

**SAMHSA**

Substance Abuse and Mental Health  
Services Administration

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Produced by the SAMHSA Disaster Technical Assistance Center

# the Dialogue

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A photograph of firefighter gear hanging on a dark wall. On the left, a brown firefighter jacket with reflective yellow and silver stripes is hanging. In the center, a red and yellow firefighter helmet is hanging. On the right, another brown firefighter jacket with reflective stripes is hanging, with a clear face shield attached to it. The scene is lit from the side, creating strong shadows.

**First Responder Training**

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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 disaster behavioral health response.

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 or receive *The Dialogue*, please call 1-800-308-3515, email [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

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## In This Issue

Disaster response work can be very rewarding for those involved; however, it can also take a toll on your mental and physical health. First responders come face to face with terrible and highly stressful situations on a regular basis and need to develop healthy coping strategies to handle the stress. It is crucial for first responders to take steps to protect themselves from potential mental health effects, such as posttraumatic stress disorder, resulting from disaster response work.



One way to mitigate the effects of stress is support from supervisors and coworkers. Support from organizational leadership and coworkers is essential to establish a work environment that encourages responders to feel safe to seek help if needed. Additionally, organizations should clearly define roles during response efforts to cut down on potential sources of stress. Responders should also keep in mind that situations may change once the response begins. Flexibility is key!

Prior to deployment, proper training to educate first responders about the mental health needs of survivors may encourage responders to feel more confident in their ability to help survivors. First responders also need to be trained to assess their own mental health as well as their coworkers'. Stress management techniques are an important tool for first responders. These pre-disaster actions may lead to decreased on-the-job stress.

This issue of *The Dialogue* focuses on trainings available for first responders to help mitigate the stress and trauma they encounter every day on the job. We start off the issue with an article about the first responder trainings developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). These trainings are available online, free of charge. The next article discusses a training curriculum developed after

September 11 to better prepare first responders to effectively handle the mental health needs of disaster survivors. We then move to an article written by a first responder who provided disaster behavioral health training in the U.S. Virgin Islands after Hurricanes Irma and Maria. We conclude the issue with an article from a law enforcement trainer on improving organizational and personal flexibility after a disaster among first responders. This article also addresses the importance of self-care.

Do you know of a training that would benefit first responders? We encourage you to contact us to share your recommendations. ■

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## Contributors



**Barry A. Hong, Ph.D., ABPP** is a Professor of Psychiatry at Washington University School of Medicine. He holds joint appointments in the Department of Medicine and in the

Department of Psychology. He is the Vice-Chairman for Clinical Affairs in Psychiatry and the Chief Psychologist for Barnes-Jewish Hospital. He is an active researcher funded by the National Institutes of Health (NIH) concerning living organ donors, hepatitis C treatments, and the study of interstitial cystitis (functional pain). He has been one of a team of NIH investigators who have conducted medical and psychological follow-up studies of over 2,500 living kidney donors and several hundred living lung donors from multiple transplant centers. Presently, he is working with the National Living Donor Assistance Program, a project which has facilitated over 5,000 living kidney transplants. Together with Dr. Carol North, he has published on disaster mental health and posttraumatic stress disorder.



**Brenda Mannix, LMSW** is an Emergency Medical Services Lieutenant at the Rockville Volunteer Fire Department where she has served for over 7 years. She is also the Vice

President of the organization. Ms. Mannix is a licensed master of social work working as a consultant. In addition, she also works as an instructor at Montgomery College. Ms. Mannix has 22 years of experience working with the SAMHSA and other federal agencies, including her role as Special Assistant to the Deputy Administrator of SAMHSA. In that capacity, Ms. Mannix led a wide range of efforts to improve policy and operations within the agency, such as changing the

grants and contracts policy review and approval process, the Office of Management and Budget clearance process, and the indefinite delivery/indefinite quantity competition process. Ms. Mannix worked in several other capacities within SAMHSA developing and enhancing program analysis, leading business process improvement efforts, and providing expertise in several key program areas such as disaster preparedness and response and suicide prevention. In 2005, Ms. Mannix served as the Incident Commander for the Hurricane Katrina, Rita, and Wilma responses—a 24/7 job—for the SAMHSA Emergency Response Center. Under her leadership, SAMHSA deployed or arranged for the deployment of nearly 3,000 mental health and substance use professionals to assist the states and communities disrupted by Hurricanes Katrina and Rita. Ms. Mannix trained agency personnel in the incident command structure, functions, and roles as the agency was implementing it and delivering services. Ms. Mannix also visited the affected states to provide oversight to the disaster behavioral health teams, liaise with local and state officials to better understand ongoing needs, and provide technical assistance.



**Carol S. North, M.D., M.P.E., DLFAPA** serves as Medical Director of the Altshuler Center for Education & Research at Metrocare Services in Dallas, Texas. Holding the Nancy and

Ray L. Hunt Chair in Crisis Psychiatry, she is a board-certified Professor with tenure in the Department of Psychiatry at The University of Texas Southwestern Medical Center in Dallas, Texas, where she is Director of the Division of Trauma and Disaster. Dr. North completed medical school and residency training in psychiatry at Washington University School of

Medicine in St. Louis, Missouri, followed by a National Institute of Mental Health postdoctoral fellowship and a master's degree, both in psychiatric epidemiology, at the same institution. Dr. North has been an international leader in shaping the science of disaster mental health, continuously conducting federally funded research for more than a quarter of a century, and has studied 3,500 survivors of 15 major disasters of all types.



**Leslie Weisman, LCSW** has over 30 years of experience in the mental health and criminal justice sectors. She retired from Arlington County, Virginia, as a Bureau Chief in the Behavioral

Healthcare Division of the Department of Human Services (DHS). Ms. Weisman provided oversight to the Crisis Intervention Center, intake and discharge planning services, Forensic Case Management/Jail

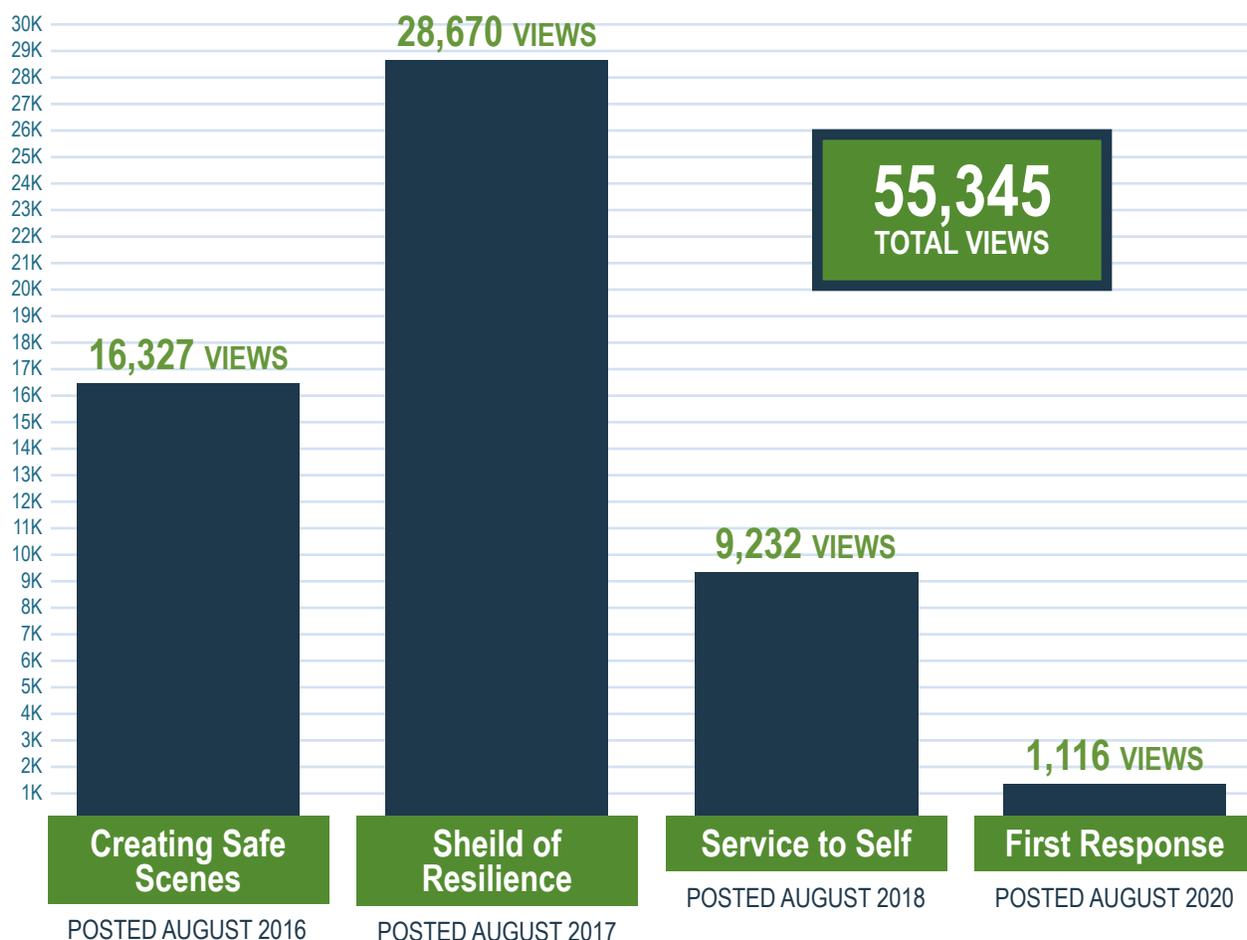
Diversion, to include Crisis Intervention Team training, and homeless outreach. She also co-led a DHS-wide Trauma-informed Care Initiative. She functioned as the Mental Health Liaison to the Arlington County Police Department's Crisis Negotiation Unit. Ms. Weisman is an adjunct instructor at the Northern Virginia Criminal Justice Academy where she trains law enforcement and dispatchers on trauma, self-care, flexibility in times of trauma, mindfulness, and meditation. She has presented at local, state, regional, and national conferences related to emergency mental health and the provision of mental health expertise to law enforcement. Ms. Weisman is certified in Psychological First Aid Training and Critical Incident Stress Debriefing. Ms. Weisman was a participant on the Diane Rehm Show (nationally syndicated NPR production) in December 2012, representing the community mental health perspective after the Sandy Hook tragedy. She is a licensed clinical social worker in Virginia as well as a registered yoga teacher with a certification in yoga for first responders.



## TECHNICAL ASSISTANCE SNAPSHOT

### Views of SAMHSA's Online Training Courses for First Responders

August 2016–September 2020



## SAMHSA's Online Training Courses for First Responders

By SAMHSA DTAC Staff

First responders are disproportionately affected by disaster behavioral health issues. In fact, 30 percent of first responders experience substance use and/or mental health issues, including, but not limited to, depression and posttraumatic stress disorder (PTSD), as compared with 20 percent in the general population (Abbot et al., 2015). First responder jobs—within law enforcement, emergency medicine, and firefighting—are physically and emotionally demanding and stress-inducing. Studies have shown that levels of PTSD in first responders are comparable to levels among war veterans, specifically those in the Iraq and Vietnam Wars (Berger, 2012).

Over the past several years, SAMHSA DTAC has been reviewing and publishing content surrounding **mental health and substance use concerns for first responders**. While the scope of this problem seems to be expanding, there remains a dearth of resources available to address it. While high-quality trainings exist, they are typically hours—or days—long and require approvals for attendance and often a fee to complete. The fast-paced, on-the-go nature of a first responder's job makes it difficult to prioritize a classroom-style



**Shield of Resilience is now a mandatory training** for the **36,000 officers** in the New York City Police Department, the largest police department in the country.

Source: Rayman, 2019

training—especially if it focuses on seeking mental health and substance use or emotional support. Too often the “hero” culture or the “suck it up” mentality prevails, resulting in stigma—or the fear of being labeled—and preventing someone needing help from seeking it.

SAMHSA DTAC has developed four free, online trainings for first responders. These trainings were designed to help anyone from a rookie police officer to a seasoned emergency medical technician (EMT) to a career firefighter improve their awareness and understanding of the mental health and substance use effects emergency response may have on themselves and their peers. These courses are meant to help first responders understand not only their increased risk for mental health and substance use issues, but also how to act—by learning the signs and risk factors to note in themselves and their peers,

and to learn where and how to reach out to for help.

The intention is for training coordinators within departments and agencies to share these trainings with groups of first responders or require that they complete the courses individually. SAMHSA DTAC is also working with several police departments across the country, including the New York City Police Department, who have adapted a course into their own learning management systems for training use for hundreds, or thousands, of first responders.

Each course was developed based on research and an environmental scan of existing trainings on these topics. Beyond videos, the courses contain interactive features and assessment tools such as quizzes, scenarios, and a final exam. Real first responder faces and voices from various professions and departments



come alive in these trainings to offer their peers an authentic experience. Further, SAMHSA DTAC worked with active duty and retired first responders to develop and review the course content to ensure accuracy and relevancy.

Following are brief descriptions of each course and its objectives.

### ***First Response: Working on the Front Lines of the Opioid Crisis***

*According to the Centers for Disease Control and Prevention (CDC), drug overdoses claimed more than 630,000 lives from 1999 to 2016—and roughly 66 percent of those deaths involved an opioid, either prescription or illicit (CDC, 2018, September 10).*

This free, 1-hour, online training course was developed in response to the impact of the opioid crisis on first responders across the country. It addresses the mental and physical stressors faced by firefighters, emergency medical services personnel, and police when responding to opioid overdose calls. This course is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE).

After completing this course, you will be able to do the following:

- Describe the opioid crisis, including its extent and how it affects the critical work that first responders do.
- Describe mental health and substance use issues and mental and substance use disorders that are more common among first responders than the general public.
- Recognize the warning signs of mental and substance use disorders in yourself and your peers.
- Help reduce stigma, or negative and incorrect ideas about mental and substance use disorders—including the nature of opioid use and misuse, opioid use disorder, and addiction, and the needs of first responders.
- Identify and use stress management and healthy coping strategies.
- Share evidence-based practices and resources for self-care and positive responses to work stress.

### ***Shield of Resilience: A Course for Law Enforcement Officers***

*Law enforcement officers are more likely to die by suicide than in the line of duty (Heyman et al., 2018).*

This free, 1-hour, online course provides law enforcement officers with a foundational skill set to better understand and address the stressors that are unique to law enforcement.

Mental health and substance use issues are the most significant risk to the safety of law enforcement officers.

Shield of Resilience is a training course that helps law enforcement officers learn to recognize signs and symptoms of stress, depression, posttraumatic stress disorder (PTSD), and suicidal thoughts and actions.

This course will suggest ways to develop and build the ability to recover quickly after a trauma, and offer tips on where and how to seek help, if it is needed.

Shield of Resilience helps law enforcement officers understand the following:

- The unique stressors that law enforcement officers are exposed to in the course of their duties
- How to recognize the signs and symptoms of acute and chronic stress, depression, and PTSD
- The signs and symptoms of suicidal ideation and how to talk with a fellow officer who may be experiencing suicidal thoughts
- How to facilitate peer-to-peer mental health and substance use issues support

Studies of the psychological impact of disasters on responders show that provision of **pre-disaster training and information enables individuals to be emotionally and cognitively ready for what they may face**, leading to better well-being outcomes.

Source: Brooks et al., 2016

- The resources and support tools that help build flexibility during recovery
- Where to find help and support for themselves or fellow officers

### **Service to Self: Behavioral Health for Fire and EMS Personnel**

*Individuals serving dual emergency medical services (EMS)/firefighting roles had six times the likelihood of suicide attempts as compared to those serving in firefighting roles only (Stanley et al., 2016).*

Service to Self: Behavioral Health for Fire and EMS Personnel is accredited CAPCE. Course participants complete a final exam to obtain continuing education credit.

This 60-minute course includes relatable firsthand video accounts from volunteer and career firefighters and EMTs, as well as helpful resources and interactive components to support learning.

This course is designed to help firefighters and EMS personnel to:

- Be aware of risk factors for and prevalence of mental health and substance use issues in their professional communities.
- Recognize the warning signs of

mental health and substance use issues in yourself and your peers.

- Discuss mental health and substance use-related issues with colleagues to help reduce stigma.
- Identify and use stress management and healthy coping strategies.
- Be aware of and share evidence-based practices and resources for increasing capacity to cope with occupational stressors.

### **Creating Safe Scenes: A Training Course for First Responders Helping Individuals in Crisis**

*People with mental illness may be more vulnerable to injury because officers misinterpret their behavior and demeanor (Kerr et. al, 2014).*

Creating Safe Scenes helps first responders use safe, positive approaches to assist individuals in mental illness or substance use crisis. The course, which is CAPCE accredited, is designed to help first responders understand more about mental health, mental illness, and substance use disorders so they can better assess risks and apply the safest strategies for taking care of themselves and the individuals in crisis. Course participants complete a final exam to obtain continuing education credit.

Creating Safe Scenes helps first responders:

- Understand how individuals come to experience a mental health or substance use crisis
- Understand how best to make a safe connection with an individual experiencing a crisis
- Learn about de-escalation strategies for working with people in crisis
- Learn strategies for developing community networks and referral resources
- Understand how to improve the safety of both the responder and the individual in crisis

That these training courses have been viewed and shared by first responders thousands of times since their posting on the SAMHSA website is a positive indication that we are addressing the very real mental health and substance use issues first responders face. The common goal of these courses is to help make it easier to talk about these realities, and to acknowledge that asking for help is an important way to care for ourselves and one another. ■

## ***P-FLASH***®: An Empirically Based Disaster Mental Health Training Program

By **Barry A. Hong, Ph.D., ABPP** and **Carol S. North, M.D., M.P.E., DLFAPA**

Mental health and healthcare professionals, first responders, and others who work with disaster survivors must be prepared to respond effectively to mental health needs. Well-designed training programs can support this mission. New York City's mental health community was largely unprepared to meet the psychological needs of survivors after the September 11, 2001, terrorist attacks on the World Trade Center. Few mental health professionals in the area had experience caring for distressed survivors of large-scale disasters or training to prepare them for their new roles in disaster mental health.

The September 11th Fund was created by the New York Community Trust and the United Way of New York City to address the psychosocial needs of 9/11 victims and their families through both direct services and training programs. The Fund contracted with us to develop and deliver a 9/11 disaster response curriculum similar to the mental health training we had created for St. Louis area community leaders after the great Midwestern floods of 1993. We were joined by Dr. Betty Pfefferbaum, who provided child and family disaster mental health expertise from her Oklahoma City bombing

response and research efforts. With input from local expert consultants, we produced the *“Practical Front Line Assistance and Support for Healing”* (*P-FLASH*®) training program (North et al., 2008).

The *P-FLASH* curriculum was delivered in a day-long presentation to groups of 12–25 mental health professionals. *P-FLASH* was distributed by local professionals to encourage communities to continue using it after we developed the original program. A 2-day “train-the-trainer” model for local presenters was organized around an easy-to-follow slide deck and a



manual with detailed background for each slide, imparting consistency of presentation and fidelity to the curriculum.

Sections of the *P-FLASH* curriculum cover 1) empirical disaster mental health research, providing the foundation for disaster response; 2) assessment of mental health needs, which is fundamental to choosing effective interventions; and 3) formal treatment and other interventions. An important feature of *P-FLASH* is that it builds from empirical disaster mental health research in establishing decision paths for assessment and intervention efforts (summarized in other publications, such as North et al., 2018, and North et al., 2013). The *P-FLASH* curriculum provides detailed instruction on treatment of PTSD and other post-disaster mental illness, and Psychological First Aid (PFA) for psychological distress, directed by assessment findings. Four enduring principles of disaster mental health response summarize relevant scientific findings to organize disaster response recommendations.

The **first principle** is that post-disaster mental illness must be separated from the distress people commonly experience after a disaster. This difference is critical for choosing interventions appropriate to needs: mental illness requires professional treatment, but distress can be addressed through crisis counseling and PFA. Many do not realize that disaster survivors often



recover quickly from psychological difficulties. Research findings show that only 30–45 percent of people exposed to disasters develop PTSD or other psychopathology. Most people, however, experience psychological distress. Thus, individuals providing mental health assistance after disasters are more likely to encounter survivors with emotional distress than mental illness. Clinicians may see survivors with emotional and behavioral responses to disasters that they have not previously encountered. They also may need to adopt new approaches to provide care in nontraditional settings; conduct focused, rapid assessment; and have effective encounters with individuals they see only one time.

The **second principle** is that PTSD, the signature diagnosis among

mental illnesses linked to disaster, is a reasonable initial focus of assessment. People must be exposed to trauma to be diagnosed with PTSD, which is usually the most prevalent post-disaster disorder, occurring in 20–35 percent of people; major depressive disorder is typically second in frequency. These disorders may lead to substantial suffering and functional impairment, thus requiring attention. Because PTSD is usually comorbid with other disorders, assessment and treatment must be more broadly focused than for PTSD alone. Self-report symptom questionnaires may be useful for screening and referring to treatment, but diagnosis requires assessment of full psychiatric criteria and is needed for choosing appropriate treatment. Psychiatric symptoms usually begin quickly, but they must last at least 1 month

for a diagnosis of PTSD and at least 2 weeks for a diagnosis of a major depressive episode. Recovery may not occur for months or years if at all, highlighting the need for mental health services over the long term.

The **third principle** is that alcohol and drug use after disasters may increase somewhat over limited timeframes, but disasters do not regularly lead to new alcohol or

drug use disorders. Individuals with preexisting substance use disorders may need extra support after disasters, and the post-disaster setting may be an opportunity for identification and care of these disorders.

The **fourth principle** is that understanding the risk for post-disaster mental illness can help focus efforts toward the most

vulnerable groups. Women have twice the risk for PTSD and post-disaster depressive and anxiety disorders, but men have higher risk for substance use disorders. Preexisting mental illness doubles the risk for development of PTSD. These factors are even stronger predictors of PTSD than severity of trauma exposure. Major avoidance and numbing symptoms are strong predictors of PTSD, whereas intrusion and hyperarousal symptoms without prominent avoidance and numbing largely reflect more common varieties of post-disaster distress.

The *P-FLASH* curriculum features separate modules tailored for first responders, clergy, child and day care center providers, medical practitioners, and medical centers. With assistance from the New York Mental Health Association, more than 5,000 people completed *P-FLASH* training during funding years 2002 through 2004. The full *P-FLASH* training was later expanded to other centers across the United States, and modified versions were developed for briefer presentations and disseminated through web-based training.

For more information about *P-FLASH*, please contact Dr. Carol North at [carol.north@utsouthwestern.edu](mailto:carol.north@utsouthwestern.edu). ■



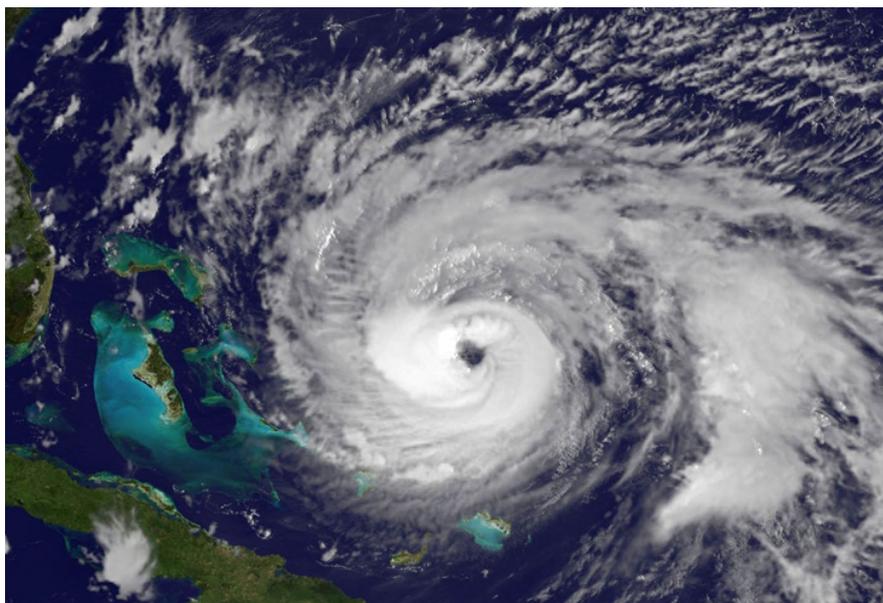
Check out the **SAMHSA DTAC *Supplemental Research Bulletin* edition, Disaster Behavioral Health Interventions Inventory**, to learn more about the full range of disaster behavioral health interventions. This publication lists interventions that can be used in the early, intermediate, and long-term disaster response phases to help survivors cope with the most common reactions. For each intervention, a table lists delivery modality and settings and populations for whom the interventions can be used.

# Training with First Responders—Lessons Learned from the U.S. Virgin Islands

By **Brenda Mannix, LMSW**

The U.S. Virgin Islands requested assistance from SAMHSA DTAC in developing an in-person training for their first responders to help first responders better assist individuals in a disaster behavioral health crisis. Over several months I worked with SAMHSA DTAC and the U.S. Virgin Islands to scope out an in-person training designed for law enforcement, fire, and emergency medical services. Some community members may attend but the target audience was traditional first responders. Several factors complicated the design of this training, including: Hurricane Maria destroyed much of the infrastructure so many services necessary to support individuals with mental health and substance use issues were no longer available; staff shortages among first responders created increased workload on top of their personal recovery needs; and managing training time so as not to create more stress for the public safety system.

Ultimately, the training format would be a 4-hour in-person training modeled after SAMHSA DTAC's online training *Creating Safe Scenes*. The training included stress management for first responders and role-playing exercises. To meet the U.S. Virgin Islands' goal of training as many responders as possible,



Hurricane Maria, Saturday, September 23, 2017. Satellite image by National Oceanic and Atmospheric Administration (NOAA).

two sessions were held per day. Our desired training outcome was very simple—have responders walk out of the room feeling they had learned something they could immediately use. According to post-training evaluations, we were successful with most participants saying they wished they had more training time or more frequent opportunities to have this training. In addition, we learned three key lessons:

**1. First responders have separate cultures and different roles to play in public service.** It is essential to understand those roles. For example, in the U.S. Virgin Islands, police, fire, and emergency medical services (EMS) are three separate systems.

How they interacted independently and together to support individuals in a mental health or substance use crisis varied by island and the community resources available on that island. For example, for all the training sessions on St. Croix, only the police attended along with a few clergy. The police played the primary role in assisting individuals in crisis. It is also important to understand that even first responders may be unclear about each other's role. In one session a spirited exchange occurred between law enforcement and EMS over a perceived lack of support for each other's roles. Law enforcement believed that EMTs were not helpful

when called to a scene to assist police after taser deployment. EMTs tried to explain they could not remove the prongs on scene. Law enforcement was also frustrated when EMTs called for assistance with a patient because they were not sure what the EMTs wanted them to do. As a nationally registered EMT myself, I was able to confirm the EMT's assertion that they are not allowed to remove the prongs from a taser deployment in the field. This can only be done at the emergency room by a physician. I was also able to help the police understand that EMS receives no training on restraints or holds so sometimes the police are needed to help protect EMTs while they are assisting someone in crisis.

**2. Attend to first responder stress levels first.** This training occurred nearly 2 years after Hurricane Maria and the police were just relieved of mandatory overtime

requirements. Nearly all of the first responders I spoke with were personally affected by the hurricane and many were still not back in their homes. All of the participants reported severe staff shortages at their organizations, increasing the workload on those that remained. Recognizing and attending to their mental and emotional health needs, allowed them to be more open and empathetic to individuals with mental health and substance use challenges.

### **3. First responders want better information and training on helping individuals with mental health and substance use needs.**

They feel the pressure of aiding when citizens call 911 about an individual in crisis when there are few if any mental health and substance use services to access in the community. There are really three key subcomponents to this lesson: (1) Gentle reminders that

mental illness is not a crime. It's okay to assess the situation and do nothing in terms of transporting to the hospital or arresting. Referring to other agencies or organizations (for example, food banks, housing, etc.) would be helpful if such services exist. (2) Skip the PowerPoint and the statistics and focus on role-playing de-escalation strategies using examples the participants have. Allow them to act out past situations with an instructor's support and feedback. Background information on the prevalence of mental illness and substance use disorder can be woven in. The best session I ran was on St. John where there was no projector or screen, so no PowerPoint. We had a lot more time for role-playing. (3) Role-playing is incredibly effective at both modeling skills (instructor) and allowing participants to practice safely. Two instructors would be ideal.

As a first responder and a social worker it was a privilege to bring these skills together for the U.S. Virgin Islands' first responders. I was incredibly heartened at the level of participation in the training and the desire to better understand the needs of individuals in a crisis. Communities interested in learning more about first responder trainings should visit the SAMHSA DTAC website for resources including online training courses available to first responders free of charge at <https://www.samhsa.gov/DTAC/education-training>. ■

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## Improving First Responder Organizational and Personal Resilience and a Guide to Self-care

By Leslie Weisman, LCSW

Given the well-documented and sobering statistics related to first responder suicide and the prevalence of PTSD, it is imperative that first responder organizations become trauma-informed and knowledgeable related to resilience. Statistics show that no less than a third of first responders will suffer from some form of acute posttraumatic stress during their career (“Changing Police Culture: 5 things cops need to know about PTSD” – PoliceOne.com – June 2016). For organizations and individuals to fully grasp the importance of resilience, they need to fully understand the deep and lasting effect of trauma and the scars it can leave within the body and the psyche.

### How to Improve Organizational Resilience

There are many definitions of organizational resilience but one that is most fitting for first

responder culture is the “ability to survive a crisis and thrive in a world of uncertainty...it is not just about getting through the crisis but the foresight and situational awareness to prevent future crises from emerging” (Resilient Organizations Ltd). In addition, first responder agencies must remain focused on maintaining a trauma-informed organization. This type of organization is based on a solid understanding of the physical, psychological, and social effects of trauma. Per the Law Enforcement Mental Health Wellness Act of 2017, it is highly recommended that agencies “support the identification, development, and delivery of successful resiliency training programs...” The focus must be on developing resilience to the constant onslaught of stress and learning the skills of self-regulation. Organizations that undertake these

efforts are more likely to have personnel who experience less stress overall and higher quality performance.

To improve organizational resilience an agency must integrate knowledge about trauma, resilience, and self-care into their policies and procedures. They recognize the need to develop programs that promote whole body health as well as resilience. These organizations recognize the potential negative consequences of the work and they assume responsibility for proactively addressing the effect of vicarious trauma through their policies and procedures (Office of Justice Program’s Vicarious Trauma Toolkit). This includes trauma-informed supervision where the effect of the calls and the events that occur in the field are reviewed by a commander with the first responder, not just for tactical soundness but to ensure the mental wellness



Police and firefighters take their life **20% more often** than the general public.

Source: Heyman et al., 2018

The *Ruderman White Paper on Mental Health and Suicide of First Responders* states that **firefighters and law enforcement officers are more likely to die by suicide than from a line-of-duty death.**

Source: Heyman et al., 2018

of the responder. Departments need to provide their staff a range of mental health and substance misuse services and these should be introduced and normalized from hiring through—and past—retiring. By normalizing these conversations and incorporating them into each department’s culture, there is less stigma associated with seeking help and acknowledging when there are challenges in the ranks.

For organizations to be resilient there needs to be a focus on the general wellness of staff. Agencies should encourage and incentivize wellness activities like yoga, meditation, and other forms of exercise. Trainings should be provided that specifically reference the chronic emotional stress inherent in first responder work and the importance of self-care. Organizations will do well to emphasize social cohesion among staff and create opportunities for workplace connectedness. High rates of suicide may be partially due to a sense of isolation and the stigma of mental health issues that still prevail in many departments.

## How to Improve Personal Resilience

Resilience has been defined as the ability to bounce back or rise above adversity. To be resilient in this work, is to use one’s internal resources to negotiate hardship and look closely at the results of adverse events on the mind and body. It is critical to recognize that the ability

to be resilient is not static and can both grow and dissipate depending on circumstances in a person’s life. A person’s ability to be resilient can be eradicated following an acute trauma or it can be strengthened through a process of self-reflection, surrounding oneself with supportive friends, family, and colleagues. A truly resilient first responder can successfully move from one challenging event to the next without undue emotional struggle. Through a proactive approach to resilience, the first responder will more easily grow from adversity and find the posttraumatic growth necessary to continue the work.

There are many aspects to resilience to include cultural, racial, and ethnic characteristics. Resilience can be seen in workers with strong family bonds, in those who have strong practices of a spiritual or religious nature, and those who use humor in their life and in their work as well as creativity. Resilience can also be seen in those workers who practice healthy coping skills and have an ability to stay present and mindful. These workers value strong, safe relationships where one can give and receive support.

## Self-care for First Responders

Per Blue H.E.L.P., a non-profit organization that collects data on

## Stress Management Tips for First Responders and Disaster Responders



- Know your role during a disaster.
- Develop a self-care plan prior to deployment, and use it during deployment.
- Practice stress management during all phases of the disaster response effort.
- Involve loved ones in your preparation and planning activities.
- Make sure you have an individual and family preparedness plan to cover loved ones if the disaster is in your community.

For more information on how to manage the stress of deployment to a disaster, please see SAMHSA DTAC’s *Tips for Disaster Responders: Preventing and Managing Stress* at <https://store.samhsa.gov/product/sma14-4873>.

police suicide and supports families in the aftermath, first responders have high rates of suicide, PTSD to include cumulative PTSD, and other serious medical issues. Life expectancy is notably shorter than civilians. If first responders are to live a longer, fuller life, the need for self-care is paramount. This begins with a healthy work and life balance where each individual leaves space and time to care for their mind, body, and spirit.

First responders have a significant task in their need to regulate stress. As is now well known, the body “keeps the score” and shows the

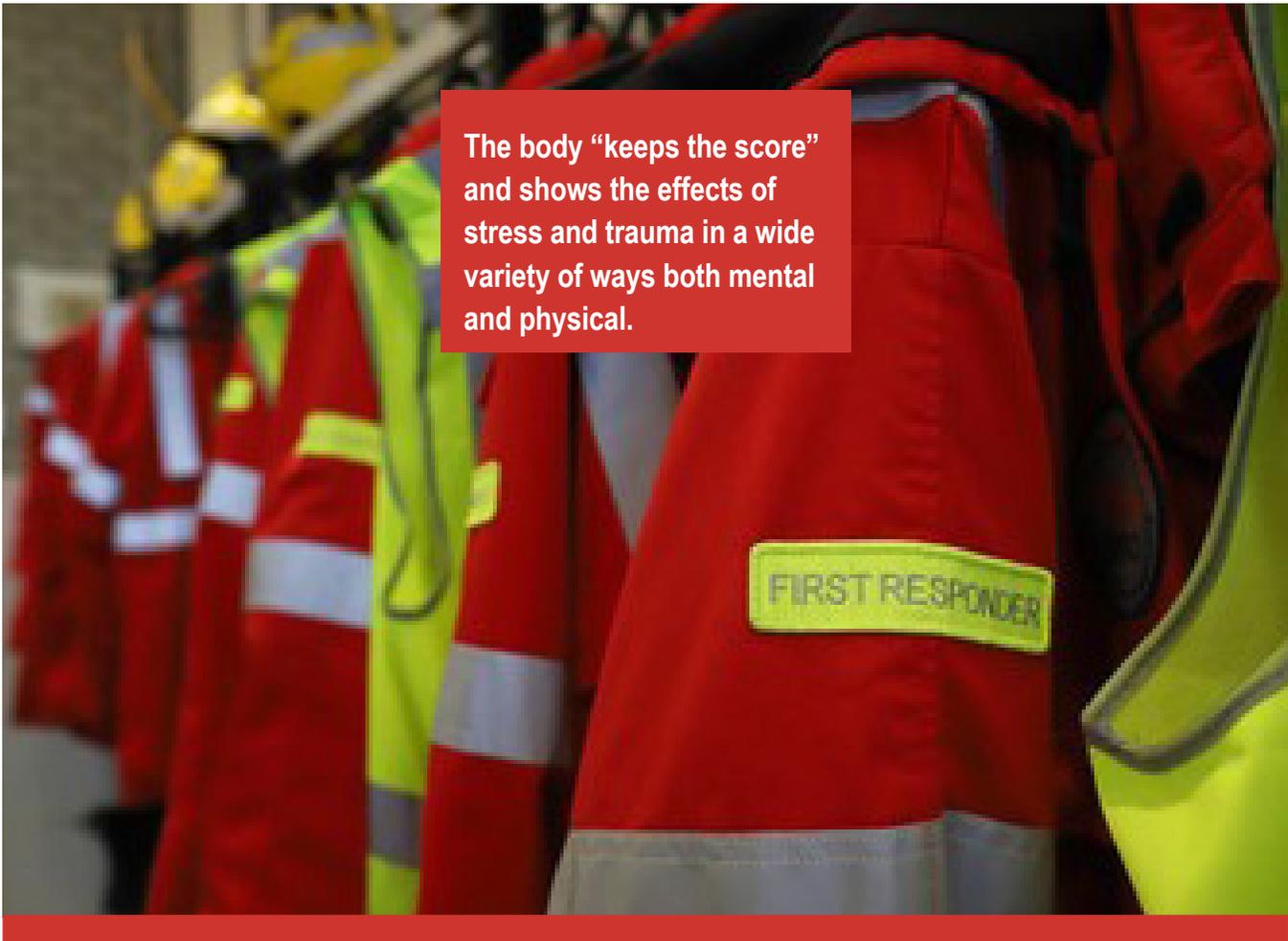
effects of stress and trauma in a wide variety of ways both mental and physical. An attitude of gratitude, despite the horrors that have been experienced, will help to keep the mind in a more positive place. Not surprisingly, more physical exercise will result in fewer physical ailments and bring increased serotonin and therefore a more optimistic outlook. In addition, it is critical to maintain a healthy diet, reduce caffeine, sugar, and nicotine, monitor alcohol consumption, and get enough sleep.

To conclude, it is essential for first responders to connect the dots and see that practicing daily self-care

will increase one’s resilience and lead to a more successful career and a longer life expectancy.

For more information about the signs of stress and stress management, visit the **SAMHSA DTAC First Responders and Disaster Responders Resource Portal.** ■

The following page is an informational pullout poster that you can print and post. It provides information on ways first responders can reduce survivor stress.



The body “keeps the score” and shows the effects of stress and trauma in a wide variety of ways both mental and physical.

# First on the scene and need to reduce disaster survivors' distress?

## Provide Psychological First Aid (PFA):



- Respond to requests and initiate contacts in a non-intrusive, compassionate, and helpful way.



- Empower people to take steps to meet their needs.



- Help people meet basic needs and help them feel safe.



- Keep families together or help people contact friends and family.



- Calm emotionally overwhelmed or disoriented individuals.



- Provide information about common stress reactions and coping.



- Identify immediate needs and concerns.



- Link people with available services.

### ADDITIONAL RESOURCES:

**Disaster Distress Helpline: 1-800-985-5990**

**National Suicide Prevention Lifeline:  
1-800-273-TALK (1-800-273-8255)**

**The Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline:  
1-800-662-HELP (1-800-662-4357)**

PFA Online Course from the National Child Traumatic Stress Network and National Center for Posttraumatic Stress Disorder: <https://www.nctsn.org/resources/psychological-first-aid-pfa-online>.

SAMHSA Disaster Technical Assistance Center website at <https://www.samhsa.gov/dtac> or call us at 1-800-308-3515.



Source: National Child Traumatic Stress Network (n.d.). About PFA. Retrieved from <https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>

## RECOMMENDED RESOURCES

### Disaster Behavioral Health Planners Resource Portal

The SAMHSA DTAC has developed a Disaster Behavioral Health Planners Resource Portal to help you find resources to assist and strengthen your disaster behavioral health plans. The portal includes relevant issues of SAMHSA's *Supplemental Research Bulletin*, podcasts, webcasts, the Crisis Counseling Assistance and Training Program Toolkit, and more.

Find the resources at <https://bit.ly/2Nmz7WO>.

### Approaching Alzheimer's: First Responder Training

This training was developed by the Alzheimer's Association for first responders with input from first responders. Understanding Alzheimer's is important to ensuring your response is appropriate when providing support to a person with dementia. This training delivers an interactive format on learning how to respond to these types of calls and related topics you can explore in detail.

Find the course at <https://bit.ly/2pLEm9y>.

### Dealing with Stress in Disasters: Building Psychological Resilience

This online training from the Institute of Massachusetts is intended for emergency responders and public health workers to better understand stress. This 2-hour training summarizes the three major types of stress and the effects it has on health. The course teaches participants how to identify compassion fatigue, risk factors, and provides coping strategies to help ease stress.

Find the course at <https://bit.ly/2pfbXZj>.

### Disaster Behavioral Health Online Training

This free, 1-hour online training from the University of Washington Northwest Center for Public Health Practice was developed for public health workers looking to learn more about the psychological phases of a community-wide disaster. It covers disaster behavioral health outcomes that usually occur, abnormal reactions that may require further help, and more.

Find the training at <https://bit.ly/2pDydMV>.

### Crisis Management for School-Based Incidents—Partnering Rural Law Enforcement, First Responders, and Local School Systems

This 8-hour first responder training from the Rural Domestic Preparedness Consortium was developed for rural law enforcement personnel, school administrators, teachers, and staff. It provides information on how to respond to an emergency in a K–12 environment and establishing a school-based emergency response plan.

Find the course at <https://bit.ly/2JhIc4l>.



## Recent Technical Assistance Requests

In this section, read about responses SAMHSA DTAC staff have provided to recent technical assistance (TA) requests. Send your questions and comments to [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

**Request:** SAMHSA DTAC received a TA request from a first responder looking to train local first responders in his state to prepare them for an upcoming large-scale event.

**Response:** SAMHSA DTAC provided the following resources:

- **Online Disaster Behavioral Health Trainings**—This installment of the SAMHSA Disaster Behavioral Health Information Series is a comprehensive collection of online trainings for disaster behavioral health professionals and first responders. Find the installment at <https://www.samhsa.gov/dbhis-collections/online-trainings?term=Online%20Training%202018-DBHIS>.
- **The Rural Domestic Preparedness Consortium**—Their website offers several online trainings for first responders. Several of them cover topics such as terrorism and event security planning. The website can be found at <https://www.ruraltraining.org/training/online>.
- **U.S. Department of Homeland Security’s Training Resources**—This web page has some information for training first responders on a wide range of topics including bioterrorism, emergency preparedness, and suicide prevention. Find the web page at <https://www.dhs.gov/science-and-technology/frg-training>.
- **The National Consortium for the Study of Terrorism and Responses to Terrorism**—Their website offers resources, information, and training for better understanding terrorism and a community’s ability to bounce back after a disaster. Find the website at <https://www.start.umd.edu/training>.

**Request:** SAMHSA DTAC received a TA request from a disaster behavioral health professional requesting resources on working with and managing disaster response volunteers.

**Response:** SAMHSA DTAC provided the following resources:

- **Successful Strategies for Recruiting, Training, and Utilizing Volunteers**—This guide from SAMHSA provides information for helping to manage volunteers, including training and evaluating them. Find the guide at [https://www.samhsa.gov/sites/default/files/volunteer\\_handbook.pdf](https://www.samhsa.gov/sites/default/files/volunteer_handbook.pdf).
- **Managing Spontaneous Volunteers in Times of Disaster**—This training from the Corporation for National and Community Service provides information and activities for professionals who may be in the role of managing disaster response volunteers. The training is available at [https://www.nationalservice.gov/sites/default/files/resource/hon-cnccs-msvtd\\_participant\\_materials.pdf](https://www.nationalservice.gov/sites/default/files/resource/hon-cnccs-msvtd_participant_materials.pdf).

### Help Improve SAMHSA’s Disaster Services and Products

As a subscriber to this newsletter, you are invited to participate in a short, web-based survey to provide the SAMHSA Disaster

Technical Assistance Center (DTAC) with feedback about your experiences with our products and services. The survey should take no more than 15 minutes. Complete the survey by clicking on this [link](https://iqsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3), or copy and paste the URL [https://iqsolutions.qualtrics.com/jfe/form/SV\\_bjYCSJDUQAGi1h3](https://iqsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3) into your web browser.



■ **Capability 15: Volunteer Management**—This Centers for Disaster Control and Prevention planning document on volunteer management clearly outlines public health volunteer capabilities. The document is available at [https://www.cdc.gov/cpr/readiness/00\\_docs/capability15.pdf](https://www.cdc.gov/cpr/readiness/00_docs/capability15.pdf).

**Request:** SAMHSA DTAC received a TA request for traumatization resources for communities that have been re-affected by disasters.

**Response:** SAMHSA DTAC provided the following resources:

■ **Tips for Survivors of a Disaster or Other Traumatic Event: Coping with Retraumatization**—This tip sheet from SAMHSA DTAC provides information for survivors who have been retraumatized by a disaster. It lists the signs and symptoms of retraumatization and provides suggestions for building flexibility after a disaster. The tip sheet can be found at <https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-/sma17-5047>.

■ **Trauma and Your Family**—This tip sheet from The National Child Traumatic Stress Network provides information for families on the causes and symptoms of traumatic stress. It also provides some coping strategies. The tip sheet is available at <https://www.nctsn.org/resources/trauma-and-your-family>.

■ **Risk and Resilience Factors After Disaster and Mass Violence**—This web page from the U.S. Department of Veterans Affairs includes information on the risk and protective factors for individuals experiencing traumatic events such as disasters. Find the web page at [https://www.ptsd.va.gov/professional/treat/type/disaster\\_risk\\_resilience.asp](https://www.ptsd.va.gov/professional/treat/type/disaster_risk_resilience.asp).

■ **Post-disaster Retraumatization: Risk and Protective Factors**—This SAMHSA DTAC webcast informs disaster behavioral health professionals about the concepts and signs of retraumatization and associated risk and protective factors, and highlights promising treatment strategies and tips for avoiding retraumatization. The webcast is available at [https://www.youtube.com/watch?v=1O7w6pu4BdI&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6](https://www.youtube.com/watch?v=1O7w6pu4BdI&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6). ■

## Are you looking for disaster behavioral health resources?

Check out the new and updated  
SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS) installments.



<https://www.samhsa.gov/dtac/dbhis-collections>

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If you're experiencing distress or other mental health concerns related to disaster, you're not alone.

Call or text the national Disaster Distress Helpline at 1-800-985-5990 (for Spanish, press "2")

**Disaster Distress Helpline**

Call or Text 1-800-985-5990 | [disasterdistress.samhsa.gov](https://disasterdistress.samhsa.gov)

# Prepare • Respond • Recover Inform • Assist

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*The Dialogue* is a publication for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. Contact SAMHSA DTAC to be added to *The Dialogue* subscription list.

## **SHARE INFORMATION**

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

## **ACCESS ADDITIONAL SAMHSA DTAC RESOURCES**

The *SAMHSA DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. Contact SAMHSA DTAC to be added to the *SAMHSA DTAC Bulletin* subscription list.

The SAMHSA Disaster Behavioral Health Information Series contains resource collections and toolkits pertinent to disaster behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. Visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac/dbhis-collections> to access these materials.

## **CONTACT US**

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