

A Quarterly Technical Assistance Journal on Disaster Behavioral Health  
Produced by the SAMHSA Disaster Technical Assistance Center

# the Dialogue

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Stress Management and Self-Care



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*The Dialogue* is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective behavioral health (mental health and substance misuse) response to disasters. To receive *The Dialogue*, please go to SAMHSA's home page (<http://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, The Dialogue," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more, please call 1-800-308-3515, email [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

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## In This Issue



Stress management and self-care are topics that many of us in the disaster response and recovery field struggle to pay more than lip service to. We preach it and teach it, but it can be difficult to model it. After all, some stress is good—it keeps us alert and focused. But, our bodies cannot stay in a constant state of alertness for too long without experiencing negative health effects. It can be hard to see this right after a disaster or crisis because there is just too much to do, and not enough people to do it all, and someone needs something from us right now, and, and, and...

It's easy to justify why we just keep working. We care very much about the disaster survivors and our colleagues. We do not want to let them down or burden them with work by taking a break. The reality is that working longer hours has been shown to make us less productive, not more so. Pushing through when we are exhausted or sick or burnt out has short-term and long-term health effects, such as poor concentration, reduced memory, restlessness, irritability, headaches, stomachaches, and more.

When we talk about stress management and self-care in disaster behavioral health, we need to model

it. Modeling it ensures that we are practicing what we teach and providing a consistent message to our coworkers and staff. While stress tolerance is different for everyone, modeling stress management creates an environment that allows people to acknowledge their differences and engage in self-care.

The authors in this edition know firsthand the challenges of managing the desire to help with the need for rest. We hope their ideas and experiences help you in setting the example for self-care. We owe it to ourselves and those we serve to be our best selves. So, go get some rest, see a friend, or do whatever you like to do, and come back tomorrow better than today and ready to serve. As always, we welcome your suggestions and comments on integrating stress management and self-care into disaster behavioral health practice.

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## DATA SNAPSHOT

### Crisis Counselor Stress Reactions

The data below come from surveys of crisis counselors working for the Crisis Counseling Assistance and Training Program (CCP). Under CCP grants, crisis counselors provide services and support in communities affected by disasters.

CCP crisis counselors are asked to complete surveys about their work within the program. The surveys cover several aspects of program experience, including stress reactions. The data shown here come from 446 surveys of crisis counselors working for CCP grants in Colorado, Texas, New Jersey, New York, Washington, Louisiana, and Oklahoma.

*The providers were asked to share their reactions (feelings, emotions, and thoughts) to their work using a scale of 1 to 5, where 1 is not at all, 2 is a little bit, 3 is somewhat, 4 is a quite a bit, and 5 is very much. The numbers shown are the averages of all responses.*

**Have you had difficulty handling other stressful events or situations due to your crisis counseling work or your reactions to it?**



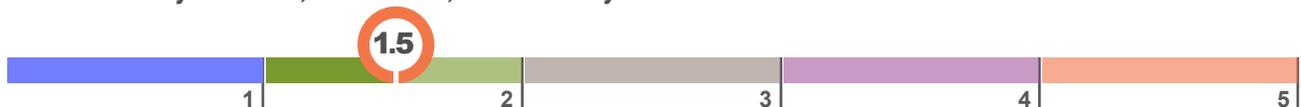
**Has the crisis counseling work or your reaction to it interfered with how well you take care of your physical health?**



**Has the crisis counseling work or your reaction to it interfered with your ability to work or carry out your other daily activities, such as housework or schoolwork?**



**Has your crisis counseling work or your reaction to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities?**



**Have you been distressed or bothered about your reactions?**



These numbers suggest that crisis counselors in these programs generally experienced very low levels of stress, if any, related to their jobs. The articles in this issue by CCP providers talk about stress management training and other activities in which their teams participate. Team activities to keep stress at bay may be part of why crisis counselors in the programs surveyed indicated low levels of stress.

## Contributors



**Nancy R. Divis, LCSW**, Crisis Counselor, Texans Recovering Together



**Teresa R. Gonzales**, Team Lead Crisis Counselor, Texans Recovering Together



**Charlie Cook** is the Executive Director of Hearth Connection, a nonprofit agency providing permanent supportive housing for people who are homeless. He previously served as the

Chief Administrative Officer of Chemical and Mental Health at the Minnesota Department of Human Services, and worked as the Executive Director of the Louisiana Spirit Hurricane Recovery with the Louisiana Department of Health and Hospitals to provide crisis counseling to many victims of Hurricanes Katrina and Rita.



**Jay Little, M.S.**, has been in the management and (lay) counseling fields for 15 years. He is obtaining his M.S. in clinical counseling from Lenoir-Rhyne University, while working for the Carolina United Program. He is married, and he and wife are expecting their first child this year.



**William Wells, M.S.W.**, has been in the human services fields for over 40 years, the last 10 of which involved emergency preparedness and response. He obtained his M.S.W. from the University of South Carolina and is the proud father of a lovely 35-year-old daughter and an energetic 13-year-old son.

## The Dialogue Reader Responses

In this section, read selected responses from readers about their thoughts on previous issues of The Dialogue. Find past issues at <http://www.samhsa.gov/dtac/resources/dialogue>. If you have a comment about an article, send it to [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).

### **Klaryce from New Castle, Pennsylvania, writes:**

Back in 2005, I had the opportunity to visit the museum for the Oklahoma City bombing, and the memories of that visit are still so vivid even now.

I am not from Oklahoma and have never lived there. I did not know anyone who was directly affected by the bombing. I was just visiting and happened to end up at the memorial museum. Seeing the pictures of the destruction and all of the exhibits was such a sad experience. I remember seriously crying while walking through the museum. It was heartbreaking. Even as I write this message and think back on the experience, my eyes are welling up with tears.

I also remember thinking that it was really impressive—the effort and thought that must have gone into designing the museum and the order of the exhibits. It was very structured as I felt like I was walking through April 19, 1995. It was clear that the organizers of the museum had a message they were telling with the whole design.

It was such a somber experience. I haven't been back to that museum since, and I'm not sure that I'd want

to revisit it, but I'm really glad that I had the chance to at least visit there once. It gave me a real appreciation of what the folks in Oklahoma City went through with that event.

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Read more about the Oklahoma City National Memorial and Museum at <http://www.samhsa.gov/sites/default/files/dtac/dialogue-vol-12-issue-2.pdf>

### **Kelli from Frankfort, Kentucky, writes:**

I was finally able to get around to reading the Dialogue 2016, Volume 12, Issue # 2. On Page 6 under “Recent Technical Assistance Requests,” I was reading the request “A Community Prevention Professional contacted SAMHSA DTAC about resources for addressing the mental health needs of first responders and guidance on establishing peer support groups.”

I wanted to remind some and let new folks know that this is what we the Kentucky Community Crisis Response Board does on a daily basis. We have been doing this for 19 years though we were established in Statute 20 years ago. We train a lot of first responders and others in Critical Incident Stress Management and have a team of 167



first responders, behavioral health, military, coroners, nurses, teachers, faith based, hospital chaplains, fire, and law chaplains. We also have a Kentucky Law Enforcement Assistance Program strike team that provides Critical Incident Stress Management to other law enforcement. We are a peer-driven team. ■

## Recent Technical Assistance Requests

In this section, read about recent questions SAMHSA DTAC staff have answered, technical assistance (TA) requests received, and responses to past articles in The Dialogue. Send your questions and comments to [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).

**Request:** SAMHSA DTAC received a request for assistance from a person looking for training to become a crisis counselor for purposes of career enhancement.

**Response:** SAMHSA DTAC sent the following resources to this individual.

- **Centers for Disease Control and Prevention (CDC) Preparedness and Emergency Response Learning Centers (PERLC)**

CDC funds 14 centers across the United States. The PERLC in several states offer disaster response-related courses online free of charge.

<http://www.cdc.gov/phpr/perlc.htm>

- **Federal Emergency Management Agency (FEMA) Citizen Corps**

The mission of Citizen Corps is to “harness the power of every individual through education, training, and volunteer service to make communities safer, stronger, and better prepared to respond to the threats of terrorism, crime, public health issues, and disasters of all kinds.”

<http://www.ready.gov/citizen-corps>

- **FEMA Community Emergency Response Team (CERT) Program**

This program educates people about disaster preparedness for hazards that may affect their area and provides training in basic skills in emergency response.

<https://www.fema.gov/community-emergency-response-teams>

- **American Red Cross: Disaster Mental Health Worker**

Red Cross disaster mental health volunteers are licensed psychiatrists, psychologists, psychiatric nurses, social workers, school counselors, and marriage and family therapists. They volunteer to

be trained in specialized disaster counseling skills and then travel to disasters to help victims and relief workers deal with the trauma and stresses of disaster.

<http://www.redcross.org/take-a-class/disaster-training>

**Request:** SAMHSA DTAC received an email from a state disaster behavioral health coordinator (SDBHC) who had a “white powder incident” in a hospital in her state and was interested in guidance on how hospitals can handle the behavioral health aftermath of false alarms during a critical incident event.

**Response:** In response to this request, SAMHSA DTAC sent the SDBHC the names of two SDBHCs who have experience in the area of critical incident response, as well as the following resources:

- SAMHSA DTAC *Supplemental Research Bulletin: Disaster Behavioral Health Interventions Inventory*: <http://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>

- An article titled “Emotional and Behavioral Consequences of Bioterrorism: Planning a Public Health Response”: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690224>

- Risk Communication Toolkit for Local Health Agencies—New Jersey Department of Health: [http://www.state.nj.us/health/er/documents/lha\\_risk\\_comm\\_toolkit.pdf](http://www.state.nj.us/health/er/documents/lha_risk_comm_toolkit.pdf) ■

## Texas Flooding: A Team Bands Together

By **Nancy R. Divis**, *LCSW, Crisis Counselor, Texans Recovering Together*; and **Teresa R. Gonzales**, *Team Lead Crisis Counselor, Texans Recovering Together*

On May 24, 2015, severe weather erupted across Texas, leaving 24 people dead and hundreds injured. Fifteen hundred homes sustained major damage or were destroyed, leaving hundreds of people to seek shelter. Texas experienced tornadoes, severe thunderstorms, damaging winds, large destructive hail, and record-breaking rainfall, which produced widespread flash flooding. The National Weather Service reported that the total amount of rain received in May exceeded 37 trillion gallons, enough to cover the entire state of Texas with 8 inches of water.

The severe weather across Texas resulted in Governor Abbott issuing a state disaster declaration for 94 of the 254 counties in Texas. Of the 94 declared counties, 23 counties were submitted to President Obama for consideration of a federal disaster declaration, and all were approved. The price of living in the Hill Country along the Blanco River was unprecedented.

Hill Country Mental Health and Developmental Disabilities recruited a team of six mental health professionals to embark on the mission to provide emotional support and resources to survivors.

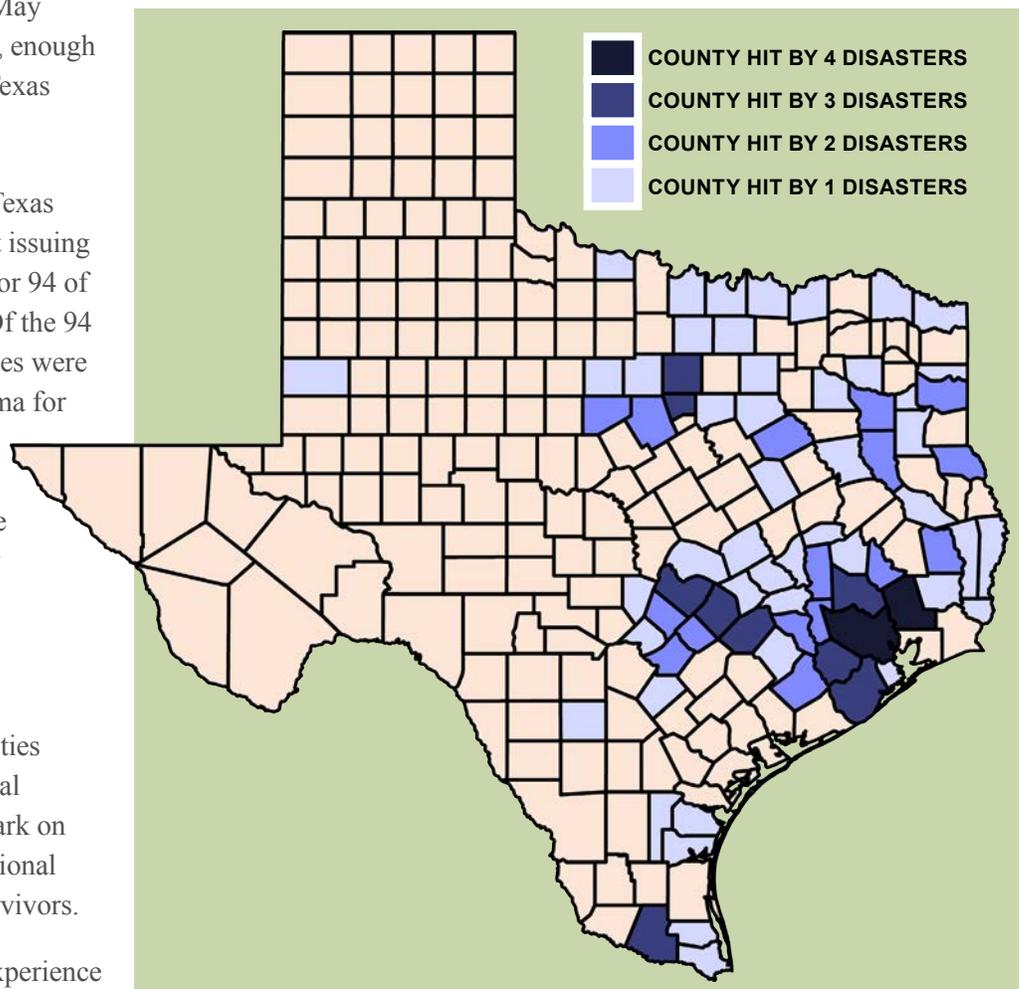
We all had many years of experience

**Stress is caused by being “here” but wanting to be “there.”**

—Eckhart Tolle

providing intervention services. We felt confident in our abilities to provide quality service to the survivors. The early days were long and demanding as we problem solved, linked survivors to services,

and, most importantly, listened to the stories survivors needed to tell. We heard the stories of loss, of homes and neighborhoods destroyed, deaths of beloved pets, of neighbors, and family members. Some perished immediately in the floodwaters or they died later, the result of flood-related health conditions. We strived to educate ourselves about community resources; application processes and deadlines; and donation center locations.



## From Bad to Worse

For Central Texans, the recovery became much more complicated, when less than 6 months after the Memorial Day floods, torrential rain again fell over the area. Another national disaster was declared covering an even larger geographic area. This second flood contributed to a general feeling of vulnerability in the communities. We could no longer rationalize the record-breaking May flood as an extremely rare event. The idea of a 100- or 500-year event became a sick joke. Not only could it happen again, it did. In the city of San Marcos, the October 2015 floods hit the very same neighborhoods affected by the



Memorial Day floods. Some folks had only been back in their homes a few weeks. Many were still working on repairs.

This second event created a second task force of crisis counselors. Coordinating our work became more challenging since the two task forces needed to operate separately, although we often served people affected by both floods. Bureaucratic snarls became more frequent as federal, state, county, and local agencies staked out their territory, and we were often in the middle of political battles we didn't understand.

We saw community resources dry up. Volunteer groups were drawn to other disaster areas in Texas and

*Left: Cocktail ring found on riverbank during riparian tree and vegetation planting along the Blanco River in Wimberley. Photo by Teresa R. Gonzales. Below: Devastated home near the Fisher Store Bridge in Wimberley. Photo by Teresa R. Gonzales.*



**Be kind. Everyone you meet is fighting a hard battle.**

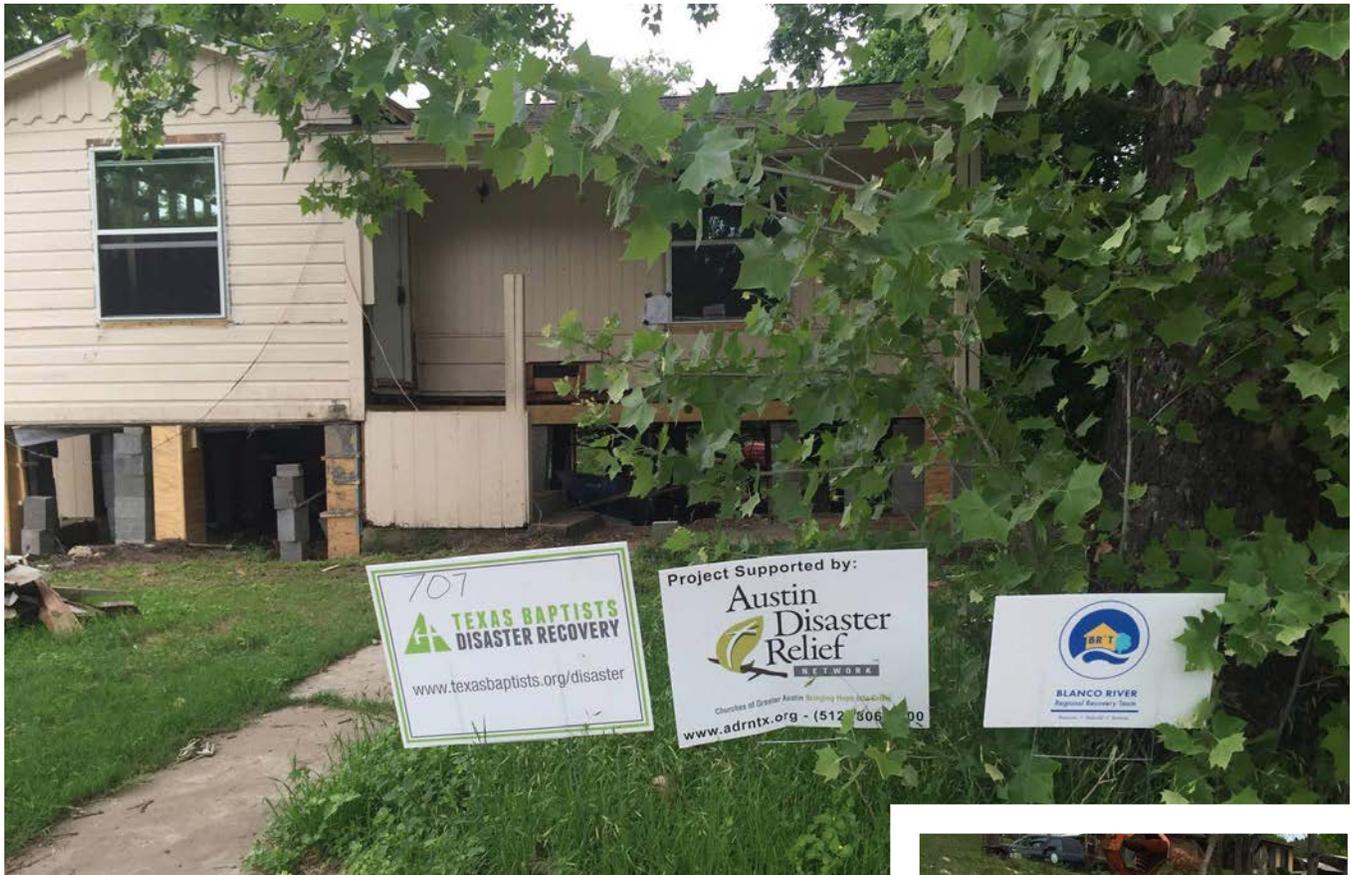
—Philo of Alexandria

around the country. Fundraising efforts stalled. People were tapped out. We frequently heard from those unaffected by the disaster that this should be over by now; folks should be moving on. They often expressed surprise that a significant part of the population was still struggling to recover. As of June 2016, more than 600 people were still awaiting case management services; a large portion of the survivors had yet to return to their homes. Many had simply decided that after multiple floods it was time to head for higher ground elsewhere.

Debris still litters riverbanks and private property. Rebuilding has slowed with many waiting to see what flood diversion programs will be put in place so that future rain events can be mitigated. Many of the flood survivors, frustrated by delays, direct these frustrations and anger toward whoever is present for the fallout, even toward those trying to help. At times we have been targeted with that emotional angst.

## Self-Care While Caring for Others

Texans Recovering Together continues to operate on the ground, in homes and at community events, offering linkage to resources,



community education, and crisis counseling. But from the beginning of our work a year ago, we have been instructed, cajoled, and encouraged to take care of ourselves so that we could do the job; individually and as a team we had to learn to be resilient as well as resourceful. Just as we ask of those we serve, we must commit to self-care and stress management. Our leadership asked us to see self-care as an ethical requirement. After all, how could we do the best job if we were sick, tired, burned out?

Fortunately, our leadership made self-care part of our mission and our training. From our team leads, we were constantly reminded and encouraged to work within 40-hour

work weeks, to take time for lunches together, to staff difficult cases with our colleagues, and to share tips on successful strategies for self-care. We learned to acknowledge and celebrate our successes, however small they might be.

The training we have received through the state, the Federal Emergency Management Agency and SAMHSA, and national religious organizations emphasized the need for self-care and self-monitoring. One of the most helpful aspects of this training dealt with compassion fatigue.

Compassion fatigue results from a combination of the **secondary experience of trauma** as we



Top: San Marcos home in Blanco Gardens neighborhood nearly 1 year from the Memorial Day flood and 6 months since the All Saints' Day flood. Photo by: Teresa R. Gonzales. Above: Debris found in river from All Saints' flood. Photo by: Teresa R. Gonzales

hear these accounts from the survivors, and **burnout**, which tends to be caused by organizational frustrations. As crisis counselors, we tend to be empathetic and want to be helpful. However, this puts us at greater risk for compassion fatigue. What program trainers remind us is that in this work, we are not in control of our outcomes. Whatever satisfaction we get from our work won't necessarily come from how things turn out but from whether we did the best we knew how to do and that we worked according to our values and our mission. Shifting focus from outcome to "job well done" is challenging. It usually

requires courageous conversations with ourselves and with our colleagues whenever we lose focus. Frustration is the wake-up call that our focus is badly aimed.

These courageous conversations should also include concerns about physical and emotional health. As a team, we experienced more than our normal health issues, whether from unhealthy habits or because

of the contaminated environments in which we often worked. Our coping choices were not always the textbook version we promoted for others and at times included an unhealthy diet, poor sleep habits, and excessive drinking.

Fortunately, we share a sense of humor. We laugh whether we're at lunch together, on the road to a community event or a training, or engaged in a team-building exercise involving bandanas, two boards, and cement blocks to cross a "toxic river." Trust me, this latter exercise could be the subject of a whole new article.

It's been quite a ride. ■

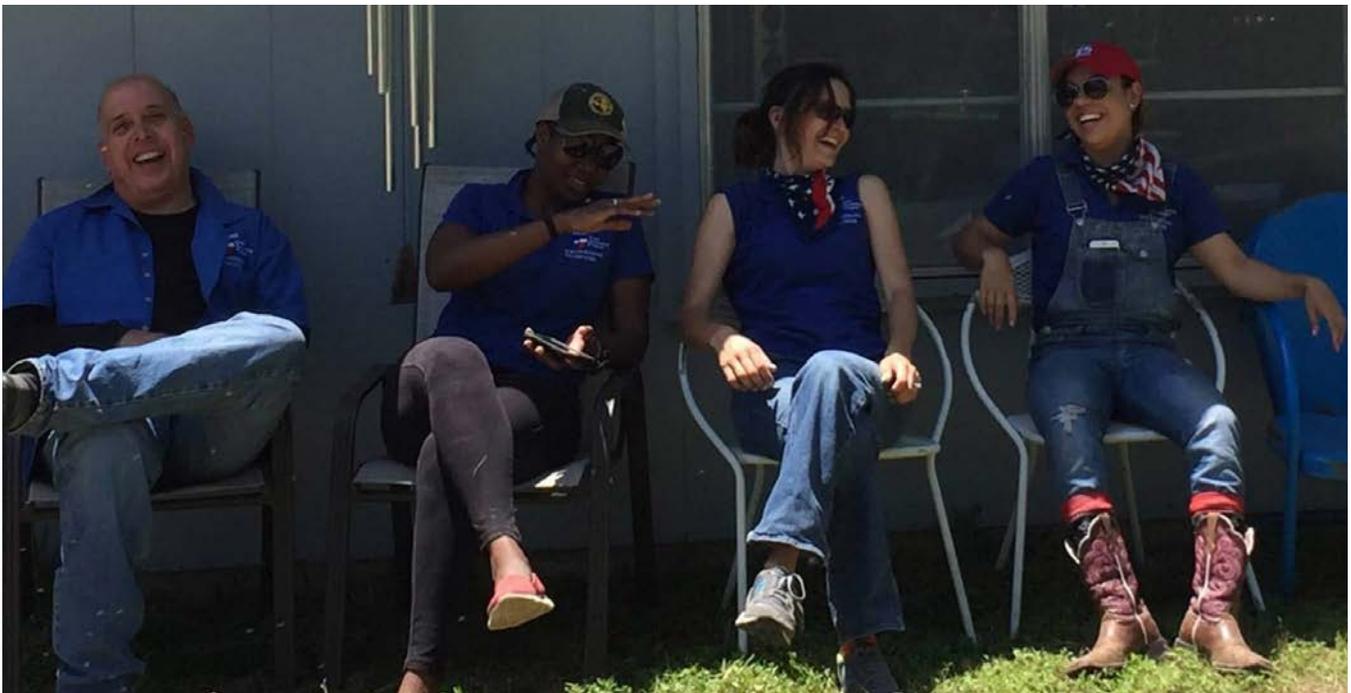
**It always seems impossible until it's done.**

—Nelson Mandela



*Left:* Blindfolded team members during "toxic river" team-building exercise. Photo by: Nancy R. Divis.

*Below:* Team-building by performing acts of service to help meet needs of survivors brought joy to the team and helped them manage stress. Photo by: Teresa R. Gonzales.



## Promoting On-the-Job Stress Management Among Disaster Behavioral Health Coordinators and Responders

By **Charlie Cook**, Executive Director of *Hearth Connection*, and Former Executive Director of the *Louisiana Spirit Hurricane Recovery Program*

**I don't need no stinkin' stress management:** We've all taken the training on stress management: eat right, get plenty of sleep, get some exercise, drink a lot (water of course), use breathing techniques and meditation maybe; so that's not what this article is about. All of that is good, and we need to pay attention. But then there is the reality of responding to disasters. There are a few given stressors in doing the work of behavioral health after a disaster—vicarious trauma, heavy workloads, and my favorite, administration. The following discusses some of the other causes of stress and some practical ways of mitigating the effects.

**Nightmares:** We will often turn to “war stories” in casual conversations among a group of experienced disaster behavioral health workers. Things seen or experienced, exposure that remains etched in our brains and evokes strong emotions weeks, months, or years later. I can describe in detail a number of circumstances that touched me, angered me, scared me, hurt me. When they occur is somewhat random, and not always when you might expect. For me, exposures



while working a small tornado in Georgia and localized flooding in Kentucky hold as much power as some in the Oklahoma City bombing or Hurricane Katrina. If you are doing disaster behavioral health work, you will be affected. You will get hurt. Talking it through with others helps make sense of your reactions. We all have nightmares.

**I forgot to eat:** Twelve-hour days seem fairly normal in this work, writing a grant, report, or plan seems to last forever, and it's really never good enough or quite complete. There are more calls to make, emails to respond to, and reports to read. We better get the latest documentation, and why does every agency have a different damage report? Why does it take so long to hire—what's the holdup? Who is organizing the training? FEMA wants counselors at all eight of the Disaster Recovery Centers. Everything is Priority #1.

“At 7:00 that evening I realized I had not eaten all day, got a bucket of fried chicken and a half gallon of chocolate milk. Not such a good idea.”

### Managing Stress: A Few Ideas

- 1. Know your limits.** You are human and flawed. Avoid unnecessary exposure.
  - a. Share your experiences with someone you trust—it's what you would tell others to do.
  - b. Make it okay for you and your team to talk about exposure and vulnerability.
  - c. Make sure you and everyone working the disaster has access to counseling.
  - d. Have a cup of coffee with a friend who is not involved with disaster response, preferably someone who wants to discuss clothes, sports, or NASCAR.
  - e. Know and understand your own resilience and what contributes to your own ego strength, and rely on that.

**2. Keep life predictable.** Create a schedule that allows for routine interaction with loved ones, friends, and your pet.

- a. Get up at the same time and go to bed at the same time.
- b. Eat at the same times every day.
- c. Listen to some music you love that always makes you feel good.
- d. Exercise every day, whatever you can do, even for 5 minutes.
- e. Mow the lawn, iron your clothes, or do some other mindless but

productive activity at least once a week.

**f.** Do not make major life changes or decisions in the midst of a disaster.

**3. Know the response plan.**

- a. Update contact information constantly.
- b. Create an information flow chart, from whom, to whom, and the sequence; work backward from deadlines.
- c. Inform others relentlessly; you never want to hear “I didn’t know...”

**d.** Checklists (yes, plural) are your friends.

**e.** Make time for your training.

**f.** Make a to-do list of things you’ve already done and then check them off. It just feels good and you’ll have something you can report to your boss.

By following these steps, you won’t be able to eliminate stress completely—after all, it is a disaster—but you should be able to get through it healthier and better prepared for the next one. ■

## Sources of Stress for Responders



Source: Centers for Disease Control and Prevention: *Disaster Mental Health for Responders: Key Principles, Issues and Questions*

## SIGNS OF STRESS

An increase or decrease in your energy and activity levels

An increase in your alcohol, tobacco use, or use of illegal drugs

An increase in irritability, with outbursts of anger and frequent arguing

Having trouble relaxing or sleeping

Crying frequently

Worrying excessively

Wanting to be alone most of the time

Blaming other people for everything

Having difficulty communicating or listening

Having difficulty giving or accepting help

Inability to feel pleasure or have fun

## LONG-TERM EFFECTS OF STRESS



**Immune system.** Constant stress can make you more likely to get sick more often. And if you have a chronic illness such as AIDS, stress can make your symptoms worse.



**Heart.** Stress is linked to high blood pressure, abnormal heartbeat (arrhythmia), blood clots, and hardening of the arteries (atherosclerosis). It's also linked to coronary artery disease, heart attack, and heart failure.



**Muscles.** Constant tension from stress can lead to neck, shoulder, and lower back pain. Stress may make rheumatoid arthritis worse.



**Stomach.** If you have stomach problems, such as gastroesophageal reflux disease (GERD), peptic ulcer disease, or irritable bowel syndrome, stress can make your symptoms worse.



**Reproductive organs.** Stress is linked to low fertility, erection problems, problems during pregnancy, and painful menstrual periods.



**Lungs.** Stress can make symptoms of asthma and chronic obstructive pulmonary disease (COPD) worse.



**Skin.** Skin problems such as acne and psoriasis are made worse by stress.

Source: WebMD Medical Reference from Healthwise

## Stress Management When Implementing a CCP Grant: A Carolinian Perspective

Contributed by **Jay Little, M.S.**, Program Director of Carolina United; and **William Wells, M.S.W.**, Program Manager, Emergency Preparedness and Response

During the floods of October 2015, the Carolinas were pummeled by 11 trillion gallons of water in roughly 1 week, an amount of precipitation that would have been enough to end California's drought. On October 5, 2015, a Presidential disaster declaration (SC-4241) was issued for eight counties in South Carolina. On October 19, the South Carolina Emergency Management Division (SCEMD) applied for a Crisis Counseling Assistance and Training Program (CCP) Immediate Services Program grant to cover the first eight and, later, another 12 counties identified as affected by the disaster. SCEMD partnered with the South Carolina Department of Mental Health (SCDMH), the state mental health authority, to implement Carolina United. To date, this SCDMH program has reached more



than 100,000 South Carolinians in 20 counties, and has succeeded in helping provide referrals and other services with fewer than 30 staffers.

### Dealing With Nuts and Bolts

Because SCDMH is a state agency, and therefore subject to laws and regulations affecting government entities, the establishment of positions, ordering of supplies, and hiring of staff was expedited whenever possible. Because no activity involving the program's budget could be performed until the award letter was in hand, basic supplies, such as cell phones and laptops, were not available until the end of the third week of operation. Carolina United staff were able to train its initial four teams beginning November 9, less than 1 month

#### Effects of Stress on **YOUR BODY**

- ➔ Having stomachaches or diarrhea
- ➔ Having headaches and other pains
- ➔ Losing your appetite or eating too much
- ➔ Sweating or having chills
- ➔ Getting tremors or muscle twitches
- ➔ Being easily startled

#### Effects of Stress on **YOUR EMOTIONS**

- ➔ Being anxious or fearful
- ➔ Feeling depressed
- ➔ Feeling guilty
- ➔ Feeling angry
- ➔ Feeling heroic, euphoric, or invulnerable
- ➔ Not caring about anything
- ➔ Feeling overwhelmed by sadness

## Stress Reduction Techniques:



after receiving the funding award. The program is off to an ambitious start because of the diligent work of SCDMH administration and service personnel.

Carolina United team members work out of SCDMH community mental health centers to provide services in local communities. Some program crisis counselors found it overwhelming to see and hear the people who were financially,

physically, or mentally distressed, but ashamed or afraid to be referred for assistance. The counselors have also expressed frustration both with trying to locate resources and a lack of available resources.

### The Importance of Self-Care

Both the Program Director and community mental health clinical staff monitor and assess team members' mental and emotional health status, to ensure they are coping with the stressors of

their roles. The stress that crisis counselors report arises mainly from the frustration of learning internal state processes, correctly completing travel sheets, entering attendance into the agency computer system, and experiencing processing delays on equipment and informational needs.

The program team members have had to learn how to care for their community as well as themselves, and quickly. As such, they adopted an early, simple strategy of self-care. The Program Director reminds team leads about the importance of self-care and these techniques during weekly conference calls, onsite visits to teams, and via text and email. Communal meals, attention to diet, good mental health, and leisure/rest are integral to ensuring that team members care for themselves as well as those they seek to help. ■

### Effects of Stress on **YOUR THINKING**

- ➔ Having trouble remembering things
- ➔ Feeling confused
- ➔ Having trouble thinking clearly

Source: SAMHSA's *Coping With Stress during an Infectious Disease Outbreak*



## RECOMMENDED RESOURCES

### Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders

Presented by an expert who developed a tool to measure compassion satisfaction (CS) and compassion fatigue (CF), this presentation defines CS and CF, provides details of the ProQOL (Professional Quality of Life Scale) by which they can be measured, and offers strategies for responders to help increase their CS and avoid the likelihood of CF during and after their work.

View the webcast at <http://bit.ly/1U9GUBd>

Check out companion tip sheets in English at <http://1.usa.gov/1K2erMy> and Spanish at <http://1.usa.gov/1Q4UWHI>

### Tip Sheets About Stress Management for Responders

These SAMHSA DTAC tip sheets provide information and suggestions for preparing for deployment, stress prevention and management during disaster response, and coping with issues for responders that may arise as they return to work.

Download *Tips for Disaster Responders: Preventing and Managing Stress* in English at <http://1.usa.gov/21mEROo> and Spanish at <http://1.usa.gov/1sGwsKD>

Download *Tips for Disaster Responders: Returning to Work* in English at <http://1.usa.gov/23aoxle> and Spanish at <http://1.usa.gov/1XXhQnx>

### Self-Care for Disaster Behavioral Health Responders

This webcast identifies aspects of disaster response that may cause stress for responders, presents best practices in responder self-care, and explains how managers and organizations can support responders in maintaining good behavioral health throughout their response work.

View the webcast at <http://bit.ly/1rq69a8>

Access the presentation at <http://1.usa.gov/1XpBtDG>

### Disaster Responders DBHIS Installment

Part of SAMHSA's Disaster Behavioral Health Information Series (DBHIS), this collection of resources covers self-care and stress management for disaster responders, as well as other topics relevant to disaster response, such as post-disaster behavioral health interventions and sources of additional support for responders.

View the installment at <http://1.usa.gov/1S5Aib7> ■



# Behavioral Health is Essential To Health

Prevention Works • Treatment is Effective • People Recover

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