Program Facilitators

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- Eugene "Chip" Weiner, MS, LMHC, CEAP, SAP, CCISM

Program Overview

- Program Sponsors
- Competencies & Training Outcomes
- Continuing Education Credits
- Instructional Methods
- Instructional Materials
- Agenda

Program Developers:
The Florida Center for Public Health Preparedness

- Located at the USF College of Public Health
- 1 of 27 National Centers for Public Health Preparedness
- Designated and funded in April 2001 by the CDC
- Mission: To ensure that front-line public health workers have the necessary knowledge, skills, and competencies required to effectively respond to bioterrorism, infectious diseases, and other current and emerging health threats.
- Focus areas: disaster behavioral health; crisis leadership; disaster field epidemiology

Funding Source

- The design, development, and delivery of this program were supported by Grant No. U90/CCU424263-01-1 from a cooperative agreement between the Florida Center for Public Health Preparedness and the Centers for Disease Control and Prevention and the Association of Schools of Public Health.

Related Bioterrorism & Emergency Readiness Competencies

- Core Competency 1. Describe the public health role in emergency response in a range of emergencies that might arise.
- Core Competency 3. Identify and locate the agency emergency response plan (or the pertinent portion of the plan).
- Core Competency 4. Describe his/her functional role(s) in emergency response.
- Core Competency 6. Describe communication role(s) in emergency response.
- Core Competency 7. Identify limits to own knowledge / skill / authority and identify key system resources for referring matters that exceed these limits.
- Core Competency 8. Recognize unusual events that might indicate an emergency and describe appropriate action.
- Core Competency 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities.
Related Bioterrorism & Emergency Readiness Sub-Competencies

- Recognize and treat the [behavioral health] impact of a disaster or terrorism event on disaster workers.
- Identify persons potentially exposed to [behavioral health] hazards.
- Identify the signs and symptoms for [disaster related stress] exposure.
- Perform effective behavioral health assessment, stabilization, education, and/or triage and referral of disaster workers.
- Provide support for disaster workers.
- Assure safety and practice personal protection.

Training Outcomes

- Gain knowledge of critical incident stress, individual risk and resiliency factors, mild distress reactions and potentially incapacitating stress reactions, and stress-related disorders and syndromes affecting disaster responders.
- Develop an awareness of the occupational stress and stressors associated with disaster response work.
- Develop an awareness of one’s own personal and professional readiness for engaging in disaster response work.
- Develop an awareness of individual and group strategies and interventions for preventing, mitigating and managing stress, and for promoting behavioral health and self-care in disaster responders and response teams.
- Gain knowledge of behavioral health first aid and its principles.
- Gain skill in practicing the Responder-C³ARE Model of peer behavioral health first aid for disaster responders.

Continuing Education Credits

- Certified Health Education Specialists
- Licensed Mental Health Counselors
- Licensed Marriage and Family Therapists
- Licensed Clinical Social Workers
- Nursing Home Administrators
- Veterinarians
- Psychologists
- Pharmacists
- Physicians
- Nurses
*Note: Program facilitators have no commercial relationship or interest.

Instructional Methods

- Didactic Presentation
- Co-Facilitation
- Group Activities
- Application Exercises
- Demonstration
- Role Play
- Reflection
- Assessment
- Evaluation

Instructional Materials

- Program Manual
- Resource Web Site
- Program Evaluation
- Learner Assessment

Program Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 am – 8:00 am</td>
<td>On-Site Check-In</td>
</tr>
<tr>
<td>8:00 am – 8:10 am</td>
<td>Program Introduction &amp; Overview</td>
</tr>
<tr>
<td>8:10 am – 9:25 am</td>
<td>Module 1</td>
</tr>
<tr>
<td>9:25 am – 9:35 am</td>
<td>Break</td>
</tr>
<tr>
<td>9:35 am – 10:50 am</td>
<td>Module 1 (Continued)</td>
</tr>
<tr>
<td>10:50 am – 11:00 am</td>
<td>Break</td>
</tr>
<tr>
<td>11:00 am – 12:15 pm</td>
<td>Module 2</td>
</tr>
<tr>
<td>12:15 pm – 1:00 pm</td>
<td>Networking Lunch</td>
</tr>
<tr>
<td>1:00 pm – 2:30 pm</td>
<td>Module 3</td>
</tr>
<tr>
<td>2:30 pm – 2:40 pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:40 pm – 3:40 pm</td>
<td>Module 3 (Continued)</td>
</tr>
<tr>
<td>3:40 pm – 3:50 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:50 pm – 4:40 pm</td>
<td>Module 4</td>
</tr>
<tr>
<td>4:40 pm – 4:45 pm</td>
<td>Course Wrap-up</td>
</tr>
<tr>
<td>4:45 pm – 5:00 pm</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>
Quiz
True or False

1. I got a minimum of 8 hours of uninterrupted sleep last night and do so most days?
2. I ate a well-balanced breakfast this morning to include protein and fiber and do so on a regular basis.
3. I did not have a caffeinated beverage this morning nor do I plan to do so today.
4. I did not consume an alcoholic beverage this past weekend.
5. I did something that was fun over the weekend and do so most weekends.
6. I engaged in meaningful / purposeful / spiritual activity over the weekend.
7. I spent time with others over the weekend.
8. I exercised this morning and/or I plan to do so after today’s training.
9. Attending today’s training is my choice.
10. I am “self-centered”.

Learning Objectives

- Define critical incident, critical incident stress, and related terms.
- List examples of stressors associated with critical incidents and disaster response work.
- Identify risk factors and other determinants that contribute to critical incident stress in disaster responders and protective factors that enhance stress resistance and resilience.
- Recognize mild distress reactions and potentially incapacitating stress reactions in disaster responders and symptoms, disorders, and syndromes associated with critical incident stress and disaster response work.
- Describe adaptive approaches for managing disaster stress and for developing stress resistance, resilience, and adaptive coping.
- Practice stress management techniques.

Crisis: Defined

- “A response to critical incident, disaster, or trauma characterized by psychological disequilibrium, a failure of usual coping mechanisms, manifest evidence of impairment or dysfunction.”
- Note: This definition focuses upon the individual’s reaction to an event, not the event itself.”
  (CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
Critical Incident: Defined

> “An event that has the potential to affect a crisis response.” (Mitchell and Everly, p. 15, 2003)
> Any event that is markedly distressing and challenges one’s ability to cope and adapt.
> “A circumstance that leaves one feeling terrified, powerless, and/or horrified in the face of threatened or actual injury or death.” (Mitchell and Everly, 2003, p. 49)

Critical Incident: Characteristics

> Trigger fear, helplessness, and/or horror in response to the perceived or actual threat of injury or death to the individual or to another.
> Overwhelms the individual's perceived ability to cope and/or adapt to one’s environment.

Critical Incident: Examples

What is Critical Incident Stress?

Stress: Defined

> A normal reaction to a threat or disturbing change in the environment that produces both physiological and psychological responses.
> Occurs when any demand ("pleasant" or "unpleasant") is placed upon the body.

Stress is...

> Normal
> Necessary
> Identifiable
> Preventable
> Manageable
Stress: Types
- Eustress
- Distress
- Acute
- Chronic
- Cumulative
- Critical Incident (a.k.a. Traumatic or Traumatic Incident):
  - Primary
  - Secondary
  - Tertiary

Critical Incident Stress: Defined
- Emotional, behavioral, psychological and physiological reactions that occur when individuals are directly exposed to the extreme events of the disaster or traumatic event and/or to individuals who have been adversely affected by trauma and then become personally overwhelmed or adversely affected by this exposure.

Critical Incident Stress: Transmission
- Direct exposure to the extreme events of the disaster or traumatic event (critical incident) - (primary exposure: primary traumatic stress)
- Direct exposure to individuals (“survivors”) who have been adversely affected by the disaster or traumatic event – (secondary / indirect exposure: secondary traumatic stress)
- Responder becomes overwhelmed or adversely affected by this exposure.

Traumatic Stress: Impact Pyramid
Primary Level: Those individuals who have experienced maximum and direct exposure to the traumatic event or disaster
Secondary Level: Those who have indirectly experienced the traumatic event through direct exposure to primary affected persons
Third Level: At-risk populations, groups, or businesses
Fourth Level: Community members directly involved in the disaster
Fifth Level: Individuals who are not directly involved with the disaster but may experience a state of distress

What stressors contribute to Critical Incident Stress in disaster responders?
Stressor: Defined

- "A stimulus that causes, evokes, or is otherwise strongly associated with the stress response." (Mitchell and Everly, 2003, p. 35)
- "Events or conditions that may cause physiological and behavioral reactions and present coping difficulties for the individual experiencing them." (National Institute of Mental Health, 2002, p. 27)

Personal Stressors: Examples

- Death / Illness
- Divorce
- Marriage
- Major personal injury or illness
- Loss of job / New job
- Retirement
- Pregnancy / Birth
- Major change in financial state
- Marital discord
- Vacation
- Holidays

Disaster Response Work-Related Stressors: Physical

- Dehydration / Hunger
- Extreme fatigue / Exhaustion
- Lack of adequate housing / nutrition / rest
- 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

Disaster Response Work-Related Stressors: Emotional

- Encounter with tragic or mass death / human remains / injury / suffering of others /
- Repeated / Vicarious exposure to deceased / injured
- Exposure to survivor grief / terror / shame / guilt / confusion
- Separation from loved ones
- Inability to protect / contact loved ones
- Personal loss caused by disaster

Disaster Response Work-Related Stressors: Cognitive

- Discomfort with hazardous exposure
- Over-identification with victims
- High workload intensity
- Human errors
- Time pressures
- Perceived mission failure
- Negative perception of cause of disaster / assistance offered
- Frustration with inability to fulfill responder role
- Role ambiguity
- Lack of preparedness / training / clarity of tasking
- Mismatching skills with tasks
- Lack of / Too much autonomy
- Difficult choices / decisions
- Pressure to provide answers / solutions to problems

Disaster Response Work-Related Stressors: Operational / Organizational

- Inter-agency / Intra-organizational struggles over authority
- Perception of low-control
- Insufficient resources / Equipment shortages
- Equipment failure
- Communication breakdowns
- Command / Control ambiguities
- Negative perception by community
- Intense local needs / pressures for information (e.g., media / health officials) that cannot await clearance
- Lack of team cohesion
- Re-integration barriers
Who is at Risk for Critical Incident Stress?

Risk & Resiliency Factors / Determinants

### Critical Incident Stress can effect any disaster worker who is...
- Directly exposed to the extreme events of the disaster or traumatic event
- Directly exposed to individuals ("survivors") who have been adversely affected by the disaster or traumatic event
- Becomes overwhelmed or adversely affected by this exposure.

### Factors / Determinants: Event
- Disaster Classification / Type (e.g., natural v. human-caused)
- Familiarity with the event / hazard
- Degree of uncertainty / predictability / control / avoidability / warning
- Suddenness of onset
- Duration / Intensity
- Scope of destruction / damage
- Severity of impact
- Rate of occurrence: single v. repeated
- Magnitude of loss
- Recurring risk
- Numbers of affected persons
- Degree of injuries

### Factors: Community / Societal
- Individual v. Community
- Availability of community resources
- Extent / Nature of damage
- Damage to community structure
- Consequent social / political unrest
- Community’s level of preparedness
- Community’s previous experience / exposure
- Degree of stress resistance / resilience
- Effectiveness of response efforts

### Factors / Determinants: Individual
- Education / Training
- Experience
- Social support
- Personality characteristics / Attitude
- Resources
- Exposure
- Life threat
- Stress
- Subjective interpretation / Cognitive appraisal
- Trauma experience
- Identification with injured / deceased
- Loss
- Injury / Illness
- Degree of resiliency / preparedness
- Gender
- Relationship status

### Risk “Aggravating” Factors
- Pre-existing stress / Presence of other stressors
- Unresolved / Previous trauma
- Family instability / conflict
- Substance abuse
- Behavioral disorders
- Low level of preparedness / Lack of experience
- Life threat
- Negative attitude / appraisal / interpretation of event
- High degree of exposure / loss
- Lack of social network / support / resources
- Sustained injury / illness
- Death of loved one(s)
- High unpredictability of event
- Lack of control
- Close proximity to scene of impact
- Ineffective response system
- Inadequate social support / resources
- Identification with affected persons

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Resiliency “Protective” Factors

- Prepared
- High degree of social support / resources
- Education / Training / Experience
- Successful mastery of previous trauma
- Regular risk communication / information
- Stress management education
- Ability to tell trauma narrative
- Realistic expectations
- Availability of recovery resources
- Supportive response system
- Optimistic / Positive attitude
- Active / Problem-focused coping
- Self-control / Self-esteem
- Hardiness
- Limited exposure
- Sense of humor
- Flexible / Adaptable
- Sense of purpose / meaning
- Self-caring

Activity: Identifying Occupational Stressors of Disaster Response Work & Risk Factors of Disaster Responders

Activity:
Identifying Occupational Stressors of Disaster Response Work & Risk Factors of Disaster Responders

What are the signs and symptoms of Critical Incident Stress?
Responses & Reactions

Stress Response: Defined

- “The nonspecific response of the body to any demand placed upon it.” (Mitchell and Everly, 2003, p. 35)
- A normal reaction that leads to an increase in arousal and the ability to deal with threat. (ATSDR, 2005)
- E.g., Fight / Flight / Freeze

Stress Response: Defined

Stress Response:
Stimulus (Stressor) → Appraisal of Threat → Response
Autonomic Nervous System: Physiological Responses to Disaster Stress

<table>
<thead>
<tr>
<th>ORGAN OR FUNCTION</th>
<th>FIGHT / FLIGHT (Sympathetic Nervous System)</th>
<th>REST / RELAXATION (Parasympathetic Nervous System)</th>
</tr>
</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>

Stress Reaction: Defined

- "Physiological and behavioral responses to stressors." (NIMH, 2002, p. 27)

Disaster Stress Reaction Phases

<table>
<thead>
<tr>
<th>Reaction Phase</th>
<th>Duration</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Reaction</td>
<td>Minutes, Hours, Days</td>
<td>Fight / Flight / Freeze • Very intense</td>
</tr>
<tr>
<td>Repair</td>
<td>1 – 6 Months</td>
<td>Less intense • Coping / Healing • Prolonged adjustment • Return to equilibrium</td>
</tr>
<tr>
<td>Recovery</td>
<td>&gt; 6 Months</td>
<td>Diminished • Resilient</td>
</tr>
</tbody>
</table>

Mild Distress Reactions: Emotional

- Denial
- Dissociation
- Loss of pleasure
- Emotional numbing
- Resentful
- Overwhelmed
- Hopelessness
- Depression
- Anticipation of harm to self or others
- Feeling lost / abandoned / isolated
- Agitation
- Apprehension
- Fear

Mild Distress Reactions: Cognitive

- Impaired concentration / memory / decision-making
- Indecisiveness
- Confusion
- Disbelief / Shock
- Distortion of sense of time / reality
- Intrusive thoughts / memories
- Decreased self-esteem
- Self-blame / Self-doubt
- Sensory re-living / re-experiencing
- Distraction / Pre-occupation
- Dreams / Nightmares
- Hyper-vigilance
- Suspiciousness
- Blaming
- Poor problem-solving
- Disorientation
- Dissociation
- Psychic numbing
- Hyper-alertness
- Mistrust

Mild Distress Reactions: Physical

- Fatigue
- Insomnia
- Sleep disturbance
- Hyper-arousal
- Somatic complaints
- Impaired immune response
- Headaches
- Gastrointestinal upset: Nausea / Vomiting / Diarrhea / Constipation
- Decreased / Increased appetite
- Decreased libido
- Startle response
- Visual difficulties / disturbance
- Non-specific aches / pains
- Gait change
- 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
- Shock symptoms
- Thirst
- Sensory impairment
Mild Distress Reactions: Behavioral
- Alienation
- Social withdrawal / isolation
- Increased relationship stress / conflicts
- Substance abuse
- Vocational impairment
- Aggression / Easily upset
- Uncontrolled / Self-imposed exposure to hazards
- Identification stress
- Feeling tainted by death
- Incapacity to disengage from recovery efforts
- Ritualistic behavior
- Reluctance to leave the scene until the work is finished
- Excessive silence
- Inappropriate humor
- Increased smoking
- Pacing
- Impulsiveness
- Risk-taking behaviors
- Emotional outbursts
- Inability to rest
- Change in speech patterns
- Change in sexual functioning
- Change in appetite
- Denied need for rest / recovery time
- Attempt to override stress / fatigue with dedication & commitment

Potentially Incapacitating Distress Reactions: Behavioral
- Uncharacteristically argumentative
- Excessive risk-taking / impulsiveness
- Chronic tardiness
- Increased absenteeism
- Uncontrollable anger / hostility / aggression / rage / violence
- Unable to let down when off duty
- Inability / Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs / alcohol
- Unusual clumsiness
- Substance abuse / self-medicating
- Social withdrawal / avoidance / isolation
- Changes in appetite / eating
- Change in sexual functioning / decreased libido
- Blaming
- Persistent sleep disturbances including nightmares
- Workaholism
- Relationship problems
- Arrogance
- Sense of entitlement

Potentially Incapacitating Distress Reactions: Behavioral
- Difficulty communicating thoughts / remembering instructions / making decisions
- Difficulty maintaining balance
- Limited attention span
- Difficulty concentrating
- Disorientation / Confusion
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Diminished sense of self / personal accomplishment
- Unrealistic self-expectations
- Extreme avoidance of disturbing memories
- Prolonged dissociation
- Recurring dreams / nightmares
- Persistent memory disturbances / intrusive recollections of the trauma / flashbacks / re-experiencing
- Suicidal / Homicidal thoughts
- Persistent sense of failure
- Phobia formation
- Developmental regression
- Resurgence of prior traumatic experiences
- Change in life attitude

Potentially Incapacitating Distress Reactions: Physical
- Shock:
  - Rapid light breathing
  - Quick light pulse
  - Shivering
  - Feeling chilled
  - Nauseated
  - Moist and clammy skin
  - Dilated pupils
  - Mental confusion
- Chest pain
- Severe shortness of breath
- Extreme fatigue
- GI upset
- Tremors / Headaches / Nausea
- Hypertension

Critical Incident Stress Symptoms: Categories by Occurrence
Critical Incident Stress Symptoms: Rate & Severity

- Major depression
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Substance abuse
- Panic disorder / attacks
- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Sleep disorders

- Adjustment disorder
- Bereavement complications
- Eating disorders
- Sexual dysfunction
- Hyperchondricism
- Erratic work-related behavior

Critical Incident Stress Related Disorders: Behavioral

- Major depression
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Substance abuse
- Panic disorder / attacks
- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Sleep disorders

- Adjustment disorder
- Bereavement complications
- Eating disorders
- Sexual dysfunction
- Hyperchondricism
- Erratic work-related behavior

Critical Incident Stress Related Disorders: Physical

- Hypertension
- Cardiovascular disorders
- Migraines / Tension headaches
- Arthritis
- Respiratory disease
- Ulcers
- Colitis

- Irritable bowel syndrome
- Muscle tension problems / aches
- Gastrointestinal disorders
- Complex partial / psychogenic seizures
- Skin rashes

Disaster Responder Stress: Related Disorders & Syndromes

- Burnout
- Vicarious Traumatization / Countertransference
- Compassion Fatigue

What conditions are associated with Critical Incident Stress?

Disorders & Syndromes

- Major depression
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Substance abuse
- Panic disorder / attacks
- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Sleep disorders

- Adjustment disorder
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- Muscle tension problems / aches
- Gastrointestinal disorders
- Complex partial / psychogenic seizures
- Skin rashes

Burnout
Burnout

“A state of physical, emotional, and mental exhaustion caused by a depletion of one’s ability to cope with one’s environment, resultant from one’s responses to the ongoing demands and cumulative stressors of one’s daily life.”

(Maslach, 1982)

Burnout

“The chronic conditions of perceived demands outweighing perceived resources.”

(Gentry & Baranowsky, 1998)

Burnout

• Occurs over time and when one’s perceived demands outweigh one’s perceived resources. (Gentry & Baranowsky, 1997)
• May begin gradually but, unless interrupted, will grow worse until the individual feels completely unable to function.

Burnout: Warning Signs & Symptoms

- Excessive fatigue
- Sleep disruptions
- Headaches
- Stomach aches
- Body aches
- Susceptibility to colds / flus
- Excessive alcohol use / caffeine consumption / smoking
- Diminished work performance
- Absenteeism / Tardiness
- Declining productivity
- Inefficiency
- Mistrust of co-workers / supervisors
- Neglecting own safety / physical needs
- Depersonalization in interactions with colleagues / clients
- Feelings of helplessness
- Irritability
- Anxiety
- Depression
- Pessimism / Cynicism
- Social isolation
- Carelessness
- Loss of spirit
- Inability to concentrate
- Grandiose beliefs about one’s own importance

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 seeing close friends and family members less frequently?
• Are you too busy to do routine things, like make phone calls?
• Are you suffering from physical complaints (e.g., aches, pains, headaches, or a lingering cold)?
• Is joy elusive?

Vicarious Traumatization

• Secondary traumatic stress
• “The transmission of traumatic stress to responders by observing and/or listening to the stories of traumatic events experienced by trauma survivors.” (McCann & Pearlman, 1990)
• Results when a responder’s primary traumas are revisited due to the sights, sounds, stories, or issues raised by survivors. (Young, 2004)
Vicarious Traumatization: Warning Signs & Symptoms

- Bystander’s guilt
- Rage
- Dread
- Horror
- Shame
- Grief
- Mourning
- Viewing the survivor as hero
- Over-identification
- Sense of bond w/ survivor
- Defense of survivor

Compassion Fatigue

“The convergence of primary traumatic stress, secondary traumatic stress, and cumulative stress / burnout in the lives of responders and other helping professionals.”

(Gentry, 2001)

Compassion Fatigue: Warning Signs & Symptoms

- Increased negative arousal
- Difficulty separating work & personal life
- Lowered frustration tolerance
- Dread
- Increased transference / counter-transference
- Depression / Sadness
- Ineffective / Self-destructive self-soothing behaviors
- Diminished sense of purpose
- Diminished effectiveness / satisfaction
- Reduced functioning in non-professional situations
- Diminished capacity for intimacy
- Loss of hope
- Diminished capacity to listen and communicate
- Loss of confidence
- Lack of energy / enthusiasm
- Loss of sense of humor
- Avoidance
- Recurring images / thoughts
- Sleep disturbances / nightmares

Compassion Fatigue: Gentry & Baranowsky (1997)

PRIMARY TRAUMATIC STRESS
+ / X
SYNERGISTIC EFFECT
SECONDARY TRAUMATIC STRESS
+ / X
SYNERGISTIC EFFECT
BURNOUT

COMPASSION FATIGUE

Activity: Identifying Stress Reactions & Related Disorders In Disaster Responders
ACTIVITY: View – Identify – Record – Share

RELATED LEARNING OBJECTIVE: Recognize mild distress reactions and potentially incapacitating stress reactions in disaster responders and symptoms, disorders, and syndromes associated with critical incident stress and disaster response work.

PURPOSE: To develop an awareness of mild and potentially incapacitating distress reactions and related symptoms, disorders and syndromes experienced by disaster responders.

TIME: 25

TASKS:
➢ View the video of disaster workers titled “When Helping Hurts: Sustaining Trauma Workers.” (15 mins) (Answer 3 questions.)
➢ Identify the stress reactions, symptoms, and related disorders that were experienced by the disaster workers in the video. (3 mins)
➢ List additional typical stress reactions and related disorders disaster responders may experience. (2 mins)
➢ Share your unique responses with the larger group. (5 mins)

How do disaster responders manage Critical Incident Stress?

Behavioral Health Promotion: Approaches, Methods & Interventions for Managing Disaster Related Stress

Behavioral Health Promotion: Defined
➢ The process of enabling individuals to increase control over and to improve their behavioral health by helping persons modify their behaviors, attitudes, and values through health-enhancing activities that promote adaptive behavior change.

Disaster Responder Stress Management: Behavioral Health Promotion Approaches

<table>
<thead>
<tr>
<th>Disaster Stages</th>
<th>Stress Management Phases</th>
<th>Stress Management Goals</th>
<th>Stress Management Methods</th>
<th>Intervention Models</th>
</tr>
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<tbody>
<tr>
<td>Pre-Event</td>
<td>Prevention</td>
<td>Resistance</td>
<td>Prevention</td>
<td>Self-CARE Team-CARE</td>
</tr>
<tr>
<td>Event</td>
<td>Mitigation</td>
<td>Resilience</td>
<td>Reduction</td>
<td>Self-CARE Responder-CARE Team-CARE</td>
</tr>
<tr>
<td>Post-Event</td>
<td>Management</td>
<td>Coping</td>
<td>Reappraisal</td>
<td>Self-CARE Team-CARE</td>
</tr>
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<td></td>
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<td>Reinterpretation</td>
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<td>Reintegration</td>
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<td>Tolerance</td>
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<td>Removal</td>
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</tr>
</tbody>
</table>

Disaster Responder Stress Management: Prevention Phase

• An approach that emphasizes taking measures before the crisis happens or to prevent, minimize, or avoid subsequent trauma.
• Preventive stress management focuses on anticipating stressors and shaping crises, rather than simply reacting to them after they occur. (CDC/ASPH Mental Health Preparedness Exemplars’ Group, 2005)
Disaster Responder Stress Management: Prevention Phase Goal - Resistance

- The ability of an individual or group to "resist" or prevent the effects of a critical incident or disaster. (CDC/ASPH Mental Health Preparedness Exemplars' Group, 2005)
- A form of "psychological or behavioral immunity." (CDC/ASPH Mental Health Preparedness Exemplars' Group, 2005)

Disaster Responder Stress Management: Approaches for Building Stress Resistance

- Perform self assessment / awareness / monitoring of stress
- Practice stress relaxation techniques
- Eat healthy, nutritious foods
- Engage in regular, physical exercise
- Get adequate water hydration
- Rest
- Establish social support / peer support / team cohesion
- Develop / Maintain interpersonal connections with community
- Seek sense of purpose / meaning

Disaster Responder Stress Management: Mitigation Phase

- Strategies aimed at limiting or reducing disaster related stress.

Disaster Responder Stress Management: Prevention Phase Goal - Resilience

- "The ability to rebound rapidly and effectively from psychological or behavioral disturbances associated with critical incidents." (Kaminsky, et.al., 2005)
- "The capacity to face, overcome, and even be strengthened by experiences of adversity." (ATSDR, 2005, p.13)
- "A person's ability to maintain a level of functioning that adapts to a situation of extreme stress including exposure to trauma." (Association of Traumatic Stress Specialists)

Disaster Responder Stress Management: Approaches for Enhancing Resilience

- Give / Receive support
- Monitor signs of distress / fatigue
- Stay focused on the immediate tasks
- Take regular rest breaks
- Maintain proper water hydration
- Eat high protein foods
- Avoid caffeine / sugar / alcohol
- Attend operational orientations / briefings / debriefings
- Participate in behavioral health promotion services / activities
- Practice stress management
- Use assistance resources
- Tolerate uncertainty
- Use adaptive stress management approaches to cope with stress / anxiety

Disaster Responder Stress Management: Management Phase

- Individual or group interventions and techniques designed to reduce the impact of stressors and to equip persons with effective coping mechanisms for dealing with stress.
- "The conscious effort to better control, mitigate, or interact with the stress in one's life." (Mitchell and Everly, 2003, p. 41)
- "The process of identifying stressors and learning coping skills to deal with them." (Inner Access 101, 2005)
Disaster Responder Stress Management: Prevention Phase Goal - Coping

- The process by which people try to manage, control, or deal with the stress they experience.
- “A person’s attempt to adjust, overcome, or change the new situation in order to maintain or return to a psychological equilibrium that will agree with the new situation.” (Gal, 2005)

Disaster Responder Stress Management: Approaches for Fostering Recovery

- Reestablish connections with social supports
- Participate in crisis intervention / behavioral health promotion services and activities
- Return to routine activities as soon as possible
- Find meaning / purpose in disaster response work
- Practice stress management
- Share disaster experience with supportive others
- Journal
- Tell disaster narrative

Disaster Responder Stress Management: Methods & Techniques

<table>
<thead>
<tr>
<th>Prevention / Avoidance</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-awareness</td>
<td>Meditation</td>
</tr>
<tr>
<td>Preparation</td>
<td>Guided imagery / Visualization</td>
</tr>
<tr>
<td>Self-care</td>
<td>Diaphragmatic deep breathing</td>
</tr>
<tr>
<td>Balanced lifestyle</td>
<td>Progressive relaxation</td>
</tr>
<tr>
<td>Non-Anxious Presence</td>
<td>Biofeedback</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reappraisal / Reinterpretation</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive retraining / reappraisal</td>
<td>Physical exercise</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>Catharsis</td>
</tr>
<tr>
<td>Transpersonal coping</td>
<td>Narrative</td>
</tr>
<tr>
<td>Cognitive-Behavioral Therapy</td>
<td>Journaling</td>
</tr>
</tbody>
</table>

Activity: Stress Management Technique Practice

ACTIVITY: Demonstrate - Practice

RELATED LEARNING OBJECTIVE:
Practice stress management techniques.

PURPOSE: To practice stress management techniques to reduce disaster-related stress.
- Diaphragmatic Deep Breathing
- Progressive Muscle Relaxation
- Guided Visualization

TIME: 20 minutes

TASKS:
- Assume a comfortable position.
- Follow the instructions offered by the guide.

Practice: Diaphragmatic Deep Breathing & Progressive Muscle Relaxation

Produced by Transitions Music
Permission granted by Fred Schwartz, M.D.
Available at www.cdbaby.com/cd/soundsleep
Practice: Guided Visualization

Produced by Transitions Music
Permission granted by Fred Schwartz, M.D.
Available at www.cdbaby.com/cd/soundsleep

Autonomic Nervous System:
Physiological Responses to Disaster Stress

<table>
<thead>
<tr>
<th>ORGAN OR FUNCTION</th>
<th>FIGHT / FLIGHT (Sympathetic Nervous System)</th>
<th>REST / RELAXATION (Parasympathetic Nervous System)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Rate</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Peripheral Arteries</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>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>

Disaster Responder Stress Management:
Behavioral Health Promotion Interventions

- Self-C³ARE (Personal)
- Responder C³ARE (Peer)
- Team C³ARE (Group)

Activity: Describing Adaptive Stress Management Approaches & Techniques

ACTIVITY: Recall – Record – Review – Identify – Share

RELATED LEARNING OBJECTIVE: Describe adaptive approaches for managing disaster stress and for developing stress resistance, resilience, and adaptive coping.

PURPOSE: To identify and differentiate between adaptive and maladaptive coping behaviors, and describe adaptive approaches, techniques, and behaviors for managing disaster stress and for developing stress resistance and resilience.

TIME: 10 minutes

TASKS:
- Recall strategies or things you do to help you manage stress and record your responses in the table below. (5 minutes)
- Review the list and identify positive or adaptive stress management activities and behaviors. (1 minute)
- Place a check mark next to the positive or adaptive strategies.
- Share unique responses with the larger group. (4 minutes)

Disaster Responder Personal Behavioral Health Promotion

The Self-C³ARE Model
Learning Objectives

- Define self-care and related terms.
- Identify the action steps of the Self-C3ARE Model for disaster responder personal behavioral health promotion and related tasks.
- Assess personal and professional readiness for engaging in disaster response work.
- Apply principles of the Self-C3ARE Model and general self-care techniques to develop an individualized self-care plan for promoting personal behavioral health at each stage of disaster response.

Activity: Self-Assessment / Appraisal – Coping with the Stress of Disaster Response Work – A Self-Report Checklist

Related Learning Objective: Assess personal and professional readiness for engaging in disaster response work.

Purpose: To help you assess how effectively you cope with the stress of disaster relief work.

Time: 10 minutes

Tasks:
- Answer the questions in the inventory found on subsequent page in the program manual.
- Score your inventory.
- Based upon your responses to the questions in the inventory, assess your personal and professional readiness to engaging in disaster response work.

Source: Adapted from Everly and Parker, 2005

Self-Care: Defined

- A full range of self-initiated activities performed independently by an individual to promote and maintain personal health and wellness.
- Activities include lifestyle changes, adaptive behaviors, and educational initiatives.

General Self-Care Techniques: Examples

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat regularly</td>
<td>Be self-aware</td>
</tr>
<tr>
<td>Practice good nutrition</td>
<td>Self-reflect</td>
</tr>
<tr>
<td>Exercise regularly</td>
<td>Journal</td>
</tr>
<tr>
<td>Sleep / Rest</td>
<td>Talk to others</td>
</tr>
<tr>
<td>Seek regular medical care</td>
<td>Read</td>
</tr>
<tr>
<td>Engage in recreation</td>
<td>Practice stress management</td>
</tr>
<tr>
<td>Take vacations</td>
<td>Practice receiving support</td>
</tr>
<tr>
<td>Relax</td>
<td>Learn to &quot;Just say NO&quot;</td>
</tr>
<tr>
<td>Maintain balance</td>
<td>Be positive</td>
</tr>
<tr>
<td>Practice stress management</td>
<td>Laugh</td>
</tr>
<tr>
<td>Take time-out</td>
<td>Set realistic goals</td>
</tr>
</tbody>
</table>

General Self-Care Techniques: Examples

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spend time with others</td>
<td>Make time to reflect</td>
</tr>
<tr>
<td>Build significant relationships</td>
<td>Spend time with nature</td>
</tr>
<tr>
<td>Affirm / Praise oneself</td>
<td>Find a spiritual community</td>
</tr>
<tr>
<td>Increase self-esteem</td>
<td>Meditate</td>
</tr>
<tr>
<td>Engage in positive comforting activities</td>
<td>Pray</td>
</tr>
<tr>
<td>Allow yourself to express emotions</td>
<td>Sing</td>
</tr>
<tr>
<td>Play</td>
<td>Contribute to causes</td>
</tr>
<tr>
<td>Inspire in inspirational activities</td>
<td>Volunteer</td>
</tr>
</tbody>
</table>
Disaster Responder: General Pre-Event Self-Care Techniques

- Manage pre-existing stress
- Participate in stress resistance techniques
- Personal preparedness
- Pre-assignment planning and managing of personal resources
- Know functional role / responsibilities in disaster response plan
- Family preparedness / contingency plan

Source: Young, Ford, Ruzek, et.al.

Disaster Responder: General Event Self-Care Techniques

- Work with a partner "buddy system"
- Take regular rest breaks
- Exercise / Eat regularly
- Avoid sugar / caffeine / alcohol
- Participate in stress reduction / relaxation techniques
- Keep a journal
- Defuse regularly with team mates
- Share your disaster narrative
- Connect with / Contact loved ones
- Say goodbye to persons who were important to you

Source: Young, Ford, Ruzek, et.al.

Disaster Responder: General Post-Event Self-Care Techniques

- Express gratitude to those who covered your responsibilities while on assignment
- Resume normal activities, asap
- Take time to process the event
- Rekindle supportive relationships
- Participate in stress management techniques

Source: Young, Ford, Ruzek, et.al.

Myths or Barriers to Responder Self-Care: Examples

- "It would be selfish to take some time to rest."
- "Others are working around the clock; I should too."
- "I should be strong enough to work all the time."
- "The survivors’ needs are more important than mine."
- "I can contribute the most by working all the time."
- "It’s my duty."

Source: Young, Ford, Ruzek, et.al.

Self-C3ARE Model: Defined

- A comprehensive model offering a full range of self-initiated, behavioral health promoting activities to be performed independently by disaster responders to foster and maintain personal behavioral wellness at each stage of disaster.

Self-C3ARE Model

Action Steps

Step 1: CHECK
Step 2: CONNECT
Step 3: C-A-R-E
- Comfort
- Assess
- Refer
- Educate
Self-C³ARE

Action Step 1: CHECK

Elements:
• Self
• Structure
• Scene:
  Staging Area / Shelter

Action Step 1: CHECK - Self Key Tasks

- Perform self-awareness / self-appraisal / self-assessment
  - Assess / Monitor personal readiness / professional preparedness / limitations
  - Know disaster response functional role / responsibilities
  - Examine personal values / biases / prejudices / motivations / goals for disaster response work
  - Examine response to crises / trauma resolution / stress / attitude / reactions
  - Develop personal / family disaster preparedness plans
  - Reflect upon / Process the event

Action Step 1: CHECK - Structure Key Tasks

- Know agency / team disaster response plan
- Know incident command structure
- Know / Perform functional role in disaster response structure
- Operate within formal response structure
- Participate in operational and team debriefings / after-action briefings / reports / meetings

Action Step 1: CHECK - Scene Key Tasks

- Assure / Maintain personal safety
  - Survey, Assess and Monitor scene for hazards / risks / danger
- Protect self from harm / danger
- Conduct asset / resource analysis
  - Identify key system resources / services

Self-C³ARE

Action Step 2: CONNECT

Elements:
• Social Supports: Family, Friends, Team
• Spiritual Support
• Specialized Services / Resources

Action Step 2: CONNECT – Social Support Key Tasks

- Build / Sustain supportive relationships / networks
  - Establish / Maintain trusting relationships with supportive others
  - Clarify family / work assignments / expectations / roles / responsibilities
  - Implement the “buddy system” / Partner with a team member to monitor one another’s stress / Give and receive support of team mates
  - Participate in team activities / memorials / rituals / ceremonies / meetings / orientations / trainings / exercises / drills / crisis intervention services and behavioral health activities / operational debriefings / after-action briefings
  - Perform regular check-ins with supportive others / team members
  - Share your trauma narrative / disaster story
  - Tell supportive others what you need / how to help you
Action Step 2: CONNECT – Spiritual Support
Key Tasks
- Build / Sustain spiritual support system
  - Seek / Participate in spiritual / meaningful activities
  - Practice self-reflection
  - Process the event / Find meaning in disaster event
  - Examine meaning of life / purpose for existence
  - Join a spiritual community
  - Connect with spiritual advisor / leader / community members
  - Read literature on spiritual issues and issues of trauma / death
  - Focus on the positive / good in the world

Action Step 2: CONNECT - Specialized Services
Key Tasks
- Know available professional services / resources
- Seek / Receive professional assistance, prn

Self-C³ARE
Action Step 3: C·A·R·E
Elements:
- Educate
- Comfort
- Refer
- Assess

Action Step 3: C·A·R·E – COMFORT
Key Tasks
- Develop / Implement / Evaluate personal behavioral health plan
- Practice self-care / stress management techniques
  - Practice maintaining a non-anxious presence / positive attitude / self-talk
  - Practice proper nutrition / regular exercise / sleep
  - Practice relaxation techniques
  - Practice being self-aware / self-managed / self-validated / self-controlled
  - Maintain a sense of humor / Laugh
  - Nurture self / Accept nurturing from others
  - Limit / Avoid caffeine / sugar / alcohol
  - Rest / Take breaks away from site
  - Maintain objectivity / emotional distance from survivors
  - Limit on-duty work hours to 12 hours per day
  - Rotate from high stress to lower stress to routine functions
  - Participate in team crisis intervention / shift disengagement activities
  - Keep a journal of personal experiences / Tell your trauma narrative
  - Seek professional assistance, prn
  - Resume normal activities, asap

Action Step 3: C·A·R·E – ASSESS
Key Tasks
- Assess / Monitor / Evaluate Personal and Professional Preparedness / Readiness
  - Emotional / Physical / Behavioral Health
  - Level of Functioning / Capacity / Capabilities
  - Level of Stress / Exposure to Stressors
  - Personal Risk / Resiliency Factors to Stress
  - Safety / Risks / Hazards
  - Personal / Professional Limitations
  - Self-talk / Self-esteem / Attitude
  - Self-Care / Basic Needs
  - Coping / Recovery
  - Need for Professional Assistance / Support / Resources

Action Step 3: C·A·R·E – ASSESS
Self-Assessment Checklist
- Self Preparedness / Readiness
- Safety
- Health / Medical Conditions
- Functional Capacity
- Self-Care Needs / Concerns
- Support / Resources
- Information / Education / Training
- Risk / Resiliency
- Referral / Follow-up
Action Step 3: C·A·R·E – REFER

Key Tasks
- Know when / how / where to seek professional services and resources
- Seek professional assistance, prn
- Receive professional assistance, prn

Activity: Self-Assessment / Appraisal – Disaster Responder
Personal, Family, Work Life Inventory

Activity: Disaster Responder
Personal Self-Care Plan

Action Step 3: C·A·R·E – EDUCATE

Key Tasks
- Participate in disaster preparedness education / training / exercises / drills
- Participate in crisis intervention / stress management activities / education
- Participate in operational orientations / debriefings / after-action briefings / shift disengagement activities
- Teach others about disaster stress / stress management / self-care / how to help you

Activity: Reflect – Record - Assess
RELATED LEARNING OBJECTIVE:
Assess personal and professional readiness for engaging in disaster response work.
PURPOSE: To gain an awareness of your personal and professional readiness prior to your deployment to an actual disaster.
TIME: 20 Minutes
TASKS:
- Following the instructions provided, answer the questions in the Personal, Family, Work Life Inventory (PFWL).
- Assess your personal and professional readiness to engaging in disaster response work.

Activity: Review - Reflect - Record
RELATED LEARNING OBJECTIVE:
Apply principles of the Self-C3ARE Model and general self-care techniques to develop an individualized self-care plan for promoting personal behavioral health at each stage of disaster response.
PURPOSE: To facilitate personal behavioral health preparedness and promotion in disaster responders at each disaster stage.
TIME: 20 Minutes
TASKS:
- Review the Self-C3ARE Model and general self-care techniques presented in your course manual.
- Using the table and worksheet provided, develop your personal self-care plan.
Disaster Responder Peer Behavioral Health Promotion

The Responder-C3ARE Model of Peer Disaster Behavioral Health First Aid

Learning Objectives
- Define disaster behavioral health first aid.
- Identify the action steps of the Responder-C3ARE Model of peer behavioral health first aid and related tasks and activities.
- Practice principles and techniques of the Responder-C3ARE Model of peer disaster behavioral health first aid.

Responder Peer Disaster Behavioral Health First Aid: Defined
- The use of practical-oriented interventions, delivered during the immediate-impact and response phases of disaster, to reduce the initial distress caused by responding to traumatic events, to assist with current needs, and to promote and foster short- and long-term adaptive coping and functioning of disaster responders.

Responder Peer Disaster Behavioral Health First Aid: Defined
- “A supportive and compassionate presence designed to reduce acute psychological distress.” (Everly and Flynn, 2005, p.82)

Responder Peer Disaster Behavioral Health First Aid: Goal
- “To aid the adaptive coping and problem-solving processes of disaster responders who appear at-risk for being unable to regain sufficient functional equilibrium on their own due to problems associated with safety and security, extreme acute stress reactions, and/or associated risk factors.” (Young, 2006, p.138)

Responder Peer Disaster Behavioral Health First Aid: Defined
- “To reduce the initial distress caused by traumatic events, to assist with current needs, and to promote and foster short- and long-term adaptive functioning.” (National Center for Child Traumatic Stress and National Center for Post Traumatic Stress Disorder, 2005, p.4)
Responder Peer Disaster Behavioral Health First Aid: Intervention Objectives

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety and provide physical and emotional comfort.
- Calm and orient those emotionally-overwhelmed or distraught.
- Help the disaster affected to articulate and identify immediate needs and concerns, and gather additional information as appropriate.
- Offer practical assistance and information to help address immediate needs and concerns.

Responder Peer Disaster Behavioral Health First Aid: Principles

- Assessment of need for intervention
- Stabilization of distressed or disaster affected
- Assessment of functionality and triage, if indicated
- Communication of confidence, concern, and compassion
- Connecting the distressed to informal and/or formal support systems, if indicated (Everly and Flynn, 2005, p.83)

Responder-C3ARE Action Step 1: CHECK

The Responder-C3ARE Model: Action Steps

Step 1: CHECK
Step 2: CONNECT
Step 3: C-A-R-E
- Comfort
- Assess
- Refer
- Educate

Action Step 1: CHECK Objective & Principle

- Enhancing immediate & ongoing safety
- Assessing need for intervention
Action Step 1: CHECK
Roles & Responsibilities

- Survey
- Protect
- Direct
- Identify
- Assess

- Do no harm
- Identify limits to personal knowledge / skill / authority / scope of practice
- Identify resources for referring matter that exceed personal limits
- Survey scene for hazards / risks / danger and assess for safety
- Assure safety and protect self and others from further harm / danger
- Identify responder exhibiting distress reactions and assess medical needs
- Assess need for intervention

Action Step 1: CHECK - Self Tasks

- Enhance immediate and ongoing safety
  - Do no harm
  - Identify limits to own knowledge / skill / scope of practice
    - Know functional role in disaster response
    - Perform self-assessment / readiness / preparedness checks
    - Practice self-care / stress management techniques
    - Monitor self (e.g., stress, regulation, competence)
    - Assess mood / demeanor / attitude / presence
    - Sustain a positive attitude / self-talk

Action Step 1: CHECK - Self Questions to Ask

- Am I prepared and ready for my functional role in disaster response?
- Do I have the necessary requisites? (E.g., knowledge, skill, attitude, resources)
- Do I have a non-anxious presence?
- Have I successfully resolved any previous and/or current trauma / stress?
- Am I functioning within my scope of practice?

Action Step 1: CHECK - Structure Tasks

- Enhance immediate and ongoing safety
  - Operate within incident command and one’s scope of practice
  - Locate / Review agency / team’s disaster response plan
  - Determine formal response structure
  - Check-in with team leader / incident commander
  - Clarify responsibilities / expectations
  - Perform tasks within functional role / scope of practice
Action Step 1: CHECK – Structure

Questions to Ask
- What is the formal incident command / response structure?
- Who is the incident commander / team leader / person in charge?
- Where and how do I check-in / report for duty?
- Have I received authorization to help?
- Who are my team members?
- What is my scope of practice?

Activities
- Incident command education / training
- Disaster planning

Action Step 1: CHECK – Scene

Tasks
- Enhance immediate and ongoing safety
  - Survey scene for hazards / risks / danger and assess for safety
  - Assure safety and protect self and others from further harm / danger
    - Get current / accurate / timely information
  - Identify key system resources for referring matters
    - Conduct asset / resource analysis

Questions to Ask
- What happened / is happening?
- Is scene safe?
- Has scene been cleared by incident commander?
- Am I or others in immediate harm / danger?
- Am I and others safe?
- What resources / services are available on scene / site? (E.g., medical, crisis intervention, survival)

Activities
- Surveillance / Monitoring
- Risk / Hazard assessment

Action Step 1: CHECK – Responder

Tasks
- Assess need for intervention
- Identify distressed responder
  - Assess immediate medical needs
Action Step 1: CHECK – Responder

Questions to Ask
- Is the responder showing signs of immediate physical / emotional / behavioral distress?
- Are there any medical needs that must be immediately addressed?

Activities
- Surveillance
- Assessment

Action Step 2: CONNECT

Responder-C³ARE

Action Step 2: CONNECT

Objectives & Principles
- Establish a human connection in a non-intrusive, compassionate manner
- Communicate confidence / concern / compassion
- Help the disaster affected to articulate immediate needs and concerns, and gather additional information, as appropriate
- Assess need for intervention
- Connect the distressed responder to informal and formal social support networks, when indicated

Roles & Responsibilities
- Connect
- Identify
- Triage
- Do no harm
- Identify limits to own knowledge / skill / authority / scope of practice
- Contact the distressed responder and establish rapport
- Provide supportive communication
- Address responder’s immediate medical needs
- Assess responder’s basic human needs and need for psychological / behavioral intervention
- Triage / Facilitate access to more sophisticated levels of care, when indicated
- Connect to appropriate psychosocial support system

Elements
- Responder
- Social Support / Specialized Services
Action Step 2: CONNECT- Responder

Tasks

• Assess need for intervention
  - Do no harm
  - Identify limits to own knowledge / skill / authority / scope of practice
  - Assess responder’s basic human needs (e.g., safety, medical, physical, social, emotional) and need for psychological / behavioral intervention
    o Address any immediate medical needs
    o Observe behavior, responses, and reactions
    o Conduct interview / Ask questions

Questions to Ask Oneself

¾ What can I do to best address the responder’s medical needs, if indicated?
¾ What are the responder’s immediate basic human needs and concerns?
¾ Is the responder showing signs of psychological / behavioral distress that requires further intervention?
¾ What intervention is necessary, if any?
¾ Do I have the necessary knowledge / skill / authority?
¾ Am I practicing within my scope?

Questions to Ask Responder

¾ “Hello. My name is ________. I work with ________. I’m here checking-in with helpers to see how they are doing, and to see if they need anything. Is it okay if I talk with you a minute?”
¾ “May I ask your name?”
¾ “Would it be okay with you if we go over here where it is quieter and we can sit down while we talk?”
¾ “How are things going for you?”
¾ “Is there anything that you need right away?”
¾ “Do you have any immediate needs or concerns?”

Supportive Communication Principles

CARE

• Culturally competent communication
• Active listening & responding
• Rapport
• Expectations

Culturally Competent Communication

• Demonstrate culturally-competent behavior.
• Understand, appreciate, and respect the cultural differences and similarities within, among, and between diverse groups.
• Be attuned to social rhythms. (E.g., starts, stops, interruptions, involvement)
• Be aware of your own values / biases / prejudices.
• Be aware of nonverbal communication.
• Ask for feedback on verbal and nonverbal messages.
**Action Step 2: CONNECT - Responder**

**Culturally Competent Communication**
- Value diversity and view it as a strength.
- Learn about specific cultures and diverse groups.
- Collaborate with a cultural broker / informant.
- Apply intervention style to meet the cultural needs of the affected responder.
- Be overt by stating openness, awareness of limitations, and intention.

**Active Listening & Responding**
- Maintain eye contact, when culturally appropriate.
- Match holes.
- Avoid over-exaggerated facial expressions.
- Maintain an open posture.
- Orient your body towards the responder.
- Lean slightly forward.
- Avoid placing barriers (e.g., clipboards, desk, papers) between you and the responder.
- Speak in a soft / calm tone of voice.

**Active Listening & Responding**
- Avoid interrupting.
- Avoid giving advice / passing judgment / telling personal stories.
- Paraphrase / Summarize
- Exercise patience.
- Do not initiate physical contact.
- Describe, rather than interpret behaviors.
- Reflect responder's feelings.
- Focus on the message.
- Concentrate on what is being said.

**Active Listening & Responding**
- Do not rehearse your answers while the responder is talking.
- Use clarifying questions / statements to check for understanding.
- Focus on recent events or actions that can be changed.
- Give subtle signals (verbal and non-verbal) that you are listening.
- Ask questions sparingly. Do not pry.
- Practice judicious use of silence.
- Seek to understand, not to be understood.

**Building Rapport**
- Establish a supportive and compassionate presence.
- Appear calm / relaxed.
- Maintain a comfortable personal space / distance.
- Allow responder to talk / tell their disaster story.
- Acknowledge / Validate the responder's experience / feelings.
- Provide accurate / concrete / timely information.
- Provide reassurance / positive affirmation.
- Communicate values of caring intention / empathy / respect / genuineness / positive regard.

**Building Rapport**
- Avoid expressions of approval / disapproval.
- Use common (non-jargon) words / concepts.
- Encourage responder's natural support systems.
- Practice ethical standards.
- Be trustworthy / genuine.
- Follow through on your words with appropriate actions.
- Respect a person's right to make his / her own decisions.
- Avoid saying: “I understand.” “I know exactly how you feel.” “It could be worse.”
Action Step 2: CONNECT- Responder Establishing Expectations

- Set realistic goals for interaction.
- Establish professional and personal limits / boundaries.
- Assume responder competence.
- Normalize the responder’s experience / feelings / reactions.
- Expect normal recovery.
- Focus on responder’s strengths / hierarchy of needs.
- Encourage responder’s self-mastery / self-reliance.
- Provide reassurance / positive affirmation.

Action Step 2: CONNECT-Social Support Tasks

- Connect distressed responder to informal social support (e.g., family, friends, coworkers) and formal social support networks (e.g., crisis intervention, hospitals, faith-based organizations), when indicated
- Triage responder to appropriate medical services, when indicated

Action Step 2: CONNECT-Social Support Questions to Ask

- Who are the responder’s informal / natural supports?
- What medical and formal support services are available?
- “Do you have someone you can call / talk to?”

Responder-C³ARE

Action Step 3: C·A·R·E

Objectives & Principles

- Enhance immediate / ongoing safety and provide physical and emotional comfort
- Stabilize distressed responder
- Calm / orient those emotionally-overwhelmed or distraught
- Offer practical assistance and information to help address immediate needs and concerns
- Assess need for intervention
- Assess functionality and triage, when indicated
- Support positive coping, acknowledge coping efforts and strengths, empower, and encourage an active role in recovery
- Provide information to help the distressed responder cope
- Link responder to appropriate services and resources, prn
Action Step 3: C·A·R·E
Roles & Responsibilities

- Comfort
- Assess
- Referral
- Educate

- Do no harm
- Identify limits to own knowledge / skill / authority / scope of practice
- Identify key system resources for referring matters that exceed limits
- Stabilize distressed responder
- Address responder’s basic human needs
- Assess need for psychological and behavioral intervention
- Triage / Refer responder to appropriate services / resources
- Educate responder about critical incident stress / stress reactions / stress management / self-care

- Enhance immediate and ongoing safety and provide physical and emotional comfort
- Do no harm
- Identify limits to own knowledge / skill / authority / scope of practice
- Develop a plan to address responder’s basic human needs and need for intervention
- Stabilize / Calm / Orient distressed responder
- Establish a sense of safety / comfort
- Provide reassurance to distressed responder
- Reduce acute situational stressors, if possible
  - Apply stress management
  - Meet basic physical needs
  - Offer practical assistance and information to help address immediate needs / concerns

Action Step 3: C·A·R·E – COMFORT
Tasks

- Enhance immediate and ongoing safety and provide physical and emotional comfort
- Do no harm
- Identify limits to own knowledge / skill / authority / scope of practice
- Develop a plan to address responder’s basic human needs and need for intervention
- Stabilize / Calm / Orient distressed responder
- Establish a sense of safety / comfort
- Provide reassurance to distressed responder
- Reduce acute situational stressors, if possible
  - Apply stress management
  - Meet basic physical needs
  - Offer practical assistance and information to help address immediate needs / concerns

Action Step 3: C·A·R·E – COMFORT
Questions to Ask

- What can I do to help comfort / stabilize distressed responder?
- What interventions are within my scope of practice?
- Which stabilization / stress management techniques will be most helpful?
- "What has helped you in the past when you have experienced similar stressors?"
- "What do you usually do to relax?"
- "There are some things that I do to help me relax. Would you like me to show / tell you?"
- "Is there anything that I can do to assist you in meeting any of your immediate needs?"
- "Can I get you a bottle of water?"
- "Would you like something to eat?"

Action Step 3: C·A·R·E – COMFORT
Activities

- Action / Intervention planning
- Basic need provision (e.g., food, water, rest, shelter, clothing)
- Stabilization / Stress Management:
  - Examples:
    - Relaxation Training (e.g., progressive muscle relaxation)
    - Breathing Re-Training (e.g., diaphragmatic deep breathing)
    - Thought Stopping
    - Relaxation Training
    - Breathing Re-Training
    - Education / Training

Action Step 3: C·A·R·E – COMFORT
Activities: Stabilization Techniques

<table>
<thead>
<tr>
<th>Distress Reaction(s)</th>
<th>Stabilization / Stress Management Techniques</th>
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<tbody>
<tr>
<td>Acute Distress</td>
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<td>Cognitive Distortion</td>
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<td>Experiencing /</td>
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<td>Cognitive Restructuring / Reframing / Reappraisal</td>
</tr>
</tbody>
</table>
**Action Step 3: C·A·R·E – ASSESS Questions to Ask**

- Is the responder experiencing signs of physical / behavioral / emotional distress?
- Is the responder displaying signs of functional impairment?
- How is the responder coping?
- Is there a need for behavioral or psychological intervention?
- If so, which intervention(s) are appropriate?
- Were you dealing with stress before all this happened?
- “Have you ever experienced anything like this before?”

**Action Step 3: C·A·R·E – ASSESS Screening & Assessment Checklist**

- Self
- Safety
- Distress
- Health / Medical Conditions
- Functional Capacity
- Basic Human Needs / Concerns
- Support
- Information / Education Needs

**Action Step 3: C·A·R·E – ASSESS Distress Reactions Needing Stabilization**

- Looking glassy eyed and vacant (<1000-yard stare>)
- Unresponsive to verbal questions or commands
- Disorientation
- Strong emotional responses (e.g., uncontrollable crying, hyperventilating, rocking or regressive behavior)
- Uncontrollable physical reactions (e.g., shaking, trembling)
- Exhibiting frantic searching behavior
- Incapacitated by worry
- Engaging in risky activities
- Dissociation
- Inability to perform simple problem-solving tasks and/or the inability to follow simple instructions
- Impulsive behavior
- Uncontrollable / Inappropriate anger
- Aggravativeness
- Violent behaviors
- Significant time distortion
- Exhaustion
- Sustained distractibility
- Impaired performance, including physical distress
- Sense of futility / hopelessness

**Action Step 3: C·A·R·E - ASSESS Activities**

- Direct observation
- Interview / Self-Report
- Need / Risk assessment
- Synthesis of assessment
Action Step 3: C·A·R·E – REFER

**Tasks**
- Link responder to appropriate services and resources (e.g., crisis intervention, community mental health, employee assistance, faith-based)
  - Identify available services/resources
  - Inform about available services/resources
  - Connect to available services/resources, prn
- Triage, if indicated
  - Determine need for referral
  - Refer distressed responder to appropriate services/resources

**Questions to Ask**
- Does responder need referral to more formalized services?
- If so, what formalized services are appropriate and available?
- What resources are available?

**Clinical Indicators**
- Inability to care for self
- Significant memory disturbance
- Disorientation to time/place/situation
- Preoccupation with a single thought
- Repetition of ritualistic acts
- Suicidal/Homicidal talk or actions
- Psychosis
- Excessively flat emotions
- Inability to be aroused to action
- Serious withdrawal
- Extreme agitation/inappropriate anger/violent actions
- Frequent and disturbing occurrence of flashbacks
- Prolonged denial of reality
- Excessive nightmares
- Excessive crying
- Regression to an earlier stage of development
- Abuse of others
- Dissociative episodes
- Inappropriate reaction to triggering events
- Shock

**Activities**
- Triage, prn
- Refer, prn
- Provide services/resources material and information

**Questions to Ask**
- What information may I offer to the responder?
- What stress management strategies can I teach to the responder?
- Would you like to learn some things that you can do to help you reduce and manage stress?
Action Step 3: C·A·R·E – EDUCATE

Activities

- Crisis interventions
- Psychoeducational information / materials

Guidelines

- Inquire about the responder’s personal disaster experience.
- Inquire about the stress related responses that the responder is experiencing.
- Normalize the experience.
- Inquire about previous / current coping mechanisms.
- Inquire about responder’s desire and willingness to learn stress management techniques and self-care and adaptive coping approaches.
- Assess / Address responder’s concerns about using stress management techniques.
- Ask responder’s permission to educate.
- Provide basic information about stress reactions.

Guidelines (Cont.)

- Review common reactions to trauma.
- Provide basic information on self-care and adaptive coping approaches.
- Begin instruction and demonstration of stress management / relaxation techniques.
- Give psychoeducational materials and handouts that describe stress management techniques and self-care and adaptive coping approaches.
- Establish the expectation of normal recovery. Tell the responder that the stress-related symptoms that she/he is experiencing should diminish / disappear in time and that the majority of disaster responders do recover within 6 – 16 months following the disaster.
- Offer information about structured crisis intervention services and other formal behavioral health support services and resources.

Checklist

- Types of traumatic stressors
- Nature of traumatic stress
- Common / Severe stress reactions
- Expectation of normal recovery
- Risk factors associated with adverse behavioral health outcomes
- Resiliency / Protective factors
- Self-care strategies
- Stress management / Relaxation techniques
- Adaptive coping approaches
- Warning signs / Symptoms
- Information about available behavioral health resources / services

Activity: Responder-C3ARE Role Play

Task:

- Facilitator to demonstrate Responder-C3ARE Model (10 mins)
- Assemble in pairs
- Each participant will take a turn at role-playing the following:
  - Peer Supporter
  - Affected Disaster Responder

Activity: Demonstrate - Practice - Assess

Related Learning Objective: Practice principles and techniques of the Responder-C3ARE Model of peer disaster behavioral health first aid.

Purpose: To provide participants with the opportunity to demonstrate a step-by-step process for applying behavioral health first aid with individual disaster responders by applying the principles of the Responder-C3ARE Model of peer disaster behavioral health first aid protocol.

Time: 60 minutes

Tasks:

- Facilitator to demonstrate Responder-C3ARE Model (10 mins)
- Assemble in pairs
- Each participant will take a turn at role-playing the following:
  - Peer Supporter
  - Affected Disaster Responder
Disaster Response Team Behavioral Health Promotion

The Team-C3ARE Model

Learning Objectives
- Identify the action steps of the Team-C3ARE Model of response team behavioral health promotion and related tasks.
- Apply principles of the Team-C3ARE Model and related tasks to develop a plan for promoting team behavioral health at each stage of disaster response.

General Guidelines for Promoting Team Behavioral Health (Pre-Event)
- Establish credible / competent leadership
- Provide anticipatory guidance
- Set appropriate expectations
- Provide realistic training
- Establish team identification with a common purpose / goal / higher ideal
- Foster team / group identity
- Foster impact / acute phase task orientations
- Provide stress management training
- Offer family support

Source: Adapted from Kaminsky, et.al, 2005

General Guidelines for Promoting Team Behavioral Health (Event)
- Assess team’s needs
- Provide effective leadership
- Sustain a credible / accurate information flow
- Provide stress management
- Encourage / Foster social support networks
- Foster an acute phase task orientation
- Implement “psychological first aid”
- Utilize small group crisis intervention for naturally occurring cohorts and families
- Provide for pastoral crisis intervention / chaplaincy services

Source: Adapted from Kaminsky, et.al, 2005

General Guidelines for Promoting Team Behavioral Health (Post-Event)
- Offer formal / informal rituals of transition or closure
- Provide formalized organizational re-entry programs
- Provide for counseling services: individual / family / group / pastoral
- Provide for psychopharmacologic treatment
- Promote organizational interventions

Source: Adapted from Kaminsky, et.al, 2005

The Team-C3ARE Model: Action Steps

Step 1:
- CHECK

Step 2:
- CONNECT

Step 3:
- C-A-R-E
  - Comfort
  - Assess
  - Refer
  - Educate
Action Step 1: CHECK

**Elements**
- Staff
- Structure
- Scene

**Key Tasks**
- Conduct team appraisal / assessment
  - Assess / Monitor / Evaluate team:
    - Preparedness / Readiness
    - Safety
    - Wellness / Fatigue
    - Capacity / Capability
    - Functioning / Performance / Limitations
    - Resources / Support
    - Immediate / Basic Needs

- Review / Implement / Evaluate team disaster response / behavioral health plan
  - Define / Clarify / Evaluate team charge / role / responsibilities by function for each assignment setting
  - Determine / Operate within formal response structure / clear chain of command / reporting relationships
  - Identify limits to team’s authority / scope of practice
  - Identify key system resources for referring matters that exceed team’s limits
  - Ensure / Evaluate team behavioral health / crisis intervention plan and services
  - Assess behavioral health intervention goals / strategies appropriate to assignment setting (e.g., crisis intervention, debriefing)
  - Orient / Train team members to response plan / assignment setting / duties
  - Conduct after-action reporting / team operational debriefing

Action Step 1: CONNECT

**Elements**
- Staff
- Social Support
- Specialized Services / Resources

**Key Tasks**
- Build / Sustain supportive response teams
  - Provide effective management / leadership
  - Communicate team purpose / goals / functions / roles / responsibilities
  - Disseminate / Implement disaster response plan / communication plan
  - Behavioral health plan / crisis intervention plan
  - Hold team orientations / trainings / meetings / interviews / briefings to keep team members informed of plans / tasks / events
  - Encourage team preparedness / readiness / contingency planning (e.g., personal and family)
  - Establish a positive atmosphere of support / tolerance
  - Ensure clear chain of command / reporting relationships
  - Maintain a positive atmosphere of support / tolerance
  - Provide continuous recognition / praise / positive reinforcement
  - Present awards or other recognition for dedicated service / appreciation
Action Step 2: CONNECT– Social Support

Key Tasks
- Build / Sustain supportive team relationships / networks
- Promote team building activities
- Hold team and family meetings / picnics / parties / celebrations / memorials / rituals / recognition ceremonies
- Promote team member / family member support groups
- Create a “buddy system” to promote peer support / monitor team member stress
- Create memorandum of understanding (MOU’s) with other response teams / agencies
- Establish community partnerships / resources / support
- Inform team of other agencies roles / contact persons / expectations
- Pair inexperienced team members with experienced members
- Promote team member communication with families / spiritual leader
- Promote a sense of camaraderie / mutual support among team members
- Link team / family members to resources / services

Action Step 2: CONNECT– Services

Key Tasks
- Assure behavioral health / crisis intervention resources and services for team members / families
- Promote / Provide team and family behavioral health / crisis intervention services and resources
- Establish MOU’s with mental health professionals / services / agencies
- Provide team / family behavioral health assistance programs
- Assure necessary tools / supplies / equipment / resources (e.g., communication, safety, basic needs)

Action Step 3: C·A·R·E – COMFORT

Key Tasks
- Promote team behavioral health / wellness
- Activate team behavioral health / crisis intervention plan
- Promote activities for team stress resiliency
- Foster team stress management and self-care techniques / activities / education
- Nurture team support / wellness activities
- Assure behavioral health interventions / strategies are appropriate to assignment setting
- Provide resources for team wellness
- Encourage / Assure team access to professional behavioral health services / resources
- Ensure adequate rest / rotation of team members
- Limit team member shifts to no longer than 12 hours per day (8 hours preferred)
- Assure team members have 12 hours off between shifts

Action Step 3: C·A·R·E – ASSESS

Key Tasks (Cont.)
- Promote team behavioral health / wellness
  - Secure ratio of days worked to days off 3:1 or 5:2
  - Secure that team members spend no more than one week on-site
  - Phase team members from higher to lower stress duties to allow for a natural cycle of relaxation to occur
  - Provide adequate “break time” / “down time” away from the site
  - Establish a safe place for team members to give / receive support
  - Secure adequate nutrition for team members (e.g., provide low fat / low sugar / low fat foods and decaffeinated beverages / water)
  - Encourage team members to monitor themselves / each other with regard to their basic needs / stress levels
  - Encourage team member contact with loved ones / supportive others
  - Provide adequate supplies / resources / facilities for basic needs (e.g., rest, sleep, bathing, eating)
  - Promote / Provide for group and individual team member crisis intervention / behavioral health services

Action Step 3: C·A·R·E – ASSESS

Key Tasks
- Conduct team behavioral health and wellness appraisal / assessment - Assess / Monitor / Evaluate team:
  - Preparedness / Readiness
  - Physical / Behavioral health status
  - Concerns / Limitations
  - Immediate / Basic needs
  - Coping / Functioning
  - Exposure / Resilience to stress
  - Hazards / Risk / Safety
  - Capacity / Capability / Functioning
  - Stress management / Behavioral health / Crisis intervention services’ needs
  - Support / Morale
  - Resources
Action Step 3: C·A·R·E – REFER

Key Tasks

- Link team to crisis intervention / behavioral health services and resources

Action Step 3: C·A·R·E – EDUCATE

Key Tasks

- Promote / Foster team education / information
- Provide continuing education / training / drills / exercises
- Hold team orientations / meetings / shift engagement and disengagement briefings / debriefings
- Hold regular progress updates / disaster management briefings
- Provide information / education on crisis intervention and behavioral health resources and support services

Team Crisis Interventions

- Stress Management Education
- Behavioral Health First Aid
- Defusing
- Psychological Debriefing
- Demobilization
- Disaster Management Briefing

Activity: Disaster Response Team Behavioral Health Promotion Care Plan

ACTIVITY: Review – Synthesize – Apply - Record

RELATED LEARNING OBJECTIVE: Apply principles of the Team-CARE Model for disaster response team behavioral health promotion and related tasks to develop a plan for promoting team behavioral health at each stage of disaster response.

PURPOSE: To apply principles of the Team-CARE Model for disaster response team behavioral health promotion and related tasks to develop a plan for promoting team behavioral health at each stage of disaster response.

TIME: 20 minutes

TASKS:
- In small groups, review the action steps and related tasks offered in the Team-CARE Model for disaster response team behavioral health promotion.
- Synthesizing the concepts presented in the Team-CARE Model and the material presented in the course, apply behavioral health promoting principles and tasks to identify activities for developing a team behavioral health care plan.

Wrap-Up
Next Steps

- Program Evaluation
- Post-Assessment (On-line) by Friday
- Certificate of Participation (On-line)
- Continuing Education Credit Application (On-line)
- Program Resource Web Site: www.fcphp.usf.edu/courses/content/fast/resources
- FCPHP Recommended E-Learning Programs
  - Assuring Cultural Competence in Disaster Response
  - Understanding Compassion Fatigue
  - Critical Incident Stress Management and Emergency Readiness and Response
  - Disaster Stress: Resistance and Resilience
- Additional Disaster Behavioral Health First Aid Specialist Trainings: (Instructor-led)
  - E-FAST (Basic)
  - C-FAST (Children)
  - S-FAST (Special Populations) - Winter 2007

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The Florida Center for Public Health Preparedness

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We thank you for participating in this program and look forward to seeing you at other FCPHP programs.

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