

RESILIENCY TOOLKIT

Pre-Event
INDIVIDUAL/FAMILY

Pre-Event
ORGANIZATIONAL

Disaster Event
INDIVIDUAL/FAMILY

Disaster Event
ORGANIZATIONAL

Post-Event
INDIVIDUAL/FAMILY

Post-Event
ORGANIZATIONAL

Psychological First Aid Provider Care

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience, enhancing satisfaction through helping others. It can also be physically and emotionally exhausting. The following sections provide information to consider before, during, and after engaging in disaster relief work.

Before Relief Work

In deciding whether to participate in disaster response, you should consider your comfort level with this type of work and your current health, family and work circumstances. These considerations should include the following:

Personal Considerations

Assess your comfort level with the various situations you may experience while providing Psychological First Aid:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Working with individuals in non-traditional settings
- Working in a chaotic, unpredictable environment
- Accepting tasks that may not initially be viewed as mental health activities (e.g. distributing water, helping serve meals, sweeping the floor)
- Working in an environment with minimal or no supervision or being micro-managed
- Working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds
- Working in environments where the risk of harm or exposure is not fully known
- Working with individuals who are not receptive to mental health support
- Working with a diverse group of professionals, often with different interaction styles

Health Considerations

Assess your current physical and emotional health status, and any conditions that may influence your ability to work long shifts in disaster settings, including:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems
- Any significant life changes or losses within the past 6-12 months
- Earlier losses or other negative life events
- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time and endure physically exhausting conditions
- If needed, enough medication available for the total length of your assignment plus some extra days

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Family Considerations

Assess your family's ability to cope with you providing Psychological First Aid in a disaster setting:

- Is your family prepared for your absence, which may span days or weeks?
- Is your family prepared for you to work in environments where the risk of harm or exposure to harm is not fully known?
- Will your support system (family/friends) assume some of your family responsibilities and duties while you are away or working long hours?
- Do you have any unresolved family/relationship issues that will make it challenging for you to focus on disaster-related responsibilities?
- Do you have a strong, supportive environment to return to after your disaster assignment?

Personal, Family, Work Life Plan

If you decide to participate in disaster response, take time to make preparations for the following:

- Family and Other Household Responsibilities
- Pet Care Responsibilities
- Work Responsibilities
- Community Activities/Responsibilities
- Other Responsibilities and Concerns

Work Considerations

Assess how taking time off to provide Psychological First Aid might affect your work life:

- Is your family prepared for your absence, which may span days or weeks?
- Is your employer supportive of your interest and participation in Psychological First Aid?
- Will your employer allow "leave" time from your job?
- Will your employer require you to utilize vacation time or "absence-without-pay time" to respond as a disaster mental health worker?
- Is your work position flexible enough to allow you to respond to a disaster assignment within 24-48 hours of being contacted?
- Will your co-workers be supportive of your absence and provide a supportive environment upon your return?

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During Relief Work

In providing Psychological First Aid, it is important to recognize common and extreme stress reactions, how organizations can reduce the risk of extreme stress to providers, and to how best to take care of yourself during your work.

Common Stress Reactions

Providers may experience a number of stress responses, which are considered common when working with survivors:

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, easily startled)
- Depressive or anxiety symptoms
- Decreased social activities

Extreme Stress Reactions

Providers may experience more serious stress responses that warrant seeking support from a professional or monitoring by a supervisor. These include:

- Family and Other Household Responsibilities
- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations, or act out a “rescuer complex”
- Withdrawal and isolation
- Preventing feelings by relying on substances, overly preoccupied by work, or drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence

- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

Organizational Care of Providers

Organizations that recruit providers can reduce the risk of extreme stress by putting supports and policies in place. These include:

- Limiting shifts so that providers work no more than 12 hours and encourage work breaks
- Rotation of providers from the most highly exposed assignments to lesser levels of exposure
- Mandate time off
- Identify enough providers at all levels, including administration, supervision and support
- Encourage peer partners and peer consultation
- Monitor providers who meet certain high risk criteria, such as:
 - Survivors of the disaster
 - Those having regular exposure to severely affected individuals or communities
 - Those with pre-existing conditions
 - Those with multiple stresses, including those who have responded to multiple disasters in a short period of time
- Establish supervision, case conferencing, staff appreciation events
- Conduct trainings on stress management practices

Psychological First Aid Provider Care

Provider Self-Care

Activities that promote self-care include:

- Limiting shifts so that providers work no more than 12 hours and encourage work breaks
- Manage personal resources
- Plan for family/home safety, including making child care and pet care plans
- Get adequate exercise, nutrition, and relaxation
- Use stress management tools regularly, such as:
 - Accessing supervision routinely to share concerns, identifying difficult experiences and strategizing to solve problems
 - Practicing brief relaxation techniques during the workday
 - Using the buddy system to share upsetting emotional responses
 - Staying aware of limitations and needs
 - Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
 - Increasing activities that are positive
 - Practicing religious faith, philosophy, spirituality
 - Spending time with family and friends
 - Learning how to “put stress away”
 - Writing, drawing, painting
 - Limiting caffeine, cigarette, and substance use

As much as possible, providers should make every effort to:

- Self-monitor and pace their efforts
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift
- Perform regular check-ins with colleagues, family, and friends
- Work with partners or in teams
- Take relaxation / stress management / bodily care / refreshment breaks
- Utilize regular peer consultation and supervision
- Try to be flexible, patient, and tolerant
- Accept that they cannot change everything

Providers should avoid engaging in:

- Extended periods of solo work without colleagues
- Working “round the clock” with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Excess use of food/substances as a support
- Common attitudinal obstacles to self-care:
 - “It would be selfish to take time to rest.”
 - “Others are working around the clock, so should I.”
 - “The needs of survivors are more important than the needs of helpers.”
 - “I can contribute the most by working all the time.”
 - “Only I can do x, y, z.”

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After Relief Work

Expect a readjustment period upon returning home. Providers may need to make personal reintegration a priority for a while.

Organizational Care of Providers

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Encourage time off for providers who have experienced personal trauma or loss
- Institute exit interviews to help providers with their experience – this should include information about how to communicate with their families about their work
- Encourage providers to seek counseling when needed, and provide referral information
- Provide education on stress management
- Facilitate ways providers can communicate with each other by establishing list serves, sharing contact information, or scheduling conference calls
- Provide information regarding positive aspects of the work

- Practice good sleep routines
- Make time for self-reflection
- Practice receiving from others
- Find things that you enjoy or make you laugh
- Try at times not to be in charge or the “expert”
- Increase experiences that have spiritual or philosophical meaning to you
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time
- Keep a journal to get worries off your mind
- Ask help in parenting, if you feel irritable or are having difficulties adjusting to being back at home

Make every effort to avoid:

- Excessive use of alcohol; illicit drugs or excessive amounts of prescription drugs
- Making any big life changes for at least a month
- Negatively assessing your contribution to relief work
- Worrying about readjusting
- Obstacles to better self-care:
 - Keeping too busy
 - Making helping others more important than self-care
 - Avoiding talk about relief work with others.

Provider Self-Care

Make every effort to:

- Seek out and give social support
- Check in with other relief colleagues to discuss relief work
- Increase collegial support
- Schedule time for a vacation or gradual reintegration into your normal life
- Prepare for worldview changes that may not be mirrored by others in your life
- Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks
- Increase leisure activities, stress management, and exercise
- Pay extra attention to health and nutrition
- Pay extra attention to rekindling close interpersonal relationships

