



Nicole C. Wood, MPH, MA

Acting Deputy Director

DHS Center for Faith and Opportunity Initiatives

*A Center of the White House Faith and
Opportunity Initiative*



DHS Center for Faith & Opportunity Initiatives

DHS Center for Faith and Opportunity Initiatives:

- Established in 2006 via Executive Order 13397, Responsibilities of the Department of Homeland Security, with Respect to Faith-Based and Community Initiatives.
- One of 13 Centers in the federal government serving as a bridge between government and the faith-based/non-profit community.

DHS Center for Faith & Opportunity Initiatives:

Build bridges and promote long lasting relationships between faith and community based organizations and emergency managers



FEMA

Webinar Agenda

1. **Welcome/ Webinar Facilitator:** Nicole Wood, Acting Deputy Director, DHS Center for Faith and Opportunity Initiatives
2. **Featured Speakers/Presentations:**
 - **The Reverend Willard Walden Christopher Ashley, Sr., MDiv., DMin., SCP**, Vice President for Strategic Institutional Initiative & Associate Professor, New Brunswick Theological Seminary & Author, “Disaster Spiritual Care”
 - **Bethany Case, MSW, LICSW**, Victim Justice Program Specialist
US. Department of Justice, Office of Justice Program
 - **Dr. Kevin Ellers**, Territorial Disaster Services Coordinator, The Salvation Army & Chair, National Voluntary Organizations Active in Disasters, Emotional and Spiritual Care Committee
 - **Captain Erik Hierholzer**, United States Public Health Service & Lead Public Health Advisor, Emergency Mental Health and Traumatic Stress Services Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
4. **Moderated Question and Answer Session**
5. **Adjourn/ Closing Remarks**
6. **Poll Questions (Optional)**



Webinar Objectives

- Provide information and resources on how to respond to the emotional wellbeing of first responders, emergency managers and disaster relief personnel who support communities traumatically impacted by disasters.
- Understand how vicarious trauma can impact the workforce and supportive resources for first responders and emergency managers
- Learn how emotional and spiritual care can be integrated in emergency management
- Share preparedness trainings and resources to support mental health and emotional well-being during the response and recovery phase of a disaster.





The Reverend Willard W. C. Ashley, Sr., MDiv., DMin., SCP

Vice President for Strategic Institutional
Initiative & Associate Professor, New
Brunswick Theological Seminary &
Author, *Disaster Spiritual Care*



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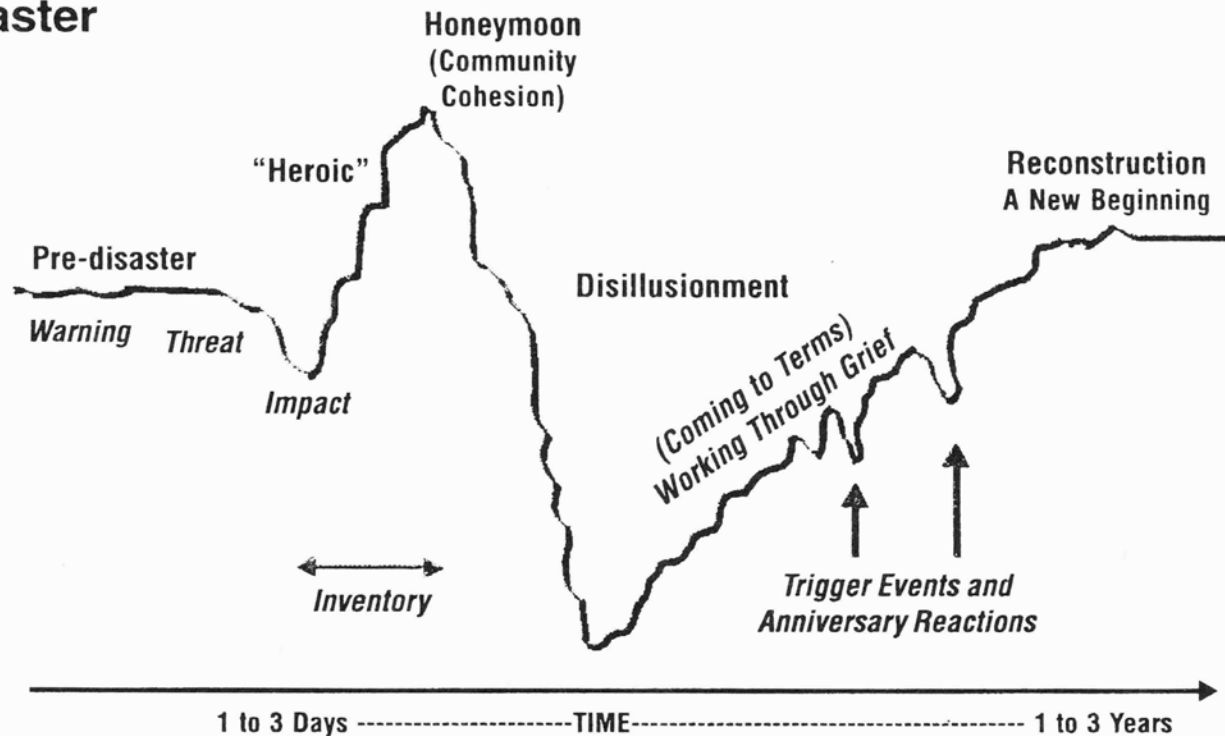
Supporting the Emotional Well-Being of First Responders, Emergency Managers, & Disaster Relief Personnel

Presenter: Willard W C Ashley, Sr., MDIV, DMIN, SCP
Wednesday, May 15, 2018



Lifecycle of a Disaster

Phases of Disaster



Source: Zunin/Meyers

This material is from Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy, 2nd Edition, edited by Rabbi Stephen Roberts & Rev. Willard Ashley, © 2017 Skylight Paths Publishing, Nashville TN.

Myers and Zunin, 1990; DHHS, 2000 & 2004; Herrmann, 2004

“First Responders Face Mental Health Challenges”

American Psychiatric Association Blog

October 2, 2017

- First responders provide critical services to communities in the aftermath of disasters, both natural and manmade. Their work can be dangerous, physically demanding, personally draining and heart-breaking, often involving long hours in difficult circumstances. Their exposure to traumatic events and devastating circumstances can lead to a range of health and mental health consequences, such as post-traumatic stress disorder (PTSD), compassion fatigue and burnout.

Most Rescue Workers Have Mild Symptoms

- Studies have found that some 75 percent of rescue workers have mild symptoms of psychological trauma following a disaster. Several factors, including longer periods of deployment, inexperience, close contact with corpses and longer shifts, are associated with greater mental health challenges.

“First Responders Face Mental Health Challenges”
American Psychiatric Association Blog October 2, 2017

Mental Health Challenges are Common Among First Responders

"First Responders Face Mental Health Challenges"
American Psychiatric Association Blog
October 2, 2017

University of Phoenix National Survey

- Approximately 85% of first responders had experienced symptoms related to mental health issues
- 34% had received a formal diagnosis with a mental disorder
- More than 25% had been diagnosed with depression
- 1 in 10 had been diagnosed with Post-Traumatic Stress Disorder
- 46% had experienced anxiety
- Nearly 40% said there would be negative repercussions for seeking mental health help at work, such as a supervisor treating them differently, being seen as weak or being overlooked for promotions.

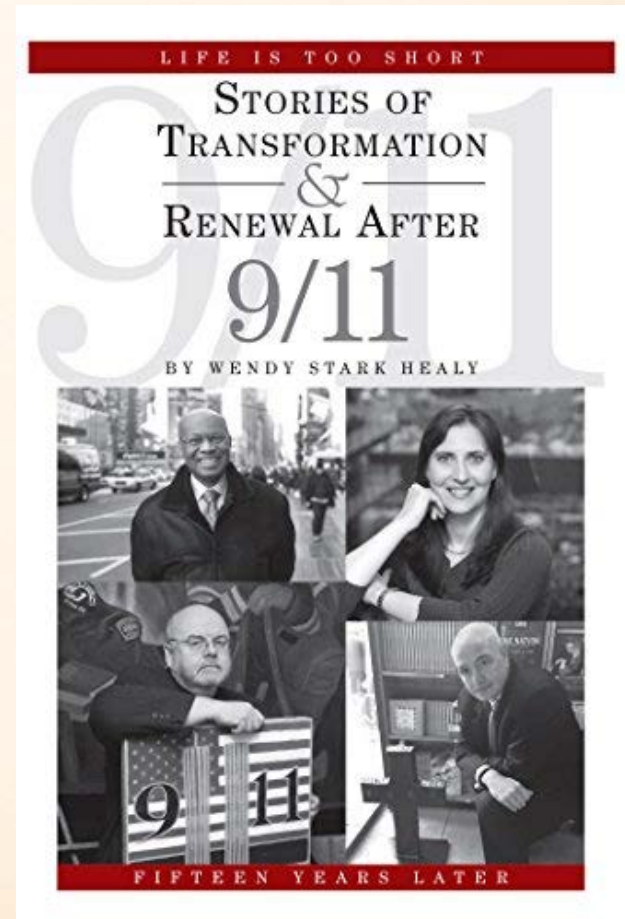
Fallen Firefighters

- The ongoing work of first responders in the community can also take a toll on workers' mental health. According to the National Fallen Firefighters Foundation, a fire department is three times more likely in any given year to experience a suicide among its staff than a line-of-duty death.
- [First Responders Face Mental Health Challenges](#)
[American Psychiatric Association Blog](#)
October 2, 2017



Common Factors That Impact Our Emotional Well-Being

- ❖ Persistent Pressures
- ❖ Public Presence
- ❖ Professional Practices
- ❖ Personality Patterns



Short-Term Challenges to Emotional Well-Being

- Our body secretes hormones (adrenaline or epinephrine), which causes the heart to race and blood pressure to rise, which gives us the strength or energy we need for a fight or flight response.
- A “freeze,” or hypervigilant, response has been added to the flight and fight responses
- These hormones enable us to make split decisions, run away from a disaster site, and stay awake for long periods of time with little sleep or nourishment.
- This “rush” makes it difficult to calm down, psychologically and physiologically
- Mental health providers offer a fourth response, flow.
- Fight, Flight, Freeze or Flow

Long-Term Challenges to Emotional Well-Being

According to D. W. Hager and L. C. Hager, “Approximately 70%–75% of illnesses (physical and emotional) and doctor’s visits are related to stress.”

Long-Term Challenges to Emotional Well-Being

The long-term affects of trauma and subsequent chronic stress may adversely affect the brain, contributing to disorders such as:

- **Memory Loss**
- **Hypervigilance**
- **Depression**
- **Loss of Sleep**
- **Anxiety**
- **Fatigue**
- **Acute Traumatic Stress Disorder**
- **Substance Abuse**
- **Violence**
- **Posttraumatic Stress Disorder**
- **Dissociative Response**

Training & Shorter Shifts Helps Reduce Symptoms

"First Responders Face Mental Health Challenges"
American Psychiatric Association Blog
October 2, 2017

A study of rescue workers who responded to a terrorist attack found:

- 17 percent were diagnosed with PTSD
- 22 percent with depression

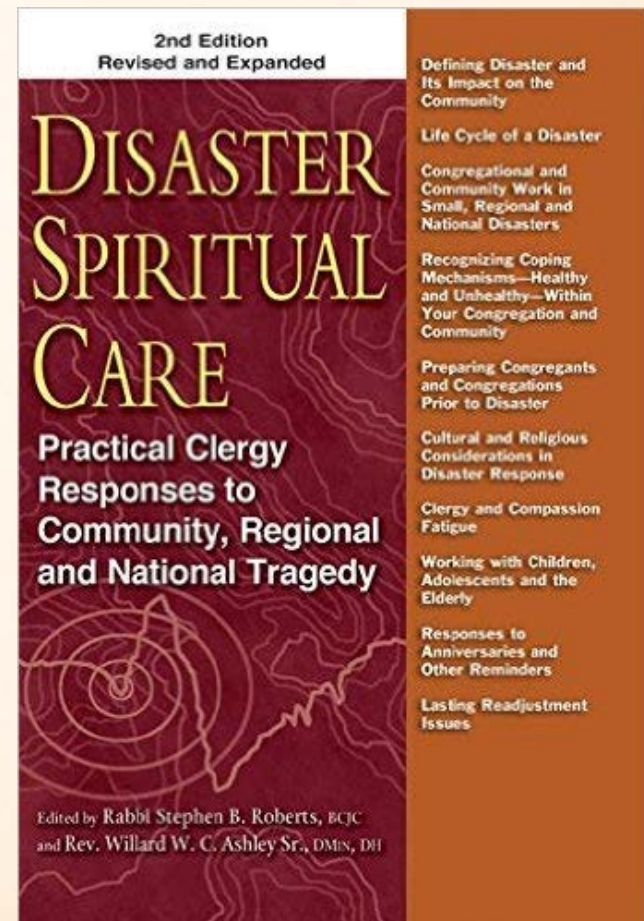
In a recent study of more than 200 rescue workers involved in the European refugee crisis, researchers also found that:

- 17 percent of rescue workers experienced symptoms of PTSD
- 57 percent reported a high level of perceived burnout and;
- 73 percent reported low levels of well-being.

Professional training of rescue workers, as well as managing the length of shifts can help minimize both physical and psychological problems.

Resources on Emotional Well-Being

- ❖ Rothschild, Babette. *The Body Remembers*. New York: W. W. Norton & Company, 2000
- ❖ Bremn, Douglas. *Does Stress Damage the Brain?: Understanding Trauma-Related Disorders from a Mind-Body Perspective*. New York: W. W. Norton & Company, 2005.
- ❖ Tantum, Digby, *Emotional Well-Being and Mental Health.: Guide for Counsellors and Psychotherapists*. Thousand Oaks: Sage Publications, 2014.



Practical Practices

Emotional Well-Being 101

- LEARN YOUR SYSTEM
- LOOK AT YOUR STRESSORS
- LISTEN TO YOUR SYMPTOMS
- LIVE SMART

Simple Solutions Emotional Well-Being 201

- Expect Human Problems
- Exercise Holy Practices
- Examine Persistent Patterns
- Embrace Healthy Possibilities



Visit Your Cardiologist!

*Our Work Can Be Heart Breaking
Relax, Refresh and Restore*



Bethany Case, MSW, LICSW

Victim Justice Program Specialist

US. Department of Justice, Office of Justice
Program



FEMA

Supporting First Responders, Emergency Managers & Disaster Relief Personnel

Bethany Case

Victim Justice Program Specialist





Office for Victims of Crime

- Mission:
 - Enhance the Nation's capacity to assist crime victims—
ALL victims of ALL crimes
 - Provide leadership in changing attitudes, policies, and practices
 - Promote justice and healing for all victims of crime
- How:
 - Fund grants to support direct services, training and technical assistance

www.ovc.gov



What is Vicarious Trauma?

- Work-related exposure to trauma
 - Single event or cumulative
- Inevitable occupational challenge
- ***Vicarious traumatization*** – the negative impacts, can be prevented or managed



How can it affect our workforce?

On the job	Personal life
Performance – increase or decrease in work, lesser quality of work	Physical - headaches, fatigue
Absence – late, increased sick leave	Psychological - anxiety, depression, suicide
Morale – negative attitude	Behavior - substance abuse, risk taking
Interpersonal – detach from co-workers	Spiritual – question meaning of life
Behavioral – irresponsibility	How we think – cynical, jaded, pessimistic
Big picture – decreased productivity, turnover, <u>decrease in quality of services</u>	Relationships – withdraw or cling

What does it mean to be vicarious trauma-informed and responsive?



- Acknowledge the widespread impact of vicarious trauma
- Imbed tools to build awareness of issue and resources
- Apply policies, procedures, supervisory techniques to prevent and mitigate *vicarious traumatization*

Helpful ways we can respond to VT



- Visit the *free online* [Vicarious Trauma Toolkit](#)
- Determine steps you can take in your role
 - Individual
 - Manager
 - Leader

OVC Resources



THE VICARIOUS TRAUMA TOOLKIT

Vicarious trauma is an occupational challenge for the fields of victim services, emergency medical services, fire services, and law enforcement, as well as allied professionals who work for or with these agencies.

Is your organization vicarious trauma-informed?

 **OVC**

www.ovc.gov/vtt

You can find out by accessing OVC's free, online resource—the *Vicarious Trauma Toolkit (VTT)*.

Learn more about the impacts of vicarious trauma and find tools to help you strengthen your agency's response.

OFFICE OF JUSTICE PROGRAMS

OVCTTAC OFFICE FOR VICTIMS OF CRIME
Training and Technical Assistance Center

Search

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Resources | How We Can Help | News | About Us | Learning Communities

SAFE PROGRAM
Need help supporting victims of sexual violence in your community?

Victim Assistance Training Online
Are you serving victims effectively?

Victim Law
Do you know what victims' rights exist in your state?

Professional Development Scholarships
Professional Development Scholarships are available to those who work with victims of crime

Expert Q & A
You have questions. We have answers.

Resource Library
Looking for resources to help with your organization's development and training needs?

Human Trafficking Task Force e-Guide
Keep up with the latest strategies, cases, and resources with the *Human Trafficking Task Force e-Guide*

Access live or prerecorded online trainings, conferences, and informative gatherings

Looking to build your organization's capacity to serve crime victims in Indian Country?

OVC Resources



MASS VIOLENCE TOOLKIT

This toolkit was developed to help communities prepare for and respond to victims of mass violence and terrorism in the most timely, effective, and compassionate manner possible.

Who Should Use the Toolkit?

While this toolkit can be used by any individual or organization responsible for planning and responding to incidents of mass violence and terrorism, OVC developed it with the following professionals in mind:



HOW TO USE THE TOOLKIT

The checklists provided in this toolkit can be tailored to fit the needs of your community. Use this toolkit to:

- Develop a comprehensive victim assistance plan for responding to incidents of mass violence, terrorism, natural disasters, and high-profile criminal incidents.
- Bring key partners together to review existing emergency plans, and to initiate or continue the development of a victim assistance plan for your community.
- Establish victim assistance protocols, which can greatly enhance the effectiveness of your response and recovery efforts.
- Follow protocols for short- and long-term responses to victims following incidents of mass violence.

Access the Mass Violence Toolkit at [OVC.gov/pubs/mvt-toolkit](https://www.ovc.gov/pubs/mvt-toolkit)

Contact OVC TTAC for questions about training or technical assistance on the toolkit: TTAC@ovcttac.org or 1-866-682-8822.

[facebook.com/OJPOVC](https://www.facebook.com/OJPOVC) twitter.com/OJPOVC





OVC Resources

- Vicarious Trauma Toolkit
 - www.ovc.gov/vtt
- Mass Violence Toolkit
 - www.ovc.gov/pubs/mvt-toolkit
- OVC's Training and Technical Assistance Center
 - www.ovcttac.org



Action Steps

Individuals	Organizations
Read some materials about VT	Share materials about VT
Talk to your colleagues about VT	Start organization-wide conversations about VT and its impact
Examine how you're currently coping	Assess your organization's capacity to address VT— Vicarious Trauma Toolkit's VT-ORG
Pick a starting point for yourself	Use VT-ORG to identify priority areas
Write a plan, check in regularly to assess your progress	Activate a committee to work on this and keep others informed of progress



Kevin Ellers, D.Min.

Territorial Disaster Services Coordinator, The
Salvation Army &
Chair, National Voluntary Organizations Active in
Disasters, Emotional and Spiritual Care Committee



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COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

***SUPPORTING THE EMOTIONAL
WELLBEING OF FIRST RESPONDERS,
EMERGENCY MANAGERS, &
DISASTER RELIEF PERSONNEL***

**Tuesday, May
15, 2018
1:00 - 2:00
p.m. EDT**

Presenter: Kevin Ellers, D.Min.

The Salvation Army:

Territorial Disaster Services Coordinator

Chair: Emotional and Spiritual Care Committee

Core Concepts for ESCC

- What is the NVOAD Emotional and Spiritual care committee (ESCC)?
- What role does ESCC play during times of disasters?
- Why is emotional and spiritual care preparedness important?



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National VOAD Today



Committees:

- Advocacy
- Communications
- Community Preparedness
- Disaster Case Management
- Disaster Health
- Donations Management
- Emotional & Spiritual Care
- Housing
- International
- Long Term Recovery Groups
- Mass Care
- United States Islands & Alaska
- Volunteer Management

Task Forces:

- Drought
- Training

Committee Documents:

Points of Consensus:

- Disaster Case Management
- Disaster Spiritual Care
- Disaster Emotional Care
- Donations Management
- Mass Care
- Rebuild & Repair
- Volunteer Management
- United States Islands & Alaska

Additional Resources:

- **Light Our Way**
- **Emotional Care Guidelines**
- **Spiritual Care Guidelines**
- Long-Term Recovery Guide
- Managing Spontaneous Volunteer
- National Mass Care Strategy

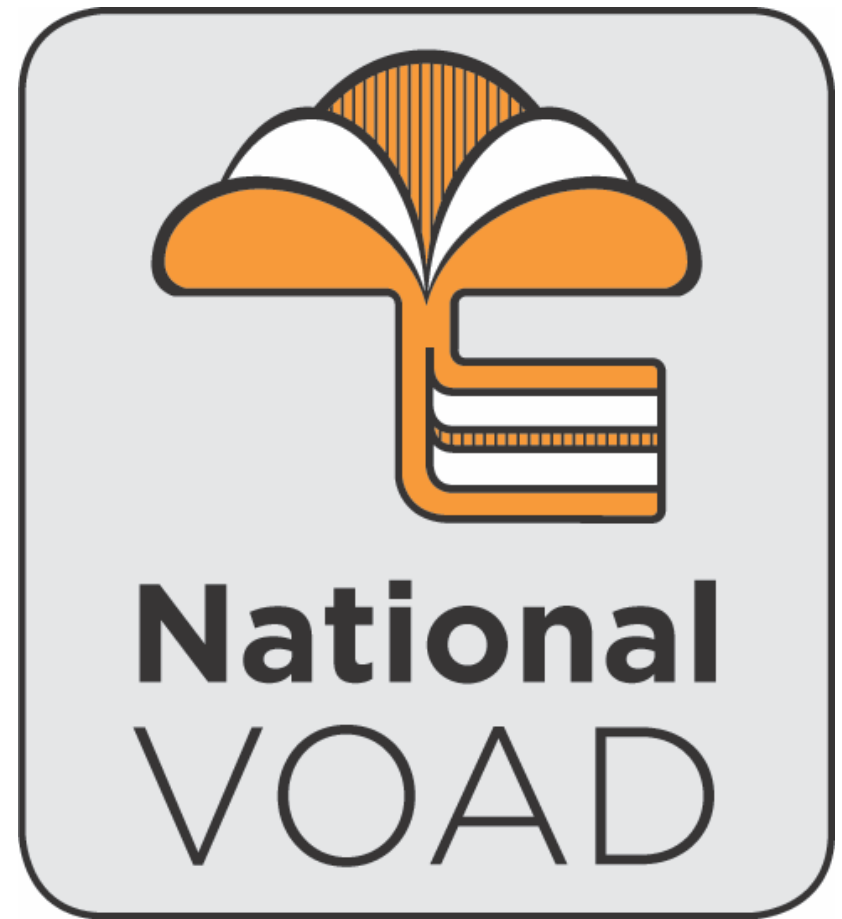
The 4 C's of National VOAD

Cooperation

Communication

Coordination

Collaboration



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Promoting Cooperation, Communication, Coordination and Collaboration in Disaster Response

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Emotional & Spiritual Care Committee

- *Light Our Way 2006 (Currently being updated)*
- *“DSC Points of Consensus” 2008-2009*
- *“DSC Guidelines” 2014*
- *“DEC Points of Consensus” 2015*
- *“DEC Guidelines” (In development – 5/2018)*
- www.nvoad.org to access these resources



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Why Specialized Disaster Training?

While many people naturally have helping skills, they often:

1. Don't understand the impact of disaster
2. Don't understand the disaster setting
3. Fail to do an adequate and ongoing assessment
4. Fail to develop a strategically integrated ESC plan within the disaster operation



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Why Specialized Disaster Training?

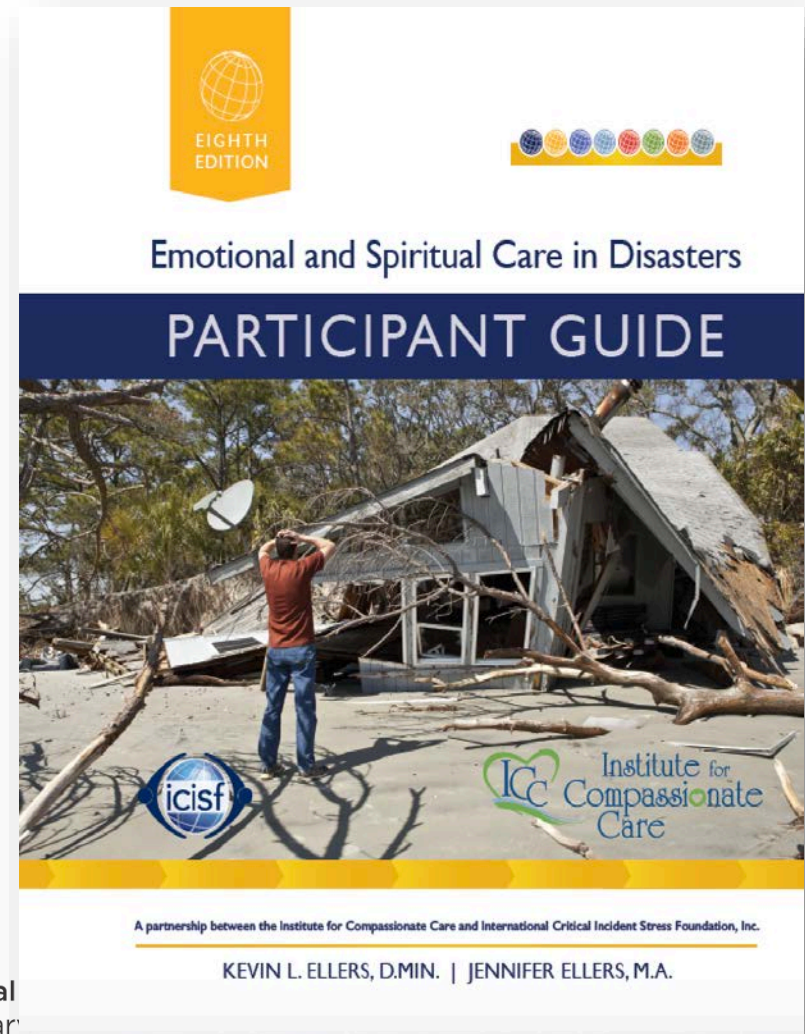
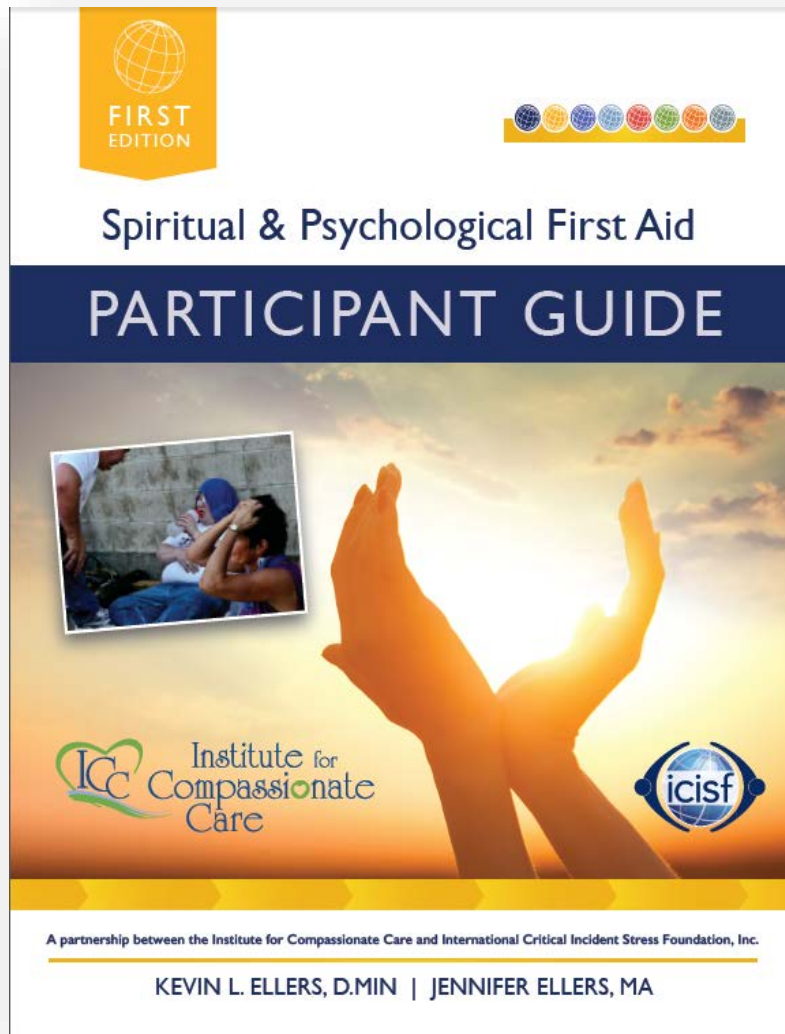
- 5. Fail to update ESC plan to fit the changes in the disaster cycle
- 6. Don't understand what appropriate spiritual care looks like in a shared setting
- 7. Operate in silos and don't collaborate with other ESC partners
- 8. Don't adequately care for the ESC needs of the team during or after deployment



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Sample ESC Training Resources



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10 P's of SPFA



Presence

Protection

Practical Assistance

Perception

Problem

Psychological Resiliency

Processing

Purpose

Preparing

Passing Off

Emotional and Spiritual Care in Disasters

Course Outline

Day One

Understanding disasters:

What changes

Disaster's impact:

Psychological, physical, emotional & spiritual

Disaster resiliency:

Coping & growing

What survivors need:

What helps most



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Emotional and Spiritual Care in Disasters

Course Outline

Day Two

Defining ESC:

Appropriate disaster care

ESC planning:

Strategic ESC planning

Building ESC teams:

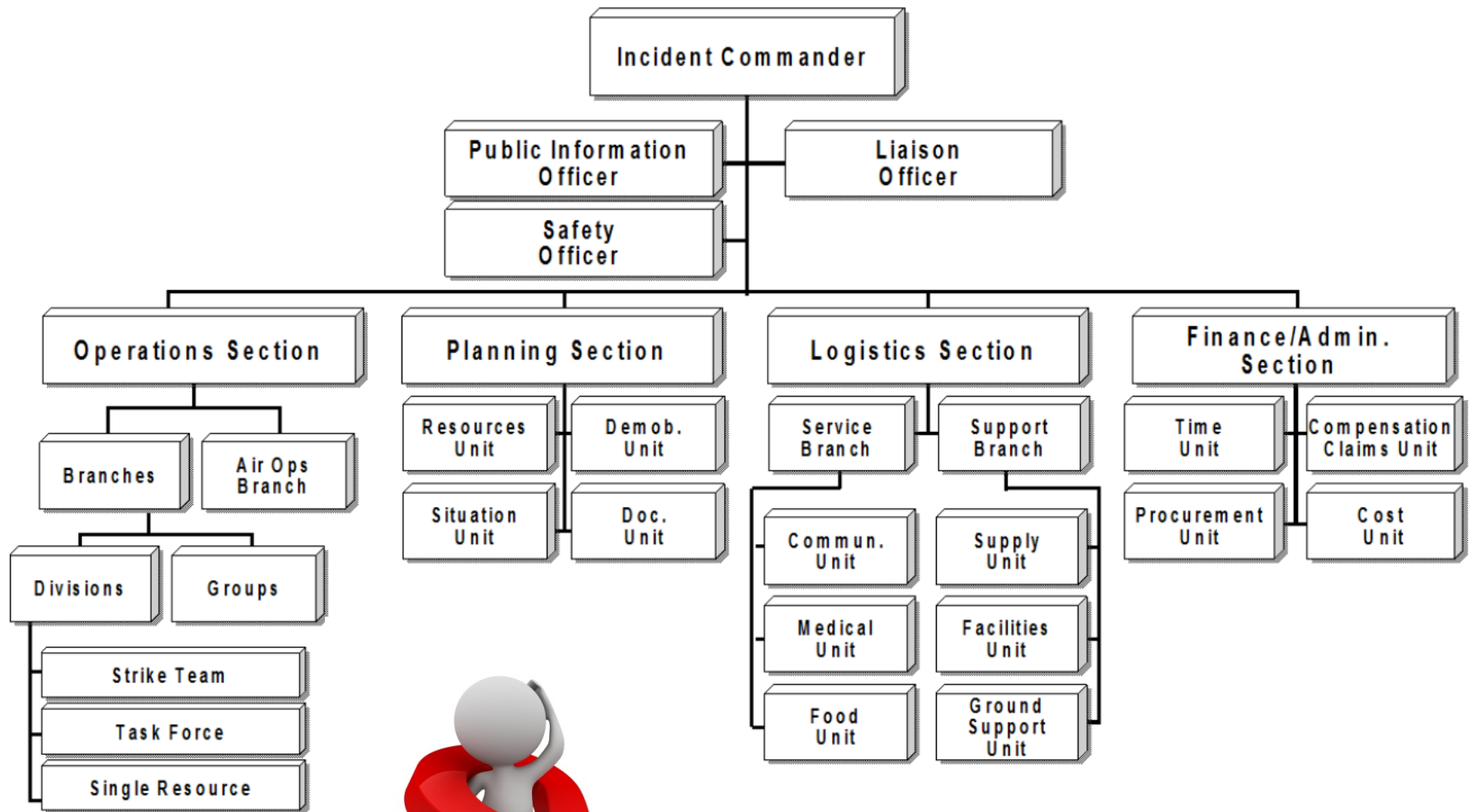
Competencies

Team care:

Effective team care



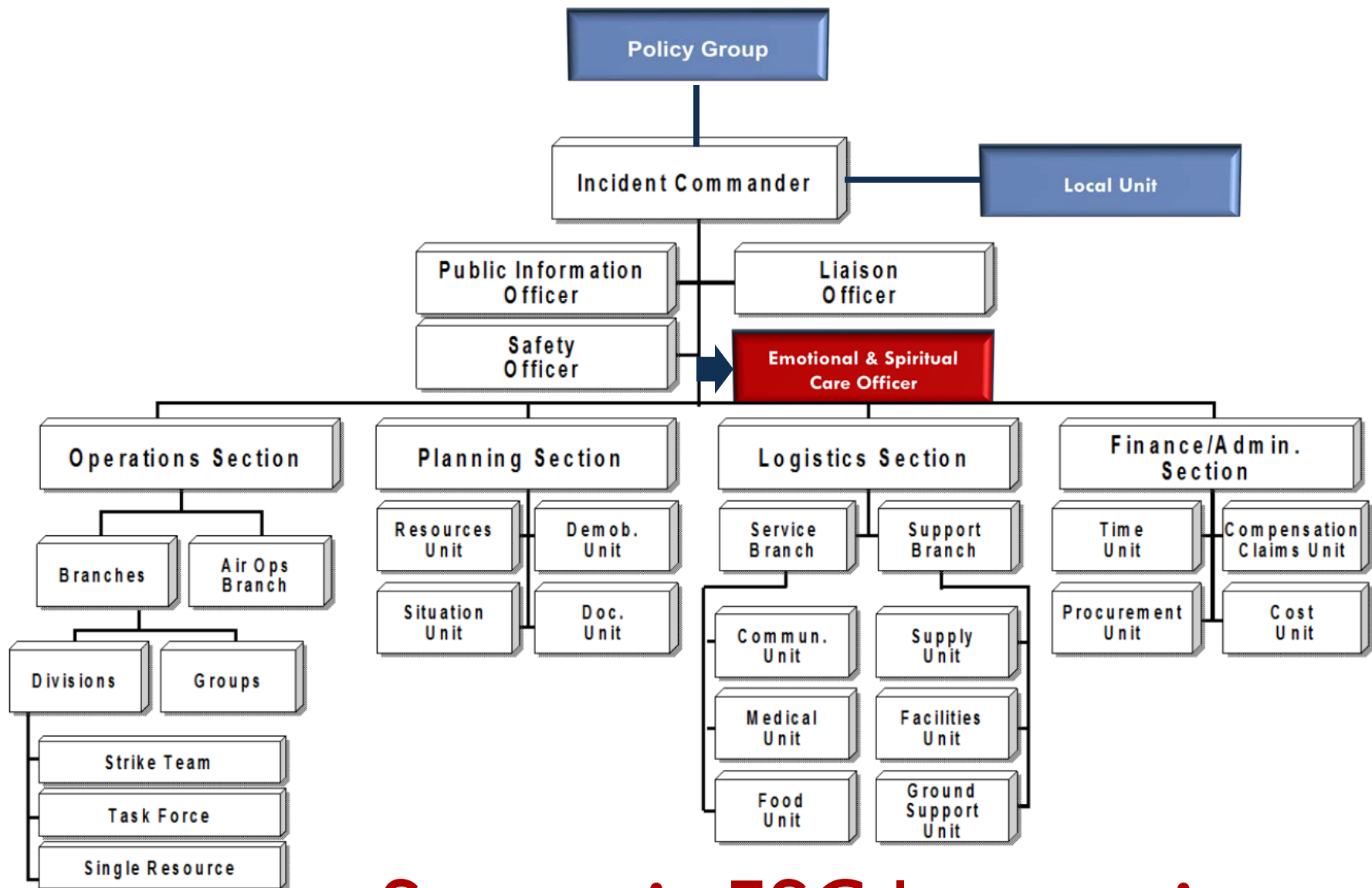
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BIG



Where is ESC?



Strategic ESC Integration



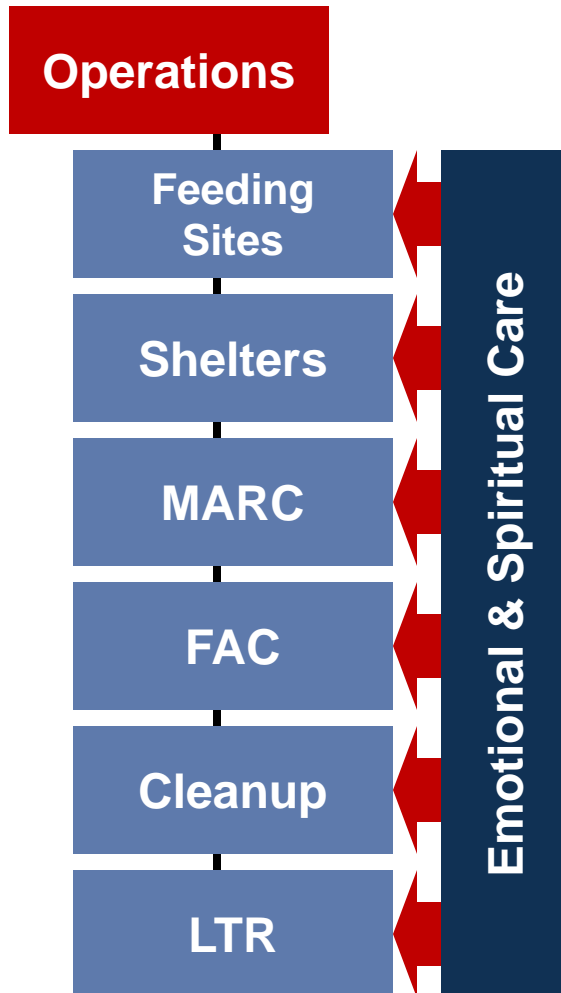
Where Does ESC Fit?



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ESC Strategically Embedded



Key Questions for ESC Integration:

- Where?
- What?
- When?
- How?



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Rationale for DSC

- *Spirituality is an essential part of humanity.*
- *Disasters significantly disrupts people's spiritual lives.*
- *Nurturing people's spiritual needs contributes to holistic healing.*
- *Every person can benefit from spiritual care in time of disaster.*



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“Appropriate and Respectful Disaster Spiritual Care” Guidelines (*Page 57*)



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“Appropriate and Respectful Disaster Spiritual Care”

- **Recognize** the right of each individual and faith group
- **Refrain** from manipulation & disrespect
- **Respect** the freedom from unwanted gifts, sermonizing speech, forced values
- **Avoid** exploitation of power imbalance



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NVOAD ESC Competencies

Section four of the guidelines discusses several key points:

- Importance of adequate training and skills
- Critical nature of appropriate supervision
- Defining local vs deployed ESC providers
- See workbook for more details



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Table 4.3**COMPETENCY CATEGORIES for Local and National VOAD Member Organization DSC Providers**

Competency in disaster spiritual care is defined as proficiency in three key areas needed to be effective in this specialized ministry. They are personal attributes, knowledge and skills. These factors relate to several core issues in the delivery of DSC:

COMPETENCY FACTOR	KEY ISSUE	DEFINITION	PRIMARY METHOD OF DEVELOPMENT	DOCUMENTATION
Personal attributes	Who I am	Inherent characteristics and qualities that facilitate healing and help shape others' perception of who I am	Life experience, personal reflection and guidance, instruction, modeling and mentoring from people and sources that influence me	Personal testimony and recommendation from knowledgeable persons
Knowledge	What I know	Theoretical foundations that provide understanding and direction for assessment and action	Structured learning (courses, workshops, personal study, etc.)	Documentation of successful completion of training program(s)
Skills	What I do	Practical functions that bring help to persons in need	Structured learning (courses, workshops, supervised practice, etc.)	Documentation of successful completion of training program(s)

Defining DESC

NVOAD ESC Guidelines define disaster spiritual care as part of the broader crisis intervention process. This process is not psychotherapy, but is an acute short-term helping process designed to accomplish the following:



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“Disaster spiritual care is unique; the disaster spiritual care provider engages in concentrated spiritual care during which the waves of critical stress are often so frequent and intense – and of such duration – that the spiritual care challenge is differentiated from that which is usually encountered in the day-to-day life of the local community of faith. Thus, the severity level of disaster events and the context in which this support is provided requires well trained and credentialed disaster spiritual care providers.”

Goals of DSC

1. **STABILIZATION** after the initial impact of trauma
2. **REDUCTION OF SYMPTOMS**
3. **PROMOTE RESILIENCE AND COPING**
4. **RETURN TO ADAPTIVE FUNCTIONING or REFERRAL**
to continued care by a specialist (e.g. legal aid,
mental health, specific religious provider) as
appropriate



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Disaster Spiritual Care Services

- Training for local spiritual care providers to equip them to provide sustainable services that uplift the religious and spiritual diversity of the community as an asset towards recovery
- Assessment of community spiritual needs (See Appendix E in DSC Guidelines)



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Disaster Spiritual Care Services

- Deployment of leadership and management specialists to assist in coordinating appropriate disaster spiritual care in shared settings as requested (See glossary for definition of “shared settings”)
- Programs and curricula designed to serve the needs of special populations (e.g. children)



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Disaster Spiritual Care Services

- Guidance and assistance in planning memorial and commemorative observances
- Resources to assist local disaster planners to include direct disaster spiritual care services as part of response activities



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Disaster Spiritual Care Services

- Respect for all expressions of belief regarding faith and non-faith
- Respect for each person's rich diversity of heritage, language and culture
- Commitment to ethical practices that protect the vulnerable



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Excellence in Disaster Spiritual Care Includes:

- Commitment to collaboration with all disaster spiritual care providers, local and deployed
- Commitment to confidentiality
- Spiritual assessments to determine perceived and real needs and assets



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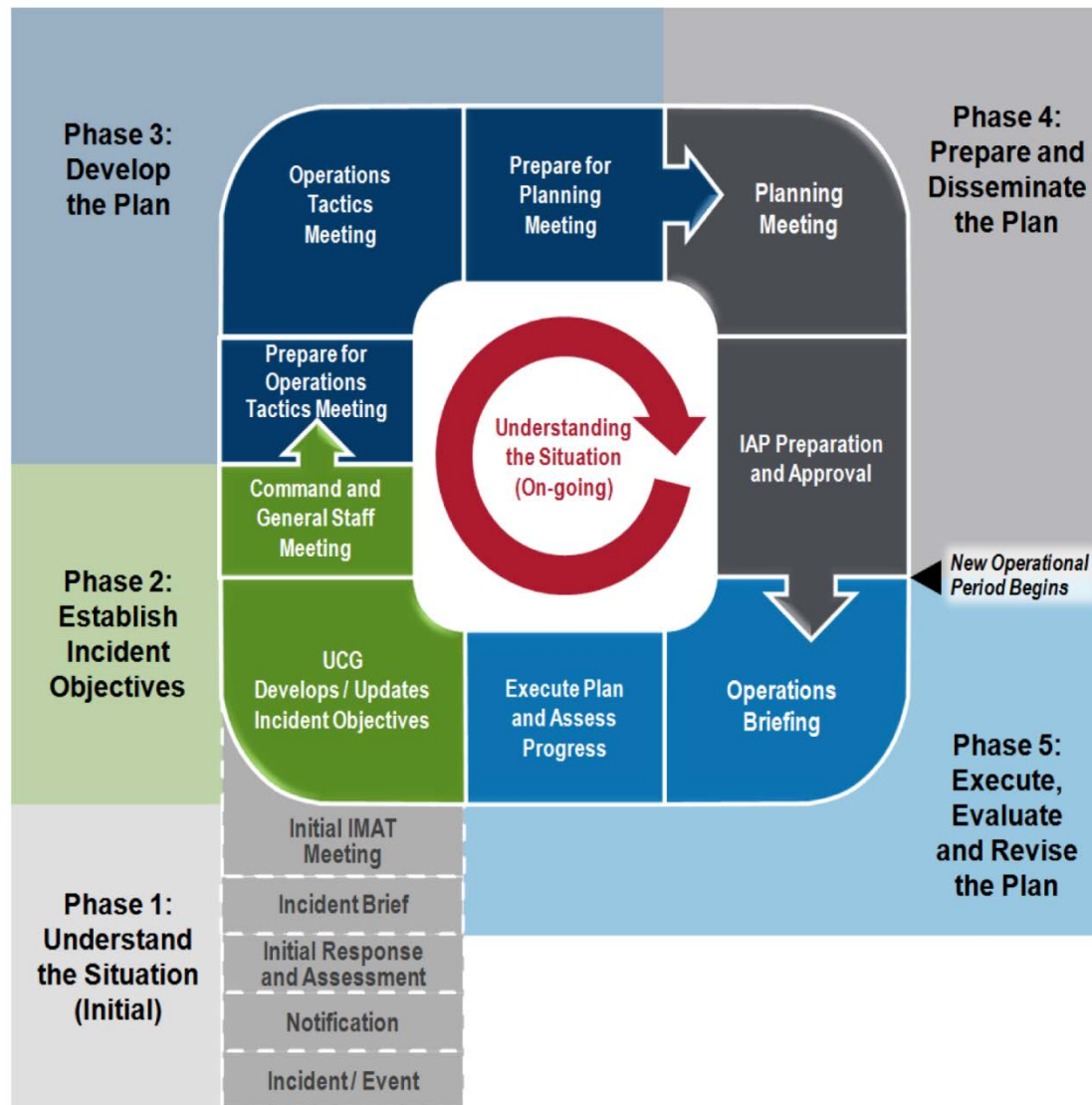
The incident action planning process is built on the following phases:

1. Understanding the situation
2. Establishing incident objectives
3. Developing the plan
4. Preparing and disseminate the plan
5. Executing, evaluating, and revising the plan



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The Planning “P”: The Incident Action Planning Process



ESC Planning

If everything is a priority,
then nothing is a priority!



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**Just showing up
is not necessarily
“Doing the Most
Good!”**



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Resources and Training

- Voluntary Organizations Active in Disaster
 - www.nvoad.org
- The Salvation Army Disaster Training
 - www.disaster.salvationarmyusa.org
- International Critical Incident Stress Foundation
 - www.icisf.org
- National Organization for Victim Assistance
 - www.trynova.org



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Upcoming Trainings

- June Classes: Spiritual and Psychological First Aid and Grief Following Trauma
- <http://www.cvent.com/events/baltimore-md-regional-training/event-summary-a6eb0cdc7e8b451b97d3f2600cb4599a.aspx>



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Erik Hierholzer

Captain, United States Public Health Service

Lead Public Health Advisor

Substance Abuse and Mental Health Services
Administration

U.S. Department of Health and Human Services

Supporting the Emotional Well-being of First Responders, Emergency Managers, & Disaster Relief Personnel

Erik Hierholzer

Captain, United States Public Health Service
Lead Public Health Advisor

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

First Responders: Disproportionate Effects

- Significantly higher prevalence of stress, posttraumatic stress disorder (PTSD), and suicide among first responders than in the general population.

In the United States, **20 percent** of adults experience behavioral health issues, while **30 percent** of first responders experience behavioral health issues.



Increased Behavioral Health Risk: Why?

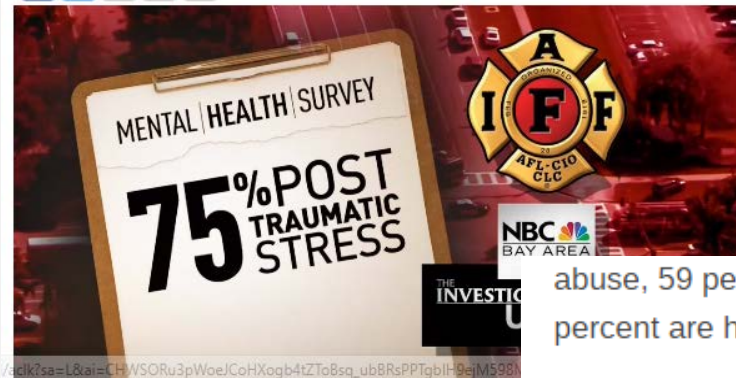
- First responder “hero” culture
 - The idea that “helpers shouldn’t need help”
 - Fear of being labeled
- Job-related stressors
 - Sleep deprivation and few breaks
 - Exposure to death and grief
- Repeated exposure to stress or trauma
 - Effects on mental and physical health

National Data Shows Firefighters' Mental, Emotional Health Not Getting Enough Attention

Nearly 7,000 firefighters respond to a joint NBC Bay Area-International Association of Fire Fighters survey about mental and behavioral health.

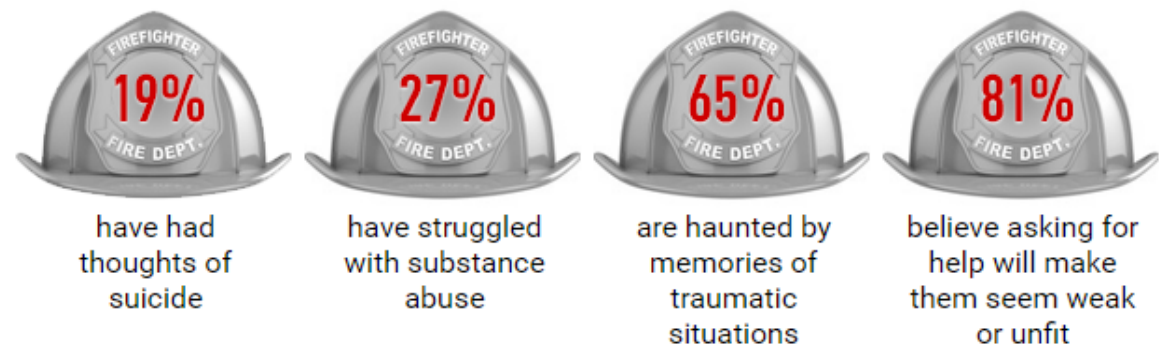
By Elizabeth Wagner, Michaela D'Amico, David L. Hery, Evan Schirger and David Munney

Published at 10:50 PM PST on Mar 1, 2018 | Updated at 12:08 AM PST on Mar 2, 2018



abuse, 59 percent have experienced family and relationship problems and 65 percent are haunted by memories of bad calls.

Key Findings



Addressing the Issues on Different Levels

Federal level:

- Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Awareness Training grants

Local level: Fire/EMS/police stations utilize several approaches:

- Psychological First Aid
- Critical Incident Stress Management (CISM)
- Critical Incident Stress Debriefing (CISD)

Individual level:

- Resilience
- Peer-to-peer support
- Self-care

Online SAMHSA Resources: <https://www.samhsa.gov/dtac>



Tips for Disaster Responders:

UNDERSTANDING COMPASSION FATIGUE

Disaster behavioral health response work can be very satisfying, but it can also take its toll on you. In this tip sheet, you will learn about the causes and signs of compassion fatigue (CF) and tips for how to prevent it from happening to you.

Research indicates that CF is made up of two main components: burnout and secondary traumatic stress.¹ When experiencing burnout, you may feel exhausted and overwhelmed, like nothing you do will help make the situation better. For some responders, the negative effects of this work can make them feel like the trauma of the people they are helping is happening to them or the people they love. This is called secondary traumatic stress. When these feelings go on for a long time, they can develop into "vicarious trauma." This type of trauma is rare but can be so distressing that the way a person views the world changes for the worse.

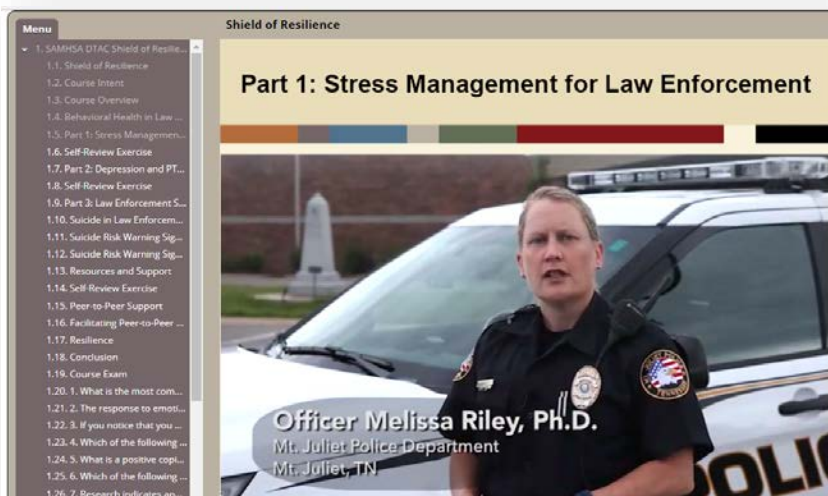
The Risks of Being a Disaster Behavioral Health Responder

Willingness to be in the trenches when responding to a disaster is one of the things that makes you credible and trustworthy to survivors. This usually means you live in conditions similar to those of disaster survivors. For example, you

may struggle with lack of personal space and privacy. You are likely to experience disruptions in sleep due to hectic work schedules or surrounding noise. These things can wear you down behaviorally, cognitively, physically, spiritually, and emotionally. You may also become more vulnerable to feeling the acute traumatic stress, sorrow, and anger of the people you help. You may even experience feelings of guilt for surviving the disaster. When this happens, you may have trouble understanding the risks to your own health and safety.

Signs of Burnout and Secondary Traumatic Stress

It is important to acknowledge the limitations of your skills and your own personal risks (such as a history of trauma) and other negative aspects of the disaster response experience (e.g., gruesome scenes or intense grieving) so that you recognize how they may be affecting your feelings as well as your behavior. Some responders may experience several of the following signs of burnout and the more serious component of CF, secondary traumatic stress. Remember, not all disaster behavioral health responders will experience every symptom.



7 STEPS TO ADDRESS YOUR EMOTIONAL WELL-BEING

1. Be prepared for the unknown

- A crisis or disaster can occur at any time. Being prepared, with a plan for the unknown can have a positive impact on your mental health.

2. Prepare your family

- Ensuring your family will have adequate support in your absence
- Prepare for any financial concerns that might arise
- Make arrangements for pets to be looked after in your absence

3. Consistently assess your mental health

- Difficulties sleeping
- Substance abuse (alcohol, drugs or overuse of medications)
- Compassion fatigue
- Irritability or anger
- Confusion
- Physical reactions, such as a stomachaches and headaches
- Depression or anxiety symptoms

4. Be aware of your organization's leave policies, work requirements and available support services

- Mandated time off
- Shift limits
- Task rotation to limit burnout in high-stress situations
- Encouraging peer partners
- Mental health services or support

5. Utilize self-care strategies. (Do what you enjoy)

6. Be aware of actions that increase stress

- Extending periods of working alone
- Taking few breaks
- Excessive use of food or substance as a crutch
- Non-helpful self talk, such as, "It's selfish to take a break," and "The needs of survivors are more important than needs of those helping"

7. Focus on the positive! (What accomplishments have been made?)



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Questions and Answers Session



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You Are the Help Until Help Arrives

A program to educate and empower the public to take action in emergency situations and provide lifesaving care before emergency personnel arrive.



Learn Five Simple Steps That May Save A Life



1. **Call 9-1-1:** Provide your specific location.
2. **Stay Safe:** Protect the injured from harm by moving them away from any ongoing danger.
3. **Stop the Bleeding:** Apply firm direct pressure or a tourniquet.
4. **Position the Injured:** Let someone who is conscious position themselves; put an unconscious person into the recovery position.
5. **Provide Comfort to the Injured:** Keep them warm and offer encouragement.

www.ready.gov/untilhelparrives



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Online Training Resources



- **Brief Interactive Video:** Viewers have the opportunity to make lifesaving decisions for injured amusement park patrons.



- **Web-Based Training:** A 25-minute, online, video tutorial explaining the steps people can take to help someone with life-threatening injuries.



- **Instructor-Led Training:** Materials, including videos and activities, for a hands-on, instructor-led course covers five topics in depth.

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