National Institute of Environmental Health Sciences

Substance Abuse and Mental Health Services Administration
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Disaster Worker Resiliency Training

Participant Training Manual

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Goal

The goal of this training program is to prepare disaster workers to recognize the signs and symptoms of disaster work related stress and trauma, avoid post traumatic stress disorder, make use of organizational and community support resources, and build resilience. At the end of the course, there will be an opportunity to begin to develop a plan of action.

Training Methods

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

Who Should Take this Course?

This four hour course is designed for all kinds of disaster workers including emergency responders, clean-up workers, volunteers, and homeowners.

When Should this Course be Scheduled?

Immediately after a disaster has occurred, it is likely that organizations that deploy and manage disaster workers will be consumed with mobilizing the response and will not have the time to provide a course of this nature. Therefore, it is very important that organizations provide this course during periods of rebuilding and as part of disaster preparedness.

Cultural Awareness

The information contained in this training manual should be adjusted when dealing with disaster workers who are from a population whose cultural norms may differ from the recommendations in the program. This is best accomplished when trainers assess the needs of the people being trained in advance of delivering the program.

Companion PowerPoint

This Participant Manual is designed to be used together with its' companion PowerPoint.

Overall Learning Objectives

After completing this course you will be able to demonstrate an ability to:

- **Recognize** signs and symptoms of disaster work-related stress
- **Obtain** support through your employer/organization and community resources
- **Build** your own resilience by demonstrating stress reduction and coping strategies

Course Agenda

1. Introduction
2. Understanding Stress
3. What Helps
4. Resilience and Traumatic Stress: What is to be Done?
5. Optional Examples
6. Evaluations

Disaster Workers

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

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

Preface

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.

Types of Disasters

Disasters may be natural or human-caused.

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

Disaster sites are different than normal worksites in that:

- 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

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

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:

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

_____

_____

What does the term “resiliency” mean?

_____

_____

_____

Why does it matter?

_____

_____

_____

Definitions of Resiliency

Merriam-Webster.com:

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

American Psychological Association:

Resiliency is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — 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

Reactions to trauma can 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

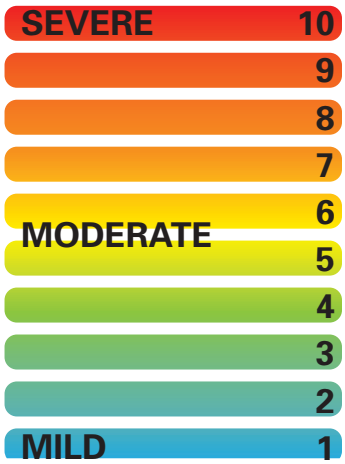
- the symptoms are intense and can last for over a month
- should seek care

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



Mental health is important to our well being

- 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

Elements of Post Traumatic Stress Disorder (PTSD) Definition

- Post traumatic stress disorder (PTSD) is when a person exposed to a traumatic event experiences severe symptoms that lasts for more than a month and interferes with normal life.
- Sufferers may experience intense fear, helplessness, flashbacks, and nightmares.
- It is a diagnosis made by a healthcare professional.
- Most workers who live through a traumatic event will not develop PTSD.

Disaster Work and PTSD

Reported Rates of PTSD Among Various Disaster Workers

Group	Disaster	Percentage	Source
US Population	General	3.6%	Bowler et al 2012
Police	9/11	5.4%	Stellman et al 2008
Police Overall	9/11	7.8 to 16.5%	Bowler et al 2012
WTC Medical Monitoring Group	9/11	11%	Stellman et al 2008
New Orleans Residents during Katrina	Hurricane Katrina	25 to 30%	Vu & VanLangdingham 2012
Lay Volunteers	9/11	34%	Debchoudhury
Affiliated Volunteers	9/11	13.3%	Debchoudhury
Professional Responders	Taiwan Earthquake	19.8%	Guo 2004
Volunteer Responders	Taiwan Earthquake	31.8%	Guo 2004

- PTSD in the general US population = 3.6%
- Post disaster PTSD has been as high as 40%
- Volunteers have had higher rates of PTSD than professional responders
- During 9/11 volunteers were part of an organization had lower rates, compared to volunteers that were not part of an organization

Training Helps!

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

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

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

CHAPTER

2

Understanding Stress

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

Activity 2:

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

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

Kinds of Stress and PTSD

- Acute Stress
- Cumulative Stress
- Traumatic Stress
- Post Traumatic Stress Disorder

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

Comment

Our ancestors, the cave people, had to fight, flee, or freeze when attacked by a wild animal. It is an instinctive reaction wired into our bodies.

- Enables rapid reactions to changing situation
- Enhances survival thinking
- Enables people to focus to eliminate distractions

Feeling their pain…

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.

Example: a person cuts in front of you when you are driving on the highway. You have a flight or fight reaction. You can feel the adrenaline running in your body. Most people recover in a short period of time.

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

Traumatic Stress

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

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.

Are you burning the candle at both ends?

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		
		Total	

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.

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.

Factors that May Increase the 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

Factors that May Reduce the Risk of PTSD

- Seeking support from other people, such as friends and family, or finding a support group
- Have 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

Recovery from Stress

The ability to return to normal functioning when effected by stress

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.

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

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)		
Feelings (emotional)		
Interaction with people (social)		
Body aches and pain (physical)		

Common reactions may include:

- 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 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.

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

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

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?

_____

_____

_____

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..)?

_____

_____

_____

Impact on Families

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

These are normal responses to a highly charged, abnormal event

Family Members

- May experience a variety of stress symptoms or none at all.
- If the signs of distress and the intensity of the reactions have not reduced within four weeks, consider seeking assistance.
- Encourage, but do not pressure discussions.
- You can be most helpful if you listen and reassure.

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.

Domestic Violence and Child Abuse

- …may be another sign of a severe stress reaction
- …violent behavior may increase when severe traumatic symptoms are not addressed

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 Provided
- Loss of customers, clients, and reputation

Stressful working conditions and fatigue

Stressful working conditions:

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

_____

_____

_____

_____

_____

_____

Fatigue:

- contributes to failing to use proper equipment and safety procedures.
- causes impairment similar to alcohol.
- Effects alertness, reaction times, and performance

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 storage facilities

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

CHAPTER

3

What helps?

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

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

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?

_____

_____

_____

_____

_____

_____

_____

2. What doesn't help?

_____

_____

_____

_____

_____

_____

_____

What helps?

- 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
- Daily debriefing

What doesn't help?

- 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, staying out late at night
- Excessive TV or computer games
- Blaming others

Connecting 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, co-workers, or others who are coping with the same traumatic event.

When seeking social support

Do...

- Decide carefully whom to talk to
- Decide ahead of time what you want to discuss
- Choose the right time
- 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

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

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

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 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 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 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 many times as needed

Things that Interfere With Giving Support

- 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

Community Based Disaster Mental Health Programs

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

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

Disaster Distress 24 Hour Helpline

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

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.

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

Asking for help is a sign of strength, not weakness.

Be **STRONG** enough to stand alone, **SMART** enough to know when you need help, and **BRAVE** enough to ask for it.

Professional Counseling

- Has helped millions find relief
- A psychiatrist is also a medical doctor who can prescribe medication
- Social Workers and Psychologists focus on counseling
- Helps patients identify trauma triggers and work to reduce their impact
- Helps individuals to reduce the symptoms and restore health

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

Core Elements of a Crisis Intervention Program

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

Supplemental Factsheets

There are 4 factsheets at the end of this 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.

CHAPTER

4

Resilience and Traumatic Stress: What is to Be Done?

Objectives

After completing Chapter 4, participants will be able to:

- **Define** key aspects of Disaster Worker Resiliency
- Begin to **assess** their own work related stress and set personal goals
- **Describe** steps that individuals and organizations may take to increase resistance to trauma, stress, and improve resiliency

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 socializing. On the right side, you write down any new personal goals you wish to establish. 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.

Current Practice	Personal Goals
Sleep	
I sleep on average: ___ Less than 6 hours a night ___ 7 Hours a night ___ 8 Hours a night	**I would like to sleep:** ___ Hours a night **Every week I will try to reach this goal by adding:** ___ Minutes of sleep every night **Methods I can use:** • Keep TV out of my bedroom • Eat 3 hours before bed-time • Exercise >3 hours before bed-time • Add 15 minutes of "quiet" before going to bed

Resiliency

Merriam-Webster.com:

"the ability to become strong, healthy, or successful again after something bad happens"

Activity 7 *continued*

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

Current Practice	Personal Goals
Diet/Nutrition	
I cook at home: ___ Most nights ___ 3 times a week ___ Less than 3 times a week **I use fresh ingredients when I cook:** ___ Every meal ___ Most meals ___ Once or twice a week **I eat fresh vegetables/fruit:** ___ Every meal ___ Twice a day ___ Once a day ___ A few times a week **I snack between meals** ___ Every day ___ Once or twice a week ___ Rarely	**I would like to cook:** ___ Times a week **I would like to add fresh ingredients to my meals:** ___ Times per week **I would like to add more fresh fruit at:** ___ Meals a day **I would like to add fresh vegetables at:** ___ Meals a day **I would like to reduce the number of times of day I snack to:** ___ Once a day ___ Twice a day **Methods I can use:** • Consult my grandmother about traditional foods, use those recipes • Avoid fast food restaurants as much as possible • Pay more for quality food & eat less • Shop the periphery of the grocery store and stay out of prepared food section • Snack on high protein foods like nuts
Exercise	
I walk or exercise 30 minutes ___ Most Days ___ 3 Times week ___ Once a week ___ Once in a while	**I would like to increase my exercise to:** ___ Times a week **The exercise I will use is:** _____ **Methods I can use:** • Find a "buddy" to walk with • Start a walking club • Join a health club or go with a friend • Join an exercise class to match my fitness level

Activity 7 *continued*

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

Current Practice	Personal Goals
Social Support	
These are the family members/friends I can go to with concerns and for support: _____ _____ **These are the coworkers that I can go to for help and support:** _____ _____	**I would like to go to these friends, family or community members for more support:** _____ **I would like to find more opportunities to consult/ work with these coworkers:** _____ _____ **My contact for my union, employer, or organization is:** _____ _____ **I can reach my union, employer, or organization at:** _____(Phone number) _____ (e-mail) **Methods I can use:** • Find friends or family members who are sympathetic and good listeners • Seek out coworkers that I trust and admire for advice and ask them to work with me on projects • Work with administrators/supervisors who have been helpful in the past • Work with the union to help identify mentors • Attend training & professional development sessions to meet helpful people and find resources

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.

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

Optional Case Study Exercises

Example 1: As a first responder, John Q. Stevens must stay behind during one of the worst natural disaster 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?

Evaluations

An evaluation form is attached in Appendix 3. If this form is used then follow the directions below. If a different form is used, these instructions do not apply.

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.

Closing Message

Thank you for attending this important program. Please use the information in your participant manuals as a reference for yourself, your families, your co-workers, and your organizations. 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. The activities that you have completed today should help you on the road to resilience. Remember, addressing stress, trauma, and overall mental health is an essential step in our journey to health, safety, and well being.

THE END

Congratulations!

Enjoy your travels on the road to resilience.

Acknowledgments

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 Welzant, 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 You! Health, Safety, and Resilience for Disaster Responders
7. Center for the Study of Traumatic Stress, Leadership Stress Management
8. DMS-5 for PTSD, National Center for PTSD
9. Bicknell-Hentges, 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

APPENDIX 1

National Institute of Environmental Health Sciences

Glossary

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

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

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 date1)

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

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

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)

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

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

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

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

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

Fatigue

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

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

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)

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)

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

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

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)

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

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

Psychotropic

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

Recovery

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

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

Screening

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

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

Substance Abuse

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)

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

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

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

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

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

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.

APPENDIX 2

National Institute of Environmental Health Sciences

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[1].

These include:

Domain	Negative Responses	Positive Responses
Cognitive (thoughts)	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt, shame, and crying	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict, risky behavior	Social connections, generous helping behaviors
Physical	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

[1] 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

- 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:

- 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

- 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

- 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

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**".

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[1].

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

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.

[1] 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".

Reasons Why 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 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

- 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

- 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

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**."

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[1] 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**".

[1] 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".

Source: Capital District Psychiatric Center Factsheet, NYS OMH 2009

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[1], 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 importatnt to practice healthy sleeping habits:

- If your accomodations 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 caffine prior to bed.

[1] NIH website accessed 8/4/2014: http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/.

Source: Centers for Disease Control

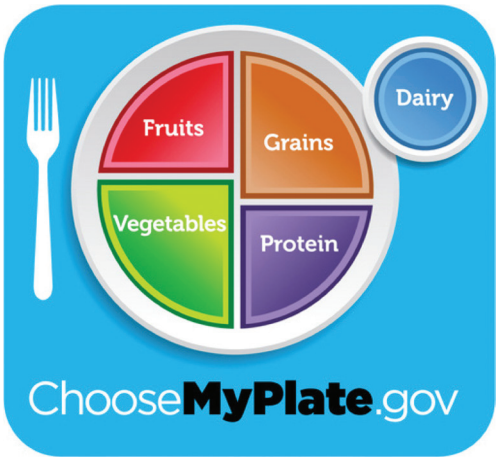
Are you eating well?

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**".

APPENDIX 3

National Institute of Environmental Health Sciences

Disaster Worker Resilience Training Evaluation 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 attended. 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.

In this section, you are asked to rate how well you feel you achieved each of the course learning objectives. 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*

After completing the Disaster Worker Resilience training, I am confident that I can effectively:

1. Recognize the signs and symptoms of disaster work-related stress.	① ② ③ ④ ⑤ ⑥ ⑦
2. Obtain support through my employer/organization and community resources.	① ② ③ ④ ⑤ ⑥ ⑦
3. Build my own resilience by demonstrating stress reduction and coping strategies.	① ② ③ ④ ⑤ ⑥ ⑦

In this section, you are asked to rate the effectiveness of the Disaster Worker Resilience training you attended. 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*

4. The registration and enrollment process were smooth and efficient.	① ② ③ ④ ⑤ ⑥ ⑦
5. The support staff was responsive and helpful.	① ② ③ ④ ⑤ ⑥ ⑦
6. The training was properly coordinated and arranged.	① ② ③ ④ ⑤ ⑥ ⑦
7. The training facility enhanced the learning environment.	① ② ③ ④ ⑤ ⑥ ⑦
8. The instructor was well-prepared.	① ② ③ ④ ⑤ ⑥ ⑦
9. The training objectives were clear.	① ② ③ ④ ⑤ ⑥ ⑦
10. 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
11. The training adequately covered the course topics.	① ② ③ ④ ⑤ ⑥ ⑦
12. The training content was accurate and well-organized.	① ② ③ ④ ⑤ ⑥ ⑦
13. The time allotted for the training was sufficient for my learning.	① ② ③ ④ ⑤ ⑥ ⑦
14. The training materials and handouts were useful and easy to understand.	① ② ③ ④ ⑤ ⑥ ⑦
15. The presentation technology used to deliver the training was effective.	① ② ③ ④ ⑤ ⑥ ⑦

16. The activities and exercises were relevant and reinforced the learning objectives.	① ② ③ ④ ⑤ ⑥ ⑦
17. The discussions were helpful in exchanging ideas.	① ② ③ ④ ⑤ ⑥ ⑦
18. I had opportunities to practice training-related knowledge/skills.	① ② ③ ④ ⑤ ⑥ ⑦
19. I had opportunities to observe and interact with other trainees.	① ② ③ ④ ⑤ ⑥ ⑦
20. I contributed comments or questions during the training.	① ② ③ ④ ⑤ ⑥ ⑦
21. I received feedback that was relevant to their learning.	① ② ③ ④ ⑤ ⑥ ⑦
22. I learned to relate important concepts to issues at my work.	① ② ③ ④ ⑤ ⑥ ⑦
23. I can use content and knowledge/skills learned in this course in my work.	① ② ③ ④ ⑤ ⑥ ⑦
24. My organization supports the use of the knowledge/skills learned in this training.	① ② ③ ④ ⑤ ⑥ ⑦
25. The training content was effective.	① ② ③ ④ ⑤ ⑥ ⑦
26. The training format was effective.	① ② ③ ④ ⑤ ⑥ ⑦
27. The instructor was effective.	① ② ③ ④ ⑤ ⑥ ⑦
28. The training overall was effective.	① ② ③ ④ ⑤ ⑥ ⑦

Please provide answers to the following questions.

What content or skills did you learn that were **most valuable** to you?

_____

_____

_____

What content or skills did you learn that were **least valuable** to you?

_____

_____

_____

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

_____

_____

_____

Thank you for participating in this evaluation. Your feedback is a very important part of the continuous quality improvement process of the training program.