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**Mental
Wellness**

USCCA
®

Key Topics Covered

- 1) Trauma Effects and Coping
- 2) Adverse Effects of Alcohol and Drug Use
- 3) Suicide Prevention: Education, Help, Resources
- 4) 988 Suicide and Crisis Lifeline
- 5) Active Shooter Identification

Trauma Effects and Coping

Following a traumatic event, you may experience a wide range of normal responses. Patti Levin explores the physical or emotional responses, as well as coping strategies to help overcome the effects of the traumatic event.

“Such reactions may be experienced not only by people who experienced the trauma first-hand, but by those who have witnessed or heard about the trauma or been involved with those immediately affected. Many reactions can be triggered by persons, places, or things associated with the trauma. Some reactions may appear totally unrelated.”

– Patti Levin, LCSW, PsyD

Coping Strategies

Strategies to overcome a traumatic event may include by are not limited to the following:

- Crying
- Laughter
- Mobilize a support system, reach out and connect with others, especially those who may have shared the stressful event
- Talk about the traumatic experience with empathic listeners
- Yoga
- Hot baths
- Stretching
- Prayer
- Meditation
- Music and art

Credit: Patti Levin, LCSW, PsyD

Coping Strategies

Things to Avoid:

- Disrupting your sleep cycle or normal diet
- Over-using stimulants
- Caffeine
- Sugar
- Nicotine
- Drugs
- Alcohol



Credit: Patti Levin, LCSW, PsyD

Coping Strategies

A few things to remember:

- Hug the people that you love
- Love and adore your pets
- Commitment to something personally meaningful and important daily
- Community activities
- Volunteering
- Write about your experience in detail, just for yourself or to share with others



Credit: Patti Levin, LCSW, PsyD

Emotional Responses

Emotional responses to a traumatic event may include but not limited to the following:

- Shock, disbelief, fear, anxiety, grief, shame or denial
- Disorientation, hyper-alertness or hypervigilance
- Irritability, restlessness, outbursts of anger or rage
- Emotional swings - crying and laughing
- Nightmares or flashbacks
- Unpleasant past memories resurfacing
- Intrusive thoughts of the trauma

Credit: Patti Levin, LCSW, PsyD

Emotional Responses

Emotional responses to a traumatic event may include but not limited to the following:

- Diminished interest in everyday activities
- False sense of doom or that the world is unfair
- Concern over burdening others with problems
- Difficulty trusting and/or feelings of betrayal
- Tendency to isolate oneself
- Feelings of self-blame and/or survivor guilt

Credit: Patti Levin, LCSW, PsyD

Emotional Responses

Emotional responses to a traumatic event may include but not limited to the following:

- Feelings of helplessness, panic, feeling out of control
- Increased need to control everyday experiences
- Minimizing the experience
- Feelings of detachment
- Attempts to avoid anything associated with trauma
- Depression

Credit: Patti Levin, LCSW, PsyD

Physical Responses

Physical responses to a traumatic event may include but not limited to the following:

- Aches and pains like headaches, backaches, stomach aches
- Sudden sweating and/or heart palpitations (fluttering)
- Changes in sleep patterns, appetite, interest in sex
- Easily startled by noises or unexpected touch
- Increased use of alcohol or drugs and/or overeating
- Constipation or diarrhea
- More susceptible to colds and illnesses



Credit: Patti Levin, LCSW, PsyD

Trauma Effects and Coping Conclusion

Traumatic reactions vary:

- From person to person
- Length of effects

The help and support of your family and close friends will be one of your best assets.

- Some friends and family might members try to push you to move on before you are ready.
- It is acceptable to inform them that you appreciate their intentions, but they are not helping.

Others may find the help of a licensed counselor. Remember, just because one of these methods work for one person does not mean that it will work for another.

Credit: Patti Levin, LCSW, PsyD

Adverse Effects of Alcohol and Drug Use

Alcohol and drug use can lead to many different health issues:

- Mental disorders
- Liver, lung or cardiovascular disease
- Cancer
- HIV/AIDS
- Stroke
- Negative health effects to family members
- An increased urge and an inability to stop, resulting in an addiction
- Anxiety and depression

Adverse Effects of Alcohol and Drug Use

Alcohol and drug use can cause:

- Slow reaction time
- Impaired judgement/decision making
- Aggressive or reckless behavior
- Risky sexual behavior
- Drowsiness
- Impaired memory
- Vision problems
- Dizziness

Adverse Effects of Alcohol and Drug Use

Alcohol and drug use can lead to:

- Motor vehicle accidents or DUIs/DWIs
- Reduced inhibitions
- Homelessness
- Prison
- Loss of family and friends
- Loss of job

Adverse Effects of Alcohol and Drug Use

Substance use facts:

- Brain function is reduced when using drugs for a long period of time.
- Many drugs can damage nerves.
- Sharing needles or unprotected sex may lead to HIV and/or hepatitis C.
- Mental illness and substance use may co-exist.
- Mental illness may occur before drug use begins and vice versa.
- Drug use can make mental health issues worse.
- Treatments exist and recovery is possible.

Adverse Effects of Alcohol and Drug Use

[Click here to watch the linked YouTube video:
SAMHSA 30 Second PSA](#)

National Helpline
1-800-662-HELP (4357)

Adverse Effects of Alcohol and Drug Use

Resources

- [Substance Use and Co-Occurring Mental Disorders](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [SAMHSA Know the Risks](#)
- [SAMHSA Find Treatment](#)
- [Navigating a Mental Health Crisis](#)

Suicide Prevention: Education

The following are **truths** about suicide.

- Suicide is preventable
- Access to lethal means increases the risk of suicide
- Talking about suicide does not cause someone to be suicidal
- Suicide is complex, and it is a response to complex problems a person is experiencing

Suicide Prevention: Statistics

According to the Center for Disease Control and Prevention (CDC), suicide is the **12th** leading cause of death in the United States.

- Second among 10- to 34-year-olds
- Fourth among 35- to 44- year-olds

In 2021, there were **48,183** suicides in the U.S.

- About one suicide every 11 minutes

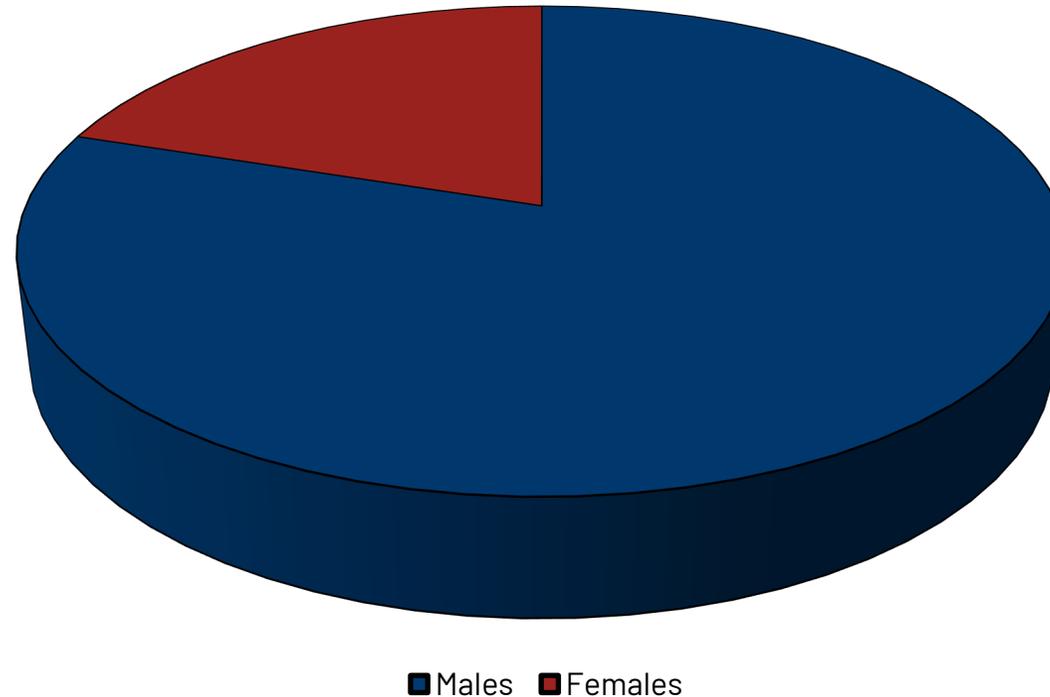
Firearms were used in **55 percent** of suicides.

[CDC Suicide Data Statistics](#)

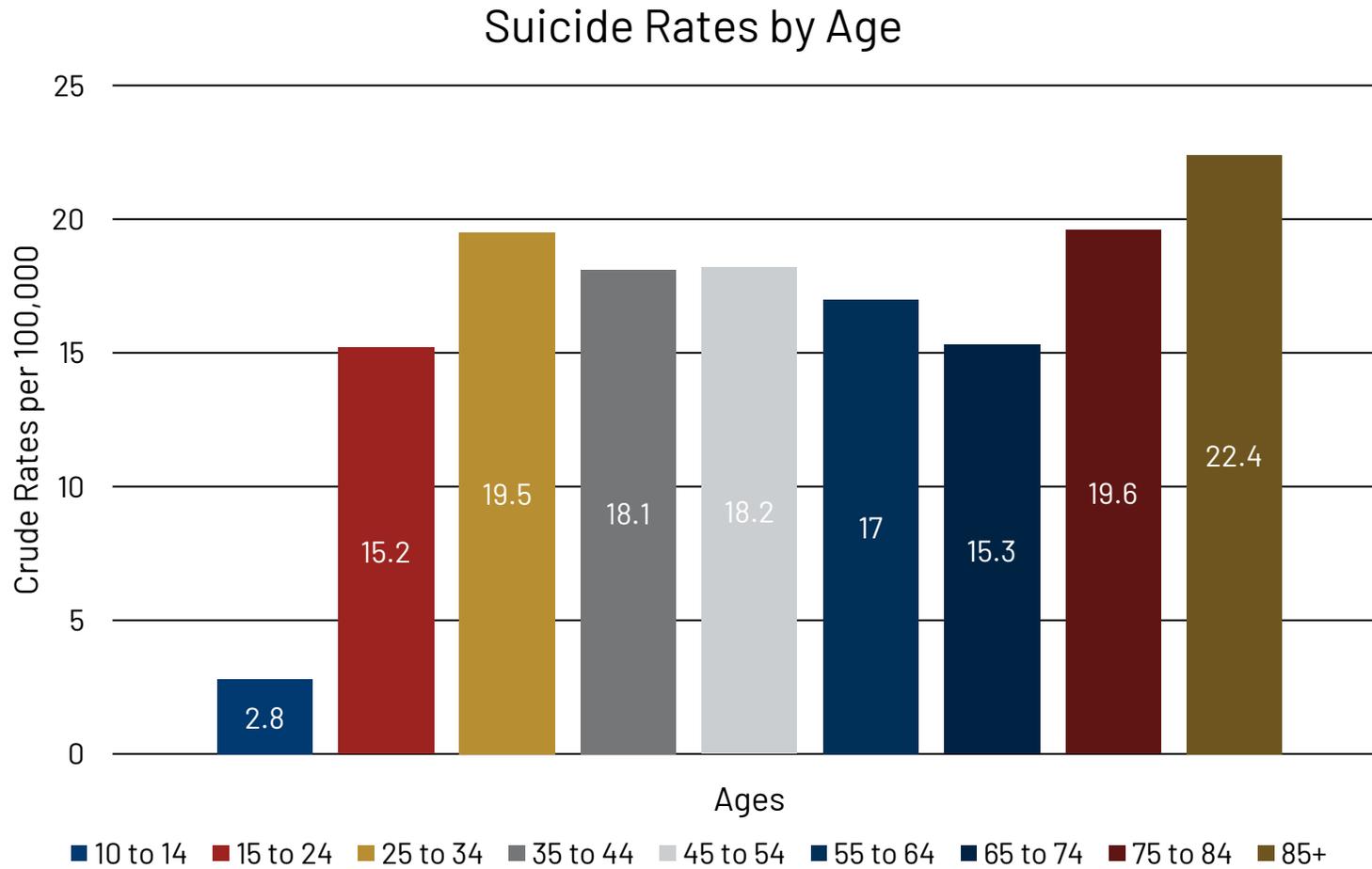
Suicide Prevention: Statistics

In 2021, males accounted for 80 percent of suicide deaths.

Suicide by Gender



Suicide Prevention: Statistics



Suicide Prevention: Risk Levels

Levels of Risk

Low: fleeting thoughts, no desire to act

Moderate: lingering thoughts, no plan, no action

High: looping thoughts, has plan, denies desire to act

Severe: looping thoughts, lethal plan and desire to act

If a suicide attempt seems imminent, call a local crisis center, phone your country's emergency services number (911 in the U.S.), or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but **do not, under any circumstances, leave a suicidal person alone.**

Suicide Prevention: Warning Signs

Warning Signs

Talking about:

- Wanting to die
- Intense guilt and shame
- Being a burden to others

Feeling:

- Empty, hopeless or trapped
- Extreme sadness, anxiety, agitation or rage
- Overwhelming emotional or physical pain

Change in behavior:

- Researching or making plans to die
- Withdrawing from friends and family, saying goodbye, giving away important items
- Taking dangerous risks
- Displaying mood swings
- Eating or sleeping more or less
- Using drugs and alcohol more often

Suicide Prevention: Risk Factors

Risk Factors

Psychological:

- Hopelessness, low self worth, impulsivity, loneliness/isolation

Environmental:

- Access to lethal means, prolonged stress, life events (divorce, finances, job loss, homelessness), exposure to suicide

Health:

- Mental health conditions, physical injury/ongoing pain, traumatic brain injury (TBI)

Historical:

- Previous attempts, family history, childhood abuse, neglect or trauma

Suicide Prevention: Protective Factors

Protective Factors

- Identifies reason for living
- Connection to family and friends
- Access to mental health care
- Religious/cultural beliefs that encourage life
- Future/goal oriented
- Engaged in work and school
- Strong distress tolerance

Suicide Prevention: Intervention Methods

Intervention Methods

1. Ask questions
2. Listen and support
 - Keep talking
3. Separation from lethal means
4. Encourage professional help
 - Decrease the stigma

Suicide Prevention: Education, Help, Resources

Walk the Talk America (WTTA) Mission Statement

Through formal education, outreach, and engagement with the mental health and firearms communities, Walk the Talk America aspires to reduce firearm suicides and other negative incidents associated with firearms ownership.

More information can be found by visiting:

Walkthetalkamerica.org



Suicide Prevention: Education, Help, Resources

Walk the Talk America (WTTA)

- WTTA is dedicated to bridging the gap between mental health and gun ownership.
- Partners with experts in the firearms and mental health industries.
- Breaks the negative stigmas around mental health for firearm owners.
- Trains mental health professionals for the 2A community.
- Operates a [national directory](#) of mental health professionals.
- Partners with Mental Health America to offer free, anonymous [mental health screenings](#).



[Resources](#)

Suicide Prevention: Education, Help, Resources

Resources and Safety Planning

- 988 is a crisis hotline
- 911 should be called if someone is in a life-threatening situation resulting from a suicide attempt (bleeding out, overdosing, not breathing)
- Local hospitals
- Primary care doctor
- Department of Health and Human Services
- Local counseling services – [SAMHSA treatment finder](#)

Suicide Prevention: Education, Help, Resources

Resources and Safety Planning

- [Mental Health America Screening](#)
- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [AFSP Risk and Protective Factors, and Warning Signs](#)
- [AFSP Talk Away the Dark](#)
- [Reduce Access Reduce Suicides](#)
- [National Alliance on Mental Health \(NAMI\) Statistics](#)

988 Suicide and Crisis Lifeline

The 988 Lifeline provides **24/7**, **free**, and **confidential** support to people in suicidal or emotional distress.

- A national network consisting of over 200 local crisis centers.
- Call 1-800-273-8255 (English) or 1-888-628-9454 (Spanish).
- When you call, a trained crisis worker will listen to and understand your problem, and they will provide support and helpful resources.
- To learn more, please visit 988lifeline.org/

The logo for the 988 Suicide & Crisis Lifeline is displayed within a dark blue rectangular box with a white border. The number "988" is written in a large, bold, white sans-serif font on the left. To its right, the words "SUICIDE & CRISIS" are stacked above the word "LIFELINE", both in a smaller, white, all-caps sans-serif font.

988 SUICIDE & CRISIS
LIFELINE

988 Suicide and Crisis Lifeline

988 Textline

- Text 988 on your mobile device, complete a short survey to inform the counselor about your situation.
- When you text, a trained crisis worker will listen to and understand your problem, and they will provide support and helpful resources.

The logo for the 988 Suicide & Crisis Lifeline is displayed within a dark blue rectangular box with a white border. The number "988" is written in a large, bold, white sans-serif font on the left. To its right, the words "SUICIDE & CRISIS" are stacked above the word "LIFELINE", both in a smaller, white, all-caps sans-serif font.

988 SUICIDE & CRISIS
LIFELINE

Active Shooter Identification

The FBI has compiled a list of observable behaviors displayed by active shooters from 2000 to 2013. The list includes people who experience or carry out the following:

- Leaking plans or ideas (56 percent)
- Reduced work (46 percent) or school (42 percent) performance
- Threatens or confronts others (35 percent)
- Anger and/or physical aggression (33 percent)

Active Shooter Identification

The FBI has compiled a list of observable behaviors displayed by active shooters from 2000 to 2013. The list includes people who experience or carry out the following:

- Unusual firearm behavior (21 percent)
- Violent media usage (19 percent)
- Drug (13 percent) and/or alcohol (10 percent) abuse
- Physical health (10 percent)
- Idolizing criminals (8 percent)
- Hygiene and appearance (3 percent)

[FBI Pre-Attack Behaviors of Active Shooters Quick Reference Guide](#)

Identifying a Potential Active Shooter

The FBI also compiled a list of grievances experienced by active shooters from 2000 to 2013.

- Adverse interpersonal action (33 percent)
- Adverse employment action (16 percent)
- General hatred (10 percent)
- Adverse government action (3 percent)
- Adverse financial action (3 percent)
- Hate crime (3 percent)
- Unknown / no grievance identified (21 percent)

[FBI Pre-Attack Behaviors of Active Shooters Quick Reference Guide](#)

Identifying a Potential Active Shooter

The Department of Homeland Security has compiled a list of ways to ensure safety for yourself and others.

- Be aware of drastic changes in attitudes
- Note any escalations in behavior and report it to the proper authorities
- Provide information to:
 - Aid in intervention
 - Mitigate potential risks
- Know when to Run, Hide, Fight

[Department of Homeland Security Active Shooter Attacks](#)

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Questions?

