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FORCE HEALTH PROTECTION

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Force Health Protection

- Protects the physical & mental health of the work force to achieve mission success
- Strategies target leadership, supervisors & workers
- Spans pre-deployment, deployment, post-deployment
- Reduce compassion fatigue including burnout & secondary trauma

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Why is Force Health Protection Important?

- Burnout a predictor of turnover
- Expensive to recruit, train and deploy new people
- Turnover results in disruption to continuity of care
- Impaired judgment in workers leads to diminished quality of service delivery
- Secondary traumatic stress wreaks havoc with personal lives
- Physically and mentally fit staff are more resistant to the stress of a disaster and better able to recover after deployment

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Disaster Stress/Compassion Fatigue

- ◆ Compassion Fatigue has two components:
  - ▪ Burnout
  - ▪ Secondary trauma
- ◆ Compassion Satisfaction the opposite of compassion fatigue
- ◆ Other forms of disaster stress include:
  - ▪ Depression
  - ▪ Anxiety
  - ▪ Grief
  - ▪ PTSD

Compassion Satisfaction

Compassion Fatigue

Secondary Trauma

Burn-out

Fox, M. (2011)

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On the Job: Disaster Worker Stress Reactions

- ◆ Compassion Satisfaction
  - ▪ Red Cross disaster workers provide GREAT service to clients and staff
  - ▪ Clergy who worked with ARC after 9/11 showed less compassion fatigue and burnout than clergy who worked for other agencies
  - ▪ Work satisfaction promotes resilience
- ◆ Burnout – cumulative stress over time due to work-related factors – leads to
  - ▪ Exhaustion/overwhelm
  - ▪ Withdrawal emotionally from work
  - ▪ Negativity regarding one's work and accomplishment

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On the Job: Disaster Worker Stress Reactions (cont.)

- ◆ Secondary Traumatization – exposure to trauma through others – leads to
  - ▪ Re-experiencing the traumatic event
  - ▪ Avoidance of reminders; numbing
  - ▪ Persistent arousal
  - ▪ Also known as vicarious traumatization
- ◆ Other reactions
  - ▪ Post-traumatic stress disorder – primary exposure to trauma
  - ▪ Depression – inversely related to compassion satisfaction

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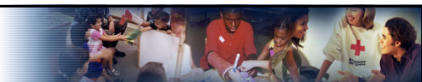## Research on Crisis Responder Stress

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- Workers responding to airline crash sought care for emotional problems at 4x the rate of non-exposed workers
- 10-20% of firefighters in rural and urban Japan exhibited symptoms of burnout
- 28% of earthquake recovery workers in Pakistan who had not experienced loss themselves had symptoms of PTSD 2 yrs after the quake

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Research on Crisis Responder Stress (cont.)

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- After Oklahoma City bombing, 64.7% of disaster responders had secondary traumatic stress; 76.5% had moderate to high risk of burnout
- Broadcast reporters and ambulance workers also report greater fatigue, traumatic stress symptoms and other risk factors associated with burnout
- 60.5% of counselors at the 1994 Northridge (CA) earthquake exhibited secondary traumatic stress

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Effects of Secondary Traumatic Stress

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- Substance abuse
- Relationship problems, or difficulty separating work from personal life
- Risky behavior
- Hyper-vigilance that may seem appropriate in some contexts
- Hypersensitivity or lowered frustration tolerance
- Increased physical discomfort or injuries on the job
- Isolation and/or depression
- Spiritual crises
- Diminished sense of purpose/enjoyment with work

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Individual Risk Factors

- Lack of experience/training
- Previous history of trauma
- Lower education levels
- Lack of social support

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Work-related Risk Factors

- Long hours
- Unclear mission
- Feeling unappreciated on job
- Difficult working conditions
- Co-worker or supervisor conflict
- Difficulty prioritizing

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Trauma-Related Risk Factors

- Witnessing many serious or fatal injuries, particularly involving children, teammates or other responders
- Witnessing catastrophic destruction
- Feeling that one's life is threatened
- Talking with many grieving or upset people
- Listening to many stories of loss and trauma

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Resiliency Factors

- ◆ **Compassion Satisfaction**
- ◆ **Spirituality (not necessarily religion)**
- ◆ **Empathy**
- ◆ **Background – absence of trauma, strong sense of self**
- ◆ **Strong current social support system**
- ◆ **Experience – less likelihood of secondary traumatization but more risk for burnout**

IT'S NOT DENIAL. I'M JUST VERY SELECTIVE ABOUT THE REALITY I ACCEPT.

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Force Health Protection Strategies

- ◆ **Why do experienced supervisors and workers frequently struggle to promote self-care?...**
- ◆ **…Because there are disaster-specific obstacles to promoting self care**
- ◆ **Strategies for supervisors & workers to overcome those obstacles**

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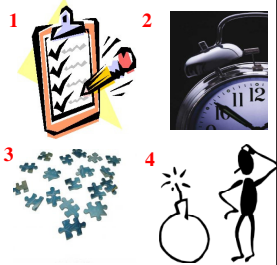
Obstacle 1: Everything Seems "Mission Critical"

- ◆ **All tasks are viewed as "mission critical"**
  - ▪ As a result, people work through their breaks
- ◆ **Promoting self care gets lost on the list of all things urgent**
- ◆ **Worker needs "pale" in comparison to client needs**
  - ▪ Self care seen as "wimpy"
- ◆ **Chaotic environment influences supervisors towards a tendency to micro-manage or to be under involved**

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Strategies to Overcome Obstacle 1

- ◆ Divide work into mission critical vs. mission non-critical
  - ■ If everything is critical, nothing gets prioritized
- ◆ Put worker self care on top of the mission critical list
  - ■ Ensure workers take breaks and get adequate sleep
  - ■ Reduce shifts to under 12 hours as soon as possible
  - ■ Rotate staff through difficult assignments
- ◆ Anticipate and resist the urge to micro-manage or be under involved with your team
  - ■ If it's not mission critical, let workers do it their way

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Challenge: Defining What's Mission Critical

DMH Mission Critical List (as an example)

- ◆ Promote worker care (self and others) as priority #1
- ◆ Prioritize clients with acute needs and at greatest risk (use PsySTART triage)
- ◆ Set realistic expectations
- ◆ Be safe and stay in contact with your team
- ◆ Stay within the DMH activity guidance
- ◆ Act in a professional and ethical manner

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What's Your Mission Critical List?

- **Promote worker care (self and others) as priority #1**
- **Use a prioritization system that fits your activity/work**
  - **Make sure your workers understand and use this system**
- **Set reasonable expectations**
- **Be safe and in stay in contact with your team**
- **Stay within your program guidance**
- **Act in a professional and ethical manner**

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Obstacle 2: There's Not Enough Time for Self Care

- **Large number of disaster relief sites and large affected areas can make it difficult to find time to promote self care**
- **Sites open, close and consolidate frequently, causing plans to be in constant flux**
  - **Easy to fall behind on work**
  - **Tasks need to be done "yesterday"**

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Strategies to Overcome Obstacle 2

- **Integrate service delivery planning with other activities to avoid unnecessary stops/starts**

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- **Maximize use of community partnerships and local volunteers**
- **Cross train workers**
- **Look for time efficiencies**

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Obstacle 3:
Teams are Hastily-Assembled & Constantly In flux

- **Disasters are episodic**
- **Work along side of strangers**
- **Constant turnover**
- **Difficult to develop team cohesiveness**
- **Personality differences which might normally be tolerated become exaggerated and problematic**

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***Strategies to Overcome Obstacle* 3**

- **Create a collaborative environment**
  - Ask your team for feedback and suggestions
  - Encourage questions
- **Spend time supporting your workers**
- **Ensure communication across and within shifts**
- **Address conflicts early**
- **Be a flexible supervisor/worker**
- **Assign meaningful tasks**

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Obstacle 4:
Workers are Not Always Prepared

- **Emphasis on quick departure from home and rapid deployment to site**
- **Workers sometimes deploy when they are distracted by problems or at home**
- **Pre-deployment and on-site training can get shortchanged**
- **Lack of experienced supervisors results in premature or inappropriate promotions**

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Strategies to Overcome Obstacle 4

- ◆ Slow down, frontload time with workers
- ◆ Get organized and plan for new workers arrival before they arrive
- ◆ Assign experienced supervisors to rove between service delivery sites
- ◆ Find a supervisor/worker buddy
- ◆ Over the course of a week or longer:
  - ▪ team following FHP strategies will get as much if not more work done;
  - ▪ clients will get better service
  - ▪ Workers will return home healthier and more satisfied

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Review of FHP Strategies

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- ◆ **Divide work into mission critical & mission non-critical (promote self care first)**
- ◆ **Integrate service delivery planning**
- ◆ **Create a collaborative work environment**
- ◆ **Slow down, get organized, frontload time with your team**

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DMH Force Health Protection Resources

- ◆ DMH coping and resilience brochures
- ◆ DMH workers assist chapter Health Reviewers w/ screening
- ◆ Post-deployment voluntary screening tool
- ◆ Pre-deployment screening tool (TBD)
- ◆ "Build-out" of Staff Mental Health program
- ◆ PFA update includes worker risk factors
- ◆ DMH "check-in" before, during or after deployment
- ◆ Mass casualty & stress inoculation training (TBD)

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