  
**New Strategies for Reducing Responder Risk:**  
*From Pre-Deployment Screening to Post-Deployment Support*

**American Red Cross**  
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**Leadership is Critical**

- Leaders must recognize responder risks and value efforts to reduce those risks



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**The False Disaster Dichotomy**

- The goal of responder care is currently viewed within a false dichotomy: *Either designate limited time and resources to serve disaster survivors...or provide support to responders.*



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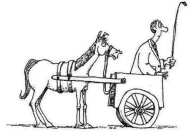
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## Reframe Responder Support Strategies

- Translate "either/or" into a *sequence* that includes both
- *We support our responders first, so they can then provide services to clients*
- Words matter: "force health protection" vs. "self care"



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## Responder Support = Mission Success

- Sometimes slowing down can get us there faster
  - Spending minutes now to more carefully screen and assign responders can save hours and days later
- Healthier responders = improved client services
  - True in more traditional business (disaster research needed)



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## Disaster Work is Different

- It's not easy being...a disaster responder
- Requires strategies different than business-as-usual
- Chaotic response environments influence worker behavior
- Screening and assignment tasks become critical



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## Disaster Work is Different (cont.)

- Does a former drill sergeant make a terrible therapist?
- Responder needs pale in comparison to client devastation
- Responder care falls off the work priority list



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## The Way Forward



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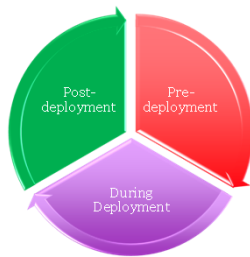
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## Deployment Cycle

**Work-related risk factors –**  
Difficult living and working conditions  
May lead to burnout and/or depression



**Trauma-related risk factors –**  
Exposure to serious or fatal injuries or vast community devastation  
Can lead to compassion fatigue



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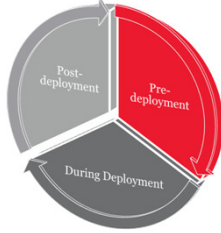
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### Work-Related Risk Factors: Pre-Deployment

- Urgency to leave within 24 hours
- Notifying work and family
- Making travel arrangements
- Arranging for pet care



- Making financial arrangements
- Paperwork
- Worries about one's own home
- Anticipation of the unknowns

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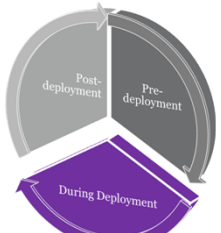
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### Work-Related Risk Factors: During Deployment

- Hurry up and wait
- Paperwork
- Long hours
- Confusion and miscommunication
- Difficulties with coworkers
- Unfamiliar settings



- Environmental stressors
- Staff shelters
- Lack of appreciation
- Discouragement about mission
- Unclear prioritization

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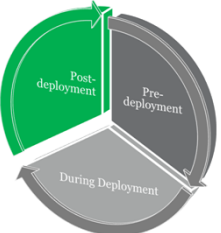
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### Work-Related Risk Factors: Post-Deployment

- Waiting to out-process
- Bureaucratic hassles and delays
- Paperwork



- Long travel times
- Saying goodbye to colleagues
- Reintegration with work and family

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### Trauma-Related Risk Factors: Pre-Deployment

- Previous history of trauma
- Exposure to scenes of disaster through media

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### Trauma-Related Risk Factors: During Deployment

- Cumulative stories from multiple people
- Ongoing media coverage
- Danger from possible recurring events
- Threat to self due to ongoing disaster

- Scenes of destruction
- Hearing about traumatic loss
- Working with grieving families
- Volunteers whose homes and families were impacted

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### Trauma-Related Risk Factors: Post-Deployment

- Continuing media coverage
- Return to effects of disaster at home
- Fear of long-term health effects

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## Principles for Worker Support

- Support across the deployment cycle
- Tools available at both chapter level and on national Disaster Relief Operations (DRO)
- Support always voluntary
- Transitions a typical stress point
- Consultation available to leadership to reduce stressors in environment




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## Tools

Pre-deployment	During deployment	Post-deployment
<i>Readiness to Deploy</i> self-screening tool Additional training and guidance (e.g., Mass Casualty) Chapter experience PFA training Stress inoculation trainings DMH <i>Coping with Disaster</i> Brochures Force Health Protection presentation Coordination with Chapter Health Reviewer	Disaster-specific orientations Matching workers to assignments Rotating workers through high exposure assignments by using mental health surveillance tools PFA training Monitoring stress levels Exit interview trends Force Health Protection strategies Dedicated resources to Staff Mental Health Coordination with Staff Wellness	Performance Evaluations Exit interviews Post-deployment support contact Post-deployment stress questionnaire Additional training and guidance NHQ Post-Deployment support



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## Readiness-to-Deploy Self-Screening Tool

### SAMPLE QUESTION:

Degree of personal support for doing volunteer disaster relief work.

- a) I have strong family and friend support.  
Great! Remember these relationships continue to be an important support while on assignment.
- b) My family and friends know of my plans, but haven't offered support.  
Talk with your family or friends to improve support for you while on assignment.
- c) Some family and friends have concerns.  
Openly discuss their concerns and try to resolve any conflicts before deployment.
- d) I have little or no support from family and friends.  
Warning! Little or no personal support significantly increases the emotional burden of deployment.

- Developed in collaboration with VA DEMPS
  - Will be hosted on their intranet website
  - Will be available to all interested VA personnel
- Currently piloted by Greater NY & Atlanta chapters
- Post-deployment survey tracks participation and effectiveness



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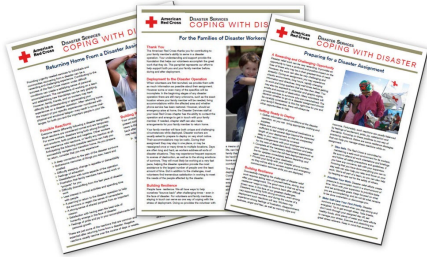
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## Coping with Disaster Brochures



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## On-the-Job Support

- Starts with DRO-specific orientation
- Match worker to assignment
- Psychological First Aid training
- Coordination with Staff Wellness
- Dedicated Staff Mental Health resources
- Force Health Protection strategies




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	Middlesex		Monmouth	
	TOTAL	PCT	TOTAL	PCT
DANGER TO SELF OR OTHERS?	0	0%	0	0%
FEEL OR EXPRESSED EXTREME PANIC?	24	28%	2	2%
FEEL URGENT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	15	17%	0	0%
SERIOUS INJURY OR DEATH OF OTHER?	0	0%	0	0%
DEATH OF PARENT, CHILD OR FAMILY MEMBER?	5	6%	0	0%
DEATH OF PET?	1	1%	0	0%
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	4	5%	0	0%
TRAPPED OR DELAYED EVACUATION?	9	10%	0	0%
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	0	0%	0	0%
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	0	0%	0	0%
HOME NOT LIVABLE?	81	89%	38	30%
FAMILY MEMBERS SEPARATED AND UNKNOWN OF RELOCATION/STATUS DURING AN EVENT?	0	0%	0	0%
PREVIOUS HISTORY OF MENTAL HEALTH CARE?	16	19%	27	23%
PREVIOUS HISTORY OF DISASTER EXPERIENCE?	12	14%	22	18%
NO TRAUMA FACTORS IDENTIFIED	24	28%	24	20%
<b>Total number of high risk factors</b>	<b>142</b>	<b>86</b>		
<b>Risk Factor / Total Contacts Ratio</b>	<b>1.65</b>	<b>0.73</b>		
Adult Client 18 yrs +	67	77		
Child Client under 18 yrs	19	41		
Total Number of Client Contacts	86	118		
Staff contacts	9	36		
# of staff exit interviewed	0	10		

**USING PSYSTART TO ROTATE WORKERS IN HIGH EXPOSURE ENVIRONMENTS**

DRO 772-11 Hurricane Irene/ NJ Sept 7,2011  
Middlesex & Monmouth counties

**More DMH workers Assigned to Middlesex 1.65 vs .73 risk factors**




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### Rotation of Workers

- Supervisors able to monitor DMH worker exposure to high-risk clients - prioritized days off, rotated assignments
- **2011 Hurricane Irene:** DMH workers assigned to counties with higher risk ratios
- **2008 Hurricane Ike:** 2,916 unaffected residents return to Galveston too early and were sheltered near impact zone
- **2011 tornadoes** town w/ no damage/injuries (near miss)




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### Post-Deployment Support

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| <p><b>On the job</b></p> <ul style="list-style-type: none"> <li>▪ Performance evaluations           <ul style="list-style-type: none"> <li>▪ Mentoring</li> <li>▪ Additional training</li> </ul> </li> <li>▪ Exit interviews</li> </ul> | <p><b>At home chapter</b></p> <ul style="list-style-type: none"> <li>▪ Post-deployment support contact</li> <li>▪ Post-deployment stress questionnaire</li> <li>▪ NHQ Post-deployment support</li> </ul> |
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### Wrap-Up

- DMH activity began in 1992 to provide support to disaster response workers
- At least half of our job is to make sure that other disaster responders are able to do their jobs
- Tools and materials are available to other organizations who might benefit from them




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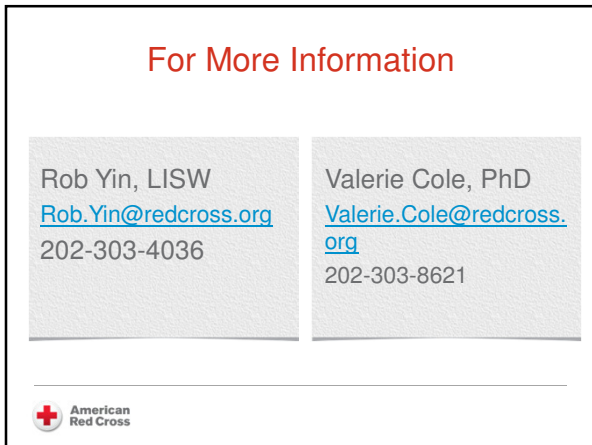
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