



National Institute of  
Environmental Health Sciences



# Resilience

## Disaster Worker Resiliency Training Instructor Training Manual

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## Table of Contents

How to Use this Instructor Manual.....	4
Goal of the course and target audience.....	4
Instructor Manual .....	4
Adult Education Techniques .....	5
Be a Facilitator .....	5
Preparation.....	5
Caution .....	6
Room Set-up .....	6
PowerPoint (PPT) and Participant Manual.....	6
The Participant Manual.....	6
Activities and Small Group Discussions .....	7
Sensitivity .....	7
Use and Design of PPT Slides .....	8
Allocated time .....	8
Course delivery .....	9
Training materials for course .....	9
Cultural Awareness.....	10
Pre-Training Checklist .....	11
Course Agenda and Time.....	12
Instructor Survey .....	13
NIEHS Resources and Links.....	15
Federal Resilience Resources .....	15

Slide 10.....	22
Slide 11 .....	22
Slide 12 .....	22
Slide 13.....	22
Slide 14.....	23
Slide 15.....	23
Slide 16.....	23
Slide 17.....	23
Slide 18.....	24
Slide 19.....	24

## Preface ..... 18

Slide 1 .....	18
Slide 2.....	18
Slide 3 .....	18

## Chapter 1 – Introduction..... 19

Slide 5.....	19
Slide 6.....	19
Slide 7.....	20
Slide 8.....	20
Slide 9.....	21
<b>Activity 1:</b> .....	<b>21</b>

## Chapter 2 – Understanding Stress .... 25

Slide 20.....	25
Slide 21 .....	25
Slide 22.....	25
<b>Activity 2:</b> .....	<b>25</b>
Slide 23.....	26
Slide 24.....	26
Slide 25.....	26
Slide 26.....	26
Slide 27.....	27
Slide 28.....	27
Slide 29.....	27
Slide 30.....	28
Slide 31 .....	28
<b>Activity 3:</b> .....	<b>28</b>
Personal Stress Inventory .....	29
Slide 32.....	30
Slide 33.....	30
Slide 34.....	30
Slide 35.....	30
Slide 36.....	31
Slide 37.....	31
Slide 38.....	31
Slide 39.....	32
Slide 40.....	32
<b>Activity 4:</b> .....	<b>33</b>
Slide 41 .....	34



Slide 42..... 34

Slide 43..... 34

Slide 44..... 34

Slide 45..... 35

Slide 46..... 35

**Activity 5: ..... 36**

Slide 47..... 37

Slide 48..... 38

Slide 49..... 38

Slide 50..... 38

Slide 51..... 39

Slide 52..... 39

Slide 53..... 39

Slide 75..... 47

Slide 76..... 48

### Chapter 3—What Helps? .....40

Slide 54..... 40

Slide 55..... 40

Slide 56..... 40

Slide 57..... 41

**Activity 6..... 41**

Slide 58..... 42

Slide 59..... 43

Slide 60..... 43

Slide 61..... 43

Slide 62..... 43

Slide 63..... 44

Slide 64..... 44

Slide 65..... 44

Slide 66..... 45

Slide 67..... 45

Slide 68..... 45

Slide 69..... 46

Slide 70..... 46

Slide 71..... 46

Slide 72..... 46

Slide 73..... 47

Slide 74..... 47

### Chapter 4—Resilience and Traumatic Stress, What is to be done? .....49

Slide 77..... 49

Slide 78..... 49

Slide 79..... 49

Slide 80..... 50

**Activity 7..... 50**

Slide 81..... 53

**Activity 8..... 53**

Slide 82..... 54

Slide 83..... 54

Slide 84..... 54

Slide 85..... 55

### APPENDIX 1 – Glossary.....57

### APPENDIX 2 – Factsheets .....63

When Terrible Things Happen: What You May Experience—What Helps and What Doesn't..... 63

Connecting with Others: Giving and Receiving Social Support..... 65

Information for Families: When a Family Member is Traumatized at Work ..... 67

Caring For Yourself in the Face of Difficult Work..... 69

### APPENDIX 3—Resilience Resources and Certificate of Attendance .....71

Resilience Resources ..... 71

Certificate of Attendance ..... 73



## How to Use this Instructor Manual

It is important to read through all of the material in this guide to properly prepare and deliver the Disaster Worker Resiliency Training course. The activities and timing of this course are intended for a maximum of 25 participants. If the group is smaller, the activities and group discussions may take less time than indicated. If the group is larger than 25, it will be very difficult to conduct the participative activities that are at the core of the program.

Trainers are encouraged to adapt and modify how they deliver the course to meet the needs of the specific program, audience, and circumstances. For example, the time available and the number of participants are two factors that would impact how the course is delivered. However, the core content of the course should not be significantly altered.

**NOTE:** Copies of the forms, handouts, and materials may be downloaded or ordered via the NIEHS WETP website: <http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>

## Goal of the course and target audience

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This is a four hour course entitled “Disaster Worker Resiliency Training”. The main goal of the course is to prepare disaster workers, volunteers, or homeowners to recognize and address psychological stress and trauma associated with disaster work. In so doing, this training program is designed to help participants avoid the more severe negative impacts of psychological stress and trauma.

## Instructor Manual

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This instructor manual is designed to assist you in successfully delivering the program. Recognizing that instructors have varying degrees of training experience and subject matter knowledge, this manual includes step by step instructions on course preparation and delivery.

The instructor notes include material in quotation marks that is intended to be directly communicated to participants. It is better to use your own words rather than reading the material. The instructor manual also uses

**Ask** which indicates that the instructor should ask the participants that question in quotations marks.

**Note** is information to assist the instructor.

**Explain** is information that should be communicated to the participants.

**Transition** is information to alert the instructor to what is coming next.

## Adult Education Techniques

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This course is based on proven adult education techniques including :

- group discussions with flip charts;
- small group activities with worksheets and report backs;
- individual worksheets; and
- optional case studies.

The participative approach encourages students to play an active role in learning. Participative training techniques are much more effective than lecturing. Most students zone out after 6 minutes of lecturing. By drawing on participant's work experience you will engage them in learning and solving problems presented in the material.

## Be a Facilitator

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We encourage you to be an instructor who facilitates the course. Use the activities and questions included in the presentation to draw out students' experiences related to stress and trauma in disaster work and help them fill in the missing pieces.

Your role is more as a discussion leader than as "expert". This approach is more rewarding for participants and less of a burden on trainers.

## Preparation

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You should expect to study, review and prepare for this course for at least two hours per hour you will be teaching. There is a great deal of information in this course, including a robust set of instructor's notes embedded in the PowerPoint. Those same notes have been placed side by side with copies of the PPT slides in this Instructor Manual. Additional resources and links have been added at the end of the manual that may be accessed if you want to further study the subject matter to prepare for the course.

Part of preparation is working with the host organization that is sponsoring the training to address training logistics. It is also very beneficial to have the course sponsor provide the names and contact information to any local resources and referral sources that may be used by the attendees. Additionally, any organizational specific program or procedures should be reviewed by a local organizational representative. A blank slide has been included in Chapter 3, slide 70, for you to list local resources.

The Pre-Training Checklist on page 11 provides a useful tool for instructors to make sure all these bases are covered.

## Room Set-up

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Due to the participative nature of this course it is important to set up the room in a manner that facilitates small group work. An example, would be round tables that seat 5 to 8 per table. If that isn't possible, the instructor can direct people to orient their chairs so that they are facing one another. If the number of participants is relatively small, a U shape may be effective; where half the participants move inside the U to do group work.

## PowerPoint (PPT) and Participant Manual

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The PPT and Participant Manual are designed to be used together. They should not be used independently of each other.

The PPT presentation was designed to be visual and stimulating. It is advisable to review the slides several times to become familiar with them.

**NOTE:** You will not have access to the instructor's notes when the PowerPoint is in slideshow mode. Therefore, you will need to decide in advance to:

- teach to the Instructor's Manual that contains the same notes as the PPT and copies of the activity worksheets;
- print out the notes; (activity worksheets are NOT included)
- or memorize the material so that you do not need to refer to the notes.

### Caution

There are more than 80 PPT slides. If you embellish each slide for more than a minute or two you will run into major time management problems. Resist the urge to editorialize!

## The Participant Manual

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Every student should be given a Participant Manual that includes all of the information that is in the PPT slides. They should refer to it as you go through the PPT slides and exercises. All of the activity worksheets are contained in the Participant Manual as well, and students should write directly onto them.

Encourage students to write answers in all of the worksheet spaces because it is a good way to learn the material. We have tried to make this easier by numbering each activity and listing the page number in the Participant Manual to be used. There is also a glossary at the end of the Participant Manual. Point that out to the students. Mention that the manual will serve as a reference they can use after the course. There are also links to websites, resources, and related materials in the back of the manual.

## Activities and Small Group Discussions

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This course contains 8 activities, of which many are small group activities. There is an icon on each PPT slide that coincides with activities in the Participant Manual.

As the facilitator you will need to help the class divide into an appropriate number of groups. For example, if there are 20 in the class, you could divide into four groups of five. You will also have to decide if the groups should be organized based on certain characteristics such as a) all from the same workplace; b) all in the same occupation; or c) a mix of experienced and novice workers.

Make sure the groups know which page of the Participant Manual to work on and how many minutes they have to do the task. It is also important to emphasize that they need to select one person to be the recorder/ reporter for the report back. Ask if there are any questions before they begin. It is a good idea to walk around the room and observe the groups and make yourself available if they have questions. Make sure everyone is engaged and participating in the activity.

Keep in mind that some of the questions are open-ended and may have different responses. It is important to allow students to present their solutions. As long as they defend their solutions well, it may just be one of many correct ways of dealing with a problem. As the instructor, you want to clarify and emphasize the subject matter. Also, it is advisable that during your preparation to deliver the course, you complete each activity in the Participant Manual on your own, providing your own answers to the exercises. This will give you a better understanding of the course and give you at least one “correct” example. Keep the student manual that you completed as your own, as well as the instructor manual, and use them to record notes and improvements or your own methods for presenting the course.

In this Instructor Manual, there are answers provided to each question.

## Sensitivity

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Instructors should be aware that some of the activities and discussions may trigger a traumatic memory or strong emotional response among participants. It is normal for participants to express emotion when discussing these experiences. However, it is important that if and when a strong emotional response is encountered, that you address it with sensitivity and care. Listening and expressing your support are fundamental. Never discuss an individual’s private issues publicly in a training program. If the person needs to be re-directed, you may have the class take a break so that you can speak privately to the individual and try to help them to obtain a referral, as needed. This type of interaction is not a common occurrence.

## Use and Design of PPT Slides

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1. Slides are an appropriate visual aid for the program. However, there are many times when having NO visual aid would better serve the presentation. To get the student's attention away from the slide, you can darken the screen by hitting "B" for black, on your computer keyboard. Do this when you want the class to look and listen to you. Hit B again when you want to bring back the image. "W" works the same for a white screen.
2. The success of the presentation hangs on the students understanding the content. Ask questions of the group to affirm they understand what you are saying. For example, "Are there any questions about the meaning of resiliency?" or "Can you provide an example of a traumatic event?"
3. The slides projected during the presentation do not have as much text on them as the Manual does because too much text on slides is tedious for the learners.
4. Caution: Don't face the screen and read your slides. The bulleted information on the slides should be supplementary to what you are saying. Refer to the Instructor Notes or Instructor Manual for detail. Use the slides to trigger your comments or to pace yourself. The audience can read. Remember that your slides are only there to support, not to replace your talk! If you read your slides, the audience will get bored, stop listening and not get your message.
5. Finally, the primary purpose of the slides is to help the audience understand the content, not to provide talking points for the speaker.

## Allocated time

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NIEHS WETP considers four hours to be the minimum time needed to effectively facilitate this course, including activities and report backs. If the class has a particular interest or gets a useful discussion going, adjust time as you see fit. If you have to adjust the time, you should prepare in advance so that you and the students are aware of the sections of the course that will be covered and omitted. NOTE: This Instructor Manual has a suggested amount of time in the heading bar for each section.

## Course delivery

Work hard to get the students involved; this may be the only opportunity they have to learn about resiliency. If you find you are running short on time, you may have to do some of the following to manage the time:

- Eliminate one or more activities;
- Assign activities so everything is covered, but no item is duplicated among the groups. For example, if there are 15 questions and five participants per group, have each group member work on only 3 questions each;
- Shorten report back time by having each group only give one response and then ask the class if “anyone has anything to add.”; and
- Instead of doing small group, do the activity with the entire class.

If you have extra time, during the report back you can ask the other groups if they have any additional comments, suggestions, or ideas based on the report back.

## Training materials for course

Preparing the materials and set-up of the room is essential to a successful program.

AV and classroom equipment
Laptop or PC for running presentations
Projector/screen
Remote slide advancer
Two easels and paper
Easel paper (graph and plain)
Markers (various colors for activities and discussion facilitation)
NIEHS WETP Disaster Worker Resiliency Training Instructor Manual
NIEHS WETP Disaster Worker Resiliency Training PPT presentation
Materials for each student and for group activities
NIEHS WETP Disaster Worker Resiliency Training Participant Manual
Note paper
Pens/pencils
Markers (various colors for activities) one set per group

## Cultural Awareness

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### Definition of Cultural Awareness

- Awareness of your own culture as a set of values, behaviors, attitudes, and practices, and the understanding that other cultures may be different from your own
- Respect for the beliefs, languages, and behaviors of others
- A quality that develops over time, usually involving increasing sensitivity and long-term commitment

Instructors should strive to understand and respect the cultures within the community that they are training. Make adjustments to the training based on cultural considerations. For example, cultural norms about talking about emotions or seeking professional help may vary in different cultures and some may be reluctant to discuss their feelings in the course.

The training program is based on an assumption of natural resilience and competence — most people will recover and move on with their lives, even without assistance. Therefore, we promote independence rather than dependence on other people, or other organizations, and assume competence in recovery.

### Recognize the importance of culture, and respect diversity

Culture is one medium through which people develop resilience. Culture also provides validation and influences rehabilitation following a disaster.

### Recognize the role of help-seeking, customs, traditions, and support networks:

- People turn to familiar sources for assistance, including family members, friends, community leaders, or religious organizations, before reaching out to government and private-sector service systems.
- Religious and cultural beliefs may influence perceptions of the causes of traumatic experiences.
- Reestablishing rituals in appropriate locations is another way to help survivors in the recovery process.

## Pre-Training Checklist

*Duplicate this form as needed.*

### Needs Assessment

Prior to the course, contact the organization(s) sponsoring the training to discuss the following:

- Disaster work experience
- Type of disaster
- Size and scope of disaster
- Population affected, including special populations and cultural factors

### Program Specific Data

- Size of program—number of workers, volunteers, etc.
- Background and experience of trainees
- Current status of planned disaster work services
- Ask the program manager (or designee) to prepare to deliver a 10 to 15 minute presentation that provides an overview of the organization's program for providing support services, if they have one, as well as a list of local resources and referrals

### Course Logistics

- Number of participants
- Length of course
- Location of training facility
- Training room size and setup
- Audiovisual support—LCD, computer, flip charts
- Nametags, markers, etc.
- Copies of the Participant Manual and other materials

### Other Items

- Review the training agenda and plan with the training contact.
- Discuss how the input generated through the training activities will be captured and transferred to their organization(s).

### Post-Training

- Provide copies of evaluation forms and sign in sheets to training contact and NIEHS WETP.
- Complete the Trainer's Evaluation Form and submit to NIEHS WETP.



## Course Agenda and Time

<b>Preface</b>	<b>20 minutes</b>
Types of Disasters	
Goals	
Cultural Awareness	
<b>Chapter 1—Introduction</b>	<b>40 minutes</b>
Objectives	
Activity 1: Sharing Experiences	
Definitions	
Why it Matters	
<b>Chapter 2—Understanding Stress</b>	<b>70 minutes</b>
Objectives	
Activity 2: Word Association	
Definitions	
Activity 3: Personal Stress Inventory	
Activity 4: Traumatic Stress and Positive Changes	
PTSD	
Activity 5: Stress and Risk	
Health & Safety	
<b>Chapter 3—What Helps?</b>	<b>50 minutes</b>
Objectives	
Activity 6: Self Care and Stress Management	
Social Support	
Professional Counseling	
Employer/ Organizational Crisis Intervention Programs	
<b>Chapter 4—Resilience and Traumatic Stress, What is to be done?</b>	<b>30 minutes</b>
Objectives	
Activity 7: Self-Assessment and Personal Goals	
Activity 8: Action planning	
<b>Evaluations and closing message</b>	<b>10 minutes</b>

# Disaster Worker Resilience Training Evaluation Survey

## Instructor Survey

In an effort to continuously improve the Disaster Worker Resilience Training Program, we are requesting that you evaluate the effectiveness of the training that you instructed. On this survey, you are asked to evaluate various aspects of the training. In addition, you are asked to provide a written response to certain questions. Please be **open** and **honest** in your responses.

To ensure **your confidentiality**, do **not** provide any personal identification on the rating form. Please let us know if you have any questions.

*In this section, you are asked to rate the effectiveness of the Disaster Worker Resilience training you presented. Using the rating scale below, please mark the circle that most closely reflects your answer to each statement.*

①—Strongly Disagree    ②—Disagree    ③—Somewhat Disagree    ④—Neutral    ⑤—Somewhat Agree    ⑥—Agree    ⑦—Strongly Agree

1. The registration and enrollment process were smooth and efficient.	① ② ③ ④ ⑤ ⑥ ⑦
2. The support staff was responsive and helpful.	① ② ③ ④ ⑤ ⑥ ⑦
3. The training was properly coordinated and arranged.	① ② ③ ④ ⑤ ⑥ ⑦
4. The training facility enhanced the learning environment.	① ② ③ ④ ⑤ ⑥ ⑦
5. As the instructor, I was well-prepared to deliver the training.	① ② ③ ④ ⑤ ⑥ ⑦
6. The supporting instructor materials, including slides, worksheets, and instructor's notes, facilitated effective delivery of the training.	① ② ③ ④ ⑤ ⑥ ⑦
7. The training objectives were clear.	① ② ③ ④ ⑤ ⑥ ⑦
8. The training content was designed according to the needs of the trainees (e.g., language, cultural, educational level).	① ② ③ ④ ⑤ ⑥ ⑦
9. The training adequately covered the course topics.	① ② ③ ④ ⑤ ⑥ ⑦
10. The training content was accurate and well-organized.	① ② ③ ④ ⑤ ⑥ ⑦
11. The time allotted for the training was sufficient.	① ② ③ ④ ⑤ ⑥ ⑦
12. The training materials and handouts were useful and facilitated learning.	① ② ③ ④ ⑤ ⑥ ⑦
13. The presentation technology used to deliver the training was effective.	① ② ③ ④ ⑤ ⑥ ⑦
14. The activities and exercises were relevant and reinforced the learning objectives.	① ② ③ ④ ⑤ ⑥ ⑦
15. The discussions were helpful in exchanging ideas.	① ② ③ ④ ⑤ ⑥ ⑦
16. The trainees were provided opportunities to practice training-related knowledge/skills.	① ② ③ ④ ⑤ ⑥ ⑦



17. The trainees were provided opportunities to observe and interact with other trainees.	① ② ③ ④ ⑤ ⑥ ⑦
18. Trainees were engaged and interactive during the training.	① ② ③ ④ ⑤ ⑥ ⑦
19. The trainees were provided feedback that was relevant to their learning.	① ② ③ ④ ⑤ ⑥ ⑦
20. The <b>training content</b> was effective.	① ② ③ ④ ⑤ ⑥ ⑦
21. The <b>training format</b> was effective.	① ② ③ ④ ⑤ ⑥ ⑦
22. The <b>training overall</b> was effective.	① ② ③ ④ ⑤ ⑥ ⑦

*Please provide answers to the following questions.*

What aspects of the Disaster Worker Resilience training were most effective in facilitating learning?

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What aspects of the Disaster Worker Resilience training were least effective in facilitating learning?

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What suggestions for improvement (i.e., content, format, teaching/learning methods, facility, support staff) to the Disaster Worker Resilience training do you have?

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*Thank you for participating in this evaluation.*

*Your feedback is a very important part of the continuous quality improvement process of the training program.*

*If you would like a customizable version of this form, or to provide feedback, please email [wetpclear@niehs.nih.gov](mailto:wetpclear@niehs.nih.gov)*

## NIEHS Resources and Links

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**Note:** These resources and links can be accessed electronically at the

**WETP Resiliency webpage:** <http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>

Simply click on the active links at this site to gain instant access to these resources. The referenced webpages and pdf files are updated periodically on this website.

### NIEHS Worker Education & Training Program, Resiliency

<http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>

Includes background documents on the Disaster Worker Resiliency project that resulted in the development of this curriculum. Includes meeting summaries and a review of the literature on Disaster Worker Mental Health.

### NIEHS WETP

NIEHS Worker Education & Training Program, Emergency Preparedness Resources

<https://tools.niehs.nih.gov/wetp/index.cfm?id=556>

Includes guidance on managing worker fatigue during disaster operations.

## Federal Resilience Resources

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### Disaster Distress Hotline

Disaster Distress Helpline is a 24/7 helpline designed for those experiencing stress, anxiety and distressing reactions. This free helpline is staffed by trained counselors from a network of crisis call centers located across the United States, all of whom provide crisis counseling for those who are in emotional distress related to any natural or human-caused disaster, information on how to recognize distress and its effects on individuals and families, tips for healthy coping, and referrals to local crisis call centers for additional follow-up care & support.

Call **1-800-985-5990** or Text 'TalkWithUs' to 66746

### National Helpline and Treatment Locator

The National Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing substance abuse and mental health needs. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information in print on substance abuse and mental health issues.

Call **1-800-662-HELP (4357)** or visit the online treatment locators at

<http://findtreatment.samhsa.gov/>



### **Disaster Behavioral Health Information Series (DBHIS) Resource Collections** <http://www.samhsa.gov/>

Includes links for disaster responders, acute interventions, resilience and stress management, substance abuse, and faith based communities and many more.

### **The SAMHSA Disaster Mobile Application**

Access critical, disaster-related behavioral health resources right from your phone with the SAMHSA Disaster App.

Download the app: [http://www.store.samhsa.gov/apps/disaster/index.html?WT.mc\\_id=WB\\_20131219\\_DISASTERAPP\\_400x225](http://www.store.samhsa.gov/apps/disaster/index.html?WT.mc_id=WB_20131219_DISASTERAPP_400x225)

### **NIH NIMH—National Institutes of Mental Health**

Coping with Traumatic Events

<http://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml>

Includes a factsheet on PTSD, depression, and other links.

The PTSD factsheet link is:

<http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-easy-to-read/index.shtml>

### **Medline—National Library of Medicine**

Coping with Disasters

<http://www.nlm.nih.gov/medlineplus/posttraumaticstressdisorder.html>

### **CDC—Centers for Disease Control & Prevention**

Coping with a Traumatic Event

<http://www.bt.cdc.gov/mentalhealth/>

Includes many links to information for responders, families, and providers

Emergency Preparedness and Response

<http://emergency.cdc.gov/>

### **NIOSH—National Institutes for Occupational Safety & Health**

Emergency Response Resources

<http://www.cdc.gov/niosh/topics/emres/>

**ASPR—Office of the Assistant Secretary for Preparedness and Response  
At-Risk, Behavioral Health and Community Resilience**

<http://www.phe.gov/preparedness/planning/abc/pages/default.aspx>

**US Department of Veterans Affairs—National Center for PTSD**

Effects of Disasters: Risk and Resilience Factors

[http://www.ptsd.va.gov/public/types/disasters/effects\\_of\\_disasters\\_risk\\_and\\_resilience\\_factors.asp](http://www.ptsd.va.gov/public/types/disasters/effects_of_disasters_risk_and_resilience_factors.asp)

*Vietnamese version in pdf*

Self-Care After Disasters

[http://www.ptsd.va.gov/public/treatment/cope/self\\_care\\_after\\_disasters.asp](http://www.ptsd.va.gov/public/treatment/cope/self_care_after_disasters.asp)

**Department of Homeland Security/FEMA**

Coping with Disasters

<http://www.ready.gov/coping-with-disaster>

**US Department of Labor OSHA Occupational Safety & Health Administration**

Resilience Resources for Emergency Response

[https://www.osha.gov/SLTC/emergencypreparedness/resilience\\_resources/](https://www.osha.gov/SLTC/emergencypreparedness/resilience_resources/)

**American Institute of Stress**

Effects of stress

<http://www.stress.org/stress-effects/>

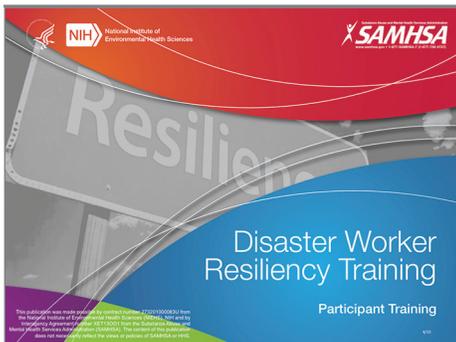
**Mental Health America**

Know the signs of stress

<http://www.mentalhealthamerica.net/conditions/stress>



### Slide 1



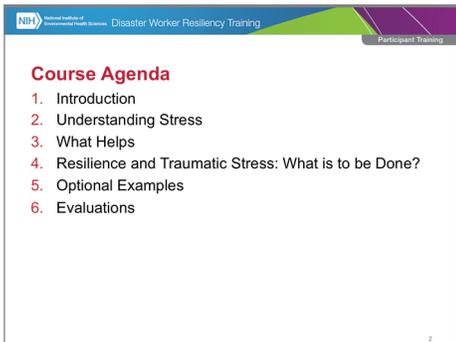
“Welcome to the Disaster Worker Resiliency Training that is being provided to you by (name of organization). This program was developed by the National Institute of Environmental Health Sciences Worker Education and Training Program and we acknowledge their support.

In this program we will be working in small groups and also doing individual activities. You will be using the Participant Training Manual throughout the program. You will write directly into the manual and take it home with you. Everything that is on the PowerPoint slides is in the manual.

In the back of the manual is a glossary of terms and 3 factsheets that may be used or adapted by you and your organizations. We have set up a webpage so that you can easily access these materials for downloading and printing.

We will begin by reviewing the course agenda and objectives on page 5 of the manual.”

### Slide 2



#### Review the course agenda.

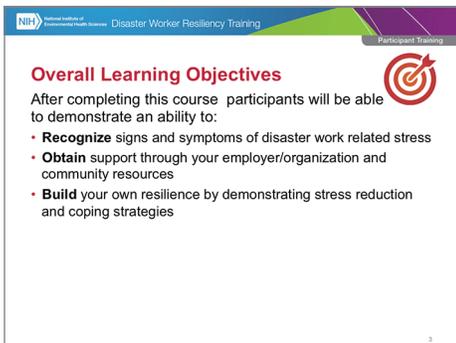
**Explain:** “This course is designed to prepare disaster workers to deal with the stress involved in disaster response and recovery work. We will be introducing new words and concepts. Addressing these issues a key to protecting disaster workers and volunteers health and safety. When we leave today, we will have action plans for making improvements.

“This course is designed to be interactive. It is well established that training participants learn more when they actively participate through small group activities, examples, and other participative methods. These methods are used in this course so you can share your experience and knowledge and actively engage in the learning process.”

#### Factsheet and Resources Web Address:

<http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>

### Slide 3



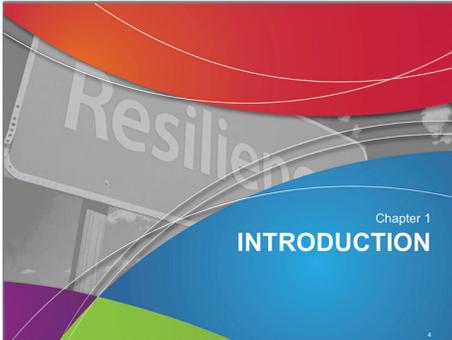
**Explain:** “This training program is designed so that participants will recognize disaster related stress, learn how to obtain support, and build their own resilience through stress reduction and coping strategies.

The term “Disaster Worker” in this program refers to a broad variety of people engaged in disaster response, recovery, and rebuilding. It includes people who are employed, volunteers, and home owners. Often disaster workers are also disaster survivors.”

## Chapter 1—Introduction

40 minutes

### Slide 4

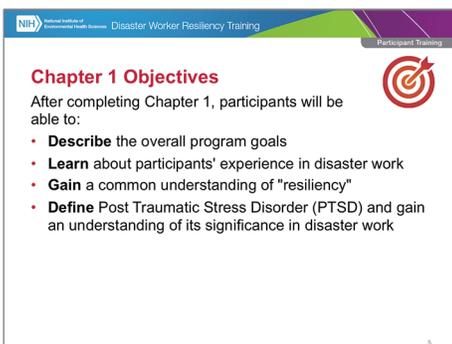


**Note:** “Chapter 1 is the introduction.

**Ask:** Please introduce yourself and briefly tell us what you do”

**Note:** It is valuable to do introductions, but the approach may be modified depending on how many participants are in attendance and time constraints.

### Slide 5



**Chapter 1 Objectives**

After completing Chapter 1, participants will be able to:

- **Describe** the overall program goals
- **Learn** about participants' experience in disaster work
- **Gain** a common understanding of "resiliency"
- **Define** Post Traumatic Stress Disorder (PTSD) and gain an understanding of its significance in disaster work

**Review the slide.**

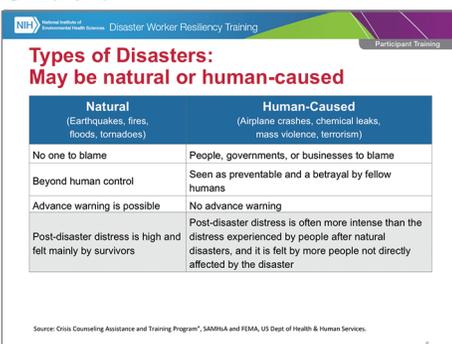
**Introduction:** “We all know that disaster work can be exhausting, frustrating, and stressful. Some of the stressors include exposure to large scale destruction of homes, communities, and businesses. Often disasters cause injury and loss of life as well as displacement of people from their jobs and homes. When terrible things happen it is normal for people to react. However, preparing to recognize and confront disaster related stress can help workers avoid injury, illness, and help build strength and character.

“Now we will review the different types of disasters. Disasters may be “natural” or “human caused”. What are some examples of each?”

**Note:** Write responses on a flip chart with a marker. Label the flip chart at the top Natural/ Human Caused and list the responses in the appropriate column.

**Transition:** The next slide summarizes this material.

### Slide 6



Natural (Earthquakes, fires, floods, tornadoes)	Human-Caused (Airplane crashes, chemical leaks, mass violence, terrorism)
No one to blame	People, governments, or businesses to blame
Beyond human control	Seen as preventable and a betrayal by fellow humans
Advance warning is possible	No advance warning
Post-disaster distress is high and felt mainly by survivors	Post-disaster distress is often more intense than the distress experienced by people after natural disasters, and it is felt by more people not directly affected by the disaster

Source: Crisis Counseling Assistance and Training Program\*, SAMHSA and FEMA, US Dept of Health & Human Services.

**Note:** Review the slide from the right side down and then from the left side down.

“There are often differences in survivors’ experiences of blame and anger for human-caused v. natural disasters:

- Blame often differs significantly for natural and human-caused disasters. Survivors of human-caused disasters may blame and feel anger toward individuals, groups, or organizations they believe caused or contributed to the disaster.
- In contrast, survivors of natural disasters may blame and feel anger toward themselves for lack of preparedness or believe it is “God’s will” or a punishment.
- Survivors of natural disasters may project their anger onto caretakers, disaster workers, or others.

- In human-caused disasters, such as bombings and other acts of terrorism, or airline crashes, survivors deal with deliberate human violence and human error as causal agents.
- Many disasters occur or are worsened through an interplay between natural and human elements. Hurricane Katrina and its aftermath are good examples of how natural and human factors interact in disaster.
- For example, damage from the natural event of flooding may be increased due to human factors such as inadequate planning, governmental policies, or faulty warning systems.
- When there is a great deal of anger and blame, as in the case of terrorism, the period of recovery is often lengthy.”

**Ask:** “How may disaster sites be different from normal worksites?”

**Transition:** The next slide reviews the differences between disaster and normal worksites.

## Slide 7

**How are disaster sites different than normal worksites?**

- They are **chaotic, unplanned**, and attract lots attention.
- They require **oversight from many agencies** and are managed by an incident command system.
- They may be a **crime scene**.
- Fire, police, and other personnel involved may not be familiar with the work activities.
- They may trigger **high emotions** due to seeing loss of life and property.
- The work cycle is frequently **24/7** and there is significant pressure to get things done quickly.

**Ask:** “How are disaster sites different than normal worksites?”

**Review the slide.**

**Transition:** “We will now move on to define traumatic events.”

## Slide 8

**Traumatic events have the power to overwhelm normal coping abilities of individuals or groups**

- Disasters
- Physical or sexual assault
- Fatal or serious injury or accident
- Exposure to death and destruction

**Review the slide.**

**Explain:** “Exposure to the day to day stressors in disaster response and recovery work can have similar effects as an exposure to a traumatic event.

Coping is ‘dealing successfully with a difficult problem or situation’.

**Transition:** “We will discuss more thoroughly about traumatic events later in chapter 2. We will now move into Activity 1 to get to know one another and begin to define resiliency.”

## Slide 9

### Activity 1

Small group activity, turn to Participant Manual page 8.

#### Sharing your experience and thoughts about disaster work and resiliency

**Time for activity:** 25 minutes

**Objective:** "The goal of this activity is to share and discuss your experiences related to disaster work."

**Task:** Answer each of the questions below:

1. What previous disaster work have you done and why are you here?
2. What does the term "resiliency" mean?
3. Why does it matter?



**Activity 1**, turn to page 8 in the Participant Manual.

**Note:** Write the groups responses on a flip chart. After the groups present their input, review the definitions on slides 10 and 11.



## Activity 1:

**Sharing your experience and thoughts about disaster work and resiliency.**

**Small Group Activity Method:** Divide participants into small groups, select a member to record the responses and do the report back. Explain that participation may be maximized by allowing everyone to speak, going around the circle.

**Time for activity:** 25 minutes (5 - 10 for group work and 15 for report back)

**Objective:** The goal of this activity is to share and discuss your experiences related to disaster work.

**Task:** Answer each of the questions listed.

What previous disaster work have you done and why are you here?

What does the term "resiliency" mean?

The ability to become strong, healthy, or successful again after something bad happens.

It means bouncing back from difficult experiences.

Resiliency is not a trait that we inherit. It is a combination of behaviors thoughts, and actions aimed at coping specifically for you.

Why does it matter?

- Disaster workers experience stress and trauma
- We care
- Stress can affect how we think, act, and feel
- Stress can cause injuries and illnesses
- Volunteers need protection, too
- Training can increase preparedness

## Slide 10

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Definition of Resiliency**

The ability to become strong, healthy, or successful again after something bad happens.

It means bouncing back from difficult experiences.



10

Review the slide.

## Slide 11

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Resiliency is not a trait that we inherit. It is a combination of:**

- behaviors
- thoughts, and
- actions

...aimed at coping specifically for you.



11

Review the slide.

Ask: "How does the image relate to resiliency?"

Note: The image shows a glass that is half full and half empty demonstrating that the same problem or issue can be looked at with a positive or negative outlook.

## Slide 12

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Why does it matter?**

- Disaster workers experience stress and trauma
- We care
- Stress can affect how we think, act, and feel
- Stress can cause injuries and illnesses
- Volunteers need protection, too
- Training can increase preparedness



12

Note: This slide provides a review of one of the questions in the activity. You may compare the information on the slide to the group's responses.

## Slide 13

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Reactions to trauma may be mild to severe**

**Symptoms**

- headache, back ache, stomach ache, difficulty sleeping
- upset feeling, negative thoughts, sadness, feeling numb, flashbacks, depression
- angry, on edge, jumpiness

**Severe**

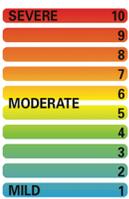
- the symptoms are very intense and can last for over a month
- should seek care

**Moderate**

- The symptoms may last for days to several weeks and are more intense

**Mild**

- the symptoms are mild and last for a few hours or days



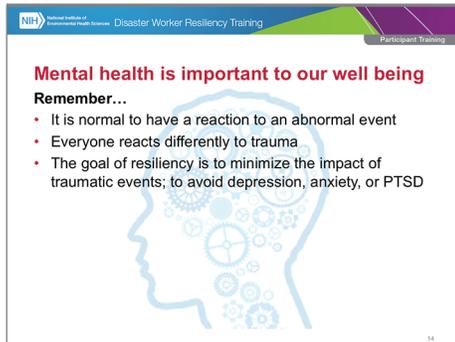
SEVERE	10
	9
	8
	7
MODERATE	6
	5
	4
	3
	2
MILD	1

13

Explain: "Reactions to trauma may run from mild to severe. The impact of exposure to traumatic events during disaster work can have a significant impact on workers. Everyone reacts differently to traumatic events and it is common for a group to experience different types of symptoms of different intensity and duration."

"Although many people are uncomfortable talking about mental health, sometimes called behavioral health, it is very important to our physical health and well being."

## Slide 14



**Mental health is important to our well being**

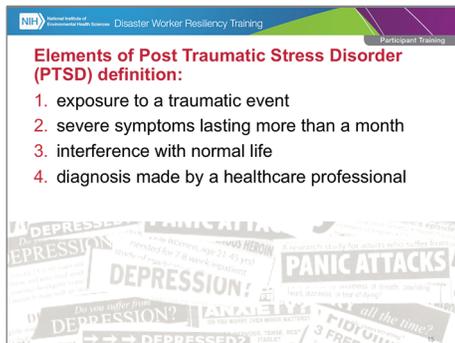
**Remember...**

- It is normal to have a reaction to an abnormal event
- Everyone reacts differently to trauma
- The goal of resiliency is to minimize the impact of traumatic events; to avoid depression, anxiety, or PTSD

Review the slide.

Transition: “We will now define post traumatic stress disorder.”

## Slide 15



**Elements of Post Traumatic Stress Disorder (PTSD) definition:**

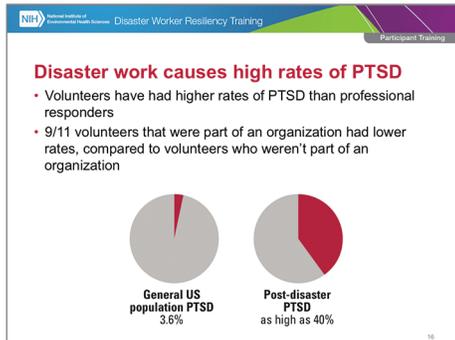
1. exposure to a traumatic event
2. severe symptoms lasting more than a month
3. interference with normal life
4. diagnosis made by a healthcare professional

Review the slide.

“One of the goals of resiliency programs is to prevent PTSD. We will cover this in more detail in chapter 2.”

“Research has documented that disaster workers experience PTSD more frequently than the average person. The next slide will detail some of these findings.”

## Slide 16



**Disaster work causes high rates of PTSD**

- Volunteers have had higher rates of PTSD than professional responders
- 9/11 volunteers that were part of an organization had lower rates, compared to volunteers who weren't part of an organization

General US population PTSD 3.6%

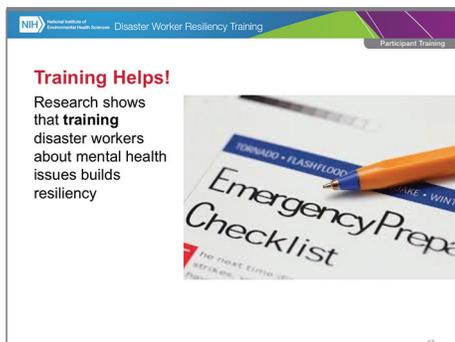
Post-disaster PTSD as high as 40%

**Explain:** “How big is this problem? The research shows that PTSD post disaster is as high as 40% of the group surveyed. This compares to PTSD in the general US population at 3.6%. Volunteers have had higher rates of PTSD than professional responders. 9/11 volunteers affiliated with an organization had lower rates, compared to volunteers that were not part of an organization. This may be because people volunteering without an organization had more intense exposures.

Other mental health effects include anxiety and depression. This stuff is important!”

**Note:** The purpose of this slide is to demonstrate to the class why this topic is so important.

## Slide 17



**Training Helps!**

Research shows that **training** disaster workers about mental health issues builds resiliency

Review the slide.

**Note:** This slide emphasizes that training can make a difference.

## Slide 18

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**How can you manage your stress**

- Avoid extremes
- Set realistic goals
- Manage how stress affects you
- Change how you see the situation
- Change how you react to stress
- Set priorities
- Take control of the situation
- Discover new relaxation techniques
- Figure out what's most important

**STRESSES** **COPING SKILLS**

18

**Explain:** “An important part of being resilient is managing stress. This slide reviews the individual actions people can take to manage stress. In addition to these individual actions, referred to as “coping”, organizations can help manage stress as well. We will talk more about self care and organizational actions to manage stress in Chapter 3.

Developing coping skills and building organizational resiliency programs are important counter balances to preparing to deal with disaster related stressors.”

## Slide 19

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**The Bottom Line**

- Stress is a normal reaction to abnormal events seen in disasters
- Stress and traumatic reactions can happen to anybody
- There are steps that can be taken by individuals, employers, and organizations to prevent harmful reactions to stress



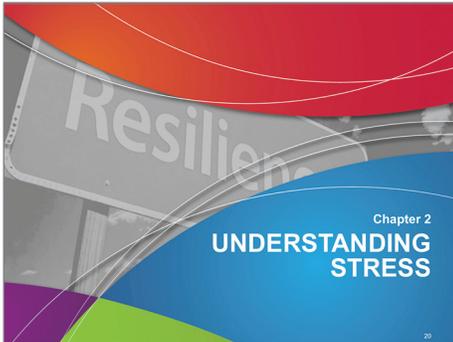
19

Review the slide.

## Chapter 2—Understanding Stress

70 minutes

### Slide 20



**Explain:** “Chapter 2 is Understanding Stress”

### Slide 21

**Chapter 2 Objectives**

After completing Chapter 2, participants will be able to:

- **Define** different type of stress
- **Identify** personal and disaster work related stress factors
- **Describe** negative and positive reactions to stress
- **Identify** impacts of trauma and stress on individuals, families, and business and organizations

**Review** the slide.

### Slide 22

**Activity 2**

Class exercise, refer to page 13 of the Participant Manual.

**Word Association**

**Time for activity:** 5 minutes or less

**Objective:** Brainstorm words associated with stress and trauma.

**Task:** What words do you associate with “stress” and “trauma”?

**Activity 2:** Word association. Tell the participants to, “Turn to page 13 in the Participant Manual and shout out words you think of when you hear the word “stress” or “trauma””.

**Time for Activity:** 5 minutes or less.

**Note:** List the responses on a flip chart.



## Activity 2:

**Word association.** The group will shout out words they think of when they hear the word “stress” or “trauma”

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## Slide 23

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Understanding stress**

- A normal condition of life
- Necessary for health and survival
- Can have positive or negative effects
- Most people deal with it daily and recover



23

Review the slide.

**Explain:** “Stress is a normal psychological reaction to situations in your life such as the death of a loved one or starting a new job. Stress can be protective in helping to mobilize action to deal with the stressors, whether positive or negative. That is why it is considered necessary for health and survival. When people are overwhelmed by stress or don’t recover from stress, it can cause negative health effects.”

## Slide 24

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Kinds of stress and PTSD**

- Acute (short-term) Stress
- Cumulative (long-term) Stress
- Traumatic Stress
- Post Traumatic Stress Disorder

24

**Explain:** “We will now go over the different types of stress and also discuss PTSD. PTSD has already been defined in the previous chapter.”

“After we cover these subjects we will review the different kinds of reactions people have to stress. We are not trying to teach you to become stress counselors, but to recognize possible reactions and changes in ourselves, our co-workers, and families.”

## Slide 25

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Acute stress**

It is a short term reaction to stressful events. Reactions include:

- **physical** such as body pain, headache, and stomach ache
- **thinking** such as worry, self-blame, and confusion
- **emotional** such as sadness, anger, and fear
- **social** such as avoiding contact with family, friends, and co-workers



25

Review the slide.

**Explain:** “The photo shows a stressful crowded street in New York City. Stress causes a fight, flight or freeze reaction. It is an instinctive reaction wired into our bodies.”

## Slide 26

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Feeling their pain...**



26

**Explain:** “A frequent example of acute stress for disaster workers is feeling the pain and suffering of the people who live in the disaster zone. Another example is frustration when lack of resources or planning disrupts the work at hand.”

## Slide 27

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Acute stress**

- Enables rapid reactions to changing situation
- Enhances survival thinking
- Enables people to focus to eliminate distractions
- Most people deal with it daily and recover



27

**Explain:** “Another example is when someone cuts in front of you on the highway. You can feel your body react and then recover from the shock of it.”

## Slide 28

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Cumulative stress**

- Grinding stress, hopelessness, that wears people down over time
- Destroys bodies, minds, and lives
- Produces negative changes in:
  - Mental and physical health
  - Performance
  - Relationships
  - Personality



28

**Explain:** “Cumulative stress is sometimes called “chronic stress”. Chronic means long term. This is a build-up of stress over time. An example would be repeated exposures to multiple disasters such as 3 hurricanes in one year.”

## Slide 29

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Traumatic stress**

- Starts with exposure to a traumatic event such as death of a loved one.
- Represents a normal response to an abnormal event.
- Most people recover.
- Early support can help reduce reactions.
- Can be an opportunity for positive changes and growth.



29

**Review the slide.**

**Explain:** “Our purpose today is to help you to be prepared for exposure to traumatic events that are witnessed during disaster. Preparation can help to reduce the impact.”

## Slide 30

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Activity 3**  
Individual exercise, refer to pages 15 & 16 of the Participant Manual.



**Are you burning the candle at both ends?**



**Time for activity:** 10 minutes  
**Objective:** Raise participant's awareness of the personal stress in his/her life.  
**Task:** Complete the "personal stress inventory". See next slide for example.

30

**Activity 3:** "Complete the "personal stress inventory" on page 16 of the Participant Manual"

**Explain:** "The exercise is to raise awareness of our own personal stressors, that are part of life's journey". Even positive events like getting married or having a child are high level stressors".



## Activity 3:

Individuals will complete the "personal stress inventory". The instructions are at the top of the page.

**Time for activity:** 10 minutes

**Objective:** Raise participants awareness of the personal stress in their lives.

## Slide 31

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Personal Stress Inventory**

Look over the events listed below. Mark the event if it has happened to you within the last twelve months. Use a smart phone or calculator to add up the numbers.

Event	Points	Yes/No	Score
1. Death of a spouse	100		
2. Divorce	75		
3. Marital separation	65		
4. Death of a close family member	63		
5. Personal injury or illness	53		
6. Marriage	50		
7. Marital reconciliation	45		
8. Change in health of family member	44		
9. Pregnancy	40		
10. Gain of new family member	39		
11. Job Change	38		
12. Change in financial status	37		
13. Death of a close friend	36		
14. Increase in arguments with significant other	35		

**Explain:** "This is an individual activity. Participants will check yes or no for each item and place the number of points when the answer is yes. You will then add up the totals using a smart phone or calculator. Do you have any questions about this activity before we get started?"

**Ask:** "Were you surprised by anything in the survey?"

## Personal Stress Inventory

*Instructions: This is an individual activity developed by Holmes and Rahe to investigate the relationship between events that happen to us, stress and susceptibility to illness. Check yes or no for each event that happened to you in the past 12 months and place the number of points in the score column when the answer is yes. Then add up the totals using a smart phone or calculator.*

Event	Points	Yes/No	Score
1. Death of a spouse	100		
2. Divorce	72		
3. Marital separation	65		
4. Death of a close family member	63		
5. Personal injury or illness	53		
6. Marriage	50		
7. Marital reconciliation	45		
8. Change in health of family member	44		
9. Pregnancy	40		
10. Gain of new family member	39		
11. Job Change	38		
12. Change in financial status	37		
13. Death of a close friend	36		
14. Increase in arguments with significant other	35		
15. Mortgage or loan of major purchase (home, etc.)	31		
16. Foreclosure of mortgage or loan	30		
17. Change in responsibilities of your job	29		
18. Son or daughter leaving home	29		
19. Trouble with in-laws	29		
20. Outstanding personal achievement	28		
21. Spouse begins or stops work outside the home	26		
22. Revision of personal habits	24		
23. Trouble with boss	23		
24. Change in work hours or conditions	20		
25. Change in residence	20		
26. Change in sleeping habits	16		
27. Change in eating habits	15		
28. Vacation	13		
29. Christmas	12		
30. Minor violations of the law	11		
		<b>Total</b>	

0-149 no significant problem

150-199 mild stress 35% chance of illness or health change

200-299 moderate stress 50% chance of illness or health change

300+ major stress 80% chance of illness or health change.

Holmes, T. & Rahe, R. (1967) "Holmes-Rahe Social Readjustment Rating Scale", Journal of Psychosomatic Research, vol. II.

## Slide 32

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**PTSD**

- Sufferers may experience:
  - intense fear
  - helplessness and hopelessness
  - flashbacks
  - nightmares
- Most workers who live through a traumatic event will *not* develop PTSD

Not all wounds are visible.

32

**Explain:** “PTSD is a severe stress reaction. It is when symptoms persist for more than a month. A medical doctor or psychologist determine if a person has PTSD. One goal of resiliency programs is to prevent disaster workers from developing PTSD. Addressing stress and trauma early can help to prevent the more severe reactions.”

## Slide 33

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Factors that may increase risk of PTSD**

- Living through traumas
- History of mental illness
- Getting hurt
- Seeing other people hurt or killed
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home

33

**Review the slide.**

**Explain:** “Every person is unique and responds differently to exposures to stress and trauma. In part, that is because we all have our own life history, values, and experiences. It is a sign of strength to address stress or trauma related reactions.”

## Slide 34

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Factors that may reduce the risk of PTSD**

- Seeking support from other people, such as friends and family, or finding a support group
- Having a stress management plan or a way of getting through the bad event and learning from it
- Feeling good about being able to act and respond effectively despite feeling fear

34

**Review the slide.**

## Slide 35

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**What is recovery from stress?**

The ability to return to normal functioning when effected by stress

35

**Ask:** “What is recovery from stress?”

**Explain:** “Recovery is the ability to return to functioning when effected by traumatic stress. Practicing the recommendations in this training can help to increase a person’s ability to recover from disaster related exposure to traumatic events.”

## Slide 36

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Personal Growth after Traumatic Events

- Refers to people who have experienced positive changes after exposure to a traumatic event.
- These changes may include:
  - improved relationships,
  - new possibilities for one's life,
  - a greater appreciation for life,
  - a greater sense of personal strength and spiritual development.



36

**Explain:** “A basic contradiction learned by trauma survivors who report posttraumatic growth: Their losses have produced valuable gains. Another contradiction is in the statement, ‘I am more vulnerable, yet stronger’.”

**Ask:** “Can you give examples of how traumatic events can lead to positive changes?”

**Note:** List the participants’ examples on a flipchart.

### Additional Examples:

- A person who has a heart attack, changes to a healthier lifestyle.
- Appreciating family and friends more
- Addressing difficulties through positive action
- Shifting expectations day to day
- Focusing more on quality time with family or friends
- Increasing commitment to self, family, friends, and spiritual/religious faith

**Transition:** “We will now move into reviewing the usual types of reactions people have when exposed to traumatic events. Recognizing the reactions is key to knowing when to seek or offer assistance.”

## Slide 37

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### When terrible things happen

The impact of a traumatic event can produce reactions in four areas:

Definition	Areas
The way we think	Cognitive
The way we feel	Emotional
Interaction with others	Social
Body aches and pain	Physical

37

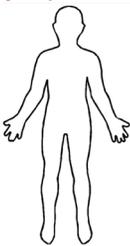
**Explain:** “We will now review the four categories of reactions that people have when exposed to traumatic events. People react differently to traumatic events and it is important to understand the varying types of reactions that may occur.”

**Review the slide.**

## Slide 38

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Body Map



The Instructor or a volunteer will draw a large human outline.

Participants will mark on the outline where they have felt pain from stress.

**Note:** Draw a large human form on a flip chart. It is a good idea to do this before the class arrives.

**Explain:** “If you have experienced physical pain from stress or exposure to traumatic events, draw on the flip chart where it hurt you. You may use pictures, arrows, and words.”

**Transition:** We will now go to the small group activity in the worksheet on page 19.



## Slide 39

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Activity 4**

Complete the small group activity on page 19 of the Participant Manual.



**When Terrible Things Happen, What You May Experience, What Helps and What Doesn't**

**Time for activity:** 20 minutes (5 -10 for group work and 10 for report back)

**Objective:** The goal of this activity is to brainstorm some immediate positive and negative reactions to stress and trauma in disaster work with fellow participants, using the worksheet in the manual.

**Task:** 1) Body mapping: draw a human form on a flipchart and ask participants to draw arrows to the body parts where they have experienced stress related pains. 2) Brainstorm negative and positive reactions for each of the four domains 1) thoughts, 2) feelings, 3) social interaction, and 4) body pains.

39

**Activity 4:** Instruct the participants to, “complete the worksheet on page 19 of the participant manual.”

**Note:** Go to the next two slides to see a sample body map and the activity worksheet.

**Transition:** Much of the information on the following slides confirm or strengthen the information from the group activity. If time is short, you should move through them quickly.

## Slide 40

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Worksheet, Activity 4**

**When Terrible Things Happen, What You May Experience, What Helps and What Doesn't**

When terrible things happen there are a wide variety of positive and negative reactions that people may experience during and immediately after a traumatic event. Fill in the blanks:

Immediate Reactions:

Domain	Negative Responses	Positive Responses
Thoughts (cognitive)		
Feelings (emotional)		
Interaction with people (social)		
Body aches and pain (physical)		

**Task:** For each of the four domains 1) thoughts, 2) feelings, 3) social interaction, and 4) body pains, brainstorm negative and positive reactions.

**Ask:** Have the recorder for each group list their responses and post them on the flip chart, divided by positive and negative responses.

**Transition:** Much of the information on the following slides confirm or strengthen the information from the group activity. If time is short, you should move through them quickly.



## Activity 4:

**Small Group Activity Method:** Divide into small groups, select a member to record the responses and do the report back. Participation may be maximized by allowing everyone to speak, going around the circle.

**Time for activity:** 20 minutes (5 -10 for group work and 10 for report back)

**Objective:** The goal of this activity is to brainstorm positive and negative effects of stress and trauma in disaster work with your fellow participants and instructors, using the worksheet below.

**Task:** For each of the four domains 1) thoughts, 2) feelings, 3) social interaction, and 4) body pains, brainstorm negative and positive reactions.

### When Terrible Things Happen, What You May Experience, What Helps and What Doesn't

When terrible things happen there are a wide variety of positive and negative reactions that people may experience during and immediately after a traumatic event. Fill in the blanks:

#### Immediate Reactions:

Domain	Negative Responses	Positive Responses
Thoughts (cognitive)	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Feelings (emotional)	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt, shame, and crying	Feeling involved, challenged, mobilized
Interaction with people (social)	Extreme withdrawal, interpersonal conflict, risky behavior	Social connections, generous helping behaviors
Body aches and pain (physical)	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerating startle response, difficulties sleeping	Alertness, readiness to respond, increased energy



## Slide 41

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**When terrible things happen: Immediate Reactions**

Domain	Negative Responses	Positive Responses
The way we think (cognitive)	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
The way we feel (emotional)	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt, shame, and crying	Feeling involved, challenged, mobilized
The way we interact with others (social)	Extreme withdrawal, interpersonal conflict, risky behavior	Social connections, generous helping behaviors
Physical body aches and pains	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerating startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

41

**Note:** This slide is a review of the material presented on the immediate reactions to trauma.

## Slide 42

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Common reactions may include:**

- Distressing thoughts or images while awake or dreaming
- Upsetting reactions to reminders of the experience
- Flashbacks



42

Review the slide.

## Slide 43

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Avoidance and withdrawal reactions include:**

- Avoiding talking, thinking, and having feelings about the traumatic event.
- Avoiding reminders of the event.
- Feeling restricted emotions; feeling numb.
- Feelings separate and disconnected from others.
- Losing interest in usual pleasurable activities.

43

**Explain:** “This slide features information on avoidance and withdrawal reactions.”

## Slide 44

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Physical reactions**

- Constantly being “on the lookout” for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep
- Problems concentrating or paying attention

44

**Explain:** “This slide provides some examples of physical reactions.”

## Slide 45

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Common examples of triggers**

- sudden loud noises
- sirens
- locations where the event occurred
- seeing people with disabilities
- funerals
- anniversaries of the traumatic event
- television/radio news about the event



45

**Explain:** “These are examples of reminders or ‘traumatic triggers’. Each individual has their own set of traumatic triggers.”

## Slide 46

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Activity 5**

Large group activity on page 21 of the Participant Manual.



**Sharing and discussing behaviors that increase or decrease risk and provide examples of the impact of stress and trauma on worker’s families, businesses, and organizations**

**Time for Activity:** 15 minutes

**Objective:** The goal of this activity is to recognize behaviors that increase or decrease risk related to stress and trauma in disaster work and to appreciate of the impact of stress and trauma on worker’s families, businesses, and organizations

1. List individual behaviors that would increase risk?
2. List individual behaviors that would be protective?
3. What is the impact of stress and trauma on families?
4. What is the impact of stress and trauma on business and organizations (employer, volunteer organization, etc.)?

46

**Activity 5:** “We will now conduct the large group activity on page 21 of the Participant Manual.”



## Activity 5:

**Group Activity:** Involve the entire class in discussing the questions below.

**Time for Activity:** 15 minutes

**Objective:** The goal of this activity is to share and discuss behaviors that increase or decrease risk related to stress and trauma in disaster work with your fellow participants and instructors. Provide examples of the impact of stress and trauma on worker's families, businesses, and organizations.

**Task:** Answer each of the questions:

1. List individual behaviors that would increase risk?
  - Using alcohol or drugs to cope
  - Working too much
  - Extreme avoidance of thinking or talking about the event
  - Extreme withdrawal from family or friends
  - Violence or conflict
  - Not taking care of yourself
  - Overeating or failing to eat
  - Withdrawal from pleasant activities
  - Doing risky things such as driving recklessly, substance abuse, staying out late at night
  - Blaming others
  - Keeping quiet because you don't want to upset others
  - Keeping quiet because you're worried about being a burden
  - Assuming that others don't want to listen
  - Waiting until you're so stressed or exhausted that you can't fully benefit from help
2. List individual behaviors that would be protective?
  - Actions individual disaster workers can take to increase resiliency
  - Healthy habits such as eating, sleeping, engaging in positive activities, and socializing
  - Connecting with others, giving and receiving social support



## Activity 5 *continued*

3. What is the impact of stress and trauma on families?

- Fear
- Anger
- Sadness
- Protectiveness
- Withdrawal
- Alcohol and drug abuse
- Unsafe driving
- Yelling and hitting

4. What is the impact of stress and trauma on business and organizations (employer, volunteer organization, etc.)?

- Loss of productivity
- Lost work Time
- Absenteeism
- Workers' compensation and medical costs
- Law suits
- Conflicts among employees
- Lowering of morale
- Reduced quality of services
- Loss of customers, clients, and reputation

### Slide 47

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Impact on Families**

- Fear
- Anger
- Sadness
- Protectiveness
- Withdrawal
- Alcohol and drug abuse
- Unsafe driving
- Yelling and hitting



47

**Note:** This slide should confirm the information from the previous small group activities.

**Explain:** “Family members also may have strong reactions to the traumatic event such as fear, anger, sadness, protectiveness, withdrawal, alcohol and drug abuse, and unsafe driving. Whatever the reactions are they are normal responses to a highly charged, abnormal traumatic event.”



## Slide 48

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Family Members**

- May experience a variety of stress symptoms or none.
- If the distress is intense for more than 4 weeks, consider seeking assistance.
- Encourage, but do not pressure discussions.
- You can be most helpful if you listen and reassure.



48

**Explain:** “An example of helping would be to ask your loved one if they care to discuss what happened or how they are feeling? Let them know you are there to listen. Taking a walk may help to create a comfort zone for talking. But we must respect our loved one’s desires if they are not feeling ready to talk.”

**Note:** This slide should confirm the information from the previous small group activities.

**Explain:** “Assistance will vary based on the types of healthcare and mental healthcare services available regionally and also whether or not the participants have private healthcare insurance coverage.”

## Slide 49

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Reduce the impact on Children**

- Look for upset, angry behavior, declining grades, bad dreams, or misbehavior.
- Provide a basic understanding of what happened.
- Let them know things will get better.
- Reassure them that they are safe and loved.
- If poor coping continues, consider professional help.



49

**Explain:** “It is important to review the impact on children as the signs are not always obvious.”

- Traumatic events are usually upsetting to children
- Signs may include declining grades, bad dreams, or misbehavior
- They need to have a basic understanding of what happened
- Explain that mommy or daddy may be going through a difficult time, but will get better
- Reassure that the children are safe and loved
- If children are not coping well, child counselors or child psychologists can assist

“In some rural areas access to counselors and child psychologists may be limited or non-existent. In such cases, people should seek care from their primary care provider (family doctor) or community clinic, whatever is available.”

## Slide 50

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Domestic violence and child abuse may be signs of a severe stress reaction**

...violent behavior may increase when severe traumatic symptoms are not addressed



50

**Explain:** “Violence against family members may be another sign of a severe stress reaction. Studies have shown that violence against partners and children increase in groups of people who are traumatized by disasters.”

## Slide 51

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Impact on Business and Organizations

- Loss of productivity
- Lost work Time
- Absenteeism
- Workers' compensation and medical costs
- Law suits
- Conflicts among employees
- Lowering of morale
- Reduced quality of services
- Loss of customers, clients, and reputation



51

**Note:** This slide should confirm the information from the previous small group activities. The photo shows fisherman who lost business due to the BP Oil Spill in the Gulf and other members of the community.

**Transition:** “We will now move into a discussion of the impact of stressful working conditions on disaster workers and volunteers.”

## Slide 52

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Stressful working conditions and fatigue

**Stressful working conditions:**

- Increase the likelihood of injury and illness
- What are examples of stressful working conditions?

**Fatigue:**

- Contributes to failing to use proper equipment and safety procedures
- Causes impairment similar to alcohol
- Affects alertness, reaction times, and performance



52

**Instructor notes:**

**Ask:** “What are examples of stressful working conditions you may encounter doing disaster response, clean-up, or rebuilding work?”

**Note:** List the responses on the flip chart.

**Explain:** “Disaster workers are subject to fatigue because of the long hours they must work and the stressful conditions they face. Fatigue can increase stress symptoms as well as increase the risk of injuries. While the urgency of disaster work is always present, we should not take unnecessary risks. **Bottom line is:** know your limits and when you have hit the wall.”

“Another fatigue and stress factor is the when disaster workers or volunteers are subject to stressful housing situations.”

**Note:** The US National Response Team has published a detailed technical assistance document, “Guidance for Managing Worker Fatigue

During Disaster Operations” which can be accessed online at:  
[http://www.nrt.org/Production/NRT/NRTWeb.nsf/AllAttachmentsByTitle/SA-1049TADFinal/\\$File/TADfinal.pdf?OpenElement](http://www.nrt.org/Production/NRT/NRTWeb.nsf/AllAttachmentsByTitle/SA-1049TADFinal/$File/TADfinal.pdf?OpenElement)

**Transition:** Examples of stressful working conditions are on the next slide.

## Slide 53

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Health and Safety

**Is it adequate?**

- Hazard identification and control
- Personal protective equipment
- Respiratory protection
- Safety and health training
- Rest breaks and drinking water
- Clean-up and equipment storage facilities



53

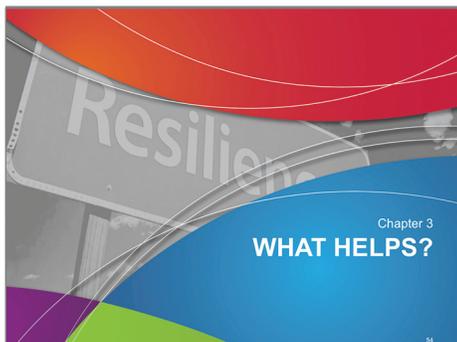
**Explain:** “Every disaster site should be assessed for health and safety and have a site specific health and safety plan. Based on the hazard identification, hazard control measures (ways of preventing hazards) can be selected and implemented. Examples include use of ventilation to control dust, personal protective equipment, and safety procedures such as wetting material that can generate dust when it is ripped out. Clean up and storage facilities are critical to ensure workers can properly clean up after their shift and store their equipment.”



## Chapter 3—What Helps?

50 minutes

### Slide 54



**Explain:** “In this chapter we will cover actions that can be taken by individuals, employers, and organizations to promote resiliency and support disaster workers who are exposed to stress and trauma.”

### Slide 55

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Chapter 3 Objectives**

After completing Chapter 3, participants will be able to:

- **Detail** what helps and what doesn't in Self-Care and Stress Management
- **Restate** the importance of connecting with others and giving support
- **Explain** when to seek professional help
- **Describe** the goal and key features of a Crisis Intervention Program



55

**Review the slide.**

**Note:** Before moving to the next slide...

**Ask:** “Why do we intervene?”

**Note:** Responses may include:

- Because we care
- Because exposure to stress and trauma are an expected part of disaster work
- To minimize the negative impact of stress and trauma

### Slide 56

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Self-Care and Stress Management**

- Actions individual disaster workers can take to increase resiliency
- Healthy habits such as eating, sleeping, engaging in positive activities, and socializing
- Connecting with others, giving and receiving social support



56

**Explain:** “This slide defines self-care and stress management. Attending available training programs is another important step to take to be prepared for the stresses of disaster work.”

## Slide 57

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Activity 7**  
Complete the small group activity, page 25 of the Participant Manual

**Sharing your experience and thoughts on self-care and stress management**



**Time for activity:** 20 minutes  
**Objective:** The goal of this activity is to share and discuss your experiences related to self-care and stress management.  
**Task:** Answer each of the questions:  
1. What helps?  
2. What doesn't help?

**Activity 6:** “Complete the small group activity, page 25 of the Participant Manual, sharing your experience and thoughts on self-care and stress management.”

**Small Group Activity Method:** Divide into small groups, select a member to record the responses and do the report back. Participation may be maximized by allowing everyone to speak, going around the circle.

**Time for activity:** 20 minutes (5 -10 for group work and 10 for report back)

**Objective:** “The goal of this activity is to share and discuss your experiences related to self-care and stress management with your fellow participants and instructors.”

**Note:** List the responses from the small groups as they report back on a flip chart and then review the next series of slides to confirm and expand upon their input.

# Activity 6



**Sharing your experience and thoughts on self-care and stress management.**

**Small Group Activity Method:** Divide into small groups, select a member to record the responses and do the report back. Participation may be maximized by allowing everyone to speak, going around the circle.

**Time for activity:** 20 minutes (5 -10 for group work and 10 for report back)

**Objective:** The goal of this activity is to share and discuss your experiences related to self-care and stress management with your fellow participants and instructors.

**Task:** Answer each of the questions:

1. What helps?
  - Healthy habits such as eating, sleeping, engaging in positive activities, and socializing
  - Connecting with others, giving and receiving social support
  - Daily debriefing



## Activity 6 *continued*

### 2. What doesn't help?

- Using alcohol or drugs to cope
- Working too much
- Extreme avoidance of thinking or talking about the event
- Extreme withdrawal from family or friends
- Violence or conflict
- Not taking care of yourself
- Overeating or failing to eat
- Withdrawal from pleasant activities
- Doing risky things such as driving recklessly, substance abuse, staying out late at night
- Blaming others
- Keeping quiet because you don't want to upset others
- Keeping quiet because you're worried about being a burden
- Assuming that others don't want to listen
- Waiting until you're so stressed or exhausted that you can't fully benefit from help

**Explain:** "The next slide lists self-harming behaviors that are common symptoms among people who have been traumatized."

**Transition:** Before showing the slide, ask the participants, "What are examples of self-harming behaviors that should be avoided?" Then **Review the slide.**

## Slide 58

Disaster Worker Resiliency Training

Participant Training

**What helps**

- Talking to someone
- Engaging in positive activities
- Getting enough sleep and eating healthy
- Trying to maintain a normal schedule
- Taking breaks
- Focusing on what you CAN control or change
- Exercising
- Relaxation
- Daily debriefing

**Note:** The information on this slide should confirm and expand upon the responses in the small group activity.

## Slide 59

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**What doesn't help** 

- Using alcohol or drugs to cope
- Working too much
- Extreme avoidance of thinking or talking about the event
- Extreme withdrawal from family or friends
- Violence or conflict
- Not taking care of yourself
- Overeating or failing to eat
- Withdrawal from pleasant activities
- Doing risky things such as driving recklessly, substance abuse, staying out late at night
- Blaming others

59

**Note:** The information on this slide should confirm and expand upon the responses in the small group activity.

## Slide 60

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**When seeking social support**

**Do...**

- Decide carefully whom to talk to and choose the right time
- Think about what you want to discuss
- Let others know you need to talk or just to be with them
- Talk about painful thoughts and feelings when you are ready
- Ask others if it's a good time to talk
- Tell others you appreciate them listening



60

**Explain:** "This slide addresses the "do's" of seeking social support."

## Slide 61

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**When you are feeling stressed**

**Don't...**

- Keep quiet because you don't want to upset others
- Keep quiet because you're worried about being a burden
- Assume that others don't want to listen
- Wait until you're so stressed or exhausted that you can't fully benefit from help



61

**Explain:** "This slide addresses the "don'ts" of seeking social support."

## Slide 62

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Ways to get connected...**

- Calling friends or family
- Increasing contact with co-workers and friends
- Involvement in church, synagogue, or other religious groups
- Getting involved with support groups or community activities



62

**Note:** The information on this slide should confirm and expand upon the responses in the small group activity.

**Ask:** "What are some reasons people avoid asking for social support?"

**Note:** List the responses on the flip chart. Then review summary listed on the next slide.



## Slide 63

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Reasons people may avoid social support**

- Not knowing what they need
- Feeling embarrassed or weak
- Feeling they will lose control
- Not wanting to burden others
- Doubting it will be helpful, or that others will understand
- Having tried to get help and felt that it wasn't there before
- Wanting to avoid thinking or feeling about the event
- Feeling that others will be disappointed or judgmental
- Not knowing where to get help



63

Review the slide.

## Slide 64

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Good things to do while giving support**

- Show interest, attention, and care
- Find an uninterrupted time and place to talk
- Be free of expectations or judgments
- Show respect for individuals' reactions and ways of coping
- Acknowledge that this type of stress can take time to resolve
- Help brainstorm positive ways to deal with reactions
- Talk about expectable reactions to disasters, and healthy coping
- Believe that the person is capable of recovery
- Offer to talk or spend time together as many times as needed



**Active Listening**

64

**Explain:** "These are basic tips for giving support to co-workers or family members. We are not training you to become counselors, but everyone can help by showing concern, respect, and support to people who are stressed."

## Slide 65

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Avoid using phrases that interfere with giving support**

- "Get over it!"
- "I know how you feel."
- "It's not so bad."
- "This was God's will."
- "God won't give you more than you can handle."
- "Others have it much worse."



65

**Explain:** "This slide gives examples of language that can interfere with giving support. Body language is also important. The point is to mainly listen and not say things that are judgmental or deny a person's feelings."

**Transition:** "Some employers and organizations have implemented crisis intervention program. We will briefly review the key elements of these programs. You may want to ask leaders of your company or organization or union if they have thought about developing or implementing such programs."

## Slide 66

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Community-Based disaster mental health programs**

- State and local mental health agencies typically establish them in disaster zones
- Feature widespread community outreach
- Not specifically designed for disaster workers, but can be a gateway to services



66

**Explain:** “When a disaster hits and a community is declared a federal disaster zone, funding is usually directed at developing mental health outreach services. An example is Project Hope, coordinated by the New York State Office of Mental Health after Superstorm Sandy. The project employed people for a one year period to provide supportive counseling to individuals, families, and groups impacted by the hurricane.

Additionally, many communities have mental health services that are hospital based. Some of these programs include mobile emergency mental health programs as well. These resources are often mobilized to assist in disasters. It is valuable for organizations to develop a list of the local area resources that may be useful to disaster workers, volunteers, or homeowners who need services.”

## Slide 67

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Faith Based Programs**

Many different faith based organizations provide mental health counseling to communities impacted by disasters

A list of organizations is at:  
<http://www.samhsa.gov/faith-based-initiatives>



67

**Explain:** "Faith based organizations involved in responding to disasters that provide mental health services are also an important resource."

**Note:** If you have internet access you can click on the link to show the resources.

## Slide 68

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Disaster Distress 24 Hour Helpline**

- 1-800-985-5990 or Text 'TalkWithUs' to 66746
- Free 24/7 helpline for stress, anxiety, and distressing reactions following a disaster
- Staffed by trained counselors
- SAMHSA is the federal Substance Abuse and Mental Health Services Administration



Download the **SAMHSA Disaster App** at Google Play, Apple, or Blackberry stores

68

**Explain:** “Disaster Distress Helpline is a 24/7 helpline designed for those experiencing stress, anxiety and distressing reactions. This free helpline is staffed by trained counselors from a network of crisis call centers located across the United States, all of whom provide crisis counseling for those who are in emotional distress related to any natural or human-caused disaster, information on how to recognize distress and its effects on individuals and families, tips for healthy coping, and referrals to local crisis call centers for additional follow-up care & support.

Call **1-800-985-5990** or Text 'TalkWithUs' to 66746

You may also download the SAMHSA Disaster App to your mobile phone.”

**Note:** This is NOT only for substance abuse issues. If you have internet access you can click on the link to show the resources.



## Slide 69

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**SAMHSA Treatment Finder**

- 800-662-HELP (4357)
- Connects to treatment resources for substance abuse or other mental health needs
- <https://findtreatment.samhsa.gov/>



**Explain:** The National Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members experiencing substance abuse and mental health issues. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information in print on substance abuse and mental health issues.

Call 1-800-662-HELP (4357) or visit the online treatment locators at <http://findtreatment.samhsa.gov/>

## Slide 70

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Local resources**

- Add a list of available local resources here. You may also put together a factsheet with local resources using the template in the instructor’s manual.

**Note:** Edit this slide in advance of the class by listing local mental health resources by title, phone number, and website. You may also develop a factsheet using the template in Appendix 3 of the instructor manual on page 71. If you are unable to develop this page, feel free to delete it or hide it from your presentation.

**Explain:** “Listed on the slide are some local resources that can be used to provide services or referrals for people who need help. We have also developed the factsheet with more detailed information that we will now distribute to the class.”

## Slide 71

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training



**Explain:** “Asking for help is not a sign of weakness, but a sign of strength.”

**Ask:** “What is meant by *stigma of mental illness*?”

**Explain:** “Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. Taking care of our mental health is just as important as wearing a hard hat to protect our heads from falling objects.”

## Slide 72

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Seek outside help if you:**

- Are not able to take care of yourself or your children.
- Think about suicide.
- Are not able to do your job.
- Hit, shove, or kick your spouse or child.
- Are continually critical or demeaning to your spouse or child.
- Think or talk about marital separation.
- Use alcohol or other drugs to escape your problems.
- Feel sad or depressed for more than two weeks.
- Experience panic attacks where, overcome with fear, you have a high pulse rate and difficulty breathing.



**Review the slide.**

**Explain:** “These symptoms should not be ignored. Outside help should be obtained when symptoms are severe or persist for more than 30 days.”

## Slide 73

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Care providers**

- Family doctors or community physicians are sometimes the only providers available, and are usually the first stop for care
- A psychiatrist is a medical doctor who can also prescribe medication
- Social Workers and Psychologists focus on counseling



73

**Explain:** “In some areas of the country access to professional services is slim or non-existent. In those cases, the best choice is to visit the family doctor or the community clinic. If the need for services is “work related” than the employer should provide information and support for accessing workers’ compensation benefits. These benefits will include medical care and wage replacement. However, many state workers’ compensation systems frequently contest claims for mental health care. In those cases, injured workers need to use a qualified workers’ compensation attorney to represent them. These attorneys are not paid a fee from the injured worker, but only get a small percentage when the workers’ compensation law judge awards compensation.”

## Slide 74

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Professional counseling**

- Has helped millions find relief
- Helps patients identify trauma triggers and work to reduce their impact
- Helps individuals to reduce the symptoms and restore health



74

**Note:** The information in this slide is to encourage people to overcome their reluctance to seek help when it is needed.

## Slide 75

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Employer/ Organizational crisis intervention programs**

**Goals:**

- Prevent long-term effects by rapid intervention
- Provide organizational support
- Provide opportunity for expression
- Reduce reacting to and thinking about traumatic events through crisis education



75

**Explain:** “Just as organizations have a responsibility to protect the safety and health of employees, they should also be prepared to address the impact of stress and trauma on employee health and well being. There are various approaches to providing this support. Unfortunately, we do not have time today to go into any detail on development and implementation of these important programs.”

## Slide 76

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Core elements of a crisis intervention program**

- Prevention
- Education, not counseling
- Provision of caring, supportive services
- Follow-up referral



76

**Explain:** “This slide includes the core elements of a crisis intervention program that may be provided by your employer, organization, church, or community.”

**Ask:** “Do you have a crisis intervention program within your employment or organization? If not, is it something that could be developed?”

Does your employer or organization have a plan to address these issues? If not, could that be initiated?

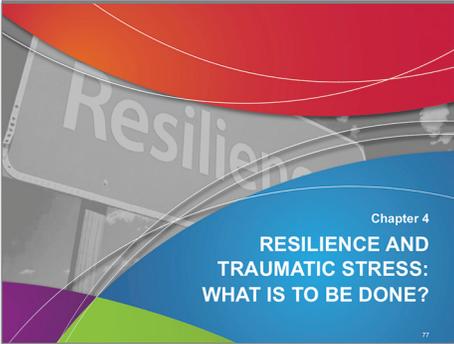
**Explain:** “There are 4 factsheets at the end of the Participant Manual that may be duplicated or adapted for the purpose of providing direct support to co-workers. They are *When Terrible Things Happen, What You May Experience. What Helps and What Doesn’t; Connecting with Others, Giving and Receiving Social Support; Information for Families, When a Family Member is Traumatized at Work; Caring for Yourself in the Face of Difficult Work*. The factsheets are also available on the NIEHS websites at <http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>.”

**Note:** “If available, have the local program contact present the program's trauma response plan and local mental health resources before transitioning to the final chapter.”

**Transition:** “We will now proceed to the final chapter that addresses ‘What is to be Done?’”

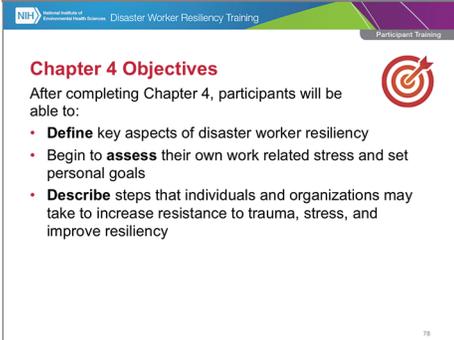
Chapter 4—Resilience and Traumatic Stress, What is to be done? 30 minutes

Slide 77



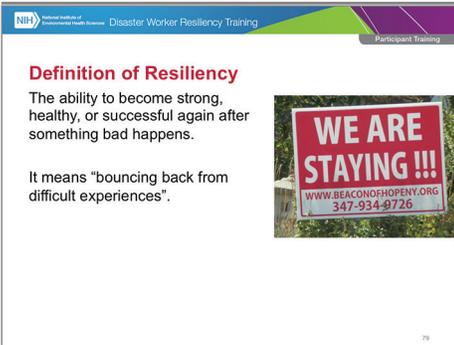
**Explain:** “Chapter 4, the final section, covers “Resilience and Traumatic Stress: What is to be done?”

Slide 78



Review the slide.

Slide 79



**Explain:** “This slide is here to remind you of the definition of resiliency. The source is: [Merriam-Webster.com](http://Merriam-Webster.com)”

## Slide 80

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

**Activity 7**  
Individual exercise, refer to page 31 of the Participant Manual.

**Work Related Stress: Self-Assessment and Personal Goals**

**Time for Activity:** 10 minutes

**Objective:** Identify personal factors that may improve resilience.

**Task:** Participants will complete the exercise. This exercise is divided into four sections: (1) Sleep, (2) Diet and Nutrition, (3) Exercise, and 4) Social Support.  
On the left hand side of the worksheet you write down your current practices. On the right hand side, you write down any new personal goals you wish to establish.



**Explain:** “This is an individual exercise. The purpose of the self-assessment and personal goals activities is to develop a personal action plan to improve resilience, resistance, and well being. Please refer to the factsheet in Appendix 2 entitled “Caring For Yourself in the Face of Difficult Work”. This factsheet describes the federal recommendations for healthy sleeping, eating, and exercise. A separate factsheet addresses social support and is entitled, “Connecting With Others: Giving and Receiving Social Support” .”

**Activity 7:** Participants will individually complete the "Work Related Stress: Self-Assessment & Personal Goals" on page 31 of the Participant Manual.

**Explain:** “The objective of this activity is help identify current life style practices and identify improvements that may improve resilience. On the left hand side of the activity worksheet you write down your current practices regarding sleep, healthy eating, exercise, and socialization. On the right side, you write down any new personal goals you wish to establish.”

**Note:** Because of the personal nature of this activity, there is no formal report back.

**Note:** See factsheet in Appendix 2 entitled "Caring For Yourself in the Face of Difficult Work" for information on recommendations for healthy sleeping, eating, exercise, and social support.



# Activity 7

**Individual Exercise:** Participants will individually complete the “Work Related Stress: Self-Assessment and Personal Goals”.

**Time for Activity:** 10 minutes

**Task:** On the left hand side of the activity worksheet you write down your current practices regarding sleep, healthy eating, exercise, and socialization. On the right side, you write down any new personal goals you wish to establish.

Current Practice	Personal Goals
<b>Sleep</b>	
<b>I sleep on average:</b> ___ Less than 6 hours a night ___ 7 Hours a night ___ 8 Hours a night	<b>I would like to sleep:</b> ___ Hours a night  <b>Every week I will try to reach this goal by adding:</b> ___ Minutes of sleep every night  <b>Methods I can use:</b> <ul style="list-style-type: none"> <li>• Keep TV out of my bedroom</li> <li>• Eat 3 hours before bed-time</li> <li>• Exercise &gt;3 hours before bed-time</li> <li>• Add 15 minutes of “quiet” before going to bed</li> </ul>



## Activity 7 *continued*

Participants will complete the “Work Related Stress: Self-Assessment and Personal Goals”

Current Practice	Personal Goals
<b>Diet/Nutrition</b>	
<p><b>I cook at home:</b>  <input type="checkbox"/> Most nights  <input type="checkbox"/> 3 times a week  <input type="checkbox"/> Less than 3 times a week</p> <p><b>I use fresh ingredients when I cook:</b>  <input type="checkbox"/> Every meal  <input type="checkbox"/> Most meals  <input type="checkbox"/> Once or twice a week</p> <p><b>I eat fresh vegetables/fruit:</b>  <input type="checkbox"/> Every meal  <input type="checkbox"/> Twice a day  <input type="checkbox"/> Once a day  <input type="checkbox"/> A few times a week</p> <p><b>I snack between meals</b>  <input type="checkbox"/> Every day  <input type="checkbox"/> Once or twice a week  <input type="checkbox"/> Rarely</p>	<p><b>I would like to cook:</b>  <input type="checkbox"/> Times a week</p> <p><b>I would like to add fresh ingredients to my meals:</b>  <input type="checkbox"/> Times per week</p> <p><b>I would like to add more fresh fruit at:</b>  <input type="checkbox"/> Meals a day</p> <p><b>I would like to add fresh vegetables at:</b>  <input type="checkbox"/> Meals a day</p> <p><b>I would like to reduce the number of times of day I snack to:</b>  <input type="checkbox"/> Once a day  <input type="checkbox"/> Twice a day</p> <p><b>Methods I can use:</b></p> <ul style="list-style-type: none"> <li>• Consult my grandmother about traditional foods, use those recipes</li> <li>• Avoid fast food restaurants as much as possible</li> <li>• Pay more for quality food &amp; eat less</li> <li>• Shop the periphery of the grocery store and stay out of prepared food section</li> <li>• Snack on high protein foods like nuts</li> </ul>
<b>Exercise</b>	
<p><b>I walk or exercise 30 minutes</b>  <input type="checkbox"/> Most Days  <input type="checkbox"/> 3 Times week  <input type="checkbox"/> Once a week  <input type="checkbox"/> Once in a while</p>	<p><b>I would like to increase my exercise to:</b>  <input type="checkbox"/> Times a week</p> <p><b>The exercise I will use is:</b>            _____</p> <p><b>Methods I can use:</b></p> <ul style="list-style-type: none"> <li>• Find a “buddy” to walk with</li> <li>• Start a walking club</li> <li>• Join a health club or go with a friend</li> <li>• Join an exercise class to match my fitness level</li> </ul>



## Activity 7 *continued*

Participants will complete the “Work Related Stress: Self-Assessment and Personal Goals”

Current Practice	Personal Goals
<b>Social Support</b>	
<p>These are the family members/friends I can go to with concerns and for support:</p> <p>_____</p> <p>_____</p>	<p>I would like to go to these friends, family or community members for more support:</p> <p>_____</p> <p>I would like to find more opportunities to consult/work with these coworkers:</p> <p>_____</p> <p>_____</p>
<p>These are the coworkers that I can go to for help and support:</p> <p>_____</p> <p>_____</p>	<p>My contact for my union, employer, or organization is:</p> <p>_____</p> <p>_____</p>
	<p>I can reach my union, employer, or organization at:</p> <p>_____ (Phone number)</p> <p>_____ ( e-mail)</p> <p><b>Methods I can use:</b></p> <ul style="list-style-type: none"> <li>• Find friends or family members who are sympathetic and good listeners</li> <li>• Seek out coworkers that I trust and admire for advice and ask them to work with me on projects</li> <li>• Work with administrators/supervisors who have been helpful in the past</li> <li>• Work with the union to help identify mentors</li> <li>• Attend training &amp; professional development sessions to meet helpful people and find resources</li> </ul>

# Slide 81

## Activity 8

Individual exercise, refer to page 34 of the Participant Manual.

### Action Planning for Resiliency and Traumatic Stress

**Time for activity:** 20 minutes

**Objective:** The goal of this activity is to begin developing an action plan on the individual and workplace organizational levels that will promote resiliency.

**Task:** Based on the lessons learned in today's program I will take the following actions

1. List one or more steps you may take as an individual to increase resistance to trauma, stress, and improve resiliency.
2. List one or more steps your employer or organization may take to increase resistance to trauma, stress, and improve resiliency.

**Activity 8:** Participants will individually complete the exercise on page 34 of the Participant Manual.

**Note:** In doing the report back and discussion on Activity 8, it is important to be sensitive that some participants may be uncomfortable sharing their personal goals. For example, you may ask, "Does anyone want to share steps they plan to take individually or with their employer/ organization based on today's training program?" If the participants don't want to share it is important to respect that. Some participant groups are comfortable sharing goals and it can be very constructive when peers share the actions they plan to take to better themselves or their organizations. Another approach is to have participants work in pairs (buddies). This may take some of the personal edge off of sharing.



# Activity 8

## Action Planning for Resiliency and Traumatic Stress.

### Individual Exercise

**Time for activity:** 20 minutes (5 - 10 for individual work and 10 for report back)

**Objective:** The goal of this activity is to develop a beginning action plan on the individual and workplace levels that will promote resiliency.

**Task:** Based on the lessons learned in today's program I will take the following actions

1. List one or more steps you may take as an individual to increase resistance to trauma, stress, and improve resiliency.

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2. List one or more steps your employer or organization may take to increase resistance to trauma, stress, and improve resiliency.

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## Slide 82

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Optional Exercises

**Example 1:**  
As a first responder, John Q. Stevens must stay behind during one of the worst natural disasters in the history of America. His wife, Suzy Q and their three kids, must leave the area to find shelter at a hotel over five hours away. The family unit that once functioned as a whole in traditional roles has now been fractured. John Q. is working long hours and performing physically demanding work. In addition, there are financial burdens and concern for the safety of his family.

**Example 2:**  
Suzy Q has just completed evacuating to the new family home, a one bedroom hotel room, they will use for an undetermined time. The 12 hour drive would normally take 5 hours, but was extended due to traffic. Suzy Q is concerned about the state of her house, her ability to feed the children during this forced evacuation, and the health and well being of her husband.

**Questions?**

1. What problems or issues may arise from this situation?
2. What are some of the stress reactions that may be exhibited?
3. What are some of the things that he/she can do to increase resistance to trauma, stress and improve resilience?

82

**Note:** The optional exercises are scenarios with questions that can be used to supplement the material in the training program. The two exercises on this slide were provided by trainers from the Deep South Center for Environmental Justice. Trainers should feel free to use these scenarios, their own, or solicit from the participants their own stories. Using these real world case studies can enhance the learning experience.

Use of the exercises may be done in small groups or in the large group.

## Slide 83

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Evaluations

Participants will complete the evaluations



83

**Note:** Make sure participants complete the evaluation forms and end with the final slides. You may choose to use the evaluation form in Appendix 3 of the Participant Manual or your own evaluation tool.

**Explain:** “In an effort to continuously improve the Disaster Worker Resilience Training Program, we are requesting that you evaluate the effectiveness of the training that you attended. Please be open and honest in your responses. To ensure your confidentiality, do not provide any personal identification on the form.”

**Note:** If you use the evaluation form in Appendix 3, then the instructions below apply. If you use your own form, then be sure to provide relevant instructions.

**Explain:** “In each section, you are asked to rate how well you feel you achieved each of the course learning objectives or about course effectiveness. Using the rating scale where 1 equals strongly disagree and 7 equals strongly agree, mark the circle that most closely reflects your answer to each statement. Also provide any comments to the 3 questions on the back of the form.”

## Slide 84

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### The End

Congratulations! Enjoy your travels on the road to:



84

**Explain:** “Thank you for attending this important program. Please use the information in your participant manual as a reference for yourself, your families, your co-workers, and your organizations. The activities that you have completed today should help you on the road to resilience. Especially important is to follow-up on the self-care and stress management plans generated in today’s training. Also, consider talking to your employer, union, or organization about the value of addressing these important issues. Remember, addressing stress, trauma, and overall mental health is an essential step in our journey to health, safety, and well being.”

## Slide 85

NIH National Institute of Environmental Health Sciences Disaster Worker Resiliency Training Participant Training

### Acknowledgements

The sources below were used to develop this training program. We thank them for use of their materials.

1. New York State OMH Bureau of Education and Workforce Development (BEWD)
2. The Impact of Trauma on Lives, Victor Weitzant, Psy.D.
3. US Department of Health and Human Services, SAMHSA, CCP Trainer's Guide, Participant Workbook, Slides, Trainers' Toolkit, Core Content Training, Crisis Counseling Assistance and Training
4. International Union of Operating Engineers, Traumatic Incident Stress Training, produced under an NIEHS grant
5. US Department of Health and Human Services, SAMHSA, A Post Deployment Guide for Supervisors
6. CDC, Let Us Take Care of Your Health, Safety, and Resilience for Disaster Responders
7. Center for the Study of Traumatic Stress, Leadership Stress Management
8. DMS-S for PTSD, National Center for PTSD
9. Bicknell-Hantges, L., & Lynch, J. J. (2009, March). Everything counselors and supervisors need to know about treating trauma.
10. Psychological First Aid, Field Operations Guide, 2nd Edition, National Child Stress Network, National Center for PTSD
11. Psychological First Aid for First Responders, Tips for Emergency and Disaster Response Workers, SAMHSA
12. Stress: The Different Kinds of Stress, American Psychological Association

85

**Explain:** “In closing, we acknowledge the sources that were used to develop this training program and thank them for the use of their materials.”



National Institute of  
Environmental Health Sciences

**Glossary of terms and acronyms used or related to the training:**

The following definitions have been adapted from a variety of resources, including Medline Plus, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the National Institute of Mental Health.

**Acute Stress**

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Acute stress is short term stress and is the most common form of stress. It comes from demands and pressures of the recent events and anticipated demands and pressures of the near future. Acute stress is thrilling and exciting in small doses, it can help us react to new situations, but too much is exhausting. Too much short-term stress can lead to psychological distress, tension headaches, upset stomach and other symptoms.

**Anxiety Disorders**

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Long term feelings of overwhelming worry, nervousness, unease, and fear, with no obvious source, that can grow progressively worse if not treated. The anxiety is often accompanied by physical symptoms such as sweating, heart rhythm disturbances, diarrhea or dizziness. Anxiety disorders are anxiety that lasts at least 6 months and can get worse. (This is different from short term Anxiety, which is a normal part of life, such as before speaking to a group, or before a date<sup>1</sup>)

**Chronic Stress**

---

Chronic stress is long term grinding stress that wears people away day after day, year after year. It's the stress of "never ending troubles". Chronic stress comes when a person never sees a way out of a miserable situation. It's the stress of having non-stop demands and pressures that seemingly never end that eventually takes a physical and emotional toll on individuals.

**Cognitive**

---

Means how we think and involves thinking, understanding, learning, and remembering.

**Coping**

---

The process of dealing with internal or external demands that feel threatening or overwhelming.

1 <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>



## Cultural Competence

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A group of skills, attitudes and knowledge that allows persons, organizations and systems to work effectively with diverse racial, ethnic and social groups.

## Cumulative Stress

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Cumulative stress is prolonged, long term exposure to stress triggers that can lead to stress disorders and psychological problems; The combination, or 'piling on' of all stress factors in ones life.

## Department of Health and Human Services (HHS)

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The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

## Depression

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In psychiatry, a disorder marked especially by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness and sometimes suicidal thoughts or attempts to commit suicide. Depression can range from mild to severe, and is very treatable with today's medications and/or therapy.

## Dissociative Disorder

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A disorder marked by a separation from or interruption of a person's fundamental aspects of waking consciousness, such as personal identity or personal history. The individual literally separates (dissociates) from a situation or experience that is too traumatic to integrate with the conscious self.

## Early Intervention

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In mental health, diagnosing and treating mental illnesses early in their development. Studies have shown early intervention can result in higher recovery rates. However, many individuals do not have the advantage of early intervention because the stigma of mental illness and other factors keep them from pursuing help until later in the illness' development.

## Emotional Distress

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Some combination of anger or irritability, anxiety and depression. Showing distress through exaggerated, or heightened emotions.

## Fatigue

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Lack of energy and motivation. This may include drowsiness but is not just 'feeling tired'. Fatigue is a component of depression and can be diagnosed by a doctor.

## Mental Health

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The condition of being mentally and emotionally sound and well adjusted, characterized by the absence of mental disorder and by adequate adjustment. Individuals with mental health feel comfortable about themselves, have positive feelings about others and exhibit an ability to meet the demands of life. Mental Health is also called Behavioral Health

## Mental Health Services

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Services that help improve the way individuals with mental illness feel, both physically and emotionally, as well as the way they interact with others. Services may include diagnosing or treating a mental illness and preventing future mental illness in those who are at a high risk of developing or re-developing mental illness.

## Mental Illness (Psychiatric Illness)

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Refers to all diagnosable mental disorders. Can refer to disorders of the brain or personality which may include visible and invisible (behavioral) symptoms as well as physical symptoms. Formal diagnosis is based on guidelines and definitions of psychiatric illness listed in Current Medical Information and Terminology of the American Medical Association or in the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

## National Institute of Environmental Health Sciences (NIEHS) and National Institutes of Health (NIH)

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The National Institute of Environmental Health Sciences (NIEHS) is one of 27 research institutes and centers that comprise the National Institutes of Health (NIH), U.S. Department of Health and Human Services (DHHS). The mission of the NIEHS is to discover how the environment affects people in order to promote healthier lives.

## Panic Disorder

---

A type of anxiety disorder in which individuals have feelings of terror that strike suddenly and repeatedly with no warning. Individuals cannot predict when an attack will occur and may experience anxiety and worry between attacks as they wonder about when the next one will strike. Symptoms can include heart palpitations, chest pain or discomfort, sweating, trembling, tingling sensations, a feeling of choking, fear of dying, fear of losing control and feelings of unreality.

## Phobia

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An intense and sometimes disabling fear reaction to a specific object or situation that poses little or no actual danger. The level of fear is usually recognized by the individual as being irrational. (Common examples include fear of heights, fear of clowns etc.)

## Posttraumatic Growth

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Posttraumatic Growth (PTG), refers to positive psychological change that occurs as the result of one's struggle with a highly challenging, stressful, and traumatic event. Five factors are contained within PTG including Relating to Others (greater intimacy and compassion for others), New Possibilities (new roles and new people), Personal Strength (feeling personally stronger), Spiritual Change (being more connected spiritually), and a deeper Appreciation of Life.

## Posttraumatic Stress Disorder (PTSD)

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A diagnosable mental disorder that is severe, disabling, and prolonged. A psychological reaction that occurs after experiencing a highly stressing event, such as wartime combat, violence or a disaster. It is usually characterized by depression, anxiety, flashbacks, recurrent nightmares and avoidance of reminders of the event. Individuals can feel emotionally numb, especially with people who were once close to them. Also called delayed-stress disorder or posttraumatic stress syndrome.

## Psychiatry

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The branch of medicine that deals with the science and practice of treating mental, emotional or behavioral disorders.

## Psychotropic

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A medication prescribed to treat the illness or symptoms of a mental illness.

## Recovery

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A process by which people who have a mental illness are able to return to work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction of symptoms.

## Resilience

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An ability to recover from or adjust to significant challenges. The ability to continue on in the face of difficult circumstances

## Screening

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In mental health, a brief assessment used to identify individuals who have mental health problems or are likely to develop such problems. If a problem is detected, the screening can also determine the most appropriate mental health services for the individual.

## Stigma

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A mark of shame or discredit. A sign of social unacceptability.

## Substance Abuse

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The inappropriate use of, and possibly addiction to, illegal and legal substances including alcohol and prescription and non-prescription drugs.

## Substance Abuse and Mental Health Services Administration (SAMHSA)

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An agency within the United States Department of Health and Human Services (HHS) that is committed to improving the lives of people with or at risk for substance abuse or mental illness. SAMHSA's vision is "A life in the community for everyone, based upon the principle that people of all ages with or at risk for substance abuse disorders and mental illnesses should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends."

SAMHSA provides factsheets on most mental health conditions and suggestions for referral. They have hotline for anyone who needs mental health counselling at any time.

- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Disaster Distress Helpline: 1-800-985-5990 or text 'TalkwithUs' to 66746
- Treatment Referral Line- 1-800-662- HELP (4357)

## Therapy

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Treatment of physical, mental or behavioral problems that is meant to cure or rehabilitate. Therapy may include discussions with a therapist, medications or Psychotherapy, which emphasizes substituting positive responses and behaviors for negative ones.

## Traumatic Event

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An event that has the power to overwhelm the normal coping abilities of an individual or group such as disasters, physical or sexual assault, fatal or serious injury or accident, or exposure to death and destruction.

Traumatic events are shocking and emotionally overwhelming situations that may involve the threat of death, serious injury, or may cause or threaten physical well being.

## Traumatic Stress

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Traumatic stress is stress caused by exposure to traumatic events. Reactions to traumatic events vary and range from relatively mild, minor disruptions in the person's life to severe and debilitating. Acute Stress Disorder And Posttraumatic Stress Disorder are mental health diagnoses associated with traumatic stress reactions.

## Trigger

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A sight, sound, smell or event that reminds individuals of a past traumatic event and can cause a person to re-live the event and/or have an emotional reaction.

## Vicarious Trauma

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Sometimes also called compassion fatigue, vicarious trauma is the latest term that describes a transference of trauma symptoms to care givers. It is the "cost of caring" for others. It is believed that counselors working with trauma survivors experience vicarious trauma because of the work they do. Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

## When Terrible Things Happen

### What You May Experience—What Helps and What Doesn't

#### Immediate Reactions

There are a wide variety of positive and negative reactions that disaster workers, volunteers, or homeowners can experience during and immediately after a traumatic event<sup>1</sup>.

These include:

Domain	Negative Responses	Positive Responses
<b>Cognitive (thoughts)</b>	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
<b>Emotional</b>	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt, shame, and crying	Feeling involved, challenged, mobilized
<b>Social</b>	Extreme withdrawal, interpersonal conflict, risky behavior	Social connections, generous helping behaviors
<b>Physical</b>	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

#### Common reactions that may continue include:

##### Intrusive reactions:

- Distressing thoughts or images of the traumatic event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (flashback)

##### Avoidance and withdrawal reactions:

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usual pleasurable activities

##### Physical arousal reactions:

- Constantly being “on the lookout” for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep, problems concentrating or paying attention

#### Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the traumatic event
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include: sudden loud noises, sirens, locations where the event occurred, seeing people with disabilities, funerals, anniversaries of the traumatic event, and television/radio news about the event

<sup>1</sup> Traumatic Event, defined: “An event that has the power to overwhelm the normal coping abilities of an individual or group such as a disaster, violence, serious injury, or death”.



## Positive changes in priorities, worldview, and expectations

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- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a “good day”
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

## When a loved one dies, common reactions include:

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- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulties making decisions
- Having thoughts about the person who died, even when you don’t want to
- Longing, missing, and wanting to search for the person who died
- Children and adolescents are particularly likely to worry that they or a parent might die
- Children and adolescents may become anxious when separated from caregivers or other loved ones

## What helps

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- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling

## What doesn’t help

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- Using alcohol or drugs to cope
- Working too much
- Extreme avoidance of thinking or talking about the event or death of a loved one
- Extreme withdrawal from family or friends
- Violence or conflict
- Not taking care of yourself
- Overeating or failing to eat
- Withdrawal from pleasant activities
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Excessive TV or computer games
- Blaming others

## Summary

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These feelings, thoughts, behaviors, physical reactions, and challenges to your spirit may come and go. For most people, these reactions usually are resolved in four to eight weeks, depending on the nature of the traumatic event. See the companion factsheets entitled, “[Connecting with Others](#)” and “[Information for Families](#)”.

# Connecting with Others

## Giving and Receiving Social Support

### Seeking Social Support

Making contact with others can help reduce feelings of distress and help people recover in the aftermath of traumatic events.

Connections can be with family, friends, clergy, or others who are coping with the same traumatic event<sup>1</sup>.

Children and adolescents can benefit from spending some time with other similar aged peers.

### Social Support Options

- Spouse or partner
- Trusted family member
- Close friend
- Doctor or nurse
- Crisis counselor or other counselor
- Support group
- Co-worker, union representative
- Priest, Rabbi, or other clergy
- Pet

### Do

- Decide carefully whom to talk to
- Decide ahead of time what you want to discuss
- Choose the right time
- Start by talking about practical things
- Let others know you need to talk or just to be with them
- Talk about painful thoughts and feelings when you are ready
- Ask others if it's a good time to talk
- Tell others you appreciate them listening
- Tell others what you need or how they could help explain one main thing that would help you right now

<sup>1</sup> Traumatic Event, defined: "An event that has the power to overwhelm the normal coping abilities of an individual or group such as a disaster, violence, serious injury, or death".

### Don't

- Keep quiet because you don't want to upset others
- Keep quiet because you're worried about being a burden
- Assume that others don't want to listen
- Wait until you're so stressed or exhausted that you can't fully benefit from help

### Ways to Get Connected

- Calling friends or family on the phone
- Increasing contact with existing acquaintances and friends
- Renewing or beginning involvement in church, synagogue, or other religious group activities
- Getting involved with a support group or in community activities

### Connecting with Others – Giving Social Support

You can help family members and friends cope with the disaster by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences. For some, talking about things that happened because of the disaster can help them seem less overwhelming. For others, just spending time with people one feels close to and accepted by, without having to talk, can feel best. The next page contains some information about giving social support to other people.



## Reasons Why People May Avoid Social Support

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- Not knowing what they need
- Feeling embarrassed or weak
- Feeling they will lose control
- Not wanting to burden others
- Doubting it will be helpful, or that others won't understand
- Having tried to get help and felt that it wasn't there before
- Wanting to avoid thinking or feeling about the event
- Feeling that others will be disappointed or judgmental
- Not knowing where to get help

## Good Things to Do When Giving Support

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- Show interest, attention, and care
- Find an uninterrupted time and place to talk
- Be free of expectations or judgments
- Show respect for individuals' reactions and ways of coping
- Acknowledge that this type of stress can take time to resolve
- Help brainstorm positive ways to deal with their reactions
- Talk about expectable reactions to disasters, and healthy coping
- Believe that the person is capable of recovery
- Offer to talk or spend time together as often as needed

## Things that Interfere with Giving Support

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- Rushing to tell someone that he/she will be okay or that they should "get over it"
- Discussing your own personal experiences without listening to the other person's story
- Stopping the person from talking about what is bothering them
- Acting like someone is weak or exaggerating because he or she isn't coping as well as you are
- Giving advice without listening to the person's concerns or asking the person what works for him or her
- Telling them they were lucky it wasn't worse

## Summary

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Connecting with others and giving and receiving social support are very beneficial actions that help people recover from traumatic events. See the companion factsheets entitled, "**When Terrible Things Happen, What You May Experience—What Helps and What Doesn't**" and "**Information for Families.**"

# Information for Families

## When a Family Member is Traumatized at Work

When a family member is traumatized at work, it also affects other family members. Although your loved one who experienced the traumatic event<sup>1</sup> may be experiencing normal reactions, their behavior may not seem normal to the family. It may take time to understand and cope with the event and family members can help. Two other factsheets in this series address 1) reactions to terrible events as well as coping strategies and 2) connecting with others, giving and receiving social support. Take a look at these factsheets.

Family members also may have strong reactions to the traumatic event such as fear, anger, sadness, protectiveness, or withdrawal. Whatever the reactions are, they are normal responses to a highly charged, abnormal traumatic event. This handout aims to provide some suggestions that may help family members help their loved one and themselves. The most important suggestions involve listening to feelings, not imposing a response or solution based on your feelings, and to remain emotionally present.

### Remember

- Stress responses can occur right away at the scene, or within hours, days, or even within weeks after the event.
- Your loved one may experience a variety of stress symptoms or may not feel any of them.
- Most people recover from traumatic events and feeling safe in the support of family, friends, and co-workers is important to that recovery.
- Reactions and symptoms usually subside and disappear in time; often, by four to six weeks, symptoms are gone or greatly diminished in the majority of people.
- If the signs of distress and the intensity of the reactions have not subsided within four weeks, or if they intensify, your loved one should consider seeking further assistance.
- For most people, if you don't dwell on the symptoms and allow yourselves a chance to deal with the event, the suffering will lessen.
- Encourage, but do not pressure, your loved one to talk about what happened and their reactions to it. Talk is the best medicine. You can be most helpful if you listen and reassure.
- These events are usually upsetting to children. They will need to have some understanding of what happened; that mommy or daddy may be going through a difficult time, but that she or he will get better; and that they are safe and loved.
- If children are not coping well, child counselors or child psychologists can assist.
- Even if you don't fully understand what your loved one is going through, you can still offer your love and support. Don't be afraid to ask what you can do to help. Try not to be offended if they withdraw from the family or become overly protective of you or of children. These are normal reactions to trauma.
- Accept that life will go on. Maintain or return to a normal routine as soon as possible and maintain a healthy lifestyle. For children as well as adults, normal routines, especially for eating and sleeping, help us feel ourselves again.
- Be kind to yourselves.

See the companion factsheets entitled, "**Connecting with Others**" and "**When Terrible Things Happen**".

<sup>1</sup> Traumatic Event, defined: "An event that has the power to overwhelm the normal coping abilities of an individual or group such as a disaster, violence, serious injury, or death".



National Institute of  
Environmental Health Sciences

# Caring For Yourself in the Face of Difficult Work

## Caring For Yourself

This factsheet covers the basics of self-care for disaster workers and volunteers including healthy sleeping, eating, exercise, and social interaction. The bottom line is to avoid radical changes to normal life patterns.

### Sleep Deprivation is Hazardous?

Driving, operating heavy machinery or performing hazardous tasks while sleepy can be dangerous to you and your coworkers.

According to the National Institutes of Health's, National Heart, Lung, and Blood Institute<sup>1</sup>, sleep deprivation occurs when you have one of the following:

You don't get enough sleep; 7 - 8 hours for adults.
You sleep at the wrong time of day.
You don't sleep well or deeply.
You have a sleep disorder.

Sleep deprivation is linked to many chronic diseases and depression. It is also linked to increased risk of injury. It is a common myth that people can learn to get by on little sleep with no negative effects. After losing 1-2 hours of sleep over a couple of nights, functioning suffers.

### Signs and Symptoms

How sleepy you feel during the day can help you figure out whether you're having symptoms of problem sleepiness. You might be sleep deficient if you often feel like you could doze off during normal activities.

### Tips

It is common for disaster workers and volunteers to work long hours. To the extent that you have control over your schedule, it is very important to practice healthy sleeping habits:

- If your accommodations are noisy, earplugs may be helpful.
- Eye covers may help if the sleeping area has too much light.
- Limiting 'screen time' (electronic device use and TV's) prior to sleep
- Avoid heavy meals, alcohol, tobacco or caffeine prior to bed.

<sup>1</sup> NIH website accessed 8/4/2014: <http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/>.



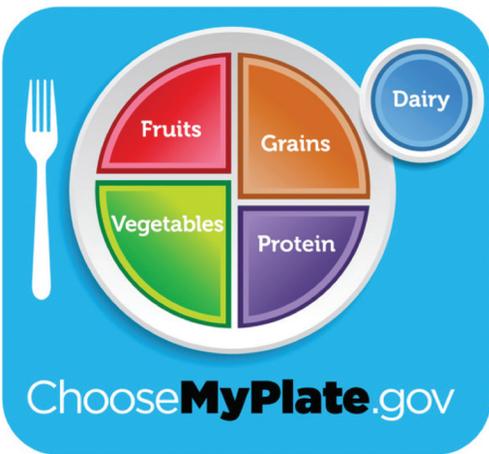
### Are you eating well?

Disaster workers and volunteers are often confronted with unhealthy eating choices such as donuts, the bottomless coffee pot, pizza, or just a lack of access to nutritious alternatives. Consuming large amounts of sugar, fat, and other unhealthy food and snacks can increase stress on our minds and bodies. Importantly, energy and caffeinated drinks may provide a temporary boost, but the let down is rapid and deep. These should be avoided if one is tired. The only thing that can cure sleep deficit is sleep.

The 2010 U.S. Dietary Guidelines for Americans describe a healthy diet as one that:

Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
Includes lean meats, poultry, fish, beans, eggs, and nuts.
Is low in saturated fats, trans fats, cholesterol, sodium (salt), and added sugars.
Stays within your calorie needs.

Learn more about the Dietary Guidelines for Americans at: <http://www.health.gov/dietaryguidelines>.



### Are You Getting Any Exercise?

Regular physical activity is one of the most important things you can do for your health. It is a very effective way of reducing stress and relaxing.

Fitting exercise into your schedule may be difficult, especially when you are doing exhausting disaster work. But even ten minutes at a time is fine. The key is to find the right exercise for you. It should be fun and should match your abilities. Brief walks are a great outlet for your mind and body.

### Are You Interacting With Others?

Making contact with others can help reduce feelings of distress and help people recover in the aftermath of traumatic events. Connections can be with family, friends, clergy, or others who are coping with the same traumatic event. For more detail see the accompanying factsheet entitled, **“Connecting with Others, Giving and Receiving Social Support”**.

## Resilience Resources

- National Disaster Distress Helpline: **1-800-985-5990 or Text 'Talk with Us' to 667461**
- 
- Veterans Crisis Helpline: **1-800-273-8255 Press 1**
- 
- 24-Hour Suicide Hotline : **1-800-273-TALK**
- 
- Find a VA Healthcare Center: **<http://www.va.gov/directory/guide/home.asp?isflash=1>**
- 
- Find a HRSA Health Center: **[www.findahealthcenter.hrsa.gov](http://www.findahealthcenter.hrsa.gov)**
- 
- Substance Abuse and Mental Health  
Treatment Finder: **1-800-662-HELP**
- 

### State Resources

- State Department of Mental Health: \_\_\_\_\_
- State Emergency Preparedness : \_\_\_\_\_

### Local Resources

- Local Congregation(s): \_\_\_\_\_
- Local Healthcare Center(s): \_\_\_\_\_
- Local Organization (s): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Personal Connections

- Name and Contact info for Family Physician : \_\_\_\_\_
- Name & Contact Info of close friend: \_\_\_\_\_
- Name & Contact information of an emergency  
contact: \_\_\_\_\_
- Other Personal Resources: \_\_\_\_\_

**Remember that preparedness, having a plan, and keeping yourself healthy are important to resilience!**

Federal Resources and Facts: [www.samhsa.gov](http://www.samhsa.gov) and NIEHS: <http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>





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# Certificate of Attendance

*attended the*

**NIEHS Disaster Worker Resilience Training Course**

*Hosted by:*

4 contact hours

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Signature of Authorized  
Representative