

STress

Resiliency training can help you cope on the job

by Michael T. Grill

EMS practitioners encounter stressful situations daily. It's an occupational reality.

What most practitioners do not understand, however, are the effects of working in a career where death, mutilation, long shifts, sleepless nights, poor nutrition, dangerous working conditions, and guilt (*Did I do everything possible to help this patient?*) are constant companions.

Prior to the 1980s, no process existed for helping EMS practitioners cope with the effects of stress. In fact, back then, admitting you were experiencing emotional difficulties as a result of an event was viewed as a sign of weakness.

In 1983, Dr. Jeffrey T. Mitchell raised awareness of the psychological struggles EMS practitioners face when he published "When Disaster Strikes: The Critical Incident Stress Debriefing" (CISD).¹ Widely referred to as the "Mitchell Model," the goal of CISD was mitigating symptoms of stress for EMS practitioners exposed to a disaster or large-scale incidents. For the next 20 years, CISD became a core component of a multicomponent crisis intervention system, which also included pre-crisis preparation, defusing, individual crisis intervention, family CISM and follow-up.

As the 21st century unfolds, so does the body of knowledge surrounding EMS provider health – both physical and psychological – and how best to prepare EMS practitioners for the stressors they will encounter during their careers. While CISM brought transparency to the issue of psychological health, organizations are now learning of a holistic approach to stress management called resiliency training.

Resiliency can be defined as *the ability to bounce back from adversity*.

Resiliency training, therefore, teaches attitudes and skills allowing people to not only bounce back from the effects of stressful situations – but to thrive and grow as a result.

A critical distinction between CISM and resiliency is related to when the training occurs. Whereas most EMS practitioners are initially exposed to CISM as a result of an event, resiliency training is targeted as a 'stress inoculation,' providing concepts and tools at the beginning of an EMS practitioner's career, thereby allowing for the development of psychological fitness before a critical event is experienced.

On the academic side, resiliency characteristics can be taught effectively in a classroom setting² resulting in an increase in overall grade point average^{3,4}



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when compared to those individuals not receiving resiliency training. Resiliency has been shown to be a better predictor of retention and GPA than either SAT scores or rank in high school graduating class.

As one 15-year-old high school student summarized after a semester of resiliency training: “Resiliency training allows me to bounce back from problems and stuff with more power and smarts.”

Table: Session and Topic Information

Resiliency Topic		Resiliency Tool
Expectations	→	Resilience, baseline measures, understanding EMS practitioners
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Nutrition	→	BMR, activity factor, EER, BMI, WTR, carbohydrates, proteins, fats, vitamins, minerals, water, menu planners
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Physical Exercise	→	Physical fitness, exercise sequence, cardio respiratory training, heart rate, target HR zone, FITT, aerobic workouts
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Sleep	→	Sleep problems, sleep quality, controlling nightmares, image rehearsal training
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Relaxation	→	Diaphragmatic breathing, progressive muscle relaxation, alternate nostril breathing, SUDS, and imagery training
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Personal Cognitive	→	Self-defeating thought patterns, adversity, beliefs and consequences (ABCs), perspective, victim/survivor
↓		
Communication and Social Support	→	Listening, empathy, ticket-to-talk, fighting fair, social support, changing beliefs, giving and receiving
↓		
Teaching Resiliency	→	Mentorship, spiritual beliefs

In 2008, Dr. Phil Callahan of the University of Arizona and Dr. Michael Marks of the Southern Arizona Veterans Administration developed a resiliency training program designed to transition war veterans into an academic environment. This curriculum is being modified for use by local EMS practitioners, with a 16-hour, two-day workshop to be piloted this fall.

The training is divided into two components: day one focuses on physiological resiliency characteristics while day two describes the importance of cognitive resiliency (see table).

Physiological resiliency focuses on EMS practitioner expectations, nutrition and physical exercise, sleep issues, and relaxation techniques.

Cognitive resiliency allows practitioners to identify self-defeating thought patterns, provides



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instruction on how to change personal beliefs, discusses the significance of maintaining perspective, reviews empathetic communication skills, explains the importance of a strong social support system, and concludes with a personal evaluation of spiritual beliefs.

EMS practitioners have recognized the importance of physical fitness over the past decade. Yet, as any serious athlete will tell you, physical resiliency is useless without psychological resiliency. It is this holistic approach to health that will enable practitioners to experience a rewarding career in EMS – and a healthy mind and body afterward.

As somebody once said, “Old age is like everything else. To make a success of it you’ve got to start young.”

References

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- 4.) Maddi, S. R., Khoshaba, D. M., Jensen, K., Carter, E. & Llui, J. (2002). Hardiness Training with High-Risk College Students. *NACADA Journal*. 22(1) 45-55.

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This is the first in a series of four articles to help you in life and on the job. In the next issue: *How to develop physiological resiliency*.