

Deployment Supports for DBH Responders

Ms. McGee: Hello and welcome to our podcast Deployment Supports for DBH Responders, presented by the Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center or SAMHSA DTAC. My name is Lori McGee and I'll be your host for the podcast. I currently serve as the Deputy Director for SAMHSA DTAC. There I supervise the development of curriculum and trainings and lead the Crisis Counseling Assistance and Training Program, or CCP as you might know it. Over the past 12 years I have worked with a variety of special populations, including delinquent youth, women and families in crisis, and populations receiving mental health services. I would like to take a brief moment to thank SAMHSA for their support of this podcast, particularly Miss Julie Liu; her guidance and support through the development of this presentation has been most helpful and appreciated. Now it's my pleasure to introduce Miss Julie Liu as our first presenter. Miss Liu is a Public Health Advisor for the Crisis Counseling Assistance and Training Program with the Emergency Mental Health and Traumatic Stress Services Branch at SAMHSA. She brings 16 years of clinical experience as a mental health specialist and over 9 years of crisis counseling experience. Welcome Miss Liu.

Ms. Liu: Thanks Lori. As Lori mentioned, my name is Julie Liu and I am a Public Health Advisor at SAMHSA. I am going to introduce our topic and goals for today, provide an overview of the presentation, and introduce our speaker. This podcast is intended to assist DBH responders and their family members by reviewing pre- and post-deployment guidelines and ways to prepare oneself and family members for the stress of deployment and reintegration into the family. Our purpose today is to increase awareness of the unique issues disaster behavior health responders face, especially with numerous or long-term assignments; to provide pre-deployment guidelines to assist disaster behavioral health responders as they prepare for numerous response assignments; to provide suggestions for preparing family members of responders being deployed; and to provide guidelines for post-deployment and reintegration with the family members and routine employment. I am pleased to introduce our next presenter, Dr. April Naturale. Dr. Naturale is a traumatic stress specialist with a 25-year history in mental health administration, she directed the New York 9/11 disaster mental health response, and spent several years in the Gulf Coast after the large-scale hurricane that devastated the area. Dr. Naturale has provided disaster consulting and training throughout the U.S. and internationally. She helped to launch SAMHSA's National Suicide Prevention Lifeline and recently directed the BD Deepwater Horizon Oil Spill Distress Helpline, as well as the 9/11 Tenth Anniversary Healing and Remembrance Program. Dr. Naturale currently works with ICF International where her primary responsibility is as a Senior Advisor to the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center. April, since you have been a

responder and I know you've been down in Mississippi immediately after Katrina, how would you possibly prepare for responding to a disaster like that?

Dr. Naturale: Well that's a really good question, Julie, and thank you for the introduction and this opportunity. Deployment is a very important subject and we know that so many people across the States are being deployed over and over because of the numerous disasters more recently. Basically the answer is that we often don't know what to expect and that's why we go through these pre-deployment prep guidelines to help us. Pre-deployment means what you do before you get in the field. In some situations you may be planning for a few weeks and in others you may have only a few hours. Either way, what you do before going into the field can highly influence whether you have a negative experience or not. People generally report that they feel they can handle anything as long as they are prepared. We can ask those who are there, and our team leader when we get our assignment—who are in contact with those in the field—what to expect. Try to gather information about the area, geographically and demographically. Is it cold or hot? This way you know what to wear. Are there many different ethnicities living in the disaster area? Or immigrants whose primary language is not English? There are lots of questions that we can ask to help prepare ourselves. Also, we should think about bringing our own supplies as best we can, so that we don't take away from survivors. I will talk about what some of those supplies should be. There are also things that you want to talk with your family about so that they feel prepared as well. We'll go through those guidelines as well as then talk about what we do in the field and then move to what might help in the post-deployment/after-assignment period. Pre-deployment has to do with preparing yourself and being aware and being prepared. One of the most important things to realize is that we shouldn't run into the field or into a scene if we're not part of an organization and have been assigned. As most of you in the field of disaster behavioral health know, it's best that you are working with a response agency. There are many problems when people self-deploy, going in by themselves. A seasoned responder knows that it is actually often not safe to do so. You can put yourself in danger as well as being in the way of responders and actually cause more of a problem. One of the things that you can do before going into the field is be connected with some kind of an agency so that when a disaster does happen you'll already be aligned with an agency and be called under their guidance. You also need to know your own skills and what you can and can't do. This is critical. You may be a trauma therapist who sees a lot of severely traumatized patients in your practice, but that's not disaster work. If you are listening to this podcast and thinking "What the heck are they talking about?" then I am definitely talking to you. You need to train in Psychological First Aid, crisis counseling, and community outreach as they are related to disaster work in order to assure that you do no harm in the field. We don't do diagnosing or conducting formal mental health treatment in the acute and even in the immediate phases; doing so can actually cause harm. There are exceptions, of course, but overall this rule applies. Also, if you're in the field in the early days or are assigned as part of a larger emergency response system, it's really helpful if you

know the Incident Command System and the National Incident Management System. FEMA offers these courses online for free. If you don't know the language of incident command, you really won't be able to communicate with the other response disciplines very well. You also need to know yourself. If you're called to a disaster response, stop and think if you're able to say yes at that point in time. Are you in a fragile place? Have you just experienced the death of a family member or had an accident of some sort? These would be indicators that it's probably not the best time for you to answer a response. There are others who can go. So evaluate this question with the truth. Can you really say yes? And of course, while you would certainly contribute to the effort, the community can manage without you. You may be able to come in at another time. Again, be careful so that you don't become a burden if you're not in good shape in the field. I can't tell you how many times I've been called out to special operations to pull someone out of the field and get them home safely because they were either exhausted or hypermanic or in some way really dysfunctional. And they couldn't recognize the danger that they were in. We also need to know the environment. A lot of people who respond to a disaster for the first time don't realize that they may actually be entering really unpleasant conditions, physically and emotionally. You have to realize that you might be walking around in mud and muck with bugs, or in dirty water. In some cases, you may have to sleep out in a tent without the comfort of a fuzzy warm blanket or a pillow. We have to remember, the response is not about us or about our comfort. So we can't run around complaining or expecting others to find supplies for us. We're there to help, and certainly not to take any supplies from the survivors in the community. Again, bring what you think that you may need in order to assure that you can do your job in the field and not burden others. If supplies are available for responders, then of course avail yourself of them. But be prepared that supplies may not be there for you. For example, everyone in Katrina knew there was no electricity, there were few spots that had clean water, and that most of the food in the area had spoiled. Three days post-disaster what would you bring into the field with you? When I readied myself, I filled my backpack with protein bars, lots of hand wipes, a first aid kit, extra medicines, and supplies for bug bites of course. Then once I was past security on my way there I was able to add some bottled water to the pack. I was self-sufficient for at least a few days. Think about what things would make you the most comfortable that are easy to take in a backpack that will help you to get your job done in an area where supplies may not plentiful.

Ms. McGee: Dr. Naturale, that is really helpful. I feel like I could almost go out and at least be prepared, myself, for a day or two in the field. What can I do to help my family? They are going to be worried about me.

Dr. Naturale: That's for sure Lori. You hit it right on the head. Communication is key to decreasing worry and anxiety. It's really not fair for us to expect that families should be without information about our status. It's important before you go into the field to let your family—let them know what you know. Who is your lead? How do you get in touch with that person? Where

do you expect that you are going to be? And also, how can they reach you in an emergency? Additionally, you should make a plan—before you leave—with them. Agree on when you'll get in touch. Are you going to call each other early in the morning or late in the evening? And do follow through. You know you're going to be busy in the field, but commit to calling when you say that you're going to. It will help decrease your family's anxiety and it will actually support you, even if you don't think so. Then when you get into the field, that's when you're actually on assignment. Now, some people may be going into the field and going home every day, depending on the location, but lots of people are assigned to a different site away from home and they may be staying at a facility with other responders for a week or two, not usually longer than that. "In the field" usually means the spot of the disaster where the responders are staying and working to respond to the survivors who are there. Again, we want to make sure that you know your assignment. If you have any questions make sure that you talk to your team leader or whoever it is that assigns you your job before you get into the field and before you start going out into the field. What's the overall mission of the job? What are your roles and responsibilities? How do you get in touch with your leader on a regular basis? Schedule your check-ins with your team leader and make sure that you clarify anything that you don't understand. Don't walk around thinking "I have to figure out what to do by myself." The team leader is there to help you. You also might want to ask who your teammates are and how to get in touch with them as soon as you get into the field. You also especially want to know what their roles are, so that you understand what each person is doing. Again, you'll also need to know is there anything else that you need to know about them. Remind yourself too that you need to maintain your boundaries even within the need for flexibility in the disaster field. So what does this mean? It really means that you need to remain professional with your teammates and respect their space. You may be all living in the same place but people come into the job to work and we need to make sure that we're not intrusive with each other. Ask for help and support in the appropriate venue, like in group meetings or debriefings. Of course, if you need to talk to somebody go to your team leader or maybe one of your colleagues for a short time but don't expect them to stay up all night trying to make you feel better when everyone needs to get their sleep to go back out in the field the next day. Also, when you're in the field you need to understand the chain of command. Understand that security, permissions, schedules, things will likely change and often. As a responder you need to tolerate these things with good grace. It's not the time for us to make complaints or demands. Remaining safe in the field means that you need to know who's in command, where you get your instructions from, and also you need to know where to stay away from. There's generally no need for disaster behavioral health responders to be in a hot zone—that is a danger zone—unless you are specifically assigned to work with certain other responders who are there, and you'll get special instruction about that. Also, if something comes up that you feel you aren't competent to handle, then don't. Go to your team leader and find out who is the more appropriate person to handle this. You don't want to be practicing outside the scope of your own competence. Also, in the field I am going to tell you the old crisis counseling rule if you don't know it already, we used to say this all the time, "Don't

look at what you don't need to see and don't listen to gruesome stories over and over again." The information that you need is the information that will come from your team leader. Try to avoid sitting around with your colleagues and telling terrible stories about all of the awful things that you may have seen or heard. These can only increase your secondary stress. Learn what language works for you that will excuse you from participating in any negative activities or attitudes. We need to practice stress management all the time by protecting ourselves this way, by using supervision, participating in group support and debriefings to take those stories and work those stories through. Even if you feel you don't need debriefing or group support, I guarantee you, you do. Also, use courtesy when you're out there in the team with your group members as well as with survivors. Say thank you when they do things for you and try and smile; bring a little bit of upbeat attitude into the survivor and disaster response environment, even though it's a serious place to be. Offsite means when you're at home anticipating being deployed or when you come back. If you know that you won't be deployed for a while or you come back home and you feel that you have this need to be involved in some way, look in your own community. What skills do you have that can be applied right there with a local agency? Disaster behavior health skills are not very common and if you additionally have administration or other skills consider offering them in the home territory. So actually the field could be right there in your own community. Now I am going to reiterate here things that all of us here at SAMHSA and SAMHSA DTAC hope that you have heard a lot. We think they're worth repeating. Self-care begins pre-deployment. It's not something to think about implementing after you come back from a deployment. You want to use self-care skills all the time. You should be engaging in supervision regularly when in the field. And in most disasters that usually means daily in some way, even if it's just touching base with your group leader. It often means group supervision on a daily basis or a daily debriefing at some point. And remember that you have a buddy. Use the buddy system to help you. Plan together, work together, talk together, and several times daily you need to engage in some ways to move stress hormones out of your body. Ten minutes of stretching in the morning, deep breathing, three or four deep breaths at several times during each day, and a 30-minute walk at the end of the day with your coworkers or friends are very, very helpful. You don't have to think when you are doing these things. The movement alone will help. And remember, talking, having social supports, helps significantly to ward off excessive stress. For those of you who like to be alone at times, music—music that's timed to the breath—can help as well. So implement your self-care on a regular basis when you're in the field.

Ms. Liu: Now April, you know you and I have a lot of colleagues who are fine in the field, but what happens when they get home?

Dr. Naturale: That's a really, really important question Julie. Some people feel more effects once they are in the post-deployment phase, once they get home after their assignments. We know that it's hard for disaster behavioral health workers to disengage themselves from the disaster work.

But it's a really important thing to do. We need to have an end to each day of work as well as at the end of our entire assignment. So at the end of the day when you're taking a walk with coworkers talk about something other than the work. If you're troubled by something that happened bring that into your supervision or into group support. While it's good to talk with colleagues, try to avoid it at times that are meant to be downtime when relaxation is the goal. And it's a rare occasion but sometimes an event or an overwhelming emotional state can interfere with your ability to carry out your full assignment. Bring these issues to your team leader and decide together if you need to end early. Don't make the decision to stick it through on your own. I always hear that people want to sign up and go right back into another deployment when they're done if there is still an active response going on. It's highly recommended to take some time before going back in. Everyone needs sufficient time to get back to some normal routine, and again, to move all of that adrenaline and cortisol and the other stress hormones out of your body over a period of time. If you are home after a deployment and you still have a lot of energy, that doesn't automatically mean you should go back into the field. It more likely means that you still have a lot of adrenaline in your body, and that can cause some damage if it remains in excess. As you've heard before, disaster responders can have some of the same symptoms as survivors. Sleep problems are very common, in addition to headaches and stomachaches. You need to rest, eat lightly, and avoid alcohol or other mood-altering substances. They really do have an increased effect and can harm your muscles and other parts of your body when there are still a lot of stress hormones in your system. And remember if any of these problems get worse or don't go away after 2 weeks, see your doctor. Sometimes they can check and see if you had an injury that you didn't realize happened while you were in the field. Or maybe you're lacking in some vitamins from the stress of the work and the doctor would be able to help. As you mentioned before, Lori, when we talk to family members pre-deployment we help to decrease their anxiety. Well, we have to do the same thing post-deployment. There are things that your family should know how to expect what's going to happen when you return home. Talk to them about not pushing you to overdo social activities. While talking to family and friends is important, you may have some difficulty talking to acquaintances, people you don't know very well, or making small talk, especially in the first 2 weeks post-deployment. Let your family know this ahead of time so that they don't plan all of these kinds of events that require you to participate in ways that you're just not ready to in the post-deployment phase. You may think you should do these things so you might have to lower your expectations about yourself as well. It would be smarter just to give yourself a 2-week period of rest to reorient yourself to routines. That said, this should not be a time to completely isolate yourself. Some alone time may be good but too much is not good. Remember, we said that talking to others is one of the most important ways to mitigate the development of stress and secondary stress. Reach out to close family and friends and engage in some low-key activities that you may like, watching a movie or even just taking a walk together. And you also want to check yourself, especially a week or so after the deployment—one of the most difficult things for us disaster responders is to be able to check our own self. We're so dedicated and involved in our work that

we always think we're okay. We give the "I'm fine" response every time someone asks us how we are. We recommend that you use some external support to help you. Make an agreement with a trusted family member or friend that you will respond to them if they tell you that they think you need some help. Visit a religious or spiritual advisor, a counselor that you maybe knew from before, or join a support group, or go back to one, AA or NA, something you may have participated in previously, whatever you need to help yourself stay strong. You can also check yourself with the ProQOL which is the only test that is specifically for helpers. Use it before and after deployment to see if things have changed. The ProQOL helps you to see if you're getting satisfaction out of your work, if you're suffering with secondary stress, or if you're in burnout. It's free and downloadable at www.ProQOL.org .

Ms. McGee: April, we've talked about post-deployment on a personal level but what about getting back to work?

Dr. Naturale: This is a really important question, Lori, thank you. So many responders tell us that they are really surprised to find out how difficult it seems to get back to their regular work after a disaster deployment. Sometimes it's hard to see the meaning in our regular work when we've been so intimately involved in people's lives in a disaster. We need to remember that a disaster is a false environment. People respond to us the way they do because their defenses are down and they're hurting. We can't expect that in everyday life. We need to remember that everything that everyone does is important. From the farmer who grows our food to the packager, to the trucker who brings it to the grocery store and the stock boy who makes sure it's on the shelves; everything is connected and we all need each other. We need to remember to value everything that each other does, all the work that we do, whatever it is.

Ms. McGee: Thank you April, that's a good note to end on for all of us just to remember that the work we do every day is important and not necessarily just those that are doing immediate disaster response. We appreciate your time and your thoughts on this, certainly hope that it's helpful to those that are getting prepared for or regularly experienced deployment.

Dr. Naturale: Thanks Lori.

Ms. McGee: Absolutely. Just a couple of words and a reminder that this podcast is brought to you by SAMHSA DTAC. Our mission is to support SAMHSA's efforts to prepare States, Territories, and Tribes to deliver effective behavioral health response to disasters. We do so in several ways. We provide consultations and trainings on DBH topics around disaster preparedness and response, acute interventions, promising practices, special populations. We provide dedicated training and technical assistance for some of the DBH response grants, such as

the FEMA Crisis Counseling Assistance and Training Program, and we also work on identifying and promoting best practices in disaster preparedness and planning as well as integrating DBH fields within the emergency management and public health fields. We have a whole host of resources including what we call our DBHIS, which is Disaster Behavioral Health Information Series. These are found on our website and contain an abundance of themed resources searchable by specific disasters or special populations and different topic areas that we have featured. Finally, we have our e-communications. A few differences here, which is the SAMHSA DTAC Bulletin, a monthly newsletter, and it provides resources and events. The Dialogue is a quarterly journal that we offer comprised of articles that are written by DBH professionals in the field. And then we have our SAMHSA DTAC Discussion Boards where users can go and post resources and ask questions of their fellow Discussion Board members. We hope in all of those avenues we are providing training and technical assistance in responses to DBH professionals. Here is our contact information if you have a training or technical assistance inquiry. We invite you to call us toll free 1-800-308-3515 or send us an email at DTAC@SAMHSA.hhs.gov or if you want to just browse our website and see what there is to offer we are at <http://www.SAMHSA.gov/DTAC>. We thank you for joining us and listening to the podcast; we hopes it's been helpful and we thank you for all of your service out in the field. Please feel free to email us feedback on the podcast and leave that on your registration page. Thank you very much.

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