Chaplains of Hope

LEVEL THREE

A Ministry OF

HOPE

"Mental Health Emergency Response"

1

Level Three At a Glance

Introduction: Difference in Mental Health and Mental Illness	Suicide Intervention
Major Mental Illnesses Identified	General Mental Health Emergency Response (MHER)
Mental Health Crisis Cycle	Active Listening/Deescalating
Critical Incident Stress Disorder	Substance Use Disorder (SUD)
Stages of Intervention	Death and Grieving
Narcissism	Self-Care
Bipolar Disorder	Legal Issues
Post-Traumatic Stress Disorder (PTSD)	Lab: Resources

2

Prayer/Communion

3

What is a Chaplain?

C Is for C_____
H Is for H_____
A Is for A_____
P Is for P_____
L Is for the L___ they carry
A Is for A R_____
I Is for I_ The Time of Need
N Is for N__ a Pipeline

08/01/25 4

4

Mental Health Emergency Response (MHER) Level Three

CENTRAL FOCUS:

This course is designed to teach & train adults how to compassionately, safely, & effectively respond to common mental health emergency crises that will affect **20% - 25%** of the American adult population each year.

08/01/25 5

5

Mental Health Emergency Response Objectives

Participants will:

- ✓ Learn value of developing MHER skills & creating a personal resource guide for the application
- ✓ Learn how to recognize signs & stages of mental health issues
- ✓ Learn how to respond appropriately to common mental health issues encountered
- ✓ Become acquainted with a variety of common mental illness emergencies
- ✓ Learn Importance of Self-Care & Communication

08/01/25 6

What Is "Mental Health"?

*"**Mental Health** … a state of well-being in which an individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a commitment to his/her community."*

World Health Organization (WHO)

7

"What Is a Mental Health Crisis" or "Mental Health Emergency"?

"a collapse in a person's ability to solve problems or cope with a situation"

"a temporary state of upset and disorganization characterized chiefly by a person's inability to cope with a particular situation using current resources and problem-solving mechanisms"

(Dr. Curt Thompson)

8

5 Ways to help someone struggling with their mental health

9

A Mental Health Crisis Is Not the Same as Mental Illness

- A ***mental health crisis***, tends to be a ***short, acute event*** to be passed through periodically along life's journey.
- If a person does not process & pass through a mental health crisis in a timely & healthy manner, ***mental illness*** may develop.

About 20% of the mentally ill also have an addiction to drugs and/or alcohol, which compounds their problems.

08/01/25 10

10

Having a Mental Crisis is not the same as having Mental Illness

- The National Alliance on Mental Illness (NAMI) now uses the term ***"mental health condition"*** interchangeably with the term ***"mental illness."***
- NAMI defines mental illness as a ***"physical condition, often requiring medical treatment."***

NAMI
National Alliance on Mental Illness

08/01/25 11

11

Mental Health Crisis according to NAMI

- Unfortunately, because of their *poor coping & communicating skills*, the mentally ill tend to live on the dangerous edge of crisis events & situations.
- They are *exceptionally vulnerable* to those who would take advantage of them or stigmatize & mistreat them. This includes law enforcement & healthcare professionals as well as family, neighbors, & friends.
- Because ***mental health disorder/mental illness is invisible,*** sufferers are often judged negatively & stigmatized as lazy, weak, unmotivated, uncooperative, or not really ill.

08/01/25 12

12

According to NAMI

Each year:

- **1 in 5** U.S. adults experience mental illness
- **1 in 20** U.S. adults experience serious mental illness
- **1 in 6** U.S. youth aged 6-17 experience a mental health disorder

50% of all lifetime mental illness begins by age 14, and **75%** by age 24

08/01/25 13

13

Stats About Mental Illness/Mental Health Crisis

- About 7.7 million youth (6-17) experience a mental health disorder
- Suicide is the 2nd leading cause of death among people ages 10-34
- People with depression have a **40%** higher risk of developing heart & metabolic issues
- ***60%*** *of care givers die before the person they are caring for*
- Because mental health disorders start so young, they impact education, career, key social relationship, & establishment of health habits, which can lead to eventual disability & premature death

08/01/25 14

14

Stats About Mental Illness & Mental Health Crisis

Approximately **20-45%** of adults in the US, both inside & outside the church & including pastoral leadership will experience a mental health crisis this year.

Top 3:

- Anxiety Disorder **19.1%**;
- Depressive Episode **7.2%**;
- PTSD **3.6%**

08/01/25 15

15

Stats About Mental Illness/ Mental Health Crisis

Mental health disorders are the biggest health problem in North America, ahead of both heart disease & cancer.

- Depression is the most significant
- **50%** of mental health disorders start before age 14
- **75%** have started before age 24

08/01/25 16

16

The PERSON:

- People with depression have a **40%** higher risk of developing cardiovascular & metabolic diseases
- **33.5%** of U.S. adults with mental illness also experienced a substance use disorder
- High school students with significant symptoms of depression are more than likely to drop out

The FAMILY:

- At least **8.4 million** people in the U.S. provide care to an adult with a mental or emotional health issue.
- Caregivers of adults with mental or emotional health issues spend an average of **32 hours** per week providing unpaid care.

08/01/25 17

17

The COMMUNITY:

- **41%** of VA patients have a diagnosed mental illness or substance use disorder.
- **9.6%** of Active-Duty service members in the U.S. military experienced a mental health or substance use condition in 2021
- **70%** of youth in the juvenile justice system have a diagnosed mental illness.
- Approximately **20%** of people experiencing homelessness have Serious Mental Illness (SMI). **1 in 5**

08/01/25 18

Rural Areas

Compared to suburban & urban residents, rural Americans:

- Must travel **2x** as far to their nearest hospital
- Are **2x** as likely to lack broadband internet, limiting access to tele-health
- **25+ Million** rural Americans live in a ***Mental Health Professional Shortage Area***, where there are too few providers to meet demand

08/01/25 19

19

Impact on the Incarcerated:

- People with mental illness deserve help/HOPE, not handcuffs. People with mental illness are overrepresented in our nation's jails/prisons.
- About **2 million times** each year, people with serious mental illness are booked into jails.
- About **2 in 5** people who are incarcerated have a history of mental illness (**37%** in state & federal prisons and **44%** held in local jails).
- **66%** of women in prison reported having a history of mental illness, almost twice the percentage of men in prison.
- An estimated **4,000** people with serious mental illness are held in solitary confinement inside U.S. prisons.

08/01/25 20

20

Impact on the Incarcerated:

- **70%** of youth in the juvenile justice have a diagnosable mental health condition.
- Youth in detention are **10 times** more likely to suffer from psychosis than not.
- **50,000** veterans are held in local jails, **55%** report experiencing a mental issue.

ACCESS TO CARE:

- About **3 in 5** people (**63%**) with a history of mental illness do not receive mental health treatment while incarcerated in state & federal prisons.
- Less than half of people (**45%**) with a history of mental illness receive mental health treatment while held in local jails.

08/01/25 21

21

There is an almost certainty you will experience a person with Mental Health Crisis and/or Mental Illness such as:

- ✓ Bipolar Disorder
- ✓ Post Traumatic Stress Disorder
- ✓ Major Depression Episode
- ✓ Anxiety Disorder

08/01/25 22

22

Physical Signs of Mental Issues

- Using food, drugs, or alcohol to cope with difficult emotions
- Inability to sleep, restlessness, sleeping too much, nightmares
- Concentration problems that interfere with basic thinking & ability to recall
- Feeling "blue" hopeless or helpless most of time

08/01/25 23

23

Cognitive Signs of Mental Issues

Disorientation – problems with thinking

Apathy – loss of desire to participate or follow directions; numbness

Over-stimulated sensitive to light, sights, sounds, crowds, touches, & smells; anger, irritability

Unusual behavior – uncharacteristic of themselves, flashbacks

Disconnection – sense of unreality; feeling disconnected from themselves or surroundings; disbelief

Illogical thought – unusual or exaggerated beliefs about personal powers to understand meanings or influence events

Nervousness – fear or suspiciousness of others; strong feelings of anxiety towards the unknown, intrusive thoughts

08/01/25 24

Signs & Symptoms of Mental Crisis in Adults:

- ❖ Confused thinking
- ❖ Prolonged depression (sadness or irritability)
- ❖ Feelings of extreme highs & lows
- ❖ Excessive worries, fears & anxieties
- ❖ Social withdrawal
- ❖ Dramatic changes in sleeping or eating habits
- ❖ Strong feelings of anger

25

Signs & Symptoms of Mental Illness/Crisis in Adults

- ❖ Delusions or hallucinations
- ❖ Growing inability to cope with daily problems & activities
- ❖ Suicidal thoughts
- ❖ Denial of obvious problems
- ❖ Numerous unexplained physical ailments
- ❖ Substance abuse

26

Signs & Symptoms of Mental Crisis in Preadolescents

- ○ Substance abuse
- ○ Inability to cope with problems & daily activities
- ○ Changes in sleeping and/or eating habits
- ○ Excessive complaints of physical ailments
- ○ Defiance of authority, truancy, theft, and/or vandalism
- ○ Intense fear of weight gain
- ○ Prolonged negative mood, often accompanied by poor appetite or thoughts of death
- ○ Frequent outbursts of anger

Signs & Symptoms of Mental Crisis in *Younger Children*

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety (i.e., Refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience & aggression
- Frequent temper tantrums

08/01/25 28

28

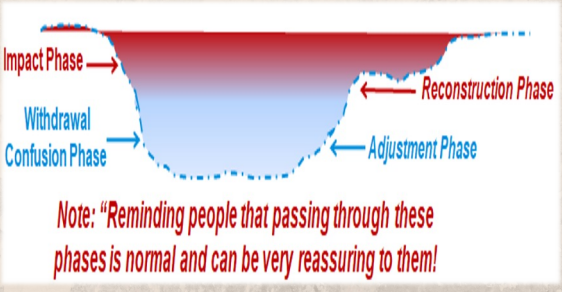
Mental Health Crisis Cycle

08/01/25 29

29

Mental Health Crisis Cycle

- *Average mental health crisis lasts **6-8 weeks***
- *Average time for a person to **regain day-to-day coping skills is 36 hours***, even if the crisis is not fully resolved



08/01/25 30

30

Mental Health - Impact Phase

- ***Usually lasts a few hours to a few days***.
- Will tend to handle the crisis in "usual" way, which could be freeze, fight, or flight as brain switches to survival mode.
- ***Can make impulsive, unwise decisions. May not absorb facts & need assistance with simple things. Writing things down may help.***
- Needs to be listened to non-judgmentally.

31

Mental Health Impact Phase

Guilt feelings may or may not be justified (children causing parents' divorce, drunk driving accident, survivor's guilt, etc.); negative people & emotional people tend to exhibit more guilt, which is handled by:

- rationalization
- blaming others
- doing some kind of penance
- asking for & receiving forgiveness (*1 John 1:9*)

32

Mental Health Withdrawal-Confusion Phase

- ***Typically lasts days to weeks***. Surface emotions are in complete turmoil.
- Worn out emotionally; depressed; no more feelings to experience; tendency to deny one's feelings is strongest; feel as if they have died but their emotions haven't; *ugliest feelings*; intense anger produces more guilt & shame.
- Typical feelings: bewilderment, danger, confusion, impasse, desperation, apathy, helplessness, urgency, discomfort.

33

Mental Health Adjustment Phase

- ***Longest phase lasting weeks to months***
- Inconsistent down times; still need someone close & available
- Teachable
- ***More objective & insightful***

08/01/25 34

34

Mental Health Reconstruction Phase

- ***Months in duration***
- Person assumes the initiative for progress; reattachments are occurring; it is time for reconciliation if there are broken relationships.
- Despite the pain & heartache, a crisis can also be an opportunity to gain new:
  - strengths
  - perspectives
  - appreciation
  - values, and
  - a new approach to life

08/01/25 35

35

Critical Incident Stress Disorder (CISD)

Critical Incident Stress Disorder differs from PTSD by lasting longer than four weeks after the event triggering the emotional, mental or physical response.

08/01/25 36

Critical Incident Stress Information

- ❖ Trauma or Critical Events may have ***strong reactions*** in people.
- ❖ ***Reactions*** may occur soon after an event or be delayed for days, weeks or months later.
- ❖ Sometimes the **trauma/aftershock** may be so painful that professional counseling is needed.
- ❖ It doesn't mean the person is **crazy or weak**, they simply are overwhelmed by that event.
- ❖ Stress is ***cumulative*** & can build up over time & can overpower a person.

37

Critical Incident Stress Information

- ❖ People react differently to a stress event.
- ❖ Some freeze on the spot, others deal with a situation but later have a delayed reaction.
- ❖ Some have almost no visible signs at the moment but may develop symptoms later
- ❖ Symptoms may be ***physical***, ***mental***, ***emotional*** and/or ***behavioral***.

The charts on the following slides will list some symptoms.

38

Signs of Stress Reaction – Physical

Chills	Headaches
Thirst	High blood pressure
Fatigue	Rapid heart rate
Nausea	Muscle tremors
Fainting	Shock symptoms
Twitches	Grinding of teeth
Vomiting	Visual difficulty
Dizziness	Profuse sweating
Weakness	Difficulty breathing
Chest pain	

Signs of Stress Reaction - Cognitive (Mental)

Confusion
Nightmares
Hyper vigilance
Suspiciousness
Intrusive images
Poor attention/ decisions
Poor abstract thinking
Poor concentration/memory
Poor problem solving
Blaming others

Disorientation of time or place or persons
Difficulty identifying objects or people
Heightened or lowered alertness
Increased or decreased awareness of surroundings

40

Signs of Stress Reaction – Emotional

Fear
Guilt
Panic
Denial
Anxiety
Agitation
Irritability
Depression
Intense anger
Apprehension
Emotional outbursts
Feeling overwhelmed
Loss of emotional control

41

Signs of Stress Reaction – Behavior

Withdrawal
Anti-social acts
Inability to rest
Intensified pacing of the room
Erratic movements, jerking
Change in social activities
Change in speech patterns
Loss or increase of appetite
Hyper alert to environment (patrol)
Increased alcohol consumption (self medication)
Change in communications with friends or family (cut off/avoid)

Community Traumatic Events

- Fires (California) entire communities wiped out
- Floods (Katrina) in New Orleans
- Hurricanes (South East Asia)
- Earthquakes (Indonesia)
- Large Scale Disasters (Chernobyl)
- Terrorism and/or acts of war (Middle East)
- Highly publicized crimes & rioting
- Mass migration of populations (Syria)
- Television & media saturation may even traumatize those who are watching from afar.

43

Traumatic Television & Media

- TV, Radio, Face-book, email, smart phones have made information faster & unfiltered.
- Bloggers publish unedited graphic videos & pictures for all to see – the good, the bad & the ugly.
- Some pictures are "***Photo shopped***" to give a false depiction of a situation & publish untruths.
- People can feel traumatized, anxiety, insecure, scared, victimized even though far away.
- The closer they are to a situation/people, the more intense their response may become.

44

Where a COH Can Apply HOPE

A COH should not be the first to hear all the details that may have criminal ramifications. Have the victim hold details & share with the appropriate authorities.

- Automobile accident, injury, property damage
- Industrial accident involving injury or death
- Sexual Assault, Abuse or Domestic Violence (see disclaimer)
- Robbery or violent crime
- Suicide or attempted Suicide
- Homicide/murder
- Life threatening experience can do damage emotionally.

How a COH Can Help With MHER

- ***Listen*** to them with respect- See disclaimer below
- **Disclaimer** - have them hold details that relate to a criminal offense.
  - Instruct them to hold the details for the appropriate authorities.
  - If you allow them to tell the details to you, you have now become involved at another level, adding a layer of legal custody.
- Talk is healing – allow them to discus what they need to **AFTER** they have told authorities & been released to share.
  - Verify this fact if you are late on the scene.
- Spend time with them. Don't be in a hurry. You may have to change your plans.

How a COH Can Help With MHER

- *Reassure they are safe now*. Safe environment – calming effect
- DON'T take their anger *personally*, venting is normal.
- They may be mad at God. *Don't defend HIM*. God can handle people being mad at Him.
- Encourage getting back into a routine. *Help with everyday tasks*, cooking, cleaning, children, etc…
- *Give space* when they need it.
- *Encourage* them to pray, attend church, go with them.

How a COH Can Help With a CISD

- Talk to them about *typical reactions* to CIS
- Offer suggestion on *coping* with CIS & stress coping & survival & recovery
- Discourage alcohol & drug use
- Provide information & *helping agencies*
- Get & give *contact information*
- *Follow up &* check on them
- Have them write a *daily journal* especially if sleeping is difficult- write your way to sleep

CHAPLAINS OF HOPE

Stages of Intervention

49

CRISIS COUNSELING DISCLAIMER

- Chaplains of Hope *are not recruited for long term counseling or pastoral care* for individuals.
- However, they are the ***first level*** of care given to those they come into contact with whom are in need.
- Knowing how to become a "Demonstration of LOVE" and a "Depositor of HOPE"
- IS IMPERATIVE!

50

Loss Counseling

Unless you are trained in mental health, remember you are providing/applying MHER, Pastoral Care, *not psychological or psychiatric care*.

Always be non-judgmental, supportive, & understanding.

Seven Stages of Intervention

1. **Introductory stage:** who you are, who they are
2. **Reaction stage:** what happened with those emotions
3. **Fact Finding stage:** who, what, when, where, how
4. **Feeling stage:** explain emotions
5. **Review stage:** recount stories/memories
6. **Learning stage:** what did you discover about the other person and yourself
7. **Closure stage:** be sensitive here

#1 Introductory Stage

- Who you are, establish your pastoral role
- Who he/she is
- Personable
- Establish confidentiality
- Comfortable, safe, & secure environment

#2 Reaction Stage

- **What reactions did you experience then?**
  Nausea, dreams, concentration, depression, Isolation, grief, anxiety, fear of losing control…
- **What reactions are you experiencing now?**
- **How has this impacted relationships on the job, with parents, children, etc.?**

3 Fact Finding Stage

- About facts, not feelings
- Re-create the event
- Who, what, when, where, how
- Circumstances
- Factors contributing to the death

08/01/25 55

55

#4 Feeling Stage

- Non-judgmental, supportive, understanding
- Share the burden of feelings
- How did you feel then?
- How do you feel now?
- How is it you may feel some ownership?

#5 Review Stage

- Recount personal stories or memories
- Lessens anxieties and tension

08/01/25 56

56

#6 Learning Stage

- New coping skills
- Recognizing destructive/construction outcomes, return to some pre-crisis equilibrium
- Avoid self-defeating or self-destructive behavior

#7 Closure Stage

- Outstanding questions or issues
- Plan(s) of action that are life centered
- Give positive & spiritual direction
- Never condemning or judgmental

08/01/25 57

08/01/25 58

58

Narcissistic Personality Disorder (NPD)

NPD is a lifestyle habit that can be reduced to narcissistic personality style by uncovering the painful childhood root cause that created this defense system, receiving healing therapy, & working on listening & decision-making skills.

- Treatment can last months or years.
- Success stories include people who have gone forward to become talented performers, compassionate therapists, & charismatic leaders, etc.

08/01/25 59

59

Dealing With A Narcissist: Recognizing Narcissism

- They place everyone on a value scale above or below themselves.
- Narcissists are often generous & extend it to those above for the value it brings to the giver.

Character Traits:

1. It's all about me. I know more; I know better; I am more interesting, so when you talk, I don't really care to listen, & I will jump back in to bring focus back around to me.
2. I'm right – you're wrong. So, when things go wrong between us, it's your fault.
3. I may be quick to anger – but when I get angry, it's because of you. You made me mad, so it's your fault & you should apologize.

08/01/25 60

60

Dealing With A Narcissist:

If You Have To Deal with a Narcissist:

- **Be empathetic:** This person is not knowingly (consciously) being a jerk. In reality, they are desperately looking for love & acceptance.
- **Stay calm and good-natured**– Arguing causes anger & anger only makes the situation worse. Refuse to engage in arguments, even if it means exiting the conversation or the room.
- **To exit a space**, stand, start walking, *pleasantly excuse yourself* to get a drink of water, return when you feel calm, initiate positive conversation on a safe topic before returning to the difficult issue.
- **Don't confront the disorder directly** or try to change the narcissist; However, if confrontation is unavoidable because of the seriousness of the conflict, choose a time when everyone is calm and self-controlled.

61

Dealing With A Narcissist:
Narcissistic Personality Disorder (NPD)

- ***Listen for what you can agree with; train yourself to take others' perspectives seriously.*** Comment favorably before moving forward with your own perspective. Stop interjecting "but" into the conversation. Instead, try to link your thoughts with "and" or "and at the same time."
- **Don't let attempts to bully, intimidate, or control you succeed**. *Set boundaries if necessary*. Be assertive but not aggressive.
- Narcissists **live in a black/white world of extremes**: extremely good or extremely bad. Do not get dragged into that mindset. *Stay centered on what you know to be true* about yourself & others (biblical viewpoint).

62

Dealing With A Narcissist:
Narcissistic Personality Disorder (NPD)

- When the **narcissist won't listen** to what you are saying – first digest aloud & validate their alternative perspective. Then put yours back on the table with an ***agree and add strategy*** something like, "Yes, I can see that you are tired, at the same time, I really want to see a movie. How about if we rent one & watch it here at home."
- ***Narcissists tend to get angry when their partner expresses negative emotions such as sadness or pain.*** (a) they may see the negativity as a criticism of themselves or (b) they may feel helpless when their partner is upset because they lack soothing responsiveness.

Bipolar Disorders

- Person experiences extreme mood swings from depressive lows to manic highs, but with possible normal periods in between
- Periodic cycles, monthly, several times a year or only sporadically. Can cause ***psychotic episodes***
- Often co-morbid with *alcohol and drug misuse*

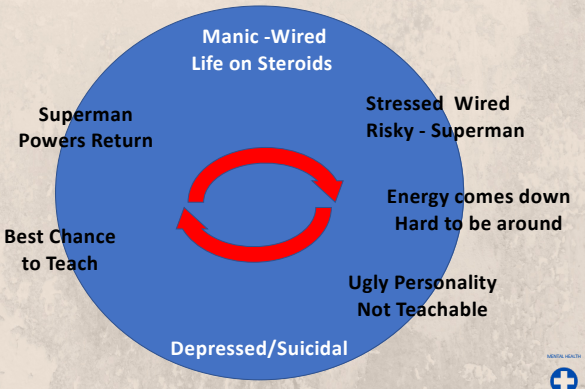
***Bipolar Disorder* Impact**:

- ***2.6% adults (only 49% treated annually)***
- 11.2% are adolescents.
- Onset: *teens to early 20's*

08/01/25 64

64

Bipolar Disorder Cycle – (SIMPLIFIED)



08/01/25 65

65

Bipolar Disorders

At Risk Factors:

- Close relative with disorder (increase chance by 9%)
- Pregnancy/obstetric complications/recently given birth
- Lower social situation
- Recent stressful events
- Brain injury
- Multiple sclerosis

Causes:

- Biochemical changes in the brain; a stressful triggering event, having had an episode prior.

08/01/25 66

Bipolar Disorders

Manic State Symptoms:

- May include increased energy, rapid speech, subject switching, less sleep, risky behavior, grandiose ideas, sense of invincibility, sexual promiscuity, spending money & impulsivity.

Depression Symptoms:

- May include being extremely sad, hopeless, irritable, no interest in formerly enjoyable hobbies, fun activities, sleep appetite changes, little to no energy, problems concentrating, overwhelmed by minor decisions, obsessing over feelings of loss, failure, guilt, hopelessness – **recurrent thoughts / talk about death / suicide.**

67

Treatment of Bipolar Disorder

- Medications – mood stabilizers, antipsychotics, antidepressants
- Education designed to reduce relapses
- Psychological therapy: CBT – Interpersonal & Social Rhythm Therapy to work on problem areas in life
- Family Therapy
- May need short hospitalization to stabilize

68

Bipolar Disorder: How COH Can Help

- Support the person- Learn about Bipolar Disorder
- Encourage the person to get help
- Be Understanding
- Show Patience
- Reduce Stress
- Communicate Openly

Facts to Know About Post Traumatic Stress Disorder (PTSD)

PTSD Occurs More Than You Think And Is Triggered By More Than You Think?

What is PTSD?

70

PTSD - A COH Can Be Part Of The Answer

- PTSD – is a ***normal*** response to an ***abnormal*** situation.
- It is a natural emotional reaction to a deeply shocking and disturbing experience.
- May have symptoms **immediately**, **delayed** or have **chronic** problems for years.
- A healthy relationship is part of the cure
- Respect the person's boundaries
- Be sensitive and normalize and ask questions
- Keep the door open - Share the faith

71

Post-Traumatic Stress Disorder (PTSD)

The (1) severity, (2) duration and (3) proximity of exposure will affect whether a person develops PTSD or not.

Typical Causes:

- ❖ Military combat/fatigue (Men)
- ❖ Violent crimes, assaults (witnessing as well as participating)
- ❖ Natural disasters (First Responders, police, firefighters, EMT)
- ❖ Serious accidents or frightening events ("being traumatized")
- ❖ Rape and sexual assault (**Women)**
- ❖ Of those who did military duty in Afghanistan and Iraq, 30% came home with PTSD.
- ❖ Natural disasters inflict PTSD on **50%-70%** of the survivors.

Post Traumatic Stress Disorder

To meet the criteria for PTSD:

- ❖ Symptoms must last more than 1 month.
- ❖ Symptoms must disrupt social, occupational, intimate relationships, spiritual or other areas of life.

- PTSD that lasts less than 3 months is acute.
- PTSD that lasts more than 3 months is chronic.
- Onset of PTSD for over 6 months is delayed onset PTSD.

73

Post-Traumatic Stress Disorder (PTSD)

PREVALENCE:

- *10% of American women and 4% of American men will experience PTSD at some point in their lives.*
- Adults who are single, divorced, widowed, people in poverty and young adults who are socially withdrawn are more susceptible.
- Women are most affected by rape, assault and men by combat
- Veterans, First Responders, and EMTS are at higher risk.
- *Of those who did military duty in Afghanistan and Iraq 30% came home with PTSD.*

74

PTSD (various) Symptoms

Symptoms may not show up immediately, but they can last for months/years.

- Nervousness, anxiety, chronic nerve pain created by traumatic events & memories
- Irrational or impulsive behavior
- Loss of interest
- Loss of ambition
- Inability to feel joy or pleasure
- Poor concentration
- Impaired memory
- Joint pains, muscle pains, restless leg syndrome
- Depression/Low self-esteem

75

PTSD (various) Symptoms

- Hyper-vigilant, paranoid, particularly in crowds
- Exaggerated or easily startle response, tense, afraid, irritable
- Irritability, violent/sudden outbursts of anger/rage
- Sleep disturbance/lack of sleep, nightmares, night sweats intrusive recollections, vivid memories involving the senses
- Triggers - sights, smells, sounds, activity
- Exhaustion and chronic fatigue
- Guilt feelings of detachment
- Phobias about specific daily routines, places, flashbacks
- Avoidance behaviors/Isolation - people, objects that trigger a response
- Out-of-body experiences -- world is not real

76

PTSD (various) Symptoms

- ***Chronic nerve pain*** – carrying traumatic memories creates a heightened state of hormone production, which can, over time cause chronic nerve pain. When the mind is focused on trauma, the entire endocrine (glands) system is affected.
- Using ***alcohol or drugs*** to numb feelings
- ***Changes in thoughts/feelings/beliefs***
  a. feeling sad, anxious, afraid most of the time
  b. becoming emotionally numb, hopelessness
  c. losing interest in activities and relationships
  d. thinking of themselves as bad or guilty

77

PTSD: What Person is Experiencing

- May have frustration with handling PTSD
- May feel guilt, embarrassment, shame
- May be avoiding dealing with it
- May see the world as a dangerous place
- May be acting out with violence/addiction
- May not understand it
- May not know where to go for help

PTSD Treatment:

The earlier after the event treatment is offered, the better the results.

- ❖ Meditation, yoga, relaxation techniques, service dogs
- ❖ Antidepressants such as serotonin reuptake inhibitors
- ❖ Spiritual ministry
- ❖ Group / family therapy
- ❖ Exposure Therapy
- ❖ Hypnosis
- ❖ Cognitive Behavior Therapy
- ❖ Eye Movement Desensitizing and Reprocessing Therapy

PTSD is a diagnosis: It is not meant to be a lifelong label!

79

COH Can Encourage Them to:

- Learn about trauma and PTSD
- Talk to others for support
- Talk to your doctor
- Talk to God
- Practice relaxation methods
- Increase positive activities
- Take prescribed medication

80

Post-Traumatic Stress Disorder (PTSD) - Suicide

- ❖ Believe the world is scary, dangerous places & people can't be trusted
- ❖ Symptoms can become severe enough to lead to suicide.
- ❖ The VA reports 22 daily suicides from both active and non-active military persons including reservists.
- ❖ Suicide is especially high in people who have experienced physical trauma. Self-harm – dangerous, risky hobbies, taking chances, cutting, etc.
- ❖ Impact **3.5%** of adults (7.7 million)/**4%** of children
- ❖ More women than men

81

WHY DO PEOPLE FEEL SUICIDAL?

"Because their problems seem overwhelming with no hope."

THE MAIN CAUSES OF SUICIDAL FEELINGS ARE STRESSORS AND SYMPTOMS THAT LEAD TO FEELINGS OF:

Hopelessness
Helplessness
Worthlessness

08/01/25 82

82

Suicide Intervention Overview

- Statistics
- Warning Signs
- Myths and Facts
- Dos and Don'ts
- Talking to a Possible Attempter

08/01/25 83

83

Suicide: Current Statistics

- Suicide is the **2nd leading** cause of death among people aged 10-14 & the 3rd leading cause of death among those aged 15-24 in the U.S
- **46%** of people who die by suicide had a diagnosed mental health condition
- **90%** of people who die by suicide may have experienced symptoms of a mental health condition, according to interviews with family, friends & medical professionals

08/01/25 84

Stressful Situations That Can Initiate Suicidal Feelings

- Multiple failures, relationships, promotion, finances, etc.
- Death of a loved one
- Sickness, illness, loss of body parts and/or body function
- Financial problems
- Loss of "support systems" or "emotional safety"
- The compounding & disorienting effects of drugs and/or alcohol

85

Stressful Situations That Can Initiate Suicidal Feelings

- Leaving old friends
- Humiliation/rejection
- Being alone with concerns about self & family
- Disciplinary action
- Renewal of bonding with family on return from long field training or an isolated tour
- Suicide is the leading cause of death for people held in local jails

86

Be Alert of Signs & Symptoms

They can be written, verbal, or behavioral

- **Hopelessness/Despair**
- **Lack of interest in activities**
- **Lack of energy**
- **Sudden change in weight**
- **Sleep disturbance/deficit**
- **Intrusive thoughts**
- **Giving away possessions**
- **Disregard for any positive experience**
- **Substance abuse**
- **Social media, poetry**
- **Passive language**
- **Recognize negative feelings or emotions that last several days**
- **Be aware of unusual plans; going away, etc.**

87

Myths & Facts

- **Myth:** People who talk about wanting to die by suicide are just trying to get attention. They don't mean it!
  - **Fact:** People who die by suicide usually talk about it first. They are in pain & oftentimes reach out for help because they do not know what to do & have lost hope.
- **Myth:** Young people never think about suicide, they have their entire life ahead of them.
  - **Fact:** Suicide is the third leading cause of death for young people aged 15-24. Sometimes children under 10 die by suicide.

08/01/25 88

88

Myths & Facts

- **Myth:** You should never ask a person if they are thinking about suicide or if they have thought about a method, because just talking about it will give them the idea.
  - **Fact:** Asking people if they are thinking about suicide does not give them the idea for suicide. Hear them out, you will learn more about their mindset, intentions, & allow them to diffuse some of the tension that is causing their suicidal feelings.

08/01/25 89

89

DO's	DON'Ts
❖ Do let them know you are concerned ❖ Do listen for signals & clues & to show care ❖ Do make empathetic statements: "It must be awful feeling the way you do. Tell me more." ❖ Do ask what might be helpful ❖ Do discuss family & network support ❖ Do encourage to seek professional help	❖ Don't leave the person ❖ Don't show surprise or shock ❖ Don't judge or condemn or shame ❖ Don't argue ❖ Don't make statements you can't back up ❖ Don't offer ways to fix problems ❖ Don't minimize problems

08/01/25 90

Mental Health Emergency Response (MHER)

Suicide Calls

08/01/25 91

91

Absolutes!

Stay with the person & call for help...don't leave them alone.

Unless you are trained to do so, don't try to determine if someone is or is not suicidal.

08/01/25 92

92

Handling a Potential Suicide CALL

08/01/25 93

93

Handling a Call from a Suicidal Person

1) ***Be yourself.*** The right words are unimportant. If you are concerned, your voice & manner will show it.
2) ***Listen***. Let the person unload despair, ventilate anger. If given an opportunity to do this, they will feel better by the end of the call. No matter how negative the call, the fact that it exists is a good sign.
3) ***Be sympathetic.*** Non-judgmental, patient, calm, & accepting. The caller has done the right thing by getting in touch with another person.

08/01/25 94

94

Handling a Call from a Suicidal Person

4) **If the caller is saying**, "*I'm so depressed, I can't go on*," ***Ask the question,*** *"Are you having thoughts of suicide?"*

   You are doing a good thing by showing that you care.

5) **If the answer is "yes,"** you can begin asking questions:
   - "Have you thought about how you would do it? **(PLAN)**
   - "Have you got what you need? (**MEANS)**
   - **"**Have you thought about when you would do it? (**TIME SET**).

08/01/25 95

95

Handling a Call from a Suicidal Person

Approximately **95%** of all callers will answer "no" at some point in this series of questions or indicate that the time is set for some time in the future. This will be a relief for both of you.

6) **Avoid arguments,** problem-solving, advice giving, quick referrals, belittling, & making the caller feel that he/she must justify his/her suicidal feelings.

It is not how bad the problem is, but how badly it is hurting the person who has it!

08/01/25 96

Handling a Call from a Suicidal Person

7) **Simply talking about their problems** for a length of time will give suicidal people relief from loneliness & pent-up feelings.
   - They also get tired - their body chemistry changes.
   - These things take the edge off their agitated state & can help them get through a bad night.

08/01/25 97

97

Handling a Call from a Suicidal Person

8) **If the person is ingesting drugs,** get the details (what, how much, alcohol, other medications, last meal, general health) & call Poison Control at 1-800-222-1222.
   - A partner can call while you continue to talk to the person, or you can get the person's permission to do it yourself on another phone while the caller listens to your side of the conversation.

08/01/25 98

98

Handling a Call from a Suicidal Person

9) **If Poison Control recommends** immediate medical assistance, ask if the caller has a nearby relative**,** friend, or neighbor who can assist with transportation or the ambulance.
   - In a few cases, the person will initially refuse needed medical assistance**.**
   - Remember that the call is still a cry for help & stay on the line in a sympathetic & non-judgmental way.
   - Ask for address & phone number in case he/she changes his/her mind. (Call the number to make sure it is busy.)

08/01/25 99

Handling a Call from a Suicidal Person

10) **Your caller may be concerned about someone else** who is suicidal.

- Just listen, reassure them that they are doing the right thing by taking the situation seriously & sympathize with their situation.
- In the rare case that the third party is really the first party, just listening will enable you to move towards his/her problems.

08/01/25 100

100

988 versus 911

- **988** established in 2020
- National 24/7 helpline
- For people who may be: Suicidal & experiencing a MHE OR experiencing Substance Use Disorder (SUD).
- In multiple languages
- Free & confidential.

- **911** is an emergency number to call requesting immediate on-site assistance. Police, EMTs, & fire dept.

When police or law enforcement arrive, they assume full authority & command of the situation regardless of the wishes of family or friends.

08/01/25 101

101

General Mental Health Emergency Response (MHER)

There is an almost certainty you will experience a person with Mental Health Crisis and/or Mental Illness as a COH.

08/01/25 102

Attitude Makes the Difference

A crisis is an opportunity for a person to gain new:

- ❖ Strengths
- ❖ Perspectives
- ❖ Appreciation
- ❖ Values
- ❖ Approach to life

103

COH are an Army of Chain-Breakers!

- ❖ **Captives** – those imprisoned because of something that happened to them (enslaved, kidnapped, etc.) battlefield events, assaults.
- ❖ **Prisoners** – those who have made bad choices out of their pain or rebellion.
  - ***Left unhealed, they will pass their pain on to others.***
- ❖ **Co-morbidity** (strong connection) between trauma & addictions.

104

Chaplains Need A 3-fold Heart For Those In Need

What is a proper biblical response to someone in need?
(I John 3:17, John 15:2-3)

- ❖ Willing to lay down our lives for others
- ❖ Willing to share our material possessions with those in need
- ❖ Willing to love each other as Jesus has loved us

Often Used But Never More True:

"People don't care how much we know until they know how much we care…"

Simply Put COH Can Do MHER

- **Ministry of Presence:** Chaplains carry into painful & difficult situations *the very presence & peace of Christ.*
- **Ministry of Compassion:** Jesus' compassion always moved Him to act to heal the broken-hearted. So too, His compassion can move us to action today.
- **Ministry of Silence:** Whether by words or by silent support, chaplains can bring comfort to the crushed & hopeless.

Do you remember any time when you felt assaulted/overwhelmed by someone or by life & could have used the services of a Christian Chaplain?

What did/would have helped you the most?

106

Why is MHER So Important?

- Many people with mental health issues do not seek help or delay seeking help because of:

  Stigma — Unawareness of need
  Transportation — Expenses

- Professional & other support services are not always available when a mental health problem arises, especially in rural areas.
  - *More than 130 million Americans live outside of areas that offer mental health services.*

What sources are available in your community to assist the mentally ill?

107

Being Prepared & Properly Trained

- Well-meaning but untrained people can make things worse instead of better.

  If you can't help them, don't hurt them!

- You need to have some understanding between the stress of a critical incident & mental safety issues, while preventing escalation of other mental health crises.
- You will be viewed as a professional, especially if you carry or wear anything that labels you as a chaplain or first responder.

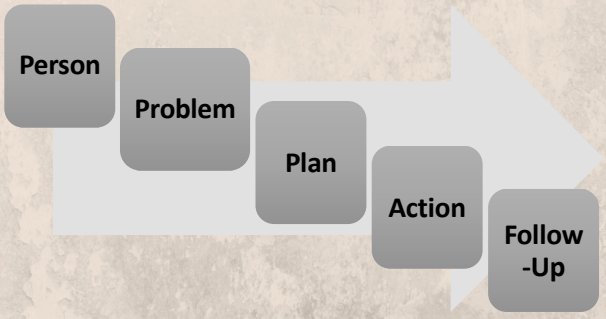
Why Do I Need to Be Prepared & Properly Trained?

- ❖ You need to know who to call as the next step up for further treatment (police, EMT, family, pastor, social worker, etc.).
  - It is your job to pass the person on for continuing or long-term care of professionals.
  - *You need to know how to be a helpful team player rather than a nuisance or hindrance.*
- ❖ Know when you have done your job, & when it is time to yield.

08/01/25 109

109

Understanding the PPPAF model for MHER



08/01/25 110

110

Understanding the PPPAF model for MHER

- ➢ There is a *Person* in my path who has a *Problem*.
- ➢ I need to *Approach*, *Assess*, & *Build Rapport* to *Help Them* develop a *Plan* & then *Act* on it.
- ➢ I will *Follow-up* if appropriate.

1. Approach
2. Assess
3. Build Rapport
4. Help Them

08/01/25 111

111

P = Person - Approach

- Act & speak calmly, kindly, confidently, empathetically.
- Do not display any inner motions you may be experiencing. Introduce yourself & explain why you are approaching.
- Example:
  - *"Hello, my name is COH John.*
  - *I am a COH from CHC of Amarillo (organization or community).*
  - *I am here to check in with you & see if you are okay.*
  - *What name do you prefer to go by?*
  - *Please tell me what's going on."*

112

P = Person - Approach

- Use the person's name when you speak to them.
- Use a slow cadence, brief phrases, & repeat as necessary. (*Watch Body Language)*
- Be upbeat & confident.
- If necessary or appropriate, take person to safe quiet place away from danger

Always stay visible to other team members or responders!

113

P = Person - Assess

- Assess for risk of suicide or harm to self or others.
- If you have suicidal concerns, ask direct questions such as:
  - Are you thinking about committing suicide?
  - Do you have a plan to kill yourself?
  - Do you have the things you need to kill yourself?
  - Have you picked a time or date to kill yourself?

Talking about suicide will *NOT* make a person more likely to act

P = Person – Build Rapport (Relationship)

- Practice active, nonjudgmental listening.
  - Give social cues such as head nodding to let them know you are listening.
- Adapt to speaking style of person by listening carefully & observing body language: loud versus quiet; very detailed versus short answer; introvert versus extrovert; linear thinking versus tangential (all over).
- ***AVOID** any phrase or opinion that is overused.*
- Use repetition & empathetic responses such as "It sounds as if you are feeling…"

115

P = Person - Build Rapport (Relationship)

- Be a team player & do your part to help solve the current situation. ***Go out of your way to assist.***
- Always be courteous & ***genuine***.
- Explain in good detail what is being done to aid & assist & ***give only the FACTS*** you have about the current situation.
- If the person is in psychosis, acknowledge that the person is really experiencing the images & voices they are sharing with you. ***"I believe you really see ?_____?, but I don't see it."***
- ***Don't patronize or lie!***

116

P = Person – Help Them Use Motivational Interviewing (MI)

- Express empathy through reflective listening (paraphrase back what person is saying).
- Develop discrepancy between person's goals & current behavior.
- Avoid arguing & confrontation.
- Adjust to person's resistance rather than oppose it directly; invite new perspectives without forcing them.

"In relationships, the person with the widest range of responses will have the greatest amount of influence and control" *(Dr. Norman Wright)*

P = *Problem*

- *Assess situation as quickly & accurately as possible.*
- If the person represents harm to themselves or others: **call** *law enforcement* & *emergency services* (911).
- If the person is actively suicidal, dangerously self-injuring or suffering effects of withdrawal/opioid overdose: ***immediately*** *call emergency services*.
- Person has not slept or eaten in several days because of mental health condition: *get to hospital*.

08/01/25 118

118

P = *Problem*

- Person is experiencing severe mania, prolonged psychosis, or severe depression: *get to hospital*.
- Person is physically hurt: *get to hospital* or call for *emergency services*. (Watch for signs of possible internal injuries, changes in mental/physical state, sudden disorientation.)
- Does person have immediate needs for food, water, clothing, or shelter? (Clothing & not showering are important for evidence gathering in assault cases.)

08/01/25 119

119

P = *Plan*

- **Give *reassurances***, information from your <u>Resource Notebook</u>, practical help, a glass of water, cup of coffee, arm to lean on, blanket, etc. A *reassuring word* of encouragement, *HOPE* or a hand-shake.
- **Never promise** what you can't deliver! *Don't promise confidentiality* if a person is at risk of self-harm or harming others. Don't leverage the truth to gain insight.
- Allow the person to be as **self-sufficient** as they are able & to make their own decisions regarding care, if possible. Help them find their strengths (personal resources) & how to use them.

08/01/25 120

P = Plan

- **Have person identify** family, friends, peers who can offer support.
- **DO NOT try to diagnose**, offer professional counseling or summarize what you may or may not be seeing.
- **NEVER ASSUME ANYTHING!** (including that people are traumatized when they may not be)
- **If you can't answer a question**, admit it, but say that you will try to find the answer & then follow through.

121

Follow Up:
Encourage self-help & other strategies

- **Document** incident, involvement, response & resolution; include times, dates, locations, & who else was present.
- If possible, **connect** the person's loved ones to medical or mental health resources in the community.
- ***Establish boundaries*** but be available if you are able to, for continued support*;* **HOWEVER, you are not the long-term caretaker –** ***YOU ARE THE FIRST RESPONDER.***
- Maintain confidentiality when appropriate & necessary.
- Always act respectfully & professionally: Be polite, sensitive, patient, & responsive.
- ***Don't take anything personally!***

122

Follow Up:
Encourage self-help & other strategies

- **Encourage** appropriate professional help.
- Stay with person until other professional(s) arrive & take charge. **NEVER leave alone!**
- When reporting to professionals, ***stick to facts & keep information simple, clear, concise & free from opinion.***
- Be firm but respectful if disagreeing. Offer encouragement.
- Do not speculate as to what will happen next.
- Document interaction for future reference & protection.

Supporting the Person in Need With MHER

With practice, *any mentally healthy, well-trained person* can learn how to better help support others in their time of crisis.

- Responding quickly & motivating others to act swiftly, you may literally save a life someday.
- Transferring the person in need to the appropriate professionals – don't hold back the correct care.

124

Summary: Supporting the Person Experiencing a Mental Health Crisis

Guidelines:

- ❖ Be clear & concise in words, body language, etc.; always upbeat.
- ❖ Deliver communication ASAP & keep individual informed.
- ❖ Encourage person to participate in decision making process.
- ❖ Be patient, tolerant, and understanding, even in respectful disagreement.
- ❖ *Don't argue; be courteous; build rapport; be genuine; repeat back.*
- ❖ Be a team player. Go out of your way to assist.

125

Active Listening Skills - Compassionate Conversation

- **Paraphrase.** Once the other person has finished expressing a thought, paraphrase what he or she said to make sure you understand & to show that you are paying attention. Helpful ways to paraphrase include *"What I hear you saying is…" "It sounds like…" & "If I understand you right…."*
- **Ask questions.** When appropriate, ask questions to encourage the other person to elaborate on his or her thoughts & feelings. **Avoid jumping to conclusions about what the other person means.** Instead ask questions to clarify his or her meaning, such as, *"When you say_____, do you mean_____"?*

Active Listening Skills - Compassionate Conversation

- **Express empathy.** If the other person voices negative feelings, strive to validate these feelings rather than questioning or defending against them.
- **For *example*,** if the speaker expresses frustration, try to consider why he or she feels that way, regardless of whether you think that feeling is justified or whether you would feel that way yourself were you in his or her position
- **Possible response**, *"I can sense that you're feeling frustrated," "I can understand how that situation could cause frustration."*

127

Active Listening Skills - Compassionate Conversation

- **Use engaged body language.** Show that you are engaged & interested by making eye contact, nodding, facing the other person, & maintaining an open & relaxed body posture.
- ***Avoid attending to distractions in your environment or checking your phone (or watch).***
- **Be mindful of your facial expressions:** Avoid expressions that might communicate disapproval or disgust.
- **Avoid judgment.** Your goal is to understand the other person's perspective & accept it for what it is, even if you disagree with it.

128

Active Listening Skills - Compassionate Conversation

- ***Try not to interrupt*** with counterarguments or *mentally prepare a rebuttal* while the other person is speaking.
- **Avoid giving advice.** Problem-solving is likely to be more effective after both conversation partners understand one another's perspective & feel heard.
- **Moving too quickly** into advice-giving can be *counterproductive*.

De-Escalating a Situation

- **Aggression** has two forms:
  - *Emotion-driven* & based on *Fear.* Individuals want to be heard & understood.
  - A response to not getting one's way. Individual want an audience or a stage.
- Take all warnings & threats seriously especially at first.
- Never put yourself at risk. Do not make threats – Period!
- If you are fearful, remove yourself from the situation & seek help immediately.
- Make sure to let other responders know whether a person is armed or unarmed, if you know for sure!

130

De-Escalating A Situation Process

- Get into rapport quickly by being respectful, receptive, & helpful to sensitivities & needs.
- Upon approach, give name & affiliation.
- Use non-threatening body language: feet shoulder-width apart. Legs relaxed, arms uncrossed, hands unclenched
- Keep a safe & clear distance (1-2 arm's length)
- *Speak softly, clearly, simply, & calmly & in a soothing manner with body language that reflects calmness.*
- Be relaxed & unflustered.
- Use short sentences & slow breathing.

131

De-Escalating a Situation

- Never argue or debate in a hostile, disciplinary, challenging manner.
- Replace negative statements with positive ones.
- You may need to repeat yourself until person understands.
- Stand or sit at a slight angle rather than directly in front of so that you do not appear to be confronting.

De-Escalating a Situation

- ***Set boundaries up front***: You will be in charge, & you will be understanding their needs & concerns. Never respond impulsively because you are shocked or offended.
- ***Give the person enough space/room*** as desired so that he/she won't feel trapped or boxed in. Do not restrict movement.
- ***Do not let yourself get trapped or boxed in***. Stay near exit or window in case you need to get away quickly.
- ***Remain positive &*** provide acceptable options.
- If you must disagree, ***try to empower*** with positive information to motivate them by focusing on their positive qualities.

133

De-Escalating a Situation

- Never make promises you can't keep!
- Help the person identify healthy, safe behaviors that will not get him/her into trouble.
- Use breaks of silence to allow person to cool down. When you don't know what to say, silence can be useful.
- Debrief your experience to review what went well & what did not.

134

What NOT to say or do during a Mental Health Crisis

- Don't judge, moralize, or admonish – this may keep person stuck in crisis.
- Don't confront inappropriately – Some problems cannot be fixed immediately.
- Don't force or use pressure tactics such as prodding, browbeating, threatening with negative consequences if they don't respond quickly, etc.

WATCH YOUR WORDS, especially when dealing with people who are experiencing great physical, social, emotional, or spiritual pain.

Gentle Response De-escalation Training - Scenario Examples

What NOT to Say or Do During a Mental Health Crisis

- Don't be passive interacting
- Don't become dominant by interrupting, showing impatience, changing the subject, lecturing, attempting to persuade, etc.
- Don't self-disclose too much. It's not about YOU!
- Don't interrogate—not too many questions.
- Don't give false reassurance or be premature or without justification.
- Don't emotionally detach.

08/01/25 136

136

HELPFUL CONVERSATION STARTERS

- ***Are you okay? How are you, really?*** Say sincerely & show concern.
- ***Are you thinking about suicide?*** Ask only if you are concerned that person is having suicidal ideations.
- ***Do you want to take a walk, sit & chat?*** (Doing some activity together can make talking less uncomfortable.)
- If violence is a concern, *do not leave*.

08/01/25 137

137

HELPFUL CONVERSATION STARTERS

Instead of saying:	Say:
You'll be fine. Get over it.	I'm here for you.
I understand.	I can appreciate that…
I know how you feel.	How are you really feeling?
Stop acting crazy	When you don't clean up…
Just don't worry about it.	This is hard. I'm here for you
God doesn't give you more than you can handle	Can I pray for you?
Therapy/drugs are for the weak	I will support your choices
Things will be better in the morning	I'm here to listen, support, be with you, etc.

08/01/25 138

138 08/001/25

Dealing with an ANGRY Person

"Anger was designed to be a visitor, never a resident in the human heart."

Why we get ANGRY:

- Fight, flight or freeze response
- Triggers such as pain, stress, frustration
- Fear or a "weaker" more vulnerable, uncomfortable emotion such as anxiety, shame, guilt, hopelessness or grief

139

Dealing with an ANGRY Person

Why we get ANGRY:

- A response to NOT getting what we want
- *A tool to bully, intimidate, manipulate, & control*

Being angry is not a sin; our behavior when we are angry could be. *"How do I react when I am angry?"*

Staying angry is like swallowing poison & waiting for the other person to die.

Scripture References:

Eph 4:26-28 Col 3:8 Proverbs 29:11 Eccl 7:9

140

Dealing with an ANGRY Person

If you are dealing with an ANGRY person:

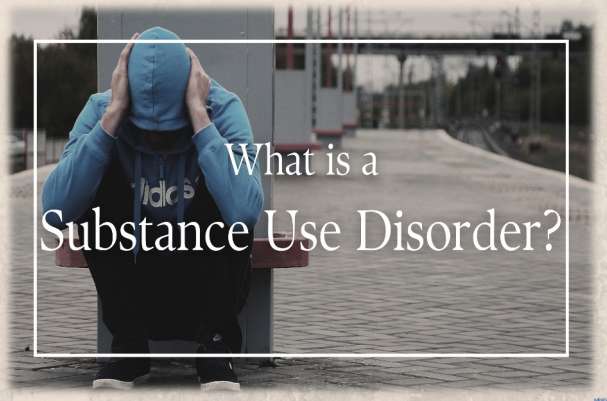
- Do not assign blame, argue, or confront
- Never threaten or lose your own temper
- Acknowledge their frustration.
- Show **empathy** – Invite them to share/explain what is happening & how they are feeling. Practice reflective listening.
- Ask what they wish to achieve & how you can help that happen.
- Appeal to the healthy side of their personality; ***use humor carefully.***

Dealing with an ANGRY Person

If You Are Dealing With an ANGRY Person:

- Keep yourself safe – Take all threats & warnings seriously. In extreme cases, you may need to step away from the person, ask for assistance, or call for help (law enforcement).
- ***Stay calm & non-confrontational*** on the outside:
  - Low voice, slow speech, confident, up-beat
  - Economy of body language, imitation, non-threatening stance
  - Do not crowd person or make them feel trapped
  - Stay in sight of others

142



143

Are alcoholism or drug addictions a result of disease or moral failure?

- ❖ This question has been a struggle for Christians for generations. The Bible is clear in both the Testaments that drunkenness is not to be condoned.
- ❖ While this sin can be forgiven, practicing drunkards will not inherit the Kingdom of God. (**1 Cor. 6:10,11**) Notice that it is excessive drinking that is specifically condemned.
- ❖ When a person develops a pattern of heavy drinking or consuming certain drugs that mimic brain chemicals, the brain will respond by creating different neural pathways & declaring a "new normal."

Helping Someone With Substance Use Disorder (SUD)

Recently:

- More people are using prescription opiates than are smoking tobacco.
- The death rate from using illegal opiates such as heroin & illegal fentanyl have tripled.
- Every 5 minutes a person will die from drug overdose.
- Many of those taking heroin, started out on prescription opioid.
- The National Institute of Drug Abuse: 8.7 Million people reported misusing prescription pain relivers in the past 12 months.

145

Important Things for Helping Someone With SUD

Always meet the person in a public place so that:

- Others can be present during the meeting (you never know the intentions of someone that is suffering from addiction.)
- Accountability can be established.
- *Most people will not act as irrationally when there are people around that could be possible witnesses.*
- Depending on their condition they may have no regard for yours, theirs, or others' safety.
- When possible, work as a team.

"And He summoned the twelve and began to send them out in pairs, and gave them authority over the unclean spirits;" Mark 6:7

146

Important Things for Helping Someone With SUD

NEVER bring someone with substance abuse disorder to your home or give out your address:

- Sometimes you will be in a situation where the person you are trying to help will have no options for living arrangements because of the relational damage they have caused by their actions.
- Your home is not equipped to handle or facilitate recovery & never should be used as such. ***(Temporary exception for family)***
- If you & a spouse are both working in ministry, establish an agreement that your home will never become the answer for someone else's issues brought on by substance use disorders.

147

Important Things for Helping Someone With SUD

Exception: For those dealing with SUD within the family:

- You must understand that your loved one is suffering from a SUD & may take advantage of your love for them.
  - A supervised emergency overnight stay may work if you have arranged for the family member to begin recovery the very next day.
  - Do not allow extended stays which can often enable the SUD & put your family at risk.

148

Important Things for Helping Someone With SUD

- If possible, try to use a **second phone number** for those that you are helping battle with substance use disorder.
- This will help prevent the late-night phone calls & the occasional inappropriate phone calls.
- Using a different number for dealing with SUD will also let you know the purpose of incoming calls
- There are apps on Google Play & Apple Store that you can use to obtain a second number for free. (Example: TextNow, Talkatone, Freetone, Talk)

149

Spotting the Signs & Symptoms of *SUD*

- Too often, people miss the **signs & symptoms** that could make the difference between early intervention & long-term SUD.
- ***Never assume*** that the person is currently using such substances. Presumptions can cause you to lose your ability to evaluate the person & the situation objectively.
- Automatically jumping to conclusions & accusations will **PUSH** that person away.
- **Active listening** & **Motivational Interviewing** techniques can help you find the answers you seek.

Spotting the Signs & Symptoms of *SUD*

- While **missing work or school** can be a sign of drug use, sometimes spending **too much time working** can also be a sign of occurring drug abuse.
- It is not unusual for some adults to start using drugs as a way to add more awake time to the day, so suddenly working nearly non-stop can point to a substance problem.
- **Friends** at school or work may also change if there is a new drug problem. Your loved one may no longer want to see anyone socially due to fear of being caught. Or, they may have made new friends who share the same habit.

151

Spotting the Signs & Symptoms of *SUD*

- Consider your loved one's **money habits**. Sudden changes in spending or missing money can be a sign of a hidden drug problem.
- Even small changes like not being quite as open as they have been in the past about money can mean there is something to hide like a drug or alcohol issue.
- Changes in money habits can also include a **sudden use of credit cards** or obtaining new lines of credit when that was not something they did in the past.
- **Overdue bills** are another sign that money is being spent on things that are out of the ordinary.

152

Spotting the Signs & Symptoms of *SUD*

- Look at their physical appearance. Significant changes in both the physical body as well as mannerism may be a sign of drug use.
- Depending on the drug of choice, users may also suddenly seem like they have endless energy & more movement due to **"nervous energy."**
- Beyond the physical body, you may also start to notice **poor hygiene** & the **same clothes** being worn for a longer amount of time than usual. If the drug use includes the use of needles, you may also notice that they often wear **long-sleeved clothing** year-round to hide their arms**.**

153

Spotting the Signs & Symptoms of *SUD*

- Watch for the signs of drug addiction. **Things disappearing at home** may be a sign that property is being sold or traded for drugs. They may need more & more money to fund drug use.
- Other signs of a problem may include family members noticing **missing prescription drugs** like painkillers, attention-deficit meds, or a variety of other drugs.
- Major **changes in sleep patterns** including either not sleeping for days on end or excessive sleeping can mean drugs are in play.
- Certain drugs can cause one to stay awake for several days at a time & then cause a crash that sends one into days of sleeping.

154

Spotting the Signs & Symptoms of *SUD*

It is wise to be knowledgeable about the effects of using specific drugs.

Use of these drugs may result in the following signs & symptoms:

- **Marijuana:** increased appetite, euphoria, dry mouth, memory impairment, & paranoia
- **Cocaine:** increased agitation, hyperactivity, cold symptoms, & lowered expectations
- **Ecstasy:** lowered inhibitions, heightened sexuality, increased energy, tightness in mouth/jaw, increased heart rate, & muscle tension.
- **Methamphetamine:** affects central nervous system causing increased body temp, jaw clenching, insomnia, loss of appetite, sweating, & paranoia.

155

Spotting the Signs & Symptoms of *SUD*

- **Fentanyl:** Hallucinations & visual disturbances, pain relief, confusion, severe drowsiness.
  - ***Street fentanyl***- powerful, can cause death at touch
- **Amphetamine:** synthetic drug often used to treat ADHD (example: Adderall, Ritalin, Dexedrine) by releasing dopamine. Also used in weight loss & "stay awake" situations.
- **Heroin:** short term feelings of euphoria, well being & pain relief. High & rapid risk of dependence.

Finding Resources:

- As a community Chaplain, your most valuable assets are your resources!
- Don't just recommend a professional or facility without vetting it first.
- Adequately research, otherwise you risk damaging God's ministry through you.

156 08/001/25

Understanding the Risks of *Helping Someone With SUD*

Always remember that when you are dealing with someone who is currently abusing alcohol or drugs that you are at risk of ***mental, physical, & spiritual attacks.***

- **Mental** – Understand that you will experience stress when helping someone & it must be handled appropriately.
  - If you personally are having a mental health emergency, you are not helpful to others. If you are in recovery yourself, remember that ***the most important person's recovery is your own.***
  - If you feel like your recovery is in danger remove yourself from the situation. ***Don't be afraid to say, "I can no longer help you because I too am in recovery." Honesty is your best practice in recovery!***

157

Understanding the Risks of *Helping Someone With SUD*

- **Physical** – When dealing with people who have altered their brain chemistry, you have to remember that at any moment, they can choose you to be their next target to get what they are craving.
- **Spiritual** – While there are wonderful testimonies of miraculous deliverances from the stranglehold of addiction, for many others, recovery is often a long, hard, & painful road, not just for those with an SUD, but for the people trying to help them recover.
  - The occasional deaths of those you so desperately want to help will be a sad but inevitable part of your life if you choose recovery as your focus. Relapses will happen too often.

You MUST prepare spiritually for the battle and journey ahead.

158

The Secret to Successful Recovery

- Removing oneself from the places, people, & things that triggered & supported those strong desires is essential.
- ***12-step & other recovery programs*** can be invaluable in maintaining sobriety.
- ***Celebrate Recovery*** is a Christian version with proven results.
- Supportive family, church, & social network can greatly increase the opportunity for success.

The Secret to Successful Recovery

- For many, the decision to stay sober requires a daily acknowledgement & a constant deliberate choice for sobriety.
- That former drug or drink can ***NEVER*** be part of the recovering addict's lifestyle.
- It is always heartbreaking to see someone fall back into the trap of addiction after months or even years of successful abstinence.
- In some cases, doctors have unwittingly prescribed addictive medications to those who should have never been given access to them because of their mental health or former SUD struggles.

160

MHER for Someone with SUD

Creating Boundaries:

- As a Chaplain of HOPE, you must create boundaries for both your protection & the welfare of those you are trying to help.
- People with a substance use disorder (SUD) **don't always understand** that their mind has been depleted of chemicals that would normally prevent them from irrational thinking & actions.
  - In fact, for the person desperate for more drugs or alcohol, ***you may be a potential target.***

161

MHER: Medical Emergency for Alcohol Abuse

All of the following conditions can lead to a medical emergency:

1. **Intoxication** – Significantly high levels of alcohol impair person's thinking & behavior.
2. **Poisoning** – Toxic levels of alcohol in the bloodstream; could cause death (0.30 – 0.39%)
3. **Withdrawal** – Adverse symptoms from stopping drinking or cutting back greatly; without medications can cause seizures.

Recovery Position:

When unconscious, you must keep the airway open. Turn from back to side (prone) to keep from suffocating on vomit or tongue blocking the airway.

MHER: Medical Emergency for Alcohol Abuse

If Person is Conscious:

- Stay **Calm**
- **Communicate** appropriately (respectfully, clearly, without laughing at or provoking)
- **Monitor** for danger – Assess for potential danger & ensure everyone is safe. Ask if any other drugs or medication have been taken in case a medical emergency arises as conditions deteriorates.
- Ensure the person's **safety** – Do not leave alone; keep away from dangerous objects & machines as well as access to bikes, motorcycles, boats & vehicles, etc.

If you are unable to keep safe, call for law enforcement

08/01/25 163

163

MHER: Medical Emergency for Alcohol Abuse

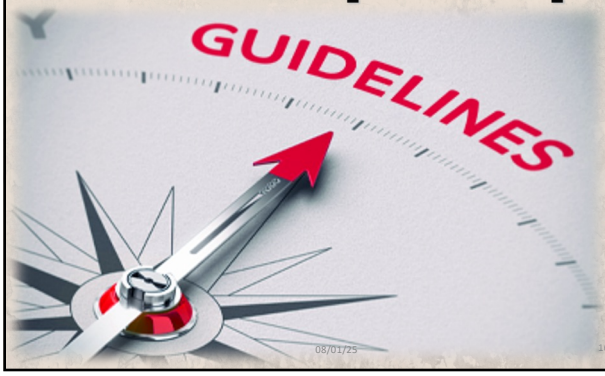
If you determine a person is at risk of medical emergency:

- Call ambulance or 911
- Do not leave alone
- Place in Recovery Position: monitor airway, breathing, & circulation
- Remove any broken glass or sharp objects before rolling into prone position
- Do not give food as they may choke if not fully conscious
- Cover to keep warm & avoid hypothermia
- Alcohol consumption can mask pain from injuries
- If vomiting & conscious, sit them up
- Monitor their breathing & be ready to perform CPR if necessary
- If helpful, take a family member or friend to hospital to supply important info.

08/01/25 164

164

Basic Guidelines for Chaplains of Hope

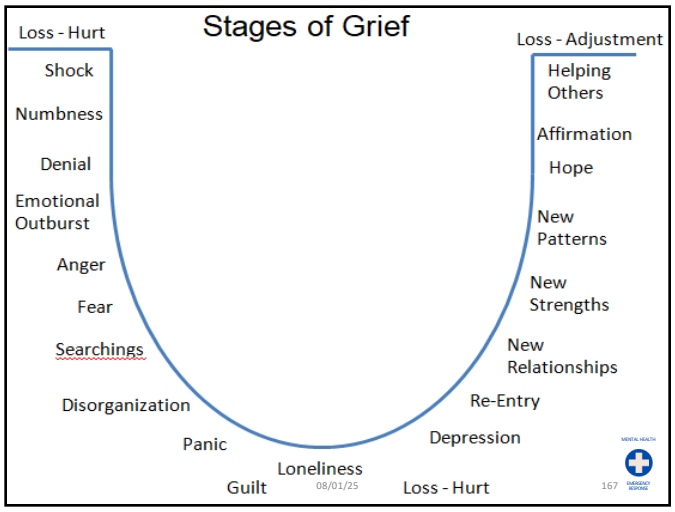


08/01/25 165

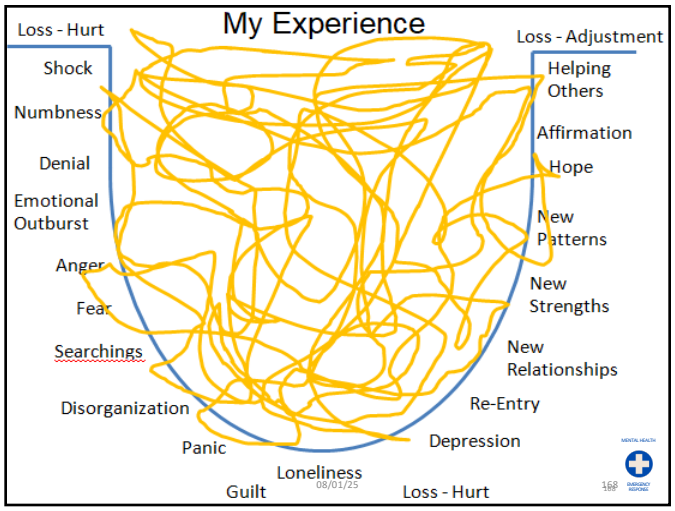
165


Death and Grieving

166


Stages of Grief
Loss - Hurt
Shock
Numbness
Denial
Emotional Outburst
Anger
Fear
Searchings
Disorganization
Panic
Loneliness
Guilt
Loss - Hurt
Depression
Re-Entry
New Relationships
New Strengths
New Patterns
Hope
Affirmation
Helping Others
Loss - Adjustment

167


My Experience
Loss - Hurt
Shock
Numbness
Denial
Emotional Outburst
Anger
Fear
Searchings
Disorganization
Panic
Loneliness
Guilt
Loss - Hurt
Depression
Re-Entry
New Relationships
New Strengths
New Patterns
Hope
Affirmation
Helping Others
Loss - Adjustment

168

The Elisabeth Kubler-Ross Stages of Grief

in her 1969 book, *On Death and Dying*

- **Denial**: "This cannot happen to me!"
- **Anger**: "Why did this happen to me?
- **Bargaining**: "If only I had…".
- **Depression**: "Why bother with anything".
- **Acceptance**: "So be it. Let it be".

169

5-Stage Kubler-Ross Model

1. ***Denial*** is the brain's way of pacing itself & helping you survive the initial loss. Being forced to confront difficult grief-related emotions all at once can be extremely painful & overwhelming. Denial becomes unhealthy when it is unshakeable.
   - **The only way to get beyond grief is to go through it.** Occasional distractions from the process can be beneficial.
2. ***Anger*** – For some, allowing themselves to truly feel anger is a natural response. It is something to grasp onto as a natural, healing step. The anger may be directed at oneself, others, the deceased or even God. It is a temporary stage that will pass.

170

5-Stage Kubler-Ross Model

3. ***Bargaining*** – Life isn't always fair, & people don't always get what they want, ask for, or think they deserve…even from God.
   - Death is neither fair nor unfair. It is simply the reality of living in a fallen world.
   - Bargaining with God doesn't usually work, & isn't generally, a good idea. (Zephaniah, 2 Kings 20, Louis Zamperini -- if God would save him from the sea, he would serve Him.)

5-Stage Kubler-Ross Model

4. ***Depression*** is the result of deep, continuing sadness. It is even more profound if it shakes one's faith.
   - *Grief takes time* – there are no shortcuts on this dark journey through the "valley of death."
   - Moving forward requires accepting the loss, not only of the loved one, but also of certain roles; it involves redefining ourselves.
   - Comfort comes from those people/traditions/routines that remain stable.

5-Stage Kubler-Ross Model

5. ***Acceptance*** – accepting the inevitable cannot be rushed or forced or short circuited. The person may temporarily lose interest in what is going on around him/her & become less talkative.
   - Memories will not disappear, but the crippling pain will eventually fade. The time frame will be different for each person, but acute grief usually lessens within a few months.
   - **Do not give the person any kind of time limit, even if you are asked. Some will simply give up & wait to die.**
   - The majority will eventually accept their new condition & resolve to live each remaining day as best they can.

Coping with Grief & Loss

Grief/mourning is a necessary process that leads us back to a normal, balanced state.

It involves:

- ***Accepting*** the reality of the loss
- ***Working*** with the pain of the grief
- ***Adjusting*** to the environment without the deceased
- ***Emotionally relocating*** the deceased & moving forward with life

Coping with Grief & Loss

Each person's journey is *UNIQUE* & *MESSY*.

- Experiencing grief is not a nice, neat package that works neatly through the ***5-stage Kubler-Ross model***, although the process can be described with this model.
- Those who grieve may experience many or only one of these stages in no particular order – a roller coaster of emotions is more typical.

175

Symptoms of Grief & Loss

- ***Grief*** is a reaction to a change or loss that is significant to the individual.
  - A strong, uncontrollable emotion that includes feelings of hopelessness & passivity. It is a necessary part of the recovery process.
- ***Feelings:*** sadness, anger, guilt, anxiety, loneliness, fatigue, shock, yearning, emancipation, relief, & numbness.
- ***Physical sensations*:** weakness, breathlessness, dry mouth, decreased energy, tightness, oversensitivity to noise.
- ***Cognition difficulties*:** confusion, disbelief, hallucinations, a sense of the deceased person's presence.

176

Symptoms of Grief & Loss

- ***Behavior:*** sleep/appetite disturbances, absent mindedness, social withdrawal, dreams of the deceased, sighing, crying, restless over activity, focusing on remembering, talking constantly about the deceased.
- During the ***grieving period,*** there is an increased susceptibility to illness, problems with memory & concentration, despair, depression, & loss of pleasure.

177 08/001/25

Encountering Death

- Each family member & friend ***will grieve in a different way*** based on the ***closeness*** & ***nature*** of their particular relationship with the deceased
- Each feeling is equally real & will require individual assistance.
- Those who refuse to grieve openly & emotionally may soon start exhibiting ***physical ailments*** as their body responds to suppressed grief.

178

Deaths You May Encounter

- ***Death of a parent*** – Level of grief depends on age of parent & age of child as well as the closeness of the relationship.
- ***Death of a sibling*** – ***Sibling bonds are the longest human relationships***. Losing a sibling may be more painful than losing a parent, child, or spouse.
  - ***Sibling deaths tend to be minimized by others as not as significant***. Sibling deaths, if experienced as a child, may affect the surviving sibling's future.
- ***Death of a friend*** – Friends of the deceased may be dismissed by family members & minimized by other friends & family. However, friends may be strongly impacted & should be given the freedom to grieve.

179

Deaths You May Encounter

- ***Death of a pet*** – Missing, lost, stolen, lost in a custody battle, or dead. This loss can be as painful as the loss of a close relative! Choosing to euthanize a pet can be extremely difficult & traumatic.
- ***Death of a spouse*** – an endless goodbye
- ***Death of a child*** – ***19% of parents will experience the death of one of their children,*** most commonly through accidents & miscarriages.
  - The grief will be more disabling & last longer than any other form of grief. It is the ***"ultimate bereavement."***

180 08/001/25

Deaths You May Encounter

- ***Parents of "special needs" children*** may need to grieve the loss of the "normal" child they were expecting to love & raise before they can truly accept their new baby.
- ***Shadow grief –*** an emotional dullness experienced across all normal activity that includes a feeling of sadness & mild anxiety.
  - Grief over items not living – Job, House, etc - Expecting one's own death

181

Death of a Spouse

People may think these kinds of thoughts:

- "I have lost my best friend."
- "I am angry." OR "I feel relieved."
- "I feel guilty for what I did/didn't do."
- "I don't know who I am anymore."

  - There may be unpleasant memories & consequences to deal with.
  - What to do with the deceased person's belongings?

182

Surviving & Rebuilding Requires Steps

- ***Bridge the past*** – Loosen ties to the deceased & accept his/her death. Shared experiences must become memories.
- ***Live in the present***
  - Role changes for parents with young children – Work at being a better parent rather than trying to be both parents.
  - Housing arrangements – Avoid making significant financial changes: selling the house, moving, remarrying, etc. for at least a year.
  - *Good decisions are often not made during times of intense emotion!*
- ***Find a new path*** – Operating independently & looking to the future.

Responding to a Grieving Person

- **Begin where the grieving person is** – not where you think he/she should be. No judgment on your part.
- Practice **active listening**, even if the person is repetitive,
- *Saying "I'm sorry" or "I can't imagine how painful this must be for you" is honest. Saying, "I know how you feel" is probably NOT.*
- An appropriate **hug or touch or hand holding** (all physical touch requires permission) communicates caring, but only if the person is comfortable being touched.

184

Responding to a Grieving Person

Be sensitive to his/her feelings:

- Don't offer faulty assurances such as "You'll feel better in a couple of days."
- Be extremely careful about offering advice, quoting Scriptures or "admonishing" the grieving person.
- *Being quietly present is usually better than talking too much, which can seem like noise & be very bothersome to any person experiencing deep emotions.*

185

Responding to a Grieving Person

- Empathize
- Reassure that whatever feelings are being experienced are *normal*:
  - crying is normal, not crying is also normal; expressing anger is normal; feeling empty and numb is also normal;
  - brain fog, not being able to make decisions, being forgetful are all normal, feeling scared or hopeless is also normal…

How Long Do the Grieving Need Assistance?

Self care is
so important.
When you take
time to replenish
your spirit,
it allows you to
serve others
from the overflow.
You cannot serve
from an
empty vessel.

- Eleanor Brown

187

For Chaplains Of Hope

188

Ethical/Legal Issues Affecting MHER

Ethical Issues/conduct grows out of:

- Character
- Values
- Professional training

As Chaplains of Hope we should strive to meet or exceed both the professional standards & those of the community we serve.

Ethical/Legal Issues Affecting MHER

Our ethical principles will be based on our moral principles:

- **Autonomy** – clients are allowed to make their own decisions.
- **Non-maleficence** – do no harm
- **Beneficence** – move others toward the goal of good
- **Justice** – treat all equally
- **Fidelity** – Demonstrate trust & faith; keep commitments
- **Veracity** – Demonstrate truthfulness

190

Ethical/Legal Issues Affecting MHER

- Highest ethical standards are critical especially because of the vulnerability of the client in crisis.
- As people-helpers, we must be self-aware.
- *Confidentiality:*
  - ❖ Personal information is not to be shared without written permission.
  - ❖ Privileged information offers some legal protection for client in working with certain professionals.
- HIPPA laws are very protective.

191

Ethical/Legal Issues Affecting MHER

Documentation:

- ❖ Accurate & detailed record keeping protects both the helper & the client.
- ❖ The goal is to show your decision-making & choices in a way that another professional can follow.

- Increase the *amount of details* in high-risk situations (ex. suicidal) during crisis.
- Keep notes on *collateral resources* (family, friends, relevant professionals).
- Note *refusals* to treatment, hospitalization, etc.

Ethical/Legal Issues Affecting MHER

Duty to Report :

- ❖ While volunteer chaplaincy is currently a grey area in terms of mandated reporting; teachers, members of the clergy, social workers, medical professionals, & career chaplains are just a few of the professionals who are mandated reporters.
- ❖ You must have a *reasonable belief* that abuse has happened, but you do not necessarily have to have absolute proof.
- ❖ If **wearing chaplaincy clothing**, you will be regarded as a professional by both **clients** & **other first responders**, especially if you behave in a professional manner.
- ❖ Consequently, you may also be considered responsible & held legally accountable in this area.

193

Ethical/Legal Issues Affecting MHER

- If you **observe** or **suspect** that a member of a vulnerable population (children, mentally or physically disabled adults, or the elderly) are being abused or suffering from severe neglect, take notes & ***immediately report the incident***(s) to your pastor who may know more about the situation/people involved than you do & will therefore be able to make the best decision for the good of the client.
- In any case, you will have reported the situation, & it will now become the responsibility of your pastor.

194

Ethical/Legal Issues Affecting MHER

- Mandated reporting is a serious responsibility with jail time & fines for those who ignore it. (a $500 fine and/or 6 months in jail is possible for this misdemeanor.)
- Reporting can also be done anonymously to law enforcement or APS/CPS if the abuser of a child is a parent or guardian or someone else responsible for the child's welfare.

Level Three Lab: Resources

Developing my personal ***Resource Guide***:

- What is it?
- Why do I need It?
- What should be in it?
- *A personal, tested, directory of local resources.*
- Possible local resources of need already in my community – "211 Texas" or Equivalent

196

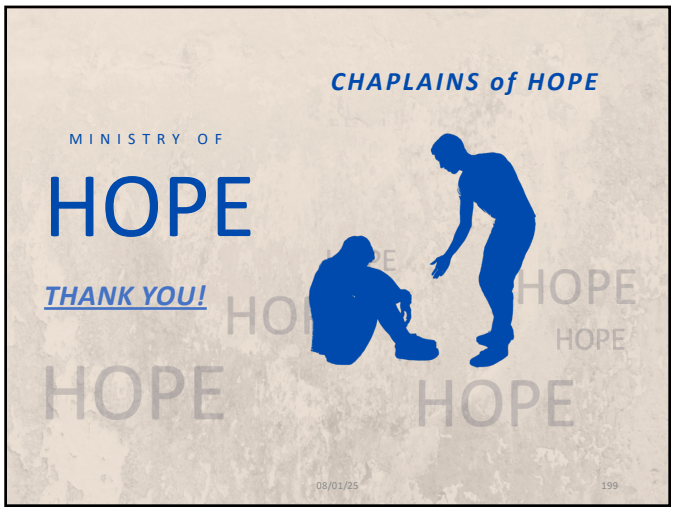
Resources In Your Area

- Start by establishing ***resources in your area***.
- **Don't** try to start a ***duplicate program*** in your community if someone is already actively working with God on the issue. Especially if they are being successful
- ***Helping others*** that are working on the need you have selected, moves the effort forward faster than starting from scratch.
- ***Build a team*** around your resources – Find people in the ministries or businesses that you can speak with personally when an SUD issue arises.
- Having more people on your "Team" will help you be more productive in finding hope for those in crisis. Helps **avoid burnout**.

197

CHAPLAINS OF HOPE "*GIVING*"

https://give.iphc.org/project/chaplains-of-hope


CHAPLAINS of HOPE
MINISTRY OF
HOPE
THANK YOU!
HOPE
HOPE
HOPE
HOPE
HOPE
08/01/25
199

199