Helping the Helpers: Assisting Staff and Volunteer Workers Before, During, and After Disaster Relief Operations

Randal P. Quevillon, Brandon L. Gray, Sara E. Erickson, Elvira D. Gonzalez, and Gerard A. Jacobs

Disaster Mental Health Institute, University of South Dakota

Self-care strategies and system supports employed in preparation for, during, and after disaster relief operations (DROs) are crucial to relief worker well-being and the overall effectiveness of relief efforts. Relief organizations and management must structure DROs in a manner that promotes self-care and workers must implement proper self-care strategies. Proper self-care before, during, and after a DRO can reduce negative reactions to stressful emergency work and promote growth, mastery, and self-efficacy after the experience. Therefore, the purpose of this article is to discuss the importance of organizational supports and self-care strategies in disaster relief settings. This article emphasizes the role of both individual and management participation and commitment to relief worker support and positive experience in DROs and provides suggestions for doing so. These suggestions are derived from the empirical and experiential literature and extensions from the theoretical background, and from our experience as managers in DROs. © 2016 Wiley Periodicals, Inc. J. Clin. Psychol. 72:1348–1363, 2016.

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Individuals who respond to disasters, whether paid staff or volunteers, serve the needs of others and place themselves at risk of physical and psychological harm. Indeed, relief workers often experience physical illnesses, posttraumatic stress disorder, alcohol abuse, anxiety, depression, psychosomatic disorders, intrusive thoughts, fear of the future, expansive anger, and even death in response to the physical and psychological stresses experienced during relief operations (McFarlane, 2004; Naturale & Pulido, 2012; Salama, 2007).

Moreover, relief personnel, especially foreign aid workers, also may experience lack of social support and culture shock as a result of being away from home and in the midst of chaotic destruction (Musa & Hamid, 2008). These individuals continue to volunteer, often driven in part by altruistic motives. As a result, it is important to make every effort to enhance their experience of professional and personal growth and well-being while shielding them from avoidable distress and harm. Therefore, this paper endeavors to describe best practices for "helping the helper" before, during, and after a disaster relief operation (DRO). In doing so, we highlight areas that may contribute to growth and development in staff and volunteers by describing empirical, theoretical, and experiential evidence for self-care practices and organizational supports.

The Stressful Nature of Disaster Response

Participating in DROs in any function, including disaster mental health, can be arduous and challenging (Kleim & Westphal, 2011). It often involves significant stressors such as exposure directly or indirectly to death, grief, injury, and loss; direct threats to one's safety; long hours and other physical hardships; and difficult living conditions as well as associated negative experiences such as separation from loved ones (Stamm, Higston-Smith, & Hudnall 2004; Young, Ford, Ruzek, Friedman, & Gusman, 1998). The negative outcomes that can stem from

Please address correspondence to: Randal P. Quevillon, Disaster Mental Health Institute, University of South Dakota–SDU 205, 414 East Clark St., Vermillion, SD 57069. E-mail:Randy.Quevillon@usd.edu

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this work have been labeled secondary traumatic stress (Stamm, 1995), vicarious traumatization (Baird & Jenkins, 2003; McCann & Pearlman, 1990), compassion fatigue (Figley, 1995), or burnout (Maslach, 1982; Parker, Noll, & Everly, 2005) and can take the form of stress reactions, sleep problems, depression, anxiety, and posttraumatic stress disorder (PTSD) among others (Benedek, Fullerton, & Ursano, 2007; Fullerton, Ursano, & Wang, 2004; Klein & Westphal, 2011).

Numerous factors influence responder reactions, including type of disaster (Norris et al., 2002), level of exposure (Fullerton et al., 2004), perceived social support (Bartone, Ursano, Wright, & Ingraham, 1989), supervision support (Leffler & Dembert, 1998), and individual factors (demographics, coping style, prior psychopathology, etc.; see Klein & Westphal, 2011). However, some of those aforementioned factors (e.g., social support, coping style) can also influence positive outcomes for disaster workers. These positive factors have not been examined extensively, but research with such concepts as "compassion satisfaction" (Stamm, 2002), "post-traumatic growth" (Linley & Joseph, 2004; Paton, 2005), quality of life (Cicognani, Pietrantoni, Palestini, & Prati, 2009), and well-being (Wise, Hersh, & Gibson, 2012) constitutes a promising area of development for enhancing and complementing efforts for helping the helpers.

Attempting to understand the positive outcomes that may result during emergency work (see North et al., 2002; Tedeschi & Calhoun, 2003) can add a dimension to efforts for helping the helper. Not only can support efforts be geared to minimizing negative outcomes, but factors that contribute to growth and well-being also can be brought to bear. Paton (2006) suggests that positive outcomes may take the form of workers' increased perceived mastery of professional skills; greater appreciation of family, life, and work; and a greater sense of internal control over difficult events.

Theorists regarding posttraumatic growth suggest that change occurs as a cognitive process (Tedeschi & Calhoun, 1998). Specifically, when the event does not fit an individual's schematic representation of the world, beliefs may shift and growth or distress may occur, depending on appraisal of the event (see Paton, 2005). Tedeschi and Calhoun (1998) reported that after positive appraisal, growth likely occurs as an individual ruminates and internally struggles to master the memory of the event or, in relief workers, the emergency work. While empirical findings on positive outcomes for the disaster relief worker are sorely needed, this area is a promising one for further refining efforts to provide supports and enhancements for individuals in disaster relief operations.

The suggestions for helping the helpers contained herein come from the experiences of disaster managers, including ourselves, and from the modest but growing empirical literature on factors that can prevent negative reactions or facilitate growth. We also have been guided by theory, particularly concepts from community psychology. These include models of stress, coping, social support, and resilience.

Models of Stress Reactivity and Resilience

The understanding of both positive and negative reactions to disaster relief work has come from various models of stress and stress reactivity, especially those that have been part of the traditions of community psychology (e.g., Dohrenwend, 1978; Hobfoll, 1998, 1998; Moos, 2002; Spielberger, 1979; Trickett, 1995). These models have been especially useful because they apply broadly, not just to individuals with clinical-level psychopathology, and because they cover the individual and their context (e.g., social surround). They are a better fit, in both theoretical and practical ways, to disaster responders and the disaster field in general than traditional clinical psychology models. Community emphasis on an ecological perspective, the consideration of an individual's strengths and resources, and deficits also have served the disaster field well. Certainly, in stressful situations, individual and situational factors are inextricably intertwined (Sandler, Brauer, & Gensheimer, 2000) and attention to context and positive elements has been part of the perspective of disaster psychology since its inception (Gist & Lubin, 1989, 1999; Quevillon & Jacobs, 1992).

Because of the emphasis on an ecological perspective within community psychology, these stress models have placed the person in context. Thus, they have variously explored individual

factors such as coping style (Hobfoll & Vaux, 1993; Lazarus & Folkman, 1984; Skinner, Edge, Altman & Sherwood, 2003), appraisal processes (Lazarus & Folkman, 1984), and coherence of meaning (Dunning, 2003) while looking at the context, such as the events (hassles to catastrophes) and the loss of resources they can involve (Hobfoll, 1998).

An important part of a person's context is their social surround. Consequently, social support has received considerable attention in its potential role as a stress buffer (Barerra, 2000). Often categorized as comprising emotional support, information/cognitive guidance, and instrumental support (see Thoits, 1985), social support is optimally effective when the type and timing of the support match the needs of the receiver (Kaniasty, 2012; Thoits, 1995). In addition, Kim, Sherman, and Taylor (2008) have suggested that social support should optimally take into account the cultural background and worldview of the individual being supported. Their work with Asian Americans suggested that optimal support for this group involves less direct and emotion-focused support than that given to persons from more individualistic cultural backgrounds (Kim et al., 2008). Other support structures such as religious institutions also can serve constructive roles (see Pargament & Maton, 2000), although they too can increase stress in some instances (see the disaster relief experiences detailed in Jacobs, 2007, for examples of each).

Models of resilience also can be useful to guide efforts to help the helpers. The concept originated from work looking at risk factors for psychopathology (Garmezy, 1974; Rutter, 1981) and has developed into an area that can provide suggestions for constructive influences in stress tolerance, including helping the helper in disaster. Masten (2009) has compiled a list of resilience factors including attachments (friends and family), bonds with prosocial organizations, the presence of community services and supports, cultural standards and rituals, and individual factors such as hope, self-efficiency, and sense of meaning. Masten's list can be extremely helpful in suggesting ways of helping the helper in disaster. Resilience research has evolved into a multilevel enterprise (Masten & Obyadovic, 2006) that has potential to provide much useful information in directing efforts to provide assistance to disaster relief workers.

These models have helped provide the framework guiding efforts to reduce stress reactivity and promote positive experiences for disaster relief workers. It is our assertion that efforts to help the helper must include organizational and management commitment to worker support along with the efforts of the individual responders. Individual factors need to be paired with context factors to ensure the optimal outcomes.

Practical Suggestions for Helping the Helpers in DROs

What follows are suggestions for helping strategies for before, during, and after a DRO. The sources of these suggestions are the empirical literature, writings of experienced disaster responders and organizations, extensions from the theory, and from the authors' experiences as managers in DROs. It is noteworthy that this approach emphasizes multiple factors, alternative constructive efforts, and a respect for individual differences. A central tenet of our approach to disaster work is that stress reactions vary widely across individuals and that no single intervention is universally effective. Therefore, one of the most important points that can be made about helping the helpers is that varied methods–individualized, culturally appropriate, and tailored to the person's needs–are much more likely to be effective as compared to "one-size-fits-all" interventions (Inter-Agency Standing Committee [IASC], 2007). The important role played by the person's context, including suggestions for helping establish the supportive environment that should be provided by the disaster relief organization, is a key element in our approach to helping the helpers.

The Role of Management and Leadership

The role of managers, supervisors, and leaders in contributing to the positive mental health of disaster response personnel is crucial, though sometimes underappreciated. Disaster planners and managers may fail to attend to the psychosocial support and professional development of staff and volunteers. In part, this may be a reflection of their training. In a recent collection of papers from the 11th Annual Emergency Management Higher Education Conference

(Hubbard, 2009), managing stress in workers and volunteers was barely mentioned and resilience was covered solely in the context of community response. However, quality materials are available to assist supervisors and managers who are concerned about their workers. The Reference Centre for Psychological Support of the International Federation of Red Cross and Red Crescent Societies (2014) has an excellent toolkit for caring for volunteers (IFRC, 2014), as does the Antares Foundation (2012). Recommendations for best practices within organizations and suggestions for moving organizations toward a supportive climate are key parts of a comprehensive approach to helping the helpers.

Organizational Climate

In addition to managerial support, the atmosphere in a disaster relief organization needs to be conducive to the psychosocial support and personal/professional development of staff and volunteers. With the focus on the exigencies of the disaster and needs of disaster victims, it is possible to be distracted away from the needs of relief workers and their reactions to the ongoing stressors. An organization can take advantage of the altruism and commitment of staff and volunteers and the idea workers typically have that "the disaster is not about me or my comfort." Ehrenreich (2006) wrote about the importance of building an organizational commitment to a supportive environment for staff and volunteers. It is not enough to provide lip service to support; there must be a genuine, tangible support structure. For example, the process indicators in the IASC Guidelines on Mental Health and Psychosocial in Emergency Settings include the presence of specific (funded) programs in place to promote staff well-being (IASC, 2007).

Also, the National Preparedness and Response Science Board (formerly the National Biodefense Science Board) recommended that emphasis be placed on increasing awareness of and training in mental health effects of disaster response work, especially among response agencies and decision makers (National Biodefense Science Board, Disaster Mental Health Subcommittee, 2008). Further evidence of organizational commitment to workers' support can be seen in written policies and procedures aimed at mitigation of worker stress, the provision of effective management and supportive leadership and supervision, and an emphasis on teamwork and team building (see Ehrenreich, 2006).

The Case for Organizational Commitment

Organizational change can be an extremely complex and arduous process (Hannan & Freeman, 1984), but change is possible, and a committed change agent within a disaster relief organization can make a significant difference over time. One can use what one knows about shaping attitudes and change within organizations to move a unit toward a more supportive atmosphere and to influence leadership in that direction. One can exert influence by providing relevant information and by being a voice for worker support, reminding administrators and managers about relevant issues. One can represent staff and volunteers in meetings and planning sessions by ensuring that their well-being is part of the discussion. Selling the importance of worker support can be aided by information about the costs, in human terms and in terms of impaired job performance of workers experiencing burnout (Quick, Quick, Nelson, & Hurrel, 1997; Leiter, Bakker, & Maslach, 2014).

In our experience, it is helpful to remind management that the frontline workers are the face of the organization during a DRO. Ineffective performance of tasks and strained interactions with those being served reflects badly on the organization. The first principle of preventative stress management, according to Quick et al. (1997), is the realization that "individual and organizational health are interdependent" (p. 150). The success of the organization's mission is in the hands of staff and volunteers.

Impaired performance is not the only issue, however. Part of the human cost of severe stress reactions is seen in the individuals who cannot continue to be helpers, resulting from symptoms related to vicarious traumatization or burnout (Stamm et al., 2004). If a change agent can gain access to information on the costs to the organization of staff turnover and orientation/retraining, then a case can be made about the monetary as well as the human costs.

In addition, one can remind administrators and leaders of the moral imperative of preventing these life-changing catastrophic reactions and our responsibilities to care for the helpers, a strategy which, in our experience, sometimes falls on deaf ears but can at other times be a powerful motivation for an organization to improve their support of workers.

For the potential organizational change agent, there is an opportunity to make the case for staff and volunteer development because of the extensive use of volunteers in most nongovernmental organizations involved in disaster response. Consider the social psychology of volunteers. Snyder and colleagues (Clary & Snyder, 1999; Omoto & Snyder, 2002) suggested that while values, altruism, and humanitarian concerns often motivate initial volunteerism, individuals continue to donate their efforts because of personal development. They continue because of the good feelings and sense of efficacy that helping can provide as well as the change of pace and challenge that can be found in volunteering.

DRO activities also can broaden one's understanding of other places, cultures, and ways of living (see Hassan, 2007). Further, the training and experience involved in disaster response can be broadening and lend a sense of personal achievement. Finally, there is the social aspect. At its best, work on a DRO forges friendships and provides a sense of being part of an effective, appreciative, and supportive team. Thus, it is in an organization's best interest to provide not only support but also personal enhancement (growth) opportunities for its workers.

Policies and Procedures

Ehrenreich (2006) provided a number of specific recommendations for organizational practices and policies in support of disaster workers. Because both the feeling of being well prepared and the sense of doing a job well are strong protective factors (Paton, 2005), it is important that the organization have training in place that is thorough and includes material on self-care. There needs to be a clear-cut system to provide operational orientation to relief workers before they are deployed (Ehrenreich, 2006). In addition, there needs to be systematic assessment of worker stress, measures to maintain safety and prevent harassment, and policies of workload and time off to lessen the stress burden on relief workers (Lopes-Cardozo et al., 2012; Antares Foundation, 2012). Finally, Ehrenreich (2006) recommended that specific out-processing procedures be in place and that outside consultation for extreme events and reactions be available and made known to the workers. Providing specific educational material on postassignment adjustment and support for the workers after the DRO is a needed part of an organization's responsibility to its workers (Antares Foundation, 2012).

Leadership, Team Building, and Management and Supervision

Leadership style is a critically important element of an effective organization. Ehrenreich (2006) gave the example of Mayor Guiliani and the positive impact his calm, "can do" stance had after the September 11, 2001, terrorist attacks in New York, an example consonant with our experience of that DRO as well. Just as the specific technical skills of managers and leaders play a large role in providing the sense of a job well done, the emotional leadership and tone set by leadership can play an important part in determining workers' responses to a DRO. Further, the leadership can set the tone for the organization and can direct an emphasis on support for staff and volunteers.

Teamwork and a strong sense of community are major protective factors for disaster workers (Walsh, 2009). It is important that managers and supervisors foster a supportive, caring, and respectful atmosphere by modeling these attitudes. Of course, this only works if that modeling reflects genuine feelings. In our experience, a manager or supervisor is most effective when he or she works to cultivate good will and a genuine appreciation for paid and volunteer staff. Managers and supervisors need to be technically skilled in their operating areas while simultaneously being sensitive to the psychosocial support needs of those around them (Paton & Flin, 1999). Managers also need to model and encourage good communication among team members, and actively mitigate conflict and divisiveness (Antares Foundation, 2012). Mediating disputes and defusing conflicts and high-emotional situations aid in maintaining a constructive

atmosphere. Bonding activities and opportunities for collaboration also should be built into work assignments (Quick et al., 1997).

One role of the organization, then, is to provide a leader who establishes a supportive, respectful environment that is conducive to the psychosocial support of the worker as well as the worker's personal and professional development. In this way, the organization serves as a collaborator with the individual in her or his self-care efforts (Ehrenreich, 2006).

It is our strong contention that helping the helper involves both individual efforts and supports from the organization and the person's social surround. In making recommendations about bringing organizations into a more supportive role, we have not specified the phase of disaster response. Systems factors should typically be in place before a DRO, but their impact extends to later time periods as well. Regarding suggestions for self-care, however, dividing the before, during, and after time periods provides a helpful organizing function.

Self-Care

Self-Care Before the DRO

Despite the importance of organizational commitment, self-care ultimately takes place at an individual level. Young, Ford, Ruzek, Friedman, and Gusman (2006) provided several recommendations for self-care in preparation for a disaster. To begin, disaster relief workers must be aware of the stress they are dealing with before the disaster. Certain events may have particular significance for individuals with personal histories of traumatic experience. Both traumatic and cumulative stress can affect one's ability to self-regulate (Dich et al., 2014). Therefore, relief workers dealing with excessive stress before a DRO are much more susceptible to experiencing distress during the response; therefore, it may be wiser to refuse the assignment and wait for a time that is personally less stressful. Although this may be disappointing for the enthusiastic responder, recognition that one may be dealing with too much stress is an important step in self-care.

For example, one of the authors was a manager in an aviation disaster for which relief a worker volunteered despite having been a passenger in a previous aviation disaster him- or herself. In another situation, a worker who had very recently experienced the death of a loved one volunteered for a mass casualty disaster. Another of the authors worked a disaster in which a relief worker had volunteered for the DRO to get away from a highly stressful series of events back home. Indeed, both theoretical and anecdotal evidence support the notion that relief workers must be aware of their personal stress levels and accept when they may be strained to a point of being unable to help.

According to Young et al. (2006), personal levels of preparedness also are important in preparation for a DRO. Education in disaster mental health (e.g., a basic understanding of the incident command system) is certainly a major factor in effective preparation. However, there are aspects of personally preparing for specific events that can significantly increase a worker's resilience. Indeed, disaster response personnel benefit from preparing for the many facets of the DRO that may present unique challenges, such as the nature of the specific disaster, cultural issues specific to the community affected, a thorough knowledge of the organization under whose authority one is entering the DRO, the disaster history of the area, and what has been done in the DRO before the worker's arrival (IASC, 2007).

Good self-care includes helping one's family prepare for the worker's absence while on the DRO. This may include financial planning (e.g., ensuring that arrangements are made to pay bills), making appropriate childcare arrangements, and many smaller details of daily life (Young et al., 2006). Personal preparedness also includes making arrangements with one's place of employment. Naturally, employers need to approve the absence of the worker, but if the worker, such as a mental health professional, has individual clients, then it is likely to be necessary to make appropriate arrangements that they will find satisfactory.

It is profitable for disaster relief workers to ensure personal medical health as a self-care strategy before a DRO, in addition to the predeployment health screening necessary in many disaster relief organizations (Center for Disease Control and Prevention: Emergency Responder

Health Monitoring and Surveillance, n.d.). In this sense, disaster helpers should make sure to have information about proper immunizations needed before deployment as well as prevention of infectious diseases and sanitation concerns in the DRO setting (Antares Foundation, 2012). These preparations can increase the likelihood of physical safety during the DRO as well as prevent the additional stress and strain of exacerbating preexisting medical conditions while on the DRO.

Self-Care During the DRO

Self-care during a DRO is crucial because many aspects of a disaster response are challenging both physically and mentally and may increase the likelihood of cumulative stress, distress, and ultimately burnout, compassion fatigue, or secondary traumatic stress (Meyers, 1996; Parker et al., 2005), reducing the propensity toward growth. Dass-Brailsford (2010) reported six aspects of disaster sites that create challenges for relief workers.

To begin, disaster sites often lack structure and locations can be confusing, disorienting, and distressing. For disaster relief workers (and disaster mental health workers specifically), these environments can be especially challenging because the workers are likely to be expected to remain calm and collected while making difficult decisions, working long hours, and supporting severely distressed victims. In addition, resources are often scarce for both relief workers and victims, which can tax one's coping abilities. Being away from home may compound these effects and further test individual coping resources. Also, leadership schedules and shifts often change in disaster work. These changes require relief workers to adapt to new leadership styles and schedules, which can lead to further feelings of instability in an already unstructured environment. Additionally, some disaster relief workers may become disillusioned with their work if survivors' situations do not improve immediately. This lack of reward may lead to feelings of low self-efficacy and lack of motivation.

In contrast, as discussed above in the Practical Suggestions for Helping the Helpers in DROs section, recognition of good work, staff empowerment, and responsibility given to first responders has powerful and direct effects on positive attitude and potential for growth (Paton, Huddleston, & Stephens, 2003). Workers will clearly benefit from praise and recognition for their good work, but the lack thereof can be disheartening. In addition to this generalized lack of reward, some disaster relief workers may themselves be directly affected by the emergency environment. Exposure to gruesome scenes of devastation, such as human remains, is a commonality of many DROs. Viewing such carnage can take a toll on psychological health and may lead to traumatic stress reactions.

Finally, disaster relief workers may be victims of the disaster itself and may experience personal challenges of recovery as a result. Our experience in rural disasters in particular has illustrated the challenges of responders who are affected, directly or indirectly, by the catastrophic events of the disaster. Each of these unique difficulties challenges the abilities of disaster response workers to cope while on a DRO, making ongoing self-care such an important issue.

In our experience, other aspects of the DRO structure may act as stressors for disaster relief workers. Specifically, the length of the in-processing phase of a DRO can leave many responders disillusioned with the response. In addition, health screenings can be tiresome and may leave many workers feeling unappreciated if they are disqualified medically. However, it is important that disaster response workers understand that in-processing and DRO orientation, while tiresome, are necessary to determine individual fitness for relief work and provide coherent preparation and structure for the response.

In addition to these environmental and operational challenges, many disaster responders place unnecessary stress and strain on themselves by attempting to work well beyond their limits (Naturale & Pulido, 2012; Centers for Disease Control and Prevention [CDC], 2005). Motivation for this behavior is well intentioned in that these individuals often forget their own vulnerability and mortality while emphasizing concern for the well-being of those affected. However, when combined with the stresses of a DRO, this mindset can lead to unnecessary distress. Indeed, if one consistently does not take care of oneself, then he or she will likely be unable to continue to provide care for others. Therefore, self-care is a crucial aspect of a disaster response

(Parker et al., 2005) that must be established during the preparation phase of a disaster response and maintained throughout the DRO.

However, certain barriers may exist in relief operations that limit self-care. Specifically, Parker et al. (2005) reported that logistical issues (such as lack of time in shift schedules for breaks), lack of resources (such as food and medical supplies), lack of facilities for self-care (such as no personal space for relief workers), and lack of training may all limit self-care. Therefore, it is important that the DRO structure support and incorporate the necessities for self-care in the preparation, response, and recovery phases of the operation (Dass-Brailsford, 2010; Meyers, 1996; Parker et al., 2005).

Recognizing Signs of Distress

To practice self-care and promote positive outcomes after the event, it is important that disaster relief workers be aware of personal vulnerabilities and recognize signs of burnout and compassion fatigue. Kleim and Westphal (2011) reported that personal factors such as younger age, single marital status, prior psychiatric impairment, and history of childhood sexual abuse were all associated with PTSD after response work. Also, injury during an event, lack of perceived safety, lesser social support, and low self-worth were associated with PTSD. These factors have implications for disaster relief workers and may be useful for determining risk (Kleim & Westphal, 2011). In contrast, emotional expression and positive reframing were strong predictors of growth in first responders (Shakespeare-Finch, 2002).

While signs of distress may vary between individuals, Dass-Brailsford (2010) reported common indicators that one may be suffering burnout or compassion fatigue. Disturbances in sleep, such as nightmares or disturbing dreams, may be the first sign of burnout many individuals recognize. Physical problems, such as bodily aches and pains, changes in appetite, gastrointestinal distress, or cravings for foods that are unhealthy but comforting also may indicate burnout. Cognitively, difficulties with concentration and focus, constant "clock watching," and rumination or intrusive thinking are common indicators of distress. Individuals also report experiencing depersonalization, irritability, lack of self-efficacy, pessimism, and cynicism as a result of the emotional toll of disaster work. In response, maladaptive coping behaviors, such as alcohol or drug use, may become common and are warning signs of burnout. Each of these warning signs can inhibit one's ability to provide support to others and may result from overinvolvement in the DRO (Dass-Brailsford, 2010).

Self-Care Strategies During the DRO

As discussed, DROs must be structured in a way that promotes self-care (Parker et al., 2005) and growth. However, as also mentioned, self-care ultimately must be practiced at an individual level. Therefore, disaster responders must practice self-care strategies that are personally useful and practical. These strategies may differ depending on the individual, the disaster, and the environment of the relief effort. Therefore, before the DRO, it is important that disaster responders develop their own self-care plans as well as ways of signaling to others that they may be experiencing burnout (Dass-Brailsford, 2010).

Despite individual differences in effectiveness for any given person, specific self-care methods have been reported to be useful in a variety of settings and for many individuals. For example, disaster relief workers often feel the need to take on as much as possible and may have trouble declining additional tasks or disengaging when there seems to be so much to do (Dass-Brailsford, 2010). Therefore, an effective strategy for self-care is scheduling time to take breaks. However, it is important that relief workers actually use the time to take a break and enjoy that time away from the disaster work (Meyers, 1996; Parker et al., 2005).

To do so, Meyers (1996) recommended making one's living area as comfortable and homey as possible and bringing relaxation skills used in one's home life to the DRO. Dass-Brailsford (2010) recommended setting strict boundaries on the amount of time spent at the DRO site and maintaining these boundaries as a regular routine. Doing so requires relief workers to leave the disaster site at the end of each shift and use the time off to recuperate. Two among the current

authors personally employ a decompression routine after shift that involves a call home each evening or day. Also, time off should be flexible in order to incorporate requests from relief workers who feel that a day off is necessary.

In addition, while idealistic, it is important that disaster relief workers get sufficient hours of sleep nightly. This is important because of the effects that lack of sleep has on both the body and cognitive performance. After 24 hours without sleep, a person's reaction time is the same as someone with a blood alcohol level of .1% (Parker et al., 2005). Additionally, sleep can interrupt ability to concentrate and decrease capacities to handle stress (Badger, 2001). While on a DRO, these deficits can severely affect relief workers' functionality and exacerbate the chances of distress.

It is also important that relief workers eat nutritiously and consistently in disaster settings (Dass-Brailsford, 2010). Meals need to be regularly eaten even when workers may not feel particularly hungry (Meyers, 1996). Functioning in disaster settings often takes a major toll on the body and nutrition comprising protein, fiber, complex carbohydrates, healthy fats, and other nutrients is vital to ensure that the body may continue to operate at a high level (Parker et al., 2005). Foods that are high in sugar and fats, caffeine, and alcohol should be avoided because these substances, when consumed in excess, may have an interfering effect on physiological attempts to reduce stress (Blake, Lating, & Everly, 2013; Greenberg, Dintman, & Oakes, 1998).

Regular physical exercise also is an important strategy for preventing burnout, compassion fatigue, and secondary traumatic stress. Salmon (2001) reported that exercise has antidepressive and anxiolytic effects and reduces sensitivity to stress. Therefore, regular exercise while on a DRO may act to reduce anxiety about the operation and increase one's ability to deal with the cumulative stresses of the response. In addition, regular exercise is reported to improve overall health (Sharkey, 1990) as well as decrease risk for disease (Greenberg et al., 1998). Therefore, exercise may be crucial to maintaining physical and psychological health throughout a DRO. However, Salmon (2001) reported that exercise might be unpleasant for individuals who do not do so regularly. Therefore, this is not the time to begin marathon training or Olympic weightlifting. Rather, it is important that an individual be comfortable with the intensity and duration of exercise she or he undertakes during a DRO. Overall, disaster response workers should maintain exercise routines in preparation for a DRO and work to continue these routines while on assignment.

Building and maintaining a sense of community, support, and collaboration among relief workers is another important strategy for self-care. Cicognani et al. (2009) reported that a sense of community promotes self-efficacy and is positively correlated with higher quality of life in disaster responders. Furthermore, Lyons Mickelson, Sullivan, and Coyne (1998) reported that membership in a cohesive team may serve to buffer against burnout, compassion fatigue, and secondary traumatic stress. Thus, the organizational efforts at team building, mentioned above, should be supplemented by individual efforts to become a part of the team. Meyers (1996) and Dass-Brailsford (2010) both recommended the use of a "buddy system," in which response workers pair up to support one another and monitor each other's stress reactions. Such a system also may work to increase a sense of collaboration among relief workers. Additionally, the use of humor among colleagues may be helpful for self-care (Dass-Brailsford, 2010).

Finally, mindfulness and relaxation techniques such as meditation, positive self-talk, and deep breathing may be useful during the DRO (Dass-Brailsford, 2010; Meyers, 1996). Mindfulness-based stress reduction techniques can be used to promote a sense of calming and reduce symptoms of anxiety and stress (Call, Miron, & Orcutt, 2014). Because individuals will vary as to the self-care strategies that work best for them, responders should be trained in and try out multiple methods to see what works best for them.

Self-Care After the DRO

Self-care does not stop after a DRO; indeed, self-care remains essential after the operation. An important component of self-care is knowing when one's involvement in an assignment should end, even if this means terminating earlier than was initially scheduled. Furthermore, responders should not volunteer for deployment again without giving themselves sufficient time to recover

(U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA], 2013).

Immediately after an assignment, the process of out-processing has, in our experience, been the source of considerable distress for some workers. Coming at a time when workers are tired and feeling done with their assignments, the arduous and time-consuming steps in out-processing, particularly in large DROs and large organizations, can be exasperating.

Further, to aid in the identification of any workers who have been strongly adversely affected by their experiences and to protect the organization from consequent liability, most organizations doing disaster response work conduct assessments of all outgoing responders. For example, the CDC (2013) requires assessments for each individual responder and, like most organizations, uses the information to follow up with workers who may need further tracking or assistance. The assessment is an important safeguard identifying those in need of additional help, but it adds to the length of out-processing and can add to a worker's stress level. Responders can and should be informed that out-processing takes a predictably long time. This foreknowledge may help lessen their frustration. Further, hopefully workers can help themselves by remembering the purposes of the procedure and how it can be an important source of assistance for some of their colleagues.

After returning home, responders should give themselves time to adjust, in both their personal and professional lives. SAMHSA (2014b) stated that it is important to celebrate a responder's homecoming in a way that is congruent with the family's preferences. Discussing the details of the event may not be appropriate for self-care after the DRO. Instead, SAMHSA (2014b) suggests responders avoid discussing very gruesome or highly distressing experiences to avoid traumatizing others. Likewise, family members should be coached not to overly question the responder about his or her experience, but should be willing to listen and let the responder take the lead on what he or she may want to disclose.

As with all self-care measures, individuals differ greatly in how they respond. The postresponse routine of the current first author, for example, involves a couple of weeks of nearly total avoidance of discussion of the disaster, including avoidance of news coverage. After the September 11 terrorist attack, that strategy by necessity involved steering clear of most news programs. Many disaster responders, on the other hand, welcome some information and discussion at their own pace.

Proper self-care after a DRO also entails easing back into family routines as well as social and professional obligations. Families should be urged to keep their social obligations to a minimum for the first few weeks after a responder's homecoming, again depending upon individual preferences. Pleasurable activities, such as low-key recreational and shared time can help family members reconnect with each other. If the responder has children, then the responder and any caregiving partner need to be coached about the importance of patience and understanding regarding the children's welcome response. Some children may be shy, withdrawn, or angry in response to the responder's absence or, conversely, very needy and clinging. The family should be flexible with the homecoming expectations and make adjustments as necessary (see SAMHSA, 2014b). Indeed, proper self-care may require some time alone for those responders who find comfort in solitude.

Transitioning from the DRO back to regular routines may be difficult for many responders. SAMHSA (2014a) identified the following difficulties for responders when they are transitioning from their disaster assignments to their routine work: "pace change, unrelenting fatigue, cynicism, dissatisfaction with routine work, easily evoked emotions, relating your experiences, difficulties with colleagues and supervisors, and cultural differences" (pp. 2–3). SAMHSA (2014a) stated that the pace at work usually differs from the pace at a disaster environment, which tends to be very fast paced; therefore, it is important to be aware of this and to refrain from judging one's coworkers' pace because it may not be the coworkers who have changed.

SAMHSA (2104a) also stated that it is common for responders to experience unrelenting fatigue, despite sufficient sleep, after disaster operations and thus responders should ensure that they get sufficient rest. Responders may often become cynical after working in a disaster operation because they may see many disappointing responses or behaviors in people and systems;

therefore, it is important that responders focus on the positive results from their assignments (SAMHSA, 2014a). Responders need to apply what they learned about the importance of every person's contribution during a disaster to their routine work to avoid feeling dissatisfied with their routine work (SAMHSA, 2014a).

The stress and intense experiences during a disaster operation can leave responders vulnerable to emotions, so responders should try to avoid making hurtful comments and inform their acquaintances of the possibility of their volatile responses (SAMHSA, 2014a). SAMHSA (2014a) recognized that often the "welcome back" response is not what responders are expecting, but it is important to realize that their coworkers had to cover their workload during their absence and may resent the recognition the responder is receiving; therefore, it would be profitable for responders to take the time to thank their coworkers for covering their workload. Additionally, SAMHSA (2014a) stated that cultural differences between responders and their coworkers may result in different understandings of how one should be treated after a disaster, so it is important that both parties communicate and come to an understanding.

In response to these difficulties, SAMHSA (2014a) offered several tips to help responders transition to their routine work after a disaster assignment. Specifically, they recognized the importance of taking some personal time after being on a disaster relief operation before returning to work; however, they suggest that responders should immediately return to work for a day or two before taking some personal time off to revitalize. Those 2 days give responders the chance to reacquaint themselves with their coworkers and job responsibilities and may ease any anxiety related to what may be awaiting a responder at work (SAMHSA, 2014a).

Last, responders should move back into a routine when they feel comfortable doing so. This routine should include their exercise, sleep, and eating habits. The CDC (n.d.) and SAMHSA (2014a) recommend staying physically active, and SAMHSA (2014a) also recommends a healthy diet, getting adequate rest, and paying attention to health concerns. Responders can expect exhaustion, headaches, stomachaches, and other symptoms of anxiety or sadness. Reduced sexual physical functioning is often present after being in the field. It also is common to experience sleep disturbances, so responders need to employ healthy ways to induce sleep. Responders should avoid alcohol and other mood altering substances, which can intensify the feelings of despair or have harmful effects on the body because the stress hormones are already present (SAMHSA, 2013). Responders should monitor their physical effects and consider having a medical exam if the effects persist after 2 weeks postdisaster.

Posttraumatic Growth *After the DRO*

In addition to the hardships processed and endured after a traumatic event, emergency responders may experience feelings akin to the concept of posttraumatic growth after the experience (Paton, 2005). Posttraumatic growth is viewed as beneficial changes in an individual's life after a traumatic event, and these may include challenging previous notions about self, others, and the future and stabilizing one's psychological well-being (Paton, 2005). The efforts to reach equilibrium in one's psychological health allow for positive and negative emotions to co-occur (Paton, 2005). Indeed, Paton (2005) reported that the occurrence of negative emotions, such as traumatic recollections, generally persists for several months after a disaster; however, positive emotions are the most enduring, with lasting effects. Therefore, it is the active positive emotions that provide relief to the negative emotions and enable individuals to positively react to adverse traumatic events (Fredrickson, Tugade, Waugh, & Larkin, 2003).

In discussing individual differences in growth after an event, Paton (2005) stated that certain personality and cognitive styles of individuals determine the likelihood of the individual experiencing posttraumatic growth. Posttraumatic growth is experienced when emotional support and emotional expression are readily available and efforts to positively reframe situations are triggered. Paton (2005) also reported that personality factors of extraversion, openness to experience, agreeableness, conscientiousness, self-efficacy, and optimism enable responders to experience growth when paired with the right coping skills. Extraversion was the most predictive personality factor that allows growth. Other protective factors include reminding oneself of the importance and meaning of their helping duties and profession (Paton, 2005).

Another element that plays into posttraumatic growth is psychological trait resilience. Fredrickson et al. (2003) described psychological trait resilience as the capability of a stable individual to recover from negative experiences and be flexible with the unpredictable life events. The psychologically trait resilient are those who are able to experience posttraumatic growth because of their ability to recover from traumatic events. These authors reported that the negative cardiovascular effects, such as an increase in blood pressure and heart rate, from traumatic experiences can be mitigated by positive emotions, such as joy or serenity. These positive emotions overtake the effects from the negative emotions, which enable the cardiovascular levels to return to baseline, restoring the system's overworked cardiovascular system. Additionally, positive emotions are positively correlated with emotional well-being in the future, meaning that positive emotions broaden in their abilities for an individual.

Last, Fredrickson et al. (2003) described how the use of habitual positive emotions elicits a resilient response in individuals around the already resilient individual. In their sample of individuals analyzed shortly after the September 11, 2001, terrorist attacks, positive emotions acted as a buffer from depression in resilient individuals, and positive emotions allowed resilient individuals to thrive; therefore, these authors described that positive emotions are a key ingredient in psychological resilience, which allows an individual to recover from a traumatic experience (Fredrickson et al., 2003).

Conclusion

As demonstrated herein, self-care is a crucial aspect of disaster relief before, during, and after an operation. Important strategies for self-care listed above may benefit relief workers by preventing distress and compassion fatigue and enabling them to experience positive outcomes after a relief operation. However, while self-care must be practiced individually, it must be feasible within the emergency response structure. Therefore, organizations and managers must recognize the importance and benefits of self-care by becoming champions of worker support. Policies, management/supervision, and relief operation structure each must demonstrate a commitment to promoting self-care for relief workers to not only avoid negative outcomes but also thrive after an operation. Readers are encouraged to seek out additional information from resources listed herein and promote unanimous commitment to worker support in disaster relief settings.-

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