CISD - Ogden Rogers, Ph.D.

Let me introduce myself, I am Ogden Rogers. I am a professor at the University of Maryland, School of Social Work at University of Maryland Baltimore County, and I am a member of the Maryland Critical Incident Stress Debriefing program, and I am a research associate with Shock Trauma where I have been doing work on firefighter, paramedic and law enforcement stress and stress reactions.

Tonight one of the things I would like to do is talk with you all about some basic concepts that we have understood about stress and stress reactions. The normalcy of those things, the abnormalcy of those things, and basically how to just sort of pick it up, what to pick up and figure out how we can help each other in the field. One of the things that we have become increasingly aware of over the last decade in Emergency Medical Services and in fire services, particularly volunteer services, is that no other resource is as costly as our manpower resources, and for the salaries that most of you people command, if you add it all up, it is billions and billions of dollars throughout the United States. One of the major costs to our protective services, particularly among volunteers is, if we loose people who spend time and energy training and learning the procedures to help save lives and save property, because they are burned out, dried up and tossed up, and psychologically, not just physically, we loose a lot of money. So I am not hear because I'm a feel good kind of guy. I am a Social Worker who just wants to let you know that life is nice and sweet and we all ought to love each other and take care of each other. That's not my message at all. My message tonight is to talk about what we know about psychological stress, particularly in the emergency services, how we can identify it and how we can take care of each other because it is costing us a lot of money.

Let me say out front, that I need to apologize to some of you. I live west of the Bay Bridge and unfortunately (I've got heads nodding back there already) most of the time I ever visit this fine peninsula is under tragic circumstances. Is anyone here from Centreville tonight. Okay. I have met a couple of nice towns over here, and one of the things I have been impressed with is the commitment that the volunteers have to each other and at the same time services in, can I call it rural, Eastern Shore suburban or rural; services in this part of the peninsula are often of neighbors taking care of neighbors. You will see tonight that is one of the factors in stress and stress reactions. It's a lot easier to take care of people we don't know. One of the things that we

find, we often have to do in rural and suburban settings, such as this, is we end up taking care of our own friends and our family sometimes, and that can sort of up the ante in terms of the emotional price that we have to pay.

I don't want to get off to a bad start, however, by letting you think that this is all a pathological bummer. Unfortunately, that is what most head shrinkers tend to make people think. They get really nervous and upset and whenever we start talking to them it is like "There ain't nothing wrong with me". Most of my message tonight actually is about normalcy and actually it stresses a good thing. It stresses what we live our lives on and it motivates us to see the things that we do. It is only when stress becomes out of touch, beyond our capabilities, that it becomes a problem.

There are a couple of ground rules tonight. One is, that these fine people have spent a whole lot of time and energy to set up all of these cameras and block angles and get levels, and I am going to do my level best to walk around as much as possible and frustrate them. The other thing is this, is that I have found that the best way to have an interaction is to have dialogue. So if I use a word or I use a phrase that don't make any sense for you, or it doesn't jive with you, feel free to stick your face right up in mine and say "Wait a second, that makes no sense for me, explain yourself". The other thing is that I want to bring this down to a level that is useful for all of us to work right on the street about. I am not a fire service person. I am not a paramedic. I am not a law enforcement officer. I am a Social Worker, that means I am a head shrinker type; and sometimes, I am like up here, so if you need to bring me down, just say "Whoa doc, what do you think your talking about".

The other thing is, I see one uniformed law enforcement officer in the crowd. Is there anyone else who has a piece on right now - just raise your hand. Okay. I like to identify my levels of stress - energy in any system. You know your supposed to keep yourselves under control. Of course, I know that you will have your weapons holstered at all times. Right Sergeant - officer - Lieutenant, alright. I mean I'm on the wrong side of the bridge, you understand. Okay.

The other thing is this. I was raised up in the streets of Baltimore City. I am died in the wool, concrete human being, and sometimes my language might slip. I will apologize to you ahead of time. I don't mean to. It is just the streets I grew up in and I am not the worlds most truth person. So if I happen to let slip a hell or a damn, please excuse me.

I have up here focused on my board. Actually I thought this was really nice, we are taking place in a psychiatric hospital. This works really good. This is a little thing I use to focus my overheads with, and actually what is a device from the late 1700's by one of America's first psychiatrists, Dr. Benjamin Rush. He is credited as being the father of American psychiatry. Dr. Rush invented this tranquillizing device. I think if we look around probably somewhere in the nooks and crannies, we will probably find one of these hidden around someplace. What's useful about this thing is that it looks like a torture device, but in some ways, it actually has some elements of stress reduction in it. We are going to be talking about some of those things later on tonight. It is helping to limit this person's field of vision and sometimes in EMS and fire service, protective services, we see to much and we have to learn how to limit our field of vision around some things to avoid this thing we call post traumatic stress disorder.

It strikes me that we ought to talk about stress first. Stress is not a bad thing. In fact, stress is probably one of the more useful things to think about in Western civilization in the last 2,000 years. The more and more research that we are doing, the more and more we are finding that the mind and the body are connected. That's got good things going for it, as well as some difficult things going for it. It is important that when we talk about stress, we realize that we are talking about peoples reactions to demands.

How many people in here are primarily fire service providers? 3-4. How many people are EMS, prehospital providers? That's the crowd. Law enforcement providers? 3. You guys packing back there. I knew there were undercover guys in here. They follow me around. Nursing personnel? Any head shrinkers? Social Workers? Psychologists? Chaplains? Psychiatrists? They're too expensive.

Anyway, stress is a response to a demand. Life is about stress. Life is about solving problems. Think about everything that we do every day. It has an element of stress to it. We are challenged by our games. We are challenged by our work. We are challenged by fishing. We are challenged by boating. We are challenged by getting on a call and riding down the road. If there is a code 3, do they really call it code 3. What do that do when you have all your lights and sirens on? What do they really call that? Has that got a name? - Lights and sirens. I grew up watching TV, I'm trying to learn all these things.

One of the first debriefings I ever did was with an pumper company, and one of the guys was walking around the room. I am asking people what their name was and what their job was on the fire engine. This one guy walks around and says "I'm Harvey, I'm the Lieutenant of the company here, and I was responsible for manning the command scene". "Pleased to meet you Harvey." "I'm Bob. I'm the EVD. That's the emergency vehicle driver. I drive the engine." "Glad to meet you Bob". One guy comes around. He says "I'm Joe, I'm the back step." I was lost. "Joe, what do you mean by the back step". He says "Well that's a job on the engine." I said well what do you do, step on people, do people step on you. What is it?. He says "No, I just do everything else that's in the back of the truck." Well that's good to known. So I'm always trying to pick up the lingo. Now I understand. It took me 10 years to learn this thing about back step and now in the county where I live, there aren't any back steps any more. You can't find a guy who's a back step. As soon as I find out about code 3, you tell me it's just lights and sirens.

Stress is not a bad thing. Stress is a good thing. In fact, we have two kinds of stress. We have a kind of stress that we call you stress and a kind of stress that we call distress. Every element in life has an element of stress to it. Meaning everything in life gives us a challenge and a demand. It causes us to try and respond to it's problems. It causes us to try to respond to it's elements of interest, the novelty, newness. Most of what we do that's fun, we call you stress. Right over here, this individual has very little you stress. Very little distress. This is probably a guy who spends an awful lot of time jut watching TV. Okay. But as our lives have demands in them. There are sometimes pleasant demands, as well as unpleasant demands that we reach to, we call this you stress. The funny thing is that our performance usually meets you stress. Sex is a you stressor. It's a problem to solve, and when you solve it, it feels good, most of the time. Of course, for some people, sex is probably a distress. It all depends on your way of looking at things. But much of what we like, much of what goes on in our lives that causes us to meet challenges, to help neighbors, to do things, well call this a you stress. Generally, after you have finished a you stress, you have a good feeling. You may want to lie back and have a cigarette, whatever. Generally, you have a good feeling.

It's when the number of stressors, meaning the number of events that have to be met and dealt with and adapted to becomes too much, or the magnitude of the

stressor, meaning it's not a little sex, it's a lot of sex. It's too much sex. That becomes a distress. Now, how can sex become a distress. I'll tell you. My first baby, no problem whatsoever. My wife comes along and says we are going to have a second baby. I said fine, no problem whatsoever. Month one, month two, month three. Now get me, I love my wife. I love my wife dearly. But you know after a while it got to be things with the thermometer and the time, and its like, "Hey, hey, hey. Come on lets.make a baby." "Honey just hook me up to a tube." It had become a distress. You understand that. A distress. That is when something that is good can become difficult for you. We're not talking about sex tonight. Let's talk about stress.

Stress is in the eye of the beholder. Stress is a body thing. You feel it within your body. It's got lots of demands, but ultimately stress is a mental thing. Much of my remarks tonight have to do with psychological stress, or psychosocial stress. Now, don't get me wrong. There is also a concept in stress research that we just call physical stress - physical demand stress. That's like, it's one thing to do your taxes on a nice desk in an air conditioned office, it's another thing to do your taxes in 150 degree desert in the middle of the Gobee kind of thing. That's heat stress. It's also another thing, like freezing. Like when you dump somebody in the Severne River in the middle of December. (It that what this river is out here. What's this one out here. That's the Choptank. National Geographic's got nothing on me.) Someone goes into cold water. That's a physical shock. That's also a stressor.

Mostly what we are going to be talking about tonight is how you think about things and that turns out to be the key variable in psychological stress. There are all kinds of things that we call critical incidents. One of the things we know from the stress research is that a critical incident for one person is not a critical incident for another person. That's probably why there is so much confusion and conflict sometimes in our emergency medical services, because some people think every big thing is a critical incident. One guy says, "Jesus Christ, I'm feeling bad. Oh my God." Whereas the other guy sitting on the other side of the room is going "What's the problem, what's the bit deal? This is something I deal with all the time. I don't understand."

Every individual has a different wealth of knowledges, skills, emotions and thoughts. That makes differences in us. Even though emergency medical personnel, fire service personnel, and law enforcement personnel already seem to

have self selected out into a group. There is a lot of things about you that are in common. A lot of you like to rise to the occasion.

Let me ask you this. (Now you thought I was talking about sex again, and you were wrong.) How many of you when you hear the lights and sirens go off, or hear the pagers (do you all have tones on your pagers and stuff like that). How many of you get sort of an excited little thrill. Come on, come on. You get a thrill. Anybody else. Anybody notice that your ... I don't know ... you don't need to admit to drug abuse or anything else like that ... but anybody notice that you feel like your sharper. Your eyes are quicker. Your thinking is faster. You just feel good. Anybody get that feeling at all. I can see some heads over here.

You know, there is something that is going on that we call ... it's a you stress ... do you understand. Some people, if you talk about this stuff would go - Oh my God, how do you do this work. How could you possibly do this stuff? Their not you stressed about it at all. But you all, by the fact that you do it already, you get sort of a kick out of it. I am not saying that you are stress junkies, you know. But, some of you might be. That's not necessarily a bad thing, as long as we all don't burn out about it.

Every now and then, a critical incident occurs that overwhelms our sense of what we call appraisal. How we view a particular incident. How we judge the incident. What we think about it. Everything is a stress. Some things are hey, think fast. Alright. I am going to interview you. Bring it over here Nando.

Now, I threw a stressor at this gentleman. You responded rather quickly to it. Why did you respond? So you didn't get hit in the face. This represented a particular threat. You also adapted to it. Did you think to yourself, "Oh, I am about to get hit in the face. I better put my hands up and do something about it." Automatic. Okay.

You need to understand something about this appraisal process. It's automatic. It's automatic. You don't have to sit around and think about stressful things for them to become stressful. Your unconsciousness, call it the back of your mind, call it whatever you want to - we constantly are making appraisals about stressors all the time. Sometimes we see a stressor as being a challenge. Say, hey, something I can rise up to. Sometimes we see a stressor as being a threat or a harm. This is more than I figured I'd be in for. This is a little too much for me. Or, this is a good one, I'm in trouble.

Has anybody here ever been in a situation where they have been at risk of life or limb. Anybody. Okay. At that time that you were at life or limb risk, or shortly thereafter, did you have a little thing flash through your head that went something to the effect of "Oh Oh, I'm in deep shit." That's an appraisal process. It doesn't necessarily just have to be harm or loss to ourselves, directly. It also can be harm and loss about things that we care about. Our property. Real physical stuff. People loosing jobs all over the place nowadays. Their loosing their homes. Their having appraisals of significant loss. This causes all sorts of reactions. Stressful reactions. We are going to talk about these in a second.

People we love. One of the more interesting pieces of research going on now and has been going on for a little while is from a Dr. Keller at the University of New Jersey Medical and Dental School. He has found that there is a very high correlation between spouses who die after their other spouse dies. In other words, people who have a significant death of a husband or wife are at some degree of risk of illness or death themselves, because of the significant loss. Interestingly enough, it's got a lot to do with the appraisal. If they didn't care that the son-of-a-bitch died anyway, they felt good. But, if they loved the cat, they felt bad, and they didn't just feel bad, it took a toll on their health over time. In fact, there was a significant rate of death, interestingly enough.

I've talked about property, I've talked about persons or other people; it can also be dreams or ideas. When thoughts of ourselves, the way we picture ourselves, the way we picture our communities, the way we picture our futures if they are also at risk of harm or loss. Meaning a threat, an appraisal, that can also provoke a stressful reaction in us. In fact, many times whenever we have been involved in a situation that we may find uncomfortable (oh, they are going to love this)... we may find ourselves in a situation where we witness significant loss, particularly of children. This is a big thing.

I used to work at Johns Hopkins in the Pediatric Shock Trauma Unit. One of the things that I found very, very interesting is, is that we get traumas in, day in and day out, and there would be about nine or ten people in the trauma room doing a code ... usual, let's see what we can do ... new resident sitting in the corner going "Jesus Christ I hope I don't loose this guy. What do I do next? What do I do next?" There's this really calm, cool nurse sitting next to him - "Don't you think we should give some Isoprel doctor?" "Yes, that's a good idea.

Isoprel xxx cc. Well said nurse." You know, 9 or 10 people. There is a resident in the back going, "Time to go home. Let's call this thing. Have you learned enough Joe." Routine, business as usual.

You bring in a little kid, 6 years old, blue eyes, blond hair, pretty little button nose, and for some reason those trauma rooms would have 25 to 35 people in them. Everybody watching this code. Why? Children represent pieces of dreams to us. They represent futures to us. When we look at children, we think of where life can go and we put a lot of our own stuff into them. Their like big white screens that we can project against.

How many people in here have kids. Damn. America's in good shape. How many of you have ever looked at your kids either in the middle of the night or on a Saturday afternoon and made dreams and plans for them before they could even talk. Anybody do that. If you didn't raise your hands, your all liars. We all pour a lot of stuff into kids. When kids died or when kids get hurt, we notice from a research standpoint that people who work with kids or work on kids often have a more significant reaction to that than just working with the average case. Kids speak to me about the idea that when a piece of a dream or piece of your future is also at risk of harm or loss, you will make an appraisal that can be stressful.

Now, it is in that moment of time ... you said "Oh shit, I'm in trouble" something like that ... it's in that moment of time, when the appraisal process goes "oh, oh, I've got a demand here", the body kicks off a number of reactions. Those reactions tend to come in four domains - physiological, emotional, behavioral and cognitive. Now what's interesting about these things is that the body does this because it gets a signal from the mind that says "Hey, we've got a job to do. We've got a problem here. We've got to take care of this thing." The way that the brain does this, is the mind talks to the brain. The mind says start secreting. Basically your brain does two things - It secretes massive amounts of this stuff that we call neurotransmitters. It's the electricity that makes your muscles and nerves move. It's chemical electricity. You have inside of you "X" amount of it, and we need to, you can push out a little bit more.

Anybody here in the rescue services? EMS people. How many people in here have had the experience of under situations of rather unique pressure, you have been able to lift things that you didn't think you could lift. Anybody have that experience. No. Yea a couple. Anybody find that they had gone through

intersections or down stretches of road that had totally forgotten about and didn't know how they got there so fast. Did that ever happen? Okay. A number of people.

Under situations of demand, you crank out massive amounts of this neurotransmitter. The good news is that most of the time, your nervous system can handle it. If fact, it can use the extra juice. It's kind of like running your Toyota regular lead free and every now and then you give it a bolt of premium, Chevron, high level gasoline and throw in a little bit of alcohol as well. It's more juice. Your nervous system can handle it. It's good for it. You just can't do it a whole lot. It does it a whole lot, it sort of burns out. It wears out. It gets jangled. It doesn't pass the signals along any more. Now, that's the short term stuff. It works real fast, it's real good, and it's the stuff that makes your brain real clear. Some of you said you had the experience of just noticing your eyes ... things get clearer when your driving ... or - have you ever pulled your weapon. Ever notice anything when you pull your weapon. Yeah. Did your focus get any more acute. Did you notice. Did you have that experience. There are a lot of police officers I have met, that when they pull weapons in service situations, notice that there's just this sort of real clarity between them and the potential victim .. or perpetrator .. what's the word you use .. suspect. They just notice that there is a real clarity. In fact, they almost find that they have vision burned into their brain. They see them very clearly over and over and over again. The brain is responding to a demand. It's saying, pump in the juice to make sure that things are tight and I'm in control here.

The other thing that is happening, is not only just neurotransmitters, but you have another system that is called your neural endocrine system. It's filled with hormones. The biggest hormones here are what we call adrenalin. Now, adrenalin doesn't work as fast as the neurotransmitters do, but it works pretty darn close. I mean, it kicks in quickly. When it kicks in, it stays on longer. I don't think anybody has ever had the experience in here of getting off a call, a really good call, a really exciting call, a really big fire, a really big chase, or whatever, and no one has ever had the problem of going home that night and finding that they had any sort of difficulty sleeping at all. That's never happened to anybody in here at all, I'm sure. A couple times. You go, boom, right to bed. Good, good for you. Nobody here has ever felt lit up like

a roman candle when they went home. Oh, yea, this lady is going. Okay. That's the effect of adrenalin. Adrenalin circulates in the system for a little bit longer than the neurotransmitters do, and it keeps you going, it keeps you up, it keeps you revved up. It keeps the experience going through ... it just keeps your system ... like high test gasoline ... going on.

So far, none of this stuff is bad. You understand. This is the stuff we need to have going on to do our jobs. We need that little pump of juice to do the things that we need to do in emergency services. The trouble is when the juice gets jammed on to much, and there are a number of things that can happen. Let me talk briefly about these four problem areas - the physiological, the emotional, behavioral and the cognizant.

Physiological signs of stress - What I don't have a slide of ... can you all see this. You guys are trapped behind this thing. What's interesting about the stress, and we haven't quite figured it out just yet, but there appear to be two rather significant opposing kinds of stress responses. What's important about knowing about these two simple different kinds is, is that one day you may be coming back from a call and you may notice this in one of your friends or buddies and it may be useful for you to have this in the back of your head because it will give you a little something to have on your shoulders just to help. That's what this is about. This is about psychological first aid. Keeping us in the services.

The two different kinds of stress response have fancy names for them. One of them is what we call the ergotropic response. The other one is called the trotropic response. What's interesting about this is the ergotropic response is kind of what I've talked about so far in terms of being all juiced up. What's sort of funny is that for many people, the demands of a stressful situation makes them ergotropic, juices them up. They get all juiced up. In fact, one of the problems is they can't get juiced down.

Interestingly enough, on the other side of the coin, is this trotropic response (tape changed sides here. Missed part of talk.) the roman candle. The trotropic response is like wound down as slow as you can go. In post traumatic stress disorders, or pathologic stress states, stress that has gone beyond normal stress, we find that this is sort of an interesting thing that occurs to people. If fact, if we look at war veterans who have post traumatic stress disorder, we find that their daily experience is either one of being

revved up like roman candles on point again, irritable, hypersensitive, or totally, almost, we use the word, flat. They have no emotions whatsoever. They're just dull. They don't feel anything.

I've recently, a couple years back, had the wonderful experience of, I almost feel like the God in heaven does speak to researchers sometimes, and he says, I am going to show you that it's true. Your on the right path.

There was a shooting in Baltimore City. Two cops ... two police officers ... excuse me. Their cops in Baltimore City ... two cops went in to a bar pursuing a drug suspect. They had the suspect at gunpoint and they were telling him to give himself up, and he was giving himself up, but he was armed. He handed them a gun. They let their guard down and gave him an opportunity to reach back where he had another weapon secreted and he got off two shots before he was subdued by other officers coming into the scene. He shot both of these officers through the fleshy part of the leg. In science we are always trying to control subjects. You've got experimental subjects and control subjects. You want them to be as close as possible. Life gave me two subjects. They were right there. You couldn't have seen a more interesting reaction from the two of them. Both of them had been shot ... they had traumatic reactions, a stressful reaction, but they were not in life threatening injury. I happened to be very nearby. I heard the call. I happened to show up. Waiting for the ambulances to respond ... guys are giving first aid ... the perpetrator has gone off to jail. One of these cats is like ergotropic. He's lit up like a roman candle. He's mouth is going 50 miles an hour. He's feeling no pain whatsoever. He's saying I don't need to get in that ambulance, I'll pull this mother right out of her myself. All the way to the hospital he's the same way. I don't need to be strapped down. Get the hell off of me. I pull this ... give me a knife.

His buddy is sitting on the side of the curb, focused down, not seeing anything, speech is real slow, kind of looking up blank. Not necessarily feeling pain. Just real dull, real slow. Interestingly enough, both men treated and released within 24 hours. Three days later, when I happened to see them under another circumstance, one guy was still .... you know, and the other guy was still ..... and in neither case, that was not what we call their premorbid condition. They weren't necessarily revved up or slowed down kind of guys. But there was an excellent example of how two different individuals under the same stimuli had these dramatic different responses. That's important for us to

remember because sometimes in the work that I have done with providers, a very common sort of reaction sometimes is within a group a lot of people may be very upset about a particular incident and may be very, very hepped up by it .. they may be sad, they may be angry, they may be really revved up ... by there are one or two guys who don't feel anything at all and their worried that there is something wrong with them because they don't feel anything. What they need to know is their having a normal reaction. They're have a trotropic response. It is important to understand that both of these responses - the ergotropic and the trotropic - essentially are normal reactions. These are normal reactions, happening to normal people under abnormal circumstances. It's just that they can get worse under some other circumstances.

Some very common physiological signs of stress include such things as fatigue, nausea, fine motor tremors, tics, muscle aches, paresthesias (fingers are working just right, sort of numb), frequent urination, profuse sweating, chills, dizziness, gastrointestinal upset, heart palpitations, and choking or smothering sensation. My goodness, sounds like a good afternoon with the flu. Any or all of these things may be typical reactions to a stress response. What's important to know is, any or all of these reactions are quite normal.

One of the problems that we have in the emergency services is ... let's go back to this thing again ... Here we've had a critical incident. We've had a thought - Oh shit, I'm in trouble. We've had some sort of response to it. One of the responses we have to this thing is, loosing lunch. What then happens is, you've lost lunch, you now have another potential incident which you then have to make an appraisal about.

Very often one of the things that we find is, if someone doesn't know that these reactions are normal, they start to get an appraisal that goes something like this - There's something wrong with me ... I shouldn't be doing this ... Good firefighters don't throw up. Okay. I can't tell you how may times I've met persons who have vomited in the scene of massive trauma, decapitations, mass gross disfigurement, you know these things, these head on situations where people have had tamales before they decided to whack into each other and it's all over the inside of the windshield and its the brains and everything else, and it's 95 degrees, and it's Rt 50, and there's a lot of pressure, and there is pee-pee and there poo-poo on the backseats, and by the way there are flies, you know. You look a little queazy right there now. Okay, good. Now what you need

to understand is, it might be a very typical reaction to toss one's cookies at that point in time. Has anybody in here felt like they wanted to throw up during the scene of a situation. Bravo, bravo for all of you. It takes risk to stand in a room with other people and say I wanted to throw up once.

What people need to be aware of, is we need to be aware of the normalcy of the gustatory experience because we run the risk of having a secondary appraisal that this gustatory experience means that something is wrong with me. You understand. Because what happens is, you start to get into this circular thinking that "x" event was bad, my reaction to "x" event was bad, oh, oh, there is something wrong with me. What happens when you've got another appraisal that's stressful. Follow the loop. You now have another stress reaction.

One of the reasons why we're bothering to start to increase our knowledge about stress reactions in the emergency services is, if nothing else, we want to get rid of this red arrow here. This secondary appraisal. Just because you toss your cookies, there's something wrong with you. In fact, it should be the other way around. Just because you tossed your cookies, you're normal. Frequent urination ... it's a problem. The surgeon general came out the other day and said it's one of the biggest problems in America. We need to start doing more about it. We need to let people known that urinary incontinence, particularly among women and particularly among women who have had babies, in the emergency services, is a potential stressor reactions. It's, oh my God let's get to the hospital. It's got nothing to do with the patient. Do you understand. But there is nothing wrong with you. There's nothing wrong with you. That's the thing we need to be telling people. Because what happens is, in our services, look I know people, there are a lot of taboo subjects. We don't talk about a lot of things. There is a lot of old ways of teaching people and training people that get passed off down at the fire house from generation to generation.

I'm from Baltimore City. Up until the last generation of firefighters a very common technique is called blooding the hound, and new probies are told to do the body work on every case for the first six months, and usually (Can I borrow you sir. I promise I won't touch anything intimate.) This woman is a dead, burned, crispy critter. Usually what happens is that in the first couple of weeks that a probie goes out, there's some old good boy like myself who says, now son you've got to understand that this is life ... smell it. (Okay, you can

sit down.) Literally, it's like this is the way it's going to be, there deal with it.

Now, that's probably not good for human beings. In fact, my work with firefighters has found that very often when I've uncovered a particular difficulty that they are experiencing right now, they find that they're trapped in an experience that they had long ago when some guy shoved their noses into a dead, burned body. Hopefully, none of you have had that experience and maybe it doesn't go on. I say, I'm from the other side of the bridge. But, I use that as a gross example to say that within our fire services, we pass along a lot of myths. One of the things we don't pass along is a lot of information about what's good and normal and natural.

One of the things I'm breaking out into the papers tonight is urinary incontinence. It can happen to you while you're on a call. Understand that it's okay. You are normal. We all laugh about it, but we need to pass that message along.

Cognitive signs of stress. These are my favorites. Wait a second, wait a second ... let me show you what my research has done. Hang on. I'm going to screw up your notes. Let me show you. I just finished doing a research experiment over the last year which actually included persons from the Eastern Shore, because I wanted to make sure I had a normal sample.

My research indicates that these are the major things that bothered firefighters and emergency services providers and police officers, after they had been recently exposed to what they thought was a significant event, or an event that upset them, what we call a critical incident. These were the top 10, interestingly enough. What's interesting about this ... you may not find it interesting ... I found it very interesting ... is that for the last 10 years, we have been saying things like cops and firefighters and paramedics don't have any feelings. The reason why we began this whole critical incident stress process, Dr. Mitchell being one of its pioneers, at the middle of the last decade, was we all made the assumption that we all walked around like this saying, "Don't bother me, ain't got no feelings. I do this cause I love it. Can't handle it, get out of the service." That was the assumption that actually led us to creating the intervention that we use nowadays for defusing critical incident stress debriefing, and they were based on the assumption that these people were very

defended about their feelings, or very ... what was the word we used to use ... macho.

One of the things that's changed in the last decade is - A) We got 50% women in our services nowadays, so it's not as macho anymore, and the other thing is that maybe - Gosh darnit guys, you're all becoming more sensitive out there. Because what's happened is that firefighters in Maryland and paramedics in Maryland indicated that after a recent event that they found disturbing, sadness or depression was their number one complaint. They felt sad. Irritability was number two. You know what irritability is. It's that 3 a.m. in the morning, I sat around watching videos and drinking coffee all night long stuff. Just like - Jesus, I wish I could take a Valium. Anxiety, which is a pervasive sense of nervousness or fear. Usually if you're irritable, you tend to be anxious as well. Very high. When we got down to physical symptoms, we found that the ... this was very interesting, because normal I assumed that the gustatory thing was the biggest thing ... pressure tension headaches were the most reported by Maryland emergency service providers. Difficulty sleeping, a change in appetite, upset stomach, and then muscle tightness, neck ache and backache, which I put all of these in sort of the same group. All of these were the primary, both physical as well as emotional, symptoms. This is Maryland data. This is our stuff. This is hot out of the computer.

Let's go back to some of them mental things. Massive amounts of appraisal stressor can lead people to have memory loss, and particularly short term memory loss. You don't forget what your name is. You don't forget where you were born or what your daddy did, but, how many people in here have every been rushing to a very important appointment, had to get someplace real fast, real quick, and they got out to their car and what did you notice that happened. No keys. Anybody here ever forget their car keys when they were in a rush. Oh good, we've got a couple braves soles in here. Very rarely happens to anybody. Generally, that's when it happens. You loose your car keys when you're in a situation of stress. When you're hurrying to get some place. I was on my way down here, like a bat out of hell .. I live right behind the stadium ... it's like, okay, it's going to take me 7 hours to get down there. I have to cross the bridge ... it's a trauma. I don't do bridges well. I am thinking, well maybe I'll have to go up to Delaware and come back down. Anyway, I'm halfway down the

block and I realize I don't have the directions to get to this place. I'm saying to myself, ah ha, an acute stress reaction. Short term memory loss.

You're going to see a video right after the break, and in the video you're going to be seeing a field service provider with MIEMSS, Mr. Craig Coleman, who used to be a paramedic. One of the things that happened to Craig after a particular incident was, although he may not say this in the video. After this incident, Craig had to call ... he drove his unit back to an intersection and he had to call his paramedic lieutenant because he was lost. He couldn't find his way back to the firehouse. It was a short term reaction.

Anomia ... there are actually two kinds of anomia ... there is a sociological anomia, which means you just feel distant from everything, you don't feel like your part of stuff ... but this means ... did you ever get into a situation where your under a lot of stress and you've got to say hand be that ah, that ah, you know that thing, you know that thing, you know the thing I'm talking about, that one, right. That's a normal stress reaction. It's an anomia. What's interesting is that under times of real acute pressure, when guys and gals go back to the house and then they start beating their heads about how bad the call went. One of the things that they focus on is - damit, I should have been able to .. I would have gained 2 seconds if I would have been able to ask for that ... #1 Hurst magnifier traumaton oscopiscope, right. One of those things that you use, and I would have saved that person's life. We all do that second guessing. If I hadn't just... or I've heard big ones where guys have got people pinned under the things, and they go back to the truck and they can't find the Hurst tool ... the jack .. and what happens is they go back to the engine, they can't find this thing, and what gets burned into their brain is how they failed. How they killed that person because they hadn't been able to know where the tool was or whatever.

What's important is you have to understand that these are the kinds of pressures that we're under and we've got to cut ourselves a little slack.

Decision making difficulties. A very interesting reaction is what to do next. What should I do next? How do I get back to where I'm going? This is probably a very interesting one ... this is one of my favorites. This is confusion trivial issues with major issues. Or making mountains out of molehills. This is probably a very good example of a long term stress response. You know that you're in trouble when you walk into ... there are a couple nurses in the room

... you known you've got problems in your unit when Jane Doe or Joan Doe is up in your face about linen. She spends 25 minutes talking with you about linen. Do you guys get replacements from the Emergency Rooms here for your stuff. What do you mean you need a #16 gauge needle. Don't you see I'm busy. You paramedics are always up in my face about this trivial stuff. I'm an important person. Now she's not that way and you know that she's not that way. But it's confusing mountains out of molehills is a very common symptom of stress reaction.

Concentration problems, reduced attention span. This reduced attention span is particularly evident in the trotropic response, the slowed down response. The guys just don't pay attention to anything. They just can't lay their eggs, they're just not focused on anything. Calculation difficulties. I don't know if you have to do a lot of that stuff. But, how may cc's go into .... that's happened to you. You have to do drugs. That stuff. I hope they haven't changed that on my. I'll be in a lot of trouble.

Emotional signs. These are pretty common. We've already talked about irritability. Anxiety. A pervasive feeling of fear. What's important about anxiety is, it's not tagged down to anything. I mean, if I pull out a gun and you go, Oh Shit. That's not anxiety, that's fear. You have an identified stressor, it's an identified threat, you are fearful about that. Anxiety is - I don't know what's bugging me, but something's got me scared. I'm a little shook. This takes its perspective in emergency services as what some people call "horse shy or shotgun shy". A bad call goes down and they don't want to get back on the piece again, or their anxious about driving, or .. I don't want to quit the service, but I just don't think I want to, you know, I don't know if I want to run tomorrow or today. Or, guys that used to be jack be nimble, jack be quick, jumping on the pants, the whole nine yards ... you know, their kind of going, I think the pager went off. It's sort of a vague fear, a shyness about wanting to perform.

Depression. Now I made these slides a long time ago, and nowadays I would say depression needs to also have a word alongside of it - sadness. Sadness. Depression is a physiological, emotional response of like flatness. Depression really speaks of trotropism. Just flat. I don't feel like I've got enough energy .. I don't feel like anything interests me. Sadness is a very intense emotion. You feel sad, you want to cry, very simple. Feeling overwhelmed.

This is a goody. Identification with victims. This is probably one of the key stress responses in emergency services. You don't think it's going to happen to you and then every now and then you get a call that gets under your skin, and it does. It does. It's like - Damn, that could have been me. Anybody every have one of those. Or - It just wasn't right. It's not just a thought reaction you're having, you're having a gut level reaction. This should not happen, and you just can't get off of it. It just sticks with you. This is an identification response. Identifying with the victim. In other words, behaving as if, or thinking and feeling as if, you were that victim.

The good news is that we in Social Work .. we want you to have that feeling all the time. We call it empathy. We think it's really important in terms of helping you perform your jobs. People who are empathic tend to be more sensitive and do good work with people. The trouble is that when your empathy goes over the line and you can't figure out where you begin and this other person ends. That can happen under situations of intense, intense trauma, and it happens overwhelmingly under situations where there are kids involved. When we have kids involved, people identify closely.

Then finally, anticipation of harm of self or others. I already shared this with you. This shotgun effect. This is a very interesting and very common stress reaction. In fact, predicting or being worried about future harm is one of the more common reaction in disaster psychology.

Case in point - Long ago there was this placed called Buffalo Creek. It had a dam. People lived along the sides of the creek where the dam was. The dam had been built by the Corps of Engineers. Federal government job. You know what happened one day after a big long rain, the dam broke. A lot of people got washed out, and a lot of people died, and a lot of people lost their houses, etc, etc. There was a group of sociologist that decided to show up that day. We're like vultures. You all are out there trying to save lives, putting bandages on people, shoving them full of IV's. I'm going up in their face, saying "Excuse me, will you fill out this questionnaire". I think we cause more trauma than we do .. anyway, one of the things we found out was that people who had just had their houses and lives washed away by a dam. When you asked them what was the thing that they were worried most about ... they told you they had recursive imagery about dams breaking and they were worried about dams breaking. They worried about their houses being washed away. Now, if you think about it

rationally, the people in the world who have the last concern at all about a dam breaking is what, people who have just had one wash through. I mean, it's going to take the Corps of Engineers another 50 years to get this project back up. But one of the things that happens, was whenever we've been shocked, is we get sort of a reaction that makes us very sensitive and very worried that that same shock is going to happen again.

Now, I'm going to tell you this last story and we're going to take a break. This is not only normal, but it's probably good for us. If you look at stress response as evolutionary. Long, long ago, there was this guy and his name was Ork. He walked along down the path one day and Ork ran into a sabertooth tiger. The sabertooth tiger thought Ork looked pretty tasty, and he took off Ork's right arm. Ork ran like hell, and he lived. From that moment on, he had burned in his brain this tiger biting off his arm. He had nightmares about it for the rest of his life. It burned into his brain. He could smell it, he could taste it, he could see it. It was something that no one was ever going to take away from Ork. Now, this serves an evolutionary purpose. It helps our species. You know why. Because one day, Ork could be walking down the street again. You know what Ork is going to do if he sees a sabertooth tiger. He's sure as hell isn't going to say, "Hungry". One of the hallmarks of all post traumatic reaction, in fact it's probably one of the major symptoms, is intrusive imagery and intrusive thought. After a big one, after a bad one

(tape speeded up here. Don't know what I missed. When speaker resumed, it sounds as if I am missing first part of talk.)

There was this old lady called the cat woman. She was a hermit. Back in my fraternity school days, we used to taunt her. Jesus we were stupid. I worked in an Emergency Room as an emergency medical technician. I was getting through college. One day the cat woman came in after she had fallen asleep and her house had burned, and her kitties got hungry. The Emergency Room, not having anything else to do, brought her in. She was deader than a doornail. She was fried and she had also been chewed. To this day, I can tell you what she smelled like. Just thinking about it brings up that smell. Sometimes in the weirdest places, I get that smell again in my brain. You know. I'm not asking for it. In fact, it gets to be rather difficult. You know... your sitting there at Burger King and

you go ... you know. Alright, now that's a uncomfortable thing. Now, if I didn't know that it was a normal response and a normal reaction and part of the price that we all pay, I'd probably go see a head shrinker. You understand. But now that I know it's normal, I don't have to. I sit around for a minute. I know that it will pass. I go back to my chicken cordon bleu sandwich.

Speaking of food. Let's take ourselves a little 10 minute break, stretch a little bit. Is there a soda machine nearby? This officer knows.

Side 3 begins here - Both self stress and something you teach others. The simple deep breathing technique has been proven to be incredibly efficient. In some circumstances, people teaching accuracy of firearm discharge has shown that doing some breathing before firing increases the accuracy of firing. In one metropolitan area ... this is an interesting sort of experiment ... they hag guys who drive busses ... you know, bus drivers ... you wouldn't think that would be a stressful job, but it's a very stressful job. They got the bus drivers to do a thing where they would do a simple deep breathing thing every hour. What was interesting was that the number of bus mishaps ... accidents, fender benders ... went down in relationship to just teaching these guys to do a little breathing every now and then.

The other thing that is very important to see ... we want people to see from this experience ... is, a) we need to communicate a message to ourselves and to each other that we are not alone. The experience of the stress response tends to make you focus down. You tend to become very into what you are doing and you tend to loose the periphery of your life, and that includes talking to people and talking about things. It is really easy in the middle of a ... first of all, the thing about a critical incident or a big one ... I like to just call them big ones ... is that there is so much stuff going on in a big one and you're so focused down during a big one that you can never get it all in. The human brain has this thing that we call completion tendencies. We like to be able to stick things in nice little boxes. We like to be able to see beginnings, middles and ends. Very often what happens in big ones is that everybody's got their own little piece of the story with this nagging sort of stuff that's like ... well ... there was something else going on.

One of the reasons that we do debriefings after big ones, is that the debriefing process helps fill in all the little pieces. The other thing is, it

helps people feel less alone. They don't feel isolated. If you're focused down during one of the big ones and you have a very ... remember your focused, your attention is on this stuff ... you also are sensitive to the focus on your own stress reactions. If you tend to ... I don't know how to say this ... you become unique, or you feel unique in your reaction. In other words, people become very embarrassed about tossing their cookies at the scene of an accident sometimes. In fact, they become more embarrassed than they need to be. What happens is they walk around carrying these secret little guilts and inside their heads they kind of walk around feeling like perhaps their a little buggy, but they don't want to tell anybody about it. It's this feeling like your special or strange or wrong and isolated that leads to post traumatic reaction. The one way to get in and out and get it out from underneath our skin is to get people to reach out to each other after calls.

The single most important way of determining whether or not ... how many people here are commanders or chiefs or whatever you call yourselves ... okay ... incident commanders or ... I've got to learn the lingo ... guys in charge ... one of the ways that you know that a critical incident has occurred is simply this - have the personnel with which you worked changed. If they tend to be a bunch of people who are sort of grabass and slap happy and joking about this and talking crispy critters and yo yo yo back at the house, if they come back and their quiet and no ones talking to each other and there's this sort of strange sense that one lieutenant called it ... there was a sense of distant embarrassment in the house. That should be a trigger to you that probably the thing that you've just been involved with has been an incident ... that it's bugged some people in your command.

The converse is true. If you tend to have a quiet, happy, church going crowd, who come back to the house and they're anxious, they're nervous, they're rowdy, they're pissed off, they're not behaving the way that they normally behave. Any change in the way that you would characteristically look at one of your piers should tell you that this person's probably got something going on inside. The simple, most easy piece of mental health first aid that you can probably do is to just be able to look at them and say, "Hey, how's it going?", "Let's go get a cup of coffee." "Let's take a walk." "Is there anything I can do to help?". Once you've opened up that you've given permission to talk, just be prepared to listen nonjudgementally and no matter what comes out of that

person's mouth, be aware that it's normal. It may sound crazy as hell, but you need to know that it's normal. In the backs of all of our minds is a lot of stuff that if you spent any time thinking about it, you'd probably go nuts. But its all there and its all normal, and sometimes under situations of extreme stress, it leaps up and out. Sometimes someone's just got to be able to say something about. In the saying ... taking it outside of myself ... sharing it, nonjudgementally, it becomes less burdensome for me. That may be the step toward feeling better. So I urge you ... if you can do nothing else when you come away this evening ... when you see an acute change characteristically in one of your peers, make a commitment to yourself of just saying to that person, "Hey, how's it going?" .. "That was a .. What do you think about that one?". Just an open, simple question. Be prepared to just sit and listen. Because sometimes people are going to say very bizarre things, and just be nonjudgemental. Don't worry about what it is. It's in the saying that counts. Do you understand? That's what's more important.

I saw a guy once who did a retrieval of a fetus in a toilet bowel in a project downtown. He couldn't go back to work. He went back to the house and he sat down and he took the squad keys out of his pocket and he threw them on the desk. He didn't say a word to anybody else for the rest of the shift. He couldn't move. He didn't even have the words to be able to describe what was going on inside of him at the time. I happened to be in the neighborhood, and they said can you come on down and talk to this guy. There was something about ... as he picked up the fetal tissue, it dissolved in his hands and fell apart. What had happened was, he had identified with that fetus. In the moment that he was picking it up and it was dissolving in his hands, he was in touch with his own death. That was something that he had not thought about and, if fact, most of us spend a lot of time not thinking about that. It got in. It got in under the wire, and it stopped him. He couldn't get out from under it. What was important was, he just needed someone to sit there and listen to him say, "I got this stuff on my hands, I don't know what to do?". Then he rambled on about all sorts of other stuff. I just sat there and listened. I didn't go, "Boy are you screwed up", "You need Thorazine and a lot of professional help on a couch", Boy are you weird". No, no, no, no. One of the things that I have gotten in touch in psychiatry is the weirder I think things are, the more normal they are.

That's the important thing that we need to remember as we take care of each other.

The other thing that we need to know is - a) Ask questions, b) notice if there is a change .. that's a simple thing. A) Is there a change. If there is a characteristic change, there is probably a problem. If you don't feel the risk to be able to say, "Hey buddy, how you doing?", then nudge somebody else. "Hey, how's Harold doing? He looks a little down. That's not his way. Can we talk to him or something?" Just be nonjudgemental. Be there for people.

In the old days, we used to all go back up to the house and sit around and have a cup of coffee and we'd encourage .. we used to do group therapy, only we didn't call it group therapy. We need to make sure that we're getting back to that. Because what happens is that in an incident, we all tend to seal over. We put little bubbles over ourselves, because that's what the dynamics of incident does to us. It causes us to sort of focus in and get down in little foxholes.

The other thing that you need to realize is that in this EMS system, we do have ways developing to take care of ourselves. One of the things that I passed around tonight is a manila sheet about the Maryland Critical Incident Stress Debriefing program. The debriefing program is a regionalized program. We are always looking for more people who are interested in taking training to become peer supports. The Maryland CISD team, of which I'm the regional coordinator for Region III, which is on the other side of the bridge, includes what we call competent mental health professionals. We always use the word competent. You know what competent means. It means head shrinkers who are not afraid of the field and are not afraid of working with people who have to work in the streets.

There are, I'm afraid, two kinds of head shrinkers. Them that do and them that don't. At least in the Maryland Critical Incident Stress Debriefing program we do a very, very hard job of selecting them that do and doing our best to reward them and keeping them on board. Them that don't, we thank them very much and we give them nice smiles and we pat them on the back and we really do find ways of saying to them, "You know, you do really good jobs with kids and you're really good working with moms and stuff, but you're not going to be able to walk into a firehouse. Don't you just get the sense that that's not right for you." "Well actually you're right, but I didn't know how to say it to you. This is interesting, but I'm really not cut out for this." It's like, well thank you

doctor so and so, goodbye. He will say, well thank you, it was nice meeting you. There are some people who can work with this stuff and some people who can't. We in the Maryland team have tried very hard to select mental health professionals who can work with people. The other thing is this, we make all the mental health professionals cross train. They've got to go out and ride on pieces of equipment with you folks.

The other thing we have in our program is what we call peer support. Peer support and mental health professionals work together to help run Critical Incident Stress Debriefing, which are, as the film showed, opportunities for teams who have had a big event .. when they've noticed a change. Call for a Critical Incident Stress Debriefing if you've noticed a change .. enough personnel come back that you think this looks like a big one. It doesn't have to be earth shattering. It doesn't have to be people whaling and screaming on the floor. But if you think there has been a change in the environment, it's worth a call. The people at the CISD program have not trouble responding. We'll talk to people on the phone and say no, no, this doesn't sound like a big one. We will work it out with you.

The other thing is, we need peers. We need peers to help guide the mental health professionals through the lay of the land. The times that I've had to come to the Eastern Shore, the first thing I do when I cross the bridge is I run into one of the peers ... I always carry my debriefing list, and I know the names of the people who are the peer supports in Region IV. I know that we don't have a lot in Region IV. One of our problems is, we need more.

Anyway, what happens is I get across the bridge and when I get to the firehouse the first person I'll meet is Joe So and So from Easton. Joe's going to be able to tell me what the story was, what's the lay of the land, who are some of the personalities involved. We can sit around and sort of figure out .. well gee, let's go help these folks... Let's see what's going on. The other thing is, I don't know a whoosey from a wassy. So when I get in the middle of a debriefing and someone starts to talk about a wassy, I can look over at Joe and Joe can say, yea, well that's the thing they put down peoples mouths and requires a degree of skill. So we work together in teams. It's a real joint effort of mental health professionals and prehospital professionals working to keep ourselves feeling good and feeling like we can do our job.

You all can do the job simply by starting to reach out and do what your doing already. Just realize that you need to take that extra step sometimes. Just say, "hey, how's it going? How are you doing?"

There is sometimes some confusion about competing resources in Critical Incident Stress. Maryland is very fortunate to have, here in the state, the international headquarters of something called the American Critical Incident Stress Foundation, which is an international foundation, headed by Dr. Jeffrey Mitchell. It helps spread the word about creating CISD teams throughout the country and throughout the world. In places were they don't have CISD teams, they can sometimes put together professionals who can fly in and go to situations.

In Maryland, we're fortunate to have the Maryland CISD program, which is sponsored through MIEMSS. If anybody feels that they need it, it's only a phone call away. That phone call is to SYSCOM. If you don't know what SYSCOM's number is, you look to someone and you say, how do I get ahold of SYSCOM. Marc, how do people get ahold of SYSCOM here? You go through Central alarm and you say, I need to speak to somebody in the Critical Incident Stress Debriefing program. You just use those words, or CISD program at SYSCOM and someone will be in touch with you. That's how the system works. It's that easy. Sometimes what happens is, because of some television, some people are now calling the American Critical Incident Stress Foundation in Howard County, and what's happening there is its' sort of like EMS communication should be direct. What happens is that when you make a call to Howard County, the Howard County people call SYSCOM. So you save one step in the loop by just sort of going directly to SYSCOM.

Deep breathing. Realizing you're normal, even when your feeling abnormal. And realizing that your not alone and reaching out when you see a change in somebody else. Just ask them how their doing, are the basic steps in the emotional first aid of avoiding a post traumatic stress reaction.

The major poles of PTSD, again, are that ergotropic response - lite up light a roman candle, or the trotropic response - avoidance; I don't want any more stimulation, get out of my face. Those are the hallmarks.

We've got a few minutes left. I got shot at once when I was a kid. That's why I asked where the gun is. I have, to this day, a thing about things that look like guns. Although my freudian training might say its a penis thing, I'm not sure, but anyway. We have couple of minutes now and I really would like

to entertain questions. I teach night school at the University of Maryland I know very often my students about 8:35 p.m. where their brains start to go like this, but I will entertain any questions or comments about the issue of stress in emergency services, stress in the emergency services here in Maryland, or anything along those lines. Has anybody got any questions or observations. I either blew you all away or bored you silly. Did I bore you silly? Has any of this made any sense to you at all.

Let me ask you a questions. You people are supposed to learn skills. You go home from a call one night, its a trailer fire, three kids inside screaming, the whole thing engulfed, it burns up, the kids are fried, you've got some mom's on your unit and you have some young father's on your unit, age 18, age 19. Normally its a unit that detaches pretty well, goes home, washes down the truck, puts the equipment back on, their feeling pretty good. Tonight they come back and nobody is talking to each other. Do you think you have had an incident. Okay.

What's something that you can do in the first 24 hours? (answer from audience, no heard on tape). That's one thing. What's something else you can do in the first 24 hours? How would you reach out? What's one thing you would say? "How you doing." Good enough. See it's real simple. It's complex in some ways, but it's real simple in other ways. Any questions.

I thank you very much for letting me have your air space and your time and your attention, and it's been my pleasure to be on this side of the bridge again. If you ever feel like you need to give me a call, my work number at UMBC is (410) 455-2144 or I'm also reached through SYSCOM. Persons who are interested in becoming peer supports could certainly give Marge Epperson-Sebour a call at 328-6416. We'll train you on how to talk to people. Human communications skills. How to be sort of a representative for your area in terms of taking care of folks.

Thank you very much. There a goldenrod sheet that is an evaluation sheet that's for the University of Maryland, and I would ask you please to circle those numbers to help us out. It helps me out.