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# IT'S ALL ABOUT OUR PEOPLE: EMPOWERING RESILIENCY AND PREVENTING BURNOUT

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# LEARNING OBJECTIVES



- Define burnout and associated concepts
- How working in high stress environments can impact law enforcement personnel
- Learn of the personal and professional risks and outcomes associated with burnout
- Discover personal and organizational strategies that promote resilience

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# BURNOUT AND SELF CARE IN FIRST RESPONDERS

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# STRESS AND TRAUMA EXPOSURE IS A REALITY OF POLICING



Mark van Manen

*“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”*

(Remen, 2006)

# A MODEL OF STRESS

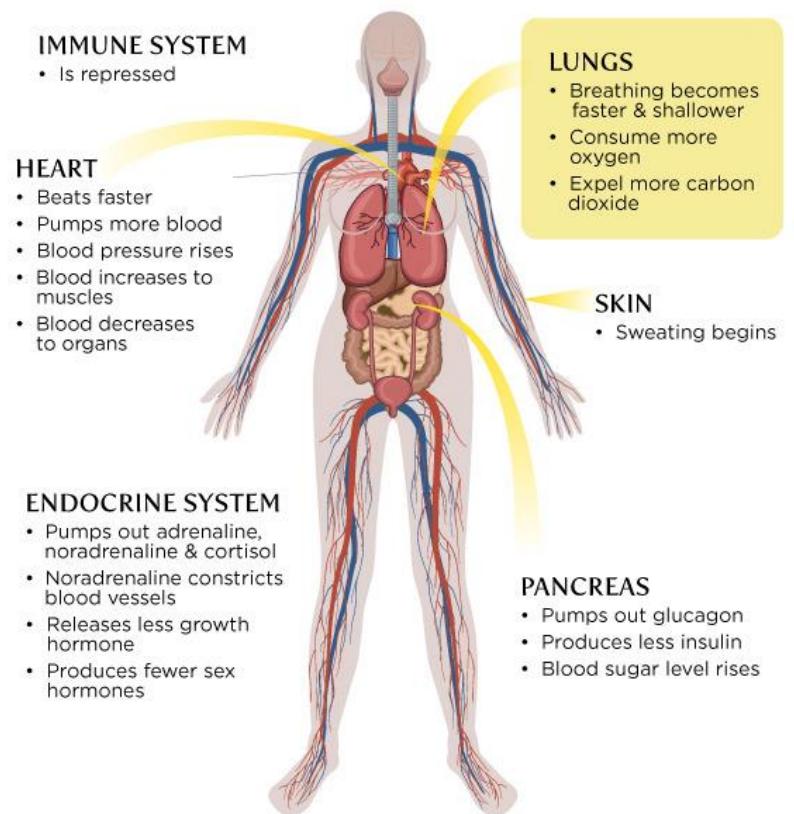




# STRESS AND THE BODY

- Brain and body's response to perceived threats
- Sympathetic nervous system is activated, stress hormones (adrenaline, norepinephrine, cortisol)
- Suppresses certain body functions and activates others that improve survival
- Natural defense against danger
- Fight-Flight-Freeze

## Fight-or-Flight Response



### IMMUNE SYSTEM

- Is repressed

### HEART

- Beats faster
- Pumps more blood
- Blood pressure rises
- Blood increases to muscles
- Blood decreases to organs

### ENDOCRINE SYSTEM

- Pumps out adrenaline, noradrenaline & cortisol
- Noradrenaline constricts blood vessels
- Releases less growth hormone
- Produces fewer sex hormones

### LUNGS

- Breathing becomes faster & shallower
- Consume more oxygen
- Expel more carbon dioxide

### SKIN

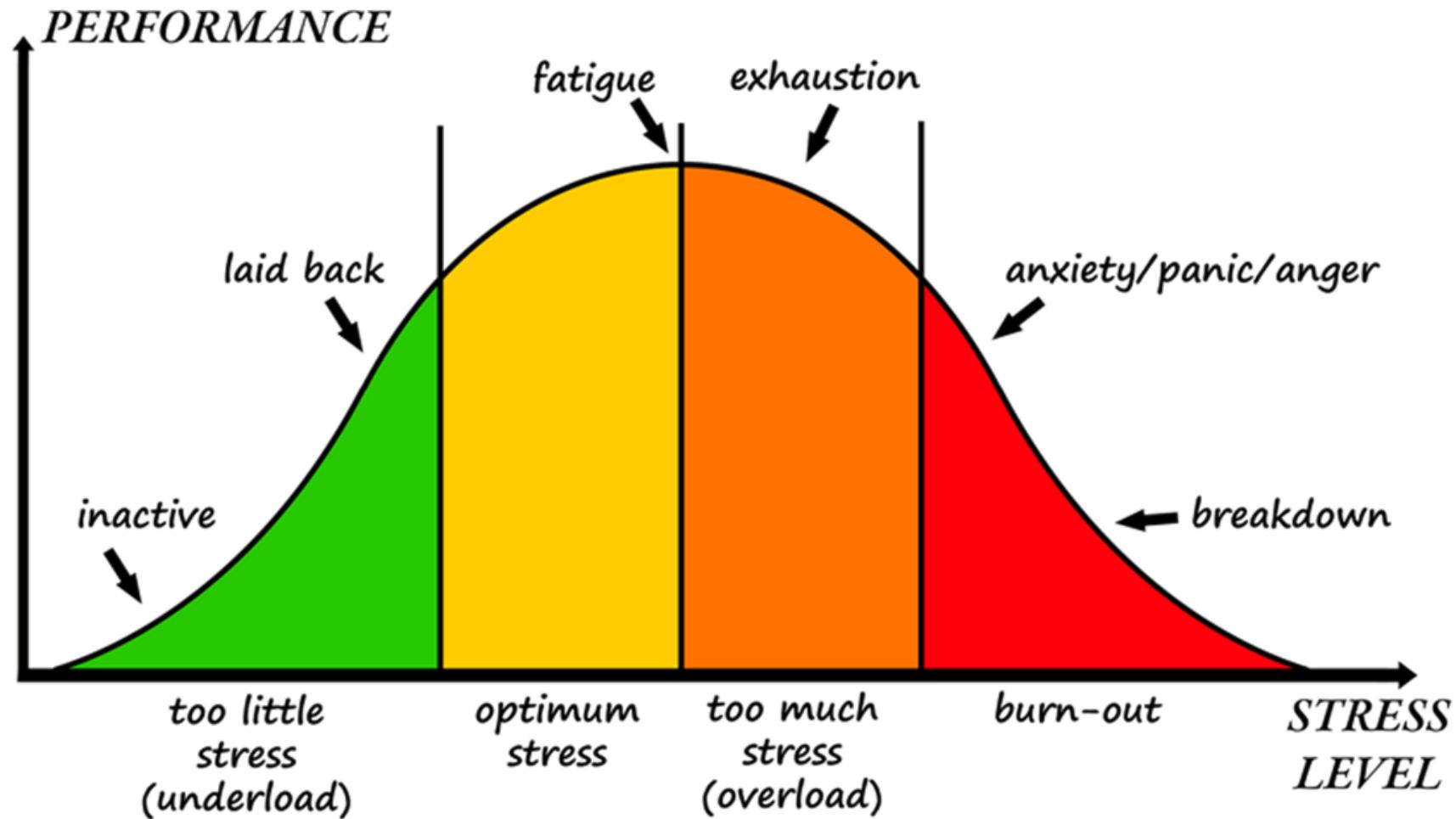
- Sweating begins

### PANCREAS

- Pumps out glucagon
- Produces less insulin
- Blood sugar level rises

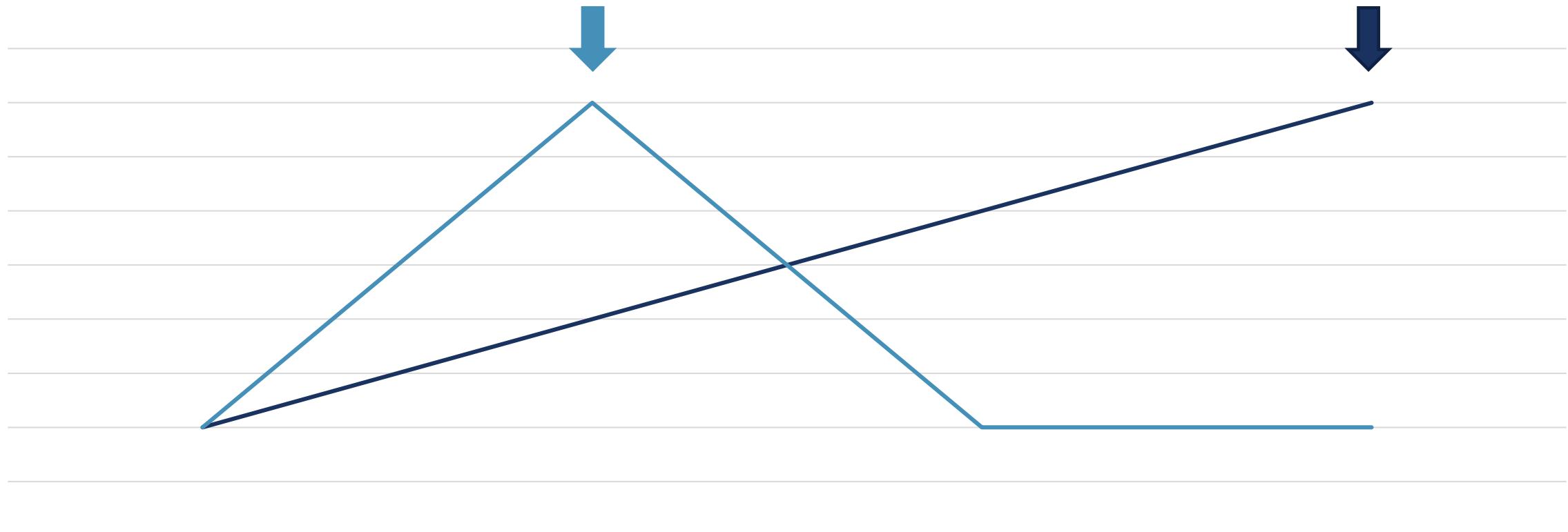


# STRESS-PERFORMANCE CURVE





# ACUTE STRESS VS CUMULATIVE STRESS



# WHEN STRESS BECOMES TO HIGH...



- Post-Traumatic Stress Disorder (PTSD)
- Burnout



## WHAT MAKES A STRESSOR TRAUMATIC?

- Updated definition of PTSD in DSM-5 (2013)
- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
  - Direct exposure
  - Witnessing the trauma
  - Learning that a relative or close friend was exposed to a trauma
  - Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)



# DIRECT EXPOSURE VS. INDIRECT EXPOSURE

<b>DIRECT EXPOSURE</b>	<b>INDIRECT EXPOSURE</b>
Officer involved shooting	Death notifications
Assault	Performing CPR or other first aid
Threats	Reading narratives of calls and occurrences
Traffic collisions	911 call taking



## COMMON TERMS RELATED TO INDIRECT STRESS

- Compassion Fatigue
- Vicarious Trauma/Secondary Traumatic Stress
- Burnout



# COMPASSION FATIGUE AND BURNOUT

- Commonly used terms in healthcare
- “A combination of physical, emotional, and spiritual depletion resulting from caring for an individual in significant emotional or physical distress” (Anwalt, 2009)
- Trauma does not need to be present (ie. Witnessing decline associated with dementia or cancer)
- Compassion fatigue relates specifically to the experience of caring for others
- Burnout can result from any type of stress



## WHAT IS BURNOUT?

- Burnout is a response to chronic stress of continued demands in a sport or activity without the opportunity for physical and mental rest and recovery.
- Burnout is a syndrome of continual training and sport attention stress, resulting in staleness, overtraining and eventually burnout.
- Many athletes experiencing burnout report feeling trapped by circumstances of sports participation. The athlete first starts feels stale or overwhelmed, but is encouraged by coaches, strength staff, athletic trainers, teammates or parents to push through symptoms of overtraining and potential burnout to continue with a demanding schedule in order to feel a part of the team, maintain their starting position or keep their scholarship.



## WHAT IS BURNOUT? CONTINUED

- Other athletes self-induce their burnout with personal motivation for success.
- This type of athlete applies more personal demands on their physical conditioning and skill sessions, or is fully consumed by sports participation as a way to fulfill their identity as an athlete.
- Either way, the chronic stress the athlete experiences without the opportunity to rest and recover from the rigors of such stress places the athlete at risk for burnout.
- For some athletes, burnout may be the triggering mechanism in developing or exacerbating a mental health disorder that negatively impacts the athlete's life and relationships.

## SIGNS & SYMPTOMS OF BURNOUT

- Leveling off or diminished performance or conditioning, including strength and stamina losses, chronic fatigue
- Physiological signs such as having a higher resting heart rate and blood pressure
- Cognitive issues such as difficulty in concentration or diminished work performance, forgetfulness
- Illnesses as a result of suppressed immune system
- Emotional issues such as disinterest, moodiness, irritability
- Low self-esteem, increased anxiety and depression as a result of falling short of work demands

## SHIFT IN WORLDVIEW



- Fundamental beliefs about the world are altered or damaged:
  - A domestic violence shelter worker may stop being able to believe that any relationship can be healthy.
  - A child abuse investigator may lose trust in anyone who approaches their child.
  - A sex assault investigator may view all strangers as potential predators.
  - A 911 communicator may lose empathy for those in need.

# BURNOUT IN SENIOR LEADERS

- “Lonely at the top” phenomenon
- Expectation to be on-call 24/7
- Work-life conflict
- Public/media scrutiny
- Desire to project emotional strength during challenging moments

# RISK FACTORS FOR BURNOUT



- Frequent exposure to high intensity stressors
- High effort work (ie. Physically and/or psychologically taxing)
- Few breaks or time off
- Perfectionism
- Frequent changes in schedule
- Poor sleep
- Work-life conflict

# RISK FACTORS FOR BURNOUT



- Low reward/recognition work
- High responsibility with low control
- Inadequate training
- Lack of quality supervision
- Rigid or high stigma culture
- Low staffing



# BURNOUT SYMPTOMS: PERSONAL

PHYSICAL	EMOTIONAL	BEHAVIOURAL	COGNITIVE	INTERPERSONAL	SPIRITUAL/MORAL
Rapid pulse/breathing	Powerlessness	Irritability	Low concentration	Isolation	Pessimism/cynicism
Headaches	Numbness	Sleep/appetite changes	Inattention	Dismissive/cold	Loss of purpose or meaning
Impaired immune system	Anxiety, Depression	Self-destructive behaviour	Poor short-term memory	Decreased interest in intimacy or sex	Questioning morality/spiritual beliefs
Fatigue	Guilt, Anger, Sadness, Fear	Impatience	Decreased planning/judgement	Mistrust/suspicious	Pervasive hopelessness
Aches	Severe reactions to reminders/triggers	Jumpy/easily startled	Racing thoughts	Minimization of others' concerns	Unbalanced personal outlook



# BURNOUT SYMPTOMS: PROFESSIONAL

PERFORMANCE	MORALE	INTERPERSONAL	BEHAVIOURAL
Decreased quantity/quality of work	Decrease in confidence	Withdrawn from coworkers	Arriving late
Low motivation	Decrease in interest	Poor communication	Absenteeism
Overinvestment in cases/perfectionism	Apathy	Conflict	Overworked/not taking breaks
Forgetfulness	Job dissatisfaction	Impatience/intolerance of others	Exhaustion
Inattention	Feeling underappreciated/undervalued	“Only one that can do the job right”	Poor follow-through



# SELF-CARE





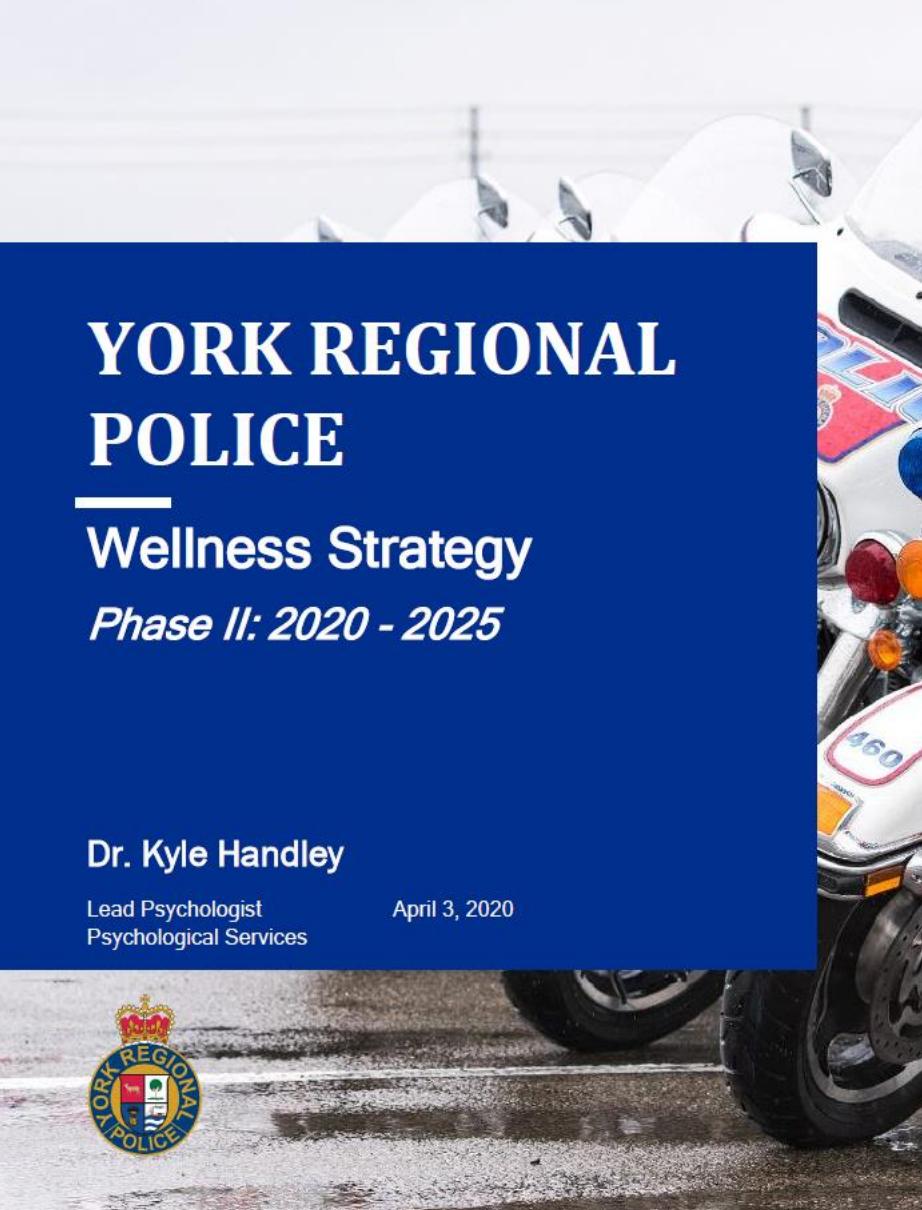
# WHAT IS SELF-CARE?

- Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.
  - Sleep
  - Hygiene
  - Exercise
  - Lifestyle
  - Relationships
  - Work
  - And more

# SELF-CARE STRATEGIES



- Work-life balance is key
- Positive relationships with supportive colleagues and non-police friends and family
- Engage with your community in a positive way (charity work, church groups, volunteering)
- Avoid “band-aid” solutions (alcohol, cannabis, withdrawal from others)
- Focus on personal health and wellbeing (sleep, exercise, diet, relaxation)
- Find your “flow” activities (playing music, woodworking, gardening)
- Engage formal supports if needed (psychologists, physicians, counsellors)



# YORK REGIONAL POLICE

## Wellness Strategy

*Phase II: 2020 - 2025*

**Dr. Kyle Handley**

Lead Psychologist  
Psychological Services

April 3, 2020





- Fitness Planning
- Dietician
- Benefits Coverage for Massage, Physio, Chiro



- Staff Psychologists
- Benefits Coverage for Psychologists, Social Workers, Registered Psychotherapists



- Peer Support
- CISM
- Family Supports
- Financial Support
- EFAP



- Chaplaincy
- Retirement Planning
- Yoga
- Mindfulness

Need more info? Visit the Wellness page on YRPNet







January 2021

## My Wellness Plan (Example)



Neck/Shoulder Soreness	Irritable	Lonely	Am I Making a Difference?
Low Energy	Negative Outlook	Worried About Finances	Nervous About Retirement
Feeling Jumpy	Trouble Turning Thought Off At Night	Caring for my Aging Parents	Losing Faith/Optimism in People/World

Stretching/Massage 2x/Day	Take a Breath Before Responding	Text or Video Call with Friends on Tuesdays	List the Times Your Work Helped Others
20 Minutes of Exercise/Day	List 3 Things I'm Grateful For	Book a Meeting with a Financial Advisor	Speak with OMERS/Write a "Day in the Life" Retirement Plan
Cut Down on Caffeine/Alcohol by 1/Day	20 Minutes of Mindfulness Before Bed	Connect with EFAP for Elder Care Resources/Supports	Consult with Chaplain/Volunteer Outside of YRP

# RELATIONSHIP BETWEEN SELF-CARE AND RESILIENCE



- Resilience is the process of adapting well in the face of adversity, tragedy, trauma, threats, or even significant personal stressors such as family and relationship problems, financial strain, workplace conflict, and serious health problems
- Resilience means “bouncing back” from difficult experiences
- Good self-care builds resilience



## ORGANIZATIONAL SUPPORT IS KEY

- Self-care is only half the story
- Exclusive focus on self-care can lead those struggling with burnout to feel blamed.
  - “If only you took better care of yourself...”
- First responder organizations also have a responsibility to the members exposed to traumatic content
- “Duty to train” or the responsibility to educate members about these stressors and promote positive coping



## ORGANIZATIONAL SUPPORTS FOR BURNOUT

- Adequate staffing and routine opportunities for breaks and time off
- Formal and informal recognition
- Supervisor and members training to promote early detection and supportive intervention
- Accessible and knowledgeable support staff (PSU, Psych Services, Chaplaincy, etc.)
- Opportunities for rotation of work
- Modeling of positive coping and effective limit setting by senior staff

# ORGANIZATIONAL SUPPORTS FOR BURNOUT CONTINUED



- Tracking workload and case involvement to monitor level of exposure
- Tenure limits in certain units (ICE, Ident, etc.)
- Provide means for members to confidentially access wellness supports (insurance coverage, EFAP)
- Foster a culture in which discussion of burnout is encouraged and supported
- Give members some control/input into how and why the work is done

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QUESTIONS?



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