PREPARING FOR THE WORST:

How Disaster Responders Can Take Care of Themselves and their Team in an Emergency or Disaster Situation

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PRESENTER

WHY IS SELF CARE IMPORTANT?

- You/we are not expendable.
- You/we are not replenishable.
- All the equipment and supplies in the world will not help without trained and experienced responders to use them.
- There are not enough of us.
- Caring human beings are our most valuable resource.

OBJECTIVES

Learner will be able to discuss both individual and organizational stressors that impact workers and victims.

Learner will be to list the symptoms of compassion fatigue.

Learner will be able identify methods of self-care when serving in disaster response roles.

Learner will utilize specific tools in assessing one's own appropriateness for disaster response work.

DEFINITIONS

DISASTER - an occurrence such as a hurricane, tornado, storm, high water, wind-driven water, tidal wave, earthquake, drought, blizzard, pestilence, famine, fire, explosion, volcanic eruption, building collapse, transportation accident, or other situation that cause human suffering, or creates human needs that victims can not alleviate without assistance.

(ARC) May be categorized by type, level of financial assistance needed or geographic scope.

WHY IS DISASTER BEHAVIORAL HEALTH AWARENESS IMPORTANT?

- Psychological casualties are often left out when planning for large scale disasters.
- Behavioral health professionals are often omitted from disaster drills.
- Depending on the study the number of psychological casualties can be from 3 to thousands of times the number of medical casualties.
- In addition, under these stress conditions first responders and staff members can also become psychological casualties.

INCIDENT	PHYSICAL CASUALTIES	BEHAVIORAL HEALTH CASUALTIES	PSYCHOLOGICAL: MEDICAL
SCUD MISSLE ATTACK, ISREAL 1991	234	825	3.5:1
SARIN ATTACK TOKYO 1995	1046	>4,000	>4:1
RADIOLOGICAL CONTAMINATION, BRAZIL, 1987	112,000 SOUGHT MEDICAL EXAMINATIONS	MANY HAD VOMITING AND DIARRHEA ALTHOUGH THEY WERE NOT CONTAMINATED	MANY:ONE
WORLD TRADE CENTER, NYC 9-11-2001	>3,000 KILLED ? INJURED	MANY THOUSANDS NATIONALY Over 57,000 assisted by ARC Project Liberty > 1 million 1-1 contacts, worked with >16,00 rescue and recovery workers and families	MANY:ONE

INCIDENT	PHYSICAL CASUALTIES	BEHAVIORAL HEALTH CASUALTIES	PSYCHOLOGICAL: MEDICAL RATIO
FLU SHOT SHORTAGE THREAT NEW HAMPSHIRE 2004		? CALLS TO NH PUBLIC HEALTH DEPARTMENT	Many: One
Hurricane Season 2004	118 deaths 46,511 ARC health contacts	78,606 ARC MH contacts	Many: One .
Tsunami 2004	Over 160,000 deaths 500,000 injured	Unknown	Many: One
	Swedish 2000 deaths	In Sweden, a nation of 9 million, it is expected that 4 out of 10 persons or 3,600,000 persons will be affected	Many: One

BEHAVIORAL HEALTH

- In New Hampshire we have used the term behavioral health to include both mental health and substance abuse programs.

- However, behavioral health has a broader scope which includes optimal, healthy functioning within family, community and occupational roles.

DISASTER BEHAVIORAL HEALTH

- Deals with optimal healthy human functioning within family, community, and occupational roles during extreme events – disasters, both natural and man made, and acts of terrorism.
- This includes the behavioral health of all of us, not only patients, but our families, community members, and co-workers.

CONCEPTS OF DBH

No one who sees a disaster is untouched by it.

There are two types of disaster trauma-individual and community.

Most people pull together and function during and after a disaster, but their effectiveness is diminished.

Disaster stress and grief reactions are understandable and expected responses to an abnormal situation.

CONCEPTS OF DBH

Many emotional reactions of disaster survivors stem from problems of living brought about by the disaster.

Disaster relief assistance may be confusing to disaster survivors. They may experience frustration, anger, and feelings of helplessness related to Federal, State, and non-profit agencies' disaster assistance programs.

CONCEPTS OF DBH

Most people do not see themselves as needing mental health services following a disaster and will not seek such services.

Survivors may reject disaster assistance of all types.

Disaster behavioral health assistance is often more practical than psychological in nature.

Disaster behavioral health services must be uniquely tailored to the communities they serve.

CONCEPTS OF DBH

Behavioral health workers need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully in disaster.

Survivors respond to active, genuine interest, and concern.

Interventions must be appropriate to the phase of disaster.

OBJECTIVE

Learner will be able to discuss both individual and organizational stressors that impact workers and victims.

CHARACTERISTICS OF A DISASTER

- Create demands that exceed normal capacities of any one organization and/or government.
- Cross-jurisdictional boundaries.
- Change the number and structure of responding organizations which may result in the creation of new organizations.
- Create new tasks and engage participants who are not ordinarily disaster responders.

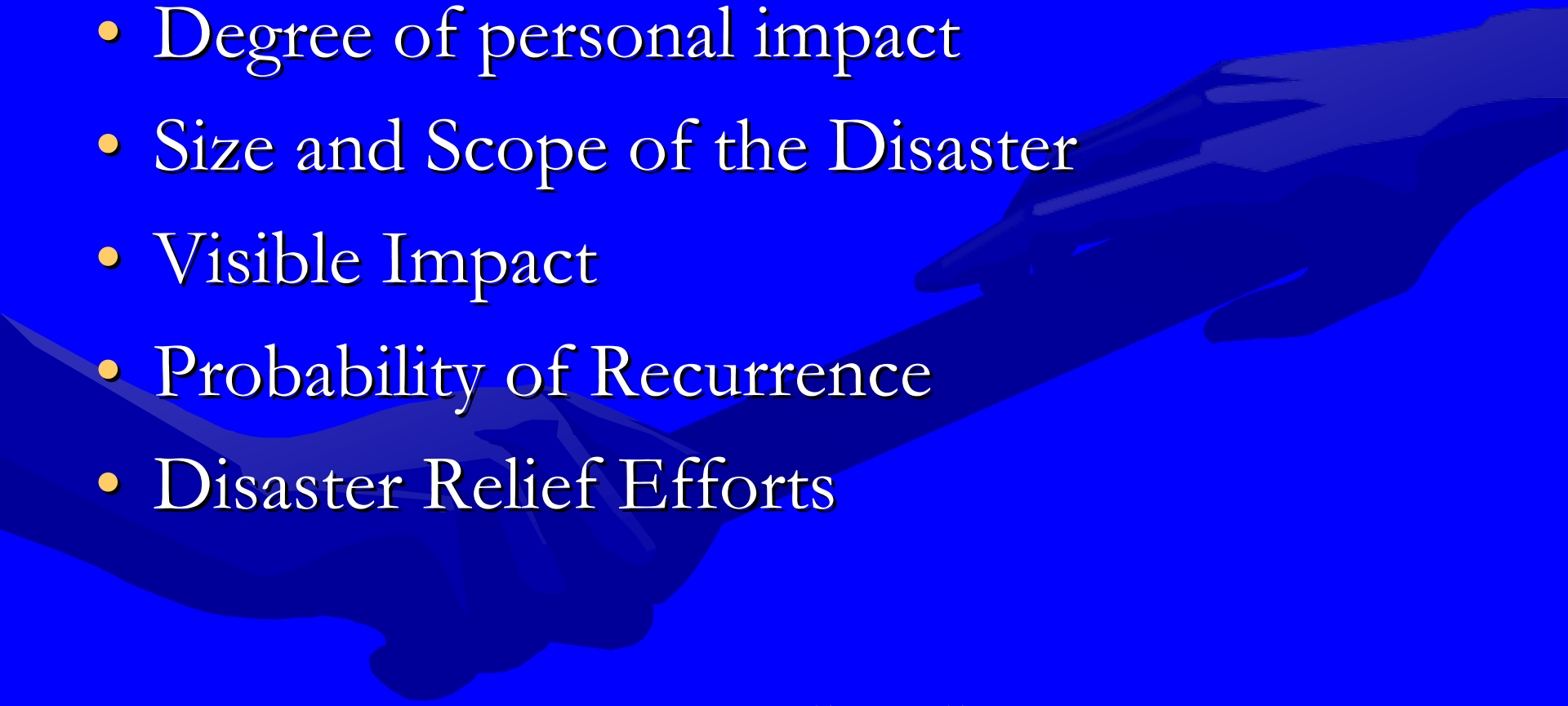
CHARACTERISTICS OF A DISASTER

- Disable the routine equipment and facilities needed for emergency response.
- Compound the difficulty of understanding "who does what" in disaster response due to the complexity of governments.
- Are impacted by lack of standardization in disaster planning and response and complicated coordination in time of disaster. In addition, organizations inexperienced in disaster often respond by continuing their independent roles, failing to see how their function fits into the complex, total response effort.

FEMA

TYPES OF DISASTERS

- Natural vs. human Causation
- Degree of personal impact
- Size and Scope of the Disaster
- Visible Impact
- Probability of Recurrence
- Disaster Relief Efforts



TYPES OF DISASTERS

Natural

vs.

Human Causation

TYPES OF DISASTERS

Degree of personal impact

TYPES OF DISASTERS

Size and Scope of the Disaster

TYPES OF DISASTERS

Visible Impact

TYPES OF DISASTERS

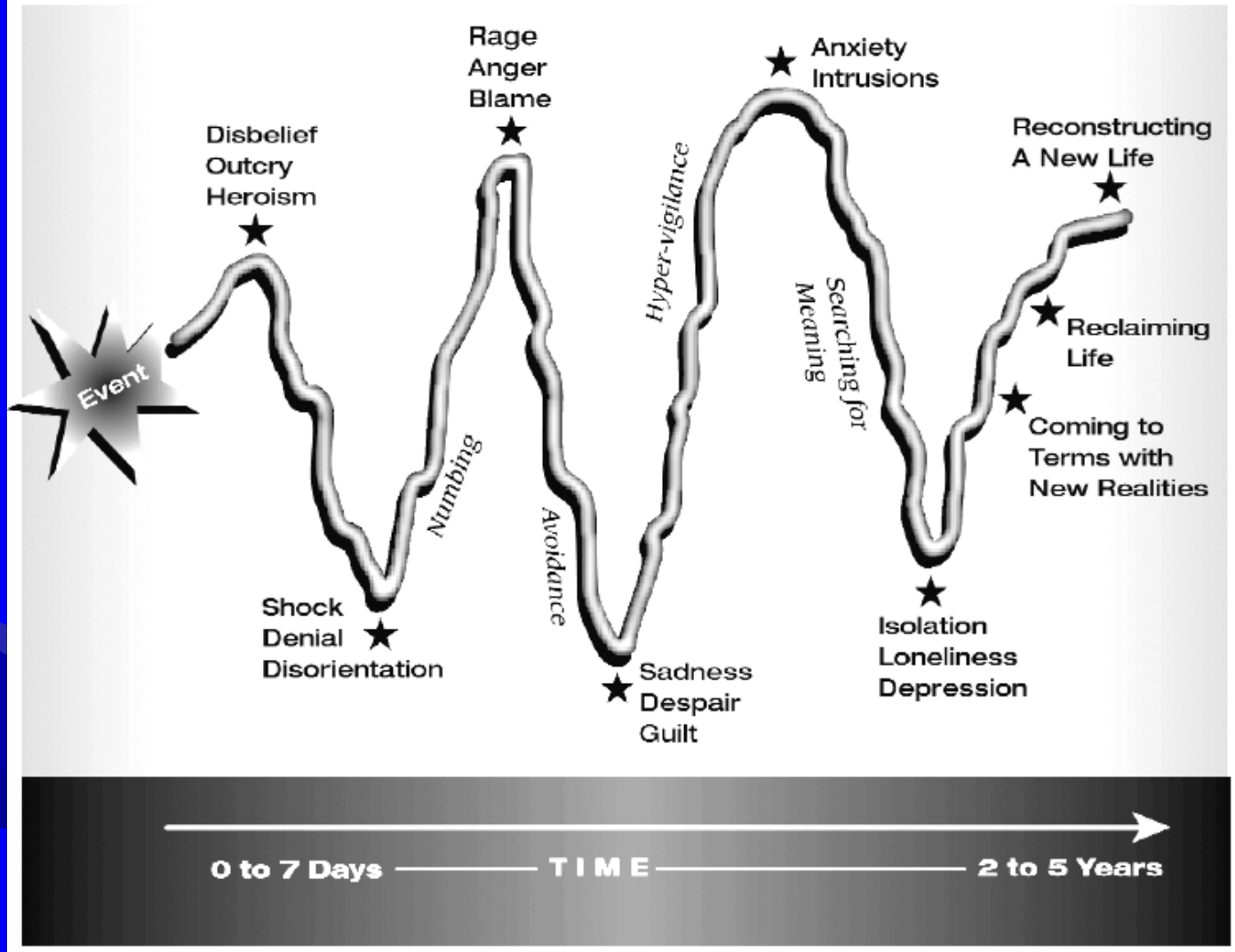
Probability of Recurrence

TYPES OF DISASTERS

Disaster Relief Efforts

PHASES OF DISASTER

FIGURE 2: MODEL OF RESPONSES TO TRAUMA AND BEREAVEMENT



(Note. Adapted from CMHS, 1994)

COMMON NEEDS AND REACTIONS

Some thoughts, feelings, and behaviors common to all who experience a disaster:

- Concern for basic survival
- Grief over loss of loved ones and loss of valued and meaningful possessions
- Fear and anxiety about personal safety and the physical safety of loved ones
- Sleep disturbances, often including nightmares and imagery from the disaster
- Concerns about relocation and related isolation or crowded living conditions
- Need to talk about events and feelings associated with the disaster, often repeatedly
- Need to feel one is a part of the community and its disaster recovery efforts

POTENTIAL RISK GROUPS

Age groups

Cultural and ethnic groups

Socioeconomic groups

People with serious, persistent mental and physical illnesses

Persons with Addictions

Those more directly exposed

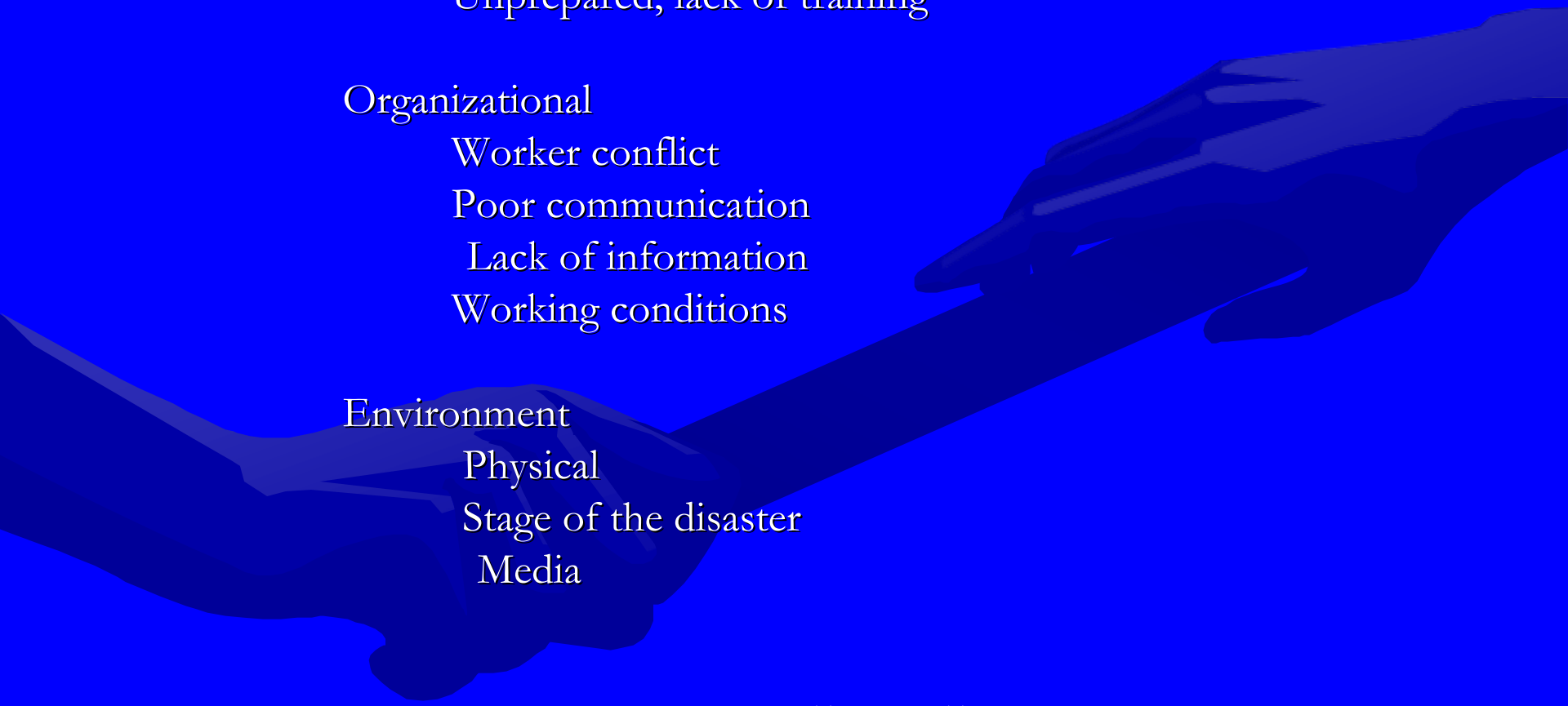
Human service and disaster relief workers

STRESSORS

Individual or personal
- Internal
- Family
- Unprepared, lack of training

Organizational
- Worker conflict
- Poor communication
- Lack of information
- Working conditions

Environment
- Physical
- Stage of the disaster
- Media



SYMPTOMS OF STRESS

- Physical
- Emotional
- Cognitive
- Behavioral
- Spiritual

- Reactions may last days, weeks, months or years

PHYSICAL

- Increased heartbeat, respiration
- Increased blood pressure
- Upset stomach, nausea, diarrhea
- Change in appetite, weight loss or gain
- Sweating or chills
- Tremors or muscle twitching
- "Muffled" hearing
- Tunnel vision

PHYSICAL

- Feeling uncoordinated
- Headaches
- Soreness in muscles, back pain
- Feeling a "lump in the throat"
- Exaggerated startle reaction improve with sleep
- Decreased resistance to colds, flu, or infection
- Flare-up of allergies, asthma, or arthritis

EMOTIONAL

Feeling overwhelmed, hopeless

Identification with survivors by responders

Feeling misunderstood or unappreciated

Distressing dreams

Apathy

Anxiety and fear

Anger or irritability

EMOTIONAL

Restlessness

Denial about one's stress level

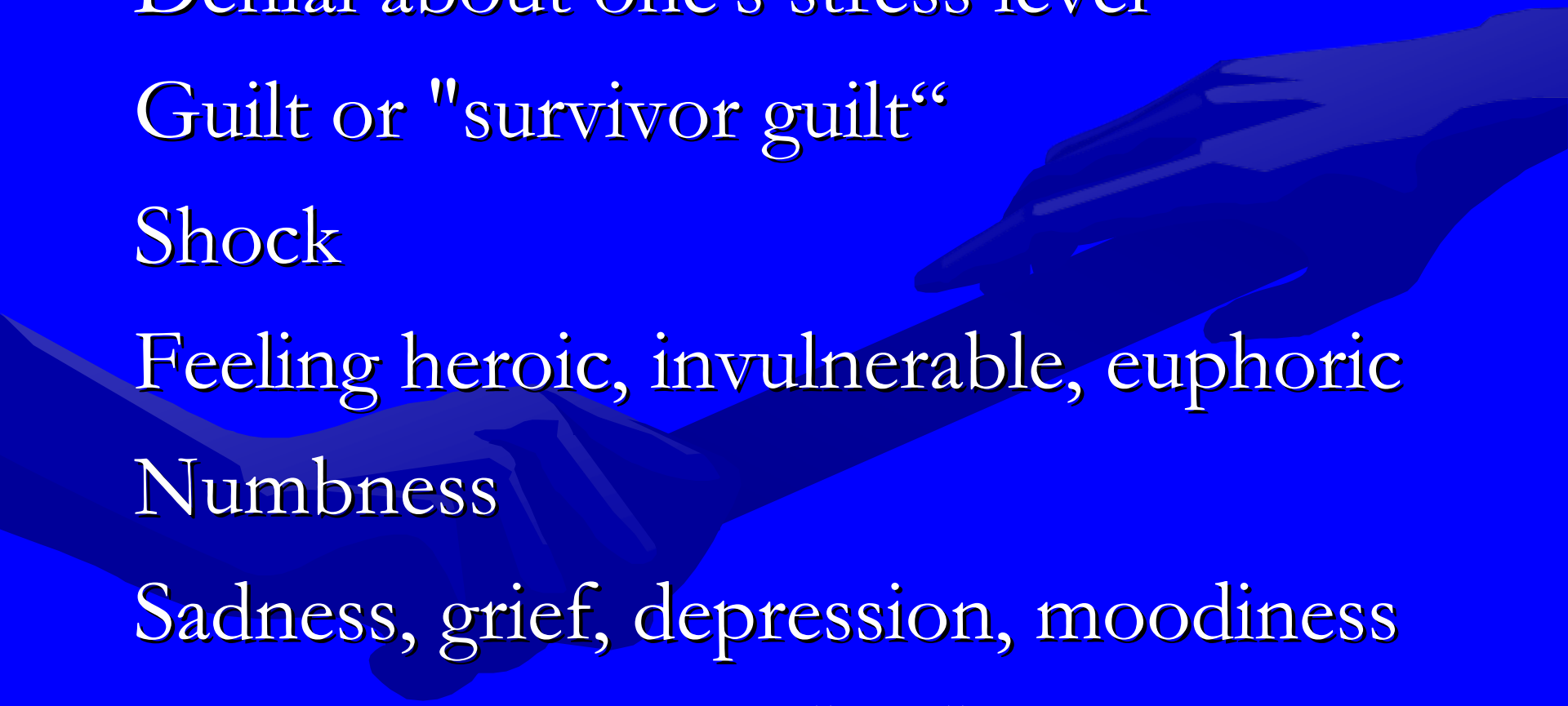
Guilt or "survivor guilt“

Shock

Feeling heroic, invulnerable, euphoric

Numbness

Sadness, grief, depression, moodiness



EMOTIONAL

Fear

Worry about safety of self and others

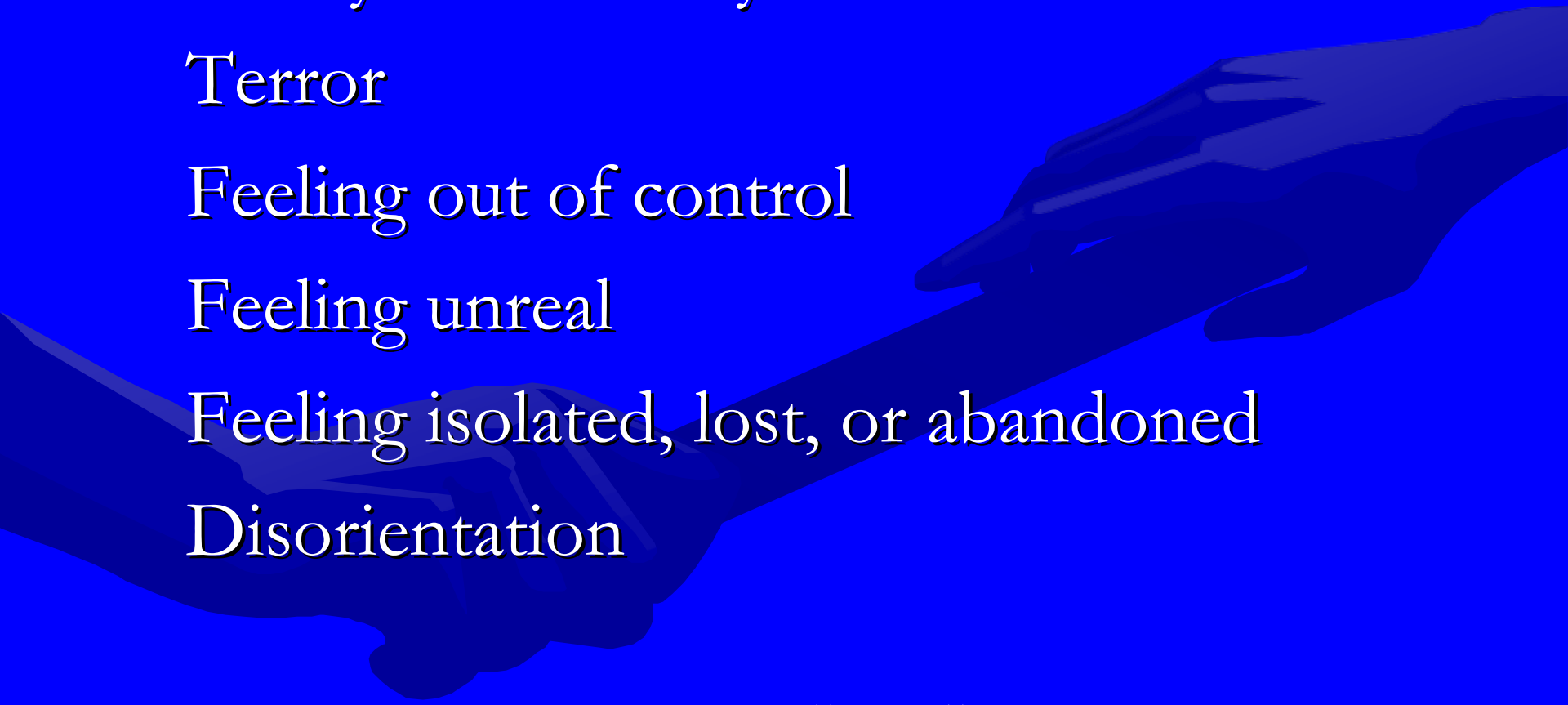
Terror

Feeling out of control

Feeling unreal

Feeling isolated, lost, or abandoned

Disorientation



COGNITIVE

- Difficulty concentrating
- Inability to stop thinking about the disaster
- Loss of objectivity
- Intrusive images of the disaster
- Limited attention span
- Memory problems and forgetfulness
- Difficulty calculating, setting priorities, making decisions

COGNITIVE

Denial

Disorientation and confusion

Disbelief

Change in awareness of one's surroundings

Confusion

Slowness in thinking and comprehension

Time distortion

Difficulty making decisions

BEHAVIORAL

- Responses may be
  - Functional vs. nonfunctional
  - Life-saving vs. life-threatening
  - Health-promoting vs. health compromising

- Knowing what to do and practicing it increases the likeliness of doing the right thing.

BEHAVIORAL

Change in activity level
Decreased efficiency and effectiveness
Difficulty communicating
Outbursts of anger, frequent arguments
Inability to rest or "letdown"
Change in eating habits
Sleep disturbances
Change in patterns of intimacy, sexuality
Change in job performance

BEHAVIORAL

Change in job performance

Periods of crying

Proneness to accidents

Increased use of alcohol, tobacco, drugs

Social withdrawal, isolation

Vigilance about safety or environment

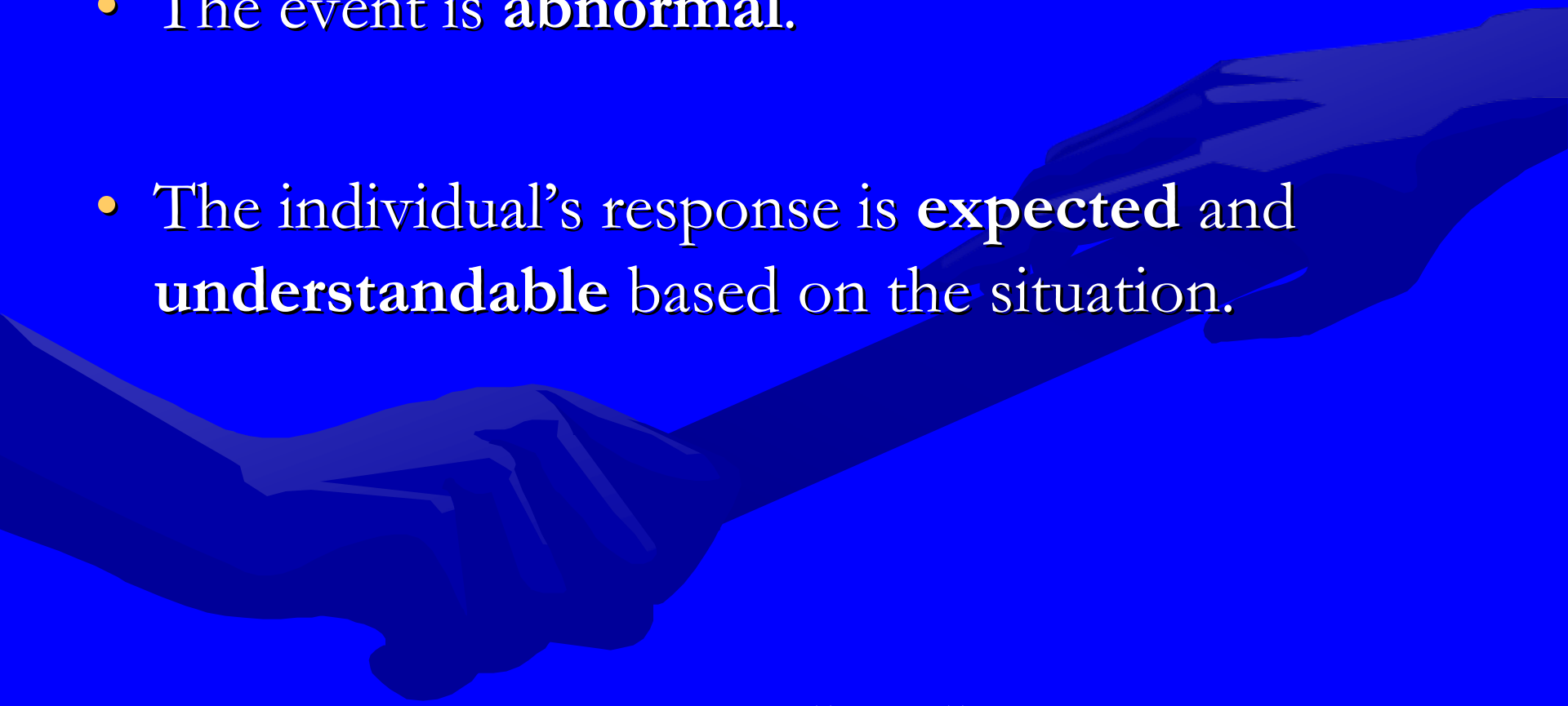
Avoidance of activities or places that trigger memories Blaming and criticizing others

SPIRITUAL

- Intense use of prayer
- Reliance on faith
- Anger at God
- Sense of Isolation from God
- Loss of meaning or purpose
- Uncharacteristic religious involvement
- Anger at clergy
- Questioning basic beliefs
- Faith practices seem empty
- Withdrawal from place of worship

NORMAL VS. ABNORMAL

- The event is **abnormal**.
- The individual's response is **expected** and **understandable** based on the situation.



NONE OF US IS IMMUNE

EFFECTS OF DISASTER RAIN ON ALL OF US

IMPORTANCE OF CONTINUED FUNCTIONING

- Individuals who continue to function at work or home, even with symptoms, are at lower risk for long-term problems than those who have trouble functioning.
- One to three weeks following a traumatic event, the severity of reactions and their degree of interference with functioning are predictive of longer term problems.

OBJECTIVE

Learner will be able to list the symptoms of compassion fatigue.

Compassion Fatigue

Burnout

Vicarious Traumatization

COMPASSION FATIGUE SIGNS AND SYMPTOMS

Flashbacks

Feeling anxious and in danger

Feeling less trusting of others & the world

Withdrawing from others

Changes in appetite, sleep, or other habits

Difficulty concentrating

Anger and irritability

Lowered self-esteem

Physical changes

Depression

- *(If you are having suicidal thoughts, it is important to seek professional help immediately.)*

WHAT MAKES US VULNERABLE?

1. Empathy and Exposure (Figley 1995)

"Because we care"

Responders are caring and empathetic people who often put themselves directly in the path of trauma and human suffering. We add to this in disaster settings by choosing to put ourselves into dangerous environments.

Empathy, either fleeting or lasting is a major source we use to assess the problem and formulate a treatment approach with our clients.

WHAT MAKES US VULNERABLE?

2. Prior traumas in the disaster worker's own past.

3. Unresolved trauma that is reactivated by similar trauma in our clients.

4. Trauma is provocative for disaster workers, especially concerning children or manmade.

A Professional's Confession

"I love my work but lately it has contaminated my personal life. I have nightmares about horrible things I hear from my clients. My sex life has deteriorated. I'm irritable and distractible. I'm afraid for my kids and tend to overprotect them, and I don't trust anybody anymore. I don't know what is happening to me. I need help."

BITTER VS. BETTER

We can have a choice on how we are going to allow any trauma to affect our lives. We can become focused on the negative and become bitter,

or we can learn and utilize positive coping and adjustments to deal with the trauma and choose to become better people.

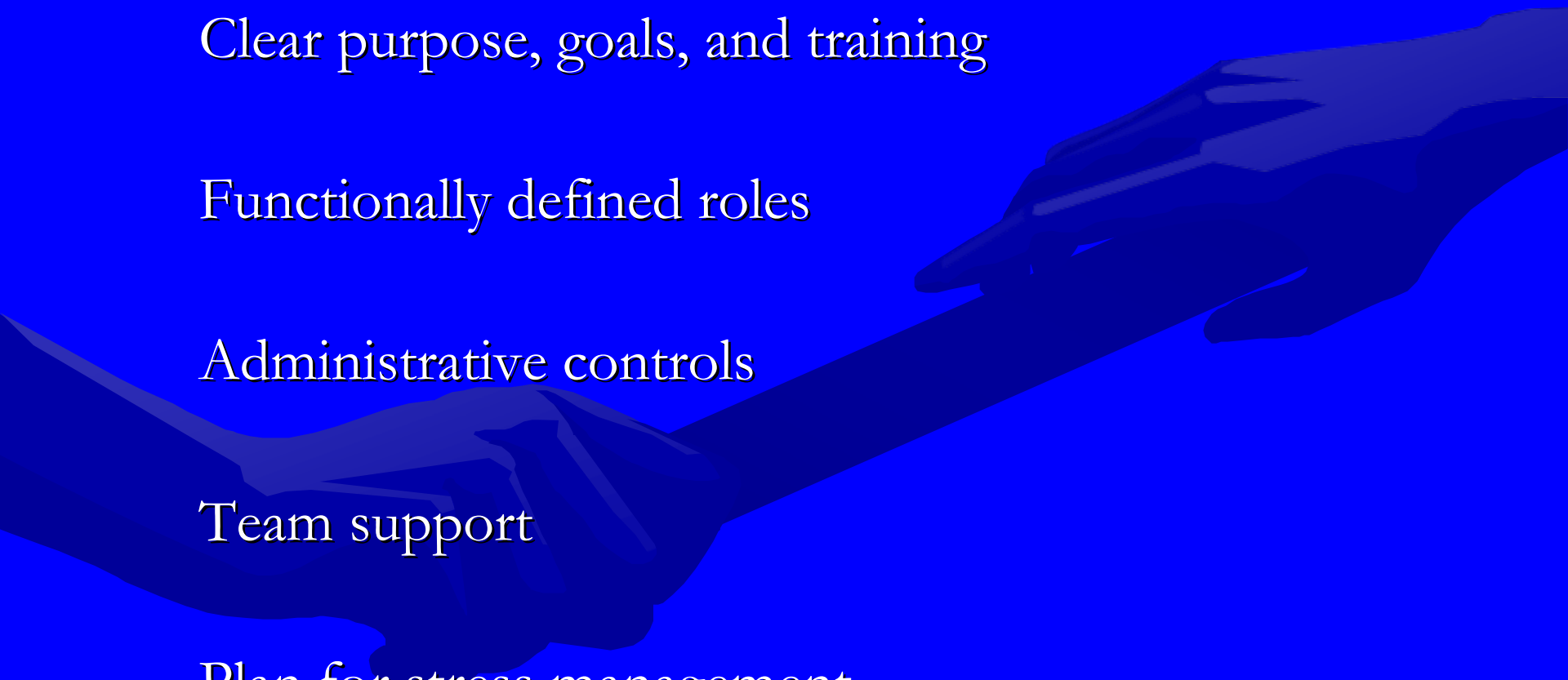
POSITIVE EFFECTS OF TRAUMA

- "a heightened sensitivity and enhanced empathy for the suffering of victims, resulting in a deeper sense of connection with others…a deep sense of hopefulness about the capacity of human beings to endure, overcome, and even transform their traumatic experiences; and a more realistic view of the world, through the integration of the dark sides of humanity with healing images. " (McCann & Pearlman 1990)

Behavioral Health, a management perspective

- taking care of your team

ORGANIZATIONAL APPROACHES FOR STRESS PREVENTION AND MANAGEMENT



Effective management structure and leadership

Clear purpose, goals, and training

Functionally defined roles

Administrative controls

Team support

Plan for stress management

EFFECTIVE MANAGEMENT STRUCTURE AND LEADERSHIP

Immediate Response

- Clear chain of command (ICS) and reporting relationships
- Available and accessible leaders and functional supervisors
- Use of managers experienced in emergency response and community trauma

EFFECTIVE MANAGEMENT STRUCTURE AND LEADERSHIP

Long Term Response

- Full-time disaster and crime victim assistance-trained supervisors and program manager with demonstrated management and supervisory skills
- Supervisors and consultants experienced in content areas and trained in response to community trauma
- Clear and functional organizational structure
- Program direction and accomplishments reviewed and modified as needed

CLEAR PURPOSE, GOALS, AND TRAINING

Immediate Response

- Clearly defined intervention goals and strategies appropriate to different assignment settings (e.g., crisis intervention, psychological debriefing)
- Training and orientation provided for all workers
- Psychological First Aid training for all disaster workers

CLEAR PURPOSE, GOALS, AND TRAINING

Long Term Response

- Community needs, focus, and scope of program defined
- Periodic assessment of service targets and strategies
- Staff trained and supervised to define limits, make referrals
- In-service training on current recovery topics
- Feedback provided to staff on program
- accomplishments, numbers of contacts, etc.

FUNCTIONALLY DEFINED ROLES

Immediate Response

Staff oriented and trained with written role descriptions for each assignment setting as part of preparedness plan

When setting is under the jurisdiction of another agency (e.g., Mayor's Office, Medical Examiner's Office, American Red Cross), staff informed of roles, contact people, and mutual expectations

FUNCTIONALLY DEFINED ROLES

Long Term Response

- Job descriptions and expectations for all positions
- Participating crime victim services' and recovery agencies' roles defined and working relationships with key agency contacts maintained

ADMINISTRATIVE CONTROLS

Immediate Response

- Shifts no longer than 12 hours, with 12 hours off
- Rotation between high, mid, and low-stress tasks
- Breaks and time away from the assignment encouraged and required when necessary
- Necessary supplies available (e.g., paper, forms, pens, educational materials)
- Communication tools available (e.g., cell phones, radios, internet)

ADMINISTRATIVE CONTROLS

Long Term Response

- Limits on working more than 40 hours/week
- Two consecutive days off and vacation time required
- Limits on and rotation from high-exposure duties
  (e.g., groups with bereaved parents, trauma counseling)

TEAM SUPPORT

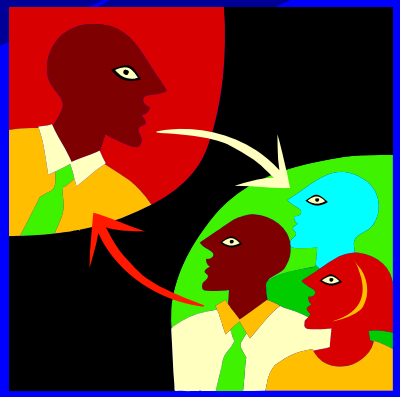
Immediate Response

- Buddy system for support and monitoring stress reactions
- Positive atmosphere of support, mutual respect, and tolerance with "thank you" and "good job" said often

TEAM SUPPORT

Long Term Response

- Team approach that avoids a program design with isolated workers from separate agencies
- Informal and formal case consultation, problem-solving, and resource sharing
- Regular, effective meetings with productive agendas, personal sharing, and creative program development
- Clinical consultation and supervision processes built on trust, safety, and respect



PLAN FOR STRESS MANAGEMENT

Immediate Response

- Attention to workers' functioning and stress management
- Supervisors "float through" work areas to observe signs of stress
- Education about signs and symptoms of worker stress and coping strategies
- Individual and group support, defusing, and debriefing provided
- Exit plan for workers leaving the operation: debriefing, re-entry information, opportunity to critique, and formal recognition for service
- Follow up by behavioral health staff

PLAN FOR STRESS MANAGEMENT

Long Term Response

- Ongoing education and workshops regarding long-term stresses of disaster work and methods for self-monitoring and intervention
- Comprehensive plan for environmental, organizational, and individual approaches and implementation timeline
- Plan for regular stress interventions at work and meetings
- Confidential individual counseling available for work-related issues
- Extensive program phase-down plan: timelines, debriefing, critique, formal recognition, celebration, and assistance with job searches

ATTITUDE

- Compassion fatigue is not a weakness
- Stressed out workers are not crazy
- Upper management needs to pay more attention to their stress levels because it filters down

OBJECTIVE

Learner will be able to identify methods of self care when serving in disaster response roles.

PUT YOUR OWN OXYGEN MASK ON FIRST

SELF CARE FOR LIFE

Work toward balanced living leading to satisfaction in all areas:

Work
Social life
– family and friends
Cultural, educational
– traveling, reading etc.
Creative – hobbies,
expressive activities
Personal – physical health,
recreation, privacy,
and spiritual pursuits.

SELF CARE FOR LIFE

- Learn to recognize when you are under stress; What are your individual warning signs, (ie., headaches, digestive problems, muscle cramps, cold hands, increased drug or alcohol use, short with others.)
- Learn to respond calmly
- Take vacations and do things that you enjoy
- Use mental diversions (songs, movies, etc.)

SELF CARE FOR LIFE

Counter measures for stress

1. Have realistic expectations about yourself
2. Learn to physically relax
3. Manage your lifestyle (diet, exercise, balance)
4. Manage your time wisely- make lists
5. De-obligate yourself – learn to say "no"
6. Get supervision – professional feedback

OBJECTIVE

Learner will be able to utilize specific tools in assessing one's own appropriateness for disaster response work.

IS THIS THE PARTICULAR WORK

- FOR YOU?

- AT THIS TIME IN YOUR LIFE?

PERSONAL

Can you

-work with individuals who are experiencing enormous grief and loss?

-work in non-traditional settings?

-work in a chaotic, unpredictable environment?

-accept menial tasks if needed?

-work with diverse cultures?

-work where risk to yourself is unknown?

-work with folks who are not receptive to your help?

HEALTH

Do you have

- Recent surgeries or medical treatments that will restrict your work
- Recent emotional or psychological challenges
- Significant life changes or losses
- Earlier losses that will affect you in this disaster
- Dietary restrictions
- Sufficient medication

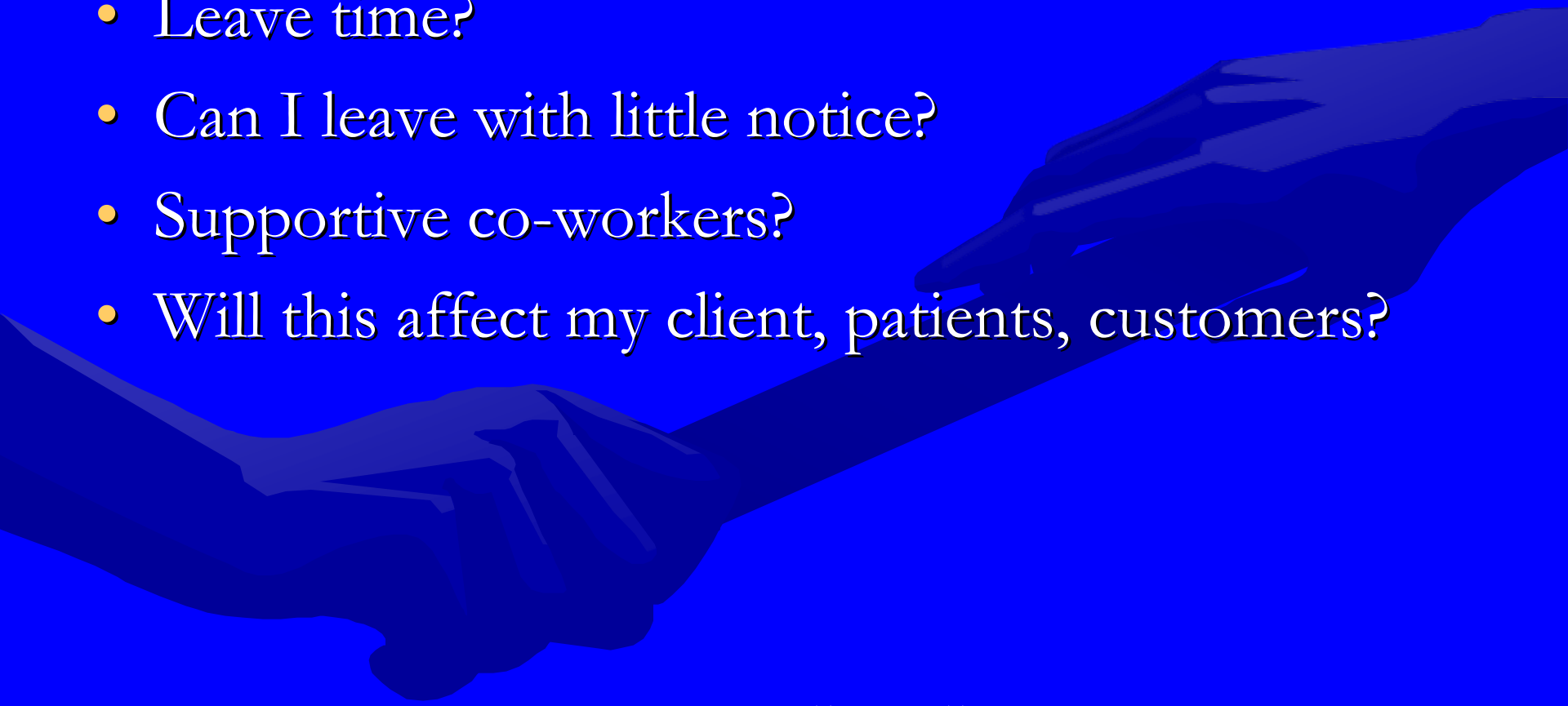
FAMILY

Consider

- Family is prepared for your absence
- Family is prepared for your working in environment where there is risk of harm
- Support system to pick up your responsibilities at home
- Unresolved family and relationship issues
- Strong supportive environment to return to

WORK LIFE

- Supervisor is supportive
- Leave time?
- Can I leave with little notice?
- Supportive co-workers?
- Will this affect my client, patients, customers?



BEFORE YOU LEAVE

- Decide if this is the right time in your life to respond.
- Make sure your family knows how to reach you while you're gone
- Make arrangements for your usual roles to be done by someone else
- Find a trusted colleague to call when the going gets tough
- Cut your toenails

- Pack:

Boredom fighters

Self soothing items

Writing materials, stamps

Vitamins

Change

SELF-CARE FOR CARE GIVERS WHILE DEPLOYED

- BREATHE
- Be easy on yourself
- Exercise stringent hygiene
- Take breaks, rest, sleep when you can

SELF-CARE FOR CARE GIVERS WHILE DEPLOYED

- Vary your activities at the work site if you can
- Smile when possible, find occasions to laugh
- Limit shifts to 12 hours or shorter when it becomes possible
- Avoid caffeine

SELF-CARE FOR CARE GIVERS WHILE DEPLOYED

- Find time for some fun
- Eat as healthy as possible
- Exercise and start now
- Pay attention in orientation

SELF-CARE FOR CARE GIVERS WHILE DEPLOYED

- If you're sick, get help before you're really sick
- Drink lots of water
- Get to know your MH person informally

SELF-CARE FOR CARE GIVERS WHILE DEPLOYED

- Talk to your colleagues
- Know and respect your limits set healthy boundaries
- BREATHE
- Remind your colleagues to do above

A WORD OR TWO ABOUT ALCOHOL

- Alcohol use is not a good idea under stress
- When a having just one drink the first thing to go is your judgment and one makes poor decisions
- Disrupts sleep cycle
- In a disaster situation things change rapidly – need to be potentially ready to drive or use equipment
- Disguises stress issues that should be dealt with and not buried

GIVING PSYCHOLOGICAL FIRST AID

- Nearly everyone can do this.
- Provide a compassionate presence.
- Meet basic needs first:

  Make sure they are safe - provide quiet place to sit.

  Help person collect belongings.

  Offer food and/or water.

  Offer a blanket.

  Ask if they need anything.

MORE ON PFA

American Red Cross course – call your local chapter

SAMHSA - on line course
http://www.shs.net/samhsadr/presentation3.htm

National Center for PTSD – Field Operations Guide
http://www.ncptsd.va.gov/ncmain/doclist.jsp

UTILIZE RESOURCES

- During non-deployment consult with any mental health people on your own team. Get to know them.
- During a deployment utilize the mental health teams for supervision or brief interventions to help de-stress.
- Utilize defusing and disaster stress management debriefings if offered through the mental health teams.
- Seek follow-up help upon arriving home.

RESOURCES

Ask Donna to send her long resource list

www.samhsa.gov

www.ncptsd.org

www.apahelpcenter.org

www.icisf.org

American Psychological Association -
Disaster Response Network

Most States now have DBH Response Teams

CONTACT INFORMATION

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WRAP UP

Questions

Comments

Evaluation form