Washington State Department of Health

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Why Do We Prepare?

- We live in an area at high risk for natural disasters
- When large scale disasters occur, resources are often quickly overwhelmed
- If we want to be helpful for both our families and our community, we need to plan so that we are not a drain on limited resources
- We can only comfortably deploy if our own families are safe

LESSONS LEARNED FROM:

- Cascadia Rising Exercise and specific impact on healthcare and infrastructure
- Multi system involvement including military, USGS, healthcare, State emergency response, and many others
- Infrastructure such as highways and bridges, and natural features such as ground composition were figured into the data
- COVID-19

Organization of response efforts

In the case of a great quake:

- Anticipated injuries: 12,000 immediately following
- Anticipated fatalities: 9,400 fatalities immediately following
- 11/13 coastal county hospitals destroyed and the other 2 non-functional
- 25% of hospital capacity in the I-5 corridor destroyed with additional 28% with limited capacity
- Widespread destruction and damage to LTC facilities requiring evacuation
- Kent Valley heavily damaged and inaccessible by road
- 40% of bridges in I-5 area not functional
- 30% of roads impassible
- 75% of bridges on coast not functional with 80% of roads impassible

Disaster Behavioral Health Principles

- Clinics vs field environment
  - (Need vs Capacity, Ethics, Crisis Standards of Care, Exposure Model)
- Phases of Disaster (inform treatments)
  - Impact, Rescue, Honeymoon, Disillusionment, Reconstruction & Recovery
- Types of interventions
  - PsySTART, Psychological First Aid, Health Support Team

Clinic vs. Field Environment

Main Issues:

DBH vs. Therapy (this is not the time to address trauma)

- No therapy hour; Assessment and triage are priority
- Connection to local resources if available

Physical location

- Outside, on a box
- In a Red Cross shelter. Wherever. A responder has to be flexible and adaptable

Privacy and confidentiality

- We do our best to maintain privacy, even when confidentiality is not possible due to disaster circumstances

Need vs Capacity

- For Cascadia Rising: in the case of a big quake:
  - Need to move estimated 140,000 patients in the first 30 days (not including Psych, family members or caregivers)
  - Civilian air transport capacity 11,210 (8% of need)
  - Need 670 ambulances, 180 para transport, 30 school buses (capacity is probably 30% of this need)
  - Out of state placement
    - Adults weighing less than 250 lbs
    - Patients not requiring ICU
    - Patients requiring hospital level care for more than 3 days
- For COVID-19: "Crisis Standards of Care" were nearly reached in some places in WA, meaning resources to treat all patients were in extremely short supply, requiring altered standards of care

Ethical Considerations

- Legal protection for healthcare workers who will be operating under crisis standards of care
- Who gets priority for transport and what are the criteria?
- How to ration resources
- Shift from focus on assisting the individual to doing the most good for the most people
- Conventional, contingency, crisis standards

Disaster Environments

Natural Disasters

- Beyond human control
- Typically a struggle with property loss and damage, need for relocation, financial stress, loss of life and injuries
- Some suggestion that people may fare better coping with natural disasters vs human-caused unless the disaster reaches catastrophic levels
- Pandemics are included

Human-Caused Disasters

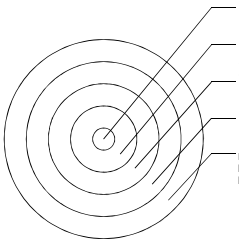
- Terror
- War

NA-TECH

- A Natural disaster that triggers or results in human-caused disaster (Fukushima)-

Behavioral Health Impacts: Population Exposure Model

Those closest to the "epicenter" of the disaster in terms of immediate and severe impact are most likely to be affected.



A) loss or serious injury of friends/family

B) exposed to the incident and disaster scene but not injured

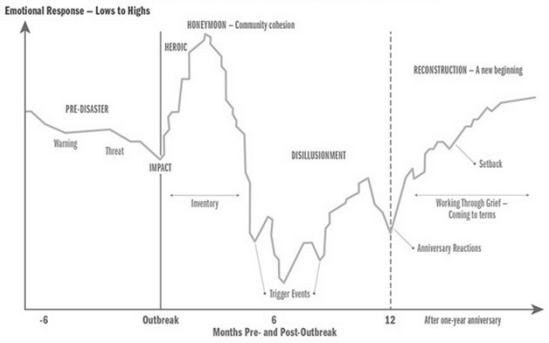
C) knows persons who are bereaved, live in area where homes are destroyed, first responders, medical examiner's staff, professionals immediately involved with bereaved families

D) behavioral health and crime victim assistance, clergy and chaplains, hospital personnel, govt officials, media

E) groups that identify with the victim group, businesses with financial impact, community at large, distant communities exposed via media

Adapted from: U.S. Dept of Health and Human Services. (2004). Mental Health Response to Mass Violence and Terrorism: A Training Manual. DHHS Pub. No. SMA 3959 Rockville, MD; Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. p. 11.

Reactions and Behavioral Health Symptoms in Disasters



Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA (2020). Phases of Disaster. Retrieved from: https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster.

Phases of Disaster: Impact Phase

0 - 48 hours post-event
- Emphasis on survival and communication
- Emotional impact of fight, flight, or freeze
- Professional role
  - Help to establish safety, security
  - Help to orient victims
  - Facilitate communication
  - Assess for ongoing threat

Impact Phase for COVID in Washington was in mid-March

Phases of Disaster: Rescue / Heroic Phase

0 – 1 week post-event
- Primary goal is to adjust
- Psychological issues: resiliency vs. exhaustion
- Professional role:
  - Orient survivors and provide for needs
  - Triage for emotional issues
  - Identify high risk individuals
  - Refer… if possible

Phases of Disaster: Honeymoon Phase

1-4 weeks post-event
- Community leaders are promising support
- Community bonding and support is high
- Sense of relief for survivors
- Unrealistic expectations of recovery and denial of the impact

For COVID-19 in WA this was in late April- May 2020
- Reflected in social media geo-tag tracking

Phases of Disaster: Disillusionment Phase

1 to 9 months post-disaster
- Limits of disaster assistance become more clear
- Reality of the extent and impact of the disaster become evident
- Eventually, initial responding agencies and volunteers pull out and media attention wanes
- Survivors may become depressed, discouraged, more likely for stress related physical symptoms to emerge
- **Professional role**
  - Reduce or ameliorate symptoms, train others to do same
  - Refer for ongoing mental health treatment if needed
  - Encourage fostering of resiliency , hope

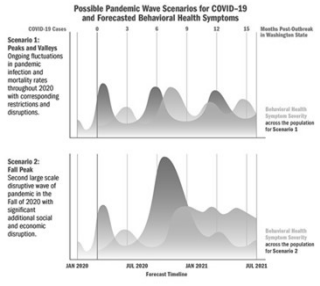
WA state is currently experiencing the Disillusionment Phases for COVID-19
- Disillusionment is expected to peak in WA for COVID in fall to winter months of 2020.

Phases of Disaster: Reconstruction and Recovery

3 months to ongoing

- Community on the way to healing
- May continue for years
- Survivors begin to realize they will need to solve the rebuilding issues themselves
- May develop sense of empowerment
- Related to acceptance of "new normal" and adaptability

We anticipate recovery for Washington State will trend from spring into summer 2021 (depending on pandemic waves)



What does this mean?

- We can reasonably expect that approximately three million Washingtonians will experience clinically significant behavioral health symptoms over the next two to five months.
- Symptoms of depression will likely be the most common, followed by anxiety and acute stress.
- These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.
- Collectively, we can get out in front of this and "flatten the behavioral health curve" through intentional development of resiliency factors.

Evidence Based Interventions Related to Disaster Timing

Impact and Rescue Phases:

- PsySTART
- Psychological First Aid

Recovery, Honeymoon, Disillusionment Phases:

- Health Support Team (HST) Model
  - More in depth interventions
  - Community Based vs outside helpers
  - Sustainable
  - Easily teachable and transferable evidence-based skills
- PsyStart Responder for healthcare providers, disaster responders, EMS, fire, law enforcement, chaplains

Evidence Based Psychological Triage

Psy START Triage Model

PsySTART is a behavioral health triage tool developed by Dr. Merrit Schreiber. It is a population level method to address disasters where there is likelihood of mass casualty behavioral health effects.

Based on the "golden hour" for emergency care, this model is based on the "golden month" for those experiencing risk for a behavioral health disorder to get short term, evidence-based intervention such as TFCBT

Triage for Development of New Incidence Disorders

Symptoms of distress do not predict long-term sequelae

Exposure to events that may predict new incidence disorders:

- Saw or heard death or serious injuries to another?
- Felt they or a loved one would die?
- Received physical injury or self/loved one is physically ill?
- Received medical treatment (self or other?)
- Death of a family member, friend, schoolmate, pet?
- Separated from family member?
- Child separated from parent?
- Family member missing?
- Home not livable?
- Expresses thoughts/intent to harm self or others?

Types of Interventions: Psychological First Aid

PFA Principles
- Promoting sense of safety
- Promoting calming
- Promoting sense of self & community efficacy
- Promoting connectedness
- Instilling hope

- Stabilize until other care available;
- reduce immediate distress;
- improve the situation in meaningful way until other help is available.
- "Standard of Care" for early post-disaster mental health intervention, utilized by Red Cross
- Can be taught to non-healthcare professionals

Types of Interventions: Health Support Team

Health Support Team

Next step after PFA

More specific behavioral health training

Community Based Mental Health Intervention

Training local survivors / volunteers in Disaster Behavioral Health principles and tools

Designed to be sustainable and culturally appropriate from **WITHIN** the affected community or organization vs dependent on outside resources

Becoming Involved in Disaster Response

- **Personal preparedness is the first step**
- DON'T "self-deploy"
- Do become active in local and state volunteer organizations such as Red Cross, Medical Reserve Corps, WASERVES
- Educate yourself on Incident Command and Response structures (FEMA ICS-100 and ICS-700 as minimum)
- Consider any physical or health issues that may impede your ability to safely deploy
- Consider any psychological history of trauma or personal factors which might be a risk factor for disaster response

Preparing for Disasters

Personal preparedness (yourself and your family)

Assume that help won't be coming any time soon

- What can you eat?
- How can you cook?
- How can you stay warm and sheltered?
- How do you manage injuries?
- What do you do for water?
- How can you cope with boredom?

Transportation

Cars

- Good practice is to "drive on the top of your tank" e.g. try not to let your gas tank go below half before filling up.
- Keep your car in good repair and have jumper cables. Know how to change a tire.
- Anticipate what you might need in the event you are stuck in your car for some time.
- Put together your "get home bag" and keep it in the car at all times

Public Transport

- Carry items in backpack or other bag which will allow you to safely and comfortably walk if necessary
- Include water, food, rain poncho
- Small first aid kit (bandaids)
- Flashlight or headlamp
- Pen and paper
- Comfortable shoes and extra socks

Preparing for Disasters: Keeping it Safe at Work

What is the evacuation plan for you and your patients should you have to leave the building?

What supplies do you need for minor injuries?

How would you manage without electrical power?

What is the plan if you have to "shelter in place" due to an event preventing evacuation?

Preparing for Disasters: Business Continuity

What are the things most likely to impact your ability to continue to work?

- Planning for alternate sites of care or tele-health if available
- Planning for access to records and ability to maintain records
- Planning for communication
- Managing finances

- Keep essential contacts in more than one location (accountant, bank, billing, building management, insurance)
- Keep back up copies of your computer's OS, critical software and manuals, as well as passwords and log in codes
- Where possible keep hard copies of critical information/files and computer back ups offsite
- Regularly back up your data and records

Preparing for Disasters: Financials

Have an emergency cash reserve fund

Have credit available in terms of a card or line of credit

Identify financial obligations that must be paid

Consider insurance to reimburse for business disruptions in addition to physical losses, and include business income coverage

Preparing for Disasters: Issues in DBH Self Care

- Vicarious traumatization
- Roles as both helper and disaster victim
- Burnout
- Exhaustion
- Sharing emotional burdens of survivors
- Stimulus of a destroyed personal environment
- Health care workers are known to be caring individuals and can tend to take on the pain of others
- Culture of self-reliance and "can do"

Preparing for Disasters: Issues That Also Impact Healthcare Providers

- Avoidance and denial with regard to emotions
- Prolonged time spent at the disaster site
- Earliest responders at highest risk of developing PTSD
- Identification with the victim e.g. same age, same profession etc
- Being put in position of need, particularly needing financial help or direct aid, loss of home.
- Duration on disaster site
- Length of hours spend on one shift
- Too much media exposure

Preparing for Disasters: Ways to Mitigate Negative Impacts

- Pre-disaster training and information on common psychological impacts of disaster
- Good social support, especially with colleagues and leaders
- Building teamwork prior and post disaster response
- Changes in time/place of work, and immersion in professional role

Pro-active coping
- Mindfulness
- Seeking information
- Planning and developing strategies

What is Health Support Team?

- Community Based Mental Health Intervention
- Training community volunteers in a four step support process using 6 modules of psycho-education.
- Taking triage and PFA to the next level and training trainers within the affected community.

Page 7 in guide

Why HST?
"Graceful" degradation of care

- Mental health providers will be overwhelmed and focusing on the most acute patients.
- Non BH professionals may be providing primary mental health services to community members.
- Teaching the HST process to community volunteers exponentially increases sense of hope and mental health recovery process.
- Appropriate intervention during Disillusionment phase of disaster

Enhancing Community Preparation

- Training community members to be educated support for their colleagues, organizations, friends and family
- Pre-placing trained community members who can then be rapidly available to provide support early in the disaster
- Peer to Peer
- Able to be trained out, thereby extending the training into the community
- Culturally appropriate. HST trainers and volunteers already understand their culture and language and can adjust the training to better suit their specific needs vs having outside "experts"

How the HST came to be

- 2010 Earthquake in Haiti
- Translators (HS or college educated volunteers) picked up our DMH interventions and provided them to survivors

- culturally appropriate communication
- Knowledge of local resources and referral options

Volunteer Trainings and Train-the trainer

What Does a HST Volunteer Do?

- HST volunteers work with their communities, co-workers, friends and neighbors by listening, supporting, and helping with coping skills.
- They engage in a peer support relationship and refer people to the resources they need such as a mental health professional or general healthcare provider.

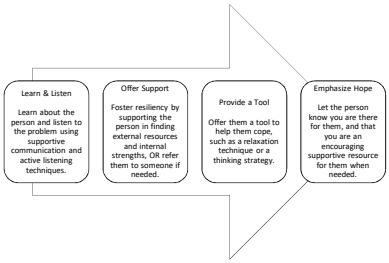
Page 6 in guide

What does a HST Volunteer **NOT** do

- HST volunteers are not psychologists, therapists, or counselors.
- They are not qualified to diagnose or treat mental or physical illness.
- They don't function as a professional in medicine, mental health, therapy or counseling.

Page 6 in guide

Health Support Team Process



The Health Support Team Program

Modules & Examples of Content (pg 7 in guide):

- Module 1: Info: Disaster Response & Recovery
- Module : Skills: Communication & Listening
- Module : Goals : Resiliency and Disaster Preparedness & Assessment
- Module 4 : Tools : Relaxation, Stress Reduction, and Thinking Strategies
- Module 5 : Rest : Compassion Fatigue & Burnout Information
- Module 6 : The Health Support Team Work Summary

Module 1: Info	Module 2 : Skills	Module 3 : Goals	Module 4 : Tools	Module 5 : Care	Module 6
•Explanation of the Health Support Process •Review of Disaster Psychology	• Health Support Team Skills and Techniques : Communication and Listening	•Health Support Team Goals : Resilience, Disaster Preparedness and Assessment	•Health Support Team Tools : Thinking, Mindfulness, Behavioral Activation	•Health Support Team Member Self Care	•Health Support Team Summary • Quick Reference Guide

HST Module #1 : Info

Explanation of the Health Support Process & Review of Disaster Psychology (page 10 in guide)

- Common responses; behavior, emotional, physical, cognitive
- Normalizing the traumatic response and informing about recovery cycles

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

Neurological Response to Trauma

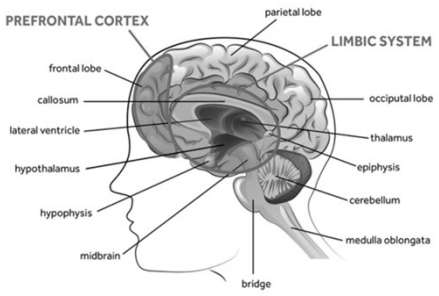
- Medulla, Limbic System, and Frontal Lobe are all impacted

Page 11-13 in guide

Automatic body function such as heart rate, breathing, blood pressure

Long term memory and emotional processing

Abstract thinking, organization, and planning and judgment



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

Resilience

Resilience and Recovery is most common response.

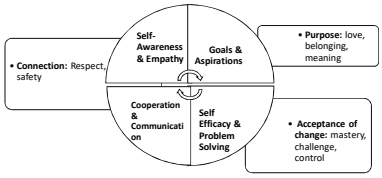
Page 14-16 in guide

Elements include:

- Acceptance of change
- Connection
- Purpose
- Hope

- Ask your volunteers to help survivors identify internal strengths and external resources (pages 16 -17 in guide)
- Be creative – skills transfer!

Resilience cont.



Developing Internal Strengths pg 14-16 in guide

- Cooperation and Communication
- Problem Solving
- Self Awareness
- Empathy
- Self Efficacy
- Goals and Aspirations

Gathering External Resources pg 17 in guide

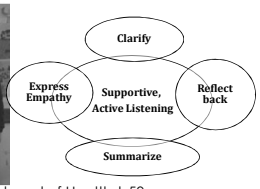
- What has worked well for you in the past?
- Why did that work well?
- What resources should I gather?

HST Module # 2 : Skills

- The Supportive Relationship (pages 18-19 in guide)
- Supportive Communication (pages 20-22 in guide)
- Active Listening (page 23 in guide)

The Supportive Relationship

- Listening, understanding, caring; not jumping to a solution
- Active Listening Skills
- Non-verbal communications
- Recognizing things that interfere with supportive communication



Skills for Supportive Relationships

- Capacity and energy to care for others
- Good listener
- Knowing what can be solved and what can't
- Awareness of own status and self care
- Keeping information confidential unless it is life threatening or harmful

How Does it Work?

- Listen and spend time
- Use active listening skills and supportive communication
- Help the person to discover their strengths and what works for them
- Provide tools as requested to help manage overwhelming feelings
- Take care of your needs as well

Supportive Communication – Non Verbal Messages

- Display (does the person seem to be caring for themselves)
- Posture (tense? relaxed?)
- Social Distance (too close? too distant?)*
- Facial Expression
- Eye Contact (too much or too little?)*
- * modified in social distancing

Page 21 in guide

Supportive Communication – Tone & Words

- Intonation- e.g. are the words kind but the tone is harsh?
- Volume- too loud/quiet for the situation?
- Style- direct but conversational e.g. allowing the person to tell their story without interrupting
- Professionalism- recognizing the seriousness of the responsibility of offering support

Page 22 in guide

Active Listening

- Listen
- Clarify
- Reflect Back
- Express Empathy
- Summarize

Page 23 in guide

Things That Interfere

- Telling
- Criticizing / Teasing
- Moralizing
- Blaming

Page 24 in guide

HST Module # 3 : Goals

- Step 2 in the HST process
- LISTEN, OFFER SUPPORT, or REFER IF NEEDED
- Assessment process for HST members to use

Page 28 in guide

Situation Assessment

To Listen or Refer?

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

- **URGENCY**: Is the situation happening right now- is there an immediate need, or is it developing slowly?
- **SAFETY RISK :** Is the person's physical or psychological safety in immediate danger? Is the situation potentially life threatening?
- **ACTIONS & BEHAVIOR:** Is the person's behavior out of control? Are they able to function appropriately and take care of their basic needs?
- **RESILIENCY:** Do they have internal strengths or external resources they can use to help them cope? What is their level of hope or optimism?

Suicidal Thinking and Behavior

Please see pages 31-35 in the *trainer guide (pgs 24-26 in trainee guide)* for more details on how to manage suicidal thinking and behavior.

- DO NOT BE AFRAID TO ASK someone about whether or not they may be a danger to themselves. Asking about it DOES NOT increase risk, and in fact increases safety.
- Ask about whether the person has: ***1. A plan, 2. The intention to carry out the plan, and 3. The means or access to carry out the plan.*** Each positive "yes" response increases risk.
- Help the person construct a safety plan (instructions in the guidebook)

NO HST VOLUNTEER SHOULD MANAGE A SUICIDAL PERSON ALONE. GET HELP AND SUPPORT FROM OTHERS.

Page 41 in trainer guide; Page 31 in trainee guide

SITUATION EXAMPLES	LISTENING	LISTEN / SUPPORT OR REFER	NEED TO REFER
SUICIDE / DEPRESSION	• Temporary sadness • Not life threatening • Temporary change in mood • Low energy / can't get out of bed	• Depressed for a long time • Life may be in danger • Agrees not to harm	• Suicidal / active plan to die • Life threatening • Bizarre, out of touch with reality, gives away possessions • Refuses to agree not to harm self
ALCOHOL / DRUG	• Often drunk or high on weekends; functional at work • Some safety risk when drinking or using drugs • Drinking affects job and family • Feels in control but would like to get help	• Caught drinking at work. Drinking or drug use interferes with life • Potentially harmful to self or others • Sleepy, hung over, loses friends or job • Limited options, lost friends, trouble with law	• Drinks or used drugs to unconsciousness frequently • Life threatening, unresponsive to attempts to rouse • Unconscious, pulse below 50, needs immediate help
PSYCHOSIS / SERIOUS MENTAL ILLNESS	• Odd beliefs & strange ways of thinking • Sometimes does or says things that could be harmful or dangerous • Seeks help or support in healing, working on thinking and behavior, calming down	• Strange thinking or behavior causes trouble with family and friends • Takes risks or unnecessary, dangerous chances that could harm themselves or others • Indifferent about their thinking or behavior, and responds to support	• Responding to things that aren't there • Seeing or hearing things that no one else can • Is a threat to themselves or others • Doesn't understand or recognize that there is anything dangerous or harmful about their behavior
ANXIETY / STRESS	• Anxiety or stress is uncomfortable or causes mild discomfort from day to day • Frequent headaches or stomach aches without a physical explanation (poor diet) • Recognizes need for help	• Anxiety or stress is causing problems in everyday functioning (lack of sleep, behavior change) • Headaches, stomach aches, or other physical symptoms that cause significant distress (rapid heart rate, dizziness) • Knows that help is needed	• Person is incapacitated or unable to function because of panic or fear (can't work, can't leave home) • Hasn't slept or eaten normally in several days. Experiences panic to the point where they feel they will die

Practice Vignettes

Darren is a 17 y.o. in your neighborhood and a friend of your son. You've noticed lately that he doesn't seem to be himself. He's more withdrawn and not making eye contact. You learn that his grandma died of COVID recently and his aunt is also sick. In conversation you uncover that has a great deal of fear that he may have exposed his family to COVID through his work at a local grocery store.

Jack is in his early twenties and had to stop his university studies when COVID hit. His parents tell you that since returning home he spends all day in his room, with the blinds closed and on his computer. His room smells of pot, and he readily admits that he's smoking throughout the day. This hasn't been a typical pattern for him until lately. He says he doesn't think it's a problem because "why not?".

Practice Vignettes

Megan is a 35 y.o. single mom of 2 young children. She is divorced and her ex out of the picture, having moved to another state. Megan lost her job as a restaurant manager when things shut down due to the Governor's declaration. She is struggling with homeschooling her children and the fact that she hasn't been able to receive any unemployment payments yet and her rent and other bills are due. She tells you that she has severe headaches almost daily and isn't able to eat much.

Practice Vignettes

- A pastor of a local church urged people to continue to attend church services in person. Several people in his congregation are ill, and one is in ICU. He tells you that he spends most days at his church building, just sitting. He says that if it were not for his family, he would consider killing himself.
- A co-worker has looked worse over time. You can see in video meetings that her hair is not combed, she has dark circles under her eyes and her speech is rapid. Upon reaching out to her you discover that she has suffered from anxiety for years, but has managed well overall. Recently she has experienced more difficulty sleeping, an increase in worry thoughts and difficulty completing work tasks because she can't seem to focus.

Practice Vignettes

- John, a 50 year old man has lost his business due to the COVID shut down. He built this business from the time he was in his twenties. He is feeling guilty about having to lay off his workers. He has good family support. He says he's struggling with doing anything at all and finds himself just sitting around doing nothing. He says he's "stuck" and can't seem to get out of this rut.
- Liz had a bad episode of depression several years ago. She was able to recover with therapy and has had a long period of stability. She tells you that recently she's not sleeping and has been feeling "wound up" and irritable. She has a lot of energy but isn't doing much productively in spite of that. She wonders out loud if part of her issue is related to the electrical lines which run near her home. When talking with her, you have a hard time getting a word in edgewise.

Table for Situation Assessment

For each component, assess for whether you need to:

Listen, Support, or Refer

1. Urgency: Is the situation happening right now-is there an immediate need, or is it developing slowly?

2. Safety Risk: Is the person's physical or psychological safety in immediate danger? Is the situation potentially life threatening?

3. Actions & Behavior: Is the person's behavior out of control? Are they 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?

Working with Anger and Hostility: **SAFE** model de-escalation (pg 42-43 in guide)

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.

Working with Grief and Loss in Adults pg 44 in guide

- 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.

Working with Grief and Loss in Children pg 45 in guide

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

Developing Referral resources

- No-one knows your community the way you do
- Referrals are best when they come from personal connections or known resources or people
- If, in the context of your work with the HST, you feel the need to refer someone for professional services it is helpful to have a list of sources that you can rely on in your community or geographical area.
- See pages 46 and 47 and work with your other HST trainers to pool resources and referrals that work for you.

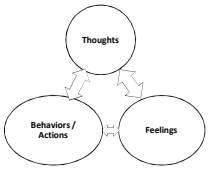
HST Module # 4 : Tools pg 48 in guide

Relaxation, Stress Reduction, and Thinking Strategies:

- Deep Breathing
- Mindfulness Exercise
- Progressive Muscle Relaxation
- Self-help Thinking Strategies
- Active Anxiety and Desensitization Strategies
- Specific Behavior Change Tools

Updated from Page 41-49 in guide

Self-help thinking: (NICE)
NOTICE your thoughts
IDENTIFY the feelings and behaviors you are connecting to the thoughts
CHOOSE a new thought, feeling, or behavior
EXERCISE control, practice the new thought, feeling, or behavior



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Relaxation training

Breathing

- We know that if breathing can be regulated, the flight/fight/freeze response can be eased.
- The idea with all breathing exercises is to slow breathing, focus on breathing, which helps avoid hyperventilation and also initiates the relaxation response
- Common breathing tools include “bubble breathing”, breath counting, abdominal breathing and “tactical or square breathing”

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Tactical Breathing

- "Tactical breathing" is a term sometimes used to encourage those who don't like touchy/feely interventions to try. This is one breathing tool used in the military
- With a hand, identify the corner of an imaginary box. Inhale and "draw" the line to the top of the box.
- Count to 3 silently, exhale while drawing the line to the next corner. Count to 3. Inhale. Continue inhaling, counting and exhaling until the box is complete
- Repeat, drawing as many boxes as needed to achieve a calm state

Mindfulness

- Mindfulness has been found to be very helpful in allowing people to stop the "mind tornado" of anxious thoughts.
- The emphasis is "here and now"
- By engaging the senses (seeing, hearing, tasting, feeling) the mind is gently brought back to the present and hopefully away from the future and past events which are leading to worry

Brief Mindfulness Exercise

- Seat yourself as comfortably as you can
- If you wish, close your eyes
- Breathe in, hold, and breathe out slowly
- Notice any sounds
- Notice any thoughts. Let them pass through
- Focus slowly on each part of your body from your toes to your head
- Just notice how each part feels
- At the end of the body survey, breathe in, hold, and breathe out

Thinking Errors

- Sometimes people engage in thinking that increases depression and anxiety. We call these "thinking errors". Common thinking errors can be
  - All or nothing "if I can't do this, then I can't do anything"
  - Catastrophizing " if I lose my job, I will never get over it"
  - Overgeneralizing " I NEVER have anything good happen to me"

N.I.C.E. pg 52 in guide

- **N**otice the thought. "I'm worried about getting infected"
- **I**dentify the feelings attached. The thought about getting infected makes me scared and upset.
- **C**hoose an alternative thought. "Right now, as far as I can tell, I am healthy"
- **E**xercise that thought. "Feeling calm right now will allow me to finish some work I have"

Active Coping Via Physical Activity

- Exercise
- Stretching / Yoga

Active Coping pgs 54-56 in guide

- "Tapping" Emotional Freedom Techniques
- Behavioral Activation

Tapping / EFT

- Widely used in the military to assist with PTSD responses
- Theory of activating certain "energy centers" of the body – akin to acupuncture
- Easily taught and utilized
- Good research on efficacy
- May decrease unhealthy avoidance of trauma triggers, allowing the person to recover

Tapping Exercise

- Choose one issue e.g. "my stress"
- Place hands over heart, take deep breath and slowly release, saying silently or aloud "release my stress"
- Using 4 fingers, tap at crown of head, saying silently or aloud "my stress". Take breath
- Using 1 finger, tap inside of eyebrow, outside of eye, under nose, under lip, sternum repeating "my stress". Take breath
- Take 4 fingers and tap side of hand, repeating "my stress" Deep breath and let out slowly
- Repeat the cycle 2-3 times

Behavioral Activation

- Ask the person if there is something they want to change, or help the person identify ONE aspect they may want to take an action on
  - Relationship
  - Education
  - Work
  - Spirituality
  - Helping Others

Behavioral Activation

- Help the person choose one simple and realistic action
- If one action is too difficult, help the person to choose one step towards the action
- Encourage activities that lead to mastery and positive feelings
- Discuss things that could potentially get in the way
- Encourage the person to do the activity no matter how they feel
- Ask the person to imagine themselves doing the action

ACTION pg 56 in guide

- **A**ccess how this behavior will serve your interests
- **C**hoose to activate
- **T**ry out different behaviors
- **I**ntegrate the behavior into your life
- **O**bserve the outcome
- **N**ever give up

HST Module # 5

- How to manage:
  - Compassion Fatigue
  - Burnout
  - Self-Care

Pages 57-61 in guide

- Boundaries are essential in a supporting HST volunteer role.
- Compassion fatigue and burn-out 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.

Compassion Fatigue & Self Care

- 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

Compassion Fatigue Triggers

- Leaving home
- Changes in work
- Long, busy, demanding schedules
- Insufficient resources
- Experiencing the trauma of others
- Experiencing risk to themselves
- Disaster responders are most affected by
  - Situations where there are bodies or body parts
  - Children have been hurt or died

Stress Levels

- Determined by perception of the event
- What life was like before the event
- Coping style before the event
- Previous training and exposure

Impact on Helpers

- Reduced immune response
- Exhaustion
- Accidents
- Isolation
- Cognitive changes (irritability, decreased focus, difficulty making decisions)
- Problematic coping such as increased use of drugs or alcohol
- Role distancing and withdrawal

Stress Management

- Limit duty hours, stay with same team, rotate low and high stress work functions
- Be open to sharing experiences
- Participate in memorials and rituals to express feelings
- Pay attention to routine schedule, times with others, and staying in touch with support
- Rest/eat/sleep
- Get support from EAP, personal counseling

REST model pg 60 in guide

- **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.

Practice Vignettes

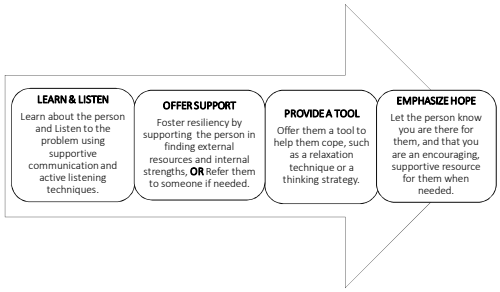
- Recently you've noticed that one of your colleagues appears to have alcohol on their breath while at work, and that their performance has diminished since the onset of the pandemic. You know that this person actually lost a colleague to COVID-19.
- How might you begin this conversation?

PsySTART Responder Training

- Aimed at front line healthcare workers and first responders
- Understand your own psychological risk in disasters
- Build personal resilience using the Anticipate, Plan and Deter resilience system
  - Anticipate the stress you will face
  - Plan how you will handle
  - Deter expectable stress

Learn to use the PsySTART Self-Monitoring system

Health Support Team Process Summary



PLEASE USE THE HST TRAIN THE TRAINER MATERIALS
FOR THE PURPOSE THEY WERE INTENDED.

- I have completed the Health Support Team Trainer Course.
- I understand that I may be provided training materials, at no cost, to use in training other disaster response volunteers.
- I will only distribute HST materials to attendees of a training session.
- I will not charge volunteer attendees to participate in the HST volunteer course.
- I will not sell HST materials.
- I will not use the HST materials for any unauthorized use and agree not to release the HST materials to others, outside of the permitted limited scope of a training class, without first obtaining written permission from HST.

- I agree that in teaching these materials, *I will emphasize careful and ethical use of the information and techniques taught.*