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Disaster Behavioral Health First Aid Specialist Training for Responders

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Disaster Behavioral Health First Aid Specialist Training for Responders

RFAST
Course Overview
The FAST Foundations course is a prerequisite for R-FAST.

This course will build on the concepts taught in FAST Foundations.
About This Course

• Essential awareness, knowledge, and skills to promote behavioral health and wellness through individual and team approaches for preventing, mitigating, and managing disaster worker stress and for developing disaster stress resistance and resilience to the negative effects of critical incident stress exposure.

• Fundamentals of Psychological First Aid
• Psychological First Aid: Field Operations Guide (2nd Edition)

The *Psychological first aid: Field operations guide* (2nd ed.) is used with the authors’ permission.
Target Audience

- **Primary:**
  - Florida Department of Health employees
  - Federally Qualified Health Center staff

- **Secondary:**
  - Disaster response workers and volunteers
  - First responders
  - Health care and mental health professionals
Core Competencies Addressed in this Course

• Public Health Professionals
  – Communication Skills
  – Cultural Competency Skills
  – Leadership and Systems Thinking Skills

• Public Health Preparedness and Response Core Competencies

(Source: CDC/ASPH, 2010)
Learning Objectives

At the conclusion of this training program, you will have:

**Objective 1.** Knowledge of critical incident stress, individual risk and resiliency factors, mild or typical distress reactions and potentially incapacitating stress reactions, and stress-related disorders and syndromes affecting disaster response workers.

**Objective 2.** Awareness of the occupational stress and stressors associated with disaster response work.

Objective 4. Awareness of one’s own personal and professional risk and readiness for engaging in disaster response work.

Objective 5. Awareness of personal and organizational strategies for promoting behavioral health in disaster response workers and response team members.
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Disaster Response Worker Stress Awareness: Stress, Stressors, Signs, Symptoms, and Syndromes
Stress
The Stress Cycle

Stimulus (Stressor)

Appraisal of Threat

Response (Reactions)
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The Stimulus or Stressor

Critical Incidents and Disasters
Stressor

• “A **stimulus** that causes, evokes, or is otherwise strongly associated with the stress response.”
  (Source: Mitchell & Everly, 2003, p. 35)

• “**Events** or conditions that may cause physiological and behavioral **reactions** and present **coping** difficulties for the individual experiencing them.”
  (Source: National Institute of Mental Health, 2002, p. 27)
Critical Incident as Stressor

• “Any stressful event that challenges one’s ability to cope and adapt.”
• May affect individuals or communities.

(Source: CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
Critical Incident: Examples

- Disasters
- War
- Traffic accident
- Divorce
- Other???
Disaster as a Critical Incident

- A disaster is a critical incident that affects a whole **community** or communities and causes massive, **widespread**, and **collective stress** and human suffering that requires **assistance** to alleviate.

- Major classifications of disaster:
  - Naturally-occurring
  - Human-caused or technological
  - Pandemic
Disasters: Naturally-Occurring vs. Human-Caused

“All other things being equal, human-caused disasters are believed to have more serious consequences than natural disasters for survivors’ mental health.”

(Source: CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
• The psychological issues resulting from a pandemic event are more similar to a human CAUSED OR TECHNOLOGICAL DISASTER (E.G., LEARNING THAT YOU LIVE ON OR NEAR A HAZARDOUS WASTE SITE) THAN TO A NATURAL DISASTER (E.G., HURRICANE).

• Note: Both technological disasters and pandemic events pose unique stresses that may make it harder for disaster workers and survivors to adapt.
Disaster Response
Work-Related Stressors

Physical/Environmental; Cognitive; Emotional; Organizational/Operational
Disaster Response Work-Related Stressors: Physical or Environmental

- Dehydration
- Hunger
- Extreme fatigue, exhaustion
- Inadequate housing
- Exposure to unpredictable physical danger
- Direct threat to personal safety
- Exposure to toxic agents, environmental hazards, contaminants
- Extreme weather conditions (e.g., excessive heat, cold)
- Exposure to violence
- Long hours, erratic work schedules, minimal rest breaks
- Cross cultural differences between workers and community

(Sources: Young, Ford, Ruzek, et al., n.d.; Centers for Disease Control and Prevention, 2005)
Disaster Response Work-Related Stressors: Cognitive

- Discomfort with hazardous exposure
- Over-identification with victims or survivors
- Time pressures
- High workload intensity
- Role ambiguity
- Lack of preparedness, training, clarity of tasking
- Mismatching of skills with tasks
- Lack of or too much autonomy
- Difficult choices or decisions
- Perceived mission failure

(Sources: Young, Ford, Ruzek, et al., n.d.; Centers for Disease Control and Prevention, 2005)
Disaster Response Work-Related Stressors: Emotional

- Encounter with mass death, injury, or suffering
- **Repeated exposure** to deceased, injured, or suffering
- **Separation** from loved ones
- Inability to protect or connect with loved ones
- **Personal loss** caused by disaster

(Sources: Young, Ford, Ruzek, et al., n.d.; Centers for Disease Control and Prevention, 2005)
Disaster Response Work-Related Stressors: Organizational/Operational

- Inter-agency/Intra-organizational struggles over authority
- Command and control ambiguities
- Perception of low-control
- Insufficient resources, equipment shortages
- Equipment failure
- Communication breakdowns/Ineffective communication
- Intense local needs for information (e.g., media, health officials) that cannot await clearance delay
- Lack of team cohesion
- Re-integration barriers
- Negative perception by community

(Sources: Young, Ford, Ruzek, et al., n.d.; Centers for Disease Control and Prevention, 2005)
Disaster Response Work-Related Stressors: Pandemic Disease

- Feeling overwhelmed by the number of ill or the magnitude of suffering
- Fear of exposure or contagion
- If exposed or possibly exposed, worry and uncertainty regarding future health effects
- Feelings of not being able to help enough
- Being unable to help or save a loved one, friend, child, or co-worker

(Sources: Young, Ford, Ruzek, et al., n.d.; Centers for Disease Control and Prevention, 2005)
Stress

Principles and Types
Stress

• Stress is a normal reaction to a threat or a disturbing change in the environment (stressor) that produces both physiological and psychological responses.

• It occurs when any demand is placed upon the body.
Stress Principles

Stress is...

• Normal (automatic, physical reaction)
• Necessary (survival, developmental, growth)
• Identifiable (responses, reactions, signs, symptoms)
• Preventable (avoidable)
• Manageable
• Motivator
Stress Types

- Eustress vs. Distress
- Acute Stress vs. Chronic Stress
- Cumulative Stress
- Compassion Stress
- Second-hand Stress
- Critical Incident Stress or Traumatic (Incident) Stress
  - Primary Traumatic Stress
  - Secondary Traumatic Stress
Critical Incident Stress or Traumatic (Incident) Stress

- Stress that is characterized by emotional, behavioral, and/or physiological reactions that occur when individuals are directly exposed to disasters or other traumatic events and/or to individuals who have been adversely affected by trauma (indirect exposure), and then become overwhelmed or adversely affected by this exposure.
Primary Traumatic Stress

- Primary traumatic stress affects individuals and communities that are directly exposed to the elements of the critical incident.

Source: http://orgccommunity.adventistnw.org/disaster
Secondary Traumatic Stress

Secondary traumatic stress is …

- an indirect exposure to the critical incident; and
- “a potential effect of exposure to [those] individuals who have been adversely affected by traumatic stressors.”

(Source: CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
Disaster Response Worker Stress: Factors and Determinants

- Response worker
- Individual features and risk and protective factors
Response Worker Individual Factors

- Age
- Gender
- Behavioral, mental, and physical health status
- Socioeconomic status
- Relationship status
- Personality characteristics and attitude
- World view, subjective interpretation, cognitive appraisal, perception
- Presence of pre-existing or secondary stress

(Sources: Centers for Disease Control and Prevention, 2005; Norris, 2005)
Response Worker
Individual Determinants

Degree of:
• Personal impact and exposure to the event
• Personal injury, illness, life threat
• Personal loss
• Resources (personal “toolbox”)
• Social support
• Stress resistance and resilience
• Education and training
• Preparedness
• Previous disaster or trauma experience

(Sources: Centers for Disease Control and Prevention, 2005; Norris, 2005)
Response Worker Risk Factors

- Severe exposure to the disaster resulting in injury, threat to life, extreme loss
- Living in a highly disrupted or traumatized community
- Ethnic minority group membership
- Poverty or low socioeconomic status
- Female gender
- Presence of dependent children in the home
- Middle-aged (40 to 60 years old)
- Little previous experience or training in coping with the disaster
- Psychiatric history
- Secondary stress
- Weak or deteriorating psychosocial resources
- Low self-esteem

(Sources: Centers for Disease Control and Prevention, 2005; Norris, 2005)
Resilience/Protective Factors

• Preparedness: prior experience, education, and training
• Limited or reduced exposure to trauma
• Successful mastery of previous trauma experience
• Realistic expectations
• Stress management education
• High degree of social support and resources
• Ability to tell trauma narrative or disaster story
• Optimistic or positive attitude, beliefs, behaviors, world-view
• Active and problem-focused adaptive coping
• Sense of mastery or perceived control
• Sense of humor
• Self-monitoring and self-awareness
• Self-caring
• High self-esteem

(Sources: Centers for Disease Control and Prevention, 2005; Norris, 2005)
Activity: Learning Check-In

• Time: 10 minutes

• Tasks:
  
  ➢ For the 4 items on the following slide, read each question and provide a complete response.

  ➢ If you need help, go to the previous slides and review the information to answer each item.
Study Questions

1. What occupational stressors are associated with disaster response work?
2. What emotional stressors are associated with disaster response work?
3. What cognitive stressors are associated with disaster response work?
4. What protective factors promote a disaster response worker’s resilience to stress?
Stress Response and Reactions

Signs and Symptoms
The Stress Response

• The stress response is a normal reaction that leads to an increase in arousal and the ability to deal with threat.
  (Source: Agency for Toxic Substances and Disease Registry, 2005)

• It is the “nonspecific response of the body to any demand.” (Source: Mitchell and Everly, 2003, p. 35)

• Stimulus or Stressor → Appraisal of Threat → Response

• Fight/Flight/Freeze/Faint
Stress Response

Stimulus (Stressor) $\rightarrow$ Appraisal of Threat $\rightarrow$ Response

(Source: Agency for Toxic Substances and Disease Registry, 2005)
<table>
<thead>
<tr>
<th>ORGAN OR FUNCTION</th>
<th>FIGHT/FLIGHT (Sympathetic Nervous System)</th>
<th>REST/RELAXATION (Parasympathetic Nervous System)</th>
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</thead>
<tbody>
<tr>
<td>Heart Rate</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Peripheral Arteries / Deep Arteries</td>
<td>↓ ↑</td>
<td>↑</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Blood Sugar</td>
<td>↑</td>
<td>------</td>
</tr>
<tr>
<td>Respiration Rate</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Gastrointestinal Activity</td>
<td>↓ ↑</td>
<td>↑</td>
</tr>
<tr>
<td>Sweat Glands</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Pupils</td>
<td>↑</td>
<td>↓</td>
</tr>
</tbody>
</table>
The Stress Reaction

- The stress reaction is physiological, cognitive, emotional, and behavioral responses to stressors.
- Note: How we *perceive* an event (+ / -) is more predictive of our response to the stressor than the event itself.
# Stress Reaction Phases

<table>
<thead>
<tr>
<th>Disaster Stage</th>
<th>Reaction Phase</th>
<th>Duration</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Impact               | Acute          | Minutes/Hours/Days  | ➢ Triggers the fight/flight/freeze response  
➢ Wide range of reactions (minimal to severe)                                                                                       |
| Immediate Post-
Disaster | Reaction       | 1 Week – 6 Weeks    | ➢ Delayed, repressed, and/or denied feelings surface  
➢ Feelings may be very intense and overwhelming                                                                                   |
| Post-Disaster        | Repair         | 1 Month – 6 Months  | ➢ Responses are similar to the reaction phase, but less intense  
➢ Healing, coping, and recovery begin  
➢ A prolonged period of adjustment or return to equilibrium                                                                         |
| Recovery             | Recovery       | > 6 Months          | ➢ Reactions are diminished or nonexistent  
➢ The survivor has recovered from the event and is resilient to future events                                                            |

(Source: International Federation of Red Cross and Red Crescent Societies, 2001)

*Note: The gradual transition from one phase to another depends on the duration and the severity of an earlier phase.*
### Mild Stress Reactions: Emotional

- Fear
- Anger
- Anxiety
- Agitation
- Irritability
- Overwhelmed
- Disbelief
- Apprehension
- Guilt
- Sadness
- Depression
- Hopelessness

- Despair
- Helplessness
- Loss of control
- Sense of failure
- Denial
- Dissociation
- Loss of pleasure
- Emotional numbing
- Resentful
- Potential for harm to self or others

(Source: Centers for Disease Control and Prevention, 2005; Agency for Toxic Substances and Disease Registry, 2005)
Mild Stress Reactions: Cognitive

- Impaired concentration, decision-making, problem-solving, memory
- Indecisiveness
- Confusion
- Disorientation
- Distortion of sense of time or reality
- Intrusive thoughts or memories
- Decreased self-esteem
- Self-blame or doubt

- Sensory re-living, re-experiencing
- Distraction, pre-occupation
- Dreams or nightmares
- Hyper-vigilance
- Suspiciousness
- Mistrust
- Blaming
- Psychic numbing
- Hyper-alertness

(Sources: Centers for Disease Control and Prevention, 2005; Agency for Toxic Substances and Disease Registry, 2005)
Mild Stress Reactions: Physical

- Fatigue
- Sleep disturbance
- Hyper-arousal
- Somatic complaints
- Nonspecific aches or pains
- Headaches
- Gastrointestinal upset
- Visual difficulties
- Fine motor tremors, tics
- Profuse sweating, chills
- Dizziness, light-headedness, fainting
- Heart palpitations, rapid heart rate
- Teeth grinding, clenching jaw
- Jumpiness, uneasiness
- Hyperventilation
- Chest pain
- Difficulty breathing
- Thirst
- Sensory impairment

(Sources: Centers for Disease Control and Prevention, 2005; Agency for Toxic Substances and Disease Registry, 2005)
Mild Stress Reactions: Behavioral

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<th>Behavioral Reactions</th>
<th>Emotional Reactions</th>
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<td>Social withdrawal, isolation</td>
<td>Emotional outbursts</td>
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<tr>
<td>Excessive silence</td>
<td>Inability to rest</td>
</tr>
<tr>
<td>Increased relationship stress</td>
<td>Change in speech patterns</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Change in sexual functioning</td>
</tr>
<tr>
<td>Vocational impairment</td>
<td>Change in appetite</td>
</tr>
<tr>
<td>Aggression</td>
<td>Incapacity to disengage from response efforts</td>
</tr>
<tr>
<td>Identification stress</td>
<td>Reluctance to leave until the work is finished</td>
</tr>
<tr>
<td>Feeling tainted by death</td>
<td>Refusal to follow orders</td>
</tr>
<tr>
<td>Inappropriate humor</td>
<td>Deny need for rest or recovery time</td>
</tr>
<tr>
<td>Increased smoking</td>
<td>Attempt to override stress or fatigue with dedication/commitment</td>
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<td>Pacing</td>
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<td>Impulsiveness</td>
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<td>Risk-taking behaviors</td>
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</table>

(Sources: Centers for Disease Control and Prevention, 2005; Agency for Toxic Substances and Disease Registry, 2005)
Potentially Incapacitating Distress Reactions

- Prolonged dissociation
- Reoccurring dreams or nightmares
- Persistent memory disturbances
- Persistent intrusive recollections of the trauma, flashbacks
- Suicidal/Homicidal thoughts
- Persistent sense of failure
- Phobia formation
- Resurgence of prior traumatic experiences
- Increased use of drugs or alcohol

- Inability to maintain objectivity
- Persistent fear, anxiety, or depression
- Hyper-arousal/Vigilance
- Extreme emotional numbing
- Inappropriate reactions to trauma triggers
- Burnout or compassion fatigue
- Chronic tardiness
- Increased absenteeism
- Unable to let down when off duty
- Inability/Refusal to follow orders
- Refusal to leave the scene

(Sources: Centers for Disease Control and Prevention, 2005; Agency for Toxic Substances and Disease Registry, 2005)
Disaster Response Worker Stress-Related Conditions, Disorders, and Syndromes
Stress Symptoms: Categories by Occurrence

- Distress Reactions
  - Examples: Insomnia, Sense of vulnerability

- Behavioral Changes
  - Examples: Change in sleep patterns, Smoking, Alcohol / Drug use

- Disorders/Syndromes
  - Examples: PTSD, Major depression, Anxiety disorders
Disaster Response Worker Stress: Related Conditions

- Major depression
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Burnout
- Compassion Fatigue
- Substance abuse
- Panic disorder or attacks
- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Adjustment disorder
- Bereavement complications
- Eating disorders
- Sleep disorders
- Sexual dysfunction
- Hyperchondricism
- Erratic work-related behavior
Vicarious Traumatization

- Vicarious traumatization is “The transmission of traumatic stress to responders by observing and/or listening to the stories of traumatic events.”
  (Source: McCann & Pearlman, 1990)

- It results when a responder's primary traumas are revisited due to the sights, sounds, stories, or issues raised by survivors.
  (Source: Young, 2004)
Burnout

Burnout is
“The chronic conditions of one’s perceived demands outweighing one’s perceived resources.”

(Source: Gentry & Baranowsky, 1998)
Burnout: Quiz

- Do you tire more easily?
- Do you feel fatigued rather than energetic?
- Are you working harder and accomplishing less?
- Are you increasingly cynical and disenchanted?
- Are you often invaded by a sadness you can’t explain?
- Are you forgetting things like appointments and deadlines?
- Are you increasingly irritable?
- Are you more short-tempered?
- Are you more disappointed in the people around you?
- Are you too busy to do routine things, like make phone calls?
- Are you suffering from physical complaints in the absence of illness (e.g., aches, pains, headaches)?
- Is joy elusive?
Compassion Fatigue

Compassion fatigue is “the convergence of primary traumatic stress, secondary traumatic stress, and cumulative stress or burnout in the lives of responders and other helping professionals.”

(Source: Gentry, 2001)
Stress Disorders: Acute vs. Post Traumatic

• Acute stress disorder is “A condition requiring the presence of serious dissociative, re-experiencing, and arousal symptoms and functional impairment that occurs within one month of exposure to a traumatic stressor and lasts for a minimum of two days and a maximum of four weeks.” (< 30 days)

• Post traumatic stress disorder is the presence of serious re-experiencing, avoidance, and increased arousal symptoms and functional impairment that occurs for greater than one month. (≥ 30 days)

(Source: CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
Disaster Response Worker Stress Management: Resistance, Resilience, and Recovery
Steps to Managing Stress

1. Know **WHEN** you have stress.
2. Know **WHERE** the stress is coming from.
3. Know **WHY** something is stressful.
4. Decide **HOW** you can resist, reduce, cope with the stress.

(Source: www.dnd.ca/health/services/health_promotion/engraph/stress_talk_mod1_e.asp)
Activity: Learning Check-In

• Time: 10 minutes
• Tasks:
  ➢ For the 4 items on the following slide, read each question and provide a complete response.
  ➢ If you need help, go to the previous slides and review the information to answer each item.
1. What are some of the risk factors that may impact a response worker’s response to stress?

2. What are some of the emotional reactions response workers may experience after exposure to stress?

3. What are some of the potentially incapacitating distress reactions response workers may experience after exposure to stress?

4. What are the 4 steps to managing stress?
## Disaster Response Worker Stress Management

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<th>Emergency Management Phases</th>
<th>Stress Management Phases</th>
<th>Stress Management Goals</th>
<th>Stress Management Methods</th>
<th>Response Worker Approaches</th>
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<td>Prevention</td>
<td>Resistance</td>
<td>➢ Prevention</td>
<td>➢ Self-Care</td>
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<td></td>
<td>➢ Avoidance</td>
<td>➢ Team-Care</td>
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<tr>
<td>Event</td>
<td>Response</td>
<td>Mitigation</td>
<td>Resilience</td>
<td>➢ Reduction</td>
<td>➢ Self-Care</td>
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<td></td>
<td></td>
<td>➢ Team-Care</td>
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<td>Post-Event</td>
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<td>Management</td>
<td>Recovery/Coping</td>
<td>➢ Re-Appraisal</td>
<td>➢ Self-Care</td>
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<td>➢ Re-Integration</td>
<td>➢ Team-Care</td>
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<td>➢ Tolerance</td>
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<td></td>
<td>➢ Removal</td>
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</table>
Prevention Phase:
Stress Resistance Techniques

- Practice good self-care
- Perform self-assessment, self-awareness, and monitoring of stress
- Manage pre-existing stress
- Practice stress relaxation techniques
- Eat healthy and nutritious foods
- Engage in regular, physical exercise
- Rest
- Engage in personal and family preparedness activities
- Conduct pre-assignment planning/managing of personal resources/contingency planning
- Seek sense of purpose and meaning
- Participate in education and training opportunities/drills

(Sources: American Psychological Association, n.d.; New South Wales Health, 2000)
Mitigation Phase: Stress Resilience Techniques

- Give and receive social support (reach out to others)
- Work with a partner (the “buddy system”)
- Monitor signs of distress and fatigue
- Take regular rest breaks
- Maintain proper water hydration
- Eat high protein foods
- Avoid caffeine, alcohol, and sugar
- Attend operational orientations, briefings, and demobilization activities

(Sources: American Psychological Association, n.d.; New South Wales Health, 2000)
Mitigation Phase: Stress Resilience Techniques

- Participate in behavioral health promotion activities
- Practice stress relaxation and management techniques
- Tolerate uncertainty without resorting to impulsive action
- Practice meditation or other spiritual activities
- Keep a journal
- Defuse regularly with team mates or peers
- Share your disaster narrative with supportive others
- Contact loved ones and supportive others

(Sources: American Psychological Association, n.d.; New South Wales Health, 2000)
Stress Management: Coping Techniques

- Re-establish connections with social supports
- Participate in crisis intervention and behavioral health promotion services and activities
- Participate in stress management techniques
- Return to routine activities, as soon as possible
- Take time to process the event
- Find meaning and purpose in disaster response work
- Express gratitude to those who covered your responsibilities while on assignment
- Share disaster experience with supportive others
- Journal

(Sources: American Psychological Association, n.d.; New South Wales Health, 2000)
Activity: Identifying Coping Strategies

• Time: 10 minutes
• Tasks:
  ➢ Complete the steps on the following slide to assess your strategies for coping with stress; and adaptive or positive coping strategies you want to use in the future.
1. Recall strategies or things you do to help you manage stress and record your responses.

2. Review the list and identify positive or adaptive stress management activities and behaviors.

3. Place a check mark next to the positive or adaptive strategies.

4. Consider your coping style and how you adaptive your coping strategies are.

5. List positive or adaptive coping strategies you do not currently use that you would like to use in the future.
Stress Management Technique Practice: Diaphragmatic Deep Breathing and Progressive Muscle Relaxation
Stress Management Technique Practice: Guided Visualization
Activity: Stress Management Strategies

• Time: 15 minutes
• Tasks:
  ➢ Review the techniques presented on the two previous slides.
  ➢ Assume a comfortable position.
  ➢ Practice the techniques reviewed in the two previous slides.
• Techniques:
  ➢ Diaphragmatic Deep Breathing
  ➢ Progressive Muscle Relaxation
  ➢ Guided Visualization
Disaster Response Worker Behavioral Health Promotion: Self-Care and Team-Care
Behavioral Health Preparedness

Behavioral health preparedness is the use of “preventive and remedial efforts to assist disaster survivors including rescue workers, first responders and first receivers, who may or who might otherwise experience acute and/or chronic psychological difficulties as a result of a disaster.”

(Source: CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
Self-Care
Self-Care

• Self-care is a full range of activities performed independently by an individual to promote and maintain personal health and wellness.

• Activities include:
  ➢ Lifestyle changes
  ➢ Adaptive behaviors
  ➢ Educational initiatives
Self-Care Activities: During Response Work (Event)

- Manage personal resources
- Plan for family/home safety and care
- Get adequate exercise, nutrition, and relaxation
- Take rest breaks
- Self-monitor and pace efforts
- Maintain boundaries: delegate, say “no”, avoid working with too many survivors in a given shift
- Perform regular check-ins with supportive others
- Work with partners or in teams “buddy system”
- Utilize regular peer consultation and supervision
- Try to be flexible, patient, and tolerant
- Accept that you cannot change everything

Self-Care Activities: After Response Work (Post-Event)

- Pay extra attention to rekindling close interpersonal relationships
- Seek out and give and receive social support
- Check-in with other relief colleagues to discuss relief work
- Schedule time for a vacation or gradual reintegration into your normal life
- Resume normal routine as soon as possible
- Increase leisure activities, stress management, and exercise
- Pay extra attention to health and nutrition
- Practice good sleep routines

Self-Care Activities:  
After Response Work (Post-Event)  Cont.

• Find things that you enjoy or make you laugh  
• Increase experiences that have spiritual or philosophical meaning to you  
• Make time for self-reflection  
• Keep a journal to get worries off your mind  
• Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time  
• Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks

(Adapted with permission from National Child Traumatic Stress Network and National Center for PTSD,  
Avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs
- Making any big life changes for at least a month
- Negatively assessing your contribution to relief work
- Worrying about readjusting

Activity: Disaster Responder Personal Self-Care Plan

• Time: 10 minutes

• Tasks:
  ➢ Review the disaster response worker self-care activities on the previous slides.
  ➢ Apply disaster response worker self-care activities to develop an individualized self-care plan for promoting personal behavioral health at each stage of disaster response.
Team-Care
Team-Care

• A full range of activities initiated and supported by disaster response organizations and agencies to promote and maintain team member health and wellness during each stage of disaster.

• Activities include:
  ➢ Educational and training initiatives
  ➢ Behavioral health services and resources
  ➢ Recognition ceremonies and memorials
Team-Care Activities: Before Response Work (Pre-Event)

- Establish credible and competent leadership
- Provide anticipatory guidance
- Set appropriate expectations
- Provide realistic training/drills/exercises
- Establish team identification with a common purpose/goal/higher ideal
- Provide stress management training
- Offer family support
- Conduct team orientations/trainings/meetings to keep team members informed of plans/tasks/roles/responsibilities/expectations
- Encourage team preparedness/readiness/contingency planning (e.g., personal and family)

(Source: Adapted from Kaminsky, et al., 2005, pp. 73-74)
Team-Care Activities: Before Response Work (Pre-Event) Cont.

- Establish a positive/supportive atmosphere
- Promote team building activities
- Hold team and family meetings/picnics/parties/celebrations
- Form team member and family member support groups
- Create a “buddy system” to promote peer support/camaraderie
- Create memoranda of understanding (MOU’s) with other response teams/agencies
- Establish community partnerships/resources/support
- Procure resources for team wellness (e.g., food, clothes, water, cots, stress management materials)
- Assure team access to professional behavioral health and crisis intervention services/resources

(Source: Adapted from Kaminsky, et al., 2005, pp. 73-74)
Team-Care Activities: During Response Work (Event)

- Limit shifts so that response workers work no more than 12 hours
- Encourage regular work breaks away from shelter
- Rotate response workers from the most highly exposed assignments to lesser levels of exposure
- Mandate time-off
- Identify enough response workers at all levels, including administration, supervision, and support
- Encourage peer partners and peer consultation
- Conduct trainings on stress management practices
- Conduct shift orientations and briefings

Team-Care Activities: After Response Work (Post-Event)

- Encourage time off for response workers who have experienced personal trauma or loss
- Institute exit interviews to help response workers with their experience (include information about how to communicate with their families about their work)
- Encourage response workers to seek counseling when needed, and provide referral information
- Provide education on stress management
- Facilitate ways response workers can communicate with each other by establishing list-servs, sharing contact information, or scheduling conference calls
- Provide information regarding positive aspects of disaster response work
- Hold team recognition ceremonies and memorials

Activity: Disaster Response Worker Team-Care Plan

- Time: 10 minutes
- Tasks:
  - Review the disaster response worker team-care activities on the previous slides.
  - Apply disaster response worker self-care activities to develop a team-care plan for promoting personal behavioral health at each stage of disaster response.
Course Summary

Upon completion of this course learners should have:

• Knowledge of critical incident stress, individual risk and resiliency factors, mild or typical distress reactions and potentially incapacitating stress reactions, and stress-related disorders and syndromes affecting disaster response workers.

• Awareness of the occupational stress and stressors associated with disaster response work.

• Knowledge of stress management methods and techniques for building stress resistance, resilience, and recovery in disaster.

• Awareness of one’s own personal and professional risk and readiness for engaging in disaster response work.

• Awareness of personal and organizational strategies for promoting behavioral health in disaster response workers and response team members.
Program Wrap-Up and Questions
Course Completion and Next Steps
Course Completion Activities

1. **Learner Post-Assessment** – Please complete and submit the learner post-assessment. You will need a minimum grade of 75% to pass.

2. **Course Evaluation** – Upon successfully completing the learner post-assessment, please complete and submit the course evaluation.

3. **Course Completion Certificate** - Upon successfully completing the learner post-assessment and submitting the course evaluation, please download and print your course completion certificate. Save this certificate to document that you have successfully met all course requirements.
Other Disaster Behavioral Health First Aid Specialist Training Courses Are Available!

To learn about additional CLPHP training courses and programs, please visit:

http://health.usf.edu/publichealth/clphp/index.htm
Thank you for your participation!
The Center for Leadership in Public Health Practice