



National Institute of
Environmental Health Sciences



Resilience

Disaster Supervisor Resiliency Training Participant Training Manual

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Goal

The goal of this training program is to prepare supervisors of disaster workers and volunteers to be proactive in recognizing and responding to disaster worker stress and trauma, be aware of their own reactions, and provide leadership to increase individual and organizational resiliency.

Background

This Disaster Supervisor Resiliency Training is part of a three part series of training programs. The two companion programs include 1) Disaster Worker Resiliency Training, a four hour program for disaster workers, volunteers, or homeowners and 2) Disaster Worker Mental Health Workshop for Clinicians, designed to increase clinician's awareness of disaster worker mental health issues.

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 supervisors and field managers of disaster workers including emergency responders, clean-up workers, and volunteers.

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 training supervisors of 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 Supervisor Training 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 and workplace stressors
- **Understand** the unique role of the supervisor in balancing health, safety, resilience and productivity
- **Build** your own and your team's resilience by demonstrating stress reduction and supportive skills
- **Obtain** support through your employer/organization and community resources
- **Provide** leadership and support to the people you supervise

Course Agenda

1. Introduction
2. The Important Role of Supervisors
3. Understanding Stress and its Impact on Workers
4. What Helps?
5. Resilience and Traumatic Stress: What is to be Done?
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.

Supervisors

The term supervisor is used to define a variety of supervisors, managers, field coordinators, team leaders, and other personnel who are responsible for supervising work or voluntary teams doing disaster rescue, recovery, or rebuilding work.



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CHAPTER

1

Introduction

**Objectives**

After completing Chapter 1, participants will be able to:

- **Describe** the overall program goals
- **Learn** about the importance of Resilience for supervisors and the workplace
- **Gain** a common understanding of "resiliency"
- **Define** Traumatic Stress and Resilience 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.

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 does the term “resiliency” mean?

Why should supervisors be concerned with resilience?

What are some of your experiences with disasters and/or mental health and resilience?

What are some reasons talking about stress and resilience are difficult?



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.



Impact on Business and Organizations

- Loss of Productivity
- Lost Work Time
- Absenteeism
- Workers' Compensation and Medical Costs
- Loss of productivity
- Lost work time
- Absenteeism
- Lawsuits
- Reduced Quality of Services Provided
- Risk of unsafe working conditions

Barriers to Talking About Mental Health: Break the Silence

- Stigma
- Misunderstanding
- Culture



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 Post Traumatic Stress Disorder (PTSD)

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

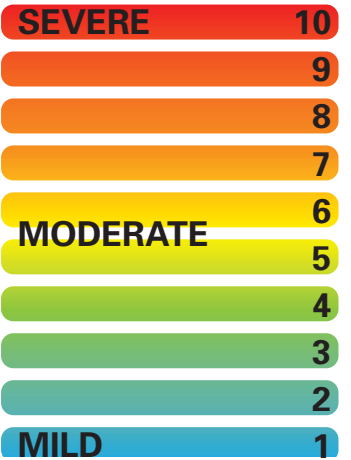
- the symptoms are intense and can last for over a month
- should seek care

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



Training Helps!

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

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

- 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 (Most disaster workers will NOT develop PTSD)



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**



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CHAPTER

2

The Important Role of Supervisors



Objectives

After completing Chapter 2, participants will be able to:

- **Define** different roles of supervisors
- **Identify** workplace factors that can contribute to stress
- **Describe** actions that can be taken to reduce workplace stress

Supervisors perform a key leadership role

Leading Teams in:

- Leading teams in Rescue
- Clean-up and recovery
- Rebuilding
- Construction and Resilience

While balancing multiple roles:

- Organizing the team
- Ensuring goals are met
- Keeping workers safe



Balancing many roles and demands





Caution!

Supervisors are **NOT** responsible for diagnosing mental health disorders. It is very important that supervisors are cautious when talking to workers about these issues.

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.
- Affects alertness, reaction times, and performance

Clearly communicate challenges and goals

Give team members an opportunity to express needs

Be flexible

Make sure basic needs are met: Safety equipment etc.

Consider what else may be contributing to workplace issues

Have a preparedness plan for your family and workplace

Health and Safety

Hazards that contribute to stress

- Extreme Heat or Cold
- Lack of Personal Protective Equipment
- Dust
- Noise
- Chemical Exposure
- Unknown substances
- Long work hours
- Unclear direction






Unsafe working conditions can create additional stressors!



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)

List key safety and health actions supervisors should take

	<i>Telling</i> workers about hazards and <i>responding</i> to concerns.
	<i>Showing</i> workers how to work safely.
	<i>Making sure</i> standards and workplace policies and procedures are implemented and communicated.
	<i>Supporting</i> workers use of respirators and PPE.
	<i>Doing everything</i> reasonable to protect workers from injury and illness.

Supervisors Role in Health and Safety

- Eliminating hazards helps reduce the risk of injury and illness and stress
- Addressing stress and trauma is as important as addressing other safety and health issues
- Supervisors have access to resources that workers may not have
- Supervisors have a responsibility for the well being of their team
- Supervisors are in a unique position to identify, assess, and assist health and safety, including stress and trauma

CHAPTER

3

Understanding Stress
and its Impact on
Workers**Objectives**

After completing Chapter 3,
participants will be able to:

- **Define** different type of stress
- **Identify** personal and disaster work related stress factors
- **Describe** reactions to stress
- **Identify** and address stress in workers and team members

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

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

PTSD

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

Compassion Fatigue and Vicarious Trauma

- Often affects individuals who care for those impacted by a disaster
- Emotional trauma caused by indirect exposure to trauma through firsthand accounts or narratives
- May be caused by
- Demands/tasks or particularly stressful situations
- Repeated exposure to first hand accounts of traumatic events

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

Understanding your own stress, and taking care of yourself first will help you be a more effective employee and supervisor

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

Are you burning
the candle at both
ends?

Activity 2:



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.

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 or Major Holiday	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.



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.

What are reasons team members may avoid seeking support

- Feeling embarrassed or weak
- Feeling they will lose control
- Doubting it will be helpful,
- Wanting to avoid thinking or feeling about the event
- Feeling that others will be judgmental
- Not knowing where to get help
- Fearing for their job
- Not trusting their supervisor/employer

How can Supervisors support a stressed team member?

- Understand that changes in behavior may be a stress reaction
- Don't be quick to reprimand
- Give team members an opportunity to talk about it, vent their frustrations
- Bring in a trusted third party to help
- Provide extra breaks and a safe work environment
- Allow team members to give input on how to improve the work



Activity 3:

Supporting a Worker Who Doesn't Want to Talk

Time for activity: 5 minutes or less

Objective: Identify techniques Supervisors can use to support team members who don't want to talk about it

Task: Brainstorm ways Supervisors can support workers who may be uncomfortable talking.

What can you do if you are the most stressed person in the room?

- Recognize your own reactions to stress
- Recognize that your behavior will impact the team
- Defer any actions that you may regret
- Take a break
- Seek assistance



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CHAPTER

4

What Helps?

**Objectives**

After completing Chapter 4, participants will be able to:

- **Detail** what helps and what doesn't in caring for workers
- **Restate** the importance of connecting with others and giving support
- **Explain** when to seek professional help
- **Outline** the supervisors' role in helping team members

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
- Workplace support

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



Ways supervisors can encourage team members to get connected

- Daily team debriefing
- Buddy system
- Offer support
- Share knowledge of services
- Encouraging workers to interact with family and others
- Find a trusted team member

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

Avoid using phrases that interfere with giving support

- "Get over it!"
- "Check your baggage at the door"
- "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."

Active Listening

- An important part of providing support
- Concentrate on what the speaker is saying as well as body language, tone, rate of speech, etc..
- Try NOT to think about how you will respond while the other person is speaking.
- Interact nonverbally with small gestures of verbal affirmations.
- Nodding your head, smile
- Do not interrupt or finish the other person's sentences.
- Resist the temptation to tell your own story, even if it relates directly to the person you are listening to.



Activity 4:

Active Listening

Time for activity: 15 minutes or less

Objective: Practice active listening skills supervisors can use when interacting with team members

Task: Break into pairs and take turns listening to each other without distraction. The speaker should describe their morning routine in two to three minutes while the listener practices active listening. Switch roles after two minutes. After completing the exercise, discuss as a group what was learned.



Activity 5:

Sharing and discussing supervisory action to identify and manage team stress

Time for Activity: 15 minutes

Objective: The goal of this activity is to recognize behaviors that may indicate a stress reaction and identify steps supervisors can take to assist effected team members.

Task: Act out the scenario on the next slide and answer the questions below it.

Scenario: The team has been onsite for two weeks doing debris removal in flooded neighborhoods. Effected families have been forced to evacuate, reside in temporary housing, and many have lost their employment. There were a number of fatalities on the day of the storm. The crew has worked 10 hour days helping home owners remove water damaged furniture, possessions, and building materials. Unexpectedly, the team has spent a good amount of time speaking to homeowners, including giving them advice about what to throw out and what to keep. This has often led to conversations regarding their losses and grief. John, who is normally a productive member of the work team and socially engaged, has been taking frequent long breaks outside the residence where he has been observed “staring into space”. Earlier in the shift he was engaged in a heated argument with a coworker who was getting on him about “not carrying his weight”. The work contract calls for the completion of two homes per day, and with a crew of four, John’s performance may set back the schedule.

How can you assess the problem?

What are some of the symptoms you notice in John?

How should you approach John?

What actions might you take to address the problem? What actions should be avoided (would make it worse)?



Consider outside help if you or a team member:

- Are not able to take care of yourself
- 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.
- Use alcohol or other drugs to escape your problems.
- Feel sad or depressed for more than two weeks.
- Experience panic attacks

Community-Based Programs

Community Programs

- State and local mental health agencies typically establish them in disaster zones
- Can direct workers to services

Faith Based Programs

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

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
- 800-662-HELP (4357)
- Connects to treatment resources for substance abuse or other mental health needs
- <http://www.samhsa.gov/find-help/disaster-distress-helpline>

Care Providers and Professional Counseling

- Family doctors or community physicians are sometimes the only providers available, and are usually the first stop for care
- Social Workers and Psychologists focus on counseling

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

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.



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CHAPTER

5

Resilience and Traumatic Stress: What is to be Done?



Objectives

After completing Chapter 5, participants will be able to:

- **Define** key aspects of disaster worker resiliency
- **Identify** resources available for support
- **Describe** steps that individuals, supervisors, and organizations may take to increase resistance to trauma, stress, and improve resiliency



Activity 6:

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, supervisory, and workplace organizational levels that will promote resiliency.

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

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

...as a supervisor.

...your employer or organization may take.

Evaluations

An evaluation form is attached in Appendix 6. 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. 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.

Resiliency

Merriam-Webster.com:

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



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
13. The Supervisor as Leader, Washington State University, Rev 2014
Source: Disaster Response Education and Training Project • Center for the Study of Traumatic Stress, Ministry of Labour: Supervisor, Health & Safety at Work, Prevention Starts Here, 2013. ISBN 978-1-4606-0638-4
14. 50 Communications Activities, Icebreakers, and Exercises ; Peter R. Garber HRD Press, Inc. Amherst, Massachusetts



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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.

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.

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.

Work Related Stress: Self-Assessment and Personal Goals

Work Related Stress: Self-Assessment and Personal Goals

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 5 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	
<p>I sleep on average: <input type="checkbox"/> Less than 6 hours a night <input type="checkbox"/> 7 Hours a night <input type="checkbox"/> 8 Hours a night</p>	<p>I would like to sleep: <input type="checkbox"/> Hours a night</p> <p>Every week I will try to reach this goal by adding: <input type="checkbox"/> Minutes of sleep every night</p> <p>Methods I can use:</p> <ul style="list-style-type: none"> • 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
Diet/Nutrition	
<p>I cook at home: <input type="checkbox"/> Most nights <input type="checkbox"/> 3 times a week <input type="checkbox"/> Less than 3 times a week</p> <p>I use fresh ingredients when I cook: <input type="checkbox"/> Every meal <input type="checkbox"/> Most meals <input type="checkbox"/> Once or twice a week</p> <p>I eat fresh vegetables/fruit: <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>I snack between meals <input type="checkbox"/> Every day <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Rarely</p>	<p>I would like to cook: <input type="checkbox"/> Times a week</p> <p>I would like to add fresh ingredients to my meals: <input type="checkbox"/> Times per week</p> <p>I would like to add more fresh fruit at: <input type="checkbox"/> Meals a day</p> <p>I would like to add fresh vegetables at: <input type="checkbox"/> Meals a day</p> <p>I would like to reduce the number of times of day I snack to: <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day</p> <p>Methods I can use:</p> <ul style="list-style-type: none"> • 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



Current Practice	Personal Goals
Exercise	
<p>I walk or exercise 30 minutes</p> <p>___ Most Days ___ 3 Times week ___ Once a week ___ Once in a while</p>	<p>I would like to increase my exercise to:</p> <p>___ Times a week</p> <p>The exercise I will use is:</p> <hr/> <p>Methods I can use:</p> <ul style="list-style-type: none"> • 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
Social Support	
<p>These are the family members/friends I can go to with concerns and for support:</p> <hr/> <hr/> <p>These are the coworkers that I can go to for help and support:</p> <hr/> <hr/>	<p>I would like to go to these friends, family or community members for more support:</p> <hr/> <p>I would like to find more opportunities to consult/work with these coworkers:</p> <hr/> <hr/> <p>My contact for my union, employer, or organization is:</p> <hr/> <hr/> <p>I can reach my union, employer, or organization at:</p> <p>_____ (Phone number)</p> <p>_____ (e-mail)</p> <p>Methods I can use:</p> <ul style="list-style-type: none"> • 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 4 (alternate/additional scenario)

This activity is an additional or alternate to activity 4.

Active Listening

Time for Activity: 15 minutes

Objective: Help participants better understand areas in which they can improve their listening.

Task: Each participant will individually complete the survey on listening bad habits below to honestly evaluate their listening habits. Place a check next to the bad habits that you may practice when communicating with others. Then the entire group will discuss what they learned and any other bad habits they are aware of.

Note: Most people have some problems being good listeners and these bad habits are not unusual. The most important thing is to be aware of these bad habits and try to avoid them. It's all part of human nature.

Listening Bad Habits Checklist

- I interrupt often or try to finish the other person's sentence.
- I jump to conclusions.
- I am often overly parental and answer with advice, even when not requested.
- I make up my mind before I have all the information.
- I am a compulsive note taker.
- I don't give any response afterward, even when I say I will.
- I am impatient.
- I lose my temper when hearing things I don't agree with.
- I try to change the subject to something that relates to my own experiences.
- I think more about my reply while the other person is speaking than what he or she is saying.



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Activity 5 (alternate/additional scenario)

This is an additional or alternate to activity 5.

Supporting a Worker Who Doesn't Want to Talk

Time for Activity: 15 minutes

Objective: The goal of this activity is to recognize behaviors that may indicate a stress reaction and identify steps supervisors can take to assist effected team members.

Task: Select two instructors or participants to act out the role of Sally and her supervisor. Have another person read the scenario out loud to the class.

Group Activity: Involve the entire class in discussing the scenario and questions below (slide 48).

Scenario: In a community impacted by flooding due to a hurricane families have been forced to evacuate, reside in temporary housing, and many have lost their employment. There were a number of fatalities on the day of the storm. The disaster case management team has been working in the area serving community members for six months providing assistance to survivors filling out FEMA applications and accessing services. There is a growing frustration in the amount of time it is taking to get assistance and return to home. The team consists of six senior case managers and six newly trained case managers. The team has been trained to support each other. However, lately the more senior managers tend to socialize with each other and the newer case managers have been left to themselves. Sally, who is a member of the community, and one of the newer team members has been a positive influence on the team. She is normally friendly and shows a great amount of empathy for her clients. Sally draws strength from her firm religious beliefs and church groups. As of late Sally has exhibited changes in her beliefs, often talking about her loss of faith and why would "God let this happen". Most recently, Sally was overheard by her supervisor speaking with one of her clients and saying "Mrs. Jones, you should consider yourself one of the lucky ones. I have clients that not only lost their homes like you, but also lost a loved one." Sally who normally doesn't drink alcohol, has started going to bars with her team and have 3 glasses of wine after work.

Questions to consider:

- What some of the reactions to stress you notice in Sally?
- How can you assess the problem?
- How should you approach Sally?
- What actions might you take to resolve the problem?"
- What actions should be avoided (or would make it worse)?



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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 event¹.

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](#)”.

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 event¹.

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

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".

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

- 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.**"



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 event¹ 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".



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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 Institute¹, 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.

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



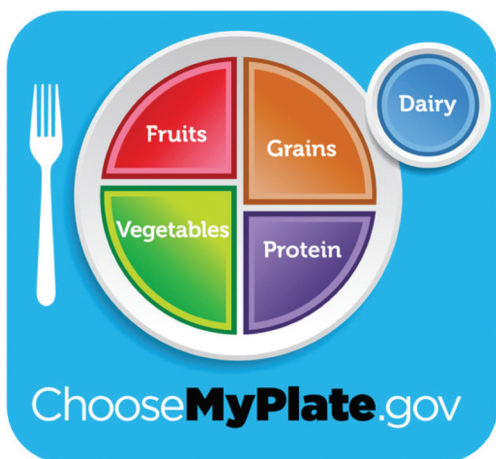
Are you eating well?

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”**.

Disaster Supervisor Resiliency Training Evaluation Survey

In an effort to continuously improve the Disaster Supervisor Resiliency 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 Supervisor Resiliency Training, I am confident that I can effectively:

1. Recognize the signs and symptoms of disaster work-related stress and workplace stressors.	① ② ③ ④ ⑤ ⑥ ⑦
2. Understand the unique role of the supervisor in balancing health, safety, resilience, and productivity.	① ② ③ ④ ⑤ ⑥ ⑦
3. Build your own and your team’s resilience by demonstrating stress reduction and supportive skills.	① ② ③ ④ ⑤ ⑥ ⑦
4. Obtain support through your employer/organization and community resources.	① ② ③ ④ ⑤ ⑥ ⑦
5. Provide leadership and support to the people you supervise.	① ② ③ ④ ⑤ ⑥ ⑦

In this section, you are asked to rate the effectiveness of the Disaster Supervisor Resiliency 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

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



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

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