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

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
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

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

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
Research on Crisis Responder Stress

- 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

Research on Crisis Responder Stress (cont.)

- 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

Effects of Secondary Traumatic Stress

- 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
**Individual Risk Factors**

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

**Work-related Risk Factors**

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

**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
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

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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
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

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
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

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”

Strategies to Overcome Obstacle 2

- Integrate service delivery planning with other activities to avoid unnecessary stops/starts
- Maximize use of community partnerships and local volunteers
- Cross train workers
- Look for time efficiencies
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

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

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
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

Review of FHP Strategies

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

DMH Force Health Protection Resources

- DMH coping and resilience brochures
- DMH workers assist chapter Health Reviewers with 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)
References

American Red Cross (2010). Disaster Frontline Supervisor Course Fact Sheet (DSSS5601A). Retrieved from https://crossnet.redcross.org/chapters/services/disasters/train/basic/DFS_FactSheet.pdf


For More Information

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