Mitigating Occupational Psychosocial Hazards of Disaster Response

Charles R. Figley, Ph.D.
Tulane University
Goal

• Appreciating the common occupational, psychosocial hazards of disaster workers and a “roadmap” for preventing and mitigating disaster-related stress injuries
Five Objectives of this presentation

1. Stipulate the scope of disaster responders, occupational psychosocial health hazards of the responders.

2. Appreciate the role of human factors in mitigating occupational hazards of disaster response.
Five Objectives

3. Recognize and apply the principles of self care for disaster responders.
5. Define and promote best practices in disaster-related human services.
4. Describe the role of leadership in promoting post-disaster resilience.
Four Questions to be answered:

Who are the Disaster Responders?

What are Disaster-Occupational Hazards?

How can we help responders?

How do we know to refer for professional help?
1. *Disaster Response*: Efforts to
   - prepare for, managing, and mitigate
   - the damage from disasters

Best practices would include 8 elements.
This is what is expected of our Disaster Responders:
Disaster Response Essentials (cont.)

According to Hobfoll, et al 2007:

1. Promoting a sense of safety.
2. Encouraging a sense of calm.
Disaster Response Essentials (cont.)

• 3. Inspiring a sense of self and collective efficacy
• 4. Promoting connectedness
• 5. Instilling a sense of hope
8 Essential Elements of Disaster Response

According to Miller, 2012:

- 6. Allowing for grieving and mourning.
- 7. Establishing a sense of place.
- 8. Reestablishing a link to the past.
2. Disaster Responders are

All personnel responding to a disaster as
• part of their work responsibilities,
• augmented workers, and
• volunteer workers

Who work directly with the public

AND
What are Disaster Responders?

All operational personnel who respond to disaster threat and mitigation. Sectors include:

- Government at all levels
- Private sector operational personnel
- All NGOs associated with responses to disaster threat and mitigation
- All volunteers who respond as above
3. Occupational Psychosocial Health Hazards

Any condition of a job that can result in increased and prolonged stress conditions.

AND

What are the hazards?
Stressors
3. Occupational Psychosocial Hazards = Stressors

Elevations in stress without sufficient stress management strategies leads to one or more:

- Physical stressors
- Traumatic stressors, and
- Spiritual stressors
- Loss Stressors
4. Mitigating Occupational Psychosocial Hazards of Disaster Responders

- Means Preventing or Mitigating (removing) Negative Consequences (i.e., distress) through various interventions including
  - effectively manage stress injuries and worse
  - Self Care and Colleague Care
  - Rules about breaks, days off.
5. Promoting Positive Responses among Disaster Responders

- Lessons learned and experiences and memories can be positive
- Honor hard and effective efforts
- Next presentation will discuss post-traumatic growth
6. Human factors

All the traits, skills, strategies, and peculiarities of the human response that must be considered in implementing any plan or action that is successful. And...
6. Human factors and predict levels of success in managing disaster recovery. Is a paradigm that forces planners to think carefully about human will, habits, learning, and other factors that predict human capacity and predictability.
7. Best practices in disaster-related human services and self care

Those recognized as meeting the 8 essentials of disaster response

1. **Promoting** a sense of safety.
2. **Encouraging** a sense of calm.
3. **Inspiring** a sense of self and collective **efficacy**.
4. **Promoting** connectedness.
7. Best practices in disaster-related human services and self care

The other 4 essentials of disaster response

5. Instilling a sense of hope.
6. Allowing for grieving and mourning.
7. Establishing a sense of place.
8. Reestablishing a link to the past.
7. Best practices in disaster-related human services and self care (cont.)

Meeting the 8 essentials is synonymous with Green Cross Academy’s Standards of Practice in working with the traumatized. (See Greencross.Org)

Guidelines apply to paid, temporary, and voluntary disaster responders, including researchers. Also the Green Cross Academy’s Standards of Self Care.
8. **Disaster resilience leadership**

is a strategic, evidence-based, and ethical management of a disaster response that leads to sustainable and thriving people in disaster’s wake and the disaster responders.

Appreciate the Triple Bottom Line

Knowledgeable in all aspects of disaster management

AND
8. Disaster resilience leadership (cont.)

Especially tuned to

- leadership skills,
- strategic planning, and
- standards of practice for disaster responders.

More if this discussed in the PM workshop on leadership capacity building
9. Disaster Mental Health Resilience

Is springing back following a disaster by
a person, family, neighborhood, physical and cultural community, city, or nation state.
Similarities of Disaster and War Deployment

• Little research on disaster deployments and mental health compared to military deployments and behavioral health.

• However, there are at least 6 similarities between the two that should be considered and invite consideration of worker care compared to warrior care.
## Similarities of Disaster and War Deployment

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>War Deployment</th>
<th>Disaster Deployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lots of Training Preparation</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Away from home and family</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Exposed to a range of traumatic stressors</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Work long hours in difficult conditions for an extended period</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Expectations are to withhold self care and endure the conditions</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Varying levels of danger and uncertainty, and periods of boredom</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
9. Disaster Stress Injuries and Resilience

The following figure was originally developed to identify the process by which combat-stress injuries could be predicted and prevented.
9. Disaster Mental Health Resilience

Most disaster workers do well in both the short and long-term. However, some develop some form of psychosocial stress injuries that require attention. The following describes a “roadmap” for appreciating the psychosocial variables in predicting the stressors and stress reactions during deployments.
TRAIT RESILIENCE FACTORS
- Intelligence
- Trait Resilience (ER-89)
- Stress Adaptation Competence
- Self Confidence and Self Confidence

Occupational Hazards
- Individual Demands
- Unit Demands
- Environmental Demands
- Family Demands

TRAUMA-RELATED STRESS INJURIES AND RESILIENCES
- Physical Fatigue Injury and Resilience
- Grief Injury and Resilience
- Belief Injury and Resilience
- Trauma Injury and Resilience

WORKER STRESS REACTIONS
- Biological Markers
- Psychological Markers
- Social Relationship Markers
- Behavioral Markers
- Spiritual Markers

State Resilience (protective) Factors
- Orientation and Training to build:
  - Trust in the Unit
  - Traumatic Unit Cohesion
  - Context-based Stress-reducing Competencies

Stress Injuries and Resilience of Disaster Workers
TRAITS RESILIENCE FACTORS

- Intelligence - i.e., logic, critical thinking
- Trait Resilience (ER-89) — adaptive, adventurous
- Stress Adaptation Competence
- Self Confidence
- Sense of Humor
State Resilience (protective) Factors

Orientation and Training to increase

- Trust in the Unit – perceived competence, support, success
- Traumatic Unit Cohesion – level of boning and mutual social support
- Context-based Stress-reducing Competencies (building on the traits)
Occupational Hazards/Stressors

- **Individual Demands** – e.g., physical
- **Unit Demands** – e.g., frequent deployments
- **Environmental Demands** – e.g., internal politics, weather
- **Family Demands** – e.g., pressures to be home, financial stressors
WORKER STRESS REACTION MARKERS

- Biological Markers – i.e., indicators of immune suppression
- Psychological Markers -- e.g. emotional indicators of stress, sleep dysfunction

AND
WORKER STRESS REACTION MARKERS

- Social Relationship Markers – e.g., social support and colleague care
- Behavioral Markers – e.g., job competence
- Spiritual Markers – e.g., sense of direction, hope, and fulfillment
Trauma-RELATED STRESS INJURIES AND RESILIENCE

- Physical Fatigue Injury and Resilience – i.e., wear and tear
- Grief Injury and Resilience – i.e., adaptation to loss of person, place, thing
- Belief Injury and Resilience – i.e., moral and ethical challenges
- Trauma Injury and Resilience – i.e., memory management and re-establishing safety
The role of leadership in promoting post-disaster resilience

Disaster Resilience Leadership characteristics:

• 1. Inspiring: Sense of mission and history
• 2. Caring: Perceived to have the best interests of the deployed and the deployment teams in mind

• AND
The role of leadership in promoting post-disaster resilience (cont.)

- 3. Skilled: Knows operations, experienced in a variety of disasters and disaster mitigation
- 4. Personable: Knows team members by name and duties
- 5. Role Model: Others see their efforts at self care, sense of humor, and being ethical and humane.
- 6. Triple bottom line in operational policy and procedures.
Fourth Question to be answered:

How do we know to refer for professional help?

- The Spectrum of Resilience Capacity Building
- Based on the USMC and US Navy spectrum of adaptation to combat stress

(Figley & Nash, 2007)
According to Spectrum Theory

- It takes a system to coordinate care for those who require help
- versus those who deserve praise and respect
- without negatively affecting those who are dysfunctional
- Functioning is defined by the presence of five capabilities.
Enabling Responders Recover from Stress Injuries

- Estimating Disaster Responder Functioning
- For disaster responders
- Using the Spectrum of Responder Disaster Resilience to determine the level of functioning.

How do we know to refer for professional help?
## Disaster Responder Functioning:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Physically</strong> capable (measured by level of energy due to sleep, health)</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Psychologically</strong> capable (measured by level of enthusiasm, intellectual capability, morale, spiritual support)</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Interpersonally</strong> capable (measured by level of social support and cohesion with group)</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Technical and administratively</strong> capable (measured by standard productivity, client satisfaction, and competence scales)</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Self  (Care) Regulation</strong> capable (measured by the existence of an EB self care plan and following it). EB self care plan (see Greencross.org)</td>
</tr>
</tbody>
</table>
Spectrum of Responder Disaster Resilience

• FIVE LEVELS OF FUNCTIONING
• Useful for disaster workers to determine the effectiveness of their self care plan and for
• disaster resilience leaders
Spectrum of Responder Disaster Resilience

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highly Resilient</strong></td>
<td>Resilient</td>
<td>Challenged Resilience</td>
<td>Supported Resilience</td>
<td>Failed Resilience</td>
</tr>
<tr>
<td>Exceptional Role Model</td>
<td>Good Functioning</td>
<td>Acceptable Functioning</td>
<td>Unacceptable Functioning</td>
<td>Dysfunctional</td>
</tr>
<tr>
<td>No challenges in functioning</td>
<td>Challenged in 1 provider function</td>
<td>Challenged in 1-3 Functions</td>
<td>Challenged in 4-5 Functions</td>
<td><strong>Failing</strong> in 1 or more functions</td>
</tr>
<tr>
<td>Train and Coach others on the team</td>
<td>Maintain</td>
<td>Provide Coaching and Peer Support</td>
<td>Explicit Plan Implemented for Resilience</td>
<td>Aggressive mental health services</td>
</tr>
</tbody>
</table>
Level 5: Highly Resilient

- Most people are in this category and are thriving in their career.
- They score high on thriving and human development
- Tend to score high on trait resilience and the other protective factors
Level 4: Resilient

• Most people are in this category and are challenged but meet the challenge in their career.
• They score moderately high on thriving and human development and on trait resilience and the other protective factors
• May have one of the five
Level 3: Challenged Resilience

- **Challenged Resilience**
- Acceptable Functioning
- Challenged in 1-3 Functions
- Provide Coaching and Peer Support
Level 2: Supported Resilience
- Unacceptable Functioning
- Challenged in 4-5 Functions
- Explicit Plan Implemented for Resilience
Level 1: Ineffective Resilience

- Ineffective Resilience
- Dysfunction
- **Failing** in 1 or more functions
- Need aggressive mental health services
- Benefit from the MASTERS Transformative approach to establishing and sustaining an appropriate self care plan
Conclusions

Responders include everyone trying to help respond to the disaster and the biggest psychosocial hazards are the consequence of acute stress.

Stress and stress regulation are among the biggest challenges for disaster workers and are vulnerable to stress injuries that may lead to mental disorders but can also lead to growth.
Conclusions (cont.)

Recognize and apply the principles of self care for disaster responders.

Leadership in promoting post-disaster resilience is extremely important in addition to self care.

All our efforts as disaster responders must lead to effective best practices in disaster-related human services.
Conclusions

• Self Regulation includes self care and stress management
• Disaster response must include psychosocial health and disaster resilience leadership
Conclusions (cont.)

A spectrum of disaster worker function enables workers and leaders know when to intervene
Final Word

• Thanks
Contact Information:

Charles Figley:
850 862-3473; Figley@tulane.edu; charlesfigley.com
6823 St. Charles Ave
Traumatology Institute
New Orleans, LA 70118

Figley Institute:
850-204-6583; info@figleyinstitute.com; figleyinstitute.com