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# NASSAU COUNTY CERT CARE TEAM

**C**OMPASSION  
**A**WARENESS  
**R**ESILIENCY  
**E**DUICATION

## **INTRODUCTION**

In the course of responding to an event, CERT team members will likely be exposed to many of the same stressors and potential trauma as the victims we are called upon to assist. As the CERT teams mobilize to meet the needs of individual victims and communities following any type of disaster, they will be surrounded by and exposed to disorganization, confusion, scenes of destruction tragic events and the tears and pain of victims.

This exposure can put the CERT volunteer at risk of becoming a “secondary victim”.<sup>i</sup> This can be particularly true when team members are required to work long hours under poor conditions which are often chaotic. In most cases personal support systems are left at home and new supports must be formed during the activation while time is scarce and the pressure is high. Leadership styles are different from person to person, administrative organization and regulation can change with little warning, adding additional stresses as workers try to assist victims and perform tasks within the framework of the CERT mandates. If the incident that led to the activation involves wide scale injuries and/or destruction, exposure to traumatic stress will be greatly intensified.

CERT volunteers are reliable and responsible individuals with an intense sense of dedication. They always try to give their best. Because of this they can be at risk of pushing themselves too hard and of not being satisfied with what they have

accomplished. In addition, dealing with the ongoing frustration of disaster work can stretch our sense of humor and tax our normal coping mechanisms.

All of these elements can place the CERT volunteer at risk of exposure to both “direct” and “secondary” traumatic stress. Direct exposure involves experiencing the sights, sounds, and smells that victims of the disaster are experiencing. Secondary exposure can come from hearing the stories of victims who have been injured or suffered loss, viewing the aftermath of destruction, and experiencing the frustration of what feels like a hopeless situation. All of these encounters can result in heightened states of arousal, an increased sense of vulnerability, loss of perspective and feelings of anxiety, anger or depression.

Traumatic experiences can shake the foundations of our beliefs about safety and shatter our assumptions of trust. Because they are so far outside of our usual experiences these events can provoke reactions that make us feel “strange” or “crazy”. Even though such feelings, if they occur, are uncomfortable and disturbing, they are by and large typical and to be expected. These reactions are normal responses to abnormal events.

## **TRAUMATIC STRESS**

The American Academy of Experts in Traumatic Stress defines “traumatic stress” as “the emotional, cognitive, behavioral, physiological and spiritual experience of individuals who are exposed to or who witness events that overwhelm their coping and problem solving abilities. These events, sometimes referred to as ‘critical incidents’, are typically unexpected and uncontrollable. They compromise our sense of safety and security and leave us feeling insecure and vulnerable.” The Academy distinguishes between

*Traumatic Stress* and *Post Traumatic Stress Disorder (PTSD)*. The former is a normal reaction to an abnormal situation. PTSD is a psychiatric disorder, which can affect a small number of individuals after exposure to an extremely traumatic event. The Academy recommends that, “early efforts must be made to prevent debilitating *emotional scars* from negatively impacting people’s lives. Ultimately, the implementation of a *Traumatic Stress Protocol*, within the framework of well-established emergency response procedures, will better address the needs of the ‘whole person’ and prevent acute stress reactions from becoming chronic stress disorders.”<sup>ii</sup>

Just as the CERT training program has emphasized the importance of physical safety and awareness, the program needs to impress upon all CERT volunteers, the need to become aware of the emotional stressors and potential psychological impact inherent in disaster response. In the same way that good training in fire suppression, search and rescue, and first aid techniques can help to keep volunteers effective and physically safe – awareness of stress and how to deal with it, can do the same on an emotional level. Some of these concepts are touched on in Unit VII of the CERT Training Manual – “Disaster Psychology”. The key concept presented in this phase of the training is for CERT members to “prepare themselves for their role during and following a disaster by learning about the possible impact of disaster on themselves and others, emotionally and physically. This knowledge will help CERT members to understand and manage their reactions to the event and to work better with others.”<sup>iii</sup>

## **THE CERT CARE TEAM**

To help promote this goal, the Nassau County CERT Program has developed a specialized team of CERT volunteers who are responsible for providing training in stress awareness and will act as a “psychological first aid team” for all CERT teams in the county. The purpose of this “CARE Team” will be to:

1. Prepare CERT members for the emotional stresses they will encounter in responding to disasters
2. Function as a support system for CERT volunteers during team activations

The CERT CARE Team (CCT) will be staffed by trained mental health professionals and regular CERT volunteers, all of whom will be drawn from existing CERT teams. All CARE Team personnel will have a clear understanding of the supportive nature of their roles and the fact that this is not a “psychological debriefing team”. Its role is to teach, to build volunteers’ resilience, and to provide emotional support as opposed to offering mental health intervention. The CARE Team members will be knowledgeable as to how and where individual CERT volunteers can obtain more in-depth psychological assistance should they feel the need for it.

## **CARE TEAM RESPONSIBILITIES**

As noted above, the CCT’s primary responsibilities will involve: 1) an educational role to raise volunteers’ awareness of the impact of critical incident stress and how to deal with it; and, 2) a functional role to provide on scene support to all CERT volunteers during activations by offering psychological first aid.

## **TRAININGS**

The CCT will provide training, which will expand on the concepts presented in Unit VII of the CERT Training Manual. Giving volunteers a more detailed understanding of traumatic stress will serve two purposes:

- It will help volunteers become more aware of the needs and behavior of traumatized victims. Such understanding will increase the individual volunteer's ability to keep victims safe and provide timely and efficient assistance.
- It will help the CERT volunteer become more aware of the importance of self-care. A heightened understanding of traumatic stress allows us to apply sound principles of stress reduction to ourselves.

Some of the topics, which the CCT could initially provide information and training about, include:

Vicarious Traumatization

Burnout

Compassion Fatigue

Emotional Resiliency

Stress Inoculation

Relaxation Techniques

Psychological Self Care

## **PSYCHOLOGICAL FIRST AID**

Psychological First Aid (PFA) can be viewed as a way of assisting people who are in emotional distress whether it results from physical injury, disease, or excessive stress.

The goals of PFA are to create and sustain an environment of:

- Safety
- Calm
- Connectedness to others
- Empowerment
- Hope

*Psychological first aid* means nothing more complicated than assisting people in emotional distress whether it results from physical injury or excessive stress. Emotional distress is not always as visible as a wound, a broken leg, or a reaction to pain from physical damage. However, overexcitement, excessive worry, anxiety, misdirected irritability and anger are signs that stress has reached the point of interfering with

effective coping. The more noticeable the symptoms become, the more urgent the need for help is and the more important it is to know how to help.<sup>iv</sup>

## **A COMPARISON**

There is a clear relationship between medical and psychological first aid. In fact, these two skill sets are not mutually exclusive. Psychological first aid can also be used in conjunction with medical first aid to help calm and support an injured or ill individual. The following comparison helps to demonstrate the overlapping areas:

### Medical First Aid

- Early assistance provided by those first on-scene
- Initial assessment of physical impact of event
- Stabilization of immediate physical wounds
- Prevention of further physical exposure or injury
- Maintenance of medical status until professional medical care is available
- Facilitate transition to trained medical professional when necessary
- Promote quicker and better physical recovery

### Psychological First Aid

- Early assistance provided by those first on-scene
- Initial assessment of emotional impact of event
- Stabilization of immediate emotional wounds
- Prevention of further exposure or emotional injury
- Maintenance of emotional status until professional mental health care is available
- Facilitate transition to trained mental health professional when necessary
- Promote quicker and better emotional recovery

### Psychological First Aid is...

- Practical frontline emotional assistance
- Easy to learn, recall and apply
- A way of preventing harmful behaviors
- Likely to increase the success of an overall emergency response

## Psychological First Aid is not...

- Debriefing
- Counseling
- Psychotherapy
- Mental Health “treatment”

## **GENERAL PRINCIPLES OF PSYCHOLOGICAL FIRST AID**

The most important task for the CERT Care Team Member is to focus on restoring emotional equilibrium. Psychological First Aid responders should:

- Present a calm reassuring demeanor
- Be direct, informative, nurturing, and problem-solving oriented
- Give accurate information and explanations of what happened and what to expect – never offer false or unrealistic assurances
- Talk to individuals about their emotional reactions and encourage them to deal with such reactions as another facet of countering denial and other defenses that interfere with restoring equilibrium
- Convey a sense of hope and positive expectation – that a crisis changes things, there are always ways to deal with the impact
- Normalize the individual’s emotional reaction as much as possible
- Facilitate and validate emotional expression (e.g., through the use of empathy, warmth, and genuineness)
- Explain what can and will be done to assist the individual
- Remember that emotional trauma and stress are normal reactions to abnormal events

### **Protect**

- Individuals from further physical or emotional harm, including gruesome or graphic sights and sounds
- Individual’s dignity and privacy following a crisis
- Individuals from danger to self or others

### **Direct**

- Individuals to safe quiet areas
- With calm, compassionate but authoritative tone
- Any available personnel to appropriate tasks



## Connect

- Individual CERT team members in need of further assistance with mental health resources
- Individuals and their families with available printed and other resource materials about coping with the emotional consequences of critical incidents
- Individuals to information about the event or any relevant news pertaining to the situation<sup>v</sup>

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## FOOTNOTES

<sup>i</sup> “Emotional Health Issues for Disaster Workers”, American Red Cross

<sup>ii</sup> Comprehensive Acute Traumatic Stress Management, M. Lerner, Ph.D., R. Shelton, Ph.D., The American Academy of Experts in Traumatic Stress 2005, pp. 18 ff.

<sup>iii</sup> Nassau County Community Emergency Response Team Participant Manual, Unit VII, p. 7-1.

<sup>iv</sup> “First Aid For Psychological Reactions”, US Army Field Manual FM 21-11 Chapter 8

<sup>v</sup> From <http://ebiz.netopia.com/projectphoenix/psychologicalfirstaid>