

Self-Care for Disaster Behavioral Health Responders

Ms. McGee: Hello and welcome to our podcast, Self-Care for Disaster Behavioral Health Responders presented by the Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center, or SAMHSA DTAC. My name is Lori McGee and I'll be your host for this podcast. Just a few words about myself: I currently serve as the Deputy Director for SAMHSA DTAC, where I supervise the development of curriculum and trainings and lead the Crisis Counseling Assistance and Training Program, or CCP activities. I have more than 12 years' experience working with program and curriculum developers to improve services using evaluation findings and have worked with a variety of special populations including at-risk and delinquent youth, women, and families in crisis, and populations receiving mental health services. I would like to take a moment to thank SAMHSA for their support of this podcast, particularly Miss Julie Liu, our Project Officer. Her guidance and support through the development of this presentation has been most helpful and appreciated. Now it is my pleasure to introduce Miss Julie Liu as our first presenter. Miss Liu is a Public Health Advisor for the Crisis Counseling Assistance and Training Program with the Emergency Mental Health and Traumatic Stress Services branch at SAMHSA. She brings 16 years of clinical experience as a mental health specialist, providing child, adolescent, and family psychotherapy, psychological and forensic assessment, and consultation and case management. Miss Liu has over 9 years of crisis counseling experience with the local government agencies, including serving as a clinical therapist for the DC Department of Mental Health in the aftermath of 9/11 in Washington, DC. Miss Liu received a bachelor of arts in psychology from American University and a master of arts in clinical psychology from Pepperdine University. Please welcome Miss Julie Liu.

Ms. Liu: Thank you, Lori. Hello, my name is Julie Liu and I am a Public Health Advisor for SAMHSA. I am going to introduce our topic and goals for today's podcast, provide an overview of the presentation, and introduce our speakers. We'll be talking about how the work that we do puts us at risk for unique experiences of stress and what those symptoms might look like for us. Then we'll address the personal, professional, and supervisory skills that we can develop to help mitigate the negative effects of our work stress. Our goals today are to define a disaster behavioral health responder audience, to define stressors specific to disaster behavioral health responders, including secondary traumatic stress, to provide best practices in self-care for DBH responders, to provide tools that can be used to promote self-care and assist in self-assessment, and to address the supports that can be provided by supervisors and management structures. We will be going over the goals as I have just done: definitions, the physiology of stress, risk factors of stress, symptoms of stress and secondary traumatic stress, self-care skills, personal, professional, and supervisory, self-assessment, and frequently asked questions. I am pleased to announce our next presenter, Dr. April Naturale. Dr. Naturale is a traumatic stress specialist with

a 25-year history in health, mental health administration. She received her master's in social work from Columbia University and her doctorate in clinical social work from New York University. She directed a New York 9/11 disaster mental health response and spent several years in the Gulf Coast after large-scale hurricanes that devastated the area. Dr. Naturale has provided disaster consultation and training through the U.S. and internationally. She helped launch SAMHSA's National Suicide Prevention Lifeline and recently directed the BP Deepwater Horizon Oil Spill Distress Helpline as well as the 9/11 10th Anniversary Healing and Remembrance Program. Dr. Naturale currently works with ICF International where her primary responsibility is as a Senior Advisor to the Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center. Please welcome Dr. Naturale.

Dr. Naturale: Thank you Miss Liu. It's a pleasure to be here today to talk about this important subject for those responders in the field who are responding to what we've seen over the past decade as approximately a 40 percent increase in disasters. This topic is quite pertinent and very important. What we'll be talking about are first the definitions of what we are going to go through today—we are disaster behavioral health responders and what is stress in relation to the disaster environment, what is secondary traumatic stress and then what is self-care again, in relation to disaster behavioral health responders. We identify that all disciplines who are disaster responders as being responsible for helping survivors in ways that address their behavioral health needs. The disaster behavioral health community really includes everyone in the field, not just mental health workers or substance abuse workers to those rescue and recovery folks. There are many different disciplines that make up the community of disaster behavioral health responders. There are public health workers, including physicians, nurses, aides, mental examiners, especially in the cases where there have been deaths and then the mental health and substance abuse staff along with law enforcement, fire and rescue workers as well as construction workers, and even those 911 operators who are answering the calls. How we define stress in relation to the disaster responder community is similar to the ways that it is described in general but we are going to be talking about some more specifics that relate just to disaster responders. First, stress is actually a perception and what does that mean? It means that we see or we hear something and the way that we perceive what is going on has a lot to do with how we respond to it. We have a physiological response to some kind of fear, especially if there is the fear or the perception that one may be at serious risk of dying or having harm to themselves or someone that we care about. Stress is also geographic. That means something as simple as the fact that if there is someone who lives near the equator they might be able to manage heat much better than somebody who lives in the northeast section of the U.S. where the weather is cooler. And when they move to an area or visit an area that is much warmer they may perceive the weather difference as stressful. Stress is also culture bound. That just means that we get used to certain things. We have a way of looking at our environment and if we aren't seeing green and sun on a regular basis we might find that it is stressful to be in an area where there is more rain, where there is less availability of

the kind of resources that we're used to, whether that means being able to take a walk in cool weather, be near the ocean, or even access the type of products that we like to buy on a regular basis. Stress is highly influenced by our environment as well as how we perceive our environment. Secondary traumatic stress is basically the idea that a responder can experience the same kind of trauma symptoms as the survivors who are in the field, whether or not the responder has actually had the same experience that the survivor has. This definition—the research is in relation to counselors but it is broadly applied to those of us who are in the field talking to, and supporting survivors who may have been exposed to some kind of trauma, either the threat of death or an injury or seeing something terrible having happened to their community or to their loved ones or others. These symptoms can be acute symptoms or they can even look like posttraumatic symptoms. Those in general are what we see people experience and are fairly common after a disaster. They may be sadness and grief over loss or anxiety-type symptoms, rapid heartbeat, difficulty breathing freely, feeling very afraid like something bad is going to happen again or even more serious symptoms like the development of posttraumatic-type symptoms. Again, whether the responder has actually been exposed to the traumatic event themselves they can experience secondary traumatic stress as a result of helping others and hearing about the survivor's experience. There are different terms that are used in the literature and in the field. I think it's important to understand the differences. The most similar terms are compassion fatigue and secondary traumatic stress. They are often used interchangeably and they can both happen after one experience. Vicarious trauma is defined as a buildup of exposure to client trauma. That means that the responder starts to experience symptoms after they have had numerous experiences of talking to survivors about their trauma. The most important differentiation here is that burnout is not the same as compassion fatigue or secondary traumatic stress and it is not the same as vicarious trauma. The research tells us that burnout is actually very different because the causes of burnout symptoms are very different. Most people who are experiencing burnout talk about having administrative problems or organizational differences. They might not agree with the policies and procedures of the agency that they work with. They might not be getting the support that they need from their supervisor or even from their peers. This usually leads to burnout. One of the primary symptoms that is different in burnout is indifference. People start to pull back. They become disillusioned. They use a lot of their mental health days or their sick days and have disinterest. This is not usually what we see in disaster responders. As a matter of fact, we often see the complete opposite. Responders continue to work constantly, don't take breaks. It is very important to understand the difference between burnout and vicarious trauma and secondary traumatic stress because in burnout people tend to leave the field once they experience burnout and don't return. It is a highly important to recognize when you might be having burnout symptoms. We use the term self-care often so let's look at a real definition. Self-care is the ability to continue to maintain your physical, emotional, relational, and your spiritual health not only in good times but in times of stress as well. The primary components of self-care, especially in disaster responders is to set up and then maintain your support systems both on a personal and on a professional level. This doesn't mean that there is

any weakness in any system or in any responders it just means that when we do this ahead of time it helps us to maintain our strengths, our health, and our relationships. Setting things up ahead of time is one of the primary ways that we can use and implement our self-care. Some simple things to do are to plan and then schedule the use of your breaks, including lunch as well as benefit time, such as vacation days and personal time off. As I mentioned earlier disaster responders usually work more, not less and have difficulty taking time. We are going to talk a little bit about how we can help each other to do that in a few minutes. The important thing is to maintain a balance. Once cannot continue to work and never have time off, time to relax, do leisure activities, have fun, and especially to maintain your relationships which are one of the most important things that we can do, especially as responders. We need to practice our stress management exercises and give ourselves opportunity to have down time. The interesting thing about stress is that it is really a good thing for our bodies to experience stress when we are threatened with some kind of a threat to our health or our wellbeing and we've experienced this since the times of the saber-toothed tiger. We perceive that there is something wrong and our minds tell us that we either have to stop and fight, we have to run or we just stay exactly where we are and freeze and not move. Stress produces cortisol, it helps our memory and enhances immune function so we are actually able to see clearly and perceive things and decide what to do very quickly. Stress also increases the level of adrenaline in our body and that gives us more strength, more oxygen for our system and more endurance. It does this through a spike in blood pressure, flooding our muscles and our brain with oxygen. There are wonderful things about stress that prepare us to deal with whatever it is that is coming our way that may be a threat to us. Why do we talk about stress as a bad thing? The problem is that we no longer do the kind of physical work that we used to do many years back. We get in the car instead of walking places, we don't carry things, we're not out there chopping wood and so the allosteric system, that's our system in our body which controls our hormones, especially around the cardiovascular system they don't have a chance to get rid of all of this excess hormones that have built up in our system to get rid of all of this extra energy. Increases in cortisol and endorphins and adrenaline can actually become harmful or toxic to our bodies. This overload can even actually damage our memory. We hear this all the time when people say they are stressed one of the first things they complain about is that they get forgetful. Stress and these types of hormones when there are extra hormones in your body can actually hurt your immune system. They can create an enlargement around your stomach area which leads to cardiovascular problems. It is actually the inability to get rid of these extra hormones that creates the problem for us. Now I am going to turn the podcast back to our project officer, Julie Liu.

Ms. Liu: Thank you Dr. Naturale. Thanks for all of your great work in the disaster behavioral health world. Our next presenter, another individual who does great work in DBH, is Miss Jeannette David. Miss David is the Disaster Mental Health Services Coordinator for the Georgia Department of Behavioral Health and Developmental Disabilities. In this role she coordinates

disaster mental health emergency preparedness planning, response, and recovery for the State of Georgia. She is the founder of the Georgia Crisis Consortium and certified trainer in Psychological First Aid and Federal Emergency Management Agency Crisis Counseling Assistance and Training Program. Miss David has been working in the field of disaster preparedness and response since 1993 which includes 11 years' experience with the Metropolitan Atlanta Chapter of the American Red Cross. She has been on several natural disaster field deployments and has received extensive training in disaster preparedness and response and has significant experience as a trainer of adult learners using the participant-centered approach. Please welcome Miss David.

Ms. David: Thank you, Miss Liu. Thank you SAMHSA and DTAC for developing these webinars and for all of the support that you have given me and the State of Georgia over the years. Now I am going to take a look at the risk factors that may lead to stress in disasters for behavioral health workers. It's important to conduct an inventory of your sources of stress so that you can be aware of the things that may be harmful and prepare yourself to address those issues as they arise. Start by asking yourself, where does your stress come from? To do this you need to take a look at what's going on in your everyday life, both personally and professionally. It's also important for you to take time to identify the stressors related to the particular disaster you are involved in and your role in the response. You should be aware that the sources of stress in an immediate disaster behavioral health response are different than those associated with a long-term response. What do you bring from your life? Said differently, what are the day-to-day challenges at home and at work? Think about the things you do when you are not at work. It is probably safe to say you are not just lying in a hammock with a glass of iced tea. You have bills to pay and many of you may have people who depend on you for their care, like children and aging parents. There is grass that needs to be cut and car repairs and the list goes on and on. These problems don't go away when you get called to respond and they contribute to the burden of additional work brought on by the disaster. Think about your professional commitments. The projects and deadlines that were on your desk the day before the disaster will still be there when you return from your disaster assignment only with less time to complete them. Coworkers and supervisors might call on you concerning issues related to your day-to-day work while you're on your disaster assignment. It's also important for you to take an inventory of your physical and mental health before you begin disaster work. What are your limitations? Existing health problems can often be intensified by the strain of disaster work. Recent surgeries or medical treatments, significant life changes or losses within a year of the disaster response, dietary restrictions that impede your work and your ability to remain active and endure physical conditions such as extreme heat and cold are some of the things to consider when making the decision to deploy. Disaster response will expose you to sights, sounds, and smells that are unpleasant and often disturbing. It is essential for you to think about the things that may upset you. A bus carrying a college baseball team crashed in Atlanta several years ago, resulting in

many deaths and severe injuries. Some of the EMTs who responded to that event had children close in age to those involved in the accident and have since gone on to other lines of work. Their vulnerability put them at risk. You may also be at risk depending on your personal experience. Taking a formal assessment can be beneficial and Dr. Naturale is going to discuss one such tool later on in this webinar. Once you are deployed to a disaster assignment you will soon find that the environment that you are working in is unlike any other. The type of disaster is an important factor to consider. Manmade disasters tend to produce greater anger in the survivors who are often looking for someone to blame. Some natural disasters like floods may come and go and then return with the next rain, thus, elevating the stress level of everyone. If you or close family or friends have suffered loss due to the disaster that complicates things even more. The fact that you are viewing this webinar shows that you're interested in getting the training you need to prepare for disaster response work. If you haven't participated in other SAMHSA DTAC webinars please do so. The DTAC website also features the Disaster Behavioral Health Information Series, a quarterly newsletter called The Dialogue, a monthly e-communication called the Bulletin, and links to other online training sites like the National Child Traumatic Stress Network Psychological First Aid course. You will be given the link to the SAMHSA DTAC website later on in this webinar. Whenever possible take emergency preparedness training offered by your local and State emergency response agencies and the Federal Emergency Management Agency, FEMA, offers independent study courses on their website as well. Develop a disaster plan for your family and a disaster kit. You need to know the people you love are safe. If they aren't or if you have no knowledge of their safety please don't report for deployment until they issue is settled. You will be no good to your team and may be a liability. Ready.gov is a website hosted by FEMA that offers information on how to create a plan for you and your family and there will be a link to the Ready.gov website at the end of this webinar as well. Do you have the support of your family and coworkers? Are they aware that they may have to pick up some of your responsibilities while you are responding to the disaster? Educating them about this and planning how this will take place before the disaster will be one less thing you need to worry about when it's time to deploy. As I mentioned earlier, the sources of stress in an immediate disaster response are different than those associated with a long-term response. In an immediate response the physical environment might be a shelter, a disaster recovery center, or a mass care distribution center. This type of setting can be very chaotic and unpredictable. There may be limited resources, including water and other necessities. You may have to sleep in a shelter and travel long distances to and from your assignment each day. There is a good chance that your coworkers will be people you've only just met and that you will be performing tasks that are not part of your day-to-day responsibilities. The survivors will most likely be from diverse cultures, ethnic groups, developmental levels, and faith backgrounds. The work hours can be long and on the other hand, it's not unusual to experience long periods of down time with nothing to do. Just when you thought you were establishing a routine your work hours might be changed or you might be moved to a new location. Don't get caught up in the negative behaviors of your coworkers such as not taking breaks or staying past your shift time. The long-term

response has its own unique challenges. Continued exposure to survivors' stories and the physical devastation caused by the disaster may be difficult to face day after day. Disaster behavioral health responders in a long-term response may encounter the same survivors over and over again and begin dealing with attachment and boundary issues. As time goes by and the disaster moves further into the past resources to support survivors in their recovery may become scarce. Frustration is not uncommon when you are dealing with limited resources and survivors who are having difficulty with their recovery. This slide is a review of some of the information that Dr. Naturale shared with you earlier. Those of you who are familiar with the FEMA Crisis Counseling Assistance and Training Program will recognize this graphic that represents the stress cycle. This illustrates how the introduction of the new challenge into our lives has a physical effect on us. An increase in biochemical or stress hormones enables us to meet the challenge and complete the task at hand. The biochemical is reduced once we have accomplished our goal and then we are able to rest. But what if we are not able to get sufficient rest? Or what if there just seems to be too many challenges or what if not all of the challenges can be resolved? That's when the symptoms of stress start to show up. Disaster behavioral health work will give you an opportunity to see the impact of your work immediately and this can be very rewarding. Being involved in a disaster response may give you a strong feeling of purpose and usefulness. When the day is over it is difficult to turn off these feelings of exhilaration when your shift ends and it's time to sleep so that you can be revitalized for the next day's work. Some responders might even replay the activities of the day over and over in their minds. All of these factors contribute to difficulty sleeping. It is not uncommon for responders to experience a change in appetite. Some of you may want to eat more than usual while others might not be hungry at all. Some other symptoms of stress that you may encounter are feeling overwhelmed and helpless, having difficulty setting priorities, and interpersonal conflicts. It's imperative that you take notice of any of these symptoms so that you can make the necessary adjustments by using the skills of self-care which we will discuss in a few minutes. As Dr. Naturale said earlier secondary traumatic stress is different than ordinary stress in that it deeply affects our view and attitude towards the world, ourselves, and others. It is important to know what it looks like. This slide lists some of the common symptoms of secondary traumatic stress. Most disaster behavioral health responders will not experience these negative consequences at all. The ones who are most at risk are those who deal extensively with families of the deceased who work with recovery workers who have contact with families who have lost children or have extensive exposure over long periods of time. Now it's time to get to work on the skills of self-care. First we'll look at what it is you can do to personally reduce the impact of stress. How do you know when you are stressed? One way to find out is to ask others. Another way to find out is to examine your habits. Do you find you eat more than usual as a deadline approaches? Do you withdraw from friends and family when you are worried about paying the bills? By identifying how you feel when you are under stress you can come up with a plan to manage your stress. Practice self-awareness. When you know what your reactions are then you can start figuring out ways to soothe yourself. It's not possible to avoid stress and you may not be able to make all of your symptoms go away

completely, especially during a disaster response but you can work on keeping them at a minimum. Accept that you may need help when stress reactions become problematic. Avoid overly identifying with survivors' grief and trauma. This can interfere with your work and may be emotionally challenging for you. Another form of self-awareness is to examine your personal prejudices and cultural stereotypes. Culture is one medium through which people develop resilience. Culture also provides validation and it influences how we are able to overcome disaster. No matter what your personal feelings may be you need to respect the beliefs and languages and behaviors of the people you are assisting. Keep in mind that secondary traumatic stress may develop and this may help you to regulate your exposure. How do you know when you are okay? What does it feel like to be relaxed, at ease with yourself and your environment? Get to know that feeling. There are things you can do to foster healthy responses to stress and one of them is practicing a balanced lifestyle. This doesn't just apply to the times when you are responding; it should be something you do all the time; that way when you are in the middle of the disaster response you can draw on those habits. One of the ways for you to get the rest you need in the stress cycle is through exercise. You may think that how is exercise restful. When biochemicals flood your body brisk movement and exercise help your body to return to normal faster. Develop an exercise routine now and try to stick with it when you are on a disaster assignment. I always tell people even if you can't work out for your usual 30 minutes at least take 20 or 15 minutes to work out when your shift is over. A good way to ensure that you will maintain a nutritious diet is to have a go kit with some healthy snacks such as Power Bars, nuts, dried fruit, and bottled water. When I arrived in Orlando, Florida, the day after Hurricane Charlie there was limited water available. Supplies had been pre-positioned outside of Tampa where the storm was expected to make landfall. Those who brought their own water were able to respond without any problem and the rest of us experienced headaches and low energy until we could get what we needed. Some other items to include in your go kit are a hat, sunglasses, sunblock, and a small supply of personal medications. Be mindful of your relationships because they are very important when you are involved in a disaster response. Figure out who you can turn to when you need a little boost and who to avoid. When you are on an assignment be sure to check in regularly with family and friends. As I mentioned earlier, rest and sleep may be challenging for some of you. The excitement of the work you are doing coupled with an erratic schedule can make it difficult to turn it down at the end of the day. Avoid caffeine late in the day and develop healthy nighttime habits like turning the TV off in the bedroom. Progressive muscle relaxation may be helpful and meditation is a great way to turn your mind off and transition into sleep. If you want to try this start practicing now. Steer clear of using alcohol as a means to unwind and only use sleep aids after consulting with your physician. Meditation is something you can also do during the day to promote stress reduction along with some other activities like deep breathing and walking mindfully. Guided visualization is something that you can do with a friend, a teammate, a partner, or on your own. Some people find writing in a journal helpful. If you gain strength from religious or spiritual faith, tap into that as a means of support. It's hard for many people to allow themselves to take a break and enjoy life, but that is the key to stress reduction.

Now it's time to start taking care of yourself, not when the disaster happens. Decide what it is that makes you feel good, happy, relaxed. Make a list of those things if you have to. This slide gives just a few examples but there are many other things you can do to manage stress. If you are the artistic type tap into those skills and create something. Dancing provides freedom of expression. Certain exercises originating in Eastern cultures can be beneficial. Yoga and t'ai chi provide a great way to relax and de-stress. It is often difficult for people in helping professions to ask for help themselves but asking for help and advice from friends, family, and coworkers is okay. Learn to say no and don't take on more than you can reasonably handle. Talk about your emotions to process what you have seen and done. Doing this at the end of the day when your shift is over is a good way to transition from the disaster to your personal life. This will help you to leave the work where it belongs and better enable you to get the rest you need to face another day. Just as it's important to take care of yourself before and during disaster work we must also take extra care when your disaster assignment is over. Start by paying attention to your health. Now that the disaster assignment is over it doesn't mean that you can go off that healthy diet and exercise routine. Make sure you get enough sleep and eat balanced meals. Reestablish normal work routines. Some people may need a little time to readjust while others find it useful to resume their activities and connect with family and friends right away. Think about what you need to do for yourself and act accordingly but always build some down time into your schedule. Some things to avoid when you return from a disaster assignment are excessive use of alcohol, making big life change choices for at least a month, negatively assessing the contribution of your relief work, and worrying about readjusting. Continue your healthy stress management skills and set time aside to do the things that you enjoy. In addition to the skills of personal self-care there are also things you can do to take care of yourself in the professional environment. Talk with your supervisor and managers about the necessity for you to have backup support during disaster response. Juggling your regular work responsibilities and the demands of disaster response may take its toll on you. I talked earlier about the importance of having proper training. The more you prepare before you enter the field the more successful you will be in the field. The first thing you should do when you are about to be deploy to a disaster is stop, take a deep breath, and wait a moment. Remember that you can't help everyone with every problem they have. Set realistic goals and prioritize your tasks based on necessity. Avoid getting caught up in a culture that is one of overworking; such as not taking breaks and staying past your shift time. Don't ignore directions to rotate out of your assignment. A few minutes ago I talked about learning to say no and asking for help and advice. This definitely applies when you are responding to a disaster. If you're overworked and tired you won't be able to provide support to the survivors and it may be harmful to you. One of the best tools you can use to reduce stress is humor. Figure out ways to incorporate humor in your work and by all means learn to become flexible, patient, and tolerant. Take time to reflect on the work you are doing in the field and focus on the positive things and what you've accomplished. Be sure to access your supervisor to share concerns, identify difficult situations and strategies to solve problems. Since the 1930s Alcoholics Anonymous has been successful in its mission to help people recover from alcoholism through a system of peer

support and this is based on that idea that people who go through similar experiences are better able to help one another than an outsiders. First responders use a peer support system to support each other routinely and it's a principle that can be adopted by all disaster responders. Getting to know your fellow disaster mental health workers and listening to and sharing stories is an excellent way to ease stress. Peers are also able to provide practical assistance to one another by sharing resources. An experienced disaster mental health worker might be able to provide tips to a newcomer to the field. Giving advice should be kept to a minimum, however. What worked for you might not work for everyone but you can present ideas for them to check out. When it comes to giving information don't preach, but if you know of books, websites, and articles that they can read let them know. Compliment each other; that is so important. Compliments can serve as powerful motivators and stress moderators. Remember that some people need to talk, while others need to be alone, so respect those differences. If you are concerned about a coworker's emotional wellbeing, suggest that they talk to another mental health professional or talk to your supervisor about the situation. If you are a supervisor there are things you can do to take an organizational approach to stress management. An effective management structure includes a clear chain of command, an orientation for workers, adequate supplies, and reasonable shift times. The recommended shift time of a disaster behavioral health responder is 6 to 8 hours. Make sure everyone understands what the purpose and goals of their mission are and that they stay in their lane and understand what their role is. Written job descriptions and contact lists should be available. Nurture team or peer support using the strategies covered on the previous slide. Disaster mental health responders should be deployed using a buddy system. Everyone should have a buddy, buddies should remain in close proximity to each other, providing immediate support when needed, gauging exposure to the event and the stories associated with the event and just generally provide support and coverage throughout the response effort. An organizational plan for stress management might include rotation of workers between low-, mid-, and high-stress tasks. For example, if an event results in a large number of fatalities the same team or teams of disaster mental health responders should not be assigned to the family assistance center day after day while others are working in a mass care tent. Keep in mind that disaster mental health responders who deal excessively with families of the deceased are most at risk. Develop a break schedule and make sure everyone knows the schedule and sticks to it. Provide information about stress and stress management to your teams and allow time for workers to diffuse and debrief at the end of their shifts. Make sure you have an exit plan for workers that includes an exit interview, and information on how to adjust to life after disaster work and an opportunity to provide feedback on their experience. I'm now going to hand it back to Dr. Naturale as she will continue with the rest of the webinar.

Dr. Naturale: Thanks very much, Jeannette; that was such good information. I always learn something when listening to you talk about this important subject. One of the things we're going to close with is the idea of self-assessment. Basically what this comes down to is we are the ones

who are responsible to stop the stress cycle for ourselves so we need to take a look at how we're doing. That said, we can also get help by sharing our stress indicators with our buddy, with our family or friends, people that might be able to help us to take a look and say, "Gee, you seem to be having a little bit of difficulty" or "You need to take a break." They can only do that if you let them know what's going to be important for you to know. Share with them what some of your indicators are. Also, check to see if you are sticking with your own self-care plan. Take a look, do you need to schedule your self-care activities if you are not attending to them on a regular basis. It can help to give yourself a note to put your self-care plan into your calendar and check and make sure that you are attending to your self-care activities. There's also a way to monitor your compassion fatigue and burnout as well as your compassion satisfaction which is that pleasure that we get from doing the work that we do which can help mitigate compassion fatigue or secondary stress. The way to do that is to utilize the ProQOL 5; this is a self-assessment tool that can be found on the web and is the one research tool that is a reliable and valid tool specifically for helpers. On one of the next slides we will give you the actual website to access the ProQOL. We recommend that people use the ProQOL at least on a quarterly basis. Do it initially and get a baseline and then on a routine basis do it again so that you can see what's your compassion fatigue level, what's your compassion satisfaction level or are you headed towards burnout. In summary, our message is that disaster responders can benefit from identifying the symptoms of stress and learning how to engage in self-care activities. Stress affects all of us so we're not saying that it's a problem for us to suffer with stress. We know it's going to happen; especially with the work that we do but we also know that we can actually decrease any of the negative outcomes by implementing our personal and professional supports. Very important is for us to seek support from our buddy, our supervisor, our family and friends. Make our self-care plan and stick to it and then continue to monitor and see how we're doing. As we mentioned earlier this is a slide of resources. There is the website for Dr. Stamm's ProQOL self-assessment tool. It's free, downloadable, can use it at any time that you need and there are instructions there as well for scoring. There is the National Center for PTSD which provides the most up-to-date information not only on PTSD, but there is access to the PILOTS database which is a huge library of information about traumatic stress as well as PTSD and disasters. As Jeannette mentioned earlier there is also the link to the National Child Traumatic Stress Network's Learning Center where you can take the Psychological First Aid course for free for CEUs. Also, we have a new disaster distress helpline which has recently been launched by SAMHSA, open 24/7 as a telephone number which you can see here on the slide, 1-800-985-5990. Ready.gov as Jeannette mentioned earlier is also a place to take many FEMA courses on planning preparedness and response. Then there is SAMHSA DTAC's toll-free number which is 1-800-308-3515 and the website www.samhsa.gov/dtac. SAMHSA DTAC has resources available for the States and Territories and Tribes that help us to deliver effective behavioral mental health and substance abuse response. Some of the specific resources that are available through DTAC are the Disaster Behavioral Health Information Series. There is information on resilience and stress management

for disaster behavior workers and public health and safety workers. Now I am going to turn it back to Lori, our chairperson, to look at frequently asked questions.

Ms. McGee: Thank you so much, Dr. Naturale and Miss David. I do have a question that comes up frequently among disaster behavioral health responders and the first question has to do with how to help your coworkers and what to do if you notice that they might be in trouble or suffering as a result of their work, particularly if you suspect alcohol or substance abuse. Jeannette?

Ms. David: Well that is a difficult issue. The first thing you should do is decide if you're comfortable talking with your coworker about this topic. If not, then please talk with your supervisor. If you are comfortable with the topic then I would first start by asking them "How are you doing?" to see if they are aware that there might be a problem. Let them know that you are concerned and point out some examples of why you are concerned. It's important to normalize the situation by saying things like "Given everything that you are dealing with it is understandable that you might have trouble adjusting to the work," or something like that. Dr. Naturale do you have anything to add?

Dr. Naturale: Yes. This is one of the most difficult questions, I agree Jeannette, and your suggestions are the first place to start. It remains a tough issue as we know from working with responders after 9/11 and after Hurricane Katrina. The issues, especially the substance abuse and alcohol issues, domestic violence remain problematic. It used to be that we would watch it; some of our buddies would go downhill dunking themselves out of their relationships or their marriages and often out of their jobs. We know now that it is unacceptable for us to watch as one of our peers or one of our buddies goes downhill. It does take a bit of courage but the important thing is to say something rather than to ignore the problem and do so with a loving heart in a helpful way, not blaming or as you mentioned earlier Jeannette, ostracizing and saying there is something just wrong with that person. We know that some of the problems that we experience are very common in all of us; especially if we have worked on many disasters and have been under great stress. It's very important that we take the risk to approach our friend with care and concern. Ask what they think they might need; how can we be of assistance, what is it that we can do together and often it is that peer response that helps. Whether we all need to go and have our walk after our deployment rather than letting one of our buds go off to a pub or a bar and do things together like when we go out to eat together or leave together so we don't leave one of our colleagues alone, able to drink or to get themselves in some kind of trouble where they don't need to be. Doing things as peers and taking the risk to help each other, again, with care and concern rather than with ostracizing or blaming is really one of the best ways and we have to keep at it and sometimes we have to be prepared to get a negative response but to not give up on each other and to have patience with each other and our peers as well as ourselves.

Ms. McGee: Thank you both. Wonderful answers. Another question that we get is around boundary setting. As a responder how can I set boundaries so that I can still care for myself and yet remain a team player?

Dr. Naturale: That's a really good question too, Lori. As we mentioned earlier what we see in disaster responders is not that we withdraw and work less or start taking sick days or mental health days, but we tend to overwork. We do the opposite; we give too much. We think this is a mission and that we're the only ones who can fulfill it so it's very problematic for us. Jeannette brought up a couple of very good ways, not only to provide self-care but also to establish boundaries. It has to do with having a plan of care for oneself. What do I need to do to take time off? Some people have to actually schedule exactly when they are going to work and when they are going to stop working. Schedule when they are going to do some exercise and when they are going to have down time, leisure time with family, and leisure time with friends. Having a plan for your self-care and watching and monitoring is really very helpful. Also, if we are doing things as groups that's helpful as well. When peers can take time off at lunch and they all go out for a walk together then one person who's at their desk kind of isn't left feeling like "I am the only one holding the bag here," but instead they have been invited. When everyone else is going they don't feel guilty about leaving their desk. They feel like "Okay, we can all do this. We can do it together." The same thing at the end of the day, when people are leaving they should be checking with their buds, with their peers, with their supervisor, is someone left behind? Do they feel like they are on their own? Do they need a little help to get something else done but also to get the message that it is okay to leave; it's okay to go home and to take some leisure time for themselves. We don't want our peers feeling like they are the only ones who are handling things or that they are the only ones who want to leave the workplace at a certain time every day. You should be checking with each other and being supportive. Supervisors can especially help this way by giving the message that it's okay to take a break and that they don't expect everybody to work overtime all the time; that they actually, in fact, encourage people to leave at the end of the day and to take their breaks during the day. So it's actually a whole-group effort what we need to do for ourselves as well as for our peers and what our supervisors can do for us as well.

Ms. McGee: Jeannette did you have anything to add?

Ms. David: I think that last part that April mentioned is a really important part of the management issue. If you are feeling like you really want to stick with your schedule of self-care but you are the only one who is doing that I think it's important to talk to your supervisor about it and be honest and say, "We're telling everybody else that we work with, the survivors and the other responders that they need to stick to schedules and that they need to take care of themselves, but we're not practicing what we preach." And hopefully by getting your supervisor on board with that they will make sure that everyone sticks with the schedule, takes time to do

what it is they need to do to take care of themselves so that you're not the only one that appears to be leaving on time and that it doesn't look like you are abandoning your team to take care of yourself and do some of the things that you need to do to feel better.

Ms. McGee: Great, such helpful information for folks to have. I want to close us out there by saying thank you to our presenters. We have put your contact information here; if people that are listening have questions they can send you direct messages both to Miss David, Dr. Naturale, or to Miss Liu at SAMHSA or myself here at DTAC. I want to say thank you to SAMHSA again for their support of these podcasts and webinars that we produce and thank you to all of you out there that are taking care of others. We hope that in the midst of taking care of others you don't forget to take care of yourself too. Thank you very much for joining us and have a great day.

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