

Coping Techniques for High-Stress Situations

CDE #22400

BY MARK BOUDREAU

A few years ago I was diagnosed with this strange and peculiar ailment that my doctor called *stress*. “What is this *stress* he referred to?” I thought to myself as I rushed back to work.

“Obviously, stress has something to do with pains in my chest and an abnormal EKG, and it causes headaches that wrap around my head like a tie-strap. ... Oh, that’s right. I need to remember to tie-strap those computer cables before someone trips. ... Trips, trip, trip ... the travel agency hasn’t called me back with a cost for that trip we’re taking next month. ... Next month ... there’s something I’m supposed to remember to do next month that I forgot to write down on my calendar. Where’s my pencil? What was I thinking? I needed a pencil for something. Why did I need a pencil?”

DEFINING STRESS

This is when I began researching stress. I soon learned that stress is a physical, chemical and/or psychological/emotional condition that exhibits itself in humans regardless of age, sex, nationality or socioeconomic status. It exists just about anywhere and can manifest in just about anyone. (*That really stinks!*)

Let’s back up a few steps. First, we’re born. Then, stress begins.

We start to see the signs of stress as we somehow manage to make it through childhood and our awkward adolescent years (especially since no one would actually tell us what exactly a “cootie” is and what would happen if one landed on you). Next, comes the wonderment of young adulthood. Noooo. There’s no stress dealing with teenage acne or the struggle of appearance—too fat, too thin, too tall, too short. What about acceptance, peer pressure, tests, your first dance, your first kiss or your first anything? And it gets better. Life is much less stressful as we grow up and reach adulthood (insert smirk here). We begin dating and working, and then comes marriage, bills, children, more bills, divorce,

child support, marriage (*marriage* may be repeated as often as it is followed/preceded by *divorce*), change of work, more children/someone else’s children/grandchildren and even more bills. In the midst of this time period between teen-hood and death, we have to deal with people, co-workers, spouses/significant others, bratty kids, complacent supervisors, bad drivers, rude callers and field response personnel you wish you could tase through the radio.

Back to the present! Now, my doc, a really old guy with a dry sense of humor and amazingly large fingers (ouch!), proceeded to tell me that stress is like cholesterol: There’s some that’s good, and there’s some that’s bad. We need good stress because it keeps our hearts healthy and our minds focused. We want to try to stay away from bad stress because it can affect us in myriad ways, with detrimental physical, mental and emotional effects.

“OK,” I said to my doc, “just give me two pills, and I’ll call you in the morning.”

That’s when he told me medication *is* an option. Such drugs as Lexapro, Zoloft, Effexor and Paxil, labeled as *antidepressants*, are frequently being used to ease the effects of stress in many adults and even some teenagers. Other drugs, such as Xanax and Valium, contain benzodiazepine, which suppresses emotional anxiety. “Although medication *is* available,” he said in that doctorly sort of way, “it is not the cure.” (Figures there’d be a catch.)

The *cure* is identifying your personal stressors and either eliminating them or mitigating them (altering the outcome) so that you live a less-stressed life. Let’s say you just gobbled down a 12-pack of donuts and climbed a flight of stairs. When—if—you successfully reach the top of the stairwell and find yourself out of breath and your heart pumping harder than a ladder truck at a five-alarm fire, then you know what it’s like to experience the phenomena we call physical *distress*. Not physical *stress*.

Physical stress is what we get from sitting in an uncomfortable chair for 8–10–12 hours at a time, staring at a computer screen with headsets on, shift after shift, eating too fast, drinking too much coffee or caffeinated energy drinks, working with our head and neck positioned the same way for extended time periods and, of course, using a keyboard and mouse constantly. This is physical stress that we place on our bodies every day, and it slowly causes our body parts and muscles to retaliate against us with a vengeance. Now, you know the difference between physical *distress* and physical *stress*.

THE EFFECTS OF STRESS

What about stress? Just stress. What does stress do to our bodies? Its effects on our bodies may be made apparent through various muscle aches, pains, cramps and stiffness (commonly in the neck, back and inner shoulder area), sudden weight loss or gain, blurred vision, irregular stomach problems (heartburn, cramps, diarrhea and nausea), headaches (the infamous *halo* headache), dizziness, hair loss, loss of sex drive, loss of appetite and much more.

There are numerous other physical signs of stress as unique as the sudden onset of a tic (i.e., an involuntary spasmodic motion of a particular group of muscles, especially of the face), such as an eye twitch or a shallow cough. Doctors today are convincingly linking stress to certain disease causation.

What? Death by stress? Yes. That is exactly what I’m saying. Diseases of the heart (i.e., heart attacks) are the leading cause of death in the U.S. How often do you hear a friend say, “Did you hear about (insert name here)? Yeah, he died from a heart attack.” Then they’ll throw in, “... Well, you know his family said that he’d been under a great deal of stress lately.” For the record, cause of death (COD) is determined by what actually caused a person to die. It doesn’t take into consideration what may have led up to that particular cause. For

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example, if a person drowned, the COD would be “Victim Drowned” and not “Victim drank 10 shots of tequila, smoked some crack and tried to swim across the Atlantic Ocean.” (Off the record, I wish that “Stupidity” would be added as a valid COD!)

Think about what stress can do to your heart, your immune system, your mental stability. Stressful situations, stressful thoughts, *stress* can make you worry. It can make you anxious (sometimes good, sometimes very bad), scared and panicked, and increase your heart and respiratory rates to dangerous highs. The aftermath of a stressful event can

Figure 1: Effects of Chronic Stress

Heart disease (heart attacks)	28.5%
Malignant neoplasms (cancer)	22.8%
Cerebrovascular disease (strokes)	6.7%
Lower respiratory disease (emphysema, chronic bronchitis)	5.1%
Unintentional injuries (accidents)	4.4%
Diabetes mellitus	3.0%
Influenza & pneumonia	2.7%
Alzheimer's disease	2.4%
Nephritis & nephrosis (kidney disease)	1.7%
Septicemia (systemic infection)	1.4%
Intentional self-harm (suicide)	1.3%
Chronic liver disease/cirrhosis	1.1%
Essential hypertension (high blood pressure)	0.8%
Assault (homicide)	0.7%
All other causes	17.4%

Source: Centers for Disease Control & Prevention: National Vital Statistics Reports. June 2006.

cause insomnia (sleeplessness), which wears down the body (result: fatigue) and the immune system (result: sickness). In some people, stress with or without insomnia can promote unhealthy thoughts, such as thoughts of harming others or of harming one's self (homicide/suicide). These are some of the disturbing, harmful side effects of mental stress, or stress on the mind.

Now my doc, a reputable internal specialist and surgeon who's had papers published in the *Journal of the American Medical Association (JAMA)*, continued probing (figure of speech) for a cure to my stress disorder. Knowing that I work for 9-1-1, he offered a rational deduction. He said that the human body is both remarkable and amazing and tends to work best under constant variables. What? In short, if a person

lives a healthy lifestyle with only minor deviations (i.e., a little adult beverage here, a little fatty food there), that person is assumed to be able to live for a decent length of time (77.9 years according to the National Center for Health Statistics), unless of course that person contracts an illness or has a genetic disorder.

“However,” he said, “let's assume that you don't live a *healthy* lifestyle ... but a *constant* one. Your body tends to adapt to a certain way of living as long as change is introduced slowly.” For those of us who work in emergency services, what this means is that our bodies, over time, become familiar with being treated like ... well, like crap. We drink coffee throughout the day, perhaps smoke cigarettes, eat fast foods (or decide on the vending machine choice du jour) and work strange shifts (day/night, night/day) during which we sit most of the time. We work long hours and rarely ever see outside (or even daylight, real daylight). We try not to gain weight by doing the most minimal exercise that we possibly can.

The doc asked me if I had changed my lifestyle drastically in any way. N-n-nope.

Changes in a person's lifestyle for the better include reducing and/or eliminating caffeine intake, stopping smoking, eating healthier and making time for quality sleep and exercise (especially aerobic exercise). But even healthy things should be introduced gradually so you don't shock your body with unfamiliar, stressful activity.

If you decide to actually start going to the gym (since you've been paying that membership for how long?), start slowly for the first few weeks. If you choose to jump on a treadmill and jog five miles on your first visit, don't be surprised if you find yourself in the ER with an arrhythmic heartbeat. Eating healthy foods? Start by eating healthy snacks and work your way up to three healthy square meals a day with some veggie snacks in between, otherwise, you may wonder why your intestines hate you.

Most commonly, dramatic change manifests itself in the body as “flu-like” symptoms. Fatigue, muscle aches, nausea and/or diarrhea are definite signs that your body isn't happy with you. In my case, the doc's deduction was right on track. The stress was not external, not environmental, so logically it was intracranial—in my head.

Stress is a major component of our work lifestyle. As telecommunications professionals, we thrive on the chaos of events that occur daily. Our minds flurry with the infinite possibilities for why the 9-1-1 lines are lit. We listen to, and potentially resolve, more crisis situations in one day than some people encounter in their entire lifetime. We are the ones people call to complain to, to insult, to prank (and it's getting worse), to “accidentally” call numerous times in a row, and even to ask for help. We are expected—no, we are *trusted*—to handle each and every caller with the utmost respect and impeccable customer service.

Then we dispatch our units, and we're the ones on the radio who some units complain to, insult and prank, call on the radio numerous times for no reason knowing that we're working several other emergency calls, and who also, occasionally, ask for help. Here, too, we are entrusted with the lives of each of our responders, so we operate our dispatching with professionalism and respect.

To us, this is not stressful; it's almost necessary. Our bodies and minds have adapted to working in this environment.

The downside tends to reveal itself when things are slow. When the slow periods arrive, the lack of busy-ness provides ample opportunity for some of our colleagues (or our own) minds to wander and mouths to run, creating inner workplace stress and chaos. This is the bad communications center stress, and the kind that can easily be prevented by using common sense before speaking and remembering not to speak bad about others. Having a gossip/rumor control policy (with reprimand) really helps, along with using the words “play nice” or “ouch” before conversations get out of hand.

Although we expect stress at work, we may not be prepared for it in our personal lives. Most of us consider going to work as slipping off to our own little sanctuary. The level of stress that we expect at work is usually good, and it keeps our minds busy and our shift moving. The stress we experience at home is rarely anticipated and usually not so good. Planning for a wedding, awaiting the delivery of a new baby and looking forward to your child's graduation are examples of good personal-stress events. Experiencing a divorce, marital problems or difficulties with your significant other, illness or death of a friend or family member, bills, unruly kids, unruly neighbors (and the list can go on for

miles) are personal life stressors that can cause physical and mental duress/distress.

CRITICAL INCIDENT STRESS

Then there are the “life-changing” experiences. We call stress caused by a particular crucial event *critical incident stress*. Critical incident stress can result when a person is either involved in, participates in or witnesses a particular event that is immediately known to be the cause of or results in mental, physical or emotional distress. Sometimes it is a particular event that is easily identified. A responder who has an infant die in their arms or a dispatcher whose caller commits suicide while on the phone are understandable examples of single-incident occurrences.

Other times, critical incident stress is the culmination of events that are relived or revealed by a later happening. A firefighter who has responded to three fatal auto accidents may emotionally break after responding to an assist call for a natural death. It isn't the natural death that caused the stress overload for the firefighter; it's the remembrance of the other fatalities. Critical Incident Stress Defusings and Critical Incident Stress Debriefings are programs designed to lessen the possibilities of having a stress backlash.

DEFUSING

The purpose of a *defusing* is to remove the immediate risk of a person experiencing mental/emotional damage due to a particular incident. By definition, a Critical Incident Stress Defusing (CISD) session is a short intervention conducted between one and four hours after a critical incident occurs, but not after 12 hours. It may last from 30 minutes to an hour and consists of a few informal questions and a great deal of listening.

A defusing session should be conducted by someone who is trained in Critical Incident Stress Management (CISM). All sessions must be completely confidential and attended only on a voluntary basis by those personnel directly involved in the inci-

dent. The main focus of a defusing and the reason why it should be done soon after the incident is to provide those affected with the opportunity to vent their emotions, share their reactions and, perhaps, even learn about stress and what to expect.

The desired result of a defusing is to help provide emotional stability so that employees can return to their normal daily routines without the burden of unusual stress. Because a defusing is quick and



geared at defusing the proverbial *stress bomb*, it is recommended that a formal debriefing occur within one to three days after the incident.

DEBRIEFING

A critical incident stress *debriefing* (also CISD) is a much more involved form of stress intervention than a defusing. Like a defusing a debriefing should be conducted by a person who is trained in CISD/CISM. If a defusing session involves a large group of individuals, it may require the involvement of a CISD team, usually comprising peer support personnel.

A critical incident debriefing is a formal

approach to stress intervention that involves in-depth discussion regarding the before, during and after particularities of a specific distressing incident. The incident may have involved numerous facets of emergency services, including telecommunicators/dispatchers, firefighters, law enforcement personnel and/or EMS responders. The basic purpose of a debriefing is to mitigate the impact of potential stress following an incident, allowing personnel to recover through the release of harmful, stressful thoughts or feelings.

A debriefing is confidential, and what is stated in a debriefing remains in the debriefing room. A follow-up call or visit from a CISD team member to each of the participants should be made, and noted to the team leader, at least one week following the debriefing and continuing on a regular basis until the CISD team is assured that each participant has manageable mental strength and awareness.

GRIEF/LOSS COUNSELING SESSION

At times, we find ourselves in a situation that isn't based on a typical critical incident. The loss of an employee or support staff can cause a distressed atmosphere and grieving stress to personnel. To assist staff in the coping process, it may be necessary to provide a grief/loss counseling session. This form of intervention can be presented in a structured group or individually and

should occur between one and three days of the death of an agency co-worker, support staff or close friend. The primary function of the session is to assist people in understanding their own reactions to grief and help them move along in the grieving process. It is designed to promote a healthy atmosphere of openness and dialogue around the circumstances of the death.

CRISIS MANAGEMENT BRIEFING

The goal of this form of briefing (*not* debriefing) is to help prevent stress *during* a stressful event. Most agencies have public information officers (PIOs) whose job is to notify and advise the public of events or

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incidents. But who notifies agency personnel?

A crisis management briefing is accomplished either through interagency or across agency jurisdictional boundaries and usually concerns a large-scale incident. It is, in a nutshell, passing along the embodiment of knowledge concerning an incident to public safety personnel. It is a group intervention that occurs before (if possible), during and after a crisis. During a crisis management briefing, the facilitator presents facts to personnel much like a PIO would to the media, however in a much more candid way. The presenter would then allow a brief time for controlled discussion and questions and answers, and end with information regarding stress survival skills. Natural disasters may require crisis management briefings before and after each personnel shift change until days or weeks after the disaster occurs. It makes oncoming personnel aware of what has occurred and relieves off-shifting personnel of the burden of stress before they leave.

THE BEST PRESCRIPTION

"Well, Doc," I said, "I don't have a problem with this thing you call stress. I have nerves of steel, and I don't let anything bother me." (OK, I lied.) With a grin on his face and a pencil in his hand, he began scribbling on his pad of paper. Yea! Indeed, thoughts of a prescription for panic pills raced through my head, but instead he handed me the piece of paper. It read, "STRESS: Sit down. Talk it out. Relax. Exercise. Select better food. Slow down." Then he gave me the advice that I now live by: "It doesn't take much of a push to send a person who lives on the edge to fall off a cliff, and the more weight you carry on your shoulders, the faster you will fall and the harder you will crash. Before you go to work, do as I do: unwind. Before you go home, do as I do: unwind. Find a healthy outlet to relax, and treat your mind and body better by exercising and eating right. Live life with no regrets, and if something bothers you then talk it out." I took his advice to heart and understood that the only proactive way to mitigate stress is to admit that you have it and do so before that one event, or series of events, occurs that can potentially push you off the edge of sanity or reason. Seek help, or accept help when it's offered to you. If your agency doesn't have a CISM team or access to a CISM team, request one or establish one.

For me, everything I learned and teach about crisis management and intervention revealed itself a few months ago. After working a few weeks in the comm center, taking calls and dispatching first responders and fire departments, I received a call that my mother was admitted into the hospital. As I stood next to my mom the next morning, she passed away. Later that same evening my incredible staff began my intervention, my defusing, my debriefing and my grief counseling. This group of wonderful individuals realized that this life-changing event would open the doors to years of unforgettable calls. Thanks to my CISD team, my CISD family, I was able to cope with my stress and return to duty with a clear mind without weight on my shoulders. **_PSC_**

MARK BOUDREAU is executive director of Terrebonne Parish 911 in Houma, La. Contact him via e-mail at mboudreaux@tpe911.com. If you enjoyed this article, you should hear Mark live! Find out when you can catch his next presentation at www.apcointl.com/institute/webinars.htm.

▶ CDE #22400 EXAM: DEATH BY STRESS? ~

1. **Stress can be either good or bad.**
 - a. True
 - b. False
2. **The two main forms of stress are:**
 - a. Physical and economical
 - b. Emotional and chemical
 - c. Physical and mental
 - d. Psychological and emotional
3. **Stress may be the result of a single incident that occurs.**
 - a. True
 - b. False
4. **Which is not a common side effect of stress?**
 - a. Muscle aches
 - b. Sudden weight loss or weight gain
 - c. Headaches
 - d. Athlete's foot
5. **CISD stands for:**
 - a. Critical incident stress diversion
 - b. Crisis intervention stress debriefing
 - c. Critical incident stress defusing
 - d. Critical incident stress debriefing
 - e. Both c and d
6. **Grief/loss counseling occurs only when there has been a death of someone on duty.**
 - a. True
 - b. False
7. **The average American's lifespan is:**
 - a. 90.7 years
 - b. 88.9 years
 - c. 77.9 years
 - d. 67.9 years
8. **The main focus of a Critical Incident Stress Defusing is:**
 - a. To get an in-depth understanding of a stressful event
 - b. To assist people in understanding their own reactions to grief
 - c. To remove the immediate risk of emotional damage due to a particular incident
 - d. To allow a brief time for controlled discussion about questions regarding stress
9. **Critical incident stress can result when a person is:**
 - a. Involved in a particular stressful event
 - b. Participates in a particular stressful event
 - c. Witnesses a particular stressful event
 - d. All of the above
 - e. Just a and b
10. **Healthy changes in a person's lifestyle should be done:**
 - a. Quickly and without hesitation
 - b. Moderately
 - c. Slowly, over months
 - d. Never

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