



WELLNESS RESOURCES

for Community Health Workers/Representatives (CHW/Rs): What Follows from Witnessing or Responding to an Overdose

The Arizona Center for Rural Health (AzCRH), and Comprehensive Center for Pain and Addiction (CCPA), in collaboration with the Arizona Department of Health Services (ADHS) is implementing training and technical assistance for the Overdose to Data Action – State (OD2A-S) program. AzCRH & CCPA aim to create and deliver professional development content for clinicians, community health workers/representatives (CHW/Rs), and healthcare professionals. This tool is for CHW/Rs to share strategies for self-care after administering naloxone or witnessing an overdose.



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



AzCHOW
Arizona Community Health Workers Association

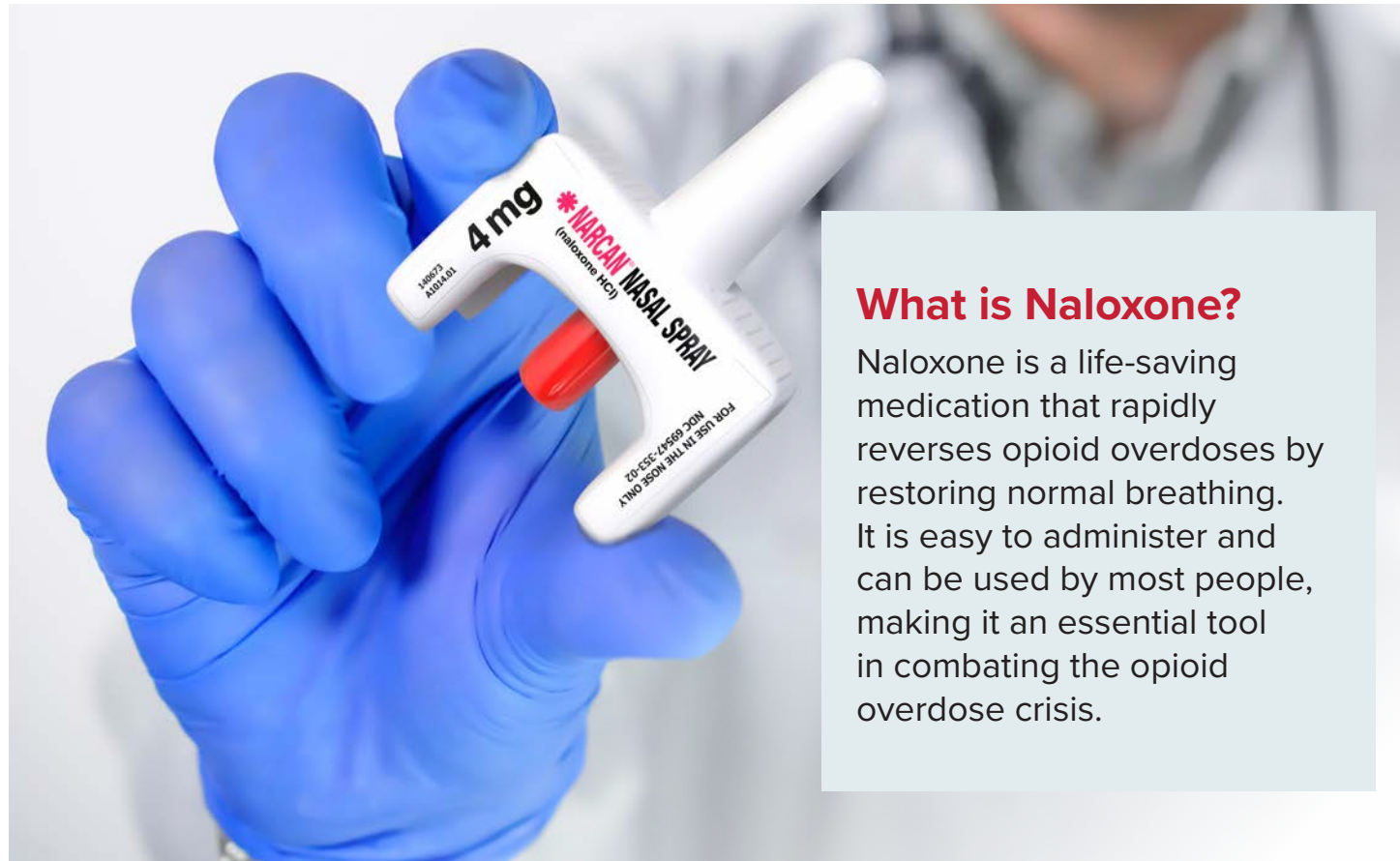


THE UNIVERSITY OF ARIZONA HEALTH SCIENCES
**Comprehensive Center
for Pain & Addiction**

Signs of an Opioid Overdose

Opioid overdoses can be identified by the following signs:^{1,2}

- ▶ **Unconsciousness or Inability to Awaken:** The person cannot be roused, and they may not respond to physical or verbal stimuli.
- ▶ **Slow or Shallow Breathing:** Breathing may be very slow, shallow, or stopped. There might be choking sounds or a gurgling/snoring noise.
- ▶ **Pinpoint Pupils:** The person's pupils will be very small and constricted.
- ▶ **Discolored Skin:** This may include blue or purple discoloration of the lips and nails.



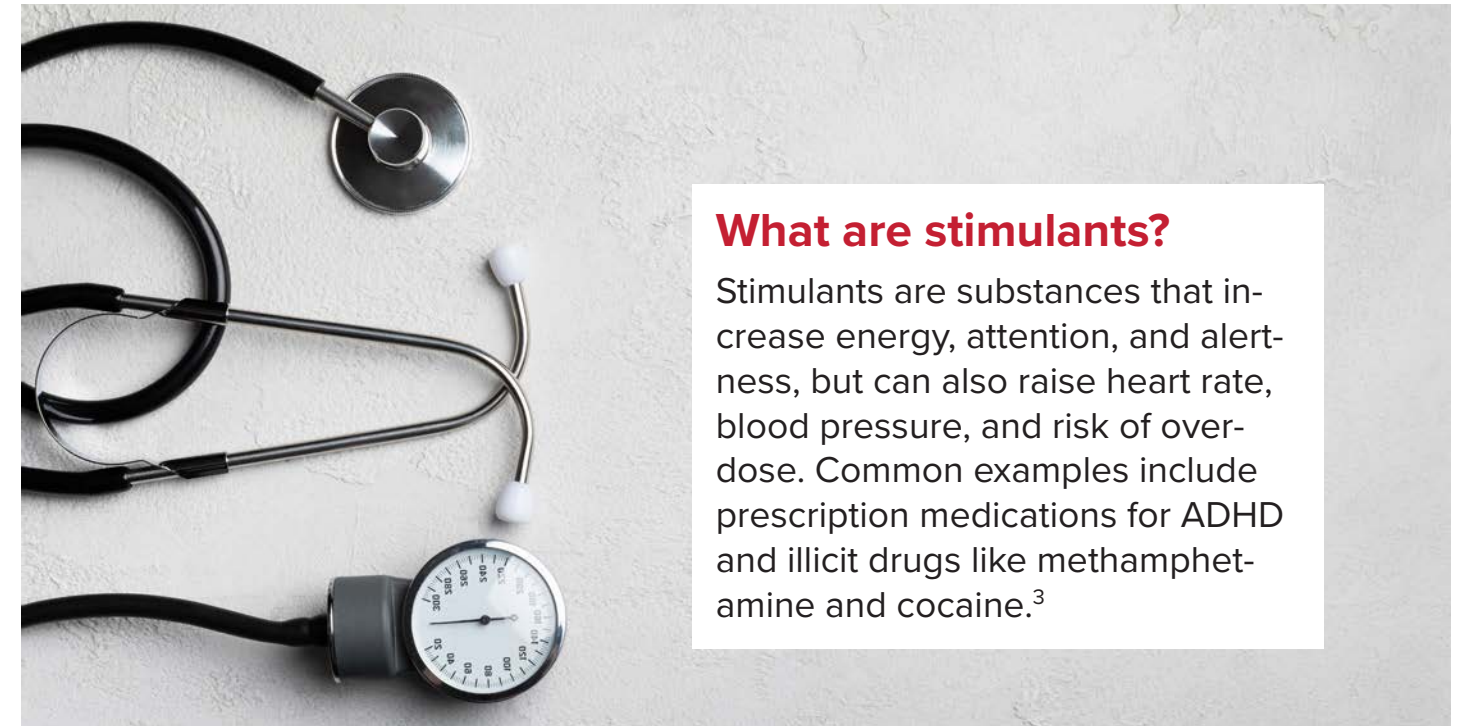
Legal and Organizational Support

Awareness of legal protections, such as Good Samaritan laws, reduces anxiety and increases confidence among healthcare workers administering naloxone.⁴

The Good Samaritan Law protects individuals who provide emergency assistance, such as administering naloxone, from legal liability. This encourages bystanders and community health workers to act without fear of legal repercussions. For more details, visit <https://www.azleg.gov/ars/13/03423.htm>

For more information, visit:

<https://www.safeproject.us/good-samaritan-laws/#arizona>



Signs of a Stimulant Overdose

Stimulant overdoses, while different from opioid overdoses, also present serious risks and can include the following symptoms:²

- ▶ **Agitation or Restlessness:** The person may be extremely anxious, restless, or agitated.
- ▶ **Chest Pain:** There may be severe chest pain or feelings of tightness.
- ▶ **Irregular Heartbeat:** Rapid or irregular heartbeats are common, potentially leading to cardiac arrest.
- ▶ **Seizures:** The person may experience seizures or severe muscle cramps.
- ▶ **High Body Temperature:** Overheating, excessive sweating, or hot, dry skin can occur.

While naloxone is available to reverse an opioid overdose, there is no medication to reverse a stimulant overdose.^{2,3}

If you suspect someone is experiencing a stimulant overdose:

- ▶ Call 9-1-1.
- ▶ Administer naloxone if you think the person may have also taken opioids,
- ▶ Keep the person safe and cool - reduce noise, touch, provide water, sports drink and/or cool washcloth and calming techniques (e.g., breathing).

Importance of Self-Care for CHW/Rs

Witnessing and/or responding to someone who is suspected of an overdose can be stressful and emotional. Your body has activated your stress response – a neurophysiological process that puts you into either fight, flight, fawn, or freeze mode. Once the initial emergency is over, it is important to calm this stress response. Over time, a dysregulated stress response can be harmful to your health. It is crucial for Community Health Workers/Representatives (CHW/Rs) to take care of their own mental and physical well-being to continue providing effective support to their communities.



Understanding the Stress Response: Fight, Flight, Freeze, and Fawn



Fight Response: This is the body's reaction to a threat. It prepares you to confront danger. Signs include a rush of adrenaline, increased heart rate, and muscle tension. This response can manifest as irritability, anger, or a readiness to confront.⁵ In the case of someone overdosing your response may have been to act and try to save someone's life.



Flight Response: This response triggers the urge to escape the threat. Physical signs include rapid breathing, increased heart rate, and a strong urge to run away or avoid the situation. This can result in behaviors like leaving a stressful environment or avoiding confrontation.⁶ In the case of someone overdosing your response may have been to get out of that situation. This could be for a variety of reasons and can come with a host of emotions.



Freeze Response: When neither fight nor flight seems viable, the body may enter a freeze state, effectively shutting down. This can involve feeling paralyzed, numb, or dissociated from the environment. It's common in situations where escape or confrontation is perceived as impossible.⁷ In the case of someone overdosing you may have been unable to move or respond. This can also come with a host of emotions.



Fawn Response: The fawn response involves attempting to appease the threat to avoid conflict. This often includes people-pleasing behaviors, difficulty saying no, and prioritizing others' needs over one's own. It can stem from trauma and is characterized by a need to keep peace at the cost of personal boundaries.⁸ In an overdose situation, a person exhibiting the fawn response might hesitate to call for help or administer naloxone out of fear of upsetting others or appeasing others demands for not taking action, focusing on keeping the peace rather than taking immediate action. They may also prioritize others' needs over their own safety to avoid conflict.

There is no right or wrong response. Based on the culmination of our life experiences, our bodies react in a way that helps keep us safe in the moment. Nevertheless, we tend to judge our responses sometimes unkindly. It's important to process the situation and accept that you responded in the best way possible.

Chronic Stress and Burnout

When the nervous system is constantly activated due to chronic stress, it can lead to significant physical and emotional wear and tear. Chronic activation of the stress response system results in the sustained release of stress hormones like cortisol and adrenaline. Over time, this continuous state of heightened alertness can lead to several negative health outcomes, including cardiovascular problems, weakened immune response, and mental health issues such as anxiety and depression.⁷

Burnout, a state of physical and emotional exhaustion, is a common consequence of chronic stress. It is particularly prevalent in high-stress professions where individuals are exposed to prolonged periods of overwork and insufficient support. Burnout is characterized by feelings of detachment, inefficacy, and reduced performance.⁹ The constant pressure and inability to recover adequately from stress can lead to a chronic state of exhaustion and diminished capacity to function effectively.¹⁰

In high-stress environments, the repeated activation of the **fight, flight, freeze, or fawn** responses without adequate recovery time can exacerbate the effects of chronic stress and contribute to burnout. This can be particularly detrimental in roles such as those of CHW/Rs, who may be continuously exposed to stressful situations and trauma.⁹



While these self-care strategies can be implemented at any time, here is a guide based on time following the emergency.

► Immediately after the emergency

► One day after the emergency

► One week after the emergency

► One month after the emergency and ongoing

Breathing and Relaxation Techniques:

Practice deep breathing exercises to calm the nervous system. Techniques such as diaphragmatic breathing, progressive muscle relaxation, and mindfulness can help manage acute stress responses. Research indicates that focused breathing exercises can reduce symptoms of anxiety and improve emotional regulation.¹¹

Connect with Others:

Reach out to family, friends, or colleagues to share your experiences and feelings. Connecting with others provides emotional support and can facilitate the processing of traumatic events. Social support networks are critical in the immediate aftermath of a disaster, as they can enhance resilience and reduce feelings of isolation.¹¹



Physical Activity:

Engage in light physical activities, such as walking or stretching, to help reduce tension and promote relaxation. Exercise is known to release endorphins, which can improve mood and alleviate stress.¹²

Limit Caffeine and Alcohol:

Avoid or limit caffeine and alcohol, as these substances can exacerbate anxiety and disrupt sleep patterns, further affecting emotional stability.¹³

Establish Routine:

Begin to reintroduce a daily routine that includes regular sleep, balanced meals, and physical activity. A structured routine can help stabilize mood and energy levels, fostering a sense of normalcy and control.¹³



Mindfulness and Meditation:

Incorporate mindfulness practices or meditation into your routine to help manage ongoing stress. These practices have been shown to improve emotional regulation and mental clarity, especially during recovery from trauma.^{11,12}



Seek Professional Help:

Consider seeking support from a mental health professional, especially if stress symptoms persist. Therapy or counseling can provide tailored strategies to manage trauma and build long-term resilience.¹¹

Continuous Check-ins:

Regularly assess your mental health and stress levels. Monitor your well-being, adjusting self-care strategies as needed. It's important to remain mindful of how stress is affecting you over time and to seek help when necessary.

Your Community and Support: Creating Your Pod

Pod Mapping, a framework by Mia Mingus (https://transformharm.org/resource_author/mia-mingus/), helps individuals identify and build networks of trusted support to effectively address and manage instances of violence, harm, and abuse within their communities. This tool emphasizes establishing concrete, dependable relationships that provide emotional and practical assistance during crises. You can build your pod, using this Pod and Pods Mapping Worksheet, here: <https://batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/>



Area	Suggested Self-Care Strategies	Ways to use your POD	Why it works
Debriefing Sessions	<p>Debriefing immediately after a critical incident, such as administering naloxone, can help reduce acute stress reactions and prevent long-term psychological consequences.¹⁴</p> <p>Regular debriefing sessions provide a platform for CHW/Rs to share their experiences and receive peer support, which can help in processing emotions and reducing stress.¹⁵</p>	<p>Immediate Emotional Support via Pods. CHW/Rs can use their pod system for immediate support. CHW/Rs can call or meet with their pod members right after administering Naloxone to talk through the experience, share emotions, receive encouragement and any other support needed.</p> <p>Guided Relaxation and Mindfulness Exercises. Either self-guided or facilitated by a peer or mental health professional, these exercises help reduce immediate stress and promote emotional regulation.¹⁶</p>	<p>Immediate support via pods and guided relaxation are part of debriefing. Together, they reduce stress and provide ongoing peer support for CHW/Rs.</p>
Access to Mental Health Resources and Emotional Support	<p>Access to professional counseling can significantly reduce symptoms of post-traumatic stress and burnout in healthcare workers.¹⁷</p> <p>Employee Assistance Programs (EAPs) have been shown to improve employees' mental health and productivity by providing confidential counseling and support services.¹⁸</p>	<p>Your pod might have recommendations on mental health resources that would fit your needs. Asking your pod for help is an act of bravery and commitment to self-care.</p> <p>Pod members can provide ongoing emotional support, helping CHW/Rs manage the cumulative stress of their work and preventing burnout. Regular conversations and check-ins are key.¹⁶</p>	<p>Access to counseling and EAPs, along with support from pod members, provides a comprehensive mental health support system. These resources reduce stress and burnout through professional and peer support.</p>
Training and Education	<p>Stress Management Workshops: Workshops focusing on stress management techniques, such as mindfulness and meditation, have been proven effective in reducing stress and improving overall well-being in healthcare workers.¹⁶</p> <p>Ongoing education and training in stress management can enhance resilience and coping mechanisms in healthcare providers.¹⁹</p>	<p>Check in with your pod about attending a free or low-cost workshop, class, or other educational activity to learn more about substance use and overdose.</p> <p>Colleagues and supervisors in the pod can offer professional advice and mentorship, helping CHW/Rs navigate challenging situations and improve their coping strategies.¹⁷</p>	<p>Workshops and training enhance coping skills and resilience. Pod support and mentorship integrate these learnings into daily practice, providing a comprehensive approach to managing stress and improving well-being.</p>
Physical Health Maintenance	<p>Regular physical activity is associated with lower levels of stress and improved mental health among healthcare workers.¹⁷</p> <p>A balanced diet supports physical health and can improve mood and energy levels, helping to manage stress more effectively.²⁰</p>	<p>Ask your pod if they want to meet at a local park, exercise class or health center to walk and talk. You and your pod can visit a local eatery, local farmers market or cook a meal together. You can ask your pod to help you cook a meal to better support.</p>	<p>Physical activity and a balanced diet improve stress management and mental health. Engaging in these activities with pod members provides social support, enhancing overall well-being.</p>
Creating a Supportive Work Environment	<p>Team-building activities foster a supportive work environment, enhancing social support and reducing stress among healthcare workers.²¹</p> <p>Recognition and Appreciation: Regular recognition of efforts and achievements boosts morale and reduces burnout in healthcare professionals.²²</p>	<p>Engaging your pod is excellent for this. Pod members can provide ongoing emotional support, helping CHW/Rs manage the cumulative stress of their work and preventing burnout. Regular conversations and check-ins are key.¹⁵</p>	<p>Team building and recognition activities reduce stress and burnout. Pod engagement supports these efforts by providing continuous emotional support and fostering a supportive work culture.</p>

Recommended Resources/Further Reading

American Psychological Association, 5 Quick Videos on Stress Management Tools

Tools for managing stress, including relaxation techniques, physical activity, social support, and structured routines. These tools are designed to help individuals develop healthier responses to stressors and improve overall well-being.

Here: <https://www.apa.org/topics/stress/manage-stress-tools>

Arizona Center for Rural Health, Overdose Data to Action – State (OD2A-S)

Focuses on reducing opioid-related harms through data-driven strategies and community interventions. The program collaborates with local health departments and organizations to enhance opioid surveillance, improve prevention efforts, and increase access to treatment and recovery resources.

Here: <https://crh.arizona.edu/od2a>

Arizona Community Health Workers Association

Offers resources and support for CHWs in Arizona. They provide training programs, professional development opportunities, and advocacy for the role of CHWs in improving community health.

Here: <https://www.azchow.org/copy-of-chw-resources>

Arizona Department of Health Services: Community Health Workers

Provides resources, training, and support for CHWs, emphasizing their role in chronic disease prevention and health promotion.

Here: <https://www.azdhs.gov/prevention/chronic-disease/community-health-workers/index.php>

Arizona Department of Health Services: Opioid Prevention

Offers resources and programs for opioid overdose prevention, including access to naloxone and educational materials on opioid safety.

Here: <https://www.azdhs.gov/opioid/naloxone/index.php>

Arizona Health Care Cost Containment System: Community Health Workers and Representatives (AHCCCS)

Supports CHW/Rs through training, certification, and resources aimed at enhancing healthcare delivery and community health outcomes.

Here: <https://www.azahcccs.gov/CHW>

Arizona Prevention Research Center

Focuses on improving public health through research, community engagement, and partnerships. Their initiatives include chronic disease prevention, health promotion, and community-based participatory research.

Here: <https://azprc.arizona.edu/>

Box Breathing Exercise: <https://www.youtube.com/watch?v=tEmt1Znux58>

Centers for Disease Control and Prevention (CDC)

Offers guidelines and best practices for naloxone administration, overdose response, and wellness resources for health workers.

Here: <https://www.cdc.gov/overdose-prevention/hcp/toolkits/naloxone.html>

Provides guidelines and best practices for stimulant safety, overdose prevention, and risk reduction.

Here: <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/CDC-Stimulant-Guide.pdf>

Stopoverdose.com Materials & Toolkits: <https://stop-overdose.org/resources/materials-and-toolkits/>

Opioid Assistance and Referral Line

Provides 24/7 free, confidential help with opioids from certified medical experts. 1-888-688-4222; <https://www.azdhs.gov/oarline/>

Pacific Southwest Rural Opioid Technical Assistance Region Center

Provides training and technical assistance on prevention, harm reduction, treatment and recovery. <https://psrota-r.org/>

Pod Mapping Worksheet. Bay Area Transformative Justice Collective by Mia Mingus

Here: <https://batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/>

Rural Health Information Hub

Contains toolkits and resources specifically designed for rural health workers dealing with opioid overdoses.

Here: <https://www.ruralhealthinfo.org/toolkits/substance-abuse>

Sonoran Prevention Works

Provides harm reduction supplies, education, and support to individuals and communities affected by drug use in Arizona. Their services include access to naloxone, safer drug use supplies, and advocacy.

Here: <https://spwaz.org/get-supplies/>

Team Awareness Combatting Overdose.

Provide education and resources on college campuses to prevent overdose.

Here: <https://www.tacoinc.org/>

Waterfall Relaxation Guided Meditation

Here: <https://www.youtube.com/watch?v=WBYYFbSt-fHM>

AHEAD Self-Care Practice

Everyday tools and tips for health and well-being.

Here: <https://crh.arizona.edu/ahead-available-resources> (Scroll to bottom of page)

References

- Centers for Disease Control and Prevention. Preventing an opioid overdose: Know the signs. Save a life. Published October 9, 2023. Accessed August 1, 2024. <https://www.cdc.gov/ore/search/pages/preventing-an-opioid-overdose-tip-card-a.html>
- Substance Abuse and Mental Health Services Administration. Opioid overdose prevention toolkit. Accessed August 1, 2024. <https://www.samhsa.gov/resource/ebp/overdose-prevention-response-toolkit>
- Centers for Disease Control and Prevention. Preventing Stimulant Overdose: A Stimulant Safety Guide. Published March 2024. Accessed October 1, 2024. <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/CDC-Stimulant-Guide.pdf>
- Kim HK, Nelson LS. Reducing the harm of opioid overdose with the safe use of naloxone: A pharmacologic review. Expert Opinion on Drug Safety. 2019;17(7):1137-1146. doi: 10.1080/14740338.2019.1637508.
- Gray JA, McNaughton N. The Neuropsychology of Anxiety: An Enquiry into the Function of the Septo-Hippocampal System. Oxford University Press; 2000.
- Kendler KS. Setting boundaries for psychiatric disorders. American Journal of Psychiatry. 1999;156(12):1845-1848.
- McGuire MT, Troisi A. Evolutionary biology and psychiatry. In: Sadock BJ, Sadock VA, eds. Comprehensive Textbook of Psychiatry. 8th ed. Lippincott Williams & Wilkins; 2000:484-491.
- Heym N, Ferguson E, Lawrence C. An evaluation of the relationship between Gray's revised RST and Eysenck's PEN: Distinguishing BIS and FFFS in Carver and White's BIS/BAS scales. Personality and Individual Differences. 2008;45(8):709-715.
- Hillert A, Albrecht A, Voderholzer U. The burnout phenomenon: A résumé after more than 15,000 scientific publications. Front Psychiatry. 2020; 11:519237. doi:10.3389/fpsy.2020.519237.
- Gewin V. Pandemic burnout is rampant in academia. Nature. 2021;591(7850):489-491. doi:10.1038/d41586-021-00663-2.
- Substance Abuse and Mental Health Services Administration. A Guide to Managing Stress for Disaster Responders and First Responders. Publication No. PEP22-01-01-003. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; 2022. Available from: <https://store.samhsa.gov>
- American Psychological Association. The Road to Resilience. Accessed August 1, 2024. <https://www.apa.org/topics/resilience>
- Centers for Disease Control and Prevention. Coping with a Traumatic Event. Accessed August 1, 2024. <https://emergency.cdc.gov>
- Everly GS, Mitchell JT. The debriefing "controversy" and crisis intervention: A review of lexical and substantive issues. Int J Emerg Ment Health. 2000;2(4):211-225.
- Tuckey MR, Scott JE. Group critical incident stress debriefing with emergency services personnel: a randomized controlled trial. Anxiety Stress Coping. 2014;27(1):38-54. doi: 10.1080/10615806.2013.809421.
- Goyal M, Singh S, Sibinga EM, et al. Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. JAMA Internal Medicine. 2014;174(3):357-368. doi: 10.1001/jamainternmed.2013.13018.
- Cieslak R, Shoji K, Douglas A, Melville E, Luszczynska A, Benight CC. A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. Psychological Services. 2014;11(1):75. doi: 10.1037/a0033798.
- Attridge M. Employee assistance programs: A research-based primer. J Employee Assist. 2010;40(1):18-22.
- Ameli R, Sinaii N, West CP, et al. Effect of a brief mindfulness-based program on stress in health care professionals at a US biomedical research hospital: A randomized clinical trial. JAMA New Open. 2020;3(8): e201324. doi:10.1001/jamanet-workopen.2020.13424
- Jacka FN, Mykletun A, Berk M, Bjelland I, Tell GS. The association between habitual diet quality and the common mental disorders in community-dwelling adults: the Hordaland Health Study. Psychosomatic Medicine. 2014;73(5):483-490. doi: 10.1097/PSY.0b013e318222831a.
- West MA, Patera JL, Carsten MK. Team level positivity: Investigating positive psychological capacities and team level outcomes. Journal of Organizational Behavior. 2012;30(2):249-267. doi: 10.1002/job.593.
- Salyers MP, Hudson C, Morse G, et al. BREATHE: A pilot study of a one-day retreat to reduce burnout among mental health professionals. Psychiatry Serv. 2017;62(2):214-217. doi: 10.1176/PS.62.2.PSS6202_0214.
- Centers for Disease Control and Prevention. A Stimulant Guide: Answers to Emerging Questions about Stimulants in the Context of the Overdose Epidemic in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022.



Suggested Citation: Mendivil E, Garn, A, SantaMaria B. Murphy BS, Overdose Data to Action Wellness Resources for Community Health Workers/Representatives (CHW/Rs) After Administering Naloxone or Witnessing an Overdose. Tucson, AZ: University of Arizona Center for Rural Health; October 1, 2024.

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

This work was supported by Grant number CDC-RFA-CE19-1904 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Medical disclaimer: The information on this wellness resource is designed for educational purposes only. The information does not substitute, nor does it replace, the advice of a medical professional, including diagnosis or treatment. Always seek guidance of a qualified health professional with questions you may have regarding an medical condition. Naloxone can and should be administered if you think someone is overdosing.



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



THE UNIVERSITY OF ARIZONA HEALTH SCIENCES
**Comprehensive Center
for Pain & Addiction**