



EMOTIONAL DISTRESS

RECOGNIZING AND RESPONDING

OFFICE OF INTERNATIONAL AFFAIRS: STUDY ABROAD

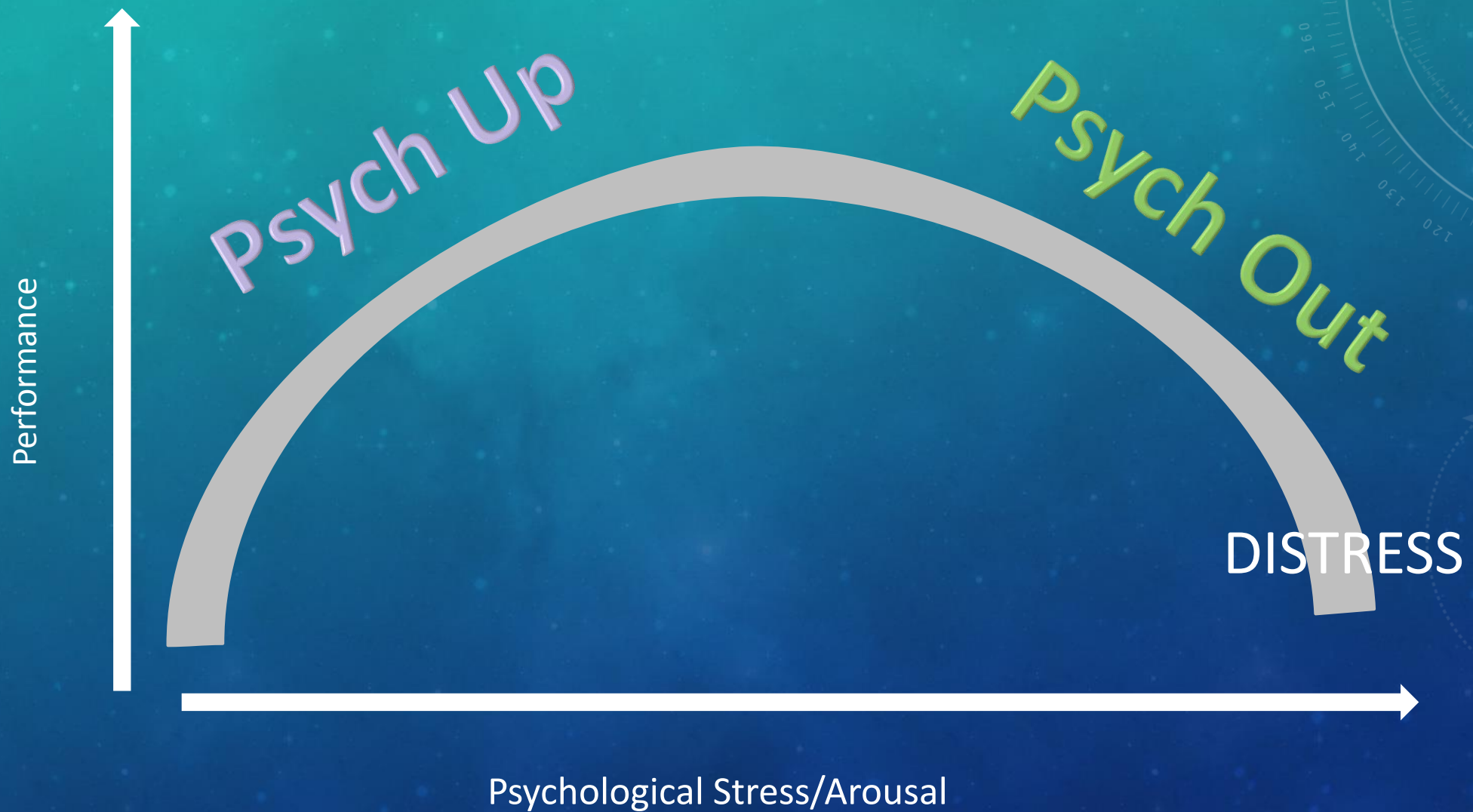
AGENDA

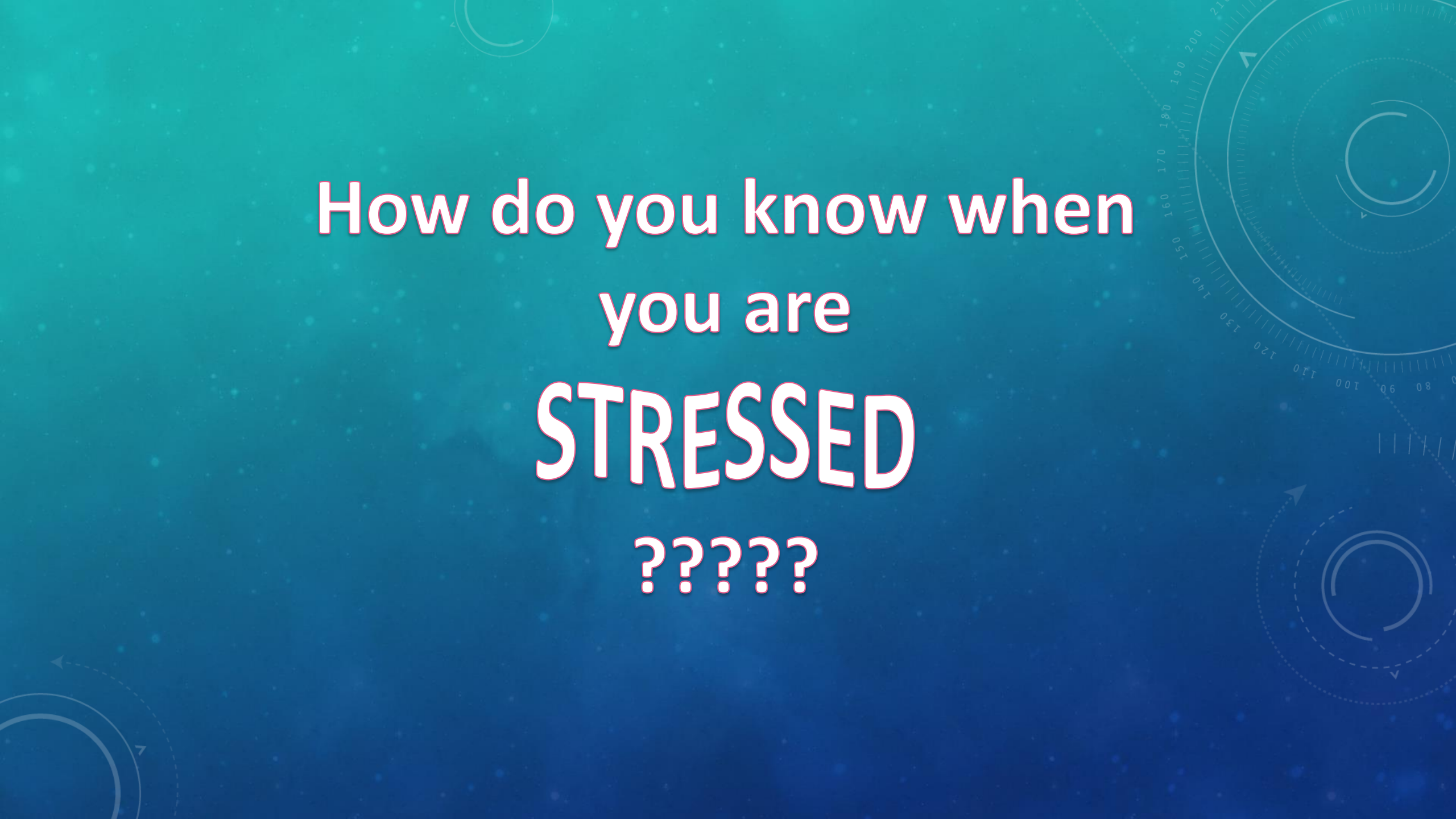
- Understand the stress/distress continuum
- List various symptoms of psychological distress
- Learn and practice response skills
- Identify the path to a crisis situation
- Clarify the goals of crisis response
- Identify warning signs of possible suicide
- Understand ways to interact with individuals contemplating suicide
- Learn ways to de-escalate potentially violent situations
- Discuss self-care

STRESS → DISTRESS

Healthy	Mild Disruption	Moderate Disruption	Severe Disruption
Normal functioning	Common and reversible distress	Significant functional impairment	Severe and persistent functional impairment

STRESS VS. DIS-STRESS





How do you know when
you are

STRESSED

??????

SYMPTOMS OF DISTRESS

Cognitive (thinking) Distress	Emotional Distress
<ul style="list-style-type: none">• Sensory distortion• Confusion• Inability to concentrate• Difficulty in decision making• Guilt• Preoccupation with event• Inability to understand consequences of behavior• Suicidal/homicidal ideation• Psychosis	<ul style="list-style-type: none">• Anxiety• Irritability• Anger• Panic• Vegetative depression• Fear/phobia• Posttraumatic stress (PTS)• Grief

SYMPTOMS OF DISTRESS

Behavioral Distress	Physical Distress	Spiritual Distress
<ul style="list-style-type: none">• Impulsiveness• Risk taking• Excessive eating• Alcohol/drug use• Hyper startle• Compensatory sexuality, buying• Compulsivity• Sleep disturbance• Withdrawal• Family discord• Crying spells• Hypervigilance• Violence	<ul style="list-style-type: none">• Tachycardia, Bradycardia• Headaches• Hyperventilation• Muscle spasms• Psychogenic sweating• Fatigue/exhaustion• Indigestion, nausea, vomiting• Chest pain	<ul style="list-style-type: none">• Anger at God• Withdrawal from faith/community• Cessation of faith/related practices

CULTURAL DIFFERENCES IN STRESS

- Physical vs. emotional symptoms
- Performance vs. feelings/self-esteem (being) focus
- Internal vs. external locus of control
- Logical vs. emotional reasoning
- Subdued vs. intense emotional expression
- Family secrets (individual vs. lineal)
- Second language

RESPONDING



HOW TO HELP

- LISTEN...don't rush to fix, advise, correct, or disagree
- EMPATHIZE...reflect what's heard and what it would be like to be in the student's situation
- NORMALIZE... refer to the normal needs everyone has during stressful times
- VALIDATE...acknowledge the individual is in a difficult situation and do not minimize their concerns

Don't try to "fix it"

ACTIVE LISTENING SKILLS



- Goal is to LISTEN, not solve problems

Technique	Purpose	Comment
Silence	<ul style="list-style-type: none">-Promote speech-Encourage continued uninterrupted speech	Careful! May inadvertently communicate non-caring, lack of interest
Non-Verbal Attending	<ul style="list-style-type: none">-Encourage continued uninterrupted speech-Probe-Show interest	Nodding of the head and facial expressions are examples
Restatement	<ul style="list-style-type: none">-Show you are listening-Check for accuracy-Clarify semantics-Probe	Careful! Used too frequently can sound like a mindless parrot. Good to clarify ambiguities
Paraphrasing	<ul style="list-style-type: none">-Communicate interest, understanding, empathy-Check for listening accuracy to allow speaker to "hear" own thoughts-Probe for further content	Used more frequently than restatement. Easier and more natural than restatement.

ACTIVE LISTENING SKILLS



Technique	Purpose	Comment
Reflection	-Identify the speaker's feelings based on verbal and/or nonverbal cues	Important to allow feelings to be expressed, otherwise they block problem solving and tend to escalate
Open-Ended Questions	-Provide maximal response options -Question without restricting	Good to use in early phases. Use when you get "stuck"
Close-Ended Questions	-Direct or focus responses -Provide more structure	Good when pursuing a specific target, but you only learn what you know to ask

STEPS TO HELPING

- hear and understand the emotional response
 - *“It sounds like things are really tough for you right now.”*
 - gather **information** to help person clarify the **PROBLEM(s)**
 - *“Tell me what is going on for you.”*
 - **summarize** major concerns
 - *“It seems like the things troubling you most are...”*
 - **prioritize** most pressing concern
 - *“Which of these concerns is troubling you most?”*
 - help person **identify options**
 - *“Let’s talk about some things you might do to handle this.”*
 - help person **develop a plan** of action
 - *“What might be the best first step? And then?”*
- Don't try to “fix it”**

PRACTICE 1

- Sarah is between her sophomore and junior years at IUPUI. She grew up on a farm in southern Indiana. She has adjusted to IUPUI and done well academically. She goes home at least 2 times per month to visit her family and is minimally involved in co-curricular activities.
- Sarah seemed to enjoy the first 2 weeks of your 6 week experience. However, you notice she is now very quiet, looks tired, and does not seem to be paying attention or engaging in the group activities. When you ask if she is ok, she becomes tearful and says she wants to go home.

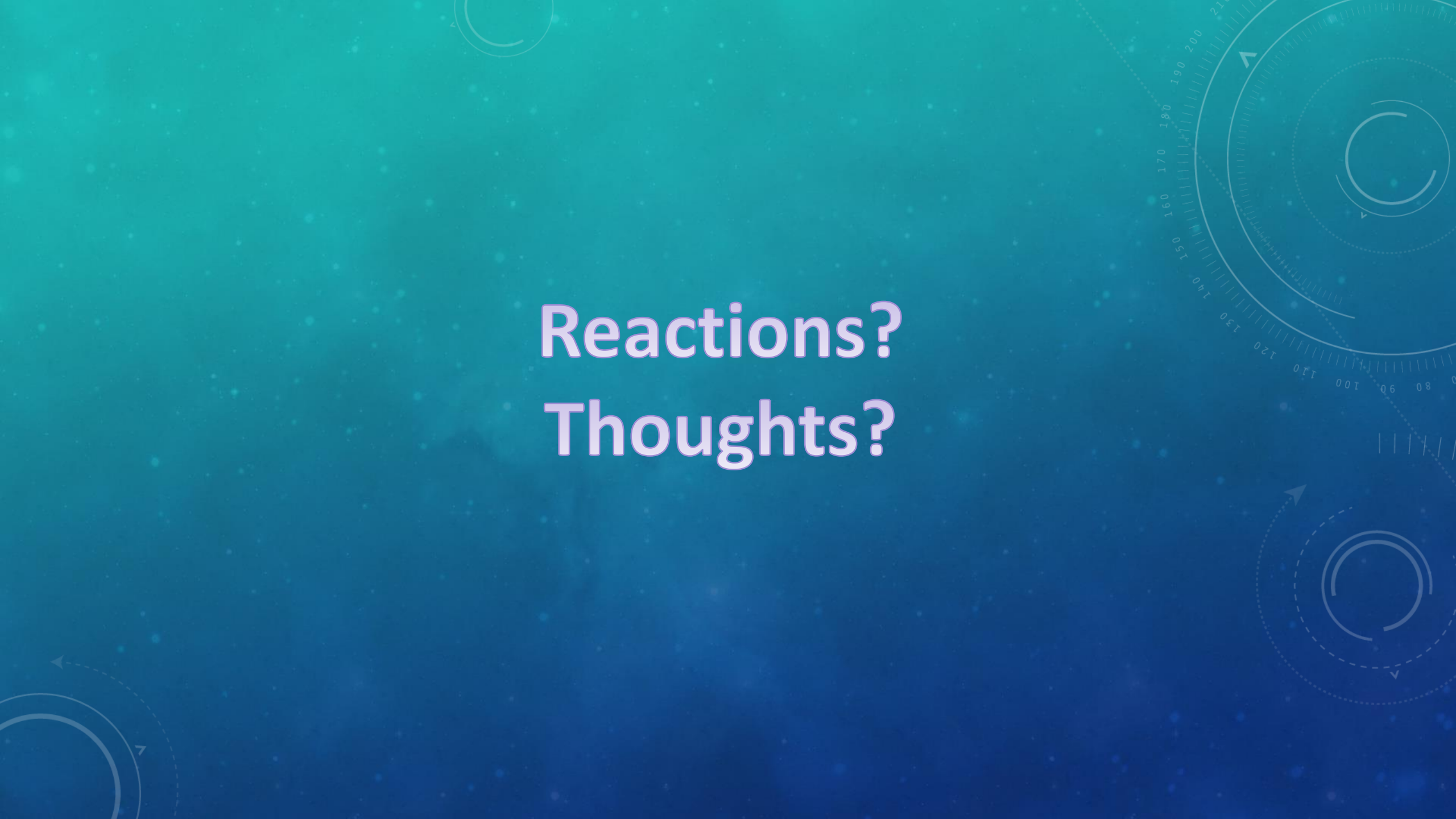
HELPING SKILLS

- Listen
- Empathize
- Normalize
- Validate
- Silence
- Non-verbal Attending
- Restatement
- Paraphrasing
- Reflection
- Open-ended Q's
- Close-ended Q's
- Gather information
- Summarize
- Prioritize
- Identify options
- Develop plan

PRACTICE 2

- John is a junior majoring in history. He grew up in a suburb of Indiana and attended a private high school. John identifies as a gay man and has been a leader in the campus LGBTQ+ group.
- John has been highly involved and taken on a leadership role during the first 4 weeks of your 5 week experience in Berlin.
- You notice one morning that John looks like he had no sleep and he is avoiding making eye contact. When you ask him what is wrong, he discloses that he was sexually assaulted by another man the prior evening.

**Reactions?
Thoughts?**



CRITICAL INCIDENTS



WHAT IS A CRITICAL INCIDENT?

...an unusually challenging event that has the potential to create significant human distress and can overwhelm one's usual coping mechanisms.

The event may have elements of physical or emotional loss or a disruption of one's core beliefs.

The event may be a result of man-made or natural incidents such as *emergencies, disasters, traumatic events, terrorism or catastrophes*.

Maslow's Hierarchy of Needs



IMMEDIATE SAFETY

PSYCHOLOGICAL FIRST AID

- What is PFA?
 - A supportive intervention for use in the immediate aftermath of disasters and crisis.
 - A flexible approach based on situation, person, and moment
 - Online 6 hour Training: <http://learn.nctsn.org/course/>

5 Principles

1. Safety
2. Calmness
3. Connectedness- Others and Faith
4. Self and Community Efficacy
5. Hope



PSYCHOLOGICAL FIRST AID

8 Core Actions

1. Contact and Encouragement
2. Safety and Comfort
3. Stabilization
4. Information Gathering
5. Practical Assistance
6. Connection with Social Support
7. Information on Coping
8. Linkage with Collaborative Services

Not “fix it”

INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

1. Contact and Engagement

- Observe before making an initial contact
- Determine who may need assistance
 - Everyone may not need help
- Every contact is cross cultural
- Introduce yourself and describe your role
- Ensure privacy



INDIVIDUAL INTERVENTIONS PSYCHOLOGICAL FIRST AID

2. Safety and Comfort

- Restore sense of safety
- Provide up to date information
- Promote social engagement
- Attend to unaccompanied children
- Protect survivors from additional trauma/trauma reminders
- Help meet spiritual needs



INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

3. Stabilization

- Know the signs that survivors need stabilization
- Identify emotionally overwhelmed survivors
- Remember: most don't need stabilization
- Determine the best way to stabilize overwhelmed survivors
- Help survivors understand their reactions
- Use breathing and grounding techniques if initial orientation is unsuccessful

INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

4. Information Gathering

- Identify survivor immediate needs/concerns
- Determine needs for immediate action (referrals)
- Identify the need for additional services
- Tailor the PFA intervention
- Can utilize survivor current needs form to assist

INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

5. Practical Assistance

- Help survivor make decisions and solve problems
- Identify most immediate needs
- Clarify these needs
- Discuss action plan
- Take action to address survivor's needs



INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

6. Connection with Social Supports

- Understand the types and sources of support and the benefits of each
- Connect survivors to family, friends, and community resources
- Encourage support seeking and giving
- Model providing support for others
- Pay attention and be sensitive to survivors hesitance about asking for or accepting some types of support

INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

7. Information on Coping

- Educate survivors about common reactions to events
- Help survivors identify and manage trauma reminders
- Help survivors enhance adaptive coping and be aware of negative strategies
- Teach basic skills to manage reactions
- Develop individualized plans for coping with stress and adversities

INDIVIDUAL INTERVENTIONS

PSYCHOLOGICAL FIRST AID

8. Linkage to Collaborate Services

- Consider broad range of services that ensure continuity of care
- Think globally, act locally: know services available and how to connect survivors to them
- Collaborate with survivors to select the services they need and make the referral

PRACTICE 3

- On a bus trip to a remote historical venue, the bus in front of your group, carrying students from a school in Montana, veers off the road and hits a tree. You and some of your students get out to help passengers get out of the vehicle. Several are injured. There are no fatalities.
- While there were no IUPUI students on the bus that wrecked, some of your students met some of the students from Montana at a different venue a few days earlier.
- You are waiting for emergency responders to come to the scene, which may take 1-2 hours.

INDIVIDUAL CRISIS/DISTRESS

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PROFILE OF AN INDIVIDUAL CRISIS

Traumatic Event – single hazardous event
OR accumulation of many stressors



Initial Problem Solving Attempts Fail



Problem remains unsolved

Tension and anxiety increase

Internal Strengths and Social Supports Fail



Tension and Anxiety become Overwhelming

Person becomes a threat to self or others OR

Person cannot perform necessary functions

CALMING/GROUNDING TECHNIQUES

- Calming voice
- Deep breathing
- 5 senses
- Feel the floor
- Eye contact (cultural factors)
- Physical movement
- Tight grip – hold - relax
- Count to 10 slowly
- Cool or warm water – hands or forehead

SUICIDE

...often occurs in response to overwhelming losses, depression, and feelings of hopelessness.

Such loss(es) may include:

- Death
- Ending of a relationship
- Job or academic rejection or failure
- Economic loss
- Loss of status in any life area

SUICIDE: WARNING SIGNS

- Talking about suicide: “I wish I were dead” or “ I wish I hadn’t been born” or “You would be better off without me.”
- Social withdrawal and isolation
- Mood swings: up one day but deeply discouraged the next
- Preoccupation with death and dying or violence
- Changes in routine, including eating or sleeping patterns
- Changes in personality or appearance
- Risky or self-destructive behavior, such as drug use or unsafe driving
- Giving away belongings or getting affairs in order
- Saying goodbye to people as if they won’t be seen again

WHEN ASSESSING FOR SUICIDE...

...PROFESSIONALS TYPICALLY ADDRESS THREE AREAS:

1. **Ideation** – thoughts about suicide

How frequent and persistent are these thoughts?

How detailed and intrusive are these thoughts?

When were the most recent thoughts?

How comfortable is the person with these thoughts?

2. **Plan** – how, when, and where the person plans to commit suicide

Is the plan vague or concrete?

What is the level of lethality of the method? (e.g., guns vs. pills)

Does the person have access to the means/method?

When does the person plan to act? Date? Event?

Where will the person commit the act?

How much detail has been considered?

3. **Intent** – intention to carry out the plan

Specificity of date, time, or event?

Any reasons to not attempt suicide?

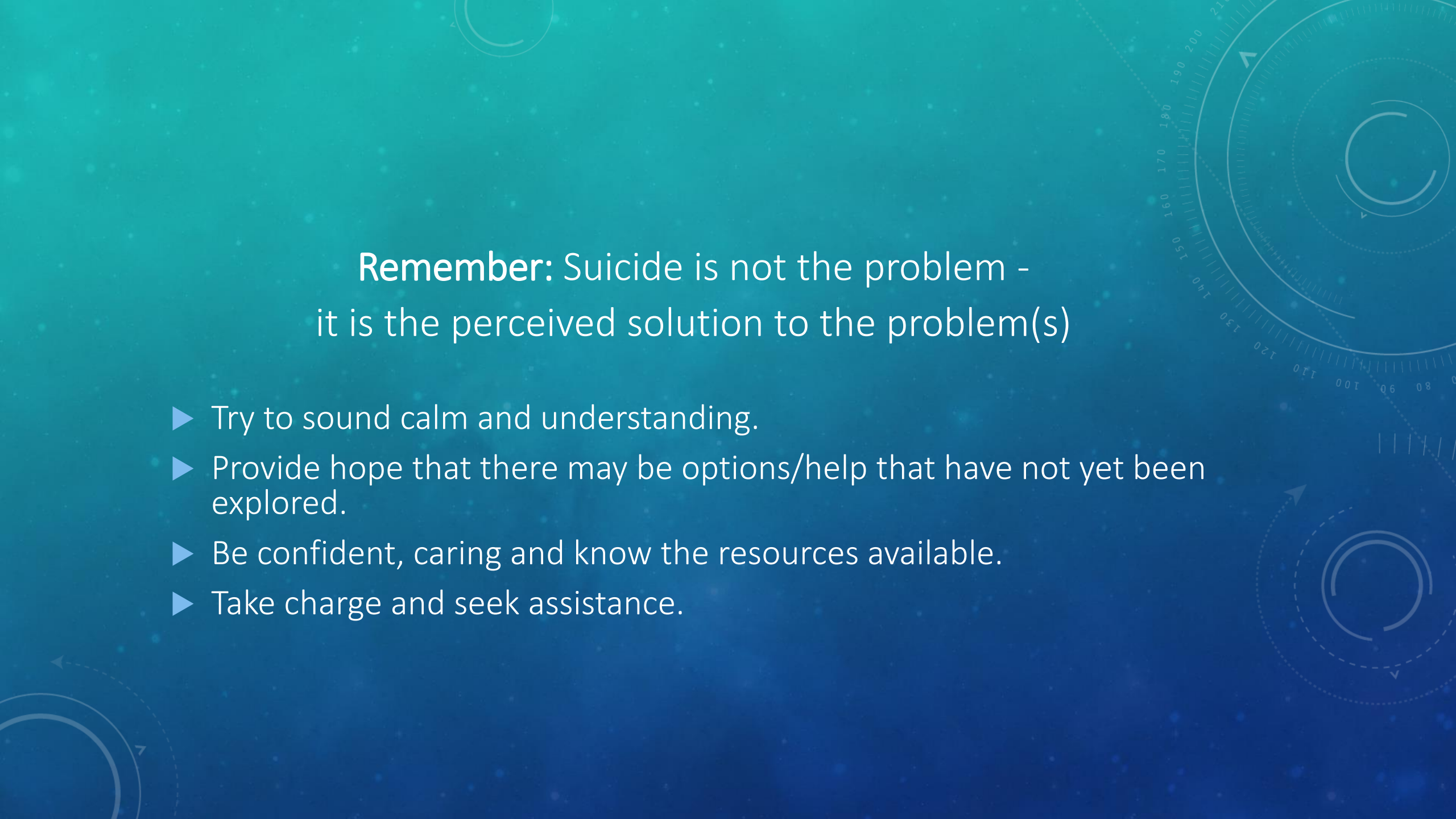
Past suicide attempts or history of violence?

ASKING THE QUESTIONS

Talk about suicide openly and directly.

Ask the following questions in a direct and calm manner:

- ▶ Have you been thinking about killing yourself?
 - How often? When was the last time?
- ▶ Have you ever thought about acting on these feelings/thoughts?
- ▶ Are there times you are afraid you will act on these thoughts/feelings?
 - ▶ Do you have a plan for how you would harm or kill yourself?
 - ▶ Do you have access to weapons? Pills?
- ▶ Are you going to carry out your plan?
 - When? Where
- ▶ Have you ever acted on feelings like this in the past?
- ▶ What would stop you from acting on your plans?

The background is a teal-to-blue gradient. It features several faint, stylized circular patterns. In the top right, there is a large circular scale resembling a compass rose or a clock face, with numbers from 0 to 210. In the bottom left, there are concentric circles with arrows indicating a clockwise direction. The overall aesthetic is modern and technical.

Remember: Suicide is not the problem -
it is the perceived solution to the problem(s)

- ▶ Try to sound calm and understanding.
- ▶ Provide hope that there may be options/help that have not yet been explored.
- ▶ Be confident, caring and know the resources available.
- ▶ Take charge and seek assistance.

It is not helpful to:

- Sound shocked by anything the person tells you.
- Ignore vague comments such as “The world would be better off without me.”
- Stress the shock and embarrassment that the suicide would be to the person’s family.
- Engage in a philosophical debate on the moral aspects of suicide.

**If the individual is at imminent risk of self-harm and
will not agree to seek immediate help,**

- Call emergency responders – know who they are
 - IUPUI Police at 274-7911

If the person has a plan or intent, and is cooperative, evaluation by a professional is indicated.

- Know the mental health resources in your study abroad location
- At IUPUI, call the CAPS office at 274-2548 and alert the staff of the situation.
 - Alternate on/near campus resources include:
 - Midtown Mental Health - Eskenazi Hospital
 - Methodist Hospital – emergency room or Access Center

- When someone expresses plan and intent of self-harm, they should not be left alone nor allowed to transport themselves to a facility.
 - Liability issues should also be considered when a University employee considers transporting an individual by car.
 - An alternative would be to contact a family member to assist in transport and care.
- If you do accompany the individual to a facility other than CAPS, be prepared to wait with the individual until they are seen by a mental health care provider (this may be as long as a few hours).

If the person has vague or passive thoughts of suicide without clear plan or intention, then a recommendation for counseling may be more appropriate.

1. Express your concern and desire to provide support.
 2. Plan to check in regularly to re-assess (every day or two initially).
 3. Ask the student to let you know if they experience an increase in intensity or frequency of thoughts.
 4. Provide information about options for treatment upon return to IUPUI.
- Err on the side of “over-reacting” – that is, if you are unsure about the level of ideation, plan, or intent, assume it is at the higher level.
 - Seek consultation.

HOW TO REFER

- It is usually best to speak directly to the student in a straightforward fashion.
- It is not advisable to attempt to coerce or trick the student in to seeking counseling.
- Make it clear that the recommendation represents a best judgment based on observations of the student's behaviors.
- Be specific regarding the behaviors that raise concerns.
- The option must be left open for the student to accept or refuse counseling EXCEPT in emergencies (e.g. suicidal or homicidal intent).
- Depending on circumstances, it may be appropriate to obtain the student's permission to contact CAPS while he or she is present and/or offer to walk the student to CAPS to be seen immediately.
- Finally, a follow-up is recommended with the student at a later date to indicate a continued interest even if he or she did not accept the attempted referral.

REMEMBER...get involved within your comfort level and capacity to help.

VIOLENCE



VIOLENT BEHAVIOR

The most accurate predictor of violent behavior is past violent behavior.

Assaultive behavior may also be predicted by:

Hostility

Suspicion

Agitation

Hypervigilance

Fearfulness

Loud and pressured speech

FACING A THREATENING INDIVIDUAL

- Try to remain calm – take a few deep breaths and relax your muscles.
- Maintain a voice quality that is matter of fact, monotone, and low in intensity.
- Maintain a posture that is poised, ready to move quickly but not fearful.
- Keep your hands in front of you.
- Be aware of everything in the room.
- Use clear, assertive statements of consequences; repeat as necessary.
- Increase your advantage by placing yourself behind a table or chair near an exit.
- If possible, leave an unobstructed exit for the perpetrator.

FACING A THREATENING INDIVIDUAL

It is NOT helpful to:

- Initiate any physical contact - use only in a defensive manner.
- Use direct eye contact - use only to emphasize a point.
- Make gestures as they may be interpreted as signs of weakness or aggression.
- Block the exit or attempt to keep the individual from leaving.

THE TOLL IT TAKES

WHEN TO SAY “NO”



Helping

How much can I do?

How much should I do?

Where do I stop?

WHAT ARE YOUR SIGNS OF STRESS?

Thoughts

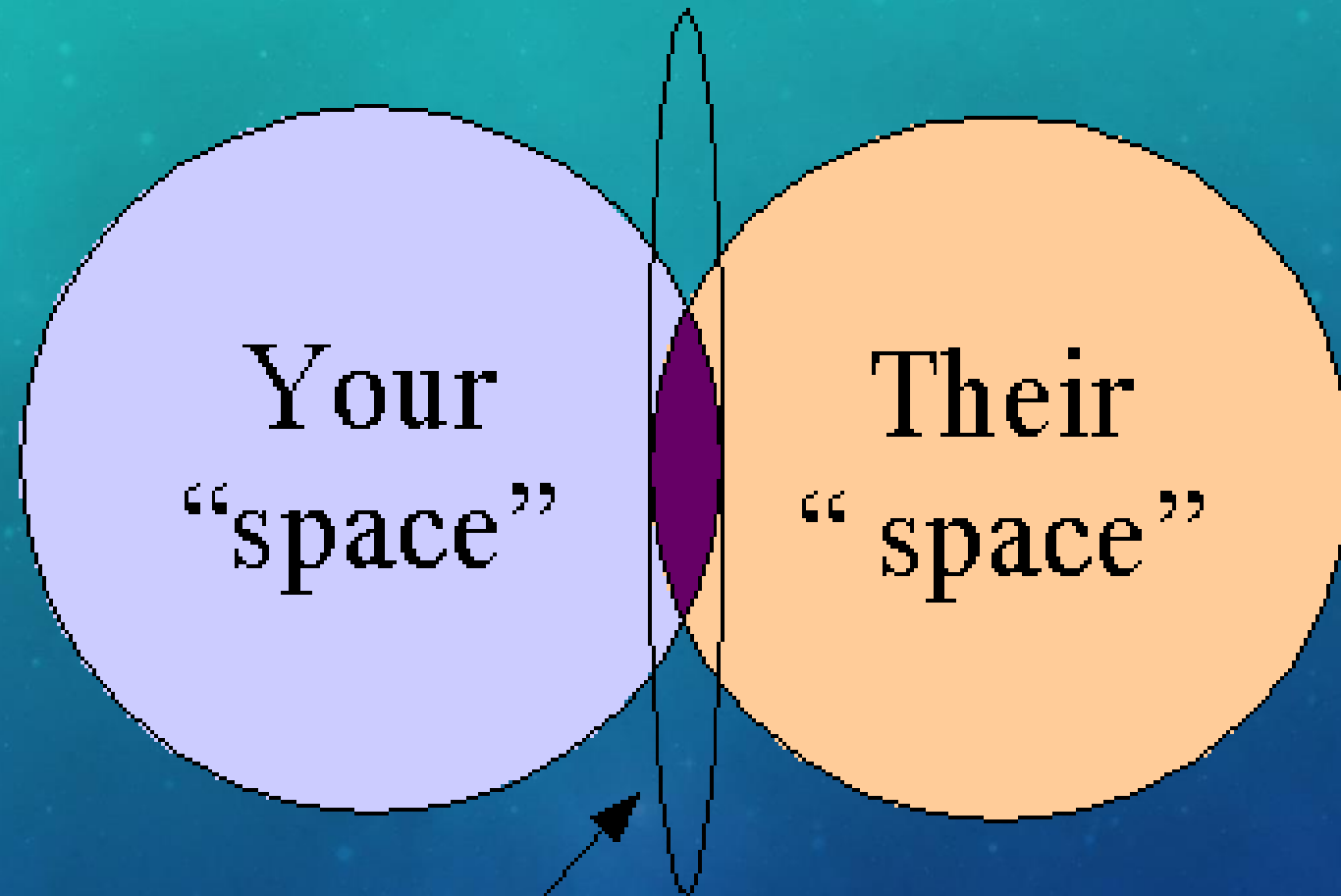
Feelings

Behaviors

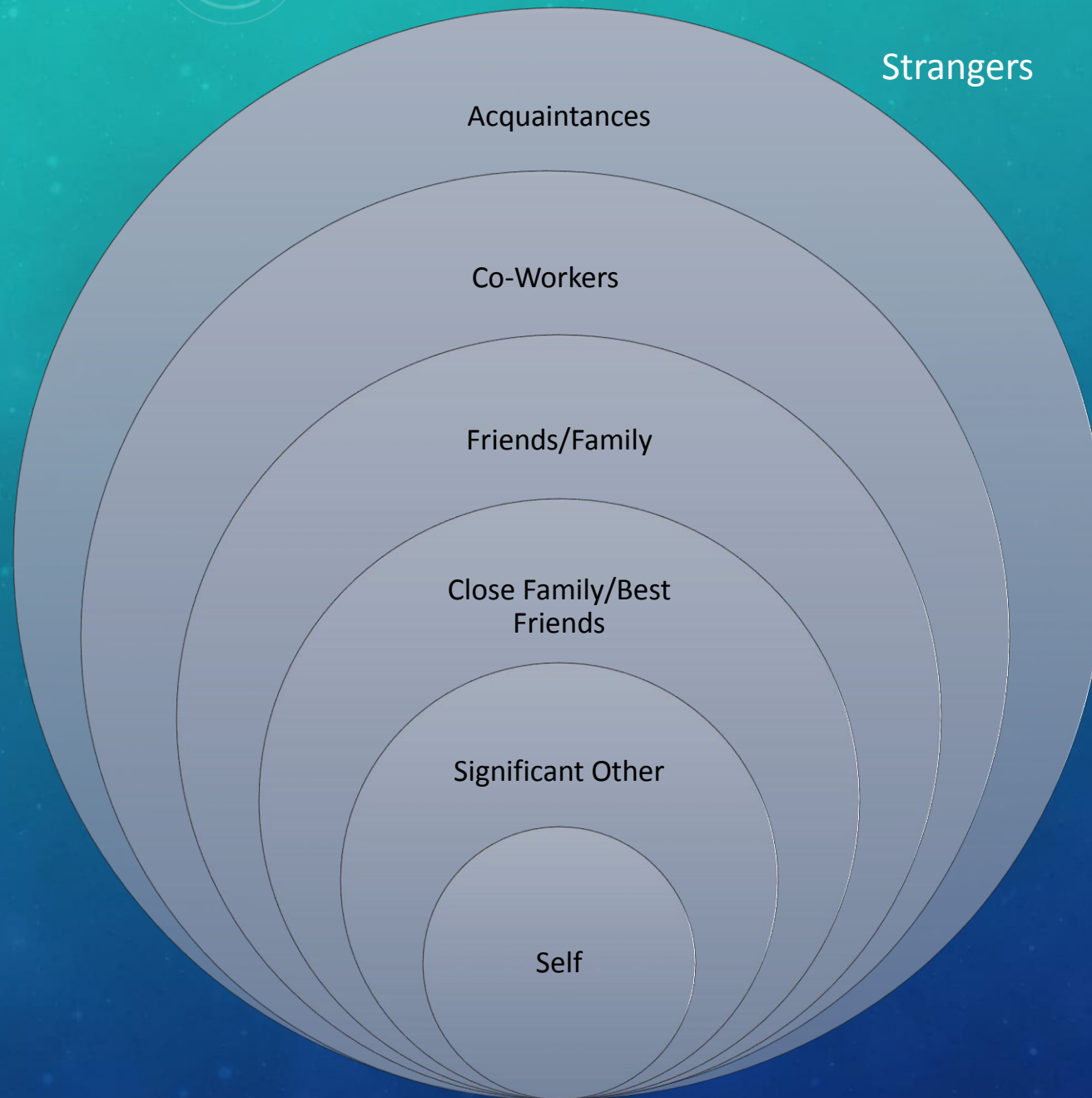
When do you say “NO”?

STARTING POINTS

- Job responsibilities
- Personal responsibilities
- Professional skills
- Personal skills



Boundary



Strangers



SELF CARE

Take a Break

Deep Breaths

Time Alone

Sleep

Nutrition

Social Support

Process Emotions

Spiritual Support

KNOW WHEN TO SAY “NO”!!

CONSULT!!

IUPUI RESOURCES

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BEHAVIORAL CONSULTATION TEAM

- A campus wide team
- designed to support the health, safety, and success of the IUPUI community
- by providing consultation, making recommendations for action, and coordinating campus resources
- in response to reports of disruptive or concerning behavior
 - displayed by students, faculty, or staff.

<http://bct.iupui.edu>

JAGSCARE

... *provide immediate and short term support to meet the emotional and psychological needs* of those involved (directly or indirectly) in a critical incident. These individuals will include emergency workers, staff, students, faculty, and families of those affected.

The primary goals of this support are to *stabilize and reduce symptoms* for the individual involved; thereby returning them to adaptive functioning or facilitating access to continued care.

JAGSCARE

- Who are we?
 - Staff/faculty from all over campus
 - Important to have a cross section of members
- What do we do?
 - Come in after a crisis affecting the campus community (e.g. Student/staff/faculty death, death of family member of student/staff/faculty, natural disaster, shooting, etc.) to assist with:
 1. Stabilization
 2. Symptom reduction
 3. Return to adaptive functioning
 4. Facilitation of access to continued care

IUPUI JAGSCARE TEAM - TRAINING

Psychological First Aid Training

- 6 hour online training to be completed on your own **prior** to the in person training
- <http://learn.nctsn.org/course/category.php?id=11>

JagsCARE

- Two - 3 hour trainings
- Most semesters