

# Health Support Team Trainer Guide



**A Disaster Behavioral Health Curriculum to Assist Communities  
and Organizations in Planning and Response**

This guide provides instructions for trainers on the  
administration of the **HST** curriculum.

**Providing education and training, and helping communities build  
resilience pre- and post-disaster.**

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## Mission Statement & Goal of the Health Support Team

We want you all to be resources for your colleagues, family, friends, neighbors and community. This training is designed to help people become effective listeners, understand common responses to disaster and other critical events, provide information on trauma recovery, teach tools to help with managing stress symptoms, and to exercise self-care.

In addition, we hope that you will train this forward to colleagues, family, friends and community. We hope that you will teach others about typical responses to negative events, teach them how to listen and show them how to support. That way, the circle of those who can assist and teach continues on, growing larger and larger.

### Visual Aid Icon Legend

Within the text are the following visual aids that will help in using this Workbook:

Instructor Guidance



Instructor Tips

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## Lesson #1

### Quick Reference Guide to the Health Support Team Concepts



#### Instructor Guidance:

1. Introduce the trainers and ask the students to introduce themselves and explain a little about why they are attending the training.
2. Explain Lesson #1: What is the HST, what the volunteers do and what they don't do. Emphasize the limits of being a volunteer. An HST volunteer is not a therapist or a professional counselor.
3. Provide an explanation of the reasons for the training. After disasters, the need for help with emotional responses to the event is very large, and more than medical and behavioral health providers can manage. No one understands a situation better than someone who has also experienced it, which makes you a valuable resource.
4. HST was developed as a way to teach others how to help their colleagues, family, friends, neighbors and themselves with the impact of a major negative event like a natural disaster. Provide a brief overview of what we will be covering in the training:
  - Basic disaster behavioral health
  - How to develop a supportive relationship
  - Listening in ways that help others feel heard
  - Tools to help manage the stress response
  - Take care of yourself while helping others

Establish guidelines for the training group, especially emphasizing the aspects of respectful listening, confidentiality, and support for other HST members.

## Lesson #1 (cont.)

### Quick Reference Guide to the Health Support Team Concepts

#### What is the Health Support Team?

The Health Support Team is a group of individual volunteers from organizations, and communities who have committed to becoming a resource for others in times of crisis and in the long-term recovery after disasters. They are students, teachers, friends, workers, and others who are interested in learning and applying some simple supportive techniques and tools in the assistance of their fellow citizens. The Health Support Team is YOU—volunteers, trained in support.

#### What does a HST Volunteer Do?

Health Support Team volunteers work in their organizations and communities. They support their families, friends, and colleagues by listening and caring. HST volunteers don't solve people's problems for them. They assist others, when possible, by fostering resiliency and providing tools that aim to support overall health. They engage in a peer support relationship, and refer people to the resources they might need, such as a mental health professional or physician.

#### What does a HST Volunteer NOT Do?

Health Support Team Volunteers are not psychologists, therapists, or counselors; they are not trained nor qualified to diagnose mental illness, treat medical problems, or function as a professional in medicine, mental health, therapy or counseling.



#### Instructor Guidance:

**Individuals who are professional mental health clinicians or healthcare providers often find that they experience a form of 'culture shock'. They may need to adapt to providing care differently than trained. For example, it can be difficult to move from traditional psychotherapy practices, which may not be appropriate and sometimes are contraindicated, to disaster mental health practices. For healthcare professionals, skills may need to be unlearned and new approaches adopted. Flexibility and a willingness to learn is a wonderful asset in the tool kit of all disaster responders.**

## Lesson #1 (cont.)

### Quick Reference Guide to the Health Support Team Concepts

#### Training Modules

The HST training program design is to provide local disaster survivor volunteers with the skills and knowledge they may need to support their fellow citizens, and serve one another through a peer support relationship. The modules presented in this training cover the following content areas:

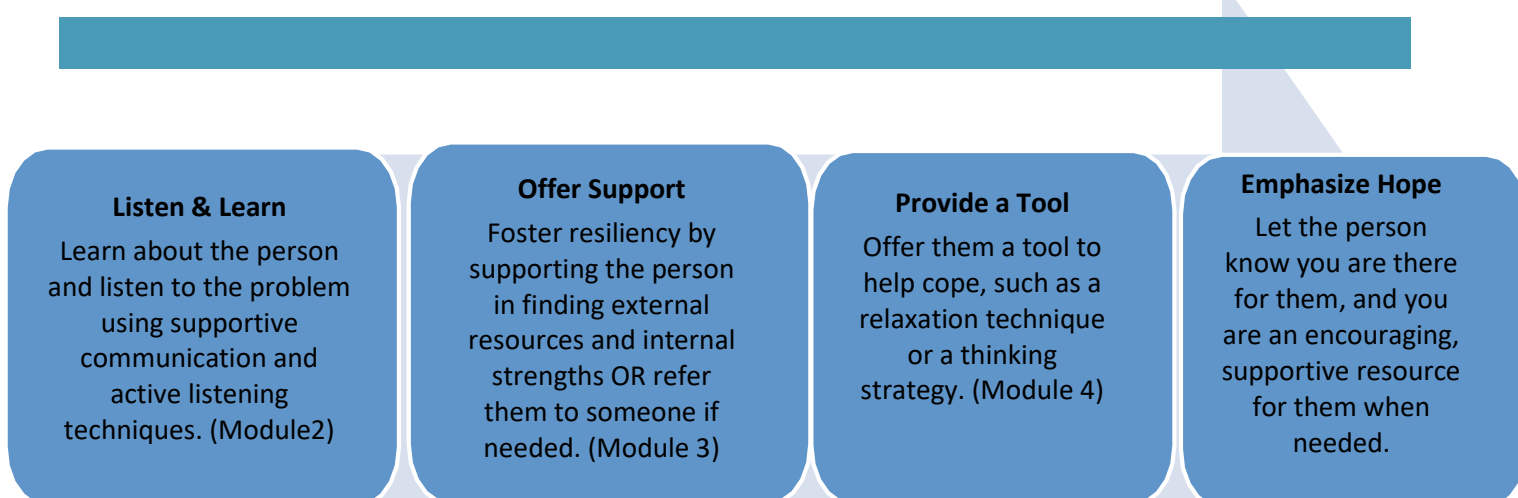
Module 1	Module 2	Module 3	Module 4	Module 5	Module 6
<ul style="list-style-type: none"><li>• Explanation of the Health Support Process</li><li>• Review of Disaster Psychology</li></ul>	<ul style="list-style-type: none"><li>• Health Support Team Skills and Techniques</li></ul>	<ul style="list-style-type: none"><li>• Health Support Team Goals</li></ul>	<ul style="list-style-type: none"><li>• Health Support Team Tools</li></ul>	<ul style="list-style-type: none"><li>• Health Support Team Member Self-Care</li></ul>	<ul style="list-style-type: none"><li>• Health Support Team Summary</li><li>• Quick Reference Guide</li></ul>



#### Instructor Guidance:

**Go over the HST process with the volunteers, explaining that the information they learn today will allow them to be able to complete this four-step process when working with members of their community.**

The working process of the Health Support Team includes four steps that you can follow when providing support for someone. The process outline is below. Each step is in detail in the modules that follow. A summary guide of this process is in Lesson #15 (Quick Reference Guide).





## Lesson #2

# Common Response to Disaster & Trauma

### What is trauma?

A traumatic experience is an experience that causes a person's life or physical health to be threatened, or causes that person to believe his/her life may be threatened. Trauma also occurs when a person witnesses a threat to life or the death of another person, or even receives news of the violent or unexpected death of a loved one.

Situations that may result in trauma may include but not be limited to:

**A natural disaster** (earthquakes, floods, fires, etc.)

**War**

**An Attack** (such as assault, physical abuse, rape, or sexual assault)

**An automobile accident**

**A kidnapping or being held hostage**

**An incident of terror**



### Instructor Guidance:

Review the phases of disaster recovery, as well as common responses to a disaster situation, also asking for contributions and comments from group members about their own experiences.



### Instructor Tip:

The phases of disaster response include:

- a. Immediate post-disaster period
- b. Honeymoon phase
- c. Disillusionment phase
- d. Recovery phase

Normal reactive processes (full recovery of majority of people within 16 months).

The traumatic event may be short or long term. Sometimes, short-term events may lead to long-term difficulties. A few examples:

<b>SHORT TERM</b>	<b>LONG TERM</b>
Earthquake, tsunami, hurricane	Displacement following natural disaster
Physical assault	War
Robbery or threat of violence	Ongoing difficulty finding food or work

## Lesson #2 (cont.) Common Response to Disaster & Trauma

**After experiencing a traumatic event or a shock** (any event that causes unusually strong emotional reactions that have the power to interfere with normal functioning) there are typical responses that many people may have. It is very common, in fact **very normal**, for people to experience difficulty when there has been a trauma, disaster, or tragedy.

These responses can occur immediately, within days, weeks, or even months after a trauma or disaster. These reactions do not imply craziness or weakness; traumatic events can have different effects on different people.



### Instructor Tip:

In addition to physical, emotional, cognitive and behavioral effects that are mentioned in the chart, be sure to mention positive and negative spiritual effects that can also occur, such as:

- a. Finding new strength and a closer relationship with God
- b. Prayers, rituals and sacraments as healing and helpful
- b. Change in belief or relationship with God
- c. Abandoning prayer, ritual or the sacraments
- d. Questioning faith

The following is a list of some common stress reactions:

PHYSICAL*	EMOTIONAL	COGNITIVE / THINKING	BEHAVIORAL
Nausea	Fear	Trouble Concentrating	Withdrawal
Dizziness / Fainting	Guilt	Trouble Remembering	Outbursts of Anger
Chest Pain	Anxiety	Re-occurring Thoughts	Increased Alcohol Use
Fatigue	Irritability	Re-occurring Images	Increased Drug Use
Rapid Heart Rate	Anger	Suspiciousness	Changes in Appetite
Trouble Breathing	Depression / Sadness	Nightmares	Changes in Activities
Headaches	Grief	Constant Alertness	Restlessness
Stomach Pain	Panic	Feeling Overwhelmed	Constant Movements
Chills	Denial		Yelling / Crying

\*Please consult with a medical professional to address physical symptoms.

## Lesson #3

### Neurological Response to Trauma



#### Instructor Tip:

In this section, it is essential that you evaluate the educational background and interest level of the volunteer group in psychology or neuroscience before proceeding.

**ONLY** go into as much detail as is necessary or appropriate given the needs, interests and background of the students /volunteers.

#### Ask Students to Take Notes as Needed

One way to help your trainees understand what trauma does to the brain is to provide an illustration. If you have something from your own experiences, you can use the example here.

If you don't have a personal example, you can use this sample: Show the trainees your closed fist, with your thumb inside your fist, explaining that this is a simple explanation to demonstrate what happens to the brain following a traumatic experience. The wrist represents the brain stem, where automatic functions such as breathing and heartbeats are regulated. The thumb inside the fist represents the limbic system, the part of the brain associated with emotion and memory. The fingers represent the cortex, or thinking and planning part of the brain. When traumatized, the areas of the brain are not able to communicate well. Memories are affected, ability to plan and focus may be impacted, and body functions can be impacted. The brain is the same, no matter the cultural differences. Fortunately, with time and healing, these aspects of the brain will once again communicate effectively.

## Lesson #3 (cont.) Neurological Response to Trauma



### Instructor Tip:

Structurally, identify the:

- Medulla
- Limbic System
- Frontal Lobe

### Explain that:

The Medulla is associated with the most basic level of functioning, and controls things such as heart rate & blood pressure, breathing & respiration, vomiting, autonomic responses.

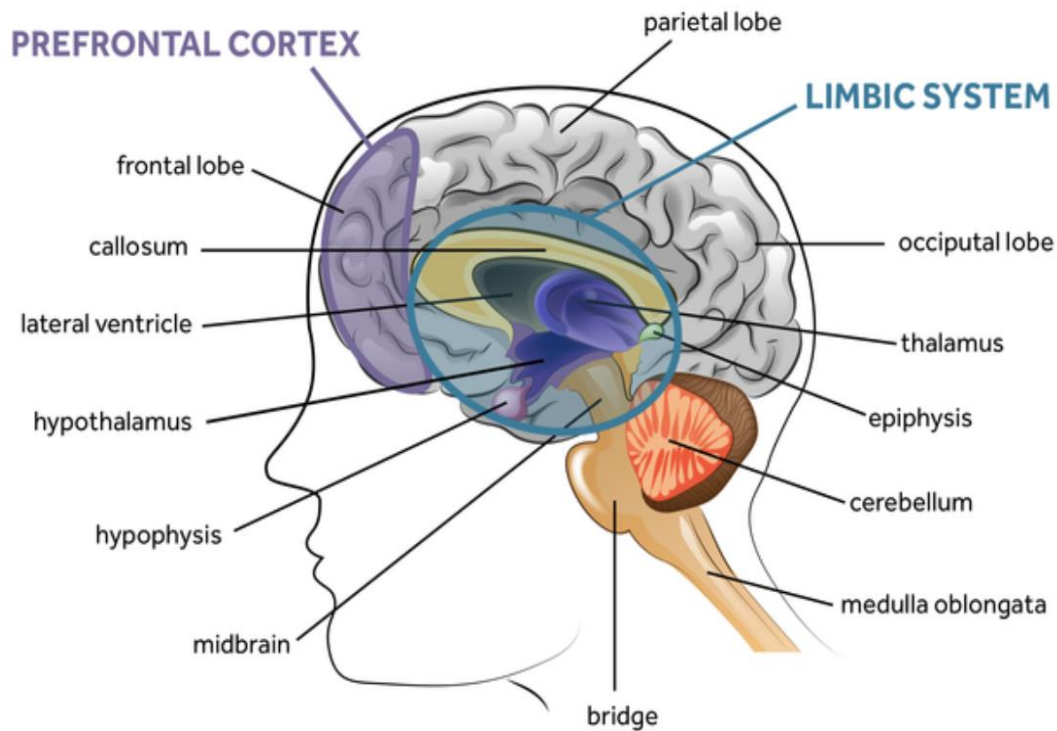
The Limbic system includes the hippocampus and the amygdala, which are responsible for long- term memory and emotional processing, respectively.

The frontal lobe controls all of the higher order human processes, such as abstract thinking, organization and planning. The frontal lobe helps people make choices and engage in socially acceptable behavior.

### When a trauma occurs, the body produces stress hormones. These can cause serious health problems:

- Digestion issues like stomach pains and diarrhea, increase in appetite leading to
- Weight gain
- Weak immune system so you may get more colds and infections
- Anxiety, depression, insomnia
- Memory issues
- Cardiovascular issues like high blood pressure, increase in cholesterol and artery blockages

## Lesson #3 (cont.) Neurological Response to Trauma



**Figure 1: Frontal lobe / Pre-frontal Cortex, Limbic and Medulla Systems**

**Frontal lobe / Pre-frontal Cortex:** higher-level thinking and detailed management

**Limbic System:** Emotions and Fight, Flight or Freeze

**Medulla:** Basic life support- breathing and heart

**THESE THREE PARTS DON'T COMMUNICATE WELL WITH EACH OTHER IN THE CONTEX OF A DISASTER, CRITICAL INCIDENT OR TRAUMA**

## Lesson #4

### Resiliency: Developing Internal Strengths



#### Instructor Tip:

The most common response to trauma is **HEALING** and an eventual return to life through resilience. Master resilience through:

#### **CONNECTION**

#### **ACCEPTANCE OF CHANGE** (flexibility) **PURPOSE**

Developed these using internal strengths and external resources. It may be helpful to include an example to illustrate the concept of building resiliency. If you have an example from your own experience, you can use this here. You could also use the example of a tree. The roots of the tree can represent connection. The ability of the tree to sway and bend with wind represents flexibility/acceptance of change, and the fruit of the tree represent purpose.

#### Psych-Social Needs for Wellbeing:

<b>Safety</b>	<b>Love</b>	<b>Belonging</b>	<b>Respect</b>
<b>Mastery (skill)</b>	<b>Challenge</b>	<b>Control</b>	<b>Meaning</b>

*Resiliency Factors* are conditions that help a person survive during and recover from a crisis or trauma.

## Lesson #4 (cont.)

### Resiliency: Developing Internal Strengths

#### Resiliency Factors Include:

**Connection:** A sense of belonging to something bigger than one's self or being a valued member of a group. This is formed through connection to family, to teachers, to mentors, to faith, to friends, and / or to neighbors. Those people demonstrate to a person that he/ she is connected by showing support, trust, trustworthiness, respect, integrity, care/concern, and a willingness to listen.

**Acceptance of Change:** An acceptance of and interest in difference or change, and a perspective of seeing adversity as a learning opportunity or a chance to use creativity and innovation rather than as a barrier to progress; showing flexibility in how one thinks, makes decisions, and responds rather than adhering to a fixed pattern that may no longer fit the situation. This can be encouraged by helping people see the knowledge they have gained from a crisis or traumatic event (encouraging an attitude of "curiosity"), and use that knowledge to plan for the future (thus fostering innovation). Helping people to consider multiple solutions to a problem (rather than looking for the single right one) can also promote flexible thinking and thus adaptation.

**Purpose:** A sense of having meaning in life. A sense of purpose can form by participating in something meaningful; being involved in relevant, engaging activities; and having the opportunities for responsibility and contribution. Others can help to show a person that he/she is needed and has purpose by maintaining high expectations of that individual.

Providing consistent communication of messages that an adult or a child **can and will** succeed, maintaining the belief in a person's resilience, and pointing out ways for the person to use his/her strengths to overcome weaknesses or adversity is essential.

Resilience requires support from the outside (External Resources) that foster the following traits within an individual (Internal Strengths):

Cooperation & Communication	Empathy
Problem Solving	Self-efficacy
Self-awareness	Goals and Aspirations



## Lesson #4 (cont.) Resiliency: Developing Internal Strengths

### Neurological Response to Trauma

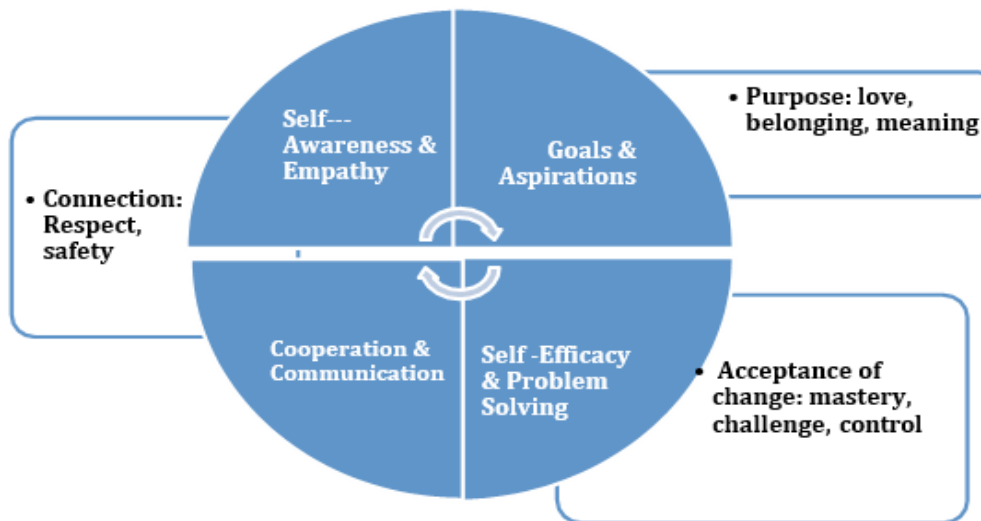
#### Things to Remember:

Adults or children who have experienced trauma feel stronger when they recognize the internal assets/strengths in themselves.

When you listen to others, try to point out to them the ways in which you see them possessing connection to others, purpose, or acceptance of change, or the ways they demonstrate cooperation, empathy, problem solving, self-efficacy, self-awareness, or aspirations.

As a supporter, you can point out actions they can take that would encourage them to use those traits.

**This image may help you to visualize how a person obtains resiliency. The circle represents the individual and his/her internal assets. The boxes show resiliency factors & the linked human needs.**



## Lesson #4 (cont.) Resiliency: Gathering External Resources



### Instructor Guidance:

Please ask your trainees to divide into small groups. Spend time in small groups discussing and sharing their own experiences with developing and utilizing external resources.

Allow about 5-7 minutes to work on sharing.

Internal strengths are an important to support someone in finding. Sometimes, people need help from others in the community. Identify external resources and how to access in case there is another disaster, is a helpful way to supping someone as they recover. Knowing you are prepared for another disaster if it happens is a comforting feeling. In small groups, work together to identify resources, people, or other helpful things in your community that, in the past, helped or didn't help. Discuss things that you can do to prepare.

**Together with your small group, please identify the following:**

What external resources worked well	WHY did that work well? IDENTIFY some key traits or effective actions.	What external resources should we gather., plan, prepare or try

## Lesson #5

### The Supportive Relationship: Skills and Techniques



#### What Does the Support Team Member Bring to the Process?

Being supportive requires not just good intentions but also good skills, including:

The capacity and energy to care for others

The ability to be a good listener, to help others express themselves, to be

Genuinely empathetic, to be open and honest

Comfort with knowledge about what problems can be solved

Awareness of when and how to care for one's self (self-care)

Keeping information that is shared confidential unless it is life threatening or harmful

#### How does the supportive relationship work?

Listen, learn and spend time with the person who is asking for support

Apply active listening and supportive communication techniques

Help the person to discover internal strengths and identify external resources

Provide tools to assist the person in managing overwhelming feelings

Stay engaged and involved with the person over the long term Take care of your own needs

Take care of your own needs

## Lesson #5 (cont.) The Supportive Relationship: Skills and Techniques

### Communication Strategy

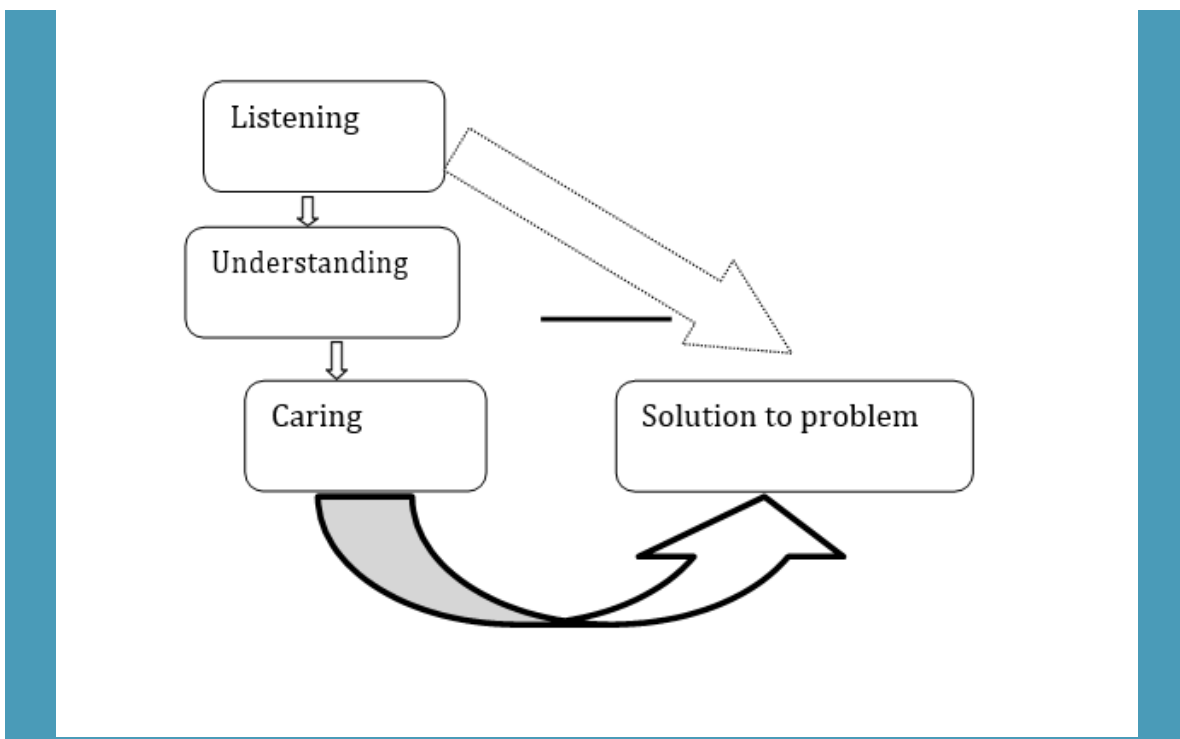
#### Instructor Guidance:

It may be helpful to demonstrate the concept of supportive and non-supportive communication. With your co-leader, do a brief role-play, showing both good and bad examples of body language, tone, and listening skills.

In order to offer a strong supportive relationship, it is important to apply specific communication techniques, which, may be different from the way that you are used to communicating with others. There is a much more effective process than just listening and offering a solution to a problem. We know from research that 90% of what people want when struggling with an issue is just to know that someone else cares. If you can listen, understand and care for another person, they may become open to a solution.

Listening alone, without true understanding and caring, is not as effective.

**The Health Support Team emphasizes the following communication strategy:**



## Lesson #6

### Supportive Communication & Listening Techniques

PLAN

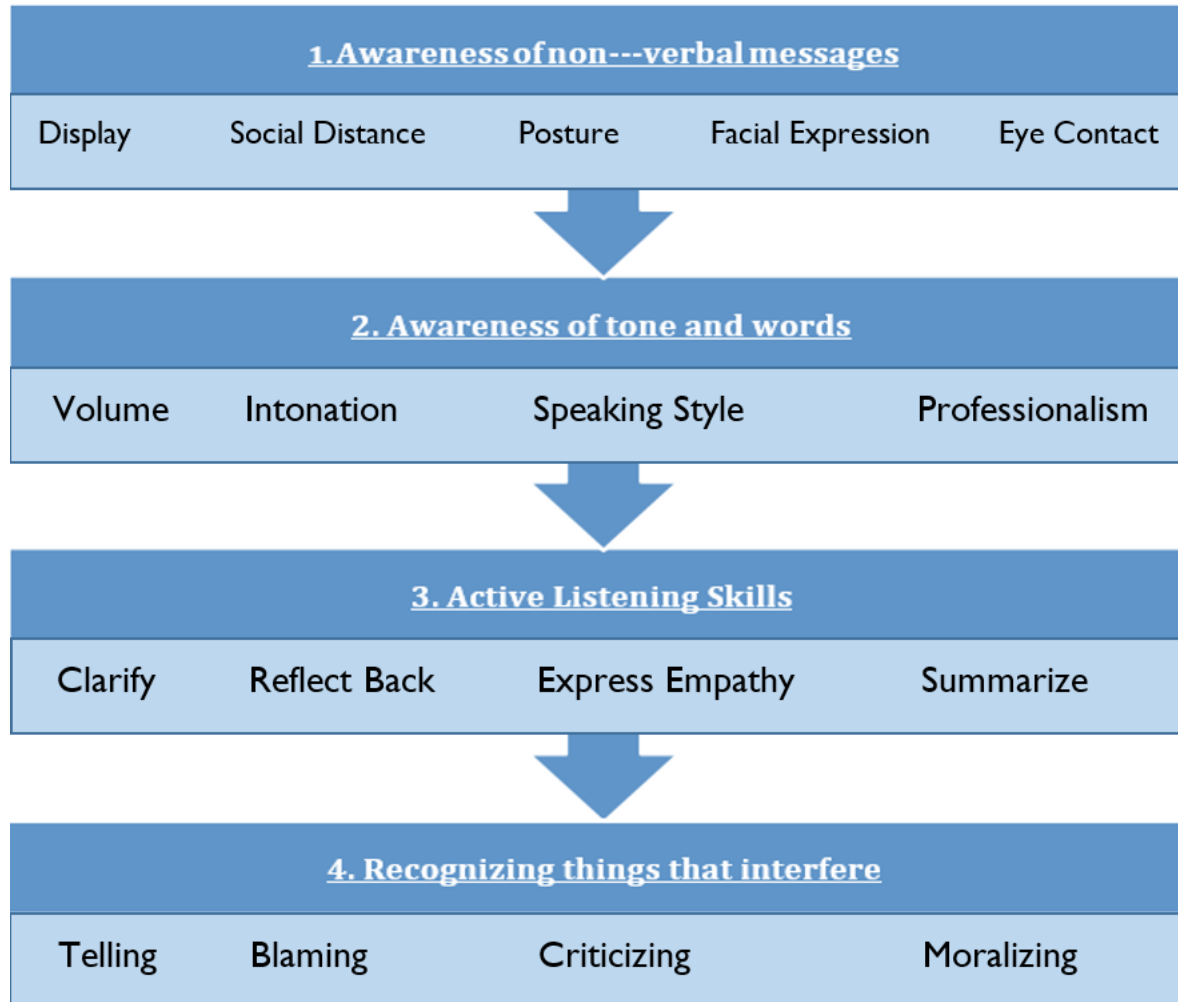
#### Instructor Guidance:

Define and explain the communication skills and techniques advocated by the HST.

You can choose to demonstrate each of these techniques and skills, or just discuss them with volunteers.

Details and examples of each are in Lessons 5a through 5e. Remind the volunteers that the HST support process is based on Listening, Supporting and Caring- if the other more specific aspects of this process are difficult to remember; these three things are the most important.

Based on the strategy of Listening, Understanding, and Caring, specific skills and techniques for the HST communication process includes:



## Lesson #6a

### Supportive Communication & Listening Techniques: Awareness of Non-Verbal Messages



#### Instructor Guidance:

We will provide more information on each skill and technique, and then you will have a chance to observe and to practice.

#### Awareness of Non-Verbal Messages

The process of learning about the person and his or her problems involves clear and helpful communication. We want to be good listeners and good communicators. We communicate not just with words but also without words. It is important to pay attention to non-verbal cues, especially if the words the person says don't match that person's non-verbal messages. When there is disconnect between the two, focus on the non-verbal communication.

Researchers estimate that somewhere between 65-90% of communication is non-verbal. Non-verbal communication consists of things such as:

**Display:** clothing, hair, jewelry, hygiene, etc. For example, does the person appear to be caring for themselves?

**Posture:** how the body is held. For example, does the person seem relaxed or tense?

**Social Distance:** distance from person to person. For example, does the person stand uncomfortably close, or too far away?

**Facial expression:** eyes, mouth, expressing kindness. For example, does the person smile or frown?

**Eye contact:** For example, does the person look at you, look away, or stare fixedly?

## Lesson #6b

# Supportive Communication & Listening Techniques: Awareness of Tone and Words

### Awareness of Tone and Words

Sometimes how you say something is just as important as what you say. People can tell when someone is being insincere with his or her words. Choosing what to say and how to say it is an important part of being genuinely supportive.

**Intonation:** the tone of the conversation. For example, are the words kind but the tone harsh?

**Volume:** loud or soft. For example, are you speaking too loudly or quietly for the situation?

**Speaking style:** direct, but conversational rather than instructing. For example, are you allowing the person to tell his or her story without interrupting?

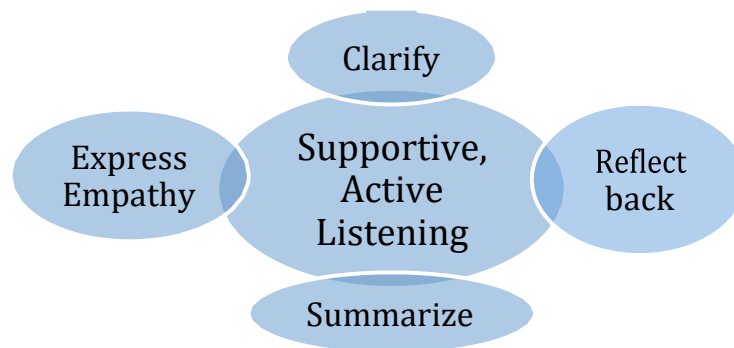
**Professionalism:** recognizing the seriousness of the responsibility of offering support. For example, are you using slang and inappropriate words, or speaking professionally?

## Lesson #6c

# Supportive Communication & Listening Techniques: Active Listening Skills

### Active Listening Skills

Active Listening is the process of listening, supporting, and caring. The picture below indicates how this process is achieved. Examples are provided.



#### Clarify

**Clarify what the person is saying by asking questions to get more information.**

**For example:** “What do you mean when you say \_\_\_\_\_?”

#### Reflect back

**Reflect back what you think the person means by restating what you hear them say.**

**For example:** “It sounds like what you’re saying is that\_\_\_\_\_.”

#### Express Empathy

**Let the other person know that you understand their feelings about the situation by expressing empathy and listening for feelings.**

**For example:** “It must be very difficult to be feeling\_\_\_\_\_.”

#### Summarize

**Attempt to summarize what you understand the person is saying about the problem and its effects.**

**For example:** “So it sounds like the main problem is \_\_\_\_\_,” and it is causing you to feel\_\_\_\_\_.”



## Lesson #6d

# Supportive Communication & Listening Techniques: Recognizing Things That Interfere

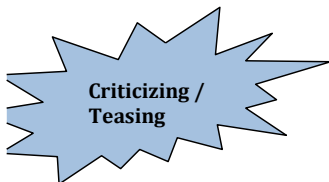
In a supportive working relationship, it is important to recognize the types of communication that interfere with the process of assisting someone. These interferences have been described below for our reference. As you can tell from the picture, each of these things prevents true active and supportive listening.



**Telling others what to do instead of helping them find their own best solution.**

**Not supportive:** "You need to..."

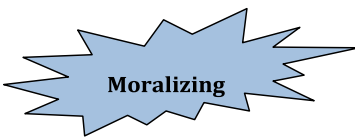
**Supportive:** "What do you think might be best in this situation?"



**Disrespectful behavior such as threatening, criticizing, name-calling, or teasing.**

**Not supportive:** "If you don't, then you'll be acting stupid and you'll fail."

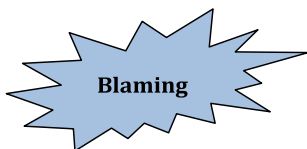
**Supportive:** "What might be the downside to what you're planning to do?"



**Moralizing.**

**Not supportive:** "The only *right* thing to do is..."

**Supportive:** "What do you believe is the right thing to do here?"



**Blaming.**

**Not supportive:** "What happened was your own fault"

**Supportive:** "What do you think you would do differently?"

## Lesson #6e

### Supportive Communication & Listening Techniques: Reminders

#### Awareness of Non-Verbal Messages

Open and receptive facial expression

Open and relaxed posture

Looking attentively at the speaker

Respectful and gentle touch when appropriate

Appropriate dress

Sitting or standing at a distance that the other person is comfortable with

#### Awareness of tone and Words

Gentle tone of voice

Speaking at the appropriate volume for the situation

Conversational style is simple, avoids jargon and slang

Professional approach to offering support

Active Listening Skills

Ask open ended and clarifying questions

Express empathy, understanding and compassion for the person and his or her situation

Summarize the situation accurately

#### Recognizing Things That Interfere

Be respectful of the person you are working with at all times

Focus on the person's experience and solutions, rather than blame

Be supportive without commanding or directing

Be aware of your personal judgments about the situation, and keep them out of the support relationship

## Lesson #7

### Communication & Listening Skills Exercise



#### Instructor Guidance:

There are two options for this exercise:

Option 1: Have the volunteers work in small groups of 3 to 5, taking turns to discuss the scenarios and their individual responses.

Option 2: Review each scenario with the group of volunteers, asking them to respond verbally to each of the questions.

Define and explain the communication skills and techniques advocated by the HST.

You can choose to demonstrate each of these techniques and skills, or just discuss them with volunteers.

Details and examples of each can be found on Lessons 6a through 6e. Remind the volunteers that the HST support process is based on Listening, Supporting and Caring- if the other more specific aspects of this process are difficult to remember; these three things are the most important.

#### Scenario 1:

The listener interrupts and begins telling the speaker what to do.

#### Scenario 2:

The listener becomes frustrated and starts being rude to the speaker.

#### Scenario 3:

The listener seems bored and is having trouble paying attention to the speaker.

#### For each scenario, please respond to the following questions:

If you were the speaker, how would that make you feel? If you were the speaker, how would you respond?

As the listener in a supportive role, you may be faced with situations that are similar to these. Please answer the following questions about how you might handle similar situations:

If you were the listener and found yourself judging or being very directive with the speaker, what could you do differently?

If you were the listener and you started feeling angry or irritated with the speaker, how would you handle that?

If you were the listener and you started to feel bored while trying to work with someone, what would you do?

## Lesson #8

### Communication & Listening Skills Practice



#### Instructor Guidance:

Divide the volunteers into small groups of 3 to 5, and have them practice the listening exercise, asking them to rate each other. Make sure that everyone gets a chance to be both “listener” and “speaker.” Ask the small groups to discuss their experiences.

Please follow the directions of the instructors for this skill practice activity:

1. Awareness of non-verbal messages				
Display	Social Distance	Posture	Facial Expression	Eye Contact
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Awareness of tone and words			
Volume	Intonation	Speaking style	Professionalism
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Active Listening Skills			
Clarify	Reflect back	Express Empathy	Summarize
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Recognizing things that interfere			
Telling	Blaming	Criticizing	Moralizing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Lesson #9

### Situation Assessment:



#### Instructor Guidance:

Ask the volunteers to take notes as you review situational features they will need to evaluate.. The following two pages specifically describe each feature in more detail, and the information in the Lessons #9a through #9d will describe what to do for the following situations:

Suicide and depression

Alcohol and drug use

Psychosis and Serious mental illness

Anxiety and Stress

You will need to evaluate the interest level and background of the students before deciding how much detail is appropriate to discuss when reviewing each of those handouts.



#### Instructor Tip:

Be sure to emphasize the limits and scope of this training. If the volunteers are in doubt about their skills in responding to a particular issue, they should seek help and engage the referral process.

#### Situation Assessment: From Listening to Referral

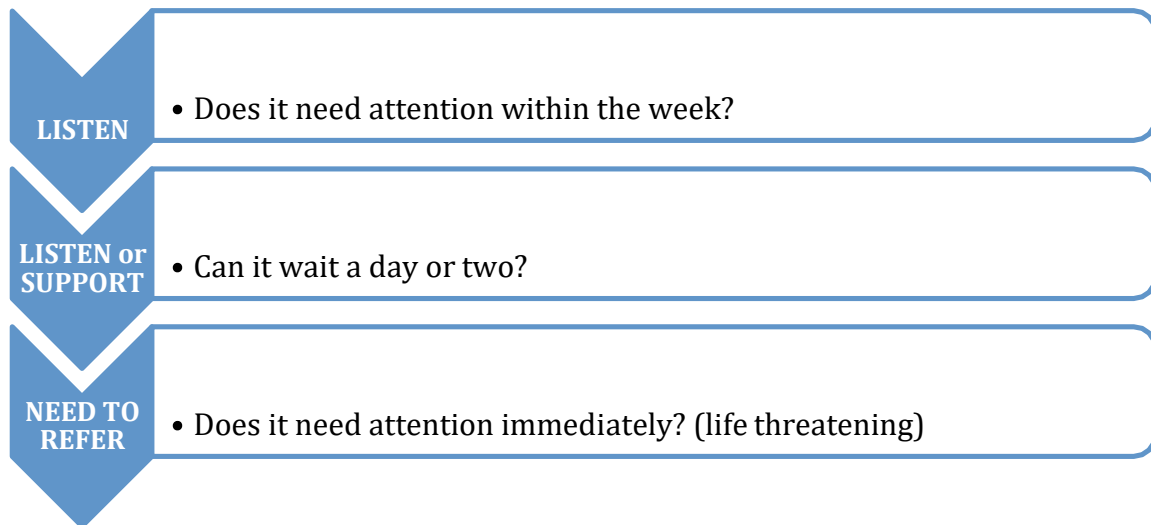
When supporting someone, you will need to thoroughly evaluate the situation in order to determine if it is something that you are qualified or trained to help with, or if the situation is one that requires you refer the person to a professional who may be better able to assist them. In situation assessment, you will need to assess the following features of the problem in order to determine what level of care needed.

#### These are the features of the situation that you will need to evaluate:

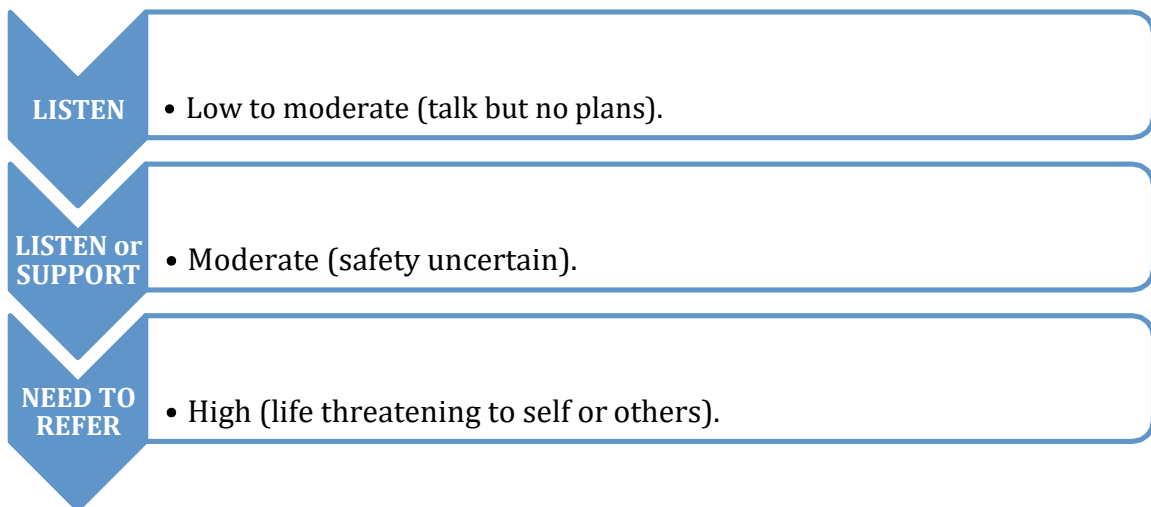
1. **Urgency:** Is the situation happening right now- is there an immediate need, or is it developing slowly?
2. **Safety Risks:** Is the person's physical or psychological safety in immediate danger? Is the situation potentially life threatening?
3. **Actions and Behavior:** Is the person's behavior out of control? Is he / she able to function appropriately and take care of basic needs?
4. **Resiliency:** Does the person have internal strengths or external resources they can use to help them cope? What is their level of hope or optimism?

## Lesson #9 (cont.) Situation Assessment:

### Urgency

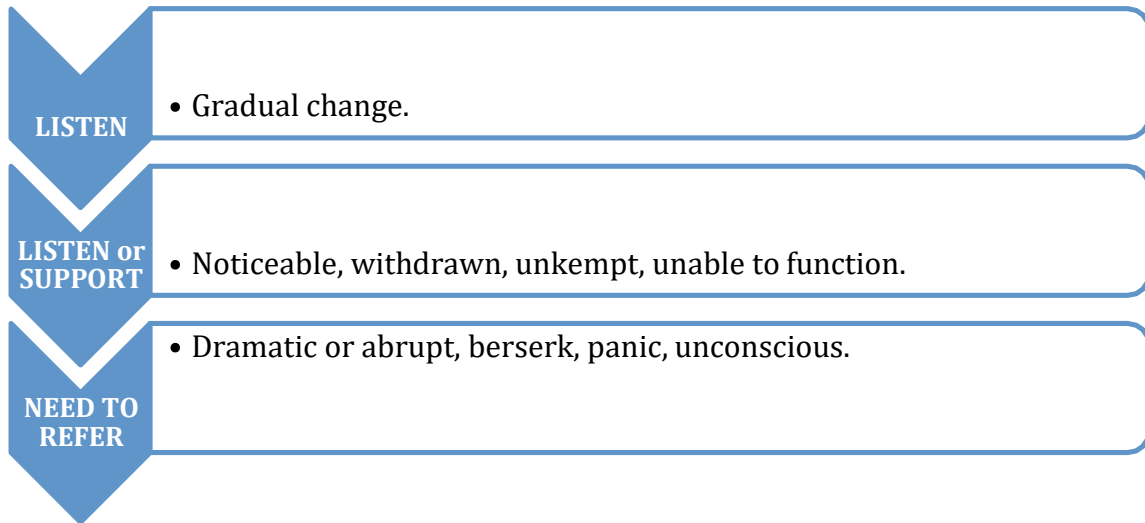


### Safety Risk

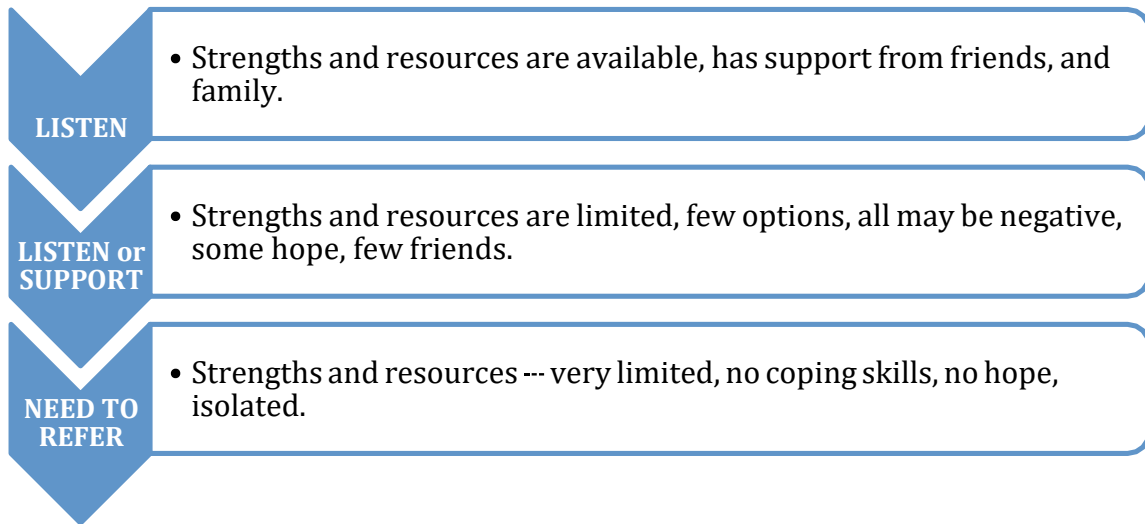


## Lesson #9 (cont.) Situation Assessment:

### Action & Behavior



### Resiliency



## Lesson #9a

### Situation Assessment: Depression & Suicide – What to Do

A small icon with the word "PLAN" in white capital letters on a black background, set within a red-bordered square.

#### Instructor Guidance:

Be aware of the extreme sensitivity that usually surrounds discussion of this topic.

**REMIND VOLUNTEERS THEY ARE NOT TRAINED WITH THIS CURRICULUM TO BE PROFESSIONAL RESPONDERS TO ISSUES RELATED TO SUICIDE.**

Encourage the volunteers to ask questions when appropriate, and encourage them to discuss specific situations while maintaining confidentiality.

#### Depression and Suicide

IF YOU ARE IN AN AREA WITH ACCESS TO PROFESSIONAL MENTAL HEALTH PROVIDERS OR OTHER TRAINED MEDICAL PROFESSIONALS, DO NOT ATTEMPT TO DEAL WITH A SUICIDAL PERSON. REFER THIS PERSON IMMEDIATELY TO IDENTIFIED LOCAL RESOURCES.

LATER IN THIS MANUAL (Lesson # 10, How To Make A Referral).

IF YOU DO NOT HAVE ACCESS TO PROFESSIONAL HELP, DO NOT ATTEMPT TO WORK WITH THIS ALONE. GATHER PEOPLEAS RESOURCES FORYOURSELF ANDTHE PERSONYOU ARETRYINGTO ASSIST.

We will talk about ways to get help for the person in crisis. In addition, here are some things to know about working with individuals who express suicidal tendencies. You may be able to assist others by passing along some of the information here.

#### Warning Signs of Suicide:

- History of previous suicide attempts
- A family history of suicide, or a relative or close friend has committed suicide
- Explicit threats to commit suicide
- Access to lethal methods such as a weapon or poison
- Expressing feeling hopeless and as though there is no option but suicide
- Putting affairs in order, such as writing a will, or giving away possessions
- Writing a suicide note
- A sudden, unexplained recovery from a severe depression



## Lesson #9a (cont.) Situation Assessment: Depression & Suicide – What to Do



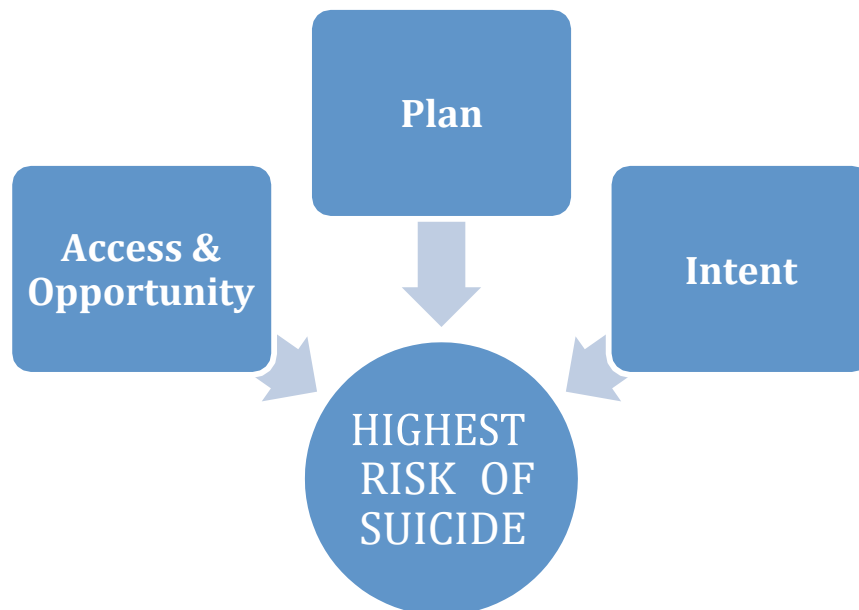
### Instructor Tip:

With the chart showing suicide risk: Emphasize that each of these things significantly increases risk. One alone may not be significant, but the combination is extremely dangerous.

### First:

**Assess the risk level by determining whether the person has:**

- a. A specific plan
- b. The opportunity to obtain a lethal method such as a gun, pills, or poison
- c. The intent to actually harm themselves or the idea that suicide is the only option



**Any one of those factors is cause for seeking help from a professional, and with the addition of each item, the risk level increases!**

## Lesson #9a (cont.) Situation Assessment: Depression & Suicide—What to Do



### Instructor Tip:

In areas where there is very limited or NO access to professional services, please include the following instructions for the HST volunteers. This information is provided in case you end up speaking with someone who is expressing suicidal thoughts, before you are able to connect them with professional assistance. Actively suicidal individuals should be immediately referred to professional help. If trained professionals are not available, gather support for yourself and your community member. Examples of potential support systems include other HST volunteers, churches, schools and other natural community resources such as clubs and neighborhoods.

You, as an HST volunteer, should never attempt to manage this on your own.

**Write down a safety plan with the person. The safety plan should include the following:**

#### **My triggers are...**

These are thoughts, ~~circumstances~~ and feelings, that contribute to the suicidal thoughts and impulses. Triggers should be as specific as possible e.g. “my trigger is that I get so anxious when trucks drive by and shake the house. It reminds me of the earthquake and all I’ve lost and how it will never be better”.

**Make a list of the triggers for this person.**

#### **My early warning signs are...**

These are physical symptoms, feelings and thoughts that lead up to consideration of suicide. For example, feeling angry and hopeless, my body is shaking, I feel like I can’t settle down.

**Make a list of warning signs specific to the person you are helping.**

#### **When others notice my warning signs, they can...**

These are examples of behaviors from friends/family in which the person finds helpful and calming. Sometimes the person simply wants to vent without someone trying to solve things. Other times it can be offering some food or hot tea, or going on a walk. This help should be focused on what is needed in the immediate situation.

**Make a list of things the person thinks might be helpful.**

**Lesson #9a (cont.)**  
**Situation Assessment:**  
**Depression & Suicide—What to Do**

**Second -**

**Express your care and concern to the person, and let him or her know that you will make every effort to help them be safe. Remind him or her of the following:**

- a. The way they feel right now will not last. The situation will pass.
- b. Suicide not only harms the person but also all of those who care about the person. Remind them that they have many people who love them, who care about them, and who need them, no matter what has happened in the past.
- c. You are there to offer hope, even when they feel hopeless.
- d. You will remain involved with them until they are more stable and be actively be searching for additional help throughout that time.



## Instructor Tip (continued):

### The skills I need to use right now are...

These are coping skills, such as doing deep breathing, prayer, or mindfulness to help with calming, doing an activity which is distracting and positive, helping someone else when feeling sad or angry. The skill exercised should be socially appropriate so that it can be used at any time. For example, breaking things may provide a release, but isn't a skill that can be used in a positive way at any time. It may be beneficial to teach the person you are helping about "behaving opposite to the feelings". In other words, if you feel like isolating, reach out to someone and make a plan to have coffee. Explore what might get in the way of using the coping skills.

**Make a list of skills, social settings, and actions that have been helpful.**

### If I can calm myself, I can reach out to...

These are people whom the person can ask for help, such as good friends, family members, spiritual advisors.

**Make a list of people and their contact information. Help the person reach out to this list and let them know that they are identified as support.**

### Steps taken to make the environment safer...

These are things which can be put away or made inaccessible, such as weapons and poisons. You might ask "What do you have access to that would be dangerous for you when you are feeling suicidal and how can we arrange to keep those away when you are upset?"

**Make a list of things which will be removed from the environment and how this will be done.**

### One thing that is most worth living for right now is...

Help the person identify what this is.

**Write down what is worth living for at the moment.**

If possible, accompany the person to someone who can provide professional help, such as a doctor or a psychologist.

**Lesson #9a (cont.)  
Situation Assessment:  
Depression & Suicide—What to Do**

**Third -**

**Keep in mind that “suicide is a permanent solution to a problem that may be temporary.” Focus on your helpful communication skills as you have these conversations.**

**Guidelines Include:**

- a.** Holding firmly to the position that suicide is not a good option
- b.** Exploring reasons for living
- c.** Explore how suicide will burden others left behind
- d.** What happens if the attempt results in disability?
- e.** Explore in a non-judgmental way how suicidal behavior is not in line with the person’s values.
- f.** Remind the person that they are the only ones who can control their own behavior. They can choose whether to entertain thoughts of suicide or not.

**For the HST Volunteer:**

Write down the names of people you will contact to help you with this situation.

Name	Contact Information

## Lesson #9b

### Situation Assessment: Alcohol & Drug Use

#### Alcohol and Drug Use

Over use of alcohol or drugs can make any problem worse. Addiction is a problem by itself. The following are factors to consider when assessing the role of alcohol or drugs as part of the problem, or to assess whether someone has a possible addiction:

#### Warning Signs of a Serious Alcohol or Drug Problem/Addiction:

- They seem to need more and more drugs or alcohol over time in order to feel “high” or drunk.
- They physically feel sick when not able to use drugs or drink alcohol. They use more drugs or more alcohol than they intend to.
- They can’t control their use of the drug or alcohol- they can’t quit using it, even if they want to.
- They spend a lot of time or energy trying to find, buy, pay for, use, or recover from the drug or alcohol.
- They have trouble at work, at home, in personal relationships with friends, or activities because of their use of drugs or alcohol.
- Continually using drugs or drinking even though they know that their use is causing problems in life.

#### What to do:

If you believe that the person has a serious problem with addiction, refer them to a medical clinic or a hospital for treatment or care. This is a difficult situation, and it is important to recognize your own limits in being able to support someone who is experiencing something as serious as a drug or alcohol addiction.

If the person refuses to go to the clinic or hospital this may be a situation in which it would be inappropriate for you to just listen or support. Let the person know that if they decide that they need to make a change, you will be there to support them through that process, but that you can’t support them the way they are asking you to while they continue to harm themselves with the use of alcohol or drugs.

## Lesson #9c

### Situation Assessment: Psychosis and Serious Mental Illness

#### Instructor Guidance:

It is important to let the volunteers know that there are some culturally sanctioned religious or social traditions which may include experiences (such as visions) which are similar to hallucinations. Certain religious ceremonies are an example of this.

If hallucinations occur as a part of one of these activities, they should not be interpreted, on their own, as a sign of mental illness. HST volunteers will need to use good judgment, in context, to determine if someone is in need of professional help.

#### Psychosis and Serious Mental Illness

- Severe mental illness is another situation you should not attempt to handle on your own. It is important to determine the difference between distress and severe mental illness.
- Anxiety can be as mild as a feeling of unease or so severe as to prevent a person from functioning in daily life.
- Depression can be seen as chronic but manageable sadness, or debilitating and life-threatening. Severe mental illness can be associated with psychosis, a condition where a person appears to lose a sense of reality and stop seeing and responding to their world.
- Psychosis can occur as a result of the mental illness known as schizophrenia, and in this instance may be a chronic problem. In other circumstances, symptoms of psychosis such as hallucinations or delusional thinking, may be the result of a significant psychological trauma, such as the death of a loved one. In those instances, the psychosis is usually temporary, and the symptoms go away.



## Lesson #9c (cont.)

### Situation Assessment: Psychosis and Serious Mental Illness

#### Warning Signs:

#### Hallucinations and Delusions:

The person may see, hear, smell, or taste things that aren't really there. These are hallucinations.

The person may develop strange beliefs or ideas to explain what is happening to them. These odd beliefs and ideas are called delusions.

#### Bipolar/Depression/Mania:

In addition to depression, serious mood problems include mania and bipolar disorder.

Mania is when someone doesn't need sleep, has lots of energy, talks quickly, and quickly moves from one activity or idea to the next.

Bipolar disorder is when people shift from mania to depression, sometimes very quickly.

When someone is experiencing bipolar disorder, they may go from having a lot of energy and be unable to sit still to being withdrawn, sad, and non-communicative and then back again over the course of days, weeks, or months.

**When any of these symptoms occur, the person may become a danger to themselves or others.**

#### What to do:

**If you believe the person you are working with has symptoms of a serious mental illness, or he / she is a danger to themselves or others, please refer them to a clinic or hospital.** Working with serious mental illness is outside of the scope of the Health Support Team training, and you need to contact a medical professional, psychiatrist or psychologist for help in dealing with someone in this situation.

## Lesson #9d

### Situation Assessment: Anxiety and Stress



#### Instructor Tip:

Anxiety and stress responses are the most common issues HST trainers and volunteers will face. It may be helpful for your trainees to be encouraged to be self-aware and monitor their own stress levels as they assist others.

### Anxiety and Stress

Anxiety and stress are normal reactions that occur for most people following a disaster or trauma. It is important to understand that there is a difference between a typical stress reaction and one that may need more long term, ongoing care.

Usually, when people experience stress and anxiety after a disaster or trauma, they recover to the way that they were before within about six months afterwards.

Typical responses are listed in Lesson #2 (Common Responses to Disaster/Trauma) for your reference.

More severe problems with anxiety and stress generally persist for more than six months, and have other cues and signals that you can look for.

## Lesson #9d (cont.)

### Situation Assessment: Anxiety and Stress

#### Warning signs of severe stress or anxiety include:

Images, dreams, and / or memories of a traumatic event that cause the person to re-experience the event long after it has happened.

Believing, from day to day, that the event is happening again, and that they are reliving it.

Becoming extremely frightened about things that remind them about the event, or going out of their way to avoid people, places or things that are associated with the event.

Avoiding, or trying to avoid anything associated with the event, such as feelings, people, activities etc.

Being unable to remember big pieces of the event- large chunks of time are missing from their memory of the event.

Withdrawal from social activities and friends- they don't seem to want to do any of the things that they used to enjoy.

Feeling or looking like they no longer experience a range of emotions such as happiness, or even sadness. They may seem blank or numb.

Ongoing physical health problems such as trouble sleeping, jumpiness, constant worry, anger, and difficulty concentrating.

Stress reactions or symptoms that are worsening over time.

#### What to Do:

**Medical doctors, psychiatrists, and psychologists are often able to help someone who is experiencing these symptoms. If you can, refer the person to a local clinic or hospital that is easy for them to access.** You can still provide them some support using the tools found in Module 4, but you should recommend that they get professional help, and assist them in doing so, if possible.

## Lesson #9e

### Situation Assessment: Quick Reference Table

#### Instructor Guidance:

Using some examples from your own experiences or those of the volunteers, ask the group to make a determination as to the need for listening, support, or referral. You may want to develop a list of potential scenarios to assist your trainees in thinking through appropriate actions. Remind your trainees that it is not their job to solve someone's problem, but to help them determine ways to help themselves.

#### Quick reference table for situation assessment

SITUATION EXAMPLES	LISTENING	LISTEN / SUPPORT OR REFER	NEED TO REFER
SUICIDE / DEPRESSION	<ul style="list-style-type: none"> <li>• Temporary sadness</li> <li>• Not life threatening</li> <li>• Temporary change in mood</li> <li>• Low energy / can't get out of bed</li> </ul>	<ul style="list-style-type: none"> <li>• Depressed for a long time</li> <li>• Life may be in danger</li> <li>• Agrees not to harm</li> </ul>	<ul style="list-style-type: none"> <li>• Suicidal / active plan to die</li> <li>• Life threatening</li> <li>• Bizarre, out of touch with reality, gives away possessions</li> <li>• Refuses to agree not to harm self</li> </ul>
ALCOHOL / DRUG	<ul style="list-style-type: none"> <li>• Often drunk or high on week-ends; functional at work</li> <li>• Some safety risk when drinking or using drugs</li> <li>• Drinking affects job and family</li> <li>• Feels in control but would like to get help</li> </ul>	<ul style="list-style-type: none"> <li>• Caught drinking at work. Drinking or drug use interferes with life</li> <li>• Potentially harmful to self or others</li> <li>• Sleepy, hung over, loses friends or job</li> <li>• Limited options, lost friends, trouble with law</li> </ul>	<ul style="list-style-type: none"> <li>• Drinks or used drugs to unconsciousness frequently</li> <li>• Life threatening, unresponsive to attempts to rouse</li> <li>• Unconscious, pulse below 50, needs immediate help</li> </ul>
PSYCHOSIS / SERIOUS MENTAL ILLNESS	<ul style="list-style-type: none"> <li>• Odd beliefs &amp; strange ways of thinking</li> <li>• Sometimes does or says things that could be harmful or dangerous</li> <li>• Seeks help or support in healing, working on thinking and behavior, calming down</li> </ul>	<ul style="list-style-type: none"> <li>• Strange thinking or behavior causes trouble with family and friends</li> <li>• Takes risks or unnecessary, dangerous chances that could harm themselves or others</li> <li>• Indifferent about their thinking or behavior, and</li> </ul>	<ul style="list-style-type: none"> <li>• Responding to things that aren't there</li> <li>• Seeing or hearing things that no one else can</li> <li>• Is a threat to themselves or others</li> <li>• Doesn't understand or recognize that there is anything</li> </ul>

		responds to support	dangerous or harmful about their behavior
ANXIETY / STRESS	<ul style="list-style-type: none"> <li>• Anxiety or stress is uncomfortable or causes mild discomfort from day to day</li> <li>• Frequent headaches or stomachaches without a physical explanation (poor diet)</li> <li>• Recognizes need for help</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety or stress is causing problems in everyday functioning (lack of sleep, behavior change)</li> <li>• Headaches, stomachaches, or other physical symptoms that cause significant distress (rapid heart rate, dizziness)</li> <li>• Knows that help is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Person is incapacitated or unable to function because of panic or fear (can't work, can't leave home)</li> <li>• Hasn't slept or eaten normally in several days. Experiences panic to the point where they feel they will die</li> </ul>

## Lesson #9f

### Situation Assessment: Working with Hostility and Aggressive Behaviors

#### SAFE Model

#### De-Escalation of Hostility and Anger

##### Self:

Tune in to yourself. Be aware of your own reactions; the tone of voice you use, your body language, and your choice of words. Monitor yourself in order to stay calm and to not take the situation personally, even if the words become personal. **Non-verbal messages are particularly important.** Be aware of the non-verbal things that you are 'saying' to the other person.

##### Area Awareness:

Pay attention to your physical area. Notice the space and people around you. **Your general area includes people, exits, weapons, available help, and other resources.** Don't position or keep yourself between an angry person and his or her exit.

##### Feelings:

Employ active listening techniques to identify what the angry person is feeling UNDERNEATH the anger. **Remember that anger is usually about being afraid of something.** By listening for feelings underneath anger, you can identify the cause of the emotions at the center of the issue. It is easier to empathize with someone who is angry when you understand what they may be afraid of.

##### Engagement:

If it is safe to do so, connect with the angry person by **engaging** to understand their story. Don't dismiss them or their concerns. Identify and **engage resources or other people or information** that may be able to address or help solve their problem or concern in some way. **Engage support for yourself** when you are in the position to be dealing with an angry person or people. Don't keep a hostile interaction inside; share it with others to get the support you need after dealing with a difficult person or situation. **Engage your resources (friends, family, social networks)** to increase your resilience.

**Please Note:** if the angry person has reached a point where they have become physically dangerous and your safety may be at risk, please do not attempt to handle the situation on your own. Use awareness to find an exit and seek help around you. Try not to be alone with this person. Don't put yourself in a situation where you could be injured. **Personal Safety is the primary goal.**

## Lesson #9f (cont.)

### Situation Assessment:

### Working with Hostility and Aggressive Behaviors

#### Instructor Guidance:

This may be a good time to demonstrate with your co-trainer ways to deal with an angry person. Role play a specific example with the whole group. Demonstrate good body language, self-awareness, safety, calm tone of voice. Once you've demonstrated this, ask your trainees to divide into groups of three. Taking turns, they should each assume the role of angry person, volunteer, and observer, taking each role for about 3 minutes. Following the exercise, ask the whole group to come back together and debrief the experience.

In addition to this type of engagement, it may also be possible to engage with other resources in the clinic or community to help the angry person realistically make steps towards solving their problem. When you are working with an angry or hostile person, and you can make positive, realistic suggestions that may help them with their problem, they are likely to calm down more quickly. If this isn't possible, don't underestimate the importance and value of simply listening. Not all problems can be solved, and not all people want help.

## Lesson #9g

### Situation Assessment: How to Help with Grief and Loss

#### Grief and Loss in Adults

People's reactions to grief and loss are sometimes very similar to reactions to trauma in general. Please refer to the list of common reactions to trauma in general in Lesson #2 (Common Response to Disaster/Trauma). In addition to these general reactions, there are some responses that are more common in grief and loss which are found in this diagram:



Experiencing grief and loss can apply to many things in addition to losing someone in death. Loss can be related to the loss of identity, a home, community, reputation, or innocence; people grieve for those types of losses in a similar way that they grieve the death of a friend or family member. No matter what type of loss, the process of grieving frequently includes those reactions on the diagram above. These reactions are normal. Most people experience some or all of these reactions at some point in their recovery from loss. There is no set time frame for this process, and the reactions may overlap, and be experienced multiple times as the person moves toward acceptance of the loss.

In order to help with recovery, there are a few things you can encourage in the person who has experienced the loss. You can:

- Help them to talk about the loss.
- Help them identify and express feelings.
- Help them live without the deceased. For example: identify issues which may arise such as the wife who has never been involved with financial decisions who must now manage her finances.

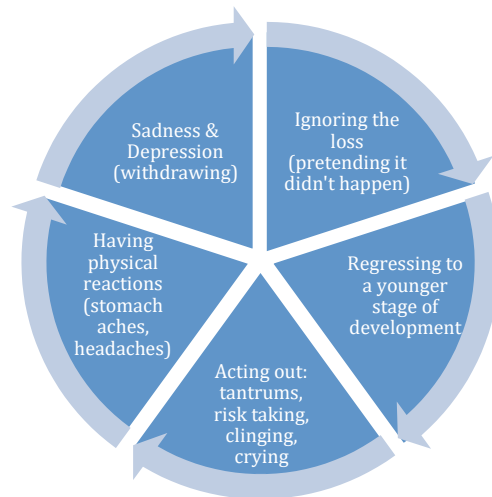


- Provide information on “typical” reactions to loss, so people realize what they are experiencing is “normal” after a loss.
- Facilitate spiritual and relational support. Help them to use or establish some rituals around acknowledging the grief process.
- Recognize that there is no “right way” to move through grief and loss.
- Identify issues that may require further intervention and facilitate referral to the appropriate person.

## Lesson #9g (cont.) Situation Assessment: How to Help with Grief and Loss

### Grief and Loss in Kids

Children, like adults, have common reactions to loss. Some of them are similar to trauma reactions in general (please see Lesson #3, Common Responses to Disaster/Trauma). A brief overview of common responses to loss, and what you can do to help children through the grieving process is provided here. For more information and more detail on children's issues in general, please see the HST guide for teachers and caregivers of children.



### What do children need after a trauma or loss?

- Honest answers and explanations
- Safety, routine and stability
- To be reunited with family, friends, and community, if they have experienced a separation and if this can be accomplished safely
- To be included in rituals such as funerals and wakes
- To be helped to see their strength and ability to cope and manage

### What to do:

- Help younger children express their feelings
  - Use active listening and avoid a lot of questions or interruptions
  - Help them find ways to remember and recover (rituals, stories, songs)
- Encourage adolescents to express their thoughts and feelings
  - Educate them about positive things they can do to cope
  - Aim conversations toward the future

## Lesson #10

### Developing Referral Resources

#### Ways to Assist in Making a Referral for Situations Beyond Your Training:

##### Instructor Guidance:

Ask the volunteers work in small groups of 3 to 5 as they complete this activity. It is helpful for the small groups to be arranged so that HST volunteers who live in the same or adjacent communities can work together on coming up with a list of referral options in their area.

Spend some time preparing yourself by becoming familiar with local experts and facilities to which you may need to refer. For example, where would you send someone who had a problem with alcohol? Severe depression and suicide threats? Severe mental illness? Does the person have a spiritual director, pastor, priest, imam, rabbi, or other spiritual guidance provider? As a Health Support Team Member, it is important to create a list of referral sources that you can use when a problem is beyond the scope of your training. On this list, be sure to include other Health Support Team Members in your community, in case there is a situation that you personally can't work with, but which would still be an appropriate referral for the Health Support Team (See Lesson #15, Quick Reference Guide to Support Team Processes, Goals and Tools).

#### When Assisting a Person Who Needs More Support Than You Can Provide:

- Explain:** That you believe they may need assistance in ways you are unable to provide, but that you care about them and will help them with that process.
- Refer:** Provide them with information about the person or place you are recommending.
- Offer:** If you are willing and feel comfortable, offer to go with the person.
- Follow Up:** Reassure the person that you will continue to support them and will follow-up to make sure things are going well.

## Lesson #10 (cont.) Developing Referral Resources Exercise

Where are some places in your community that you could refer people to for help?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What are the names of some doctors or medical providers that you could recommend to others?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What are the names of some of your fellow Health Support Team members who live in your area and who you could go to for assistance if needed?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Lesson # 11

### Relaxation & Stress Reduction: Techniques & Thinking Strategies

#### Relaxation and Stress Reduction Techniques and Thinking Strategies

Each intervention should last between 2 and 20 minutes. If needed, or if the person is reluctant to try a psychological technique in order to help with the problem they are having, be sure to discuss that there are many similarities between having a physical injury (problem) and anxiety and stress. The body needs to heal from both.

**Relaxation and Stress Reduction Techniques are designed to focus the person on the present moment, away from regrets about the past and the wishful thinking or fear about the future, and on the “here and now”.**

**Typical problems encountered that may benefit from one or more of these interventions include:**

- a. **Panic symptoms** (dizziness, racing heart, sweating)
- b. **General anxiety & rumination** (worry, trouble sleeping, racing and perseverative thoughts)
- c. **Intrusive thoughts / flashbacks** (disaster related and not)
- d. **Grief & Loss / Depression** (disaster related and not; hopelessness, sadness, lack of interest in regular activities)
- e. Trouble concentrating or planning, or following through on details

**Options to try include:**

- a. **Basic deep breathing**
- a. **Mindfulness exercise**
- b. **Progressive Muscle Relaxation**
- c. **Self-help thinking strategies**
- d. **Desensitization & Exposure for Anxiety Reduction**
- e. **Behavioral Activation**

**Lesson #11a**  
**Relaxation & Stress Reduction Techniques & Thinking Strategies**  
**Deep Breathing**

**A brief relaxation exercise to steady and control breathing**

(1-5 minutes)

**Basic Deep Breathing:**

- a. ASK** the client to sit up straight in chair, opening lungs to fullest extent.
- b. DEMONSTRATE** slow deep breaths, in through the nose, out through the mouth, very slowly, five times.
- c. SUGGEST** that if they begin to feel anxious / dizzy / nervous etc., that they remove themselves from the situation if possible, and find a quiet corner or a different place to practice the breathing.
- d. RECOMMEND** that they do this at least twice per day or more if needed.
- e. INFORM** them that with practice and time, they will master control over the anxiety, and it will not control them.

## Lesson #11b

### Relaxation & Stress Reduction Techniques & Thinking Strategies

#### Mindfulness Exercise

**A quiet relaxation technique designed to calm and focus breathing**  
(5-30 minutes)

#### The focus of the exercise is:

- a. Being in the present moment.
- b. Being aware of and attentive to bodily sensations, inner thoughts, and feelings.
- c. Being accepting of sensations, thoughts and feelings without trying to change them, avoid them or ruminate over them.

#### Steps in the mindfulness exercise:

1. Get comfortable, close your eyes and relax with deep regular breathing. Begin with a body scan, scanning bodily sensations beginning with the feet and moving up the body
2. Be aware and accepting of any sensations. Notice sounds, feelings on skin, smells, and other things in the environment.
3. Continue to breathe deeply, relaxing the jaw and shoulders.
4. Next scan inner thoughts. If thoughts stray to the past or future, gently bring yourself back to the present moment.
5. Finally, scan present time emotions and feelings, focusing on awareness, attention and acceptance.

## Lesson #11c

### Relaxation & Stress Reduction Techniques & Thinking Strategies

#### Progressive Muscle Relaxation

**A longer, more in-depth relaxation exercise aimed at calming and relaxing the mind and entire body**

**(5-20 minutes)**

Find a comfortable place where you can either lie down or sit in a relaxed posture

Tighten only the muscles in your feet, while trying to keep the rest of your body relaxed and free of tension. Count slowly to 3 and then relax your feet.

While keeping your feet and the rest of your body relaxed, tighten only the muscles in your legs. Count slowly to 3, relax.

Keeping your lower body relaxed, tighten the muscles in your hands and arms...make a fist...hold it while you count slowly to 3. Relax.

Keep your body below your neck relaxed and tighten your face and neck...clench your jaw, frown. Hold it for a slow count to 3. Relax.

Check all of your body for any tight muscles.

Place one hand on your belly and one on your chest. Breathe in through your nose and out through your mouth. Keep your breaths slow, soft and steady.

As you breathe, try to breathe so that your “chest hand” is still and your “belly hand” moves up and down with your breaths.

If you'd like, you may close your eyes and imagine a calm and relaxing setting. Remember to keep all your muscles relaxed.

When you are done with this exercise, take a deep breath, stretch, and exhale.



## Lesson # 11d

# Relaxation & Stress Reduction Techniques & Thinking Strategies

## Self-Help Thinking Strategies

### Self-Help Thinking Strategies

Simple thinking strategies and guidelines may help people redirect their thoughts when they are worried or anxious. The first thing to understand is that our thoughts, feelings and behaviors are all connected. If you can change one of these things, then the others can change also.

#### Steps: (NICE)

1. **NOTICE** your thoughts
2. **IDENTIFY** the feelings and behaviors you are connecting to the thoughts
3. **CHOOSE** a new thought, feeling, or behavior
4. **EXERCISE** control by practicing the new thought, feeling, or behavior

#### Notice and identify:

**Thought:** I am worried about another earthquake happening again.

**Feeling:** The worry makes me scared and upset.

**Behavior:** When I feel scared and upset, I want to stay away from my friends and family.

#### Choose and exercise:

**Thought:** Right now, there is not another earthquake. I am OK. I am safe.

**Feeling:** Recognizing that I am OK and safe right now makes me feel calmer.

**Behavior:** Feeling calm right now will help me work or visit with family and friends; maybe I will go for a visit later.

#### In addition to NICE, another thinking strategy is to:

- Notice your thoughts and feelings when they are negative.
- Remind yourself about a time when things were better and different.
- Focus on that time, and remember what you were thinking, feeling, and doing.

## **Helpful reminders for self-help thinking:**

You are in control of the feelings and thoughts; they are not in charge of you.

Developing a healthy, regular routine is important in recovery. What can you plan to do tomorrow or later this week that you will follow through on?

Things heal with time, and over time, you will feel differently than you do today. You have strength—you have proven that already by surviving.

## Lesson #11e

# Relaxation & Stress Reduction Techniques & Thinking Strategies Active Anxiety and Desensitization Strategies

### Desensitization and Exposure for Anxiety Reduction (DEAR)

When someone is facing an overwhelming situation, such as a disaster or traumatic event, they may try to cope with the situation by avoiding anything that reminds them of the event, including thoughts, situations, and people. Sometimes the person will try very hard to distract themselves from the feelings, including, in some cases, the use of drugs and alcohol. This approach can seem adaptive, but may actually increase anxiety and make the recovery process take longer.

Interventions with anxiety often involve helping the person master the anxiety by facing it rather than avoiding it. This can be difficult, even if the person is able to tell themselves that they are safe and that the feelings don't represent a current threat. One way to help the person learn how to master their anxiety without escaping, distracting or avoiding is to provide them with something to do while they tell their story, and something to say to counter their feelings if they start to feel anxious. By staying "in the present moment," the person learns to control their response and their anxiety.

### **Below are the steps to help them do this:**

1. Explain to the person that their anxiety will decrease if they can learn to tolerate or master the feelings rather than avoid them.
2. Help the person identify anxious thoughts such as "I can't stand this" or "this will never get better".
3. Help the person come up with a phrase or thought to contradict the anxious thoughts, such as "I am strong" or "this will pass".
4. Provide a physical action that will help the person stay focused with you on the present moment by interacting with their body as they tell you their story. For example, have the person try the tapping exercise below
5. Tap yourself along with them to show them how to do it and to help keep yourself calm as you listen to their story.
6. Try this for a minute with the person as they tell their story. If the person appears to become overwhelmed, ask them to stop the story and just continue to tap.
7. Remind the person that they can do this when they are alone, and it is a powerful tool whenever they feel anxious.
8. Help the person note how their anxious feelings decrease over time or how their tolerance of the feelings increases. Ask them to track their progress on a calendar or device so that they can have a visual image of their change process.

## Lesson #11f

### Relaxation & Stress Reduction Techniques & Thinking Strategies

#### Specific Behavior Change Tools

#### “Tapping” Exercise

**STEP 1- Take three slow deep breaths.**

**Choose something you’d like to work on, for example your stress level**

#### **TAPPING:**

- Tap the crown of your head with your three middle fingers, saying- “release my stress”. Take a deep breath and let it out.
- Tap the middle of your forehead with one finger, saying- “release my stress”. Take a deep breath and let it out.
- Tap the outer edge of your eyebrow with one finger, saying- “release my stress”. Take a deep breath and let it out.
- Tap the outside corner of your eye with one finger, saying-“release my stress”. Take a deep breath and let it out.
- Tap under your eye right on the bone, - saying “release my stress”. Take a deep breath and let it out.
- Tap with one finger, under your nose between your lip and the bottom of your nose- saying “release my stress”. Take a deep breath and let it out.
- Tap with one finger between your lower lip and your chin- saying “release my stress”. Take a deep breath and let it out.
- Tap with one finger just under the notch on your collarbone - saying “release my stress”. Take a deep breath and let it out.
- Place your hands over your heart, take three deep breaths and say “release my stress” at the end of each breath.

## Lesson #11f (cont.)

### Relaxation & Stress Reduction Techniques & Thinking Strategies

### Specific Behavior Change Tools

#### Behavioral Activation

Behavior is sometimes easier to change than feelings or thoughts. One technique for changing behavior is “behavioral activation”. Choosing an action that can realistically be done, that is also positive, helps to activate the reward centers of the brain, leading to better mood and function. Taking an action also is a step toward building resiliency: the process of taking action builds a sense of purpose and a positive effort leads to a sense of self-efficacy and control.

#### Behavioral Activation Steps:

1. Ask the person if there is something they want to change or help the person identify one, and only one, aspect of their life that they want to take an action to change. (e.g. family or social relationships, education or work, helping others, spirituality.)
2. Help the person choose one simple and realistic action or even just one accomplishable step in an action.
3. Encourage activities that lead to mastery and positive feelings.
4. Discuss things that could potentially get in the way.
5. Encourage the person to do the action regardless of how they feel.
6. Ask the person to imagine themselves doing the action. Ask them how it feels when they imagine doing it.

**Lesson #11f (cont.)**  
**Relaxation & Stress Reduction Techniques & Thinking Strategies**  
**Specific Behavior Change Tools**

**Behavioral Activation Tool: ACTION**

- A Assess how this potential behavior will serve your interests
- C Choose to activate
- T Try out different behaviors
- I Integrate the behavior into your life
- O Observe the outcome when you do the behavior
- N Never give up

## Lesson #12: Compassion/Caregiver Fatigue

### Sources of Compassion/Caregiver Fatigue

#### Issues that can cause stress:

Leaving home

Changes where you live or work

Long, busy, demanding work

Insufficient resources

Experiencing the trauma of others

Relief workers are most affected by trauma sites where:

There are bodies and body parts

Children have been hurt

#### Mental health volunteers' stress levels are determined by:

Perception of the event

What life was like before the disaster

Coping style before the disaster

Previous training and experience, learning style, and values determine how well people assess dangerous situations.

Catastrophic events can overwhelm, suspend feelings of control, erode feelings of invulnerability, and create a sense of loss

Similarity of this disaster to previously experienced disasters

## Lesson #12 (cont.)

### Sources of Compassion/Caregiver Fatigue

#### Stress Reactions

- Increased susceptibility to infections
- Physical and emotional exhaustion
- Increase in accidents
- Isolation
- Withdrawal from survivors (building an emotional wall)
- Problems concentrating
- Irritability and argumentativeness
- Poor attention span
- Difficulty making decisions
- Loss of objectivity
- Increased use of drugs or alcohol
- Problematic coping mechanisms include role distance (use of macabre humor)



## Lesson #13: Stress Management

### Effective Management of Stress

- Stay with same team through duration of duty
- Limit on duty work hours to no more than 12 hours
- Rotate high and low stress workfunctions
- Use counseling assistance programs
- Participate in memorials and rituals to express feelings
- Be open to share feelings and experiences
- Stay in touch with family and friends
- Structure your time; keep busy
- Talk to people and reach out
- Maintain as normal a schedule as possible
- Spend time with others
- Check in with others who are going through the same thing
- Do activities that you enjoy and make you feel happy (not abusing substances)
- Don't make any big life decisions or changes
- Make as many daily decisions as possible that are basic and exercise your control over your live
- Get plenty of rest
- Don't try to fight reoccurring thoughts, images, dreams or flashbacks; they are normal and will decrease over time and become less painful
- Eat regular well-balanced meals even if you don't feel like it
- Remember external resources: look for support for yourself from others in your community, including your church or other social organizations or groups

In addition, consider using **Mindfulness Exercise: Module 4, Lesson #11b (Mindfulness Exercise)**.

## Lesson #13 (cont.) Stress Management REST Model

### Compassion Fatigue and Self-Care

Compassion fatigue and burnout are significant concerns for people in 'helping' professions. The best way to combat compassion fatigue is to follow some simple guidelines for self-care. Engage the REST Model.

**R = Reward** yourself for a job well done. Build in reinforcements for yourself in your work.

Give yourself a break from the patterns and issues that you deal with regularly. Take some time off, or even just 15 minutes to treat yourself to some personal time in a way that is rewarding for you. Try to avoid rewards that include alcohol or drug use, as this can make the problem worse.

**E = Establish** healthy boundaries. Try to focus on working at work, and leaving it there. When you are at home, or "off the clock" stick to that boundary, and don't bring the work into your personal time or space. Recognize when your boundaries are being infringed upon, and gently but firmly stick to them.

**S = Share** your feelings, concerns and stories. Don't bottle things in. Participate in support networks, consultation groups, and don't avoid talking about things that bother you. Enjoy the small things in life by focusing on participation with your family or social group, make time to take an active part in living your life.

**T = Trust** your support network by reaching out. Refer people elsewhere if you are too tired, or compromised emotionally to be able to offer support. Trust that there are others available to help as well, and keep a referral list that you can access when needed.

Don't forget that you can't pour tea from an empty pot. Take the time and space you need to fill your pot before continuing to help others. It is OK to say no, and to refer someone elsewhere for help. You will only be able to serve others if you take care of yourself in the process.

## Lesson #14: Self-Care and Referral

### Self-Care and Referral

There may be times when you are unable or unwilling to support someone you are working with. There are many reasons this can happen, and no matter what, it is important to take care of yourself. You cannot continue to support people if you feel drained of energy, time or hope. Remember that as a Health Support Team Member, you don't try to solve other people's problems for them. When possible, we offer support and tools so that they can make the changes or choices they need in their life.

**In each situation, it is important to let the person you are working with know that you care about them, are concerned about their situation and are glad that they came to talk to you.**

If you do not have time to assist them immediately, ask them if you can help them find someone who is more available, if you could meet with them at another time, or if they would be comfortable waiting.

If you do not have emotional or physical energy to support them, let them know this. For example, "I really appreciate you coming to see me, and I want to be able to help you. However, due to some other situations I am working with, I just don't have the time or energy to be an effective support for you right now."

If you are unable to help the person due to your belief system or conflict with personal values, express your concern about them and let them know you are unable to help them, but that you will try to make sure they are able to get assistance. For example, "I appreciate you coming to me for help, and I understand that this problem is very difficult for you. However, I have strong opinions about the decisions you've made, and feel that I may not be the best person to help you. Would you be willing to meet with someone else instead? Would you like me to help find someone whom I think can be a better support for you?"

**Regardless of the reason why you need to refer them, be sure to:**

**EXPLAIN** to them that you are unable to support them at this time, and let them know why.

**REFER** them to someone else who may be better able to support them in their situation.

**OFFER** to go with them to the referral, or another person who can help them.

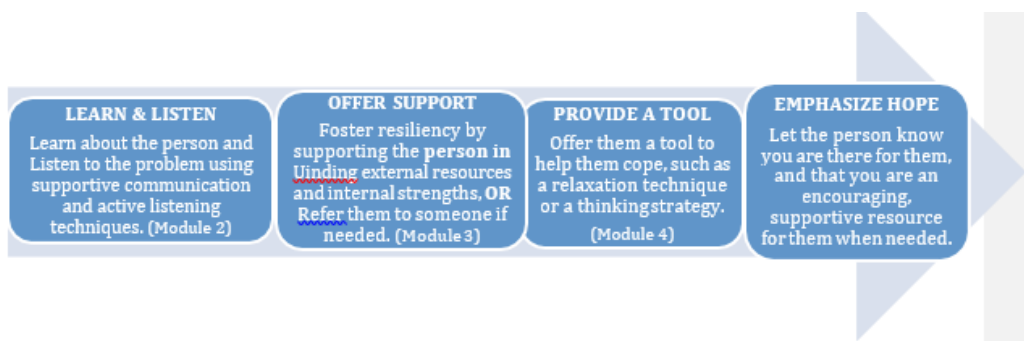
**FOLLOW UP** with them later to be sure that they have gotten assistance.

## Lesson # 15: Quick Reference Guide

This module ties together information presented in previous modules to provide a simple, four-step take away for the helping process. If needed, please follow this outline when meeting with someone to offer assistance.

### Health Support Team Process

- 1. Learn and Listen: gather information and engage in active, empathetic listening (refer to lessons 3, 4, 5, 8, and 9)**
  - a. Request information about the problem or problems.
  - b. Apply supportive communication and active listening skills.
  - c. Remind them you are concerned about their situation.
- 2. Offer Support: foster resiliency (refer to lessons 10 and 11)**
  - a. Help the person identify internal strengths and external resources.
  - b. Focus on connection with others, acceptance of change, and finding purpose.
  - c. Focus on what has worked well for them in the past, what they know how to do, and skills they have applied with success.
  - d. Ask about things that give them peace, make them happy or relaxed.
- 3. If the problem is too severe, significant, or dangerous, please refer them to an appropriate community resource, such as a psychologist or medical doctor.**
- 4. Provide a Tool: Emphasize awareness of the present moment, relaxation, and thinking strategies (refer to lesson 12)**
  - a. Share ideas about things to practice which may help their experience of the problem.
- 5. Emphasize Hope: Encourage them, support them be a resource for them/Hope**
  - a. Remind them you are there to support them, that you care about their situation and what happens to them.
  - b. Let them know how they can reach you or a **team member** in the future, if needed.





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## HST History & Contact Information

The Health Support Team curriculum was developed following the deployment of two clinical psychologists from the United States to a makeshift medical clinic setting in a suburb of Port-au-Prince in March of 2010 after the Great Earthquake in Haiti. Working alongside a number of medical professionals, they followed many of the standard practices and engaged with over 200 patients while conducting a variety of Disaster Behavioral Health (DBH) interventions including triage, psychological first aid, and crisis intervention with children and adults. The psychologists were seeing many people in a short amount of time, following guidelines and recommendations from DBH literature not to engage in 'therapy' with patients in this setting as doing so would be contrary to much of the established research on disaster response ethics and efficacy.

The same or similar symptoms were seen in clinic patients with such regularity that the translators in the clinic began volunteering to teach relaxation techniques and help people create action plans. The translators (mostly high school and college age volunteers from the community) had done so with the guidance of the clinicians on so many occasions and with so many patients that they knew the steps involved, and could deliver the DBH interventions in an efficient and meaningful way. One result of this part of the experience was recognition that some of the translators, native Haitians who could communicate effectively with the patients and who were familiar with local resources, customs, and reasonable suggestions, were in many ways more qualified to offer this type of DBH intervention than the psychologists were, as foreigners.

The experience of that deployment highlighted the efficacy (or lack of efficacy) of 'standard' DBH practices, and resulted in a desire to apply a new strategy towards the seemingly unending need for efficacious and sustainable support within the local community. After returning to the United States, work began on the development of a curriculum that could be taught to local community volunteers who were interested in working within their own communities. The curriculum was given the name Health Support Team (HST), and was written specifically to address this need. Subsequently, this curriculum has been taught to Syrian refugees and NGO staff in Jordan, as well as to disaster preparedness groups and disaster responders in the USA.

## The Purpose of the Health Support Team

The purpose of the development of the Health Support Team curriculum was three-fold:

- To empower local volunteers to assist their families and community members in recovery from trauma, and the development of resiliency by:
  - Providing psychosocial and educational information in the form of a volunteer training program/curriculum and guide and
  - Connecting volunteers with local resources where and when available
- To create a local, sustainable work group of trainers and volunteers who can support one another, and provide ongoing training to new and additional volunteers in the community and surrounding areas.
- To provide the opportunity for the organic growth of a community based behavioral health support network that could operate independently from foreign aid and resource dependence internationally, and to provide additional community support when resources are in short supply following regional disasters in developed nations.

From this three-fold purpose, the mission of the Health Support Team is to provide a behavioral-health training curriculum to train non-professional volunteers in the delivery of ongoing support services to colleagues, families, friends, and community members in the aftermath of natural or man-made disaster. The aim is to provide tools for coping with a crisis or disaster across the continuum of preparedness, acute response, and rebuilding. This mission is accomplished by empowering community based (indigenous) volunteers with training to provide sustainable psychosocial support, in an immediate and comprehensive way, over the short and long term recovery process, in areas where they are already embedded, know the cultural nuances, language, and can assist with personal empowerment and community recovery and resilience.

## Health Support Team Contact Information

HST materials and training made available by contacting one of the following:

**Kira Mauseth, Ph.D.** (drkiramauseth@gmail.com)

**Tona McGuire, Ph.D.** (tlmcg01@gmail.com)

**Matt Brickell, Psy.D.** (drbrickell@brickellpsychological.com)

Volunteer and Trainer manuals are supplied at no cost. Users will sign an agreement stipulating materials are used in an ethical manner, and that information will be provided to HST on how the materials will be used.