

## **The Role of a Social Worker in a Disaster**

## **Faculty**

**Stephan Mambazo, MSW, LGSW  
Emergency Preparedness Social Worker  
Alabama Department of Public Health  
Social Work Division**

## **Objectives**

- **Participants will be able to effectively**
  - **Identify 4 roles for social workers in disaster preparedness, response, and recovery**
  - **Define burnout, compassion fatigue, and vicarious traumatization, and their symptoms**

## **Objectives**

- **Identify the 8 Core Actions of Psychological First Aid**
- **Identify at least 3 new healthy activities that promote self-care (prevention) and mitigate (post-vention) burnout, compassion fatigue, and vicarious traumatization**

## **Why Are You Here?**

- **Public Health employees are required to respond to disasters**
- **Effective disaster response requires basic understanding of your role as a social worker**

## **Why Are You Here?**

- **Psychological First Aid is internationally recognized as a disaster mental health model that can be applied by any trained person**
- **Everyone who witnesses a disaster is touched by it!**

### Social Worker Roles



### In Preparedness

- Planning
- Education
- Practice, practice, practice



### In Response

- Strategic National Stockpile
- Medical Needs Shelters
- Mass Care Shelters
- Resource Referral
- Assessment Teams



### Strategic National Stockpile

- Mission
- To ensure the availability of life-saving pharmaceuticals, antidotes, and equipment necessary to counter the effects of nerve agents, biological pathogens, and chemical agents

### Strategic National Stockpile

- Greeters
- Family Support Specialists
- Staff Support Specialists
- Guides
- Special Needs Coordinator
- Patient Flow Coordinator
- Service Worker in Charge
- Mass Counselors

### Medical Needs Shelters

- A secure facility with power, water, sanitation, limited food service, and medical oversight

**Medical Needs Shelters**

- A refuge of last resort, during emergency conditions for
  - Persons with physical conditions requiring limited medical/nursing oversight who cannot be accommodated in a general population shelter

**Medical Needs Shelters**


- A refuge of last resort, during emergency conditions for
  - Persons who bring their own caregiver, medical supplies, equipment, and special dietary supplies for a ten day period

**Medical Needs Shelters**

- Assist nurses with intake
- Assess clients for psycho-social issues
- Provide resource referrals
- Provide age appropriate activities for children
- Interact with shelter clients to continually assess them
- Discharge planning

**Mass Care Shelters**

- Client assessment
- Resource referral
- Assessment teams
- Be flexible
- Crisis counseling
- Discharge planning



**Opportunities in Recovery**

- FEMA crisis counseling
- Case management
- Advocacy
- Resource referral




**What is Psychological First Aid?**

- Substitute for natural support systems
- Opportunity to express emotion openly and safely
- Meeting basic needs (Food, Shelter, Clothing)
- Empathy and caring
- Recognizing families are not “sick”

### **Who is Psychological First Aid For?**

- Survivors of those exposed to disaster or terrorism
  - Children
  - Adolescents
  - Families
  - Adults

### **Who Delivers PFA?**

- Designed for professionals responding to those experiencing crisis
- Can be used by lay staff/volunteers
- Medical personal
- Law enforcement
- Clergy
- Administrative support staff

### **When and Where of PFA**

- When
  - Immediately upon making contact with those exposed to a traumatic event
- Where
  - At any safe/stable location, even when the location is temporary

### **Strengths of PFA**

- PFA provides a simple approach to consumer information gathering and assessment
- PFA is an evidence based paradigm
- PFA is culturally appropriate
- PFA can be effectively used by anyone with the proper training

### **Basic Objectives of PFA**

- To provide
  - True human connection, compassionately
  - Enhanced immediate and safe comfort
  - Calm and stability to survivors of trauma

### **Basic Objectives of PFA**

- Effective needs assessments
- Practical resource information and referral to respond to survivor needs
- Support, validation, and empowerment to survivors
- Clarity to your role and availability to survivors

## Some Key Terms

### Crisis

A limited duration event that results in little psychological impairment and requires a short recovery time.



### Trauma

Occurs when the magnitude of the event exceeds the ability of the person to cope and to maintain his/her customary level of functioning.



### Grief

Grief is the reaction to a significant loss that encompasses a range of emotional, mental, physical and spiritual responses.

### Traumatic Event

- Extremely stressful
- Outside normal range of experience
- Intense physical and/or psychological suffering
- No warning or time for preparation



### Traumatic Grief

- Double impact of sudden death
  - Loved one has died
  - Way in which they died is incomprehensible or unexpected

### **Traumatic Grief**

- May predispose person to complicated grief
  - Sudden and unanticipated death
  - Violent Death (accident, suicide, homicide)
  - Perceived preventability or randomness

### **Post-trauma Reactions**

- Normal reactions to abnormal event
- Event may be re-experienced
  - Triggered by associated stimuli
- Will decrease in intensity and frequency over time



### **Characteristics of Disasters**

- Often warnings are broad and unclear, if there are any
- Cause violent damage
- Strangers involved
- Can cause time and place confusion
- Blame and anger is typical

### **Introduction to Disaster Response Counseling**

### **Psychological First Aid: Entering the Setting**

- During the event
- Immediately after the event
- Days just after the event
- PFA begins when you enter an emergency management setting, after proper deployment by local, state, or federal EMA authority

### **Psychological First Aid: Entering the Setting**

- Assess your scene
  - Observe how people are reacting/interacting
  - Begin identifying persons who may need assistance

### **Psychological First Aid: Entering the Setting**

- In large scale events effective coordination of response should include removing survivors from the immediate scene to a “safe place”
- Be sure you know your role on-scene

### **Myths vs. Reality**

- Uncommon reactions
  - Panic or become ineffective
  - Unpredictable actions
  - Disintegrate
  - Become self-centered and thoughtless

### **Myths vs. Reality**

- More common reactions
  - Respond with temporary coping mechanisms
  - Act to survive
  - Protect from pain
  - Can help rescue others who may be in need of immediate aid

### **Normal Physical Reactions to Trauma**

- Hyperventilation
- Trembling/shaking
- Dizziness
- Nausea/vomiting
- Loss of appetite
- Fatigue
- Insomnia
- Nightmares
- Headache
- Stomach ache
- Back ache

### **Normal Psychological Reactions to Trauma**

- Shock and denial
- Expression of emotion
- Depression
- Panic
- Guilt
- Hostility and resentment
- Inability to return to usual activities
- Hope
- Adjustment to reality

### **Common Reactions to Disasters**

- Marked feelings of
  - Being out of control
  - Helplessness
  - Isolation

## Psychological First Aid Core Actions

### 1. Contact and Engagement

- **Goal**
  - To respond to contacts initiated by survivors, or initiate contacts in a non-intrusive, compassionate, and helpful manner
- **Introduce yourself/ask about immediate needs**
- **Confidentiality and HIPPA**

### 2. Safety and Comfort

- **Goal**
  - To enhance immediate and ongoing a safety, and provide physical and emotional comfort
- **Ensure immediate physical safety**
  - Survivors and families
  - You and your staff

### 3. Stabilization

- **Goal**
  - To calm and orient emotionally overwhelmed or disoriented survivors
- **Stabilize the emotionally overwhelmed**
- **Orient the emotionally overwhelmed**

### 4. Information Gathering

- **Goal**
  - To identify immediate needs and concerns, gather additional information, and tailor PFA interventions

### 4. Information Gathering

- **Always Assess**
  - Need for immediate referral
  - Need for additional services
  - Offering follow-up meetings
  - The use of PFA Core Actions needed



### **5. Practical Assistance**

- **Goal**
  - To offer practical help to survivors in addressing immediate needs and concerns
- Identify the most immediate needs
- Clarify the need
- Discuss an action plan
- Act to address the need

### **6. Connection with Social Supports**

- **Goal**
  - To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources

### **6. Connection with Social Supports**

- Enhance access to primary support persons
- Encourage use of immediately available support persons
- Discuss support-seeking and giving

### **7. Information on Coping**

- **Goal**
  - To provide information about stress reactions and coping to reduce and promote adaptive functioning

### **7. Information on Coping**

- Provide basic information about stress reactions
- Review common psychological reactions to traumatic experiences and losses (grief)

### **8. Linkage with Collaborative Services**

- **Goal**
  - To link survivors with available services needed at the time or in the future
- Acute medical/psychiatric care
- Re-traumatization

## 8. Linkage with Collaborative Services

- Risk of imminent harm to self or others
- Suspected substance abuse
- Requests for pastoral/clerical care
- Complicated grief

## Psychological Distress Among Social Workers, Nurses, and other Disaster Responders

- Why this subject?

“The psychological, physical, emotional, and spiritual toll that burnout, compassion fatigue, and vicarious traumatization can have on individuals and their families and friends can be short-lived or long-lasting.”

Pamela K. S. Patrick,  
In *Contemporary Issues in Counseling*



## Burnout

- A gradual onset of signs and symptoms linked to the stressors within a particular work experience/environment
- Of notable significance is the link to the work-site or workplace, as being central to the burnout construct

## Burnout

- At risk for burnout are nurses, social workers, EMTs, clergy, and counselors, do to the critical nature of the work they do



## The Results of Burnout

- Emotional exhaustion
  - The feeling of being emotionally overextended, drained, and exhausted by the helping experience

### **The Results of Burnout**

- **Depersonalization**
  - The feeling of detachment or distancing from those being cared for
  - A pulling away from closeness to recipients of care

### **The Results of Burnout**

- **Decline in sense of personal accomplishment**
  - The sense of competence and success achievement in the work being done to care for others

### **Compassion Fatigue**

- Refers to the experience of diminished or exhausted compassion (as an inner resource) that helpers can experience as they provide care to others
- Sometimes referred to as a reaction to social problems, such as DV, SA, MI, CPS, MVAs, etc...

### **Compassion Fatigue**

- Leads to a numbness among helpers and observers of the suffering of others
- Often referred to as **Secondary Traumatic Stress**
- Characteristics of CF is rapid onset, physical, psychological, negative imagery, rage, avoidance behaviors from consumers

### **Compassion Fatigue**

- Unlike with burnout, compassion fatigue is specifically related to the nature of the professional interaction with the population served, not so much the experiences or work environments



### **Vicarious Traumatization**

- Consists of a transformation of the inner experience of the helper that comes about as a result of empathic engagement with consumer's trauma material
- Terms used interchangeably with VT
  - Secondary Trauma
  - Contagious Trauma
  - Victims by Proxy

### **Mental Health Implications of Disasters and Trauma Response**

- Chronic anxiety
- Depression
- Alienation, mistrust, paranoia
- PTSD
- The possibility of disease to the individual or their family poses an ongoing and chronic stressor

### **Long-Term Reactions to Disasters and Trauma Response**

- Long-term reactions include
  - Apathy
  - Resignation
  - Decreased tolerance to additional stressors
  - Irritability, hostility, aggression

### **Long-Term Reactions to Disasters and Trauma Response**

- These reactions are more common than classic PTSD-type responses (Vyner, 1987)



### **10 Ways to Reduce Stress and Revitalize Your Life**

#### **Shake the Salt Habit**



Feeling bloated? Salt may be partly to blame. Too much salt can cause you to retain water and it can contribute to high blood pressure. Cut back on salt by choosing fresh (not canned or processed) foods.

#### **Shake the Salt Habit**



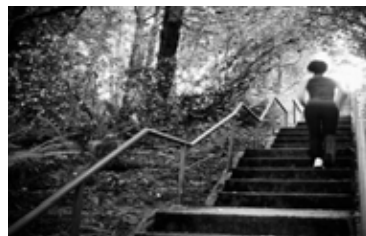
Experiment with other seasonings such as curry powder, garlic, cumin, or rosemary to give your food some zing. You'll expand your culinary horizons and feel more energetic, too.

### **Stressed? Climb the Stairs**



**When you're angry or stressed, it's easy to grab a candy bar, smoke a cigarette, or gulp another cup of coffee to cope. The ideal antidote? Exercise.**

### **Stressed? Climb the Stairs**



**Next time you're stressed out or riled up, climb a flight of stairs (or two) or go for a quick stroll - studies show even 10 minutes of exercise can provide a mental boost.**

### **Put Down That Doughnut**



**Handle stress by eating? In tense times, you may choose comfort foods over fruits and vegetables. But when that rush from refined carbs or sugary food crashes, you'll be left feeling sluggish.**

### **Put Down That Doughnut**



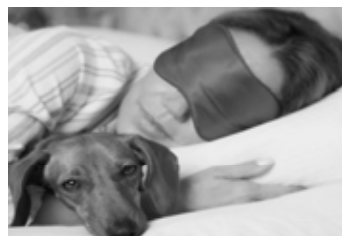
**Plus, extra calories can quickly add up to extra pounds - increasing your risk for health problems. So next time you feel anxious, ignore the sweet stuff. Try munching on an apple or just take 10 deep breaths instead.**

### **Get Your Beauty Sleep**



**Banish under-eye bags by hitting the hay. Experts recommend 7 to 8 hours of sleep a night to recharge and lower stress. Having trouble falling asleep? Don't drink caffeine past noon.**

### **Get Your Beauty Sleep**



**Avoid exercise two hours before bedtime. Make your bedroom a sleep-only zone -- no TVs, computers, or other distractions. If these tips don't work, talk to your doctor.**

### Get Out of That Rut



Mixing it up, whether by altering your routine or trying something new – like changing your hairstyle – can improve your outlook and mood.

### Get Out of That Rut



Driving a new route to work, walking the dog down a different street, or eating a new food for breakfast can help keep things fresh. Focus on one easy-to-accomplish change at a time to ensure success.

### Walk Around the Block



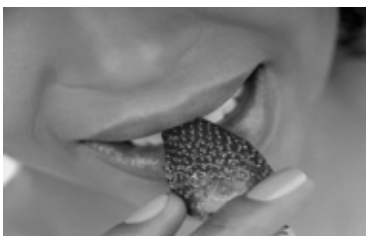
You don't have to spend hours at the gym - even a little movement can get you in touch with your body and help you regain your energy.

### Walk Around the Block



A simple walk around the block can clear your head, and exercises that involve a bit of meditation - such as yoga or tai chi - can help recharge both your body and your mind.

### Eat More Fiber



Fiber can help you feel fuller faster so you eat less and lose weight. Getting enough fiber also keeps you regular and is good for your heart. So in addition to the health benefits, getting enough fiber can result in fewer things to be stressed about!

### Eat More Fiber



The good news is that fiber comes in many tasty forms, from oatmeal and whole-grain breads and cereals to fruits such as apples, citrus, and strawberries, and almost any vegetable.

### Focus on the Present



Being aware of where you are and what is happening right now - some call it mindfulness - can help you relax instead of fretting over what's looming on the horizon.

### Focus on the Present



Let go of thoughts about the past or future, and focus on the present moment. How does the air feel against your skin? How does the pavement feel under your feet? If your mind wanders, just bring it back again to focus on the present.

### Call the Doctor



We've all done it - tried to ignore that miserable headache, persistent shoulder pain, or nagging cough. But ongoing health problems can sap vitality.

### Call the Doctor



Resolve to get your symptoms checked out by a physician. If you haven't had a physical in a while, schedule one now. And if you feel mental health care is in order, don't be afraid to discuss that with your doctor, too.

### Feed Your Head



Sometimes the answer to having a lot on your mind is to do something that takes your brain in a completely different direction. Stretch your mental boundaries by listening to a lecture on your iPod.

### Feed Your Head



Do a crossword puzzle or join a book club and check out the latest best seller. Take up a new hobby that keeps you active mentally and physically, whether it's gardening or hiking.

**Questions**

**Contact**

**Stephan Mambazo, MSW, LGSW  
Emergency Preparedness Social Worker  
Alabama Department of Public Health  
Social Work Division**

**334-206-7981**

**[stephan.mambazo@adph.state.al.us](mailto:stephan.mambazo@adph.state.al.us)**