

Managing Mental Health Workers:

Maintaining professional behavior and strengthening their sense of competence

MH Management Challenges on Mass Casualty Disasters

- Workers arrive on site without adequate screening
- Most workers have no mass casualty disaster experience
- Workers project confidence and are unaware of or reluctant to discuss their weaknesses or vulnerabilities
- Workers have unrealistic expectations about the nature of DMH services in the field and their individual role
- Ability to provide on site one on one screening, orientation or training is limited by lack of space and supervisory resources

Consequences

- Unprepared workers are deployed to settings where they may not have face-to-face MH supervision
- Workers compensate for their feelings of incompetence or inadequacy with behaviors that make them feel better
- Workers who do not understand the limits of their agency's involvement and the corresponding limits to their individual role overstep their role and generate friction with other responders
- Under-prepared and under-supervised workers create their own rules

Workers at Mass Casualty Disasters

- Experience feelings similar to survivors
 - Intense emotions
 - Concerns about physical safety
 - Exposure to traumatic sights, sounds, smells
- Management structure needs to incorporate same elements used to support survivors but within a professional framework
 - Promote sense of safety
 - Promote sense of self-efficacy
 - Promote connectedness
 - Promote resilience and growth

Create a Healthy Work Environment

- Educate & Establish Expectations
- Maintain a visible supervisory structure
- Legitimize feelings and reactions
- Bring a tool kit and share it

Educate & Establish Expectations

- Provide orientation to entire operation
 - Include recovery and family support operations
 - Explain lead agencies and roles of supporting agencies
 - Chain of command and contact numbers
- Provide written performance expectations
 - Review application of professional standards in disaster settings
 - Describe limitations and boundaries of service
 - Self management

Maintain a Visible Supervisory Structure

- Post a Table of Organization at each work site
- Hold regular staff meetings at service sites
 - address site safety issues, rumors, changes
- Hold regular supervisor/manager administrative meetings
- Circulate a newsletter that describes successes and keeps everyone informed about the operation
- Offer reviews of interventions, assessment strategies, etc

Legitimatize Feelings and Reactions

- Normalize workers initial reactions- I'm not sure what to do in this setting, How am I going to do this
- Include discussion of reactions in daily MH staff meetings
- Encourage workers to actively manage their psychological reactions thru reflection, journal keeping, peer support
- Provide constructive support not judgmental criticism

Bring a Tool Kit and Share It

- Do not expect workers to be familiar with disaster mental health protocols
- Bring professional resources to share:
 - Large group assessment
 - Brief interventions
 - Managing intense emotions
 - Suicide assessment
 - Special populations
- Schedule review workshops at work sites

Common MH Worker Reactions

- Feeling overwhelmed

Workers who have not had previous training with the unique interventions used in large scale disasters, or workers who are vulnerable to exposure to intense trauma, feel incompetent and unable to successfully provide services.

Provide training, supervisory guidance and reassurance

Common Worker Reactions

- Over involvement

Some workers may attempt to prove their value by crossing boundaries and establishing a quasi personal relationship with survivors or responders.

Examples: Offering to stay in touch with survivors after their return home; visiting work site on day off or after release from assignment; objecting to other professionals talking to 'their' client/family; wearing first responder hats or insignia as a 'badge of acceptance'

Common Worker Reactions

- Inflation of professional/personal value

The post disaster environment provides optimal conditions for narcissism to thrive:

- Event is of high public significance and attracts intense media coverage permitting excessive feelings of self importance among vulnerable responders
- Lack of disaster relayed knowledge and skills stirs issues of personal adequacy

Examples of narcissistic reactions: Worker discussions littered with "I" statements of successes not objective reports about needs and services; Worker preoccupation with their scope of authority, power, inclusion in 'important' meetings/decisions

Challenges to Developing a Management Structure on Large Disaster Operations

- Diversity of professions, clinical training and experience
- Leaders and supervisors who are part of the management structure often are unfamiliar with each other
- Reluctance to 'waste time' in getting to know each other
- Belief that licensed mental health professionals are smart enough to handle the challenges they meet
- Expectation that the non-mental health supervisors at the site mental health workers are assigned to will provide adequate support to the MH workers