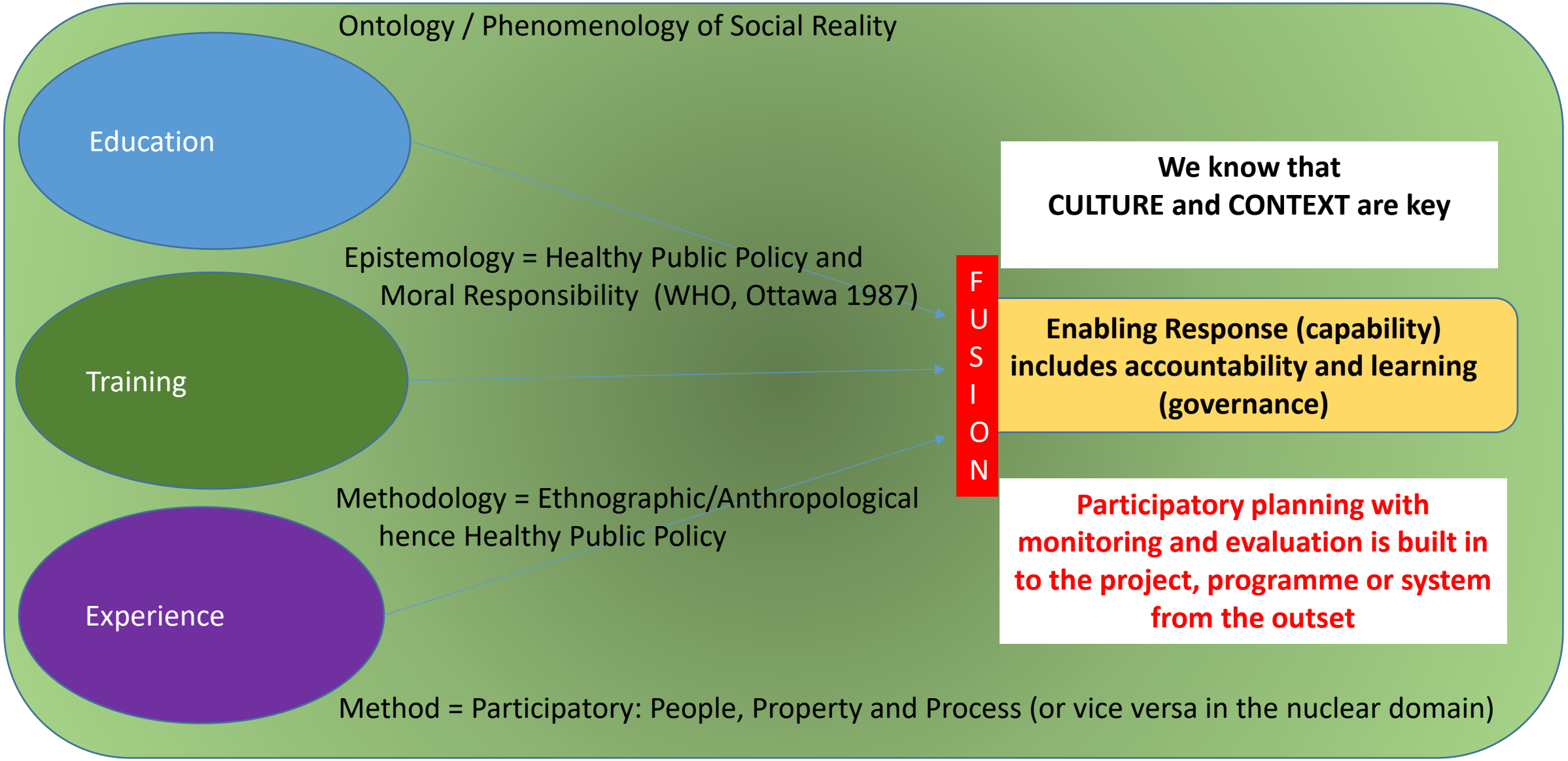
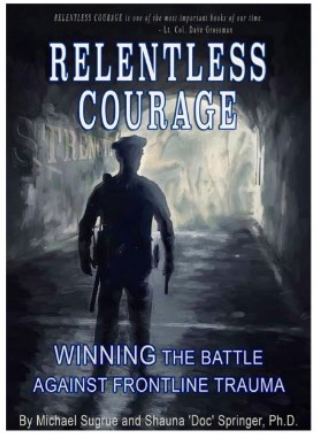
University of Cumbria

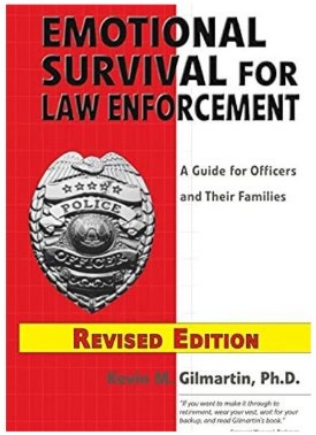
Building 'Safeguarding the Mind' into Capability Through Reflexion and Transformation

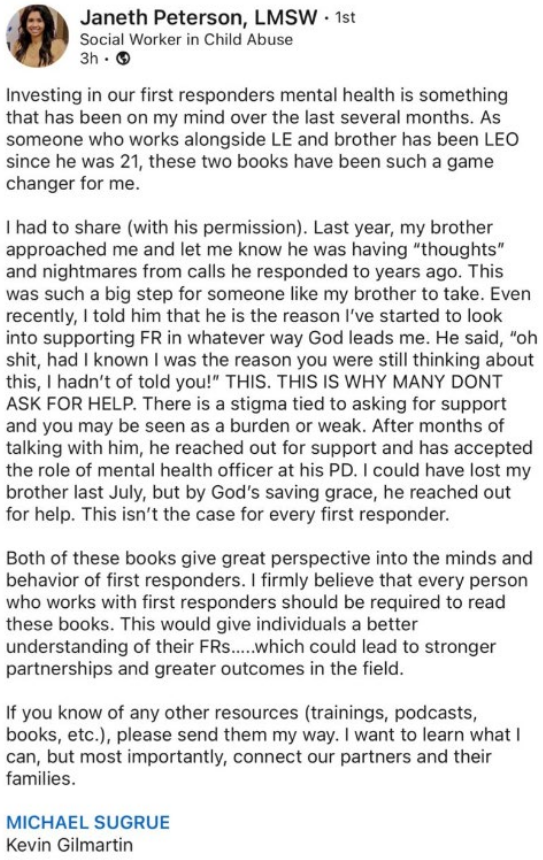
Our Teaching and Learning Philosophy



The InternationalMil/CD Perspective of Psychological Safeguarding







Janeth Peterson, LMSW · 1st
Social Worker in Child Abuse
3h ·

Investing in our first responders mental health is something that has been on my mind over the last several months. As someone who works alongside LE and brother has been LEO since he was 21, these two books have been such a game changer for me.

I had to share (with his permission). Last year, my brother approached me and let me know he was having "thoughts" and nightmares from calls he responded to years ago. This was such a big step for someone like my brother to take. Even recently, I told him that he is the reason I've started to look into supporting FR in whatever way God leads me. He said, "oh shit, had I known I was the reason you were still thinking about this, I hadn't of told you!" THIS. THIS IS WHY MANY DONT ASK FOR HELP. There is a stigma tied to asking for support and you may be seen as a burden or weak. After months of talking with him, he reached out for support and has accepted the role of mental health officer at his PD. I could have lost my brother last July, but by God's saving grace, he reached out for help. This isn't the case for every first responder.

Both of these books give great perspective into the minds and behavior of first responders. I firmly believe that every person who works with first responders should be required to read these books. This would give individuals a better understanding of their FRs.....which could lead to stronger partnerships and greater outcomes in the field.

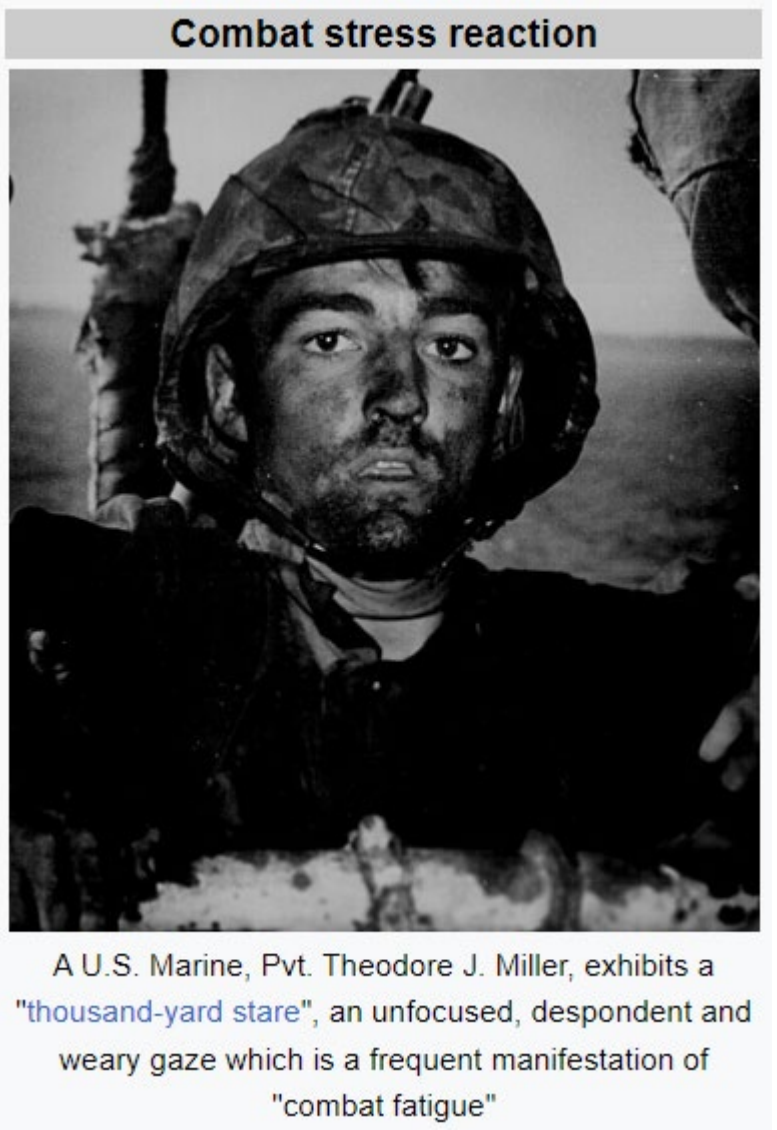
If you know of any other resources (trainings, podcasts, books, etc.), please send them my way. I want to learn what I can, but most importantly, connect our partners and their families.

MICHAEL SUGRUE
Kevin Gilmartin

Guideline

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS

IASC Reference Group on Mental Health And Psychosocial Support in Emergency Settings
2007
Endorsed by IASC Principals



A U.S. Marine, Pvt. Theodore J. Miller, exhibits a "thousand-yard stare", an unfocused, despondent and weary gaze which is a frequent manifestation of "combat fatigue"

https://en.wikipedia.org/wiki/Combat_stress_reaction

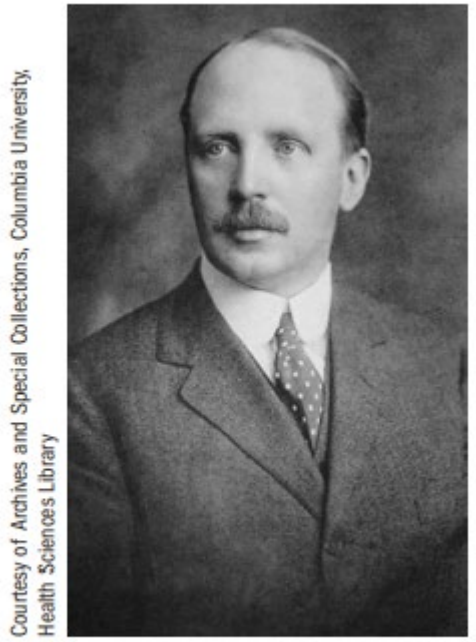
Salmon PIE

The following PIE principles were put in place for the "not yet diagnosed nervous" (NYDN) cases:

Proximity – treat the casualties close to the front and within sound of the fighting.

Immediacy – treat them without delay and not wait until the wounded were all dealt with.

Expectancy – ensure that everyone had the expectation of their return to the front after a rest ar replenishment.



Thomas W. Salmon, MD

United States medical officer Thomas W. Salmon is often quoted as the originator of these PIE pr However, his real strength came from going to Europe and learning from the Allies and then instituting the lessons. By the end of the Great War, Salmon had set up a complete system of units and procedures that was then the "world's best practice".

After the war, he maintained his efforts in educating society and the military.

He was awarded the Distinguished Service Medal for his contributions.

Manon Perry (2006). "Thomas W. Salmon: Advocate of Mental Hygiene". *American Journal of Public Health*. Ajph.org. **96** (10): 1741. doi:10.2105/AJPH.2006.095794. PMC 1586146. PMID 17008565. Retrieved 2012-10-23.

UK Battleshock – The 7 Rs

https://www.youtube.com/watch?v=0-SN9Cxao5M2

During the 'Cold War' the British Army and Armed Forces treated Operational Stress Reaction according to the 7 Rs which had been learned during WW2 and subsequent campaigns across the globe:

Recognition identify that the individual has having an Operational/Combat Stress Reaction ?

Respite provide a short period of relief from the front line

Rest allow rest and recovery

Recall give the individual the chance to recall and discuss the experiences that have led to the reaction

Reassurance inform them that their reaction is normal and they will recover

Rehabilitation improve the physical and mental health of the patient until they no longer show symptoms

Return allow the soldier to return to their unit

Feltham C (2002). *What's the Good of Counselling & Psychotherapy?.* Sage. pp. 231–232.

US continued to use PIE and BICEPS

- BREVITY
- IMMEDIACY
- CENTRALITY/CONTACT
- EXPECTANCY
- PROXIMITY
- SIMPLICITY

TRiM

Predeployment Mitigation and Preparation

Screening

Historically, screening programs that have attempted to preclude soldiers exhibiting personality traits thought to predispose them to CSR have been a total failure. Part of this failure stems from the inability to base CSR morbidity on one or two personality traits. Full psychological work-ups are expensive and inconclusive, while pen and paper tests are ineffective and easily faked. In addition, studies conducted following WWII screening programs showed that psychological disorders present during military training did not accurately predict stress disorders during combat.

Plesset M. R. (1946). "Psycho-neurotics in Combat". *American Journal of Psychiatry*. **103**: 87–88. doi:10.1176/ajp.103.1.87. PMID 20996374

Cohesion

While it is difficult to measure the effectiveness of such a subjective term, soldiers who reported in a WWII study that they had a "higher than average" sense of camaraderie and pride in their unit were more likely to report themselves ready for combat and less likely to develop CSR or other stress disorders. Soldiers with a "lower than average" sense of cohesion with their unit were more susceptible to stress illness.

G. Fontenot, "Fear God and Dreadnought: Preparing a Unit for Confronting Fear" *Military Review* (July–August, 1995), pp. 13–24.

Training

Stress exposure training or SET is a common component of most modern military training. There are three steps to an effective stress exposure program.

Providing knowledge of the stress environment – familiarity use of simulation eg CBRNe (CS gas trainer)

Soldiers with a knowledge of both the emotional and physical signs and symptoms of CSR are much less likely to have a critical event that reduces them below fighting capability. Instrumental information, such as breathing exercises that can reduce stress and suggestions not to look at the faces of enemy dead, is also effective at reducing the chance of a breakdown.

Inzana C. M., Driskell J. E.; et al. (1996). "Effects of Preparatory Information on Enhancing Performance Under Stress". *Journal of Applied Psychology*. **81** (4): 429–435. doi:10.1037/0021-9010.81.4.429. PMID 8751456

Skills acquisition

Cognitive control strategies can be taught to soldiers to help them recognize stressful and situationally detrimental thoughts and repress those thoughts in combat situations. Such skills have been shown to reduce anxiety and improve task performance.

*Wine J (1971). "Test Anxiety and Direction of Attention". Psychological Bulletin. **76** (2): 92–104. doi:10.1037/h0031332. PMID 4937878.*

*Thyer B. A.; et al. (1981). "In Vivo Distraction – Coping in the Treatment of Test Anxiety". Journal of Clinical Psychology. **37** (4): 754–764. doi:10.1002/1097-4679(198110)37:4<754::aid-jclp2270370412>3.0.co;2-g. PMID 7309864*

Confidence building through application and practice – haptics and heuristics – TTPs and Drills

Soldiers who feel confident in their own abilities and those of their squad are far less likely to develop combat stress reaction. Training in stressful conditions that mimic those of an actual combat situation builds confidence in the abilities of themselves and the squad. As this training can actually induce some of the stress symptoms it seeks to prevent, stress levels should be increased incrementally as to allow the soldiers time to adapt.

*Vossel G.; Laux L. (1978). "The Impact of Stress Experience on Heart Rate and Task Performance in the Presence of a Novel Stressor". Biological Psychology. **6** (3): 193–201. doi:10.1016/0301-0511(78)90021-2. PMID 667242. S2CID 33000532.*

*Driskell J. E.; Johnston J. H.; Salas E. (2001). "Does Stress Training Generalize to Novel Settings?". Human Factors. **43** (1): 99–110. doi:10.1518/001872001775992471. PMID 11474766. S2CID 8056746*

Jones N, Seddon R, Fear N, McAllister P, Wessely S and Greenberg N (2012), *'Leadership, cohesion, morale, and the mental health of UK Armed Forces in Afghanistan.'* Psychiatry Spring 75(1):49–59. PMID: 22397541
•DOI: 10.1521/psyc.2012.75.1.49

Abstract

UK Armed Forces (AF) personnel deployed to Afghanistan are **frequently exposed to intense combat** and yet little is known about **the short-term mental health consequences of this exposure** and the potential mitigating effects of military **factors such as cohesion, morale, and leadership.** To assess the possible modulating influence of cohesion, morale, and leadership on post-traumatic stress disorder (PTSD) symptoms and common mental disorders resulting from combat exposure among UK AF personnel deployed to Afghanistan, UK AF personnel, during their deployment to Afghanistan in 2010, completed a self-report survey about aspects of their current deployment, including perceived levels of cohesion, morale, leadership, combat exposure, and their mental health status. Outcomes were symptoms of common mental disorder and symptoms of PTSD. **Combat exposure was associated with both PTSD symptoms and symptoms of common mental disorder.**

Of the 1,431 participants, 17.1% reported caseness levels of common mental disorder, and 2.7% were classified as probable PTSD cases.

Greater self-reported levels of unit cohesion, morale, and perceived good leadership were all associated with lower levels of common mental disorder and PTSD.

Greater levels of unit cohesion, morale, and good leadership may help to modulate the effects of combat exposure and the subsequent development of mental health problems among UK Armed Forces personnel deployed to Afghanistan.

https://pubmed.ncbi.nlm.nih.gov/22397541/

FM Montgomery, 21st Army Group, 1945

"Keep fit and fresh, physically and mentally; you will never win battles if you become mentally tired or get run down in health"

mental hygiene
brain training
mindfulness
relaxation

coaching and mentoring
buddy system
critical friend

total space

physical fitness
diet and hydration

https://pubmed.ncbi.nlm.nih.gov/22397541/

Buoyancy Versus Resilience or Survive to Fight/Operate not Fight to Survive

This is Transformative Learning

All of this supports your self-development and meets the demands of the services in which you practice by promoting a critical practitioner who positively influences legislation, policy, doctrine and capability (Russ c and Davis K, 2014).

Taking mid-career professionals on a transformative learning journey

- Self-Motivated
- Intelligent
- Knowledgable
- Communicator

Reflection and Reflexion

GEORGETOWN UNIVERSITY
School of Continuing Studies

University of Cumbria

Principilization of Disaster Response and Humanitarian Action

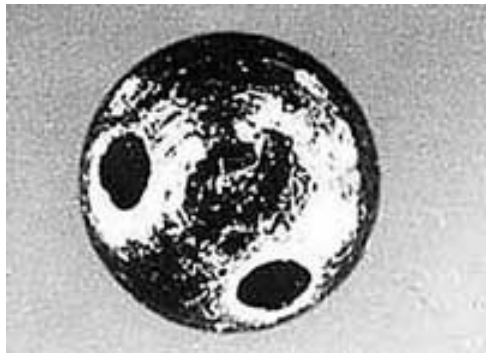
Using Transformative Teaching and Learning to Develop Capability in Disaster Response and Humanitarian Action

Bates D and Corrie I (2021), *'An examination of how on-line transformative learning has been applied to create individual development and organisational capability to counter natural and man-made environmental threats in a Public Health context'*. Presentation in NATO CMDR COE, Interagency and Interaction Annual Conference, Panel III, Sofia (synchronous on-line), Wednesday 2 June 2021

Tacit Knowledge – disruptive pedagogy

(Hayes, C and Corrie I, 2020)

Spanish Flu 1918



1978 Georgi Markov

Ebola 1970s to date

Only politicians use the term ‘unprecedented’

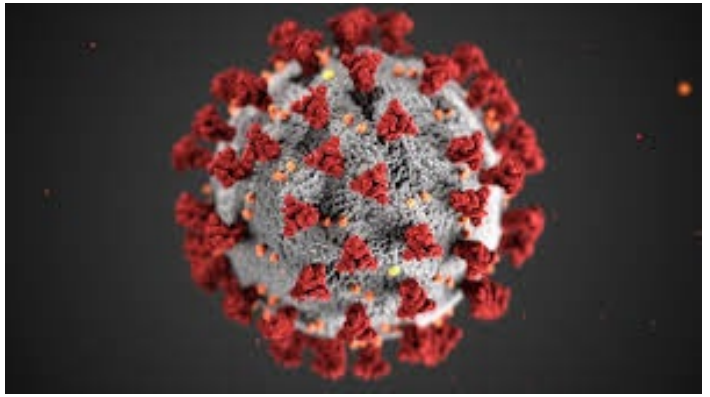
Avoid Future Shocks through Mitigation and Preparation

Learning from experience, Reflection and Reflexivity

November2006

March 2018

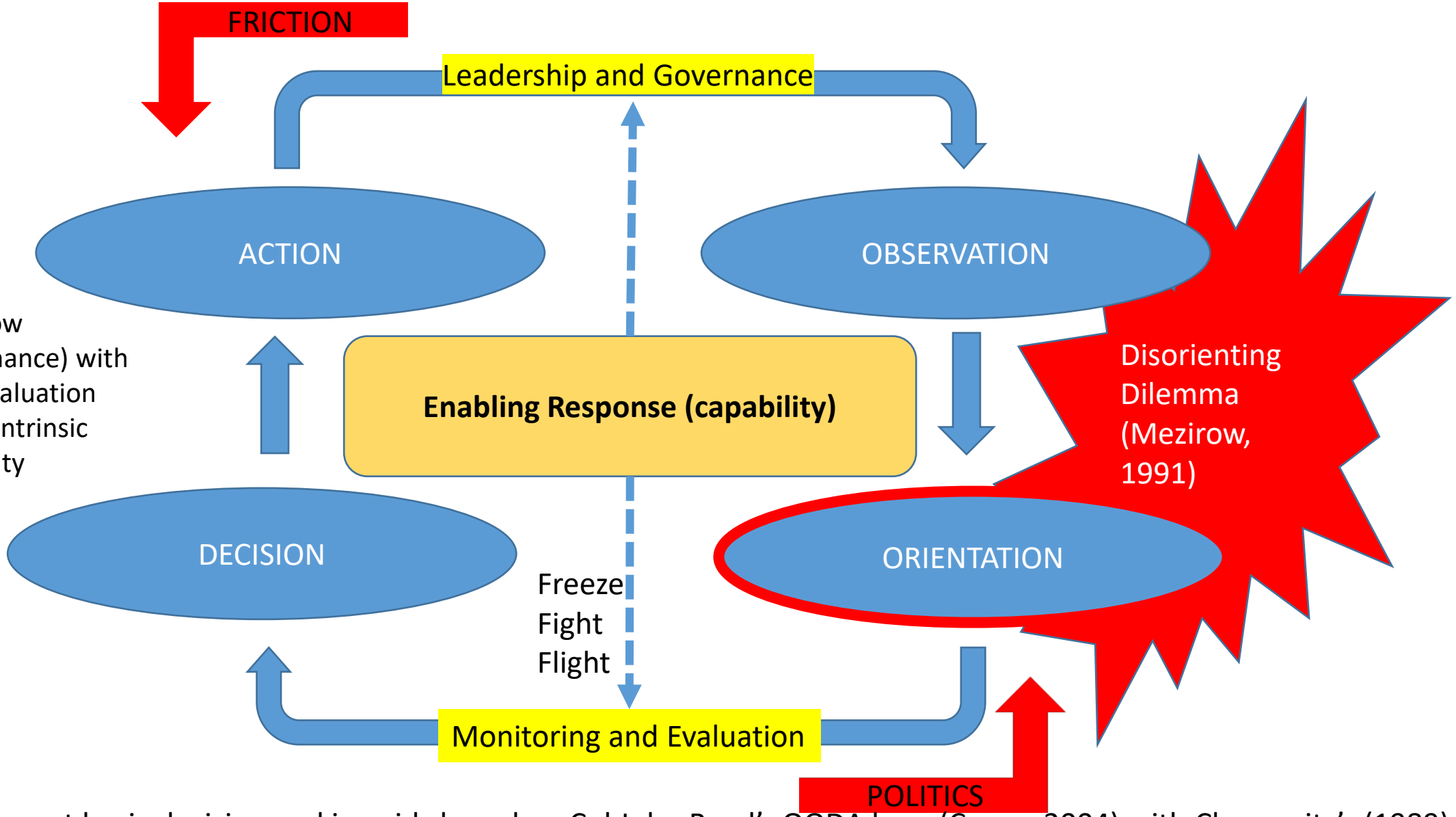
We know that global health and security are only as strong as the weakest partner



December 2019 to date

Ongoing

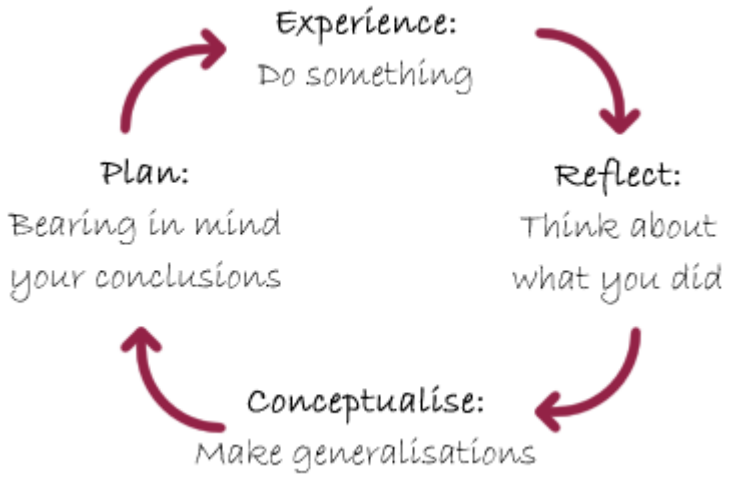
Decision Making in a world of social reality



This is one of the most basic decision making aids based on Col John Boyd's OODA loop (Coram 2004) with Clausewitz's (1989) FRICTION and POLITICS frustrating, slowing or reversing the process.

David Kolb's (1984) Reflection Model

Disorienting Dilemma (Mezirow, 1991)



Stage 1: Experience
(Kolb's "Concrete experiences")

Stage 2: Reflect
(Kolb's "Reflective observation")

Stage 3: Conceptualise
(Kolb's "Abstract conceptualization")

Stage 4: Plan
(Kolb's "Active experimentation")

Consider: 'war gaming', 'Red teaming' and a ROC Drill to test your plan

Life is full of experiences we can learn from. Whether at home or at work or out and about, there are countless opportunities for us to 'kick-start' the learning cycle.

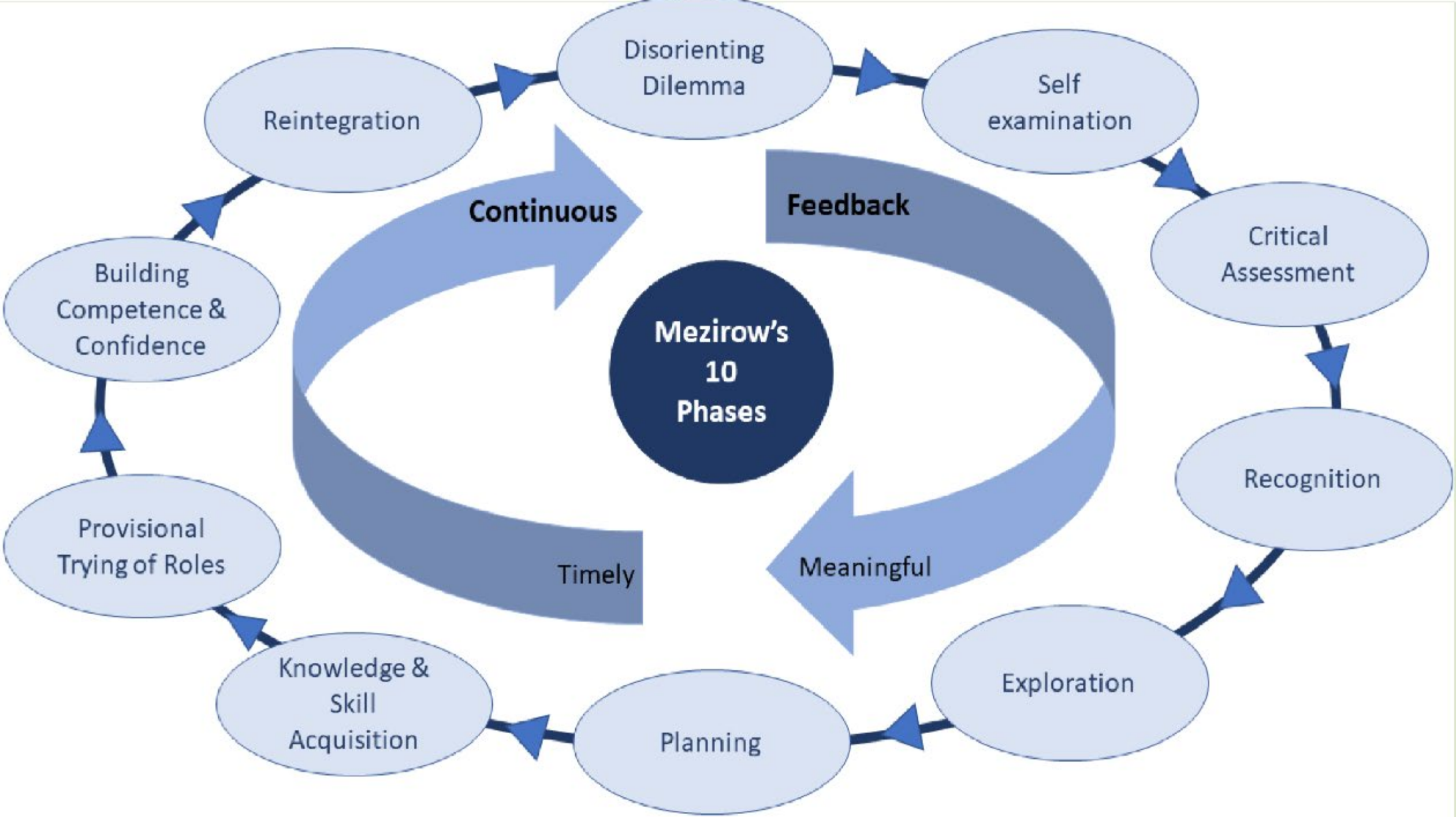
Reflection involves thinking about what we have done and experienced. Some people are naturally good at this. Others train themselves to be more deliberate about reviewing their experiences and recording them.

When we pass from thinking about our experiences to interpreting them we enter into the realm of what Kolb termed 'conceptualization'. To conceptualize is to generate a hypothesis about the meaning of our experiences.

In the active experimentation stage of the learning cycle we effectively 'test' the hypotheses we have adopted. Our new experiences will either support or challenge these hypotheses.
To learn from our experiences it is not sufficient just to have them. This will only take us into stage 1 of the cycle. Rather, any experience has the potential to yield learning, but only if we pass through all Kolb's stages by reflecting on our experiences, interpreting them and testing our interpretations. Summing up, learning from our experiences involves the key element of reflection. Obviously, most people don't theorize about their learning in this way, but in their learning follow Kolb's cycle without knowing it.

Available on line at:
https://journals.gre.ac.uk/index.php/compass/article/view/12/28

Last accessed on 3 May 21.

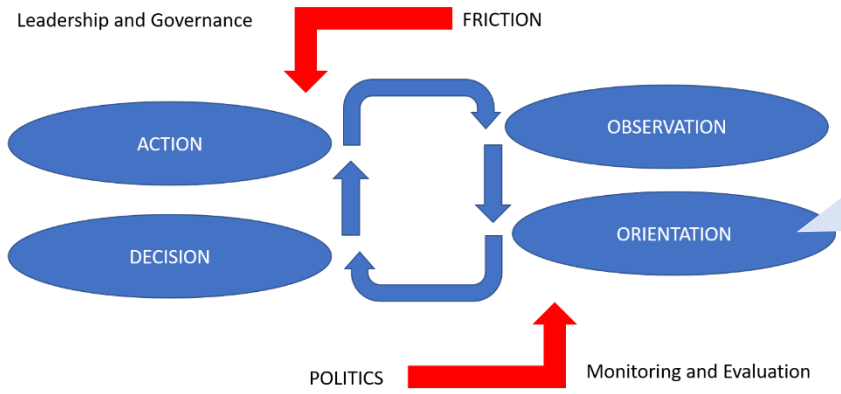

Disorienting Dilemma
Self examination
Critical Assessment
Recognition
Exploration
Planning
Knowledge & Skill Acquisition
Provisional Trying of Roles
Building Competence & Confidence
Reintegration
Continuous
Feedback
Timely
Meaningful
Mezirow's 10 Phases

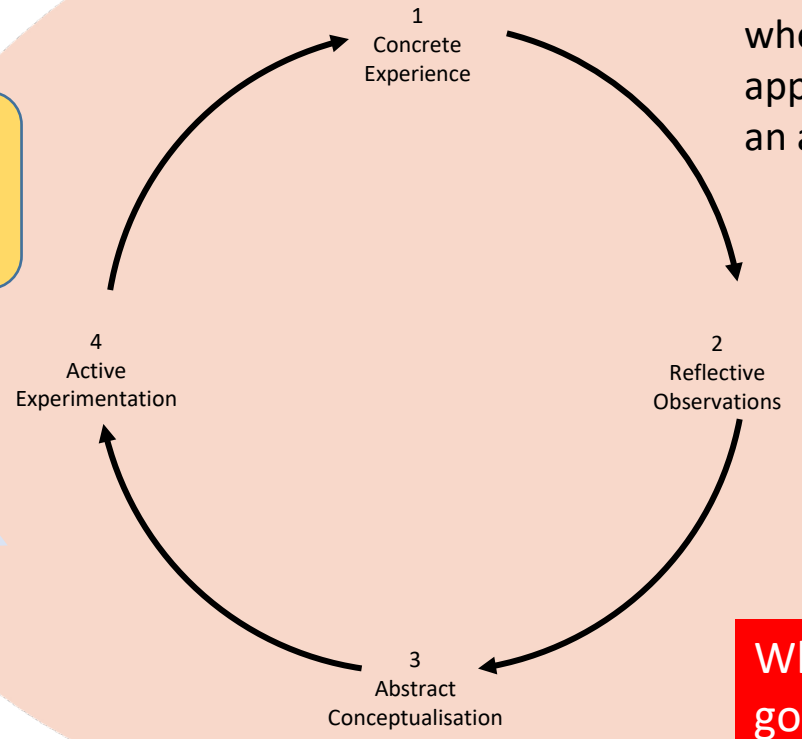
Changing Behaviours through experience and engineering

create decision advantage/superiority within the project, programme or system

Kolb D et al (2000) (and other reflective practise models) allows us to make sense of what we are observing so that we can make 'difficult decisions on a bad day when no one's looking' and take appropriate action that achieves an acceptable/optimal outcome

Enhancing Response (forging capability)



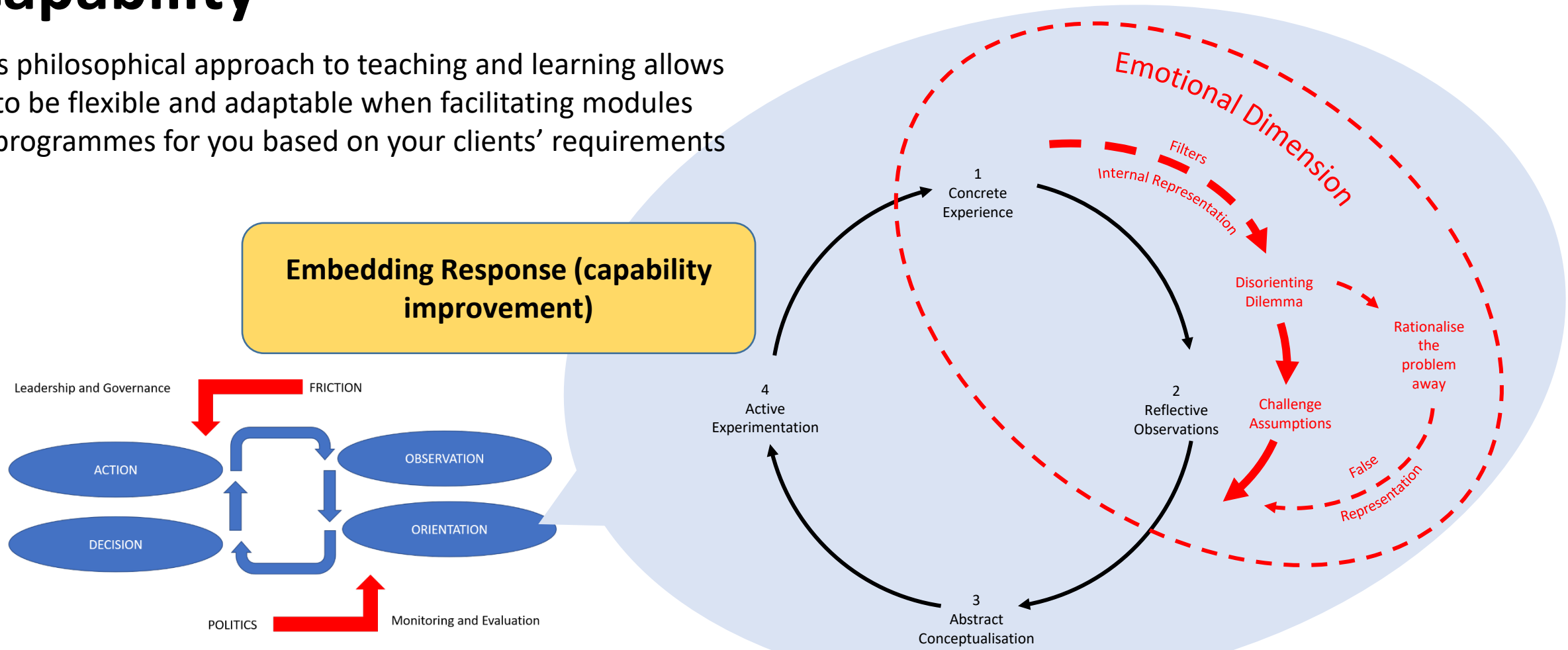


Disorienting dilemmas, option to embrace or rationalise a found problem (adapted from Kolb, 1984 p. 33) Kolb D and Kolb A (2008).

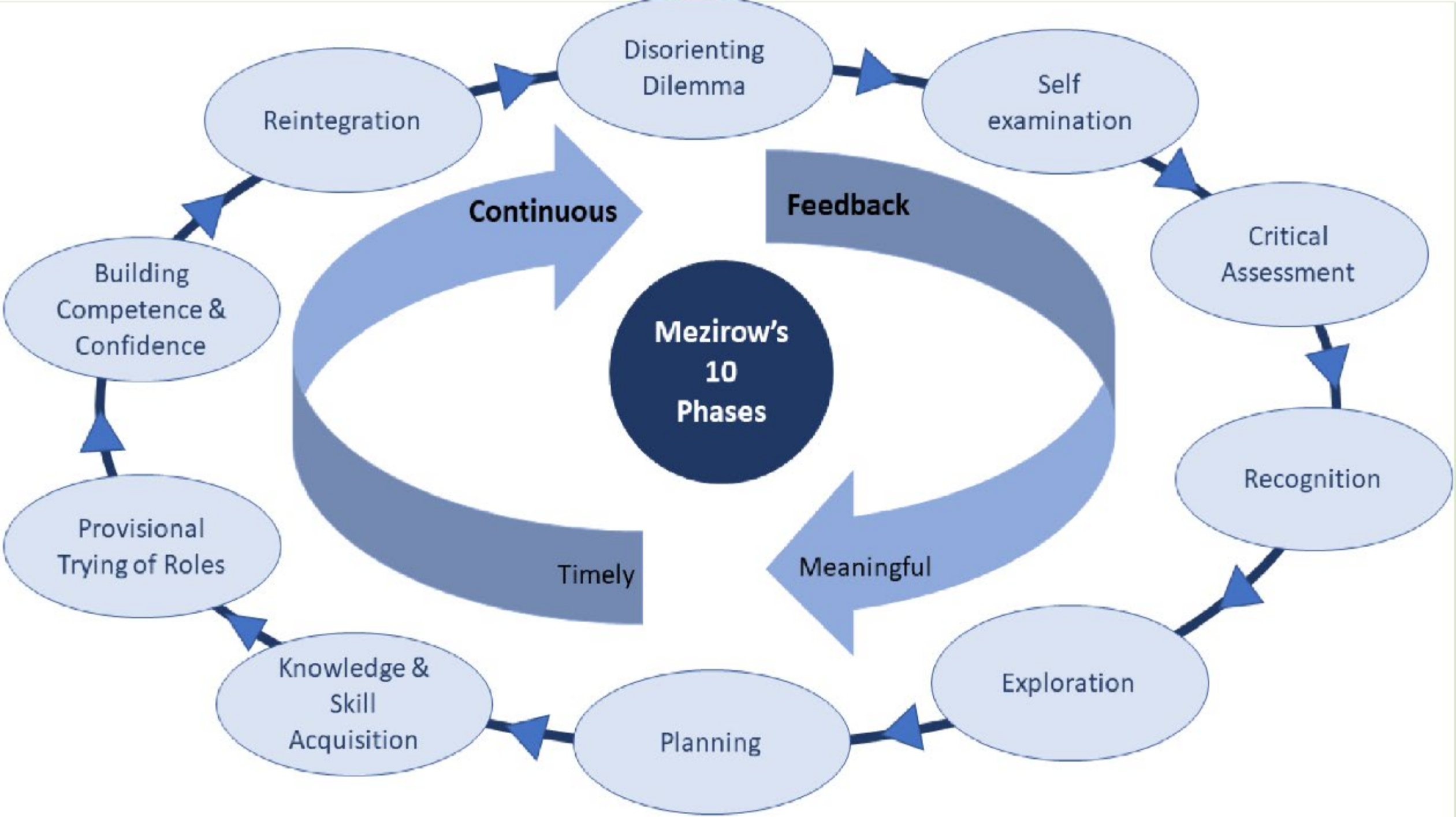
What is a 'proper job' or good enough? Or will you 'wing it'?

Changing Behaviours to Enhance Capability

This philosophical approach to teaching and learning allows us to be flexible and adaptable when facilitating modules or programmes for you based on your clients' requirements



Reflecting on disorienting dilemmas gives us the option to embrace (solid arrows) or rationalise a found problem away (dotted arrows using filters and our own subjective representation) and maintaining the original posture, doctrine, policy etc (adapted from Kolb D, 1984 p. 33; Mezirow J, 1991 and Mezirow J et al, 2001). **Follow the thick arrows for success (a proper job?).**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Reintegration
Continuous
Feedback
Timely
Meaningful
Mezirow's 10 Phases

Intelligence

Decision Advantage/Superiority

Problem Solving

Knowledge

DR and HA Principles

Communication

Networking and Partnerships

Outreach by Information Activities

In conclusion we can create and improve capability systems by building on what we know through reflective and reflexive practice.

By adopting this approach you will create or adapt a system that meets the population or community's need rather than what your organisation or you think they need.

Principles do not change: size and complexity of Incidents do!

Module Evaluations - Discussion

University of Cumbria

DR and HA Principles

All hazards / multi-dimensional approach

Buoyancy versus Resilience

Integrated / Multi – agency working

Shibboleths versus Mavens

Enabling an Effective Response by adopting a Social Reality Philosophy through Transformative Learning not Transactional 'Change' will improve our buoyancy and ability to continue to operate during a disaster

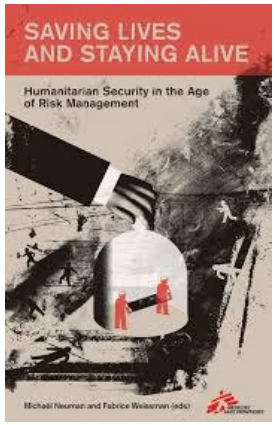
Education Programmes

University of Cumbria

Principilization of Disaster Response and Humanitarian Action – Forging Capability

Disaster Response (Coppola D, 2020)

HCPD 4035
HCPD 5035
HCPD 6035
HCPD 7035



Safety and Security for Disaster Response, Humanitarian Action and Reconstruction Workers

HCPD 4036
HCPD 5036
HCPD 6036
HCPD 7036

Humanitarian Action (Slim H, 2015)

HCPD 4037
HCPD 5037
HCPD 6037
HCPD 7037

Stand-alone modules
or
University Advanced Diploma
or
Post Graduate Certificate

E-learning
Buoyant through CoViD
Flexible
Affordable
Adaptable

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UoC Modules and Programmes

https://www.cumbria.ac.uk/study/courses/cpd-and-short-courses/disaster-response/
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https://www.cumbria.ac.uk/study/courses/cpd-and-short-courses/disaster-crisis-and-humanitarian-response-practice-development-uad/