

# Disaster Behavioral Health Responders: Compassion Fatigue, Stress, Cultural Awareness, and Substance Abuse

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## Tips for Disaster Responders:

### UNDERSTANDING COMPASSION FATIGUE

Disaster behavioral health response work can be very satisfying, but it can also take its toll on you. In this tip sheet, you will learn about the causes and signs of compassion fatigue (CF) and tips for how to prevent it from happening to you.

Research indicates that CF is made up of two main components: burnout and secondary traumatic stress.<sup>1</sup> When experiencing burnout, you may feel exhausted and overwhelmed, like nothing you do will help make the situation better. For some responders, the negative effects of this work can make them feel like the trauma of the people they are helping is happening to them or the people they love. This is called secondary traumatic stress. When these feelings go on for a long time, they can develop into “vicarious trauma.” This type of trauma is rare but can be so distressing that the way a person views the world changes for the worse.

### The Risks of Being a Disaster Behavioral Health Responder

Willingness to be in the trenches when responding to a disaster is one of the things that makes you credible and trustworthy to survivors. This usually means you live in conditions similar to those of disaster survivors. For example, you may have trouble finding enough food, let alone

nutritious food. You may struggle with lack of personal space and privacy. You are likely to experience disruptions in sleep due to hectic work schedules or surrounding noise. These things can wear you down behaviorally, cognitively, physically, spiritually, and emotionally. You may also become more vulnerable to feeling the acute traumatic stress, sorrow, and anger of the people you help. You may even experience feelings of guilt for surviving the disaster. When this happens, you may have trouble understanding the risks to your own health and safety.

### Signs of Burnout and Secondary Traumatic Stress

It is important to acknowledge the limitations of your skills and your own personal risks (such as a history of trauma) and other negative aspects of the disaster response experience (e.g., gruesome scenes or intense grieving) so that you recognize how they may be affecting your feelings as well as your behavior. Some responders may experience several of the following signs of burnout and the more serious component of CF, secondary traumatic stress. Remember, not all disaster behavioral health responders will experience every symptom.

<sup>1</sup> Huggard, P., Stamm, B.H. & Pearlman, P.A. (in press). Physician stress: Compassion satisfaction, compassion fatigue and vicarious traumatization. In C.R. Figley & P. Huggard (Eds.), *First do no self-harm: Understanding and promoting physician stress resilience*. USA: Oxford University Press.

When you experience burnout, a symptom of CF, you may have some of the following feelings:

- As if nothing you can do will help
- Tired—even exhausted—and overwhelmed
- Like a failure
- As though you are not doing your job well
- Frustrated
- Cynical
- Disconnected from others, lacking feelings, indifferent
- Depressed
- As if you need to use alcohol or other mind-altering substances to cope

Signs of secondary traumatic stress, a more serious component of CF, may include the following:

- Fear in situations that others would not think were frightening
- Excessive worry that something bad will happen to you, your loved ones, or colleagues
- Easily startled, feeling “jumpy” or “on guard” all of the time
- Wary of every situation, expecting a traumatic outcome
- Physical signs like a racing heart, shortness of breath, and increased tension headaches
- Sense of being haunted by the troubles you see and hear from others and not being able to make them go away
- The feeling that others’ trauma is yours

If you are experiencing any of these signs of stress, talk with a friend or colleague, seek wise counsel from a trusted mentor, or ask your

supervisor to help you determine a course of action. You may also consider seeking help from a qualified mental health professional.

## Tips for Coping With Compassion Fatigue

Traditionally, disaster workers have been trained to screen survivors for negative behavioral health effects. More recently, the field is also focusing on identifying survivor resilience, fostering strengths, and encouraging self-care. Just as you assist survivors in this process, you can apply this approach to yourself on a routine basis—even when not on a disaster assignment—to avoid CF. By focusing on building your strengths and carrying out self-care activities, you are contributing to your behavioral, cognitive, physical, spiritual, and emotional resilience. The following strategies can help you do just that:

- Focus on the four core components of resilience: adequate sleep, good nutrition, regular physical activity, and active relaxation (e.g., yoga or meditation).
- Get enough sleep or at least rest. This is of great importance, as it affects all other aspects of your work—your physical strength, your decision making, your temperament.
- Drink enough fluids to stay hydrated, and eat the best quality food that you can access.
- Complete basic hygiene tasks like combing your hair, brushing your teeth, and changing clothes when possible. Wearing clean clothes can make you feel better.
- Try to wash up, even just your hands and face, after you leave your work shift. Think of it as a symbolic “washing away” of the hardness of the day.

- Make time to learn about the people with whom you work. Taking time for conversations will help foster feelings of positive regard toward yourself and others.
- Engage with your fellow workers to celebrate successes and mourn sorrows as a group.
- Take time to be alone so you can think, meditate, and rest.
- Practice your spiritual beliefs or reach out to a faith leader for support.
- Take time away from the work when possible. Removing yourself from the disaster area can help you remember that not every place is so troubled.
- Try to find things to look forward to.
- Communicate with friends and family as best you can. If you do not have Internet or cell phone access or ways to mail letters, write to loved ones anyway and send the letters later.
- Create individual ceremonies or rituals. For example, write down something that bothers you and then burn it as a symbolic goodbye. Focus your thoughts on letting go of stress or anger or on honoring the memory, depending on the situation.

## Prevention

When combined, the self-care practices mentioned above can help prevent the development of CF. Once you begin to routinely practice these healthy habits, they become part of your overall prevention plan. Not only do healthy habits strengthen your ability to cope while in the moment, they can help your body remember how to bounce back to a healthier state. Remember, prevention is part of a good preparedness plan.

## Compassion Satisfaction

Compassion satisfaction (CS) refers to the sense of fulfillment you feel for the work you do. It can be a source of hope, strength, and ultimately resilience. This satisfaction with your work is also what allows you to face another day, another disaster, another tragedy. It is the quiet knowledge that what you do makes a difference, and that you possess the same strengths you see and support in the survivors with whom you work. Appreciating each encounter with a disaster survivor can add to your CS and help protect you from CF. Even when things do not go as well as you had hoped, you can try to appreciate these encounters, knowing that you took action and extended yourself to others. In these ways, CS can serve as a natural, protective tool against the negative aspects of disaster response work. By noticing, acknowledging, and appreciating the work you do, you can build CS in yourself and encourage it in your colleagues.



## When To Get Help

Regular meetings with your supervisor and peer support group during and after a disaster assignment can be a significant help in managing stress and CF. But when signs and symptoms continue for more than 2 weeks or are truly

bothersome at any point, seek out professional help. You can start by contacting your employee assistance program or a primary care physician, who may be able to rule out any physical concerns and recommend a counselor or therapist familiar with traumatic stress. You can also download the SAMHSA Behavioral Health Disaster Response Mobile App and access a directory of behavioral health service providers in your area. Additional information is provided in the **Helpful Resources** section below.



## Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)  
Toll-Free: 1-800-308-3515  
Website: <http://www.samhsa.gov/dtac>

SAMHSA's *National Recovery Month*  
Website: <http://www.recoverymonth.gov>

SAMHSA Behavioral Health Disaster Response Mobile App  
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

Federal Employee Assistance Program  
Toll-Free: 1-800-222-0364  
TTY: 1-888-262-7848  
Website: <http://foh.hhs.gov/services/EAP/EAP.asp>

National Institute on Drug Abuse  
Website: <http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment>

U.S. Department of Homeland Security: FirstResponder.gov\*  
Website: <http://www.firstresponder.gov>

U.S. Department of Veterans Affairs\*  
National Center for Posttraumatic Stress Disorder (PTSD)  
PTSD Information Voicemail: 1-802-296-6300  
Website: <http://www.ptsd.va.gov>

\*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

## Treatment Locators

Mental Health Treatment Facility Locator  
Toll-Free: 1-800-789-2647 (English and español)  
TDD: 1-866-889-2647  
Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov  
Website: <http://www.mentalhealth.gov>  
*MentalHealth.gov provides U.S. government information and resources on mental health.*

Substance Abuse Treatment Facility Locator  
Toll-Free: 1-800-662-HELP (1-800-662-4357)  
(24/7 English and español); TDD: 1-800-487-4889  
Website: <http://www.findtreatment.samhsa.gov>

## Hotlines

SAMHSA Disaster Distress Helpline  
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746  
Website: <http://disasterdistress.samhsa.gov>

National Suicide Prevention Lifeline  
Toll-Free: 1-800-273-TALK (1-800-273-8255)  
TTY: 1-800-799-4TTY (1-800-799-4889)  
Website: <http://www.samhsa.gov>  
*This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.*

Workplace Helpline  
Toll-Free: 1-800-WORKPLACE (1-800-967-5752)  
Website: <http://workplace.samhsa.gov>



## Tips for Supervisors of Disaster Responders:

### HELPING STAFF MANAGE STRESS WHEN RETURNING TO WORK

Many people who are involved in disaster response work find that it has a unique blend of stressors and rewards, both of which are powerful parts of the response experience. Upon completing a disaster response assignment, many responders find their return to regular duties to be a complicated, prolonged, and difficult process. In addition, coworkers who maintained the ongoing operation of the office during the response period may have experienced unwelcome demands, causing them to experience stress, as well. Supervisors can help manage the stress of returning disaster response team members and encourage them to gain perspective on their experience, contributing to their employees' personal and professional growth. This tip sheet can help supervisors ease the transition for disaster responders returning to work, recognize and reduce potential difficulties in the workplace, and enhance positive consequences for all of their staff.

### STRENGTHENING STRESS MANAGEMENT SKILLS BEFORE AND DURING A DISASTER RESPONSE

The ideal time to strengthen stress management skills, both for you and your employees, is before a disaster occurs. These skills are also important for employees who stay behind when

their coworkers are engaged in offsite disaster response work. You can offer the following self-care tips to your employees, and practice them yourself, to prevent and manage stress in your workplace both before and during disaster response and recovery efforts:

- Maintain a healthy diet, and get routine exercise and adequate rest.
- Spend time with family and friends.
- Pay attention to health concerns, and schedule routine checkups to ensure you are ready when called for an assignment.
- Keep up with personal tasks (e.g., pay bills, mow the lawn, shop for groceries). This can help you avoid having to complete last-minute tasks that can take away from time spent preparing for your response assignment.
- Think about your goals for upcoming assignments, and how you can apply lessons learned from past assignments to future situations.
- Reflect upon what your disaster response experiences have meant personally and professionally.
- Get involved in personal and family disaster preparedness activities.



## PREPARING YOUR ORGANIZATION FOR RETURNING EMPLOYEES

Supporting your returning employees starts with organizational policies and priorities. You can work with other leaders of your organization to:

- Create an atmosphere where people can be open with supervisors about their experiences, feelings, and concerns.
- Create structured forums for responders to present their lessons learned or recommendations for organization-wide preparedness activities.
- Optimize liberal or flexible leave policies for returning employees.
- Be candid about the complex and potentially difficult job that supervisors and managers face—meeting both individual needs and the need to maintain ongoing work.

## HELPING YOUR RETURNING EMPLOYEES TRANSITION TO ROUTINE WORK

Upon returning to their duties, some employees may face difficulties readjusting. Many of these challenges typically subside over time as staff return to previous routines. If these difficulties do not subside, refer to the **When To Suggest That Your Staff Seek Help** section of this tip sheet. A few potential difficulties are described below, along with some tips on how you can help.

**Unrelenting fatigue.** Sometimes excessive stress results in never feeling rested. Some employees may experience extreme fatigue, even when they are getting a sufficient amount of sleep each night. Encourage your employees to get a medical evaluation if the problem persists.

**Pace change.** Disaster responders grow accustomed to the rapid pace of the disaster

environment, and for some employees, returning to a more typical rhythm of work may be challenging. It may appear as though people are moving at a much slower pace than they remember. Encourage returning responders to refrain from judging colleagues or criticizing the difference in the pace of work in your organization compared to their disaster work.

**Cynicism.** During disaster work, responders often see the worst in individuals and systems, and it is easy to become cynical. These feelings are expected, and they typically diminish over time. Try to help your team members regain perspective by reviewing the successes and positive results from their assignment.

**Dissatisfaction with routine work.** Saving lives and protecting our fellow citizens' health and safety can be rewarding and energizing, but most work does not provide such dramatic and immediate reinforcement. As a result, some returning team members may perceive their daily work routine as lacking in meaning and satisfaction. Ask about the positive things your employees learned and experienced during the disaster response, and find ways to incorporate these things into their work. For example, you may consider giving them a role in your company's emergency response planning.

**Easily evoked emotions.** Sometimes the combination of intense experiences, fatigue, and stress leaves disaster responders especially vulnerable to unexpected emotions. For example, they may cry easily, be quick to anger, or experience dramatic mood swings. These are fairly common reactions that typically subside over time. You can help responders cope with their emotions in the following ways:

- Provide support and education to all your staff members, and allow them to discuss their experiences with you in order to determine the best way to decrease these reactions in the workplace.
- Encourage returning employees to be aware of and monitor their reactions.

- If strong emotions become disruptive in the workplace, consider the following strategies:
  - Discuss the options of additional leave.
  - Help disaster responders locate a stress management or responder stress training course.
  - Encourage them to seek professional help. Some disaster responders are concerned about being stigmatized when seeking mental health or substance misuse support services, so it is important for you to create a “safe place” without judgment for employees to discuss accessing support services if needed. Check out the **Helpful Resources** section of this tip sheet for more information on finding support services.

**Sharing experiences.** Though returning employees may want to share their experiences with others, some may feel uncomfortable doing so. You can help ease team members’ worries by taking the following actions:

- Consider facilitating group meetings that provide a structured opportunity for your employees to share experiences, especially coping skills, with others who have had similar experiences. Encourage returning employees to reflect on their experience in terms of the following:
  - How did they function in the stressful disaster environment?
  - What unrecognized skills or talents did they discover?
- Caution staff to take care when discussing disturbing scenes. Others may be upset by graphic descriptions of the disaster environment.

**Difficulties with colleagues and supervisors.**

Returning employees may not experience a “welcome back” from their colleagues that meets their expectations. Some coworkers may resent the additional workload they had to carry as a result of employees’ absence, or they may resent the recognition that the disaster responders

receive upon their return. Consider taking steps to avert these difficulties:

- Be sure to show proper appreciation for the impact that everyone feels when one or more employees are on assignment and others are not.
- Remind staff that everyone is a part of the response effort, not only those directly deployed but also those who remain in their regular posts providing coverage for those in the field.
- Be aware that, if the returning staff were exposed to potentially contagious illnesses while on the disaster assignment (or coworkers *believe* this to be the case), returning staff may be isolated or stigmatized. Accurate information, delivered to the entire team by an unbiased source (such as a local medical expert), can help ease this type of situation.

**CHECK YOURSELF: HOW ARE YOU FEELING NOW THAT YOUR EMPLOYEES HAVE RETURNED?**

You also need to be aware of your own reactions and adjustments as a result of your team’s disaster assignment and return. Seeking support from other supervisors you work with (or friends in similar positions) can help you prepare for and adjust to the return of your team members. Planning for every possibility is important—consider taking the following actions:

- Be prepared with resources and referrals for staff members who may require help addressing severe or prolonged stress symptoms that are affecting their work.
- Know what types of interventions you can employ if you witness team members degrading others who are seeking help.
- Be sure to apply self-care recommendations to yourself, especially if you are starting to identify with returning staff members’ descriptions of stress symptoms, such as sleep problems, stomach ailments, or irritability.

## Helpful Resources

Substance Abuse and Mental Health Services  
Administration Disaster Technical Assistance Center  
(SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App

Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

Department of Veterans Affairs\*

National Center for Posttraumatic Stress Disorder (PTSD)

PTSD Information Voicemail: 1-802-296-6300

Website: <http://www.ptsd.va.gov>

Federal Occupational Health\*

Employee Assistance Program for Federal and  
Federalized Employees

Toll-Free: 1-800-222-0364

TTY: 1-888-262-7848

Website: <http://www.foh.hhs.gov>

### Treatment Locators

Mental Health Treatment Facility Locator

Toll-Free: 1-800-789-2647 (English and español)

TDD: 1-866-889-2647

Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

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*MentalHealth.gov provides U.S. government information  
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Substance Abuse Treatment Facility Locator

Toll-Free: 1-800-662-HELP (1-800-662-4357)

(24/7 English and español); TDD: 1-800-487-4889

Website: <http://www.findtreatment.samhsa.gov>

### Hotlines

National Suicide Prevention Lifeline

Toll-Free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <http://www.samhsa.gov>

*This resource can be found by accessing the Suicide  
Prevention Lifeline box once on the SAMHSA website.*

SAMHSA Disaster Distress Helpline

Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746

Website: <http://disasterdistress.samhsa.gov>

Workplace Helpline

Toll-Free: 1-800-WORKPLACE (1-800-967-5752)

Website: <http://www.workplace.samhsa.gov>

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Services Administration, or the U.S. Department of Health and Human Services.*

## WHEN TO SUGGEST THAT YOUR STAFF SEEK HELP

Stress is an anticipated reaction to situations like disasters and other traumatic events, and many signs of stress typically diminish over time. Returning employees may need more support, however, if they exhibit one or more of the following symptoms:

- Disorientation (e.g., appearing dazed, experiencing memory loss, being unable to give the date or time or recall recent events)
- Depression (e.g., feeling continuing sadness, withdrawing from others)
- Anxiety (e.g., feeling constantly on edge or restless)
- Acute psychiatric symptoms (e.g., hearing voices, experiencing delusional thinking)
- Inability to care for self (e.g., not eating, bathing, or handling day-to-day life tasks)
- Suicidal or homicidal thoughts or plans; feelings of hopelessness or despair
- Problematic use of alcohol, illicit drugs, or prescription medication
- Evidence of domestic violence, child abuse, or elder abuse

If you think any of your employees are experiencing persistent or severe stress, suggest that they talk with a primary care physician (especially if they have been exposed to an infectious disease or potentially toxic materials), seek assistance from your organization's Employee Assistance Program, or seek help from a licensed mental health professional. You can also download SAMHSA's new Disaster Behavioral Health App and access resources specific to the post-deployment phase, including tips for re-entry (for responders, supervisors, and family members). Find additional supports and services in the **Helpful Resources** section of this tip sheet.



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## Tips for Disaster Responders:

### UNDERSTANDING HISTORICAL TRAUMA WHEN RESPONDING TO AN EVENT IN INDIAN COUNTRY

In this tip sheet, we respectfully use the term “Native Americans” to describe the hundreds of tribes, reservations, pueblos, and villages throughout the United States. Know that all tribes are unique, with highly individual cultures, governance, and belief systems. Find out the best way to offer response assistance for the tribe with which you are working.

#### WHAT IS HISTORICAL TRAUMA?

Historical trauma is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants.<sup>1,2</sup> One of the most familiar examples of historical trauma is that experienced by Native Americans. SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation writes, “This population has been exposed to generations of violent colonization, assimilation policies, and general loss.”<sup>3</sup> As a result, many Native American people, cultures, and traditions suffered over time.

The effects of historical trauma among Native Americans include changes in the traditional ways of child rearing, family structure, and relationships. Some observed responses to historical trauma may include signs of overall poor physical and

emotional health, such as low self-esteem, depression, substance abuse, and high rates of suicide. In many cases, historical trauma has also disrupted the sense of community within the tribe itself. There is a well-founded mistrust of outsiders and government providers based on long-term negative experiences with non-Native Americans. This tip sheet can help disaster behavioral health responders like you and your colleagues better understand historical trauma in the Native American culture and how it may affect disaster preparedness and response efforts.

#### EFFECTS OF HISTORICAL TRAUMA ON NATIVE AMERICANS

The effects of historical trauma can be manifested in many ways. Among Native Americans, it has included the following:

- A breakdown of traditional Native family values
- Alcohol and other substance abuse<sup>4</sup>
- Depression, anxiety, and suicidality<sup>5</sup>
- Child abuse and neglect and domestic violence
- Posttraumatic stress disorder
- General loss of meaning and sense of hope
- Internalized oppression, self-hatred



## TIPS FOR PREPARING TO RESPOND TO A DISASTER OR OTHER TRAUMATIC EVENT IN INDIAN COUNTRY

When responding to a traumatic event such as a disaster in Indian Country, it is important to tailor the response efforts to the experiences of the community. Remember that because of the survivors' past experiences of violence and cultural degradation, there is likely increased fear and mistrust of responders outside of the tribal community. Also, remember that you are a guest in a sovereign nation with a unique form of government and should work with a tribal liaison, such as an emergency management liaison or a spiritual leader, to both show respect for the culture and increase your credibility as a responder. Know that it will take time for the tribe to open doors to outsiders and trust that your intentions are helpful. Make an effort to help re-establish traditional responses and protective factors that were in place prior to the traumatic event. It is important to build trusting relationships and consider the following before a traumatic event occurs:

- Know that all tribes are unique, with highly individual cultures and belief systems. Find out the best way to offer response assistance for the tribe with which you are working.<sup>6</sup>
- Identify and engage tribal liaisons to help you gain entry into the community.
- Learn who the traditional and elected tribal leaders are and how to appropriately request to speak with them.
- Develop a culturally appropriate response effort by working with leaders and liaisons from within the tribe to inform the language and activities of the program.
- Emphasize traditional values, beliefs, and expressions of culture (especially related to health and illness, emotional well-being, and resilience) for that tribe during all phases of emergency management.
- Always check in with the tribal community and leaders to see if they agree with the response before moving forward.

While you may not always agree with the beliefs and customs of the tribe you are working with, it is critical to be respectful of their choices, culture, and values.



Historical trauma can be expressed in three ways:<sup>3</sup>

- Historical unresolved grief is the result of historical trauma that has not been sufficiently acknowledged, expressed, or otherwise addressed.
- Disenfranchised grief is the product of historical trauma when loss cannot be voiced publicly or is not publicly acknowledged. Here, the authors list “the lack of recognition of the generations of loss of American Indians from colonialism, disease and other factors, and the corresponding lack of recognition of their right to grieve these collective experiences” as an example of this type of grief.
- Internalized oppression occurs when “traumatized people . . . internalize the views of the oppressor and perpetuate a cycle of self-hatred that manifests itself in negative behaviors.”

Please see the following resources, listed alphabetically, for more information on topics specific to how historical trauma (e.g., forced relocation, boarding schools, and incarceration) affects Native Americans:

Brave Heart, M.Y.H. (1999). “Oyate Ptayela: Rebuilding the Lakota nation through addressing historical trauma among Lakota parents.” *Journal of Human Behavior in the Social Environment*, 2(1-2), 109-126.

Duran, E., Duran, B., Brave Heart, M. Y. H., & Horse-Davis, S. Y. (1998). “Healing the American Indian soul wound.” In: Danieli, Y., (Ed.) *International Handbook of Multi-generational Legacies of Trauma*. New York, NY: Plenum.

Evans-Campbell, T. (2008). “Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities.” *Journal of Interpersonal Violence*, 23(3), 316-338.

Manson, S. M., Beals, J., Klein, S. A., Croy, C. D., & AI-SUPERPPF Team. (2005). “Social epidemiology of trauma among two American Indian reservation populations.” *American Journal of Public Health*, 95(5), 851-859.

Strickland, Q., Walsh, E., Cooper, M. (2006). “Healing fractured families: Parents’ and elders’ perspectives on the impact of colonization and youth suicide prevention in a Pacific Northwest American Indian tribe.” *Journal of Transcultural Nursing*, 17( 1), 5-12.

Tjaden, P., & Thoennes, N. (2000). *Full report on the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (n.d.). *Fact sheet: Historical trauma*. Retrieved on February 28, 2014, from <http://gainscenter.samhsa.gov/cms-assets/documents/93078-842830.historical-trauma.pdf>.



## Helpful Resources

**Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)**  
Toll-Free: 1-800-308-3515  
Website: <http://www.samhsa.gov/dtac>

**SAMHSA Behavioral Health Disaster Response Mobile App**  
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

**American Indian and Alaska Native Culture Card**  
Website: <http://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354>

**SAMHSA Disaster Distress Helpline**  
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746  
Website: <http://disasterdistress.samhsa.gov>

**National Suicide Prevention Lifeline**  
Toll-Free: 1-800-273-TALK (1-800-273-8255)  
TTY: 1-800-799-4TTY (1-800-799-4889)  
Website: <http://www.samhsa.gov>  
*This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.*

**Indian Health Service\***  
Responsible for providing health services to members of federally recognized tribes.  
Website: [www.ihs.gov](http://www.ihs.gov)

**U.S. Department of the Interior\***  
**Bureau of Indian Affairs Tribal Leaders Directory**  
Website: <http://www.bia.gov/cs/groups/public/documents/text/idc002652.pdf>

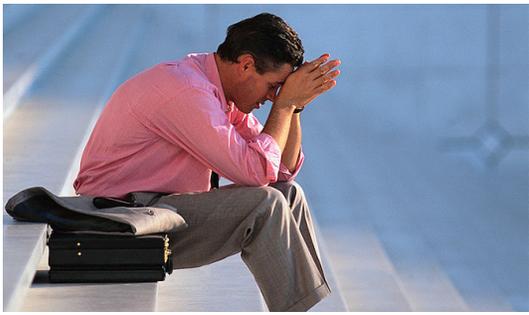
**U.S. Office of Personnel Management\***  
Online course: Working Effectively with Tribal Governments (available only to federal employees)  
Website: <http://www.tribal.golearnportal.org/>

*\*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

- 1 Brave Heart, M. Y. H., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). "Wicasa Was'aka: Restoring the traditional strength of American Indian males." *American Journal of Public Health*, 102(S2), 177-183.
- 2 Brave Heart, M. Y. H. (2003). "The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration." *Journal of Psychoactive Drugs*, 35(1), 7-13.
- 3 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (n.d.). *Fact sheet: Historical trauma*. Retrieved on February 28, 2014, from <http://gainscenter.samhsa.gov/cms-assets/documents/93078-842830.historical-trauma.pdf>.
- 4 Brave Heart, M. Y. H., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). "Wicasa Was'aka: Restoring the traditional strength of American Indian males." *American Journal of Public Health*, 102(S2), 177-183.
- 5 Brave Heart, M. Y. H., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). "Wicasa Was'aka: Restoring the traditional strength of American Indian males." *American Journal of Public Health*, 102(S2), 177-183.
- 6 Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). "Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations." *Journal of Psychoactive Drugs*, 43 (4), 282-290.



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## Tips for Disaster Responders: **IDENTIFYING SUBSTANCE MISUSE IN THE RESPONDER COMMUNITY**

*A prepared responder workforce is a substance-free workforce.*

Disaster response work often occurs in disturbing settings that may include gruesome images, frightening sounds, and life-threatening situations. Despite the distressing environment, disaster responders are able to engage in this work because they:

- Are highly trained.
- Work well in structured settings.
- Possess a shared sense of mission.
- Have a strong group identity.
- Function well under stress.
- Rely on the predictable performance of peers for everyone's safety.

However, sometimes the disturbing scenarios may also remind responders of other distressing events, and such memories can contribute to relapse for those in recovery. All of these factors can create a higher-than-average risk for misusing substances such as alcohol, illegal drugs, and prescription medication. Some disaster responders use substances as a way to help forget their experiences. Others use them to numb their emotional pain and escape the intensity of these situations. Substance misuse can compromise the effectiveness of the response work.

Traditionally, disaster responders have been identified as law enforcement personnel, firefighters, emergency management personnel, and paramedics. The definition has recently been broadened to include disaster mental health and substance abuse professionals, faith-based representatives, and other community volunteers.

The goal of this tip sheet is to provide you with information on the warning signs of misusing alcohol, prescription medication, or other substances. Knowing these signs can help you identify problems, provide support, and even prevent the development of these problems in yourself, a friend, or a coworker.

### Indicators of Possible Substance Misuse: What Do You Notice in Yourself, a Friend, or a Coworker?

This list can help you increase your awareness of how substance misuse may affect both your personal and professional life. It is not a clinical assessment.



### PHYSICAL/EMOTIONAL INDICATORS

- Tremors (e.g., shaking or twitching of hands or eyelids)
- The smell of alcohol on the breath or marijuana on clothing
- Burned fingers or lips, needle marks on arms
- Slurred speech or incoherence
- Hyperactivity, too much energy (e.g., appearing anxious)
- Lethargy, falling asleep easily
- Impaired coordination or unsteady gait (e.g., staggering, off balance)
- Wide mood swings (e.g., overactive, very talkative and then alternately withdrawn or isolative)
- Often fearful for no apparent reason
- Increasingly angry or defiant
- Bloodshot eyes
- Frequent nosebleeds possibly related to snorted drugs
- A decline in hygiene or attention to personal tasks
- Abnormally slow movements or slower reaction time

### SOCIAL/BEHAVIORAL INDICATORS

- Uses alcohol or other substances more than intended or more frequently.
- Experiences increased strain in relationships (e.g., family, professional).
- Isolates self from peers, friends, and family, as well as from routine activities.
- Is unsuccessful in efforts to cut down or control substance misuse.
- Needs more of the substance to get the same feeling (i.e., has an increased tolerance for the substance).
- Does not maintain obligations at work, school, or home because of substance misuse.
- Talks regularly about getting high.
- Spends a great deal of time and money trying to obtain the substance.
- Misuses sick leave to recover from substance misuse.
- Expends energy on denying, lying about, or covering up substance misuse.
- Continues misuse despite associated problems.
- Experiences recurrent substance-related legal problems (e.g., stopped for driving under the influence or involved in domestic incidents).

### COGNITIVE/MENTAL INDICATORS

- Experiences blackouts, or has difficulty remembering events that occurred while under the influence.
- Has difficulty making decisions, concentrating, or attending to a task.
- Has short-term memory loss.

- Has difficulty following instructions on the scene or in the office.
- Needs repeated assistance with completing ordinary paperwork.

## When To Seek Help

If you have decided to seek help for yourself, congratulations! You have accomplished one of the most difficult steps in the process. If you are considering taking action to help someone else, remember that person may seek to protect his or her behaviors and hide his or her use pattern. Keep in mind that when seeking help for either yourself or someone else, you may experience challenges along the path to recovery. The stigma attached to seeking help for substance misuse, especially in the first responder community, can be difficult to bear. Some may feel concerned about the effect that seeking help may have on their career. Often people feel that help will not work, that their identity might not be kept confidential, or even that they do not deserve help. The good news is that many people who seek help for a substance misuse problem succeed and go on to live healthy and productive lives. Taking action may be your opportunity to make the difference in your own life or in the life of someone you care about.

If you are thinking about your own path to recovery, consider the following:

- Think about telling someone you trust, who understands and will support you through this effort. It is also a good idea to let those close to you know what you are going through and to tell them how they can help.
- Consider reaching out to a faith leader, mentor, or someone else who has helped you in the past and enlisting this person for support.



- Find new ways to manage stress, such as with exercise, stretching, deep breathing, acupuncture, massage, and connections with trusted friends and family members.
- Look for local programs and providers. Groups such as Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon are free of charge and offer confidential assistance several times per week.

If you are trying to help a friend or coworker, you may want to do the following:

- Express your concern directly to your friend or coworker when he or she is not under the influence of alcohol or other drugs. Emphasize to your friend how much you care, and remind the person that he or she is not alone. Offer to accompany your friend to a recovery meeting or to help find other assistance. If you have tried speaking with your coworker and he or she is not receptive, consider talking with your team leader or supervisor about your concerns. Chances are, your supervisor is already aware of the situation and can take the necessary steps to get the person the help he or she needs and deserves.
- Consider arranging for a strategic intervention. This may involve several other people and should be coordinated by an experienced substance abuse professional.

## Helpful Resources

Substance Abuse and Mental Health Services  
Administration Disaster Technical Assistance Center  
(SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

**SAMHSA's National Recovery Month**

Website: <http://www.recoverymonth.gov>

**SAMHSA Behavioral Health Disaster Response Mobile App**

Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

**National Institute on Drug Abuse\***

Website: <http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment>

**Federal Employee Assistance Program\***

Toll-Free: 1-800-222-0364

TTY: 1-888-262-7848

Website: <http://foh.hhs.gov/services/EAP/EAP.asp>

### Treatment Locators

**Mental Health Treatment Facility Locator**

Toll-Free: 1-800-789-2647 (English and español)

TDD: 1-866-889-2647

Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

**MentalHealth.gov**

Website: <http://www.mentalhealth.gov>

*MentalHealth.gov provides U.S. government information and resources on mental health.*

**Substance Abuse Treatment Facility Locator**

Toll-Free: 1-800-662-HELP (1-800-662-4357)

(24/7 English and español); TDD: 1-800-487-4889

Website: <http://www.findtreatment.samhsa.gov>

### Hotlines

**National Suicide Prevention Lifeline**

Toll-Free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <http://www.samhsa.gov>

*This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.*

**Workplace Helpline**

Toll-Free: 1-800-WORKPLACE (1-800-967-5752)

Website: <http://www.workplace.samhsa.gov>

*\*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

*The worst thing you can do is nothing.* Most people who misuse substances are not able to stop without support from others. Take the first step to help yourself, a friend, or a coworker.

Many peer recovery and support programs are available. Some responder organizations have Employee Assistance Programs (EAPs) that focus specifically on substance misuse. Start by checking for your company's EAP, or if you know a trusted health, mental health, or substance abuse counselor, you may want to contact him or her for help. You can also download the SAMHSA Behavioral Health Disaster Response Mobile App and access a directory of behavioral health service providers in your area. You might also try the treatment locators, hotlines, and other resources that are listed in the **Helpful Resources** section on this page.

**If you or someone you know is struggling after a disaster, you are not alone.**

Disaster  
Distress  
Helpline

PHONE: 1-800-985-5990

TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>

**Call 1-800-985-5990 or text "TalkWithUs" to 66746 to get help and support 24/7.**





# Tips for Disaster Responders: PREVENTING AND MANAGING STRESS

Responding to disasters and other emergencies is critically important, and while personally rewarding, it also carries the potential for affecting responders in harmful ways. Dealing with persons affected by natural disasters (e.g., hurricanes, earthquakes) is challenging. Disasters that are “human-caused” have the potential to produce even more negative mental health outcomes, whether harm is unintentional (e.g., industrial accidents, oil spill) or intentional (e.g., mass shootings, arson, acts of terrorism).

Engaging in disaster and emergency response work is stressful for both traditional first responders (e.g., fire, rescue, emergency medical services, law enforcement, emergency management personnel) and non-traditional first responders (e.g., substance abuse, public health, and mental health professionals; paid and volunteer staff of community and faith-based organizations active in disasters).

Depending on the nature of the event, sources of stress may include exposure to scenes of human suffering and massive destruction, risk for personal harm, life-and-death decision making, intense workloads, limited resources, and separation from family members who may also be in harm’s way.

Responders can take actions to protect themselves and to manage stress before a disaster or other traumatic event, as well as during the response and recovery phases. These actions can also help once the responder returns home after deployment or a particularly traumatic shift.

## Introduction

Stress prevention and management begin long before you are called upon to respond to an emergency or disaster. This tip sheet presents a series of personal stress prevention and management skills that you can learn and practice *before* you are called upon to respond, as well as approaches you can apply to manage stress *during* your deployment. You can also download SAMHSA’s new Disaster Behavioral Health App and access resources specific to pre- and post-deployment (for responders, supervisors, and family members).

## Stress Prevention and Management

### PREPARING FOR YOUR DISASTER ASSIGNMENT

The ideal time for taking actions to prevent stress and to strengthen your stress management skills is *before* your disaster assignment. Responder stress can be diminished by practicing for the disaster role, developing a personal toolkit of stress management skills, and preparing yourself and your loved ones.

### Practice for the Disaster Role: Know Your Job

- *Train hard and know your job well.* You will perform at peak capacity, with more confidence and less stress, if you know you are as ready as you can be.

- *Participate in exercises and simulations* that expose you to disaster stressors. This will strengthen your skills and prepare you to deal with the unexpected.
- *Keep a freshly stocked Go-Kit* in your car or at your worksite and make sure to include your top choices for stress reducers.
- *Know the Incident Command System* so that you understand the language, the lines of reporting, and ways to work effectively with responders from other units.
- *Live the “disaster-ready” healthy lifestyle:* regular physical activity, healthy diet, and emotional stability. Clear thinking will make you a valuable team member—while decreasing your personal risk for harm.

### **Practice Stress Management: Make Stress Management #1 on Your List**

- *Know your personal signs of stress.* Include coworkers in your stress control plan; they can tip you off when they see your stress signs “showing.”
- *Identify the major stressors* associated with disasters to which you may respond, and plan how you will address them.
- *Create a team culture and a buddy system* where you can choose to spend off-duty time exercising, relaxing, or talking together.
- *Take time for yourself.* Mentally disconnect from the disaster scene as completely as possible during down time.
- *Select and practice constructive ways to release stress,* such as the following:
  - Choose physical activity that can be done safely while on deployment, like walking, stretching, and taking deep breaths.
  - Read or listen to music that is timed to your breath.
- *Practice healthy sleep behaviors.* Train your body to downshift by getting into a routine sleep pattern.

### **Prepare and Plan With Your Loved Ones**

- *Reduce your concerns* by preparing your loved ones and protecting your home and your possessions for possible emergencies.
- *Create a communication plan* that allows you to stay connected to your loved ones, whether you are responding to a disaster close to or away from home.
- *Develop a home disaster plan for you and your loved ones,* being sure to actively involve all members in the process. Conduct disaster drills to test and improve your plan.
- *Prepare emergency supplies for sheltering* at home and Go-Kits for your loved ones in case they need to evacuate.
- *Consider declining the next disaster assignment* opportunity if you have had a recent death or trauma in your own family.

### **DURING YOUR DISASTER ASSIGNMENT**

During the impact phase of a disaster or emergency event, the focus of stress management shifts to handling the real-time stressors of the rescue and recovery mission.

### **Set Your Personal Disaster Plan in Motion**

- *Activate your personal disaster plan* and include loved ones who may be directly affected by the event.
- *Review your communication plan.* Know where each family member and/or loved one will be located and at what times each day you will be checking in with each other.
- *Double check your response “gear,”* including your Go-Kit and your communication equipment.

### **Take Stress-Reducing Precautions While on Duty**

- *Make sure you are briefed and updated* regularly on the specifics of the event and the hazards.
- *Safeguard yourself* by always wearing the personal protective equipment recommended for use in the incident.

- *Verify your response duties* and reporting lines at the start of your assignment daily.
- *Mentally rehearse* your disaster response role as you approach each scene.
- *Communicate and check in* with your buddy, teammates, and supervisors regularly.
- *Take breaks* regularly. Pace yourself.
- *Limit time* spent working in very high-intensity settings (e.g., “ground zero,” “hot zone”).

### Set Your Self-Care Plan in Motion

- *Try to eat nutritiously* and avoid excessive junk food (especially foods high in sugar), caffeine, alcohol, and tobacco.
- *Maintain contact* with family and other social supports during off-duty hours.
- *Get enough rest and sleep*, especially on long assignments.

### Implement Stress Management Techniques

- *Reduce physical tension* by exercising, stretching, taking deep breaths, and walking.
- *Use time off* for reading, listening to music, talking with family, and thinking calmly.
- *Talk with teammates* about reactions and emotions as appropriate.

### Practice Self-Awareness

- *Recognize* your personal stress signs—and those of your teammates. Agree with your buddies that you will accept each other’s instruction when signaled to stop and take a “stress break” to calm down.
- *Avoid over-identifying* with survivors’ grief and trauma. For example, remind yourself this is not happening to you or your loved ones.
- *Be aware* that some responders reach a limit in their abilities to continually provide care and empathy to survivors. This is known as “compassion fatigue.” Accept when you need to end direct contact with survivors and alert your team leader for support.

## AFTER YOUR RESPONSE ASSIGNMENT

### Stress Management When Response Extends Into the Recovery Phase

In the recovery phase, stress management techniques must also take into account your exposure to disaster survivors who may be experiencing severe hardships.

- *Recognize* that when you are working at a disaster scene with severely limited resources, your personal stress may increase.
- *Know where to refer survivors* so you can connect them to the services they need.
- *Conserve energy*. You will need to recognize the fatigue effects of long-term deployment and know when to conserve your energy.
- *Take time away from the scene*. Alternate between on-scene and off-scene duty, and between time spent doing physically exhausting work or working with highly stressed survivors and time on less stressful tasks.
- *Use stress management skills* like deep breathing as often as you can.
- *Focus on reintegration* with friends, loved ones, and coworkers who did not share the experience with you. Pay extra attention to rekindling relationships.



## Signs of Stress

What are common signs that you may be experiencing stress? And how do you know when your stress level is becoming harmful? *Hint: You may be able to “see” these stress signs better in your teammates than in yourself.*

- **Bodily sensations and physical effects**  
Rapid heart rate, palpitations, muscle tension, headaches, tremors, gastrointestinal distress, nausea, inability to relax when off duty, trouble falling asleep or staying asleep, nightmares or flashbacks
- **Strong negative feelings**  
Fear or terror in life-threatening situations or perceived danger, anger, frustration, argumentativeness, irritability, deep sadness, difficulty maintaining emotional balance

- **Difficulty thinking clearly**  
Disorientation or confusion, difficulty problem-solving and making decisions, difficulty remembering instructions, inability to see situations clearly, distortion and misinterpretation of comments and events
- **Problematic or risky behaviors**  
Unnecessary risk-taking, failure to use personal protective equipment, refusal to follow orders or leave the scene, endangerment of team members, increased use or misuse of prescription drugs or alcohol
- **Social conflicts**  
Irritability, anger and hostility, blaming, reduced ability to support teammates, conflicts with peers or family, withdrawal, isolation

## Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)  
Toll-Free: 1-800-308-3515  
Website: <http://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App  
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

Administration for Children and Families\*  
Website: <http://www.acf.hhs.gov>

Department of Veterans Affairs\*  
National Center for Posttraumatic Stress Disorder (PTSD)  
PTSD Information Voicemail: 1-802-296-6300  
Website: <http://www.ptsd.va.gov>

### Treatment Locators

Mental Health Treatment Facility Locator  
Toll-Free: 1-800-789-2647 (English and español)  
TDD: 1-866-889-2647  
Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov  
Website: <http://www.mentalhealth.gov>  
*MentalHealth.gov provides U.S. government information and resources on mental health.*

Substance Abuse Treatment Facility Locator  
Toll-Free: 1-800-662-HELP (1-800-662-4357)  
(24/7 English and español); TDD: 1-800-487-4889  
Website: <http://www.findtreatment.samhsa.gov>

### Hotlines

Disaster Distress Helpline  
Toll-Free: 1-800-985-5990  
Text: “TalkWithUs” to 66746  
Website: <http://disasterdistress.samhsa.gov>

National Suicide Prevention Lifeline  
Toll-Free: 1-800-273-TALK (1-800-273-8255)  
TTY: 1-800-799-4TTY (1-800-799-4889)  
Website: <http://www.samhsa.gov>  
*This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.*

National Domestic Violence Hotline\*  
Toll-Free: 1-800-799-SAFE (1-800-799-7233)  
TTY: 1-800-787-3224

*\*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*





# Tips for Disaster Responders:

## RETURNING TO WORK

### INTRODUCTION

Disaster responders make valuable contributions to communities across the nation. Whether you work on the front lines or behind the scenes during a disaster response assignment, you provide essential services to those who need them. Disaster response work is both stressful and rewarding, and it provides a unique perspective for everyone involved. The stress created by this experience can sometimes cause adjustment difficulties for disaster responders returning to work. This tip sheet can help ease your transition back to routine work.

### STRESS PREVENTION AND MANAGEMENT

#### Strengthening Stress Management Skills

While it is a good idea to take some time to reorient yourself and get sufficient sleep after a disaster assignment, some experts suggest that responders first go back to work for a day or two to get reacquainted with their colleagues and responsibilities, and then take some personal time off. This may help ease any anxiety about possible unknowns awaiting you at work. The flexibility and amount of personal time varies by employer, so check the policies

of your workplace or consult with your human resources representative for guidance.

Because work conditions in disaster response are not ideal, you may have difficulty taking proper care of yourself during this time. When your disaster response assignment is over, it is especially important to focus on addressing your basic needs. For example, ensuring that you are physically healthy can increase your resilience and decrease the effects of trauma exposure. To prevent and manage your stress, practice the following self-care tips:

- Maintain a healthy diet, and get routine exercise and adequate rest.
- Spend time with family and friends.
- Pay attention to health concerns.
- Catch up on neglected personal tasks (e.g., check mail, pay bills, mow the lawn, shop for groceries).
- Reflect upon what the experience has meant personally and professionally, for both you and your loved ones.
- Make sure you and your loved ones have a preparedness plan.

## Expecting the Unexpected—Common Difficulties and Tips for Coping With Them

When transitioning from your disaster assignment to your routine duties, you may notice changes in yourself, your coworkers, or your work environment. A few potential difficulties are described below, along with some tips on how to overcome them.

**Pace change.** The disaster response environment often moves at a pace much faster than that of the normal workplace, and you may find that you have grown accustomed to this rapid pace. When returning to your routine work, it may appear as though people are moving at a much slower pace than you remember. It is easy to misinterpret this behavior. Remember, it is probably you who have changed, not your colleagues. ***Try to refrain from judging, criticizing, or making assumptions about your colleagues' work pace.***

**Unrelenting fatigue.** Sometimes excessive stress results in never feeling rested. You often experience extreme fatigue when you first return from your assignment, even if you feel like you are getting a sufficient amount of sleep. This may be a result of several factors, such as the stress hormones moving out of your body and allowing



you to relax, or your body trying to recover.

***You may need more rest than you realize.*** If extreme fatigue persists for more than 2 weeks, consider seeing a physician. See the **Helpful Resources** section of this tip sheet for more information on finding support and services.

**Cynicism.** During disaster work you often see the worst in individuals and systems, and it is easy to become cynical. These feelings are expected and usually diminish over time. ***Review the successes and positive results from your assignment, and try to focus on seeing the best in individuals and systems. Over time, this perspective will help you maintain a more optimistic outlook.***

**Dissatisfaction with routine work.** Saving lives and protecting our fellow citizens' health and safety can be rewarding and energizing, and most work does not provide such dramatic and immediate reinforcement. When you first return to your regular job, you might feel as though your daily work lacks the same level of meaning and satisfaction. These feelings are common among those who alternate between high-stress environments, such as disaster work, and more traditional professional settings. To counter these feelings, incorporate the positive things you have learned during disaster response into your personal and professional life. ***Recognize that everyone has a job to do and that even the smallest effort contributes to our well-being. Learn to appreciate your routine work as well as everyone else's.***

**Easily evoked emotions.** Sometimes the combination of intense experiences, fatigue, and stress leaves you vulnerable to unexpected emotions. For example, you may cry more easily than before, be quick to anger, or experience

dramatic mood swings. These are fairly common reactions among disaster responders that typically subside over time. ***In the meantime, be aware of your reactions; discuss your experiences with trusted coworkers, friends, and loved ones; and try to limit comments that might be hurtful or upsetting to others.***

**Relating your experiences.** While you may want to share your experiences with others, some information may be too difficult for others to hear. ***Exercise care when discussing your disaster response experiences and know that it can be harmful to others to hear you describe disturbing scenes.*** Make sure to refrain from talking about the negative aspects of the work while in the presence of children or others who are emotionally vulnerable. Children are also strongly affected by how their parents cope with traumatic stress. The better you are able to use positive coping skills and address your experiences in a positive manner, the more likely your family will do so as well.

**Difficulties with colleagues and supervisors.** You may not experience a “welcome back” from your colleagues and supervisors that meets your expectations. Your coworkers may resent the additional workloads they had in your absence or not understand the difficult nature of the work you did. They also may resent the recognition that you are receiving as a responder. ***To cope with any negative feelings you may have about your colleagues, try to express appreciation for their support during your assignment, and take care in relating your experiences.***

**Cultural differences.** Culture affects how an individual reacts to intense experiences. Some colleagues may want to celebrate you, others may feel you need caretaking, and others may decide that you need time on your own. ***Find***



***ways to express your needs so that you are true to yourself but also sensitive to your team members' efforts to be supportive.***

## When To Seek Help

Stress is an anticipated reaction to situations like disasters and other traumatic events. Sometimes it may be difficult to determine whether your symptoms are a result of a physical illness, stress, or a combination of the two. You may need more support, however, if you experience any of the symptoms below or have other concerns that persist for more than 2 weeks:

- Disorientation (e.g., appearing dazed, experiencing memory loss, being unable to give the date or time or recall recent events)

- Depression (e.g., continuing sadness, withdrawing from others)
- Anxiety (e.g., feeling constantly on edge or restless; having obsessive fear of another disaster)
- Acute psychiatric symptoms (e.g., hearing voices, experiencing delusional thinking)
- Inability to care for oneself (e.g., not eating, bathing, or handling day-to-day life tasks)
- Suicidal or homicidal thoughts or plans; pervasive feelings of hopelessness or despair
- Problematic use or misuse of alcohol, prescription medication, or other drugs
- Domestic violence, child abuse, or elder abuse

If you are experiencing consistent or severe stress, there are several things you can do. You can check to see if your employer provides access to an Employee Assistance Program (or “EAP”). You may also choose to contact your primary care physician who can help to rule out a medical problem or provide a referral to a licensed mental health professional. You can also download SAMHSA’s new Disaster Behavioral Health App and access resources specific to the post-deployment phase, including tips for re-entry (for responders, supervisors, and family members). Additional supports and services can be found in the **Helpful Resources** section below.

## Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)  
Toll-Free: 1-800-308-3515  
Website: <http://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App  
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

U.S. Department of Veterans Affairs\*  
National Center for Posttraumatic Stress Disorder (PTSD)  
PTSD Information Voicemail: 1-802-296-6300  
Website: <http://www.ptsd.va.gov>

U.S. Department of Homeland Security: FirstResponder.gov\*  
Website: <http://www.firstresponder.gov>

Federal Occupational Health\*  
Employee Assistance Program for Federal and Federalized Employees  
Toll-Free: 1-800-222-0364  
TTY: 1-888-262-7848  
Website: <http://www.foh.hhs.gov/>

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Toll-Free: 1-800-662-HELP (1-800-662-4357)  
(24/7 English and español); TDD: 1-800-487-4889  
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Website: <http://www.samhsa.gov>  
*This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.*

SAMHSA Disaster Distress Helpline  
Toll-Free: 1-800-985-5990 Text “TalkWithUs” to 66746  
Website: <http://disasterdistress.samhsa.gov>





## Tips for Disaster Responders:

### CULTURAL AWARENESS WHEN WORKING IN INDIAN COUNTRY POST DISASTER

In this tip sheet, we respectfully use the term “Native Americans” to describe the hundreds of tribes, reservations, pueblos, and villages throughout the United States. Know that all tribes are unique, with highly individual cultures, governance, and belief systems. Find out the best way to offer response assistance for the tribe with which you are working.

When responding to a traumatic event, such as a natural or human-caused disaster in Indian Country, it is important not only to tailor the response efforts to address the event but also to understand the impact of the historical trauma experienced by Native Americans.<sup>1</sup> Historical trauma is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and their descendants.<sup>2,3</sup> This type of trauma can complicate individual and community recovery.

Some tribes do not have a word for “disaster,” and refer to disasters differently than non-native cultures do. Some may feel that saying the word “disaster” may bring harm to their community. It is important to pay attention to how members of the local tribal community refer to disasters and other traumatic events and use the same words and phrases they use. It is also important to remember that each Native American tribe is a sovereign nation with a unique history and political status. This tip sheet can help disaster behavioral health responders like you and your colleagues learn about working with Native

Americans before, during, and after a traumatic event.

#### CULTURAL VALUES

While every tribe, reservation, pueblo, rancheria, and village is unique, several general cultural values are shared by the majority of Native American communities:

- Importance is placed on harmony with the environment.<sup>4</sup>
- Each person is seen as part of a larger system.<sup>5</sup>
- Elders and other community leaders are respected for their knowledge and wisdom.<sup>6</sup>
- Children are the future and are to be protected and supported.
- Helping others is more important than helping oneself. A community approach to healing is emphasized in most cases.
- Prayer and traditions are important facets of life and are sacred and must be protected.

#### TYPES OF TRAUMATIC EVENTS IN INDIAN COUNTRY

Again, keeping in mind that every tribe is different, there are certain types of traumatic events that are likely to occur in Indian Country, including the following:

- A single event (a disaster, vehicular accident, rape, suicide of a loved one)
- Prolonged traumatic experiences (e.g., forced assimilation, historical events such as removal from homelands)

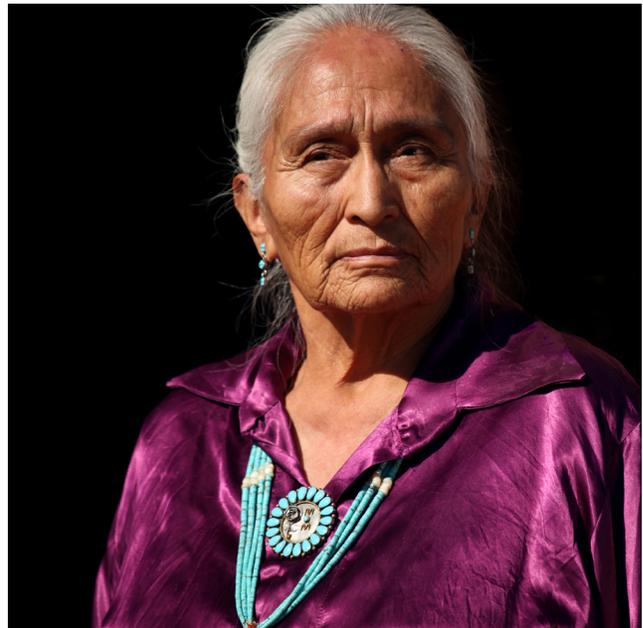
- Cumulative effects (high rates of and exposure to violence, such as domestic violence and community violence)<sup>7</sup>
- Personal events that impact several generations (forced relocation—both in general and to boarding schools—massacres)<sup>8</sup>
- Youth suicides and multiple suicides<sup>9</sup>
- Violent deaths (homicide, suicide, unintentional injuries) and accidents
- Multiple experiences of victimization

### AFTER A TRAUMATIC EVENT

After surviving a disaster or traumatic event, people may feel dazed or even numb. They may also feel sad, helpless, or anxious. It is important to normalize the type of emotional reactions to trauma that many people experience. It is not unusual for tribal members, or any people who have gone through trauma, to experience bad memories or dreams and trouble sleeping, eating, or paying attention. It is not unusual for people to withdraw socially or relapse into alcohol or drug misuse if that was an issue prior to the traumatic event. These are all common and expected reactions to stress among adults and adolescents alike.<sup>10</sup>

### RESPONSE EFFORTS IN INDIAN COUNTRY

When working in Indian Country after a traumatic event, it is important to remember that Native American entities have a long history of being told what they “should” do and that they need to change their ways.<sup>11</sup> Such direction is unwelcome because of past history with some non-native people who may have been well-meaning but imposed their ways upon the tribe, or even betrayed them in significant ways.<sup>12</sup> In the spirit of preparedness, you can offer your best in disaster response and recovery by building partnerships and getting to know trusted tribal liaisons such as a tribal emergency manager. Remember, you are a guest in a sovereign nation; so by showing respect and working with a tribal liaison, you will increase your



professional credibility. Community members place more value on who you are and how you develop relationships than on your degrees or professional qualifications. Connecting as a person is critical to success. Get to know their history—both traumatic and otherwise—so that when a disaster occurs, you are more likely to be seen as a resource and can work effectively with disaster survivors. While you may not always agree with the beliefs and customs of the tribe you are working with, it is critical to be respectful of their choices, culture, and values.

### USE OF TRADITIONAL TEACHINGS

It is important to respect and support the values of the tribe while emphasizing personal and community responsibility in disaster recovery. Building a relationship and connection between you and members of the community is a good way to demonstrate respect for traditional values.

- Before an event occurs, you may consider seeking the wisdom of community leaders. The words and phrases used to describe mental and emotional health differ in tribal communities. It is important to know how your local community refers to these

concepts before you meet with the leaders. Keeping in mind that every tribe is different and knowing your community's disaster risks, you may choose to ask leaders some of these questions to help you build a relationship and connection:

- What is the leaders' sense of their community's physical and emotional well-being?<sup>13</sup>
- What strengths do community members have that can help them cope with and overcome their problems?
- How have leaders helped community members overcome past trauma?<sup>14</sup>
- How are children in the community taught coping and problem-solving skills?



Just after an event occurs, you may wish to ask community leaders if they can talk to residents about the event in a way that shows how it relates to their tribe's creation stories or other traditional teaching stories. This technique can be used as a way to explain why things happen and lessons that can be learned from the experience. It is important to have a respected leader tell the story with the approval of tribal leadership.

### USE OF TALKING CIRCLES

Many tribes have found talking circles to be one effective way of bringing people together in a quiet, respectful, and safe place where they can share their experiences and learn positive coping skills from each other. Consider asking if talking circles are used in the community and whether there are community members who typically lead a talking circle. If this is a practice that is familiar and acceptable to the local tribal community, request that a disaster behavioral health responder be allowed to participate in the talking circle. The local leader and disaster behavioral health responder can discuss the issues to bring to the group and how these will be presented (e.g., talking stick, feather).

These tips, in combination with getting to know the Native American emergency management and tribal liaisons you plan to work with before a disaster occurs, will help ensure that you help provide a coordinated and effective response to any disaster or traumatic event.

- <sup>1</sup> BigFoot, D., & Schmidt, S. R. (2010). "Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children." *Journal of Clinical Psychology*, 66(8), 847-856.
- <sup>2</sup> Brave Heart, M. Y. H., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). "Wicasa Was'aka: Restoring the traditional strength of American Indian males." *American Journal of Public Health*, 102(S2), 177-183.
- <sup>3</sup> Brave Heart, M. Y. H. (2003). "The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration." *Journal of Psychoactive Drugs*, 35(1), 7-13.
- <sup>4</sup> Willmon-Haque, S., & BigFoot, D. S. (2008). "Violence and the effects of trauma on American Indian and Alaska Native populations." *Journal of Emotional Abuse*, 8(1/2), 51-66.
- <sup>5</sup> Willmon-Haque, S., & BigFoot, D. S. (2008). "Violence and the effects of trauma on American Indian and Alaska Native populations." *Journal of Emotional Abuse*, 8(1/2), 51-66.
- <sup>6</sup> Willmon-Haque, S., & BigFoot, D. S. (2008). "Violence and the effects of trauma on American Indian and Alaska Native populations." *Journal of Emotional Abuse*, 8(1/2), 51-66.
- <sup>7</sup> Rogers, M., & Giroux, J. (2012). "Domestic violence in American Indian communities: Background, culture, and legal issues." *Health and Social Issues of Native American Women*. Santa Barbara, CA: ABC-CLIO, LLC.
- <sup>8</sup> Manson, S. M., Beals, J., Klein, S. A., Croy, C. D., & AI-SUPERPPF Team. (2005). "Social epidemiology of trauma among two American Indian reservation population." *American Journal of Public Health*, 95(5), 851-859.
- <sup>9</sup> BigFoot, D. (n.d). Suicide and other trauma within Native American communities. *The Dialogue*. pp. 15-18. doi:10.1037/e592932009-004
- <sup>10</sup> Deters, P. B., Novins, D. K., Fickenscher, A., & Beals, J. (2006). "Trauma and posttraumatic stress disorder symptomatology: Patterns among American Indian adolescents in substance abuse treatment." *American Journal of Orthopsychiatry*, 76(3), 335-345.
- <sup>11</sup> Gone, J. P. (2004). "Mental health services for Native Americans in the 21st century United States." *Professional Psychology: Research and Practice*, 35(1), 10-18.
- <sup>12</sup> BigFoot, D., & Schmidt, S. R. (2010). "Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska Native children." *Journal of Clinical Psychology*, 66(8), 847-856.
- <sup>13</sup> Novins, D. K., King, M., & Stone, L. S. (2004). "Developing a plan for measuring outcomes in model systems of care for American Indian and Alaska Native children and youth." *American Indian & Alaska Native Mental Health Research*, 11(2), 88-96.
- <sup>14</sup> Strickland, C. L., Walsh, E., & Cooper, M. (2006). "Healing fractured families: Parents' and elders' perspectives on the impact of colonization and youth suicide prevention in a Pacific Northwest American Indian tribe." *Journal of Transcultural Nursing*, 17(1), 5-12.

## Helpful Resources

**Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)**  
Toll-Free: 1-800-308-3515  
Website: <http://www.samhsa.gov/dtac>

**SAMHSA Behavioral Health Disaster Response Mobile App**  
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

**American Indian and Alaska Native Culture Card**  
Website: <http://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354>

**SAMHSA Disaster Distress Helpline**  
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746  
Website: <http://disasterdistress.samhsa.gov>

**National Suicide Prevention Lifeline**  
Toll-Free: 1-800-273-TALK (1-800-273-8255)  
TTY: 1-800-799-4TTY (1-800-799-4889)  
Website: <http://www.samhsa.gov>  
*This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.*

**Indian Health Service\***  
Responsible for providing health services to members of federally recognized tribes.  
Website: <http://www.ihs.gov>

**U.S. Department of the Interior\***  
**Bureau of Indian Affairs Tribal Leaders Directory**  
Website: <http://www.bia.gov/cs/groups/public/documents/text/idc002652.pdf>

**U.S. Office of Personnel Management\***  
Online course: Working Effectively with Tribal Governments (available only to federal employees)  
Website: <http://www.tribal.golearnportal.org/>

*\*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

