12

STRESS

LEARNING OUTCOMES

After completing this chapter, you should be able to:

- Explain the differences among neutral, good, and bad stress.
- Describe the health effects of stress.
- Describe the stressors that we face in daily life and that law enforcement personnel face.
- Explain what a critical incident is, what are the causes and symptoms for law enforcement personnel, and how to assist someone suffering from a critical incident.
- Explain what post-traumatic stress disorder is, how to recognize someone suffering from it, and what you can do to help an individual.
- Explain what resiliency and mindfulness are when dealing with operational stress injuries.
- Develop and implement coping techniques to deal with stress.

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Stress is part of life. You can feel stress when you have too much to do, when too many expectations are put on you, or when you haven't slept well. Everyone lives with stress; it is an equal-opportunity destroyer, affecting people in all demographics. The World Health Organization has described stress as "a global epidemic" (WHO, 2003, p. 7). Stress itself is neither positive nor negative. How you handle or react to what you perceive as stress is what determines its effect on your life. This chapter examines what stress is; its causes, effects, and symptoms; and how it can be managed. More specifically, it looks at stress in law enforcement, with a special focus on critical incidents and post-traumatic stress disorder. We will also look at strategies for managing stress.

DEFINING STRESS

Dr. Hans Selye (1974) was the first to define **stress**, which in his words is the "nonspecific response of the body to any demands made upon it" (p. 14). Shafer (1996) explains stress as the arousal of the mind and body in response to demands made on them. Experts in the field of psychoneuroimmunology suggest that as much as 85 percent of all disease and illness—from the common cold to cancer—can be linked to stress (Kiecolt-Glaser, 1999; Seaward, 2005).

Stress is a reaction to a stressor (stimulus or demand) that produces an elevated state of readiness or arousal. The greater the stimulus, the greater the stress reaction. Too much stress can lead to physical and emotional health issues. Emergency personnel benefit from a moderate amount of stress arousal, which makes a person more alert to his or her surroundings and helps the individual respond to the stress. A stressor can be a physical, psychological, social, biological, or chemical factor or force that puts real or perceived demands on the body, emotions, mind, or spirit of an individual.

TYPES OF STRESS

There are three types of stress response to a stressor (Le Fevre, Gregory, & Matheny, 2006; Morse & Furst, 1979; Selye, 1974; Sivasubramanian, 2016; see Figure 12.1):

1. *Neutral stress* (**neustress**) With this kind of stress, the mind and body are aroused but the stress is neither harmful nor helpful (Morse & Furst, 1979). An example is observing that traffic is slowing down in front of you, but you aren't in a hurry.
2. *Good stress* (**eustress**) This kind of stress is caused by the factors that initiate emotional and psychological growth. Eustress provides pleasure, adds meaning to life, and fosters an attitude that tries to find positive solutions to problems. It encourages optimal performance and can improve health. An example is competing with classmates to win a race or climbing Mount Kilimanjaro. Eustress is related to self-efficacy. Self-efficacy is one's judgment of how they can carry out a required task, action, or role. Having the belief that you can perform a task successfully will allow you to view stress as a positive challenge. High self-efficacy (optimistic, proactive, and confident) increases one's ability to set their goals higher and be motivated to achieve them.

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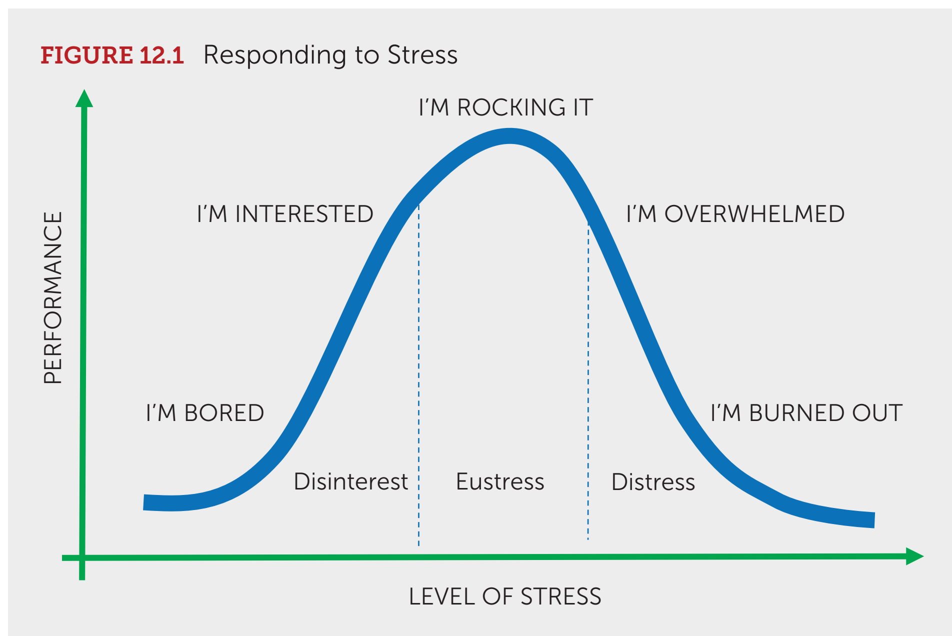
3. *Bad stress* (**distress**) This kind of stress results in negative responses both in a person's career and in life. Unchecked negative stress can interfere with the physiological and psychological functioning of the body and may ultimately give rise to a hypokinetic disease or disability (Selye, 1974). Distress causes anxiety or concern and elicits the perception that an individual may not have the coping skills to deal with the situation. An example would be being faced with a challenge you cannot or have difficulty accomplishing (such as passing a BFOR test to meet job requirements or not having enough money to pay for next month's rent).

Figure 12.1 shows the relationship between stress and performance. Not enough stress will keep you from reaching your potential goals. Too much stress (distress) can harm your mental and physical health. Eustress challenges you in a positive way. Just the right amount of stress allows you to perform at your optimal level.

FIGURE 12.1 Responding to Stress



Refer to **assignment 12.1** (at www.emond.ca/fitness5e) to fill out a life experience survey and rate how experiences in your life are impacting your stress level.

THE STRESS RESPONSE

Hans Selye concluded that the body reacts to good and bad stress in the same way. He labelled the stress response—the body's reaction to stress—the **general adaptation syndrome (GAS)**. It includes three stages: the fight-or-flight response, the stage of resistance, and the stage of exhaustion (Selye, 1956, 1976).

The **fight-or-flight response** (or alarm stage) is the stage when the body prepares itself to cope with a stressor. The response is a warning signal that a stressor is present (whether real or imagined). The body prepares for fight or flight by releasing cortisol and adrenaline. These two powerful hormones increase heart rate, blood pressure, and breathing rate. They redirect blood from the stomach and digestive organs to muscles, activating and tensing them, preparing them for action.

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It's important to be aware of your fight-or-flight response and that it gives you an appropriate response for an appropriate event. If you are in a state of alarm all the time (for real or imagined events), then it may be time to seek professional help.

FIGURE 12.2 Fight-or-Flight Response

In the **stage of resistance**, the body actively resists and attempts to cope with the stressor. If you are able to channel that energy, your body returns to normal. However, being aroused for too long and too often may lead to fatigue. Headaches, forgetfulness, constipation, diarrhea, asthma, anxiety attacks, and high blood pressure are all signs of prolonged arousal.

The **stage of exhaustion** is the phase in which the body is subjected to continual stress and fatigue for days and weeks and the body begins to shut down, usually resulting in illness. You may notice at the end of exam period you always tend to get a cold or the flu. If you are healthy, your body will recover; however, if the body cannot cope, disease and malfunction of organ systems may result.

STRESSORS

A **stressor** is any physical, psychological, or environmental event or condition that initiates the stress response. However, what is stressful for one person may not be for another. Also, what is a stressor for someone at a certain time may not be stressful for that same person later.

STRESSORS IN DAILY LIFE

As you prepare for your career in law enforcement, you may be faced with additional stress while you gain experience through education, volunteering, and everyday life. Teen stress is similar to adult stress in terms of signs and symptoms. However, the transition period into adulthood has unique stressors, such as the following:

- school stressors (academic responsibilities or pressures for good grades, finances or debt, anxiety, poor work/school–life balance, discrimination (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012))
- physical changes/stressors (increases in weight and height, menarche (onset of menstruation), and pubertal changes, as well as poor diet, lack of sleep, and lack of exercise resulting in fatigue or illness)
- mental changes/stressors (issues with independence, sexual attraction, aggressive behaviour, and exposure to experimenting with new things (such as substance abuse))
- emotional issues (changing relationships with peers, responsibilities to family, separation or divorce of parents, romantic relationships, and getting along with siblings and other family members)
- feelings of being **overloaded** (excessive time pressure, excessive responsibility, and excessive expectations to succeed)

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- changes and transitions (starting or ending a relationship, death of a loved one, moving, job change or loss, going to school away from home or for the first time in a number of years)
- money problems (finding a part-time or full-time job, paying tuition/rent/bills, learning how to save money, support a family)
- loss of self-esteem (falling behind academically or professionally, failing to meet personal standards and goals or others' expectations).

FACTS TO THINK ABOUT

STRESS AND MENTAL HEALTH STATISTICS

In 2016, the National College Health Assessment (Ontario Canada Reference Group) found:

- The majority (65 percent) of students reported experiencing overwhelming anxiety in the previous year (up from 57 percent in 2013).
- Almost half (46 percent) of students reported feeling so depressed in the previous year it was difficult to function (up from 40 percent in 2013).
- Students who had seriously considered suicide in the previous year increased from 10 percent in 2013 to 13 percent in 2016.
- Students reporting a suicide attempt within the previous year also increased: 2.2 percent (or 558 students), up from 1.5 percent in 2013. Additionally, 9 percent of students (or 2,245 students) indicated that they had attempted suicide, but not in the previous year.

Regarding overall mental health:

- In any given year, one in five Canadians experiences a mental health or addiction problem.
- By the time Canadians reach 40 years of age, one in two has—or have had—a mental illness.
- Mental illness is a leading cause of disability in Canada.
- Most (70 percent) mental health problems have their onset during childhood or adolescence.
- Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.
- Men have higher rates of addiction than women, while women have higher rates of mood and anxiety disorders.
- Mental and physical health are linked. People with a long-term medical condition such as chronic pain are much more likely to also experience mood disorders. Conversely, people with a mood disorder are at much higher risk of developing a long-term medical condition.
- Regarding the stigma of mental health, in 2014, 64 percent of Ontario workers would be concerned about how work would be affected if a colleague had a mental illness and 39 percent of Ontario workers indicate that they would not tell their managers if they were experiencing a mental health problem.
- The economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.

SOURCES: ACHA, 2016; Boak, Hamilton, Adlaf, Beitchman, Wolfe, & Mann, 2016; Dewa, 2014; Government of Canada, 2006; Pearson, Janz, & Ali, 2013; Smetanin, Stiff, Briante, & Khan, 2011.

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STRESSORS FACED BY LAW ENFORCEMENT

Evidence shows that law enforcement officers such as police officers, correctional officers, custom officers, and Canadian military are at least twice as likely as the general population to suffer from post-traumatic stress disorder (PTSD), due to the risk of routine exposure to traumatic stressors (Ontario Ministry of Labour, 2016). Added to these stressors are the issues of dealing with ever-changing technology, cultural diversity, and the imperative of "political correctness." Below is a summary of the stressors that various law enforcement agencies are facing.

STRESSORS FACED BY PROVINCIAL AND FEDERAL CORRECTIONAL OFFICERS

In corrections, guarding inmates in overcrowded facilities can be dangerous and thankless work, fuelling stress that impacts an officer both at work and at home. Many correctional officers feel isolated and alienated from society and over time they become cynical or hypervigilant to the point where they cannot relax. Stress levels continue to increase because, in spite of statistics indicating a general decline in violent crime in Canada since 1991, public perception, public scrutiny, and adverse media publicity suggest otherwise. While Ontario's incarceration rate has fallen, it has not dropped as dramatically as the province's crime rate (Statistics Canada, 2015, 2016). Among the offences that have increased in recent years are homicides, sexual offences against children, and child pornography, including exploitation of children over the Internet (Statistics Canada, 2012). More than one in four officers have been physically assaulted by an inmate, more than 80 percent have responded to a serious injury to an inmate, and almost 20 percent have witnessed the death of an inmate (Boyd, 2011). The main stressors facing correctional officers are shown in Table 12.1.

TABLE 12.1 Stressors Faced by Provincial and Federal Correctional Officers

Operational Stressors	• Exposure to occupational violence (overcrowding, gang involvement, and inmates' mental-health issues). • Verbal and physical abuse from inmates, confrontational individuals. • Negative work environment (co-workers who may be bringing in contraband, getting too friendly with inmates, using unnecessary force). • Burned out co-workers venting their frustrations. • Custodial responsibilities (maintaining security, preventing escapes and inmate fights, and victimization) while maintaining treatment functions (confinement issues and rehabilitation). • Harassment issues (sexist, racist, and homophobic). • Extensive paperwork, reports, segregation reviews.
Organizational Stressors	• Staffing issues (rotating shift work, mandatory overtime, understaffed, rapid staff turnover, lack of appropriate backup, competition for assignments and favouritism). • Capacity issues (overcrowding and limited resources). • Weak leadership (officers feeling vulnerable, scrutinized, and unsafe). • Lack of adequate resources (e.g., programming and services for inmates with mental-health issues). • Scrutinized over quick decisions on life and death situations.
Public View Stressors	• Perception of negative treatment of inmates. • Poor support from friends and family (feelings of isolation and estrangement). • Unrealistic expectation of what correctional services can do for rehabilitation to address a lifetime of trauma and dysfunction while incarcerated.

SOURCES: Brower, 2013; Finn, 2000; MCSCS, 2015, 2016a; Sapers, 2017; ToersBijns, 2012.

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FYI

ASSAULTS IN CORRECTIONAL INSTITUTIONS

Recent statistics from Correctional Service of Canada (CSC)'s Offenders Management System state an average of 310 recorded assaults on staff in federal institutions every year across the country. Of the ones that occurred from 2011 to 2016, roughly two-fifths were physical assaults, while the others involved less harmful actions like spitting, throwing or swinging objects, lunging, or making threats. Although most of these physical assaults were punches, hits, or kicks, more than 40 entailed the use of weapons. Out of all of the reported assaults over the same five-year period, about 30 percent occurred in situations involving prison security intervention, roughly one-quarter during escorts and/or handcuffing, and more than 10 percent during kitchen meal service.

SOURCE: Cottrill, 2017.

STRESSORS FACED BY CANADIAN CUSTOM OFFICERS

The Canadian Border Services Agency (CBSA) is responsible for administrating the legislation that governs the admissibility of people and goods into and out of Canada. They must identify, detain, and remove people who are inadmissible, bar illegal goods, administer and enforce trade legislation and agreements, protect food safety, plant and animal health, and collect duties and taxes on imported goods. Table 12.2 is a composite of stressors faced by custom officers.

TABLE 12.2 Stressors Faced by Canadian Custom Officers

Operational Stressors	• Potential risk at border crossings (weapons, contraband, infectious diseases, organized crime, and terrorism). • Dealing with sophisticated criminal activity and concealment risks around contraband crossing the border. • Dealing with individuals crossing borders illegally. • Dealing with refugee claims. • Safety concerns of working alone in rural areas. • Repetitive and mundane tasks (administrative and booth work). • Doing secondary searches (potentially angry or non-compliant individuals). • Language barriers. • Welcoming and resettling refugees from conflict areas around the world.
Organizational Stressors	• Out-of-date management strategies. • Limited opportunities for advancement. • Responsible for knowing and administrating over 90 acts of legislation. • Inadequate resources for security and detainment.
Public View Stressors	• Perception that individuals are targeted for secondary searches. • Criticism on how they handle firearms, arrest, and detention.

SOURCES: CBSA, 2016, 2017; Côté-Boucher, 2015; Hopkins, 2017; Kalman, 2016.

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STRESSORS FACED BY POLICE AND PUBLIC/PRIVATE SECURITY

The complexities of policing have changed drastically in the last 20 years. We have seen a decline in the number of police officers in Canada years while the proportion of police officers aged 40 years and older has grown to 55 percent, which potentially increases the number of exposures to critical incidents (Greenland & Alam, 2017). Given the financial and personnel investments associated with training police officers, officer retention is an emerging area of research. Some research suggests that turnover can lead to disruption in the workplace, can have a negative impact on police work and crime control, and may hinder the development of leadership within the ranks (Scheer, 2014). There is an increased demand for greater transparency over situations involving officers, a continual need to keep up with cultural and mental health currency, and the perception that 'serve' is being emphasized over 'serve and protect' with safety consequences to officers.

Community policing has come to the forefront of the job in policing. Working directly with the community can provide job satisfaction and overall departmental efficiency. However, the transition to community policing has caused apprehension on the part of officers who must implement this fundamental shift in policing philosophy on a day-to-day basis. At times, the stress to perform to both service and community standards can be overwhelming.

With communities grappling with increasing economic costs of policing and fiscal challenges, since the late 2000s, there has been an increase in the hiring of private security to fill in the gaps and/or replace what public policing used to cover, especially in service-oriented duties and social events. Private security is growing at a faster pace than the public police, almost doubling in numbers in the past 20 years (Canadian Broadcasting Corporation, 2013). In some provinces, these special constables provide court security, prisoner transportation, or other security services that had once been done by sworn officers. Educational institutions, health care facilities, housing, and transit authorities employ special constables. Although required to provide the same level of security as public policing, many private policing/security agencies, while patrolling communities, waterfront, business and housing developments, colleges and universities, transit, etc., are not equipped in terms of resources, training, or equipment resulting in safety issues like assaults, break and enters, domestic violence, and drug trafficking (Ruddell & Jones, 2014). The stressors for policing and security are listed below in Table 12.3.

STRESSORS FACED BY THE CANADIAN MILITARY

Canada is home to a significant military population per capita: close to 70,000 regular force members in the Canadian Armed Forces, 27,000 reserve force members, 54,000 military families, and more than 600,000 veterans. These Canadians require unique standards of health protection, prevention, and care (CIMVHR, 2016). In addition to stressors faced by law enforcement, they face combat stressors. **Combat stress** is a common experience for military personnel in a war zone and can be seen as a healthy adaptation to a potentially life-threatening environment. For instance, being hypervigilant during a dangerous combat exposure is important and necessary. But it may be problematic in a safe environment, such as one's home or in a restaurant (Kelly, 2016). This stress, described by terms like 'shell shock,' 'battle

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fatigue,' and 'combat stress reaction,' takes a tremendous toll on individuals who risk their lives for our freedom. Some stressors and traumatic events unique to the military are presented in Table 12.4.

TABLE 12.3 Stressors Faced by Police, Public and Private Security, and Other Protective Agencies

Operational Stressors	• Threats to officers' safety (entering an unfamiliar building, responding to a weapons call, pursuing vehicles at high speeds, and responding to disturbances). • Responsibility of protecting the lives of others. • Exposure to criminals and people in pain/distress (dangers involved, language barriers, conflict resolution, and being lied to). • Excessive computer and paperwork. • Boredom alternating with sudden alertness/energy/excitement. • Issues of not being in control of a situation.
Organizational Stressors	• Staffing issues (rotating shift work, work overload, understaffing, promotional issues, paramilitary nature of the job, complying with rules and procedures). • Leadership issues (lack of support, lack of rewards, poor communication, being second guessed or punished for minor infractions, and top-down decisions). • Lack of funding (out-of-date equipment, having to adopt a "band-aid" approach to problems). • Court issues (unfavourable court decisions, attending during time off). • Stigma attached to disclosing psychological, emotional, and physical issues at work.
Public View Stressors	• Expectations of the public to do what they ask. • Women and minorities discrimination. • Isolation from friends and family. • Being recorded on someone's smartphone while working.

SOURCES: Anderson, Litzenberger, & Plecas, 2002; Andersen, Papazoglou, Koskelainen, Nyman, Gustafsberg, & Arnetz, 2015; Andersen, Gustafsberg, Papazoglou, Nyman, Koskelainen, & Pitel, 2015; Amaranto, Steinberg, Castellano, & Mitchell, 2003; Duxbury & Higgins, 2012; Malm, 2005; Violanti, 2014.

TABLE 12.4 Stressors Faced by the Canadian Military

Operational and Organizational Stressors	• Working in a paramilitary structure (hierarchy, lack of freedom in decision making, imposed dress/hygiene conditions, directed physical training, imposed living locations in Canada and abroad). • Deployments (detachment from family/partner, operation prep, decompression and reintegration, living in countries with different cultures, going between safe and unsafe zones). • Gender, racial, or sexual orientation biases. • Fear of release from service due to occupational unfitness (musculoskeletal disorders and injuries and unsure of another career). • Transition from military to civilian life.
Combat Stressors	• Continual sound of long-range artillery and surface-to-surface missiles. • Dangers (search-and-rescue operations, disaster aid, training accidents, front-line missions). • Witnessing horrific events (violence, disasters, genocide, handling injured bodies). • Realistic fears (dying on tour, being captured and tortured, getting injured).
Public Perception Stressors	• Failure to recognize, understand, and support those with PTSD. • Isolation and lack of support from friends and family. • Lack of support for family while on tour.

SOURCES: CIMVHR, 2016; El-Gabalawy et al., 2016; Kelly, 2016,

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STRESSORS FROM WORKPLACE HEALTH AND SAFETY HAZARDS

Law enforcement officers encounter many occupational health and safety risks on a daily basis or at some point in their career. These are grouped into five categories, as shown in Table 12.5.

TABLE 12.5 Stressors from Workplace Health and Safety Hazards

Physical Hazards	• Confrontation with a suspect or inmate with a weapon. • Physical threats and assaults when arresting and transporting suspects and prisoners. • Exposure to ambient environmental factors (low or high temperatures, rain, wind, snow) resulting in acute or chronic diseases. • Excessive exposure to sunshine (UVA/UVB) being linked to cancers. • Exposure to high noise level from emergency alarms/sirens and firearms training.
Chemical Hazards	• Second-hand smoke, furnace fumes, car exhaust (carbon monoxide), subway iron particles, or carcinogens. • Exposure to radio frequencies (e.g., the use of police traffic radar). • Officers who carry OC spray are at risk of suffering the effects of its use especially in confined spaces (jail, interview room, vehicle).
Biological Hazards	• Exposure to micro-organisms in the air (bacteria, virus, fungi, mould). • Exposure to communicable diseases like HIV/AIDS, tuberculosis, hepatitis A, B, or C, rabies. • Infected needle stick injuries. • Human or animal bites.
Ergonomic Hazards	• Injuries to the musculoskeletal system from uncomfortable working positions, heavy physical tasks, altercations with suspects. • Back problems related to seatbelt use and riding in vehicles all day, vibrations from vehicles, wearing body armour and duty belt, and working on a computer in a confined space (such as car computers). • Injuries to the back and lower extremities from standing/walking all day in improper footwear and poor posture.
Psycho-Social Hazards	• Difficulties with supervisors or fellow workers, sexual harassment, discrimination, or dealing with issues like suicide. • Stress from exposure to violent and life-threatening situations (critical incidents). • Stress from departmental politics, inadequate resources to do the job, and lack of support. • Increase in requirements of the job with less resources and more accountability.

SOURCES: Boyd, 1995, 2011; Brown, Wells, Trottier, Bonneau, & Ferris, 1998; CDC, 2015; Cottrill, 2017; Czarnecki & Janowitz, 2003; Ellis, Choi, & Blaus, 1993; ILO, 2012; Kohan & O'Connor, 2002; Loo, 2003; Parsons, 2004; Public Service Foundation of Canada, 2015; Van Netten, Brands, Hoption, Cann, Spinelli, & Sheps, 2003; Wirth, Vena, Smith, Bauer, Violanti, & Burch, 2013.

IMPACT OF STRESS ON THE FAMILY

Stress can cause major difficulties within the family. The demands placed on law enforcement officers and ongoing threats of and exposure to violence can seep into their family life. Divorce due to stress from the job is higher than other occupations (Galatzer-Levy et al., 2013; Russell, 2014). Shift work, conflict with personality, and family roles (wanting to keep their family safe) can all take their toll on the family (Karaffa et al., 2015). Like any injury, the symptoms of critical incidents/trauma can

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make it difficult to cope and get along with sufferers. Reactions include (Carlson & Ruzek, 2014; CIMVHR, 2016; Meis, Erbes, Polusny, & Compton, 2010; Veterans Affairs Canada, 2006):

- although sympathy may be helpful initially, over time it may lead to low expectations of the sufferer, eroding confidence in the ability to recover from the trauma.
- changes in how the family functions may lead to feelings of pain or loss or feelings of isolation, from changes in family communications to alienation or depression.
- fear and worry experienced by the one suffering from this negative stress may make others feel unsafe or feel they have to walk on eggshells.
- expressions of anger and aggression may produce fear or fear of violence toward family members.
- family members may avoid talking about the traumatic event to avoid further pain or because they are fearful of the person's reaction.
- family members may feel anger about the trauma and how it affected their lives; children may react to concerns over their parent's safety by having nightmares, regressive behaviour (temper tantrums, whining, thumb sucking), lack of emotion, anxiety, aggressive and inappropriate outbursts.
- the person with stress who cannot sleep may make it more difficult for family members to sleep as well.
- partners/adult children must assume the role of both parents, rearrange their agendas to fit duty schedules (especially in specialized units), or simply learn to function independently.

FYI

EXPOSURE TO HUMAN BIOWASTE

More than 90 percent of correctional officers had been exposed to blood, and more than 75 percent to feces, spit, and urine. Notably, more than 90 percent had responded to requests for staff assistance and to medical emergencies, two-thirds had received a credible threat of harm from an inmate, and almost 40 percent had been hit by feces, urine, vomit, or spit.

SOURCE: Boyd, 2011.

THE EFFECTS OF STRESS

Most people look after their cars better than their bodies. They fill their gas tank with proper fuel, get regular oil changes, check the air pressure, and rotate their tires, but can the same be said for looking after themselves?

Stress has the ability to wear your body down. Stress can have short- or long-term effects on your body. When your body responds negatively to stress, such responses often manifest as **psychosomatic symptoms** (physical symptoms resulting from mental conflict).

Refer to **assignment 12.2** (at www.emond.ca/fitness5e) to take a test to determine whether you recognize stress in your life and assess your coping strategies.

SHORT- AND LONG-TERM EFFECTS OF STRESS

Table 12.6 outlines some of the short- and long-term effects of stress and their physical, mental, and emotional consequences.

Not understanding that these changes in the body are due to stress, some individuals turn to their doctor to treat the symptoms rather than the problem. For example, a doctor may prescribe medication for blood pressure, irritable bowel syndrome, or depression, rather than suggesting counselling, meditation, or time off for coping with stress.

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TABLE 12.6 Effects of Stress

Short-Term Effects	• Muscle tension • Rapid breathing • Increased heart rate and blood pressure • Reduced digestive activity and urine output • Increased mental alertness • Bronchiole dilation • Increased metabolic rate • Headaches, fatigue • Helps create new memories, improves mood, and encourages creative thinking
Long-Term Effects	• Increased blood pressure (retention of water and sodium by kidneys) • Suppresses immune system • Severe headaches, depression, anxiety, and fatigue • Weight control problems • Digestive issues like constipation, diarrhea, inflammation of the intestines • Sleep issues • Impairs memory formation • Interferes with performance, impairs efforts to be physically active, makes us uncomfortable • Increased risk of metabolic syndrome

SOURCES: Kim & McKenzie, 2014; Stults-Kolehmainen & Sinha, 2014; Vogel & Schwabe, 2016.

Some individuals will turn to drugs, alcohol, caffeine, or supplements to cope with their symptoms of fatigue, depression, and weight gain, instead of consulting with a professional and they may wind up with even more health issues due to the effects of those substances on the body.

CHRONIC STRESS

Over time, chronic stress can also have emotional consequences. Ignored or poorly managed chronic stress can have serious consequences, including:

- depression, leading to an inability to function normally at work and at home
- cynicism and suspiciousness
- emotional detachment from daily life
- excessive aggressiveness (which may trigger citizen complaints)
- marital or family problems
- alcoholism and other substance abuse
- suicide

It is important to recognize these symptoms, determine what stressors are impacting you, and find healthy coping techniques to deal with your circumstances, whether it be your lifestyle, thoughts, and/or emotions. Physical or mental stresses may cause physical illness as well as mental or emotional problems. Figure 12.3 shows the parts of the body most affected by stress.

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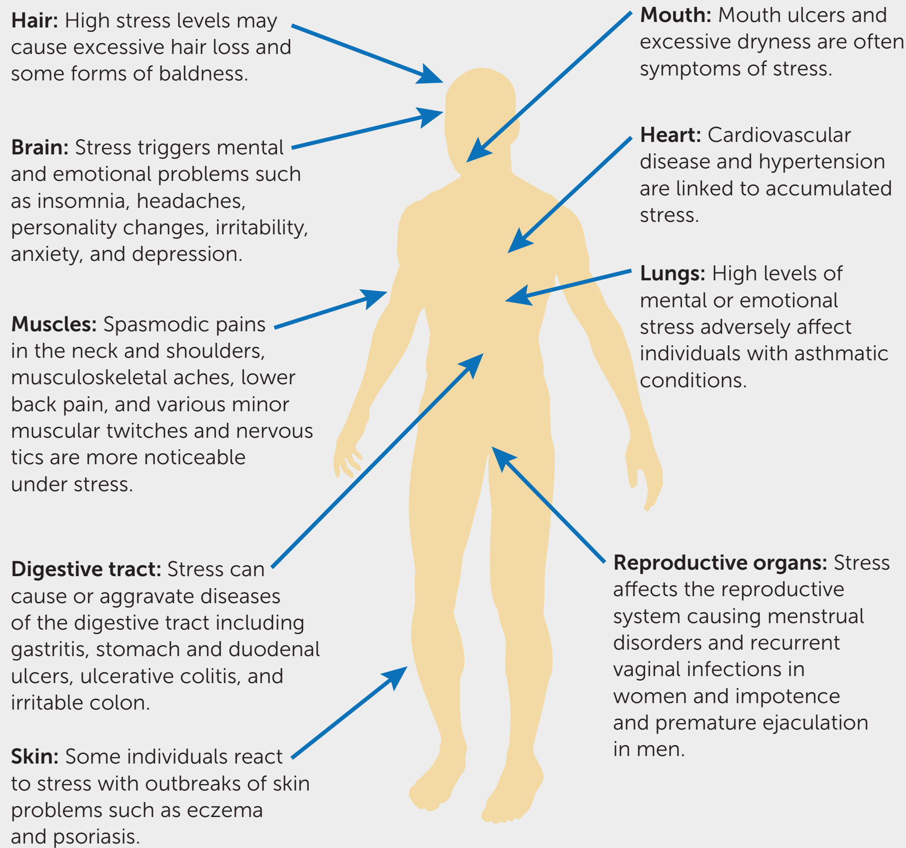
FIGURE 12.3 The Effects of Chronic Stress



CRITICAL INCIDENTS

A **critical incident (traumatic event)** is a situation faced by an individual that causes unusually strong emotional reactions, which may interfere with their ability to function at the scene (current stress) or later (residual stress). Critical incidents are sudden and unexpected; disrupt one's sense of control; disrupt beliefs and values, as well as assumptions about the world in which we live, the people in it, and the work we do; involve the perception of a life-damaging threat; and may involve emotional or physical loss. How a given person will react to a particular event on a particular day cannot be predicted.

In law enforcement it is inevitable that you will be exposed to various critical incidents/traumatic events. For individuals who are used to being in control of their emotions and their surroundings, the debilitation caused by a critical incident may be surprising, embarrassing, frustrating, or overwhelming. Your response to a critical incident may have to do with what type of event it is and how relatable or catastrophic it may be.

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TYPES OF CRITICAL INCIDENTS

Law enforcement personnel are often faced with critical incidents related to life and death. The following are some examples and the kinds of feelings they may cause:

- *Death/injury/shooting in the line of duty* The myth of invulnerability is shattered.
- *Suicide of a co-worker* Job and personal life pressures, and the pressure of balancing the two, come into focus. Colleagues also experience guilt over not being there to help.
- *Death of a child* The innocence represented by children can have a profound impact on officers, sometimes pushing them over the edge. Officers may feel that what they stand for is useless. Whether an officer should have a family of his or her own and other factors of identification can add even more stress.
- *Prolonged but failed rescue attempt* If the officer has come to know the victim, the officer may exhibit symptoms of stress arising from a deep sense of personal failure.
- *Mass-casualty incidents* Incidents involving carnage or mass fatalities—such as the 2011 earthquake, tsunami, and ensuing nuclear meltdowns in Japan, the Alberta flooding of 2013, the 2016 Prince Alberta, Saskatchewan medium-security penitentiary riot, or the 2014 Moncton shooting and killing of RCMP officers—can compromise an officer's ability to cope. This reaction may be intensified when compounded by mass confusion and shortages of staff and resources.
- *Officer's safety is unusually jeopardized* Daily exposure to potential danger, combined with a specific situation in which an officer becomes unusually vulnerable and lacks control, can trigger a stress reaction. An example is the York Regional Police officer who died during a routine traffic stop in 2011 or the 2016 fire in Fort McMurray, Alberta, which destroyed 1,500,000 acres and over 2,400 homes and businesses were lost.
- *Responding officer knows the victim* Arriving on the scene and discovering that you know the victim can trigger a critical stress reaction of the "if only I had driven faster" variety.
- *Officer responding to an abused individual* Officers must respond to incidents involving serious physical assault, including sexual assault, incest, molestation, and gang assaults that go beyond comprehension of human decency.
- *Events with excessive media coverage* In addition to dealing with the situation, officers must deal with crowd control and onlookers' morbid interest in seeing what has happened.

EXPOSURE TO CRITICAL INCIDENTS

In the Ombudsmen report *In the Line of Duty*, Mr. Marin wrote "Police officers are often exposed to brutal murders, assaults, and shocking accidents; horrific sights, smells, and sounds. They put themselves in the line of fire and risk attack by knives, guns and ramming cars. This is the stuff of nightmares. Sometimes those nightmares stick, and sometimes they accumulate, wearing down even those with the strongest of constitutions."

SOURCE: Marin, 2012.

FACTORS AFFECTING RESPONSES TO CRITICAL INCIDENTS

Some officers are better able than others to cope with the stress of critical incidents. The following are some factors that affect coping (Connor & Butterfield, 2003):

- *Nature of the event* Has the officer witnessed this type of incident before? How severe is the incident?

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- *Degree of warning* Was the officer dispatched to the scene with an appropriate warning, or did the officer happen upon the scene?
- *Ego strength/coping style* Does the officer cope with tragic situations more easily than others do by accepting those situations as "fate"?
- *Prior mastery of the experience* How many times has the officer been exposed to a similar situation?
- *Proximity* How close does the officer feel to the person or incident? For example, if a child is involved, has the officer a child of the same age?
- *The amount of stress in the officer's life at the time* Is there already a great deal of stress in the officer's life, either at work or at home? If so, the incident may have a stronger impact.
- *The nature and degree of social support available to the officer after the critical incident* The more support an officer receives, the better are his or her chances of coping with the stress of a critical incident. The reactions of those supporting the officer may or may not be appropriate, and thus may further affect the individual.

SYMPTOMS OF STRESS ARISING OUT OF CRITICAL INCIDENTS

While most individuals recover from critical incident stress and remain healthy and productive, some critical incidents can be overwhelming. Each individual will respond differently, and what may be easy to cope with one day is impossible to cope with the next. Recognizing the symptoms of stress can allow us to help them. Developing symptoms is never a sign of weakness. Symptoms should be taken seriously. Symptoms that last for more than four weeks may indicate a much more serious problem. If you are suffering from any of the symptoms listed below, it is possible that you are suffering from post-traumatic stress disorder (PTSD). The symptoms of stress exhibited after a critical incident can be divided into four types: physical, cognitive, emotional, and behavioural (Table 12.7).

These symptoms can lead to an **operational stress injury (OSI),** which is a non-medical term that is generally defined as "persistent, psychological difficulties resulting from operational duties" (Public Safety Canada, 2017b). Within the broad category of operational stress injuries related to public safety officers and other operational personnel, a number of mental health issues can be described as **post-traumatic stress injuries (PTSI)**, including depression, substance abuse, and clinically diagnosed PTSD (Public Safety Canada, 2017b).

POST-TRAUMATIC STRESS DISORDER (PTSD)

For some, symptoms from a critical incident can be overwhelming to every part of their being. For others, the effect takes weeks, months, or possibly years to be totally felt (cumulative effect of many events). These overwhelming responses to stress can result in **post-traumatic stress disorder (PTSD)**. PTSD can be defined as a condition where symptoms evolve in the aftermath of an extreme traumatic stressor that overwhelms the individual's coping capacities (Gupta, 2013).

PTSD is a mental illness that is diagnosed after experiencing symptoms for at least a month. It changes the way the body responds to stress, probably as a result of chemical imbalances that increase the levels of stress hormones and alter the reactions of the nervous system.

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TABLE 12.7 Symptoms Exhibited After a Critical Incident

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIOURAL
• aches, pains, muscle tension, trembling, poor coordination • jumpiness • startled by sudden sounds or movements • cold sweats, dry mouth, pale skin, difficulty focusing the eyes • feeling out of breath, hyperventilating • upset stomach, vomiting, diarrhea, constipation, frequent urination • chronic fatigue and pain • a distant, haunted, faraway stare • substance abuse • sexual dysfunction • insomnia	• difficulty making decisions • confusion • detachment and withdrawal • disorientation • poor concentration and loss of interest in activities • memory loss, (recent events or the trauma itself) • inability to perform multiple tasks • flashbacks (visual or auditory) • daydreams, nightmares/bad dreams • avoidance of reminders of the event • contemplation of suicide • compulsive behavioural patterns • symptoms of attention deficit hyperactivity disorder (ADHD)	• grief, including spontaneous crying • numbness • guilt • feelings of hopelessness and being overwhelmed • depression, extended periods of sadness • anxiety, fear, edginess • panic attacks • self-doubt • irritability, anger, resentment • hyper-startled responses • feeling detached from reality • vigilance to the point of paranoia • intrusive thoughts • flashbacks or nightmares • sudden floods of emotions or images related to the initial event • a loss of previously sustained beliefs	• decreased job performance • increased absenteeism • detachment and increased isolation from colleagues, friends, family • increased premature departure from work or social gatherings • outbursts of laughter or tears • changes in normal humour patterns • excessive silence or talkativeness • low morale • hostile tone of voice • destructive changes in relationships with family, friends, colleagues • hypervigilance, jumpiness, or an extreme sense of being "on guard" • curling up and rocking continuously • body tremors, hand-wringing, facial tics • running without purpose • substance abuse • taking up reckless, sometimes life-threatening hobbies • obsession with death

SOURCE: American Psychiatric Association, 2013.

Although research is not conclusive on why trauma causes PTSD in some people but not others, it is linked to many different factors including length of time the trauma lasted, the number of other traumatic experiences in their reaction to the event, and the kind of support they received after the event. Research suggests that first responders are twice as likely as the general population to experience PTSD due to exposure to traumatic events in the course of duty (Ferguson, 2016; Ontario Ministry of Labour, 2016). Critical incident stress may be thought of as a continuum of severity, with PTSD at the most extreme pole.

COMMON SIDE EFFECTS OF PTSD

Some of the common side effects of PTSD include (APA, 2013; Kelly, 2016; Veterans Affairs Canada, 2017):

1. *Intrusion* unwanted and obsessive thoughts, feelings, sensory experiences, or a combination of these symptoms, including:
   - involuntary, recurrent, and intrusive memories

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- flashbacks, re-experiencing, or re-living the event
- strong reactions to daily events (exaggerated startled responses or angry outbursts)
- vivid dreams and nightmares

2. *Avoidance* the individual makes an effort to avoid distressing trauma-related stimuli including:
   - avoiding trauma-related thoughts, feelings, or external reminders such as persons, places, activities, situations, or objects
   - social isolation from family, friends, and colleagues
3. *Negative changes in cognitions and mood* including:
   - inability to recall the event (dissociative amnesia)
   - negative outlook and inability to experience positive emotions
   - gaps in memory
   - losing interest in normal and previously enjoyed activities
4. *Alterations in arousal and reactivity* including:
   - as the result of physical injury or assault some suffer from effects similar to **mild traumatic brain injury** (difficulty with attention, concentration, moodiness, agitation, sleep disturbances)
   - irritability or aggressive behaviour
   - self-destructive or reckless behaviour
   - hypervigilance

FYI

HYPERVIGILANCE

Hypervigilance is the enhanced state of sensory sensitivity along with an exaggerated intensity of behaviours. This heightened state of awareness is part of the fight-or-flight response but it is locked in a permanent ‘battle stations’ mode. This narrowed focus is helpful when there is a real threat (while on duty), however when the individual is constantly alert (even off duty), it causes inappropriate or even aggressive reactions to everyday situations. Hypervigilant officers are known to suspect regular people of being criminals, never sit with their back to the door, and always be on high alert when walking crowded city streets. Some become agitated in crowded spaces and want to escape or avoid the threat that isn’t there. Long-term effects can include severe depression, generalized anxiety disorder, and various debilitating physical ailments. Hypervigilance may trigger panic attacks and flashbacks. It is important to be able to switch off the fight-or-flight response when off duty and develop appropriate coping skills including exercise and relaxation techniques.

SOURCES: Andersen & Papazoglou, 2015; O’Hara & Violanti, 2009.

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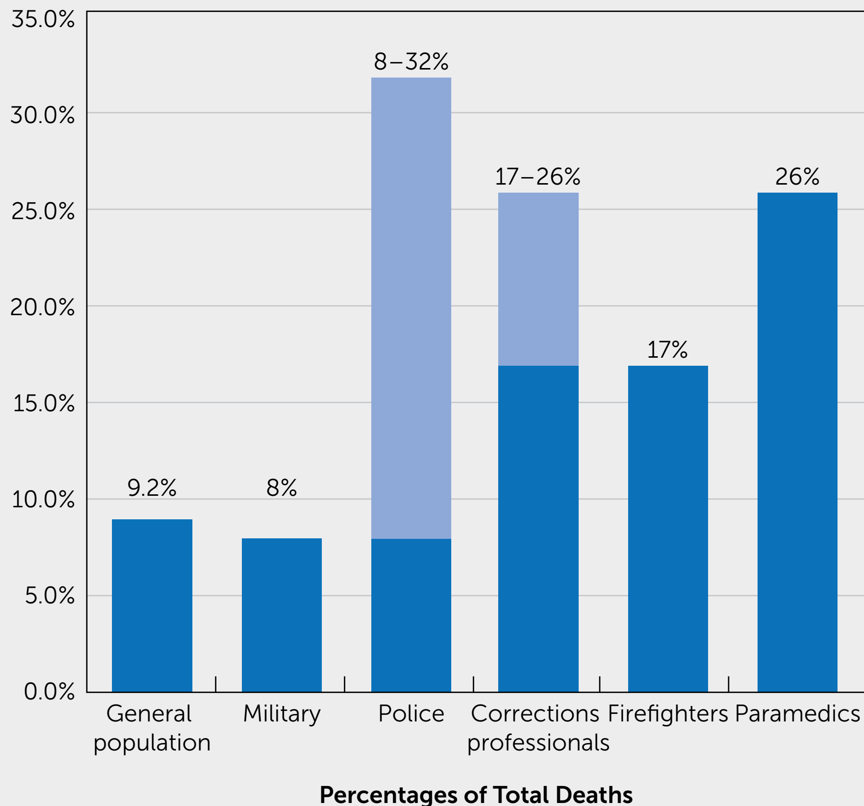
PTSD prevalence rates are high for individuals who serve in the military, corrections, police, firefighters, and paramedics. Figure 12.4 illustrates the lifetime PTSD prevalence rates in Canada. The variance in numbers is due to actual diagnosis (dark blue) versus responses on a self-assessment questionnaire (light blue). The bottom line is that based on 2010 statistics, we could have between 25,000 and 46,000 full-time first responders and 12,000 to 23,000 volunteer first responders who have experienced PTSD in their lifetime (Wilson, Guliani, & Boichev, 2016), and that number will increase with the passing of the *Ontario's First Responders Act* (MCSCS, 2016b) in 2016.

FIGURE 12.4 Lifetime PTSD Prevalence Rates: Specific Canadian Populations



FYI

ONTARIO'S FIRST RESPONDERS ACT

The *Ontario's First Responders Act* was passed in April 2016 to assist individuals with faster access to WSIB benefits, resources, and timely treatment. Once a first responder is diagnosed with PTSD by either a psychiatrist or a psychologist, the claims process to be eligible for WSIB benefits will be expedited, without the need to prove a causal link between PTSD and a workplace event. It also allows the minister of labour to request and publish PTSD prevention plans from employers of workers who are covered by the presumption.

SOURCE: Ontario Ministry of Labour (2016).

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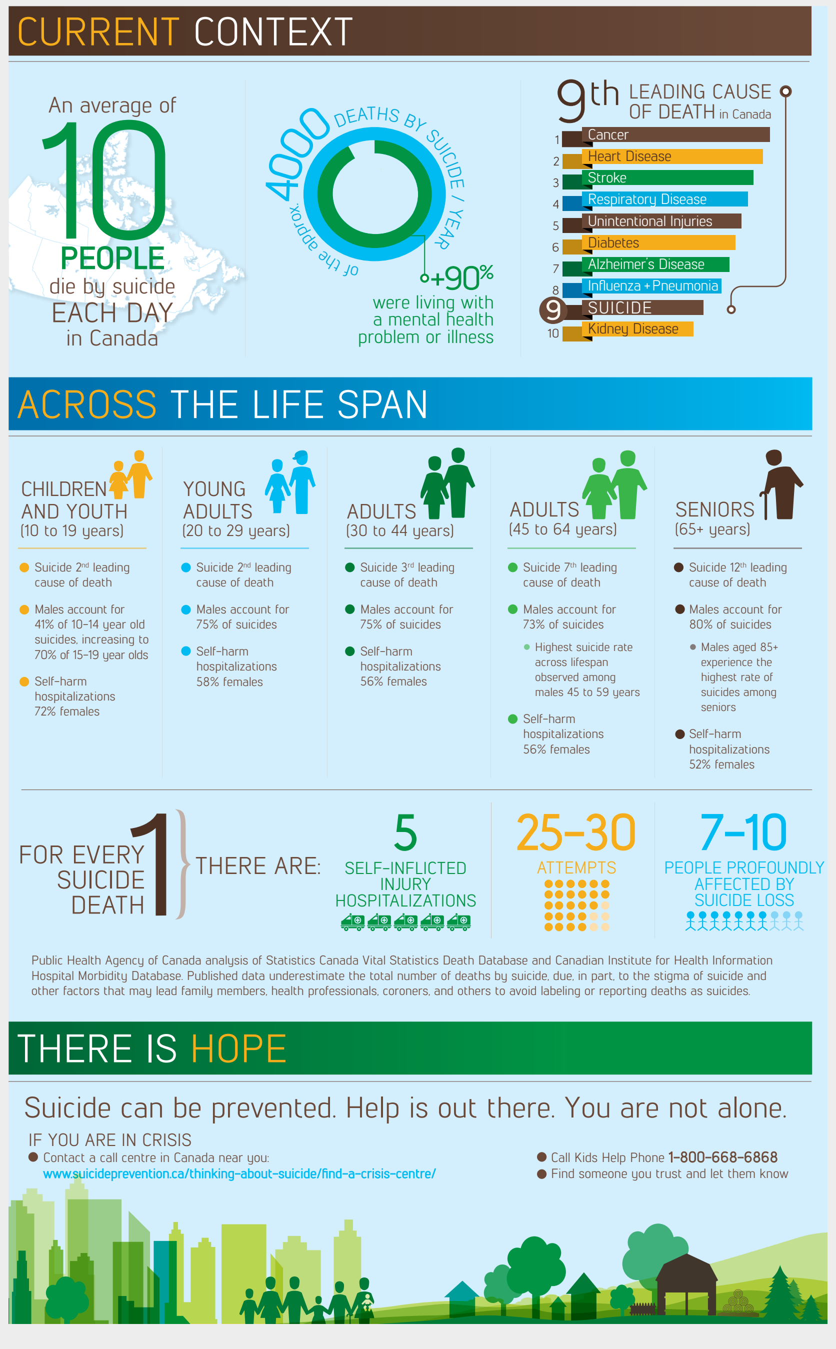
SUICIDE

Unresolved stress can sometimes lead to suicide. In Canada, suicide is the second highest cause of death for youths aged 10 to 24, following motor vehicle collisions (see Figure 12.5 for more statistics). Aboriginal teens and lesbian, gay, bisexual, and transgender young persons may be at particularly high risk, depending on the community in which they live, family support, and their own self-esteem. Mental health issues like depression and PTSD are commonly associated with suicide. And although some individuals may show signs of distress, others may show no signs of contemplating suicide. For many people, it is the overwhelming desire to escape the pain rather than the desire to die that leads to suicide attempts. Learning effective coping techniques to deal with stressful situations can help.

It is important to listen to people. Talking calmly about suicide, without showing fear or making judgments, can bring relief to someone who is feeling terribly isolated. Asking them if they are suicidal will not cause them to become suicidal. Ask them if they would like some help, because they may want assistance, but just don't know how to ask for it. Be willing to listen, show sincere concern, and encourage someone to speak about their feelings. The person will often feel relieved that there is someone who will talk honestly with them about their feelings and this may help reduce the risk of a suicide attempt (Canadian Children's Rights Council, 2016).

FIGURE 12.5 Suicide in Canada



SUICIDE WARNING SIGNS

A change in behaviour or presence of entirely new behaviours, especially if related to a painful event, loss, or change, may be warning signs that an individual is not managing their mental health and may be contemplating suicide. Table 12.8 includes some common warning signs.

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TABLE 12.8 Suicide Warning Signs

Talk If a person talks about:	• Being a burden to others • Feeling trapped • Experiencing unbearable pain • Having no reason to live • Killing themselves
Behaviour Specific things to look for in someone's behaviour include:	• Increased use of alcohol or drugs • Looking for a way to kill themselves, such as searching online for materials or means • Acting recklessly • Withdrawing from activities • Isolating themselves from family and friends • Sleeping too much or too little • Visiting or calling people to say goodbye • Giving away prized possessions • Aggression
Mood People may display one or more of the following moods:	• Depression • Loss of interest • Rage • Irritability • Humiliation • Anxiety

SOURCE: Adapted from Lifeline Canada Foundation. Suicide Warning Signs. Retrieved from https://thelifelinecanada.ca/help/warning-signs.

FYI

SUICIDE IN LAW ENFORCEMENT

Over the past few years, more than 200 Canadian public safety (police, corrections, customs, firefighters, and paramedics) and military personnel have died by suicide (TEMA, 2017). Twice as many officers die by their own hand as do in the line of duty. Suicide among law enforcement officers occurs at a rate of almost twice that of the general population. Officers going through a divorce are five times more likely to die by suicide, and if they are in serious trouble on the job, suspended, or facing termination, they are seven times more likely to die by suicide.

There is a great concern that law enforcement work provides a fertile ground for suicide-precipitating factors, including relationship problems, culturally approved alcohol use, and maladaptive coping mechanisms. In addition, the availability of firearms and exposure to psychologically adverse incidents may contribute to this causal chain of suicide.

SOURCES: O'Hara & Violanti, 2009; TEMA, 2017; Violanti, 2014.

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PERSONAL PERSPECTIVE

IN MEMORY OF DOUG MARSHALL

On the evening of April 10, 2012, I received a call from an OPP officer. He wanted to be the one to let me know that after a courageous battle with PTSD, Sgt. Doug Marshall took his own life. He was a former student of mine, a graduate of Georgian College's Law and Security Program and a great ambassador for our program. He was a 23-year veteran of policing. He was a dedicated community volunteer, accomplished triathlonist, and had the opportunity to run the Boston Marathon. More importantly, he was a proud father and dedicated husband to his college sweetheart. He would drop by the college to visit, talk to students, and share with me how much he loved his family and his job.

When he got back from Moosonee he had promised to come see me. He never made it. Unknown to me, he had been diagnosed with post-traumatic stress disorder. His wife, Rachel, reflected that she believed that the depression associated with PTSD heightened his feelings of isolation, loneliness, and fear of people's perception, and robbed him of his relationships at work and home. She feels it is important, even though it is difficult, to share their story, so that the stigma of this illness is removed and those that need help will seek it.

One of the officers that Doug served with and who is a close family friend, eloquently shared:

> When you first started teaching Mike, Kerry, Tony and me, you always instilled in us the passion to stay fit throughout our careers. I am still out running and doing pushups with the recruits and holding my own. I believe strongly that the young recruits need to see a senior Sgt. still staying fit. Fitness has been my physical and mental outlet to get me through long shifts, arrests, and long murder trials.
>
> When Doug died, I often went for runs just trying to clear my head and sort out life. There were many times I cried during my runs. Doug was such a strong independent person that I never dreamed someone like him would succumb to PTSD. He was the last cop in the world I would have worried about. I felt so much guilt that I didn't do more to help him. It was Doug, he will bounce back in no time, and be going full out on our next ski trip to Quebec. I didn't get to say goodbye to him. I miss him. Doug's family are still very much in our personal life.
>
> Your friend, Dan

It is important to know that PTSD is an illness and not a weakness. With help, education, and proper treatment, people can recover. In 2014, as part of a program run by United by Trauma (http://ubyt.ca), the organization donated their first service dog, 'Marshall,' a chocolate lab, in memory of Sgt. Doug Marshall. Marshall resides with a former Toronto police officer who is healing from PTSD. Doug would be honoured.

COPING WITH STRESS

AFTER A CRITICAL INCIDENT

In the aftermath of a critical incident, it is important that everyone involved (victims, first responders, and bystanders) receives proper support and coping strategies. In law enforcement, this is done through **debriefing**, which is the provision of assistance by a qualified mental health professional after a traumatic incident. Debriefing is intended to help alleviate the trauma felt by the officers and to help speed up the recovery process. The point is not to deal with blame or the cause of the incident, but rather its emotional and psychological consequences, such as guilt, sadness, or anger. Whether debriefing is done on an individual basis or with all those on your shift, it is important that supervisors ensure it is done in a timely fashion (Everly & Mitchell, 2000).

In addition to debriefing, just being aware of the physical, cognitive, emotional, and behavioural responses that one might have following a critical incident is important (see Table 12.7). Identifying a friend or colleague who is at risk for PTSD and providing early intervention for them is paramount. According to the Ontario

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Ombudsman's report, *In the Line of Duty* (Marin, 2012), police services are far from providing what current and former officers and their families need to deal with operational stress injuries and prevent suicide.

The emergency services and law enforcement subculture holds on to many myths that can lessen an individual's ability to cope with the aftermath of a critical incident. A law enforcement officer's recovery can be hampered by beliefs such as "If you can't deal with it, you need to find a new line of work" and "Officers should keep their problems to themselves." Attempting to deny their reactions to stress can cause officers to suffer in silence and not seek help, and in some instances, to disrupt their lives and the lives of their families. It is important that everyone is educated on how to cope with their stress.

Here are some ways you can help others when you see that someone is suffering the effects of stress after a critical incident:

1. *Manage the situation* by staying calm, removing the individual from the scene, and encouraging them to talk and validating their reactions.
2. *Mobilize support* by notifying their family and providing medical and emotional support.
3. *Follow up* with the individual and ensure that they are aware and have access to the support networks in place.

Do *not* do the following:

- Second-guess the individual.
- Say, "I understand how you feel." (You may think you do, but to a victim, his or her pain is unique.)
- Say, "Everything is going to be fine." Acknowledge that things may never be the same but they will get better over time.
- Try to protect the individual by withholding information (but use your judgment in this regard, and seek legal advice if necessary).
- Say things like, "It could have been worse," "You can always get another (pet, house, car)," "It's best if you just stay busy," and "You need to get on with your life."
- Say, "When this happened to me …" Even if you had an identical experience, the victim's need to talk about his or her own trauma is probably greater than the need to listen to another person's experience.
- Give too much advice or make promises you can't keep.

The majority of people return back to normal after one month, but 30 percent of individuals will have symptoms that last longer. For many, the symptoms generally subside and normal function gradually returns. For some, symptoms may appear to be gone, but can surface again in another stressful situation. It is in the best interest of the individual and the organization to follow up, especially around the anniversary of the event (U.S. Department of Veteran Affairs, 2016).

Some individuals will find that moving on to another career is appropriate, but law enforcement is as much of a calling as medicine or the clergy. Make sure you have exhausted all methods of support before letting someone—possibly yourself—make such a monumental decision.

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STIGMA

In law enforcement, a stigma is a marked disgrace or disapproval associated with a particular circumstance or person resulting in the individual feeling diminished, devalued, and fearful. For example, many officers suffer in silence rather than addressing mental illness so they aren't labelled as weak.

RESILIENCY AND MINDFULNESS

The *In the Line of Duty* Ombudsman report Marin (2012) recommended that services needed to confront the stigma of PTSD, increase the availability of psychological services, and develop province-wide programs aimed at preventing and dealing with operational stress injuries and suicide. As a result, in 2017, the Ministerial Roundtable on Post-Traumatic Stress Disorder in Public Safety Officers (Public Safety Canada, 2017a) directed public safety organizations to offer support to their officers.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences and/or developing coping skills to deal with the stressful event (APA, 2017). Part of the strategy, in a psychologically safe, stigma-free environment, is to create a positive work environment for law enforcement that prioritizes mental health, addresses stigma, and provides psycho-education on PTSD (Ferguson, 2016). Providing these strategies may prevent PTSD from becoming worse, possibly prevent suicides, promote a healthy recovery, and support a successful return to work or maintenance at work.

Resiliency training speaks to the need to build PTSD and other OSIs into the everyday dialogue of public safety organizations by ensuring officers have the tools to recognize early symptoms, are aware of coping mechanisms, and know when to seek professional support. This could include things like stigma reduction through educational campaigns or access to evidence-based training tools. The military developed a program called the Road to Mental Readiness (R2MR). This program provides resilience training before, during, and after deployment to improve short-term performance and long-term mental health outcomes (CAF, 2015). It involves the mental health continuum model and teaches the "Big 4"—positive self-talk, visualization, tactical breathing, and SMART goal setting to cope with stress. Law enforcement services have adopted this model to assist their employees and their families.

At the foundation of the resiliency model is "mindfulness." **Mindfulness** is a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations. Mindfulness training helps with sleep management, stress management, and depression so officers can thrive rather than just survive. It is important to develop keen self-awareness to understand how your body is affected by stress. One of the

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methods of mindfulness incorporates focusing on breathing while being in the present moment and being non-judgmental (Kabat-Zinn, 1991). Another method focuses on developing self-awareness skills to have better grounded compassion and skillful action (Strozzi-Heckler, 2003).

STRATEGIES FOR COPING WITH STRESS

Remember that it is important to stay away from unhealthy and unproductive coping strategies. Examples include smoking, binge eating, drinking too much, using pills or drugs to try to relax, withdrawing from friends and family, taking stress out on others, sleeping too much, zoning out for hours on your smartphone, avoiding the problem by being busy, and procrastination. Below are a number of strategies that you might consider to help you cope, become more resilient and mindful of the stressors you are facing. It is helpful if you practise the 4 A's: Avoid, Alter, Adapt, or Accept (Robinson, Smith, & Segal, 2017).

THE "FOUR A'S" WHEN DEALING WITH STRESS

1. *Avoid* unnecessary stress
   - Learn to say no, avoid people who stress you out, control your environment, and pare down your to-do list.
   - Decide which battles are worth fighting. Don't stress over issues that are relatively unimportant. Learn to take a stand, or learn to decline—and stick by it.
   - Keep away from poor nutrition habits and substance abuse.
2. *Alter* the situation
   - Manage self-talk (how you perceive and express yourself) by avoiding self-blame and guilt.
   - Reframe your point of view and accentuate the positive with effective communication skills.
   - Engage in hobbies like reading, writing, drawing, or playing a musical instrument; watching a funny show, being in nature, or playing with pets can also have a significant impact on stress management.
   - Develop satisfying relationships and friendships outside of work to get a different perspective and support.
   - Exercise to lower blood pressure, improve sleep, and prepare yourself for emergency situations.
   - Seek professional help if needed from a social worker, grief counsellor, psychologist, psychiatrist, mentor, or clergy.
3. *Adapt* to the stressor
   - Change your expectations and attitude by reframing the problem, looking at the big picture, adjusting your standards, and appreciating what you have.
   - Manage your situations as opportunities rather than setbacks, taking things less seriously, finding humour where you can, and learning to laugh at yourself.
   - Set realistic goals and work on your time management skills to balance work and play.
4. *Accept* the things you can't change
   - Learn that you cannot control everything (e.g., illness, injury, or critical incident).
   - Find the positive under the circumstances, learn from mistakes, learn to forgive and move on, and share your feelings.

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RELAXATION TECHNIQUES

Let's look at how stress responses can be controlled by relaxation techniques.

BREATHING

Breathing is affected by the stress response. When you are stressed, your breathing becomes more rapid and shallow, and your heart rate increases. To elicit a relaxation response, you must slow down your breathing and learn to take deeper breaths. By breathing correctly, you will oxygenate your blood more efficiently, and this will trigger the parasympathetic "quieting response" (a sense of control over the body and its reactions to stressors).

Try the following breathing exercise:

1. Monitor your heart rate for 15 seconds and then multiply by 4 to obtain beats per minute.
2. Sit up straight with your spine against a chair back.
3. Put your left hand over your chest and your right hand over your abdomen.
4. Breathe normally. You will probably notice that your chest expands more than your abdomen.
5. Now practise a new way of breathing by briefly holding in your breath and then slowly releasing the air. To do this most effectively, breathe through your nose. When you take a deep breath, you should feel your diaphragm (the muscle that separates the thoracic cavity from the abdominal cavity) push down and your abdomen expand outward as you get oxygen into the lower third of the lungs. **Diaphragmatic breathing** focuses on the expansion of the abdomen rather than the chest when breathing.
6. Continue to breathe slowly for about 5 minutes while attempting to relax and slow your breathing. At the end of 5 minutes, you should feel relaxed and be able to resume normal activities.
7. Monitor your heart rate again. If you are more relaxed, your heart rate should be lower than when you started.

Diaphragmatic breathing is a skill that takes practise. Once you become familiar with the technique, you will be able to do it almost anywhere you are, at any time.

MEDITATION

Meditation can involve focusing the mind, and thereby quieting the body, by sitting or lying down comfortably and quietly with eyes closed for 10 to 20 minutes once or twice a day (see Figure 12.6). It does not involve thinking, though you will probably find that turning off thoughts is almost impossible. Rather than fight your thoughts, simply try not to get caught up in them. Some people find that listening to the sound of the wind or ocean waves helps them to quiet their thinking. Ideally, you should not fall asleep when you meditate, although this may happen if you are extremely tired.

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FIGURE 12.6 Meditation

Meditation methods include the following:

- Mindful meditation is simply noting internal thoughts and bodily processes, such as your breathing (Kabat-Zinn, 1991).
- Transcendental meditation involves inducing a meditative state twice a day by closing your eyes and repeating a mantra (a sound without meaning).
- Zen meditation focuses on breathing.
- Benson's (1975) meditation technique for relaxation involves focusing on a word or phrase associated with your beliefs. The idea is to turn to your inner self to find harmony. He used a quiet environment, a mental device (sound of waves), a passive attitude (relax), and a comfortable position.

PROGRESSIVE MUSCLE RELAXATION

This technique requires you to alternately tense and relax your muscles. Systematically you release the tension and notice how your muscles feel as you relax them. This should help lower your overall tension and stress levels and help you relax when you are feeling anxious.

1. While lying on your back or sitting in a comfortable position, monitor your heart rate for 15 seconds and then multiply by 4 to obtain beats per minute. Concentrate on relaxing and slowing your breathing.
2. Moving from toe to head, concentrate on tensing muscles for 10 seconds and then release. For example curling your toes, flexing your feet up toward your head, tightening your calves, thighs, abdominals, lower back, shoulders, hands, arms, neck, and facial muscles.
3. Monitor your heart rate again to see whether it has gone down.

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VISUALIZATION

Also called mental imagery, guided imagery, or guided daydreaming (Samuels & Samuels, 1975), **visualization** involves imagining yourself in a quiet and peaceful place, usually a natural setting. Known as Jacobson's method of relaxation, the objective of this technique is to work on the peripheral nervous system to reduce the physiological symptoms of anxiety (Jacobson, 1938) by progressive relaxation of the body and the use of mental imagery to achieve relaxation. It can be done entirely on your own or with the help of instructors or recordings (such as sounds of ocean waves or birds). In a recent cardiology study, Paul-Labrador and colleagues (2006) found that patients who used visualization improved their blood pressure and insulin-resistance components of metabolic syndrome, as well as cardiac autonomic nervous system tone (including heart rate, the heart's ability to contract, and tolerance to physical activity), thereby reducing the physiological response to stress and improving coronary heart disease risk factors.

PERSONAL PERSPECTIVE

NANCY'S BEACH

The following exercise is based on memories of locations that have had special meaning for me. Feel free to visualize a setting of your own once you have tried this technique.

You will probably need someone to read these instructions to you the first time you try this. I usually do this exercise immediately after doing the progressive muscle relaxation technique described above.

Find a quiet, comfortable spot in which to sit or lie down. Begin by monitoring your heart rate for 15 seconds.

> Take a deep breath and relax. Concentrate on how relaxed you are becoming and how comfortable you are. Close your eyes and concentrate on your breathing. Relax your back, arms, and legs. Concentrate on releasing the tension stored in your body. Feel your chest go up and down with your breathing. Relax and concentrate on your breathing.
>
> Now imagine that you are getting up from your spot to walk down a corridor toward a door. Open that door and walk through it to an escalator. Together, let's go down the escalator: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Now step off the escalator and go to the door.
>
> When you reach that door, imagine that you are taking off your shoes, picking up a towel lying beside the door, and then walking through the door. On the other side of the door is a beach and you can feel the warmth of the sun on your body and the white sand under your feet. Close the door behind you.
>
> As you walk toward the dark blue ocean on the right, you can feel the sun on your face and back. You are able to hear the waves and feel a slight breeze on your face. You can feel the cool sand under your feet. Above you, the sky is a clear blue. Find a place to sit or lie down. Remember that you have a towel to use if you need it. You will continue to feel the warmth of the sand and sun. You will hear the waves and the birds in the distance. You are relaxed and quiet. For the next several minutes, allow your mind to relax and continue to enjoy the beach. Enjoy the stillness, warmth, and quiet you are experiencing.
>
> Next, imagine that you are getting up and walking to the water's edge. Dip your hand in the water and splash it on your face. You can now return to the door, feeling refreshed, alert, and at peace. Open the door and take one last look at the beach. Close the door. Lock the door with the key that's hanging by the door, and put the key in your pocket. Know that the imaginary key to this location is yours alone, so that no one but you can gain access to this special place.
>
> You are now going back up the escalator to the first door. Together, let's go back up the escalator: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1. Step off the escalator. Open the door, walk down the corridor, and return to the spot where you began your journey. Take a moment to remember the peaceful time you spent at the beach.

Bring your attention back to the here and now.Take a deep breath. Before you get up, check whether you were able to slow your heart rate. You should feel refreshed and alert.

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HYPNOSIS/SELF-HYPNOSIS

Hypnosis and self-hypnosis act as stress reducers by having you concentrate on key words and images. It is a scientifically verified and effective technique that can promote accelerated human change.

With self-hypnosis, you can create desired changes in behaviour and encourage mental and physical well-being including anxiety reduction (Bryant, Moulds, Guthrie, & Nixon, 2005). People use it to lose weight, quit smoking, reduce physical pain, and deal with traumatic events. Consultation with a clinical hypnotherapist can help individualize goals and specific techniques.

BIOFEEDBACK

Biofeedback is a form of alternative medicine that assesses bodily processes such as blood pressure, heart rate, skin temperature, galvanic skin response (sweating), eye movement, and muscle tension to raise a person's awareness and conscious control over physiological responses. It involves a physiological feedback monitor such as an electrocardiograph for monitoring heart activity. It allows you to learn appropriate relaxation responses (Choe et al., 2007; Institute of Medicine, 2014).

MUSIC

Music conjures up images and memories, and can be relaxing and renewing. The music you choose will depend on your own preferences, although music that is quiet, slower, lower pitched, and with a constant beat is usually more effective. Music in a group setting can reduce isolation and feelings of detachment, and increase pleasurable emotions (Garrido, Baker, Davidson, Moore, & Wasserman, 2015). Drumming can be used to express rage and anger about trauma (Sorensen, 2015). Music has been shown to trigger the release of chemicals to distract the body and mind from pain. For access to this type of music look up "healing meditation music" on the Web.

FIGURE 12.7 Yoga

YOGA

Yoga is a discipline that seeks to unite the mind, body, and soul (Figure 12.7; Seaward, 2005). The practice of hatha yoga combines breathing, stretching, and balance exercises to achieve a spiritual focus. It helps to improve posture, balance, coordination, range of motion, proprioception, core strength, and neuromuscular integration, and lowers anxiety. A recent study in the Canadian Armed Forces found yoga helped to reduce the severity of physical and psychological conditions of those suffering from PTSD (Groll, Charbonneau, Bélanger, & Senyshyn, 2016). The Ontario Police College integrated a yoga program into their fitness components for recruits, senior staff, and employees. The beneficial effects are from focused breathing and being present while increasing your knowledge of your internal state so that you can control your thoughts and physical stress.

T'AI CHI CH'UAN

Known as the "softest" martial art (Seaward, 2005), this discipline brings the body and mind together through the *chi*, or life force, when you do a

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series of graceful martial arts movements. T'ai chi ch'uan attempts to achieve deep relaxation and as much softness in the musculature as possible. It is characterized by the leverage through the joints based on relaxing the muscles to enhance and increase breathing, body heat, the lymph system, and peristalsis, working toward homeostasis (returning your internal circulation to a healthier, balanced state). This discipline can help you keep calm and steady under pressure. Many community centres offer programs in T'ai chi ch'uan.

MASSAGE

Massage stimulates blood flow and improves muscle tone. It relaxes the muscles and thereby creates a calming effect. Now more popular than ever, massage can be performed by registered massage therapists, chiropractors, physiotherapists, reflexologists, acupuncturists, and other professionals. Non-professionals can also learn massage. Some types of therapies include deep tissue massage, Swedish massage, lymphatic massage, cranial massage, reflexology, and aromatherapy.

ACUPUNCTURE

Acupuncture stems from traditional Chinese medicine practices in which trained practitioners stimulate specific points on the body by inserting thin needles into the skin to release endorphins and activate natural pain killers to help treat depression, anxiety, and pain.

HYDROTHERAPY

Hydrotherapy—soaking in a hot tub, warm bath, or hot shower—is a great way to relax at the end of the day. Warm water (about 38 °C) appears to quiet and soothe the body while slowing down the activity of internal organs. Whirlpool baths appear to have higher stress-relief benefits, including reducing anxiety. Herbal baths scented with lavender, linden, passionflower, and chamomile also appear to be effective.

FINAL THOUGHTS

Ultimately, it is up to you to discover what helps you relax and brings your stress levels down. You may need to try several methods, or a particular method a few times, before you find something that suits your needs and personality. Take time for yourself, mentally and physically, so that you do not become consumed by stress.

> “You can't stop the waves, but you can learn to surf.”
>
> —Jon Kabat-Zinn

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