



Look, Listen, and Link (LLL)

Basic Psychological First-Aid and Suicide Awareness



Based on the work by the World Health Organization 13 JAN 2016





Concept of Operations

- Psychological first-aid (PFA) is a method to help first responders respond after crisis and continue their first responder service to their communities.
- The Look, Listen, Link (LLL) model should be taught to CAP members by CAP CISM staff before an incident so an early, brief, and focused helping-hand can be there right away when the need arises...by a fellow team member.
- This allows CAP to have members in the field or unit who have training in active listening and suicide prevention so we may all best serve our members.



<u>Who uses</u>



Psychological First Aid?

- Department of Defense, including the USAF
- Most major Fire and Police Departments
- Federal Law Enforcement Agencies
- Commercial Airlines
- Civil Air Patrol / U.S. Air Force Auxiliary







Why do we need

Basic Psychological First Aid?

 Research has shown that when this is used, there is a reduced rate of post traumatic stress disorder (PTSD), less severe trauma reactions, and people tend to bounce back more quickly.







When do we need

Basic Psychological First Aid?

- CAP members should be ready to provide support to one another when there is a:
 - Death or illness within a CAP family or unit;
 - Emergency Services mission;
 - Suicide or suicide attempt within the CAP family;
 - Squadron Meeting, Encampment, Bivouac, Fly Day, or other type of CAP meeting;









- A humane, supportive response to someone who is suffering and who may need support.
 - provides <u>practical</u> and <u>discreet</u> care/support, which is not intrusive;
 - assesses their needs and concerns;
 - helps people to address basic needs (for example, food and water, information); listening to people, but not pressuring them to talk;
 - comforts people and helping them to feel calm;
 - helps people connect to information, services and social supports;
 - protects people from further harm.



PFA is not...



- It is not something that only professionals can do;
- <u>It is not</u> professional counseling;
- <u>It is not</u> "psychological debriefing" in that PFA does not necessarily involve a detailed discussion of the event that caused the distress;
- <u>It is not</u> asking someone to analyze what happened to them or to put time and events in order;
- Although PFA involves being available to listen to people's stories, <u>it is not</u> about pressuring people to tell you their feelings and reactions to an event.







- **Safety** Decreases further threat exposure; provides "grounding" to increase the feeling of safety.
- Calming- Reduces trauma-related anxiety that can interfere with decision making, and performance of life tasks.
- Beneficial Self-Change (self-efficacy) By giving practical help, people will have to tools to help themselves.

CAP Leaders should display these traits directly after a trauma to best help their units or team members.







- **Connectedness** Since increased social support is related to better emotional well-being and recovery following mass trauma.
- Hope / Optimism- Because more favorable outcomes occur when persons retain hope for their future, believe in the future, and have a feeling of confidence that life is predictable.

CAP Leaders should display these traits directly after a trauma to best help their units or team members.



Look

Look, Listen, Link (LLL)

Basic PFA Steps



- Look for obvious medical needs; call 911 if needed;
- Is the area safe to enter; are you psychologically prepared to help and listen? If so, get consent to help.
- Look for people with **serious distress reactions (next slide)**.
- Listen
 - Listen to people and help them feel safe and calm;
 - Ask if you can help and what they need right now;
 - Listen for signs of serious distress reactions or suicide.
- Link
 - Help people address basic needs / get information;
 - Help people cope with problems-provide practical help;
 - Connect to loved ones, friends, Command, and/or CAP CISM Team (CIST). <u>Make sure YOU speak with someone after</u>.









- Check for Safety;
 - Scan the area and identify if it is safe to enter.
 - Are YOU mentally prepared to assist?
 - Get consent to help them.
- Check for people with obvious medical needs;
 - Call 911 (or the local emergency number) if needed.
- Check for people with serious distress reactions;
 - Some common distress reactions include appearing to be extremely upset, in a "daze", or not responding when questioned; some specific examples are on the next slide. These people will benefit from this.







Serious Distress Reactions

- Uncontrollable shaking, having sleeping difficulties, or having headaches or pains;
- Uncontrollable crying, sadness, grief, fear, being "jumpy" or "on guard", worried that something bad will happen, or being anxious or fearful;
- Feeling emotionally numb, like they are in a dream, being withdrawn, not speaking, or feeling extreme fatigue;
- Feeling angry, irritable, disoriented (not knowing their name or what happened), or unable to care for yourself.

















Distress

- Most people will recover well over time, especially if they can restore their basic needs and receive support from those around them or from those trained in PFA.
- However, people with either severe or long-lasting distress reactions may need more support than PFA alone, particularly if they cannot function in their daily life or if they are a danger to themselves or others.
- Make sure that severely distressed people are not left alone and try to keep them safe until you can find help from the chain of command, health personnel, local leaders or other community members in the area; sometimes just being quietly present will help them.





• Listen

- Listen properly to people you are helping;
 - **EYES** Give the person your undivided attention.
 - EARS Truly understand what their concerns are.
 - HEART Be caring and show respect at all times.
 - **PRESENCE** Sometimes just being present and nearby is enough to help someone through.

CAP members must understand ANYONE can have a distress reaction.
They occur from a single event or small doses of stress over time.
It is not a sign of weakness, low maturity, or low intelligence.
With the right amount of stress all people will have distress reactions.







• Listen

- Listen to people and help them feel safe and calm.
 - Find a safe, quiet place to talk; CPPT MUST BE MAINTAINED
 - Remove them from exposure from the media; TV turned off.
 - Ask if you can provide help.
- Ask about their needs and concerns frequently.
 - Ask "what do you need?" Food, water, shelter, blankets, communications, and information are common needs.
- Listen for signs of serious distress reactions or suicide.
 - Do not pressure someone to talk; stay close in case they want to tell you their story. <u>Be calming</u>.
 - If they do talk, acknowledge them, nod, and explain that you are there to support them.
 - If they are truly safe, tell them that. If not, make it safe.





• Listen

- Don't leave distressed people alone.
- If a person is potentially suicidal:

ACE – Ask, Care, Escort:

- Ask them directly if they want to hurt themselves;
- Care by calmly controlling the situation; actively listen and remove means of injury; if you can do so safely;
- Escort them to the chain of command, an emergency department or call 911.







Care for your buddy

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-injury

Escort your buddy

Suicide Prevention Lifeline:

National

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
 Call the National Suicide

Prevention Lifeline

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 If you, or someone you know, is potentially suicidal, call the National Suicide Prevention Lifeline: phone 800-273-8255 or Text 838255.



• Listen: Suicide Signs

Warning – Take Action

- Talking about wanting to die
- Searching for a way to die (Online search, weapon purchase)
- Talking about being hopeless
- Talking about being a burden
- Behaving recklessly
- Withdrawing or isolating
- Displaying mood swings

<u>Risk Factors – Be aware</u>

- Prior suicide attempt
- Relationship stress
- Family history of suicide
- Mental health condition
- Having access to suicide method
- Signs of substance abuse
- Change in behavior
- Hopeless behavior
- Impulsive behavior

Protective Factors

- Skills in problem solving
- Supportive relationships
- Beliefs in selfpreservation
- Strong connections
 with others
- Access to mental health staff
- Spiritual belief system







- Listening: Calming Techniques
 - -Calming Presence: make sure you promote calm by keeping your tone of voice calm and soft and your rate of speech slow and predictable.
 - When not sure what to do ask "what do you need right now?" or "how may I help you?".
 Remember that silence and just being available is important. Do not be intrusive; if no help is needed, stand ready to help.





-Diaphragmatic Breathing: instruct members with serious distress reactions to breath in through their nose over 4-seconds, hold for 1-second, and exhale through their mouth for 8-seconds. Do this for 2 cycles of breathing every few minutes as needed (don't overdo it). This type of breathing typically will relax their body.







• Link:



- Help people address basic needs and get information to help (food, water, shelter, safety, and information).
- Help people cope with problems provide practical help for their most important problems. List them out and assist with an action plan to help them fix their problems.
- Connect them to loved ones, friends, Command, and/or CAP CISM Team. Your job is to ensure they are being supported by someone else; family, friends, CAP Command, and / or your local CAP CISM Team (CIST).



CAP Personal Stress Resiliency Plan



• A plan developed to assist you.

- When we are stressed our mind becomes cluttered.
- This plan guides you through the process of becoming uncluttered.
- It is best filled out before any times of stress and then taken out and followed during times of stress.
- Found at:

http://www.capmembers.com/emergency_services/ critical_incident_stress_management_cism/

- It is your private document.

CAP Personal Stress Resiliency Plan



When I have stress, I realize that my body and mind are affected. My signs of stress include:

- Muscle tension in my back / neck
- Headaches / neck pain / body pain
- Gastrointestinal issues
- Feeling anxious, depressed, or sad
- Becoming short-tempered
- Becoming emotionally cold or negative
- Eating junk food or eating too much food
- Having trouble focusing
- Becoming rigid / too focused on an idea
- I will actively work to observe the signs of stress in my body and mind; when I realize I am stressed, I will activate this stress resiliency plan

2 Step 2: Stress Trigger First-Aid Steps

When stressed, I will activate the "PLACE" stress trigger first aid steps:

- Perspective: think about the MOST LIKELY outcome of the stressor, NOT the worst case scenario
- Let go of problems that you can't control and focus only on problems you can control
- Action Plan Creation attack the stressor "head on" with a realistic plan
- Confidence have the unwavering belief that you can handle the stress and use the action plan to overcome and succeed
- Express emotions to a trusted loved one or friend so they don't become "bottled up"



Step 3: The Power of Physical Exercises. I know that strong bodies

help people better handle stress. I will do something that makes me work hard for at least 20 minutes a day.

- I will commit to _____minutes of exercise a day
- If I have trouble focusing, I will try exercising before I need to be attentive to help me concentrate better

I know that a physical workout will help me calm down when I am feeling most worried, stressed, or fearful. The physical exercise I commit to are:

- Aerobic exercise (running/walking/dancing)
- Resistance (plyometric, weights, body weights)
- Stretching (yoga, tai chi, flexibility training)



Step 4: The Power of Mental Exercises.

I will relax and exercise my mind by using:

- Good posture when sitting / walking
- Deep breathing exercises
- Positive self-talk "I can do this"
- Use constructive thinking to consider alternative solutions
- Be a realistic optimist and believe in hope
- Actively search for the "silver lining"
- Taking a warm shower or wash your face with warm water to relax
- Imagine you are someplace peaceful and relaxing. The place I could imagine myself being is ______



Step 5: Eating well.

I know that good nutrition makes a difference in my

health and how well I deal with stress. The changes I am ready to make include:

- Eating a healthy breakfast daily
- Skipping fewer meals
- Drinking fewer sodas / sugary drinks
- Limiting caffeinated beverages
- Drinking more water
- Eating smaller portions of food
- Eating less greasy meals / snacks
- Eating more high quality proteins, fruits, vegetables, and whole grain foods
- Stop using tobacco/alcohol or start a plan to stop tobacco/alcohol products



Step 6: Sleeping well. I know that people who get a

good night's sleep do a better job of dealing with stress. For me to get the sleep I need, I will try to go to bed at _____ and get _____ hours of total sleep.

When too close to bed time, some things can impact the quality of my sleep. I will consider the following plan to help me get the best sleep possible:

- Avoid caffeine at least 6 hours before bed
- Exercise 5-6 hours before bed
- Take some time to relax after work
- Shower or bathe 1 hour before bed
- Dim the lights 60 minutes before bed
- Let go of emotional tension before bed

Keep this Personal Stress Resiliency Plan and activate it when you are becoming stressed.

CAP Personal Stress Resiliency Plan



I will use my bed only for sleeping. I will use another place to do some of the things I do in bed now. I will:

- Not use a tablet / computer / smartphone 1-2 hours before bed
- Stop reading in bed prior to sleeping.
- Stop doing work in bed.
- Stop watching television in bed.
- Stop talking to my friends or texting / messaging in bed.
- Stop worrying in bed.
- Dock my smartphone in a charger that is not in my bedroom.
- Get out of bed and read if I am unable to fall asleep.

Step 7: Take instant vacations.

Everyone needs to be able to mentally escape problems for a while by taking an *instant* vacation. I will:

- Read a relaxing and familiar book.
- Mentally take a mini vacation to a favorite place or favorite past event
- Watch television/movies
- Listen to calming and familiar music.
- Play video games that are not violent or stressful.



Step 8: Release emotional tension.

I will try to let my worries go,

rather than letting them build up inside.

- I will talk to a wisely chosen friend because I know they will give good advice.
- I will talk to
- □ I will pray to gain strength
- I will speak with a religious/spiritual leader
- □ I will meditate
- I will write out my thoughts in a diary, journal, or blog
- □ I will allow myself to laugh more
- I will allow myself to cry more
- I will make lists to get organized
- I will express myself through art
- □ I will express myself through music
- I will express myself through creative writing
- I will express myself through poetry
- I will write my experience down to share



Step 9: Positive Interactions

I know that people who have healthy positive interactions cope better with stress. I plan to:

-Communicate with my Team / Co-Workers

- I agree that I will be respectful to my team.
- I agree that when I am stressed and cannot guarantee that I will be respectful, I will limit my interactions with my team / co-workers

-Communicate with my Loved Ones

- Speak with my trusted loved ones at least daily (when possible) and explain to them why I am under stress and how I feel. I will lean on my loved ones and understand someday they will lean on me
- I will speak with my loved ones after exercise (when possible) because I will be at my calmest, clearest and most focused after exercise
- I agree that I will not make any significant changes in my life until I speak with them
- I agree that if I feel like I want to hurt myself,
 I will call or text the National Suicide
 Prevention Lifeline or speak to a loved one.

Further Help

 National Suicide Prevention Lifeline: confidential help 800-273-8266 / text 838255

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- I will consider speaking with a CAP CISM member _____
- If I need a CISM peer supporter and don't know who their contact information, I will email <u>CISM@CAPNHQ.GOV</u> or call 1-888-211-1812 ext. 300 for help.
- I will consider speaking with a religious or spiritual leader ______
- I will consider speaking with a CAP Chaplain or CDI
- If I need a CAP Chaplain and don't know their contact information, I will call 1-877-227-9142 ext. 418 for help.

Based on the work of Ginsburg KR, Jablow MM.

Keep this Personal Stress Resiliency Plan and activate it when you are becoming stressed.



CAP Critical Incident Stress Management (CISM) Team



- A confidential CAP team that assists CAP members or their families which assists the our member's resiliency needs in crisis.
- It uses the idea that after a crisis most people will fully recover with education on typical crisis reactions and through helping members meet needs. It uses professional level PFA and other crisis intervention techniques.
- Any squadron, group, activity, or tasked incident commander may request a wing commander to activate a CAP CISM Team.
 You don't need to tell anyone why you are activating the team.
- CAP commanders should ensure that there is no stigma in requesting a CAP CIST, that confidentiality is maintained throughout the request process.

CAP Chaplain Corps

- Chaplains are the primary recipients of training in CAP Region Chaplain College teaches CISM courses
- Terrific resource to members!
- LAWG Chaplain Don Hoy leading the effort to get a team "CAPtrained" in Louisiana.

don-hoy@cox.net

225-975-5402

 Squadron Chaplain John Tober johntober@yahoo.com 225-888-0101

LAWG CISM Resources

- LAWG CIS-O Anthony (Tony) Williams, LPC-S, LMFT, NCC Cell: (318) 393-8449 Office: (318) 219-9508 tony4897h@aol.com
- LAWG Assistant CIS-O Christine Marchand, CDI Cell: (225) 938-2825 pilotmom@eatel.net



Additional PFA Resources



"PFA Buddy Aid"

World Health Organization (WHO) PFA Guidebook is an excellent resource:

- <u>http://whqlibdoc.who.int/publications/2011/97892415</u>
 <u>48205 eng.pdf</u>
- Thomas Janisko, Lt Col, CAP
 Chief, CAP CISM and Resiliency Program
 <u>cism@caphq.gov</u> (goes to CAP CISM HQ group)
 (202) 604-7966 (Lt Col Janisko's mobile phone)
- Need Immediate CISM help: CAP National Operations Center at 1-888-211-1812 Extension 301



- Look
 - Is area safe to enter; are you psychologically ready to help?
 - Check for people with obvious medical needs; call 911
 - Check for people with serious distress reactions;
 - Get consent to help.
- Listen (CPPT must be maintained)
 - Listen to people and help them feel safe, calm, hopeful;
 - Ask if you can help and what they need right now;
 - Listen for signs of serious distress reactions or suicide;
- Link
 - Help people address basic needs / get information to help;
 - Help people cope with problems provide practical help;
 - Connect to loved ones, friends, Command, and/or CAP CISM Team. <u>Make sure you speak with someone afterward</u>.

Need Help? CAP National Operations Center 1-888-211-1812





ACE – Ask, Care, Escort: Ask: them directly if they want to hurt themselves;

Care: by calmly controlling the situation; actively listen and remove means of injury; if do so safely

Escort: them to the chain of command, a hospital, emergency department, or call 911.

Warning – Take Action

- Talking about wanting to die
- Searching for a way to die (Online search, weapon purchase)
- Talking about being hopeless
- Talking about being a burden
- Behaving recklessly
- Withdrawing or isolating
- Displaying mood swings

<u> Risk Factors – Be aware</u>

- Prior suicide attempt
- Relationship stress
- Family history of suicide
- Mental health condition
- Having access to suicide method
- Signs of substance abuse
- Change in behavior
- Hopeless behavior
- Impulsive behavior

Confidential Suicide Lifeline 1-800-273-8255 or Text at 838255.





• What does the acronym LLL stand for?

- A) Live, Life, Loud
- B) Look, Listen, Link
- C) Learn, Leave, Link
- D) Look, Learn, Leave





- You just returned from a "mission find" after a search and rescue mission. A member of the team seems quiet, withdrawn, and appears emotionally down. What should you do?
 - A) Offer assistance right away using the Look, Listen, Link (LLL) acronym for psychological first aid and then strongly recommend that together you both speak with someone in the chain of command or CAP CISM Team.
 - B) Watch them and then check in with them during your next weekly squadron meeting.
 - C) Immediately notify your chain of command and not speak with the member.





- What are the parts of the Look portion of the LLL method?
 - Is area safe to enter; are you <u>P</u> prepared to help?
 - Check for people with obvious medical needs; call 911, if needed;
 - Check for people with <u>S</u> <u>D</u>;
 - A) Physically / Safe Distress Reasoning
 - B) Psychologically / Simple Disaster Relief
 - C) Psychologically / Serious Distress Reactions
 - D) Psychically / Serious Disaster Recall





- A CAP member appears depressed, talks about feeling hopeless, and talked about being a burden. What should you do?
 - Follow the ACE acronym which stands for?

- A) Ask, Care, Escort
- B) Ask, Communicate, Extract
- C) Assist, Communicate, Escort
- D) Assist, Care, Endorse





- What are the parts of the Link portion of the LLL method?
 - Help people address basic needs / get _____to help;
 - Help people cope with problems provide practical help;
 - Connect to loved ones, friends, Command, and the CAP
 Team.
 - A) Consent / CISM
 - B) Information / CISN
 - C) Authority / CISU
 - D) Information / CISM





Test – Bonus 1

- Who is your wing CISM Officer? _____
- If you don't know, who can you call?





Test – Bonus 2

- Who is your CDI? _____
- If you don't know, who can you call?





Test – Bonus 3

- Who is your Chaplain? ____
- If you don't know, who can you call?



Awarded to



Basic Psychological First Aid Course In recognition for the attainment of knowledge and proficiency in Psychological First Aid skills

Date Completed

Thomas Janisko, Lt Col, CAP Chief, CISM and Resiliency Program

CISM