EMS and EDP: Handling Emotionally Disturbed Persons

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What is an emotionally disturbed person (EDP)?
EDP: Anyone whose emotional state is either the primary reason for the call, contributes to the clinical picture, or affects the scene.

Not the same as mental illness.
So how bad is it out there?
Emotional distress as the primary reason

Mental Illness
Mental Illness

• At any given time: ≈20% of the population

• ≈50% are not receiving adequate treatment
  • ≈60% any mental illness
  • ≈40% serious mental illness
It gets worse...
Emotional distress contributes to the clinical picture?
Emergency = emotional distress

Bystanders also?
Assumption: EVERY scene will have at LEAST one EDP.
But...
You can learn to **work with**, **handle**, and **relieve** emotional distress.

You don’t have to do therapy to be therapeutic.
What I’m going to Cover Today

I. Articulate helpful mindsets for dealing with EDP.
II. Describe effective techniques for handling EDP.
III. Understand how common psychiatric illnesses present in the prehospital environment.
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III. Understand how common psychiatric illnesses present in the prehospital environment.
A couple of caveats...
NOT Excited Delirium

Medical intervention
“The race is not always to the swift, nor the battle to the strong… but that's the way to bet.”

- Damon Runyon
I. Helpful Mindsets for dealing with EDP
Mindsets?
Helpful Mindsets for dealing with EDP

1. It’s not personal.
2. You’re a problem-solver.
3. Care.
Helpful Mindsets for dealing with EDP

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Helpful Mindsets for dealing with EDP

1. It’s not personal.
2. You’re a problem-solver.
3. Care.
1. It’s not personal.
Sometimes you’re just incidental.
But what if it seems personal?
Even when it’s personal
it’s not personal.
Why?

Distance and perspective
2. You’re a problem-solver
Emotional distress is related to a problem (or problems).
Figure out the underlying problem.

And fix it if possible.
Don’t forget-you can ask.
What if you can’t solve their problem?
Admit it and tell them what you can do.
Why?

It puts you on their side.
3. Care
You have to **actually** care about people.

You probably do, but…
EMS has a way of sucking the empathy out of us.
You can’t fake caring.
What if I can’t care?
If you can’t care, take a break.
Why?

Patients know. And they respond to it.
II. Techniques for handling EDP
Techniques for handling EDP

1. Remember mindsets
2. Techniques from Psychological First Aid (PFA)
   1. Breathing
   2. Grounding
Techniques for handling EDP

1. Remember mindsets

2. Techniques from Psychological First Aid (PFA)
   1. Breathing
   2. Grounding
But first, one big don’t…

“Just calm down!”
1. Remember mindsets
2. Techniques from Psychological First Aid (PFA)
Calming strategies
1. Breathing
2. Grounding
So we’re most of the way through.

I have a favor…
If you have questions:

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III. How common psychiatric illnesses present in the prehospital environment.
NOT diagnoses

Themes & Symptoms
1. Threat
Fear and anxiety

SNS arousal
Solution?

Reduce the perceived threat
2. Hopelessness, helplessness, loss
Depression & suicidality
Solution?

Light at the end of the tunnel
3. Rule violations
Anger
Solution?

Acknowledge the perceived violation.
To wrap up...
Assume every scene has at least one EDP.
1. Remember the helpful mindsets.

Take time to “put them on” & let them drive your behavior.
2. Have a couple of techniques handy

Breathing & grounding
3. “Reverse engineer” common themes in psychopathology
You don’t have to do therapy to be therapeutic. 

So be therapeutic.
Thank you.