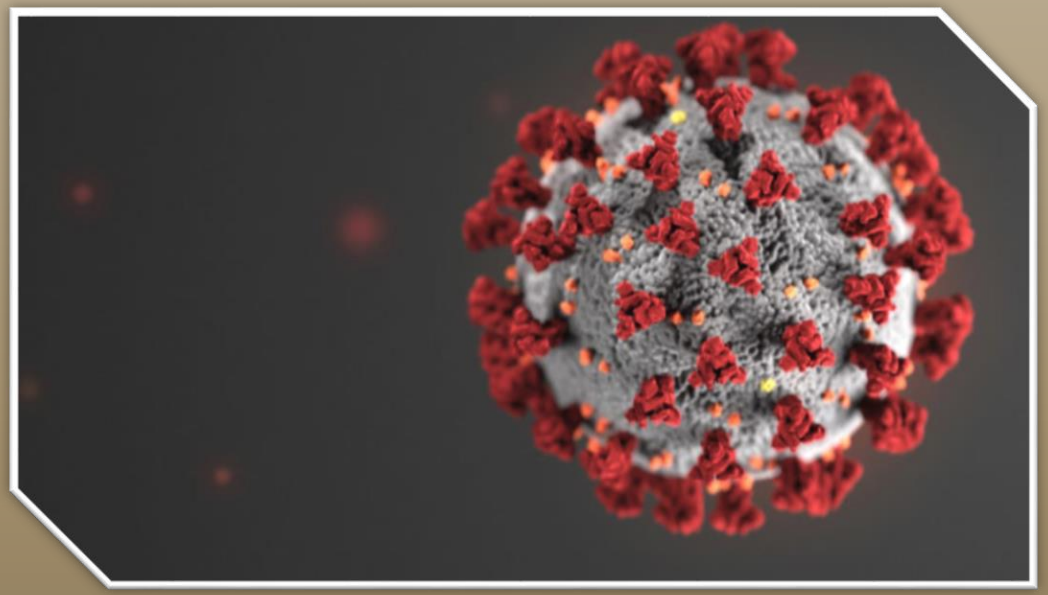
# Operational Stress Control



## Special Considerations During the COVID-19 Pandemic

Presented by the
Disaster & Terrorism Branch
New Jersey Department of Human Services
Division of Mental Health & Addiction Services

# Welcome

- Thank you all for making the time to participate in this webinar
- For context, the broadcast date of this presentation is April 16, 2020. As of yesterday, 614,482 people infected with the COVID-19 virus in the U.S.—there have been 27,085 deaths over the past several weeks
- The day before was the deadliest day so far, with 2,405 deaths in the U.S.
- Covid-19 has infected more than 2 million people and killed at least 129,045 worldwide

For perspective, 2,606 people were killed in the 9/11 attack on the World Trade Center

# A Slow Moving

Refrigerator trucks as makeshift morgues


Mass graves for unclaimed bodies

# Mass Fatality Incident

# About the Instructor

## Steve Crimando, MA, CHPP, CTM

**Director of Training| Disaster & Terrorism Branch**

- **Consultant/Trainer:** U.S. Dept. of Homeland Security; U.S. Dept. of Justice; National Criminal Justice Training Center; U.S. Health & Human Services Administration; United Nations-Operational Support-Special Situations Section; major city police departments, U.S. military
- **Responder/Supervisor:** '93 and 9/11 World Trade Center attacks; NJ Anthrax Screening Center; TWA Flight 800; Unabomber Case; Int'l kidnappings, hostage negotiation team member
- **Deputy/Police Surgeon:** Member NJ Police Surgeons Team/Atlantic County Sheriff's Office
- **Expert:** to the courts and media on crisis prevention and response issues
- **Author:** Many published articles and book chapters addressing the behavioral sciences in crisis intervention, disaster and terrorism response

Certified Homeland Protection Professional, National Sheriff's Association

Certified Threat Manager Member, Association of Threat Assessment Professionals

Member, National Tactical Officers Association

Diplomate, National Center for Crisis Management

Diplomate, American Academy for Experts in Traumatic Stress

# Section One

# Behavioral Response to Public Health Emergencies

# About This Presentation

- The program will address two critical and timely areas of concern:
  - The behavioral response to COVID-19
  - The effects of Operational Stress on frontline workers and others
- While we will discuss the impact of stress on operations and wellness of personnel, we will ***not*** focus on:
  - General work or work-life balance stress
  - Burnout
  - Compassion fatigue

*Note: This content incorporates facts about COVID-19 that are known at the time of this presentation. Pandemics are predictably unpredictable and continue to change over time and geography.*

# On the Frontlines

- The program is intended to discuss managing the emotional consequences of the COVID-19 pandemic on frontline workers, but the concepts have broader applicability

Frontline workers can include:

- First Responders
- Hospital & Healthcare workers
- Grocery store employees
- Bus Drivers
- Mental Health workers
- Farmers
- Food Service Workers
- Delivery Workers

…and many others

# Psychological Contagion is Greater than Physical Contagion

Zhong Nanshan, Director of the Guangzhou Respiratory Research Centre, said regarding the Severe Acute Respiratory Syndrome (SARS-CoV) outbreak, **"<u>The psychological fear [of a disease] is more fearful than the disease itself</u>.** The psychological contagion effect is always more far-reaching than the physical contagion."

Everly, G.S. Psychology of Viral Pandemic: What We Need to Know and Do: Contagious fear may be more dangerous for more people than the viral contagion. Psychology Today March 1, 2020. Last accessed on March 25, 2020 at https://www.psychologytoday.com/us/blog/when-disaster-strikes-inside-disaster-psychology/202003/psychology-viral-pandemic-what-we-need

# Public Health Emergencies are Behavioral Health Emergencies

- These types of emergencies simultaneously affect us medically and psychologically; one aspect cannot be fully addressed without dealing with the other

- In a survey of Hong Kong residents about SARS, nearly two-thirds of respondents expressed helplessness, with nearly half saying their mental health had severely or moderately deteriorated because of the epidemic

# Anticipating Human Behavior in Disasters & Emergencies

$$B = f(P,E)$$

**B**ehavior is a **F**unction of **P**erson and **E**nvironment

# Community Behavioral Responses

## 3 Basic Behavioral Responses

**Type One** Neighbor-helps-neighbor

**Type Two** Neighbor-fears-neighbor

**Type Three** Neighbor-competes-with neighbor

# Economics and Panic [1]

- Panic is not seen in most emergency or disaster scenarios
- Disaster recovery planners typically count on a *"neighbor-helping-neighbor"* response
- During a contagious disease outbreak individuals fear that a neighbor will:
  - Infect them or their family
  - Compete with them for critical supplies
- Such events tear at the social-unit cohesion that is so important for communities to survive and recovery from disasters

# Economics and Panic [2]

- Panic is not simply extreme fear
- Panic is a group phenomena characterized by an intense, contagious fear
- Panic is related to the perception of a limited opportunity for escape, a high-risk of being injured or killed, or that help, and supplies will only be available to the very first people who seek it
- Panicked individuals think only of their own needs and survival

# Economics and Panic [3]

Economics is not just about the stock market; it is about how rare assets are allocated

- Equipment will also be in high demand and low supply
- There is a likelihood of price gouging and the development of a *"black market"* for essential goods
- Vaccines, antiviral medications, hospital beds, and later perhaps basic necessities will be in tremendous demand
- Other important goods, such as food, water, and power will be short supply, as will critical medicines like insulin, heart drugs, and other prescription medications
- Masks, gloves, antibacterial soaps, and other protective

# The "Bookends" Effect

- Events which have clear *"bookends"* (i.e.-it is clear when they begin and end; who is in the affected area, who is not) tend to produce acute stress reactions and PTSD-like symptoms
  - Most natural disasters
  - Many technological disasters
  - Conventional terrorism: Bombing, shooting and kidnapping incidents

- Events which lack *"bookends"* and have the element of invisibility (cannot see, smell, hear or taste threatening substances, etc.) result in chronic stress reactions and long-term behavioral consequences
  - Unconventional terrorism: CBRN/WMD
  - Disease outbreaks

# Reactions to Invisible Threats

CBRNs and Public Health crises (i.e., SARS, pandemic influenza, etc.) also result in different responses that are not seen in natural or technological disasters. Those include:

- Medically Unexplained Physical Symptoms (MUPS)/Multiple Idiopathic Physical Symptoms (MIPS)
- Misattribution of normal arousal
- Sociogenic illness
- Panic
- Surge in healthcare seeking behavior
- Greater mistrust of public officials

**These reactions further complicate and confuse the public health and medical response to the situation**

Pastel, R.H. 2001. *Collective Behaviors: Mass Panic and Outbreaks of Multiple Unexplained Symptoms.* Military Medicine 166:44-6.

# Surge & the Worried Well

Many emergency scenarios (i.e., CBRNE, disease outbreaks, etc.) are equal parts medical and behavioral emergencies

Sarin gas attack-Tokyo subway 1995

Psychological Casualties : Medical Casualties

**4:1**

Cesium-137 release Goiânia, Brazil 1987

**500:1**


Kawana, N., S. Ishimatsu, and K. Kanda.(2001). Psycho-Physiological Effects of the *Terrorist Sarin Attack on the Tokyo Subway System. Military Medicine 166:23-6.*

*Becker, S. (2001). "Psychosocial Effects of Radiation Accidents." Medical Management of Radiation Accidents. 2nd ed. Boca Raton, FL. CRC* Press.

# The Dread Factor

Uncontrollability

+ Unfamiliarity
+ Unimaginability
+ Suffering
+ Scale of loss
+ Unfairness

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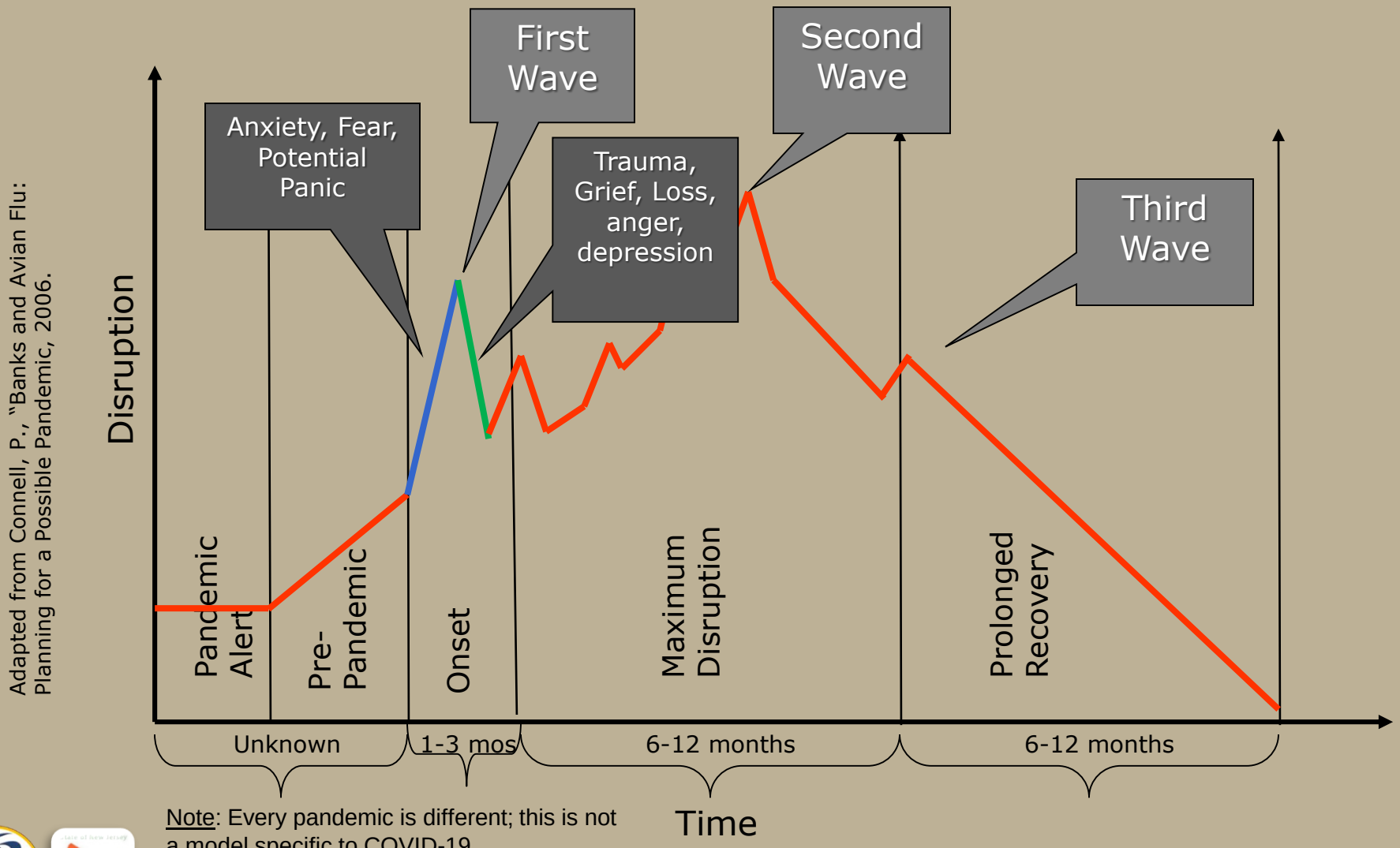
**Dread**

*Ripley, A. 2008. "Unthinkable: Who Survives Disaster When Disaster Strikes and Why"*

# Pandemic Timeline and Planning Framework

**An Example of Phase-specific Reactions**




Adapted from Connell, P., "Banks and Avian Flu: Planning for a Possible Pandemic, 2006.

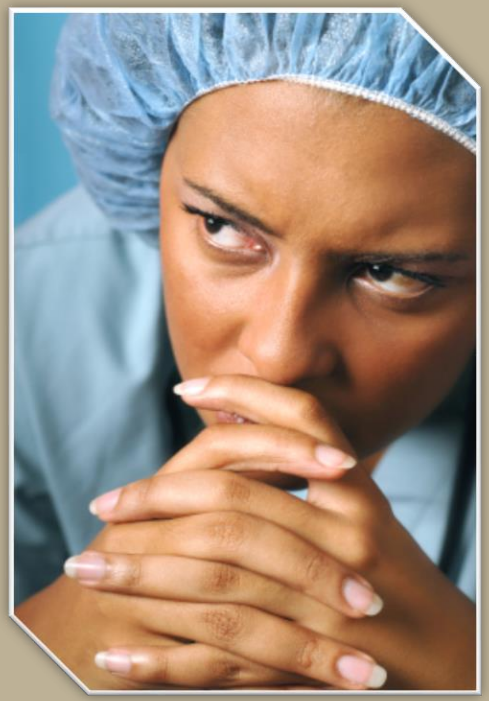
Note: Every pandemic is different; this is not a model specific to COVID-19

# Potential Flashpoints

- Hospital Emergency Departments
- Testing Sites/Points of Dispensing (PODs)
- Immediate Care Centers
- Pharmacies/Pharmaceutical Reps
- Home Care/Community Health Workers
- EMS Facilities, Vehicles & Workers
- Workplace & School Nursing Offices

National Guardsmen standing at the entrance to Johns Hopkins Hospital during riots in Baltimore

# Priority Populations [1]



- Frontline Workers
- Those exposed to the hazard
- Those who believe they were exposed
- Public Health/Healthcare/ First Responders/HazMat
- Public Safety/Law Enforcement/Security
- Site Clean-up workers
- Other concerned and emotionally affected individuals and groups

Those most directly exposed are at the greatest medical and psychological risk

# Priority Populations [2]

Critical infrastructure workers are unique in that they are repeatedly exposed to highly-stressful events.

These personnel include:

- Public Safety workers
- Grocery & Food Service
- Public Service Workers

Firefighters, emergency medical services, military, public works, construction workers, volunteer relief workers and others

# Priority Populations [3]

Lessons about the impact on First Responders and First Receivers from SARS and MERS include:

- Heath care workers get sick and die at the same rate as the general public.
- Emotional distress among health care workers was higher than the general public.
- Some health care workers, including physicians, refused work assignments or avoided contagious patients.
- Many health care workers stayed away from home to protect their family from infection.

# Frontline Worker Challenges [1]

Many frontline workers will have additional challenges. They themselves may experience:

- Illness
- Personal loss
- Depletion in their ranks
- Person vs. Role conflict (*i.e., a pull to be home caring for loved ones, or protecting personal property*)

All at a time when the need to maintain peace, provide security for critical infrastructure points, and enforce mandates, such as quarantine and travel restrictions, may be at peak demands.

# Frontline Worker Challenges [2]

- Prolonged separation from family
- Constant pressure to keep performing
- A sense of ineffectiveness
- Extreme fatigue, sadness, etc.
- Stigmatization for oneself or family members

# Person-Role Conflict

Stress caused by a division of loyalties between roles and responsibilities in personal and professional realms

During crisis activation frontline workers may have increased demands at home from family who are concerned or affected by the situation

# Section Two

# Understanding Operational Stress

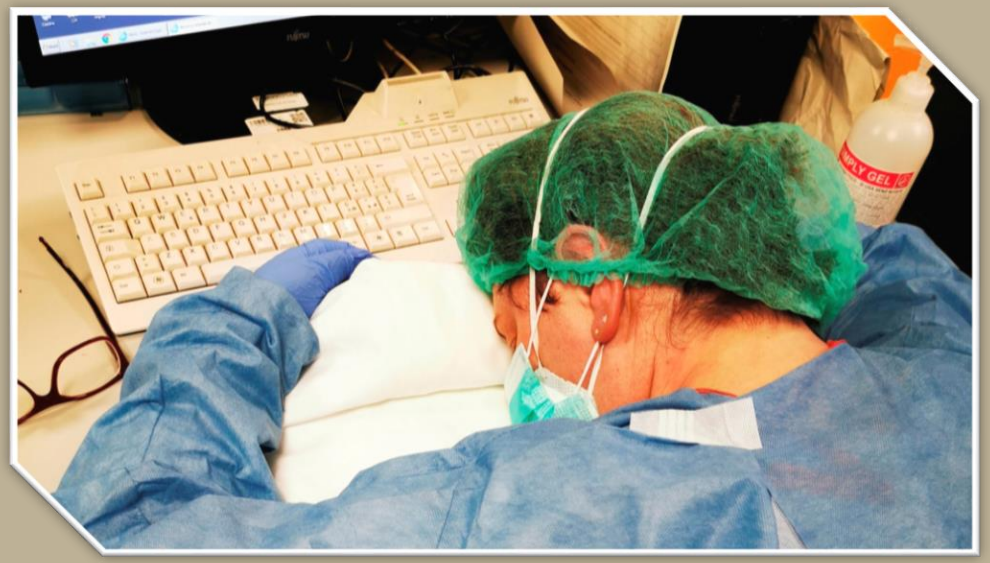
# Traits of Frontline Workers

- Handle the pressure of working with a high volume of information
- Remain flexible in an ever-changing environment
- Adapt well to different situations
- Multitask, and prioritizing tasks well
- Tolerate ambiguity
- Quickly analyze problems, identify causes, and implement solutions
- Stay calm, handle high pressure situations, and make sound decisions


- Work independently while also being a team player
- Identify critical issues quickly and accurately
- Pay attention to details

# During Times of Crisis Response

- Persistent engagement for long hours in high stress conditions
- Bearing the weight of making decisions that affect many lives
- Intellectual labor of piercing through masses of information
- Great uncertainty to locate or warn others of potential threats
- Possibly racing the clock to prevent an adverse outcome



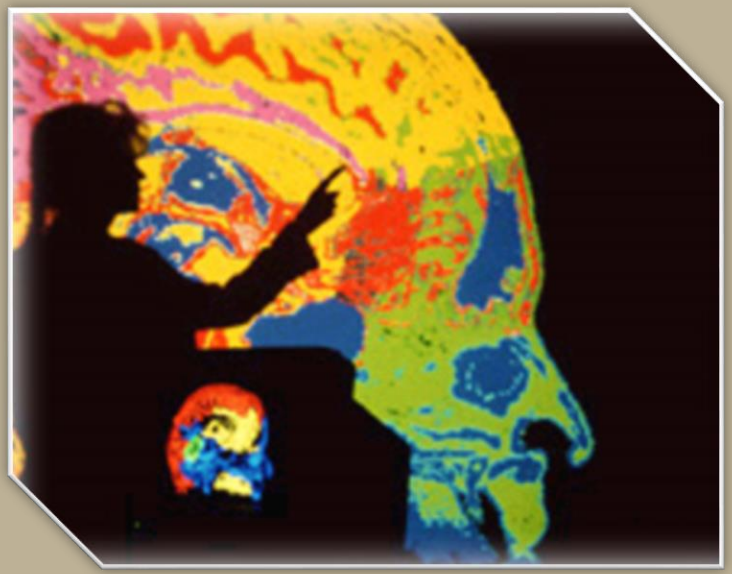
# Stress is Normal, *but…*

- Stress is an elevation in a person's state of arousal or readiness, caused by some stimulus or demand, real or perceived
- In general, as stress arousal increases, health and performance actually improve. Within manageable levels, stress can help sharpen our attention and mobilize our bodies to cope with threatening situations
- An optimum level of stress can act as a creative, motivational force that drives a person to achieve incredible feats
- At some point, stress arousal reaches maximum effect. Once it does, all that was gained by stress arousal is then lost and deterioration of health and performance begins

# The Neuroscience of Extreme Stress [2]

- **Epinephrine:** Most people recognize this hormone as “adrenaline.” Epinephrine triggers increased lung and heart activity. The increased blood flow to your brain can make you feel more awake and aware.

- **Cortisol:** This hormone changes the way you metabolize glucose and regulate blood pressure. During stressful situations, Cortisol gives your body the burst of energy characteristic in a fight or flight response.

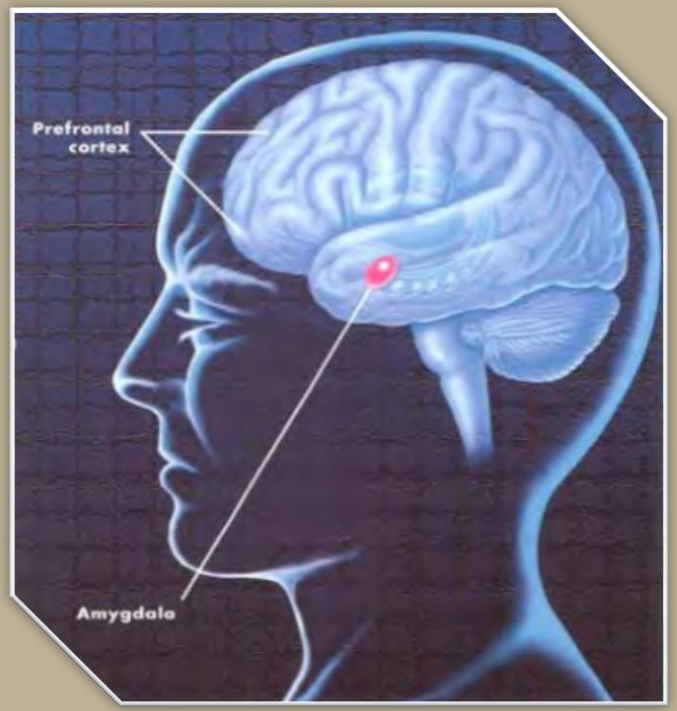


# Neuro-Cognitive Response

In response to crises and traumatic events, we tend to experience greater activation of our limbic system, also known as the *"emotional brain."*

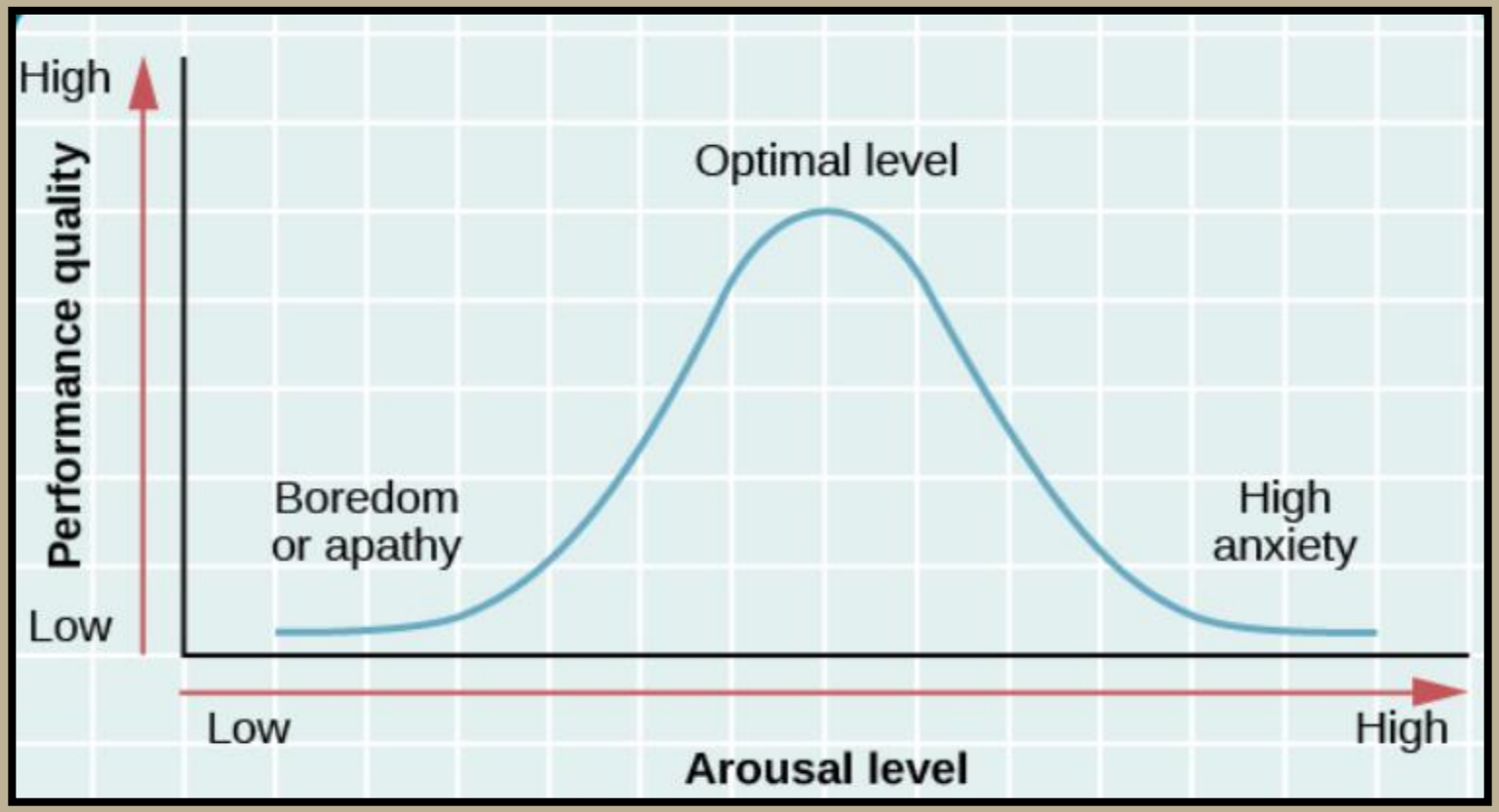
This can influence:

- Problem solving
- Decision making
- Judgment
- Logic
- Reasoning
- Impulse control
- Verbal processing




All critical functions to effectively respond to a crisis

# The Stress-Performance Link




The Yerkes-Dodson Curve

# Potential Long-term Effects

When the stress response is active for a prolonged period, it can damage the cardiovascular, immune and nervous systems. People develop patterns of response to stress that are as varied as the individuals

- Free-floating anxiety and hypervigilance
- Underlying anger and resentment
- Uncertainty about the future
- Diminished capacity for problem solving
- Isolation, depression, hopelessness
- Health problems
- Significant lifestyle changes

# Substance Use/Abuse

- Increased substance use or abuse is also a concern
- While researchers appear to be divided on whether substance abuse disorders increase following a disaster, there is evidence to suggest that substance use increases
- While substance use increases alone do not qualify as substance abuse disorders, they can create potential health and safety problems

# Defining Operational Stress

- The expected and predictable emotional, intellectual, physical, and/or behavioral reactions of personnel who have been exposed to extremely stressful events in direct or indirect security operations

- Operational Stress reactions vary in quality and severity as a function of operational conditions, such as intensity, duration, leadership, effective communication, team morale, unit cohesion, and perceived importance of the mission

# Task Saturation

- *"Task Saturation"* is too much to do with not enough time, not enough tools, and not enough resources. It can be real or imagined, but in the end, it can do the same thing.

- When the sum of these tasks exceeds the responder's capability to deal with them effectively, he or she becomes task saturated and unable to perform any one of the tasks proficiently.

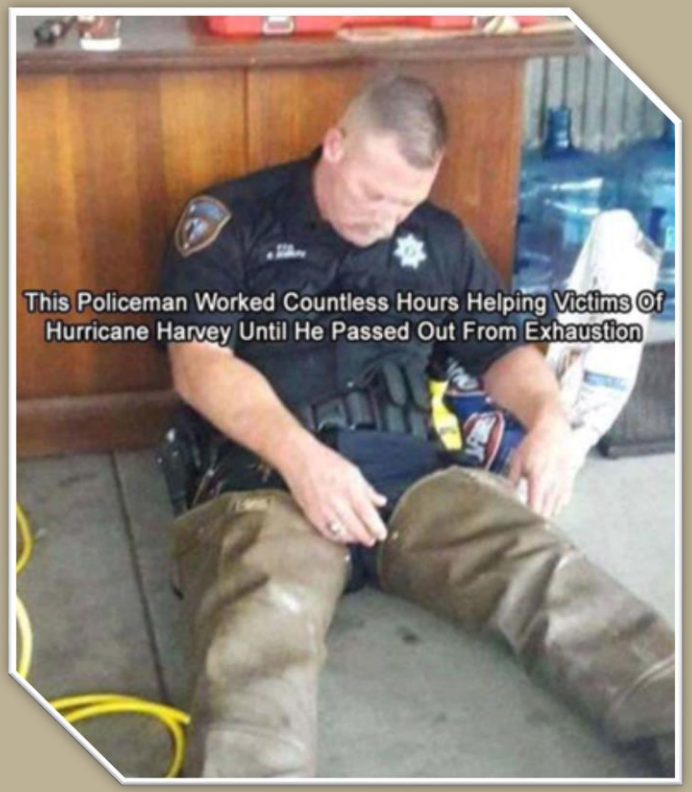
***As task saturation increases, performance decreases; as task saturation increases, executional errors increase.***

# Helmet Fire

Helmet fire is a mental state characterized by unnaturally high stress, task-saturation and loss of situational awareness

# Task Saturated Workers Are Not Heroes, They are Dangerous

- During crisis activation, overworking and ignoring functional needs (e.g., sleep, meals, etc.) can sometimes be promoted as a badge of honor
- Don't take pride in overworking. Overworked/Task Saturated people are dangerous to the operation



# Signs of Task Saturation

- Shutting Down is when you simply stop performing
- Cognitive Lock In is sticking with your first decision, no matter what
- Compartmentalizing/Target Fixation is an intense focus on one thing to the exclusion of all else
- Channelizing is when you act busy, but all your doing is organizing and reorganizing lists and doing things sequentially, but not actually producing effective results

# Operational Stress Continuum


- Good to go
- Well trained
- Prepared
- Cohesive, collaborative teams
- Ready homes/families

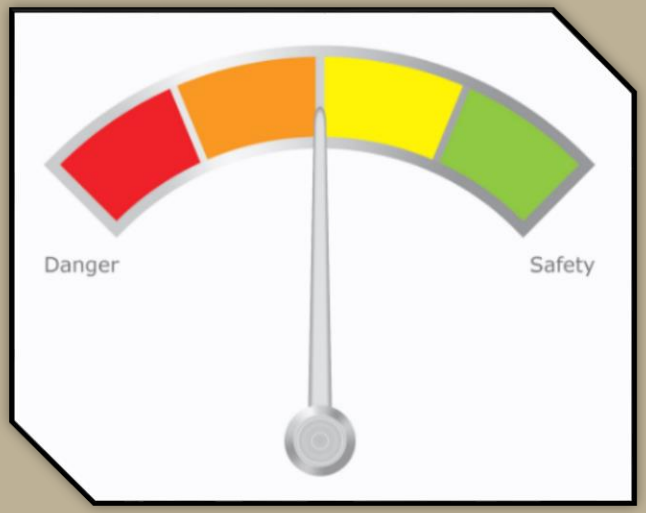
- Distress or impairment
- Mild and temporary
- Anxious, irritable or sad
- Physical and/or behavioral changes

- More severe or persistent distress or impairment
- May leave lasting memories or reactions

- Stress injuries that don't heal without help
- Symptoms persist, get worse or initially get better then return worse

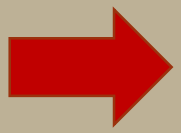
# READY

- Good to go
- Continue to monitor for signs of loss of function in the future if concerned



# REACTING

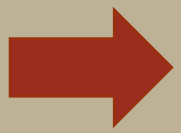
- Difficulty relaxing or sleeping
- Loss of interest in social or recreational activities
- Unusual or excessive fear, worry or anger
- Recurring nightmares, troubling memories.
- Hyper-startle reflex to noise
- Difficulty performing normal duties
- Any change from normal personality



- Ensure adequate sleep and rest
- Manage home-front stress
- Discussion in small groups (stress tips)
- Refer to medical or EAP support if reactions persist

# INJURED

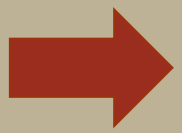
- Inability to fall asleep or stay asleep
- Withdrawn from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heartrate
- Inability to control emotions
- Suicidal or homicidal thoughts
- Loss of usual concern for moral values



- Keep safe and calm
- Rest and recuperation
- Refer to medical and/or mental health services
- Mentor back to full duty/functioning
- Reintegrate with Team when stabilized

# ILL

- Stress problems that last for several weeks
- Stress problems that don't get better over time
- Stress problems that get worse over time



- Refer to medical/mental health services
- Ensure compliance with recommended treatment
- Mentor back to full duty/functioning, is possible
- Reintegrate with Team if/when possible

# Section Three

# Operational Stress Control

# Operational Stress Control (OSC)

- Recognizing and managing the effects of stress on performance under pressure
- Applied in the pre-crisis, crisis and post-crisis phase
- Intended to be used proactively across the entire life cycle of operations

# Three Filters for OPSTRESS

- The Individual/Officer: Self-Awareness
- Teammates and Co-workers: Buddy Care
- Supervisors and Team Leaders: Monitoring

# A Critical Distinction

The model of support, Operational Stress Control (OSC), introduced here, is not:

- Therapy
- Counseling
- Debriefing

The purpose of psychotherapy is to <u>create change</u>

The purpose of OSC and PFA is to <u>prevent change</u>, and help get personnel back to pre-crisis levels of functioning as quickly as possible

# Operational Stress Control: *It's Everyone's Job [1]*

- Operational Stress Control is not exclusively the job of the EAP or mental health service providers

- Leaders and workers must understand:
  - The causes of stress
  - The effects of stress on performance
  - Warning signs of extreme stress reactions
  - Strategies and techniques for managing stress

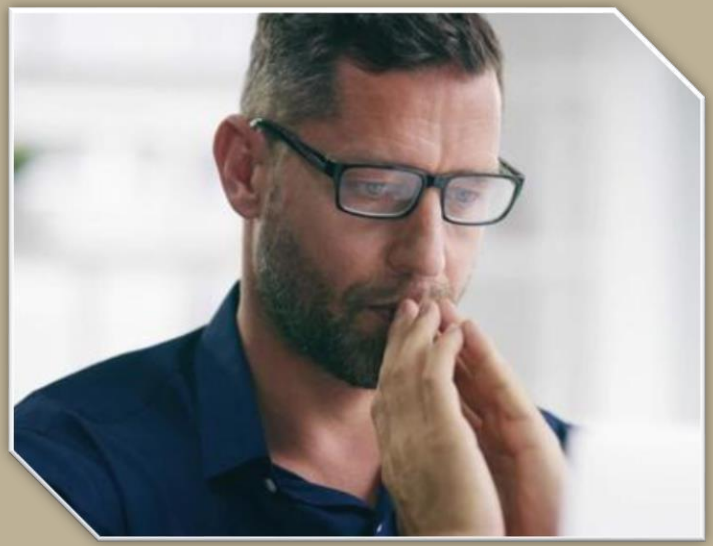
*…in the interest of sustaining /resuming operations, protecting personnel and assets during crisis situations.*

# Operational Stress Control:
## *It's Everyone's Job [2]*

- Crisis responders under extreme stress may be operating at reduced capacity and cannot fully support the mission
- Leaders are uniquely positioned to observe and influence the psychological functioning and wellness of crisis responders in their organizations
- The two primary objectives of operational stress control are:
  - To preserve crisis responder functioning
  - To preserve individual health and well-being

**Operational Stress Control is**
**Psychological Force Protection**
**for your personnel**

# Barriers to Stress Control [1]



- Stigma: The greatest obstacle to psychological health
- Possible harm to career
- Intolerance for weakness of any kind
- Belief that stress problems only happen to the mentally ill
- Intolerance or fear of those different from oneself

# Barriers to Stress Control [2]

- The word *"stigma"* literally means *"brand"* or *"mark"*
- The term refers to an invisible mark that sets an individual apart from their peers and makes them a target for possible ridicule or harm

# Barriers to Stress Control [3]

- It is every leader's job to help workers understand that it is okay to seek help
- Some leaders may question this, but ask yourself which person you would rather have working beside you, the person who has received help for their stress issues or the person who needs help but is not getting it or is self-medicating in other ways (substance abuse)?
- You may think that by taking action you'll hurt their career, but not taking action can be even worse
- We need to care about Team Members as a people, not just worry about their career
- Getting help will not necessarily negatively impact their career, but poor job performance will

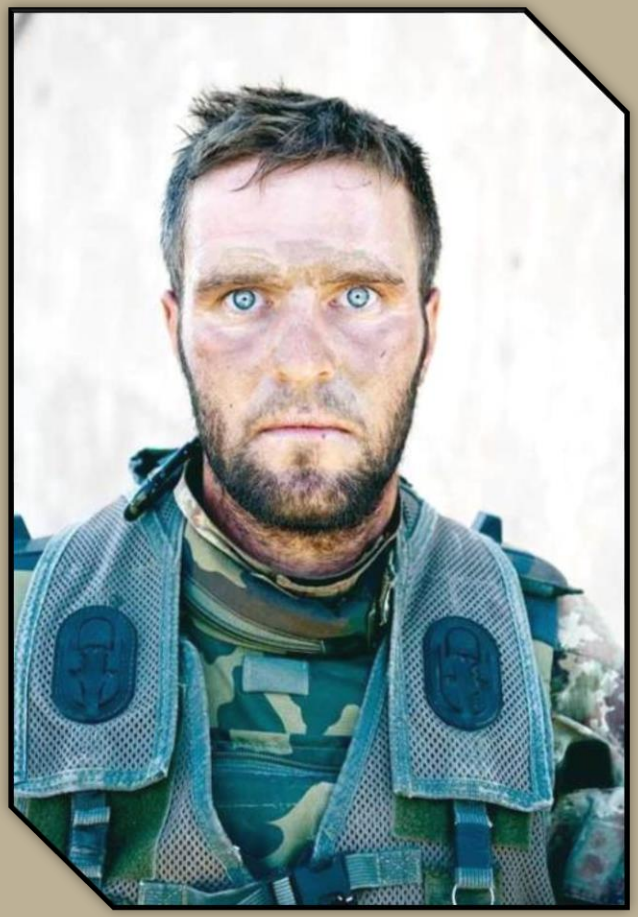
**For Operational Stress Emergencies:**

***Three Core Actions of Tactical-Psychological First Aid (T-PFA)***

- Calm
- Connect
- Competence

# Watch for these Signs

- Looking glassy eyed, vacant or lost
- Unresponsive to verbal questions or commands
- Disoriented (aimless, confused behavior)
- Uncontrollable crying, hyperventilating, rocking or regressive behavior
- Uncontrollable physical reactions (shaking, trembling)
- Frantic searching  behaviors
- Feeling incapacitated by worry, anxiety
- Engaging in risky or dangerous behavior



# The Goals of T-PFA

Goals:

1. Stabilization
2. Reaction reduction
3. Return to adaptive functioning, or
4. Facilitation of access to continued care

# Calm

- Reduce the level of physical activation, such as heart rate
- Reduce intensity of negative emotions, such as fear or anger
- Regain mental focus and control

**Two Primary Skills**

Tactical Breathing

Grounding

# Approach & Tone

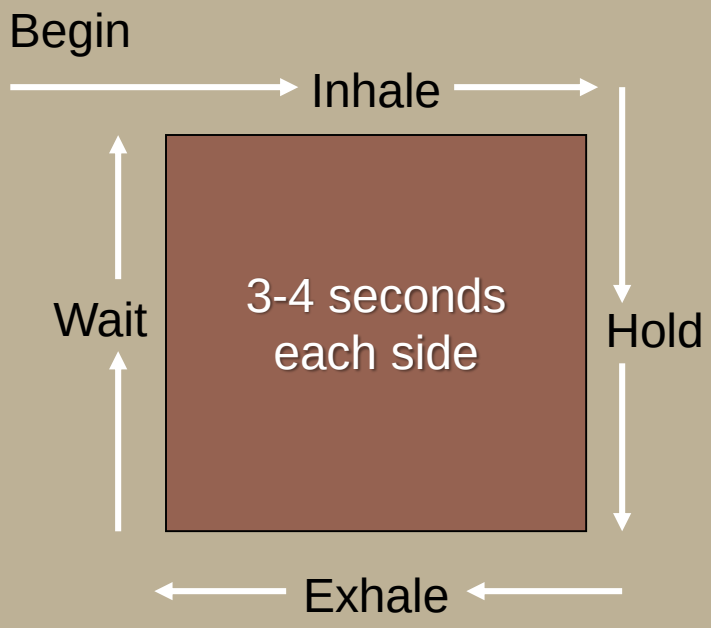
General behaviors (depending on culture) to increase trust and confidence:

- Get to the same level as the affected person (e.g.: standing, sitting, etc.)
- Display an open posture
- Keep an appropriate distance
- Frequent positive eye contact
- Project a calm and relaxed presence
- Use the person's name

# Tactical Breathing

Box breathing is an autogenic technique to calm physiological arousal


The Tactical Breather app is available at no cost for iPhone and Android devices



# Grounding

- **<u>The goal of this action is to calm and orient emotionally overwhelmed individuals</u>**
- Most individuals affected by extreme stress will **<u>NOT</u>** require stabilization
- You should be concerned about reactions that are intense, persistent and interfere with the individual's ability to function

# Beginning the Grounding Technique

Begin the grounding technique by:

- Asking the person to listen to you and look at you
- Finding out if the person knows who they are, where they are and what is happening around them (are they "oriented")
- **Asking him/her to describe the surroundings, and say where you both are**
- This initial step may be enough to help *"ground"* and re-orient the individual

# Grounding Instructions [1]

1. Stand or sit with the arms and legs uncrossed
2. Have them breathe in and out slowly and deeply
3. Ask the individual, *"Look around you and name different objects that you can see."* For example, they could say, *"I see the floor, I see a shoe, I see a table, I see a chair, I see a person"*
4. Have them breathe in and out again slowly and deeply again

# Grounding Instructions [2]

5. Next, name sounds that they can hear. For example, they might say, *"I hear a woman talking, I hear myself breathing, I hear someone typing, I hear a door closing, I hear a cell phone ringing"*

6. Have them breathe slowly and deeply

7. Next name things that they can feel (tactile). For example, *they might say, "I can feel the wooden armrest of this chair, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the phone I am holding, I can feel my lips pressing together"*

8. Have the finish by breathing in slowly and deeply

# Secondary Traumatic Stress

- Exposure to other's raw and powerful emotional reactions
- Cumulative stress from hearing traumatic stories
- Feeling overwhelmed by the depth of grief, anger or frustration expressed by survivors
- Over-identification or enmeshment with survivors
- Unrealistic expectations of reliving emotional pain

# Secondary Traumatic Stress (STS) Reactions

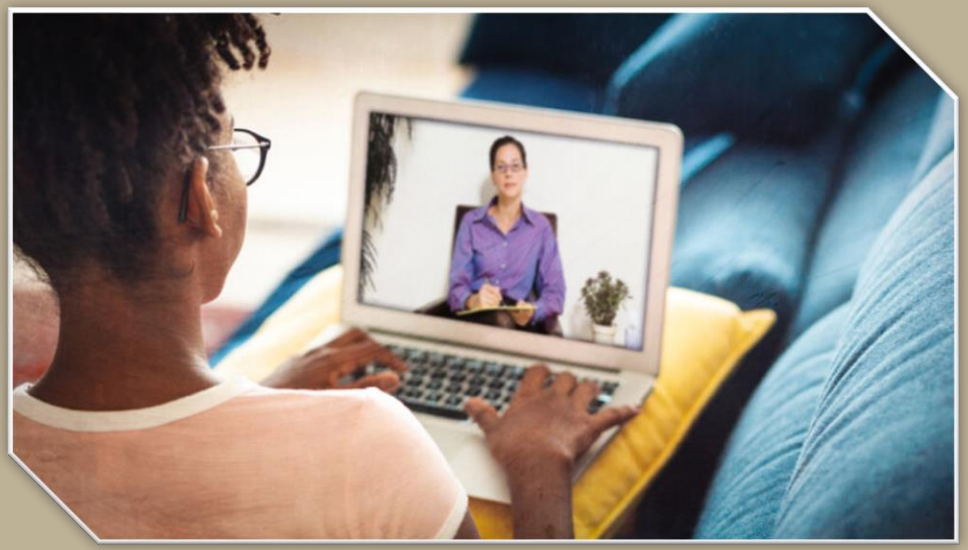
A state of tension and preoccupation with the individual or cumulative trauma of others as manifested in one or more ways:

- Re-experiencing traumatic events,
- Avoidance / numbing of reminders, *and*
- Persistent arousal.

*Figley,C., 1994*

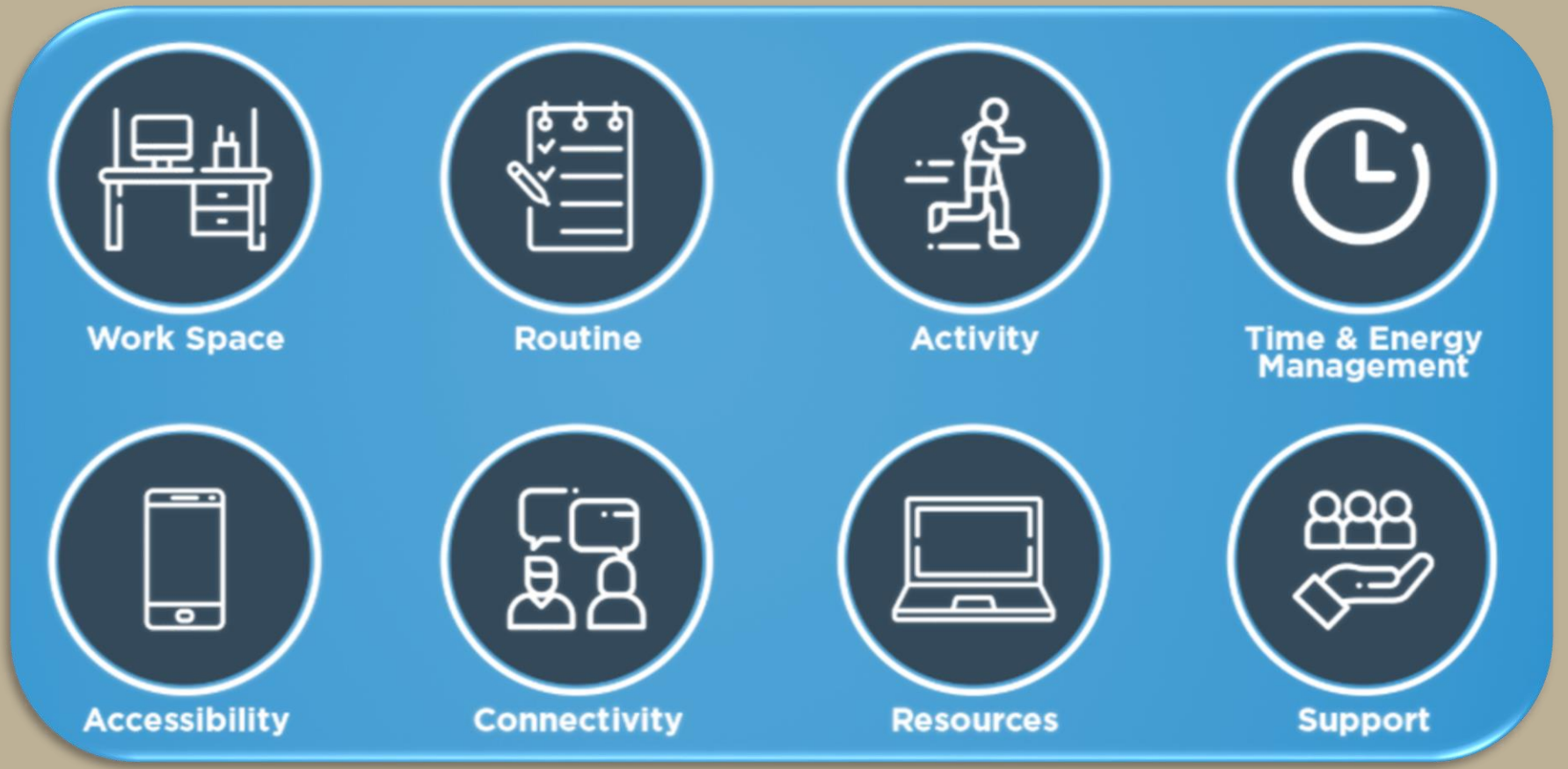
# When to Seek Professional Help

- When fear and anxiety are excessive, or when they get in the way of one's ability to function on an everyday basis, those are cues signaling that one may be experiencing clinical levels of anxiety



- If someone already has a relationship with a mental health provider, or are seeking mental health support, know that some professionals may be able to offer services via tele-counseling or other distance technologies that allow people to connect without leaving home

# Practice Proactive Self-Care



# Stay Positive—We Can Kick This!

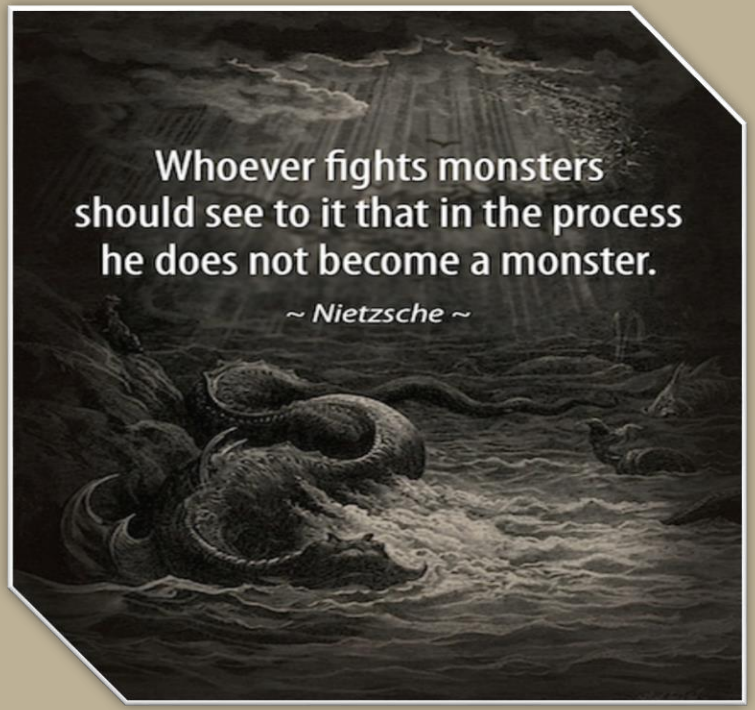
# For Leaders and Workers:
# *Final Notes*

- **<u>Stress is not a badge of honor; Learn to manage stress as an element of the operational environment</u>**
- Acknowledge it exists
- Acknowledge it can create problems
- Identify the symptoms
- Understanding the warning signs
- Work proactively to manage it

- **<u>Make Tactical Psychological First Aid and Operational Stress Control a formal part of your organizations' culture and practices</u>**

# Closing Thoughts

- Attendees of this program may be involved in the response to the current COVID-19 emergency, as well as your other challenges
- We are not immune from the emotional power of these events
- Take care of yourself, look out for each other



# OPSTRESS in the Literature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Thank
You

# For More Information

*Please contact us at:*

New Jersey Department of Human Services
Division of Mental Health & Addiction Services
Disaster & Terrorism Branch

Tel 609-438-4325
Web www.nj.gov/humanservices/dmhas/home/disaster

Email steve.crimando@dhs.nj.gov
Tel 609-273-9310