



Nebraska Peer to Peer Resiliency Training

This program is part of a coordinated effort on behalf of the U.S. Federal Government and the State of Nebraska under the direction of the Nebraska Department of Health and Human Services Division of Public Health. (Federal Award #1U90TP000533-01)

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Acknowledgments

This curriculum is part of a coordinated effort on behalf of the U.S. Federal Government and the State of Nebraska under the direction of the Nebraska Department of Health and Human Services Division of Public Health (2013). It was developed under the direction of the University of Nebraska Public Policy Center.

Some of the handout material is drawn from publications sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Psychological Association (APA).

Primary Authors:

Denise Bulling, PhD and Stacey Hoffman, PhD – University of Nebraska Public Policy Center
Robin Zagurski, MSW

Reviewers and Contributors:

Nebraska Department of Health and Human Services
Grey Borden, Darin Harper, Jim Harvey, Nancy Heller, Mikayla Kuhlen, Christine Newlon, Mary Sue Semerena, Eric Sergeant, Justin Watson
Nebraska CISM Volunteers
Jack Wineman and Jon Kayne
University of Nebraska Public Policy Center
Kate Speck and Hayley Sutter

Nebraska Peer to Peer Resilience Training

This manual is an aid to emergency response personnel as they take the information from the “Peer to Peer Resilience” workshop back to the people they work with. The first part of the manual includes tips about presenting information to adults in traditional workshop settings. The second part of the manual is segmented by module and contains information about how to present the material using PowerPoint slides, handouts, and other learning formats. Handouts and resource material are included after each module. The end of the manual contains references used in the creation of this curriculum.

Part I – Planning and Delivering Presentations

Planning a Presentation

Good planning is a key ingredient of every successful presentation. This is true for both experienced and novice presenters. Begin your planning by asking questions about your audience, the physical layout of the room you are presenting in and the resources available to you. Most audiences appreciate efforts you make to create a presentation that is practical, applicable, and understandable to them. Use the following questions to guide your planning.

Who will be in the audience?

Is it just your peers or is another department going to be present? Will the audience include line personnel and supervisors? Is there a mixture of ages represented? When the audience is known to you it may be easier to prepare in advance for the type of questions you will likely face. For example, if only your department is present there may be questions about how specific policies are related to the content you are discussing. If supervisors and front line personnel are present it can foster discussion or in some cases put a damper on discussion.

Estimated number of people in audience?

The way you prepare for a presentation will often depend on the size of the audience. The way you set up the room, the type of presentation style you choose to use, and the way that you organize the activities can depend on the size of the group you expect. Be prepared and flexible as the estimated size of the audience doesn't always match the actual size! You may expect a very small audience and instead, a very large group shows up for your presentation.

How much time do I have to present the material?

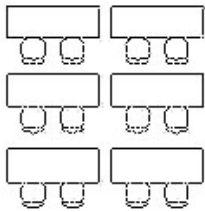
Each module for this curriculum can stand on its own and may be presented in segments ranging from 20 to 60 minutes. It's important to note that most adults don't sit still or tolerate lecture presentations lasting longer than an hour, so be prepared to take breaks and vary your delivery style.

Bring a watch or know where a clock is in the room so you stay on time. All audiences appreciate a presentation that begins and ends on time.

How is the room set up?

The room set up can guide your choice of delivery options. Speaking from a podium in an auditorium is much different than presenting in a room with sofas and overstuffed chairs. Sometimes you have a choice about room set up. A general rule of thumb to follow is that the longer the presentation, the more likely you are to need a room set up that encourages interaction.

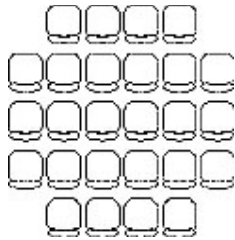
There are several standard meeting room set up styles that could influence whether you choose to use PowerPoint, an overhead projector, or just handouts.



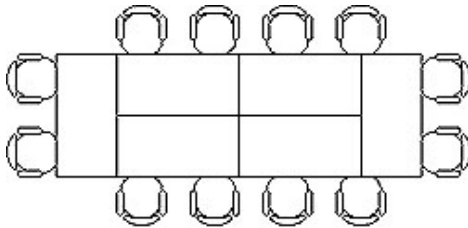
CLASSROOM SEATING

This seating style works well if you want the audience to take notes. It is a good set up if you want to deliver your presentation like a lecture. This seating style is less intimate than others and in general, doesn't encourage much interaction.

THEATRE STYLE SEATING

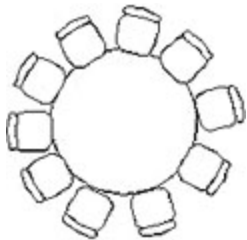


Large audiences often are seated in this configuration. Everyone is facing the speaker and ready to listen. The seats are often close together, leaving little room for interaction between audience members and the speaker. This is best for short presentations with large groups.



CONFERENCE SEATING

This arrangement works well for small groups. It can be challenging to use projectors or flip charts using this seating style. Conference Seating works best with handouts and presentation styles that encourage discussion among participants.



BANQUET (ROUND TABLE) SEATING

More people can fit into a room when round tables are used. This is often the set up used for presentations that encourage interaction among participants. There may be challenges associated with holding people's attention and positioning projectors so everyone can see it. This seating style is good for encouraging cohesion and participation in the group activities that may include discussion or role plays.

What are my presentation resources?

The curriculum modules are available in a Microsoft PowerPoint Program. To use the PowerPoint slides you will need a computer with the Microsoft PowerPoint Program and a projector. Handouts can often be a way to reinforce the visual material you are showing via

PowerPoint, or they can be used without additional visuals. Handouts give participants something to refer to later and to take notes on during the presentation. Knowing how many people will be present for your presentation will allow you to make enough copies of handouts for everyone. Make a few extra copies of the handouts to ensure you have enough if more people attend than anticipated. It is always better to have more handouts than not enough!

The room set up and number of participants will help you determine if a microphone will be needed. Some rooms are small enough that a loud speaking voice is enough to get the message across. Audiences appreciate the use of a microphone if possible so everyone can hear the message regardless of where they are seated. Usually a small microphone that clips on clothing (a lavalier) is preferable to a large one you must hold. You may also want to know if the microphone is wireless or wired because your mobility as a speaker will be limited with a wired microphone.

Providing refreshments for participants will also help ensure a memorable presentation. Refreshments can range from water and coffee to much more. This optional resource is one you will wish to check on prior to your presentation.

Regardless of the resources you have available or choose to use for your presentation, the audience will appreciate the time you have spent planning ahead to make the presentation smooth, professional, and meaningful to them.

Planning tips

Giving a good presentation involves more than being comfortable in front of people. A good speaker is prepared and organized. Some of the planning tips listed below may seem like common sense, but can be easily overlooked.

- ✓ Be sure to confirm the date of your presentation with the location you are holding it in. If you are presenting in conjunction with other activities, confirm that you are on the agenda for that date at least a week in advance.
- ✓ Work with your department to send out notices in advance of the presentation to the people you want to attend.
- ✓ Make copies, gather resources, test your power point presentation and back up, and go over the curriculum notes one more time at least a day or two before the presentation.
- ✓ Plan to arrive about 30 minutes before the scheduled presentation so there is plenty of time available to set up and test equipment, arrange the room, and generally “get ready” to present.
- ✓ You may want to check the temperature of the room you are presenting in to insure that it is not too hot or too cold. The comfort of your audience is as important to the delivery of your message as the room set up!

Delivering the Message

It is important to keep in mind the way adults learn best when presenting any material you want them to remember. This will help you deliver your message in a way that holds the attention of the audience and get your objectives across.

- *Adults are Goal Oriented* – Usually adults attend a presentation with a goal in mind. They appreciate a program that is organized and helpful in meeting their personal goal. Stating the goals and objectives of the presentation early helps adult learners meet their own goals.
- *Adults are Relevancy Oriented* – Adult learners want to know how the material you are presenting is relevant for them. This can be accomplished by giving examples or taking examples from the audience that are familiar or applicable to their situation.
- *Adults are Practical* – The presenter shouldn't assume that all members of the audience are there just to gather knowledge for its own sake. Each person is often looking for something practical they can use in their work or personal life. Adults learn best when the topic is of immediate value.

People learn in different ways. This is referred to as a person's "learning style." The challenge for the presenter is to use mediums to get the message across to all three learning styles.

The *VISUAL* learner needs to see the material for it to have meaning. They learn best when presented with something to read, pictures, slides, graphs, or demonstrations. The visual learner may drift off during a presentation that is mostly lecture or requires lots of listening.

The *AUDITORY* learner prefers lectures. They do well with story-telling or small group discussions and engage in lively debates. The person with this learning style can often repeat verbatim what the presenter has said about a particular topic and will listen carefully to the nuances of the presentation.

The *KINESTHETIC* learner does best with practical, hands on exercises. Role playing and games reinforce the message for the person with this learning style. This learner needs to move about and actively participate in the presentation to learn best. They can become inattentive during lectures even with visual reinforcement.

The trick for the presenter is to balance all three learning styles by combining presentation mediums. This can be done by having a carefully prepared presentation that includes something for the visual learner to see while satisfying the auditory learner with prepared, organized lecture material. The kinesthetic learner will enjoy role plays or other activities that are "hands on." If a presenter senses that a number of the audience seem to be kinesthetic learners, it may be helpful to emphasize participatory activities in the presentation to reinforce the message being sent.

Part II – Nebraska Peer to Peer Resiliency Material

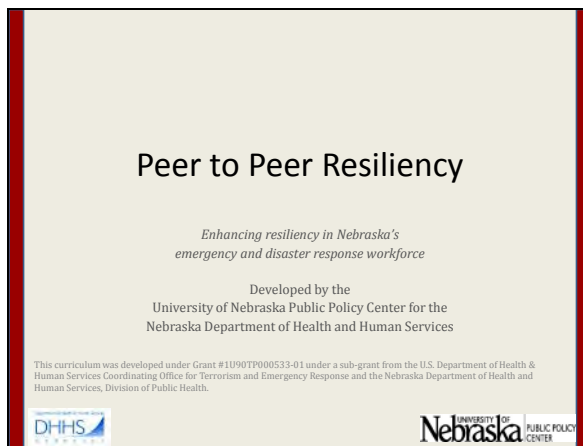
Introduction

The first three slides may be used as an introduction to any of the modules. They introduce the training and set the stage for the information that is to come. Below each slide is a set of notes. Read the notes ahead of time and practice how you might say it without reading them verbatim. Use words and a style that your audience will understand. Sometimes there is a section in the notes preceded by the word “NOTE” – this is always followed with ideas or instructions for you as the trainer and is not intended to be read to the audience.

The resource section at the end of each module in this manual is intended to provide you with materials to augment or accompany the slides. It will contain handouts and templates you can adapt for use in meetings, newsletters or for posting.

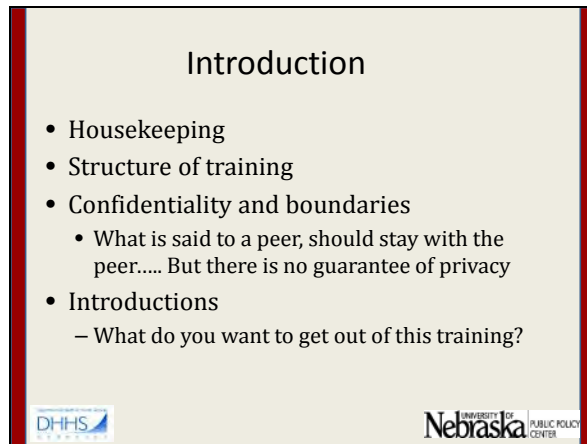
Introduction Slides & Notes

Slide I.1



The curriculum for this workshop was developed as part of a grant from the U.S. Department of Health and Human Services to the state of Nebraska. The University of Nebraska Public Policy Center worked closely with Robin Zagurski, MSW to prepare the material. The information is segmented in nine modules addressing critical skills that can increase personal resiliency. The tenth module prepares peers to return to their work setting and share these skills with other responders.

Slide I.2



Introduction

- Housekeeping
- Structure of training
- Confidentiality and boundaries
 - What is said to a peer, should stay with the peer..... But there is no guarantee of privacy
- Introductions
 - What do you want to get out of this training?

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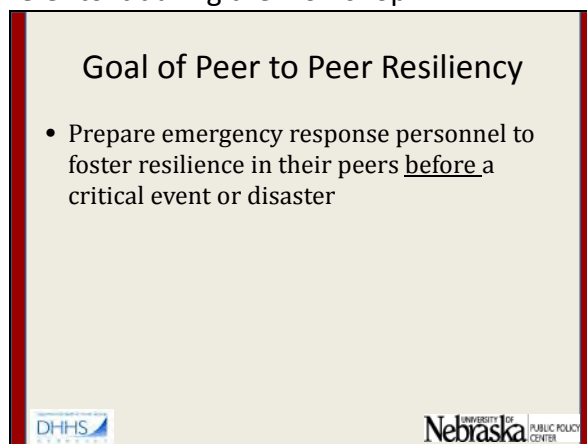
NOTE :

Welcome participants to the Peer to Peer Resiliency Workshop.

Briefly introduce yourself and tell the group some of your personal background, experience and training relevant to the topic and/or first responder culture. Thank all of the participants for their sacrifices and service to our communities.

1. Review housekeeping details such as locations of emergency exits, bathrooms, and drinking fountains, placing cell phones on silent or vibrate mode, breaks (if planned or indicated), etc.
 2. Request that all conversations be kept confidential. However, point out that what is said cannot always be guaranteed to stay within the group. Ask participants to speak for only themselves – not for their departments.
 3. Emphasize that this workshop is educational, interactive, and intended to build skills. It is not a support group, counseling or therapy.
 4. Have participants briefly introduce themselves and ask them to identify, if they choose, what they expect or want to get out of the workshop.
- Use a white board or flip chart to write down participant responses so you can refer to it during the workshop.

Slide I.3



Goal of Peer to Peer Resiliency

- Prepare emergency response personnel to foster resilience in their peers before a critical event or disaster

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The goal of this program is to prepare emergency response personnel to foster resilience in their peers prior to a critical event or disaster. You may already be trained in critical incident stress management or psychological first aid – if so you may see some overlap in the concepts highlighted in each module.

Even though this training provides a great deal of information that will help you be supportive to your peers, it is not sufficient alone to prepare you to serve as a peer counselor after an event. However it will put you in a position to provide reminders after a critical incident or disaster about the resilience skills taught in these modules. There are other formal training programs that can augment your skills if you want to become more of a recovery resource.

NOTE:

The information is segmented in nine modules addressing critical skills that can increase personal resiliency. The tenth module prepares you to return to your work setting and share these skills with other responders. Each module is short and designed to allow you to take it back to your peers and present it as is, or in a modified format (such as in newsletters or in small pieces at meetings). As the sessions unfold, listen for information that will help you and your peers. Take notes about how you can get this information across to your peers in ways that are appropriate for your agency or department. Think about the words we use to describe concepts and make notes about how you might say the same thing differently to fit your department's culture.

Other formal training programs to increase skills for peers as a recovery resource include: CISM; Nebraska PFA; QPR suicide prevention training; Disaster skills for psychological recovery (SPR). There may be limited availability for each program – the goal of mentioning them is to leave participants with the idea that there are other skill building curriculums out there that are more appropriate for preparing peers to assist after an event has occurred.

Introduction Resources

In the introduction we are most concerned about getting information to peers about what the program is. Included here is information that can be placed in a newsletter and two handouts.

Newsletter or Posting Material

The Nebraska Peer to Peer Resiliency materials prepare emergency response personnel to foster resilience in each other before a critical event or disaster. It is based on research and focuses on building critical skills that can increase personal resiliency including: problem solving, communication, self-talk, coping with stress and helping each other. To learn more about this program contact: *[insert departmental contact person here]*. The material was developed by the University of Nebraska Public Policy Center in consultation with the University Of Nebraska Medical Center Department Of Psychiatry for the Nebraska Department of Health and Human Services as part of a grant from the U.S. Department of Health and Human Services.

Handouts

HI.1 Overview Sheet – Nebraska Peer to Peer Resiliency Training

HI.2 Handout for in-person presentations without PowerPoint slides

Nebraska Peer to Peer Resiliency Training Overview

Brief Overview

The goal of this program is to prepare emergency response personnel to foster resilience in their peers prior to a critical event or disaster. The information is segmented in nine modules addressing critical skills that can increase personal resiliency. The tenth module prepares peers to return to their work setting and share these skills with other responders. Times noted after each module approximate delivery of the full content.

The Modules

(1) Resilience in the face of Stress – 20 minutes

This module introduces resiliency and stress and provides an understanding of how resiliency differs from recovery.

(2) Increasing Resiliency – 20 minutes

This module explores ways to increase resilience. The focus is on keeping people hardy so that they can avoid developing problems if exposed to a critical event or disaster.

(3) Healthy Social Connections – 20 minutes

This module focuses on how to maintain relationships with loved ones and co-workers in ways that are healthy for all involved.

(4) Communicating under Stress – 25 minutes

Module 4 explores communication skills that can help decrease stress during and after critical incidents or disaster response. It includes skills that are useful in managing anger, both on and off the job.

(5) Self-help – 20 minutes

Module 5 describes self-help techniques that are sometimes forgotten in the midst of helping others.

(6) Disasters and Mass Casualty Events– 20 minutes

This module provides coping strategies to keep in mind during larger scale events. It also explores how disasters and mass casualty events are different than the critical incidents responders often encounter.

(7) Self-Talk – 50 minutes

This module provides basic information about helpful thinking. It explores the links among behavior, thoughts and emotions and how to become aware of our self-talk (thoughts), evaluate if they are accurate, and change them if they are not.

(8) Relaxation – 20 minutes

This module focuses on behavior and how it affects emotions. It includes skills such as activity scheduling and relaxation techniques along with the role of humor in increasing resiliency.

(9) Peer Support – 30 minutes

Module 9 is a summary of resiliency skills and how to help peers to remember resiliency skills after a critical event. It also includes basic skills to use when helping a peer who may be thinking of suicide.

(10) Delivering the message – 30 minutes

This module provides helpful information about how to disseminate the information from the other modules to peers in natural settings (such as meetings, newsletters, etc.).

This program is part of a coordinated effort on behalf of the U.S. Federal Government and the State of Nebraska under the direction of the Nebraska Department of Health and Human Services Division of Public Health. (Federal Award #1U90TP000533-01)

For more information: <http://disastermh.nebraska.edu/>

Nebraska Peer to Peer Resiliency Training

INTRODUCTION HANDOUT

The goal of this program is to *prepare emergency response personnel to foster resilience in their peers prior to a critical event or disaster.*

The material was developed as part of a grant from the U.S. Department of Health and Human Services to the state of Nebraska. It is based on research and was developed by the University of Nebraska Public Policy Center.

Reminders

1. Look around the room – spot the emergency exits.
2. This is educational, interactive and intended to build your personal resiliency; it is not intended as a support group, counseling or therapy.
3. Please keep conversations confidential and remember that you are speaking for you and not your entire department.

Question

What do you want to get out of this session today?

Module 1 – Resilience in the Face of Stress

This module introduces resiliency and stress and provides an understanding of how resiliency differs from recovery. The entire module can be delivered in about 20 minutes. You may use PowerPoint slides or Handout 2.1 when you present the information to your peers.

The quote at the beginning of the module illustrates one way to look at resilience. Some audience members may want to know who Mary Pickford was (the source of the quote). She was a 1920's silent film star who endured a number of personal tragedies that led her to a way of thinking we now recognize as an essential part of resilience. Here is the full text from which this quote is taken:

*"Today is a new day. You will get out of it just what you put into it. However if you have made mistakes, even serious mistakes, there is always another chance for you. And supposing you have tried and failed again and again, **you may have a fresh start any moment you choose, for this thing that we call "failure" is not the falling down, but the staying down.**"*

Pickford, M. (1934). Why not try God? New York: Kinsey & Company, Inc. Retrieved from <http://hdl.handle.net/2027/uc1.b264332>

Module 1 Slides & Notes

Slide 1.1

**RESILIENCE IN THE FACE OF STRESS
MODULE 1**

You may have a fresh start at any moment you choose, for this thing that we call "failure" is not the falling down, but the staying down.

Mary Pickford

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There are two ways to look at a fall. We can focus on what caused the fall, what injuries resulted from the fall, and how those injuries will impact a person's life in the future. Or, we can focus on how to get back up after the fall, and how to go on to have a good life. This workshop focuses on "getting up" after the fall: How we bounce back from difficult situations - How we keep moving forward and enjoying life.

Slide 1.2

What is resilience?

- The process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress
- "Bouncing back"
- Resilience is not a trait – it involves behaviors, thoughts, and actions that are learned

American Psychological Association (2013)

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NOTE:

Review the information on the slide – ask participants if they have additional definitions of resilience or alternatively, ask what comes to mind when they hear the word resilience. Emphasize that resiliency is not a trait you are born with – you can learn to practice behaviors, thoughts and actions that increase your personal resiliency.

Slide 1.3

Recovery vs. Resilience

Recovery – implies you need to heal or repair an injury before you can be okay.

Resilience – the ability of individuals to maintain relatively stable mental function throughout the course of events.

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When we talk about recovery, we are talking about trying to heal the damage that has occurred from the fall, looking at how long it will take to recover from the injury and what treatments are needed to return to the state of health that you had before the fall.

The term *recovery* implies that some degree of illness or injury is present for a period of time and may require treatment before returning to the same level of emotional or psychological health you had before the event or trauma.

The term *resilience* reflects the ability of individuals to maintain relatively stable mental functioning throughout the course of events. Resilience refers to getting back up after the fall. It may mean there are some highs and lows, but for the most part, the fall does not impact your approach to life.

Slide 1.4

Resilient People

- Interpret stressful experiences as something they can exert control over
- View events as challenging opportunities to learn and grow
- Are actively involved with the world around them (engaged in activities with other people)

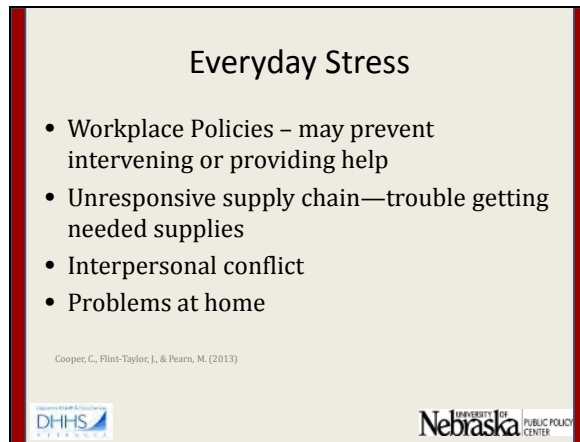
Barone, Paul T. (2006)
Kobasa, S.C. (1982)

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Bad things happen, how we cope with those events can keep things from getting worse. Resilient people see stressful experiences as something they can exert some sort of control over. For example, A person diagnosed with cancer may not be able to control the cancer, but they can be informed about their options and be an active partner in the treatment of the cancer.

Resilient people view stressful events as opportunities to learn to do things differently and to use the opportunity to grow. They are not isolated – instead, resilient people are involved and engaged in the world around them.

Slide 1.5



Everyday Stress

- Workplace Policies – may prevent intervening or providing help
- Unresponsive supply chain—trouble getting needed supplies
- Interpersonal conflict
- Problems at home

Cooper, C., Flint-Taylor, J., & Pearn, M. (2013)

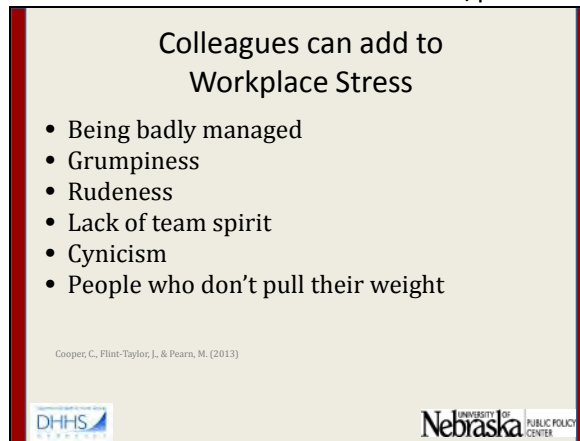
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There many things in life we have no control over. Few of us have any input into, let alone control over, the policies and procedures of the workplace. Responders may feel stressed by policies that limit their ability to provide help to those in need. For example, some fire departments have policies against entering a scene until the police have cleared it. Police and fire responders on scene can find this frustrating and it can add to the stress of an already stressful situation.

Needing supplies, but not being able to access them can also be stressful. It can make a difficult job even more difficult, or even make it impossible. Responders are people who generally like to solve problems; anything that gets in the way of solving the problem can be seen as stressful. Sometimes conflict with a coworker or supervisor can add to stress experienced on the job. Problems at home may also leak into the workplace causing a responders stress level to rise.

NOTE: Use examples about everyday stress that apply to the population you are working with. For example, if you are working with public health responders, use examples related to their work rather than a fire/police example.

Slide 1.6



Colleagues can add to Workplace Stress

- Being badly managed
- Grumpiness
- Rudeness
- Lack of team spirit
- Cynicism
- People who don't pull their weight

Cooper, C., Flint-Taylor, J., & Pearn, M. (2013)

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Until someone develops some magic that helps us control others, the behavior of coworkers can add to our stress level. For example, working for a manager who has poor managerial skills may create a very stressful situation for his/her staff. Co-workers who are grumpy, cynical or rude can make a person dread going to work. This is also true for the work place that lacks a team approach. Working with someone who is not pulling their own weight is particularly stressful for responders because that behavior can put the entire team in a dangerous situation.



Slide 1.7

Positive Stress Reactions

- Increase in speed
- Increase in strength
- Decrease in reaction time
- Increase in sensory acuity

Moderate stress can improve performance in a variety of situations when it is short-term.

Yerkes R.M., & Dodson J.D. (1908)

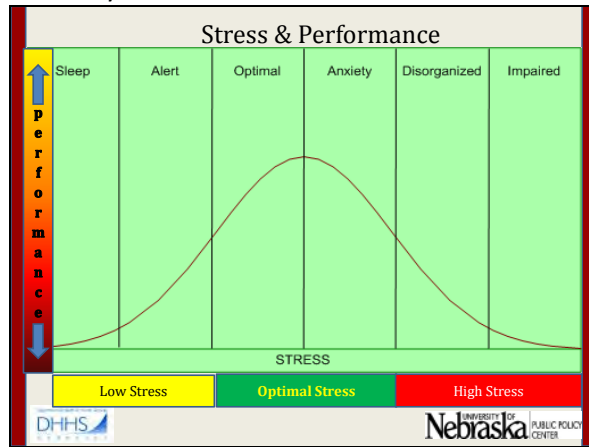


Everyone experiences stress. Some amount of stress is necessary in our daily lives to motivate and move us toward action. Positive (good) reactions to stress include:

- Increase in speed – this allows us to jump out of the way of a car heading our way
- Increase in strength – for example, when we hear stories of the mother lifting a car off of her child
- Decrease in reaction time – being able to hit the brake quickly, seemingly without thinking
- Increase in sensory acuity – seeing movement out of the corner of your eye that may save your life.

These positive stress reactions can work for us by improving performance in some situations – but they don't last long and are likely short-term. Generally they are the result of a surge of chemicals in our body (adrenalin) that prepares our bodies to fight or run away from the stressor.

Slide 1.8



This is a graph representing how stress affects performance – it is called the Yerkes-Dodson Law. Our performance increases under certain types and amounts of stress. That's why many people put off studying for a test, because they study better under a certain amount of stress. However, when stress becomes too high, we become anxious and disorganized, which interferes with our performance.

NOTE :

Ask participants for examples from their professions when they have seen stress interfere with performance or enhance performance.



Slide 1.9

Cumulative Stress

Responders accumulate stress over time from each stressful event they experience, even if the responder doesn't realize it.

After each event, the next event may need to be even more intense for the responder to consider it "traumatic".

Cooper, C., Flint-Taylor, J., & Pearn, M. (2013)





We can't avoid stress but we can change how we react to it. There is some evidence that the more stressful events that responders are exposed to, the more intense the next event needs to be before a responder will consider it a "traumatic" event. Consider the analogy of placing a frog in a pot of lukewarm water – then gradually heating up the water. The frog doesn't detect the change in temperature because it is gradual. It isn't until it is too late that the frog discovers it is being boiled. As responders learn to cope with exposure to situations that others may find difficult and stressful, they, like the frog, may not even detect their own stress level rising until an event occurs that may trigger unexpected reactions. That is why we are concerned about the build-up or accumulation of stress.

Slide 1.10

Extra Stressors Other Jobs Don't Have

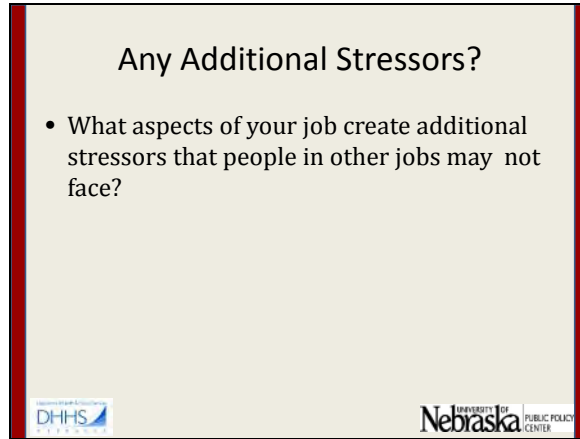
- Danger/Risk of serious injury or death
- Disease, infection, toxins in the environment
- Chemical, biological, or nuclear materials
- Accidents
- Fire, bullets, etc.

Cooper, C., Flint-Taylor, J., & Pearn, M. (2013)



Responders are exposed to situations that most people don't encounter in their jobs. Stressors unique to responders include dangerous situations that can threaten their lives, or their colleagues' lives. Responders prepare and work hard to prevent danger as much as possible. For example, Public Health workers know how to protect themselves from diseases, infections, toxins and other chemical or biological agents they may encounter. Hazmat teams train and know how to use protective equipment to maintain personal and team safety. Fire, EMS, and Law Enforcement train repeatedly to ensure that they are minimizing the risks they encounter on the job.

Slide 1.11



Any Additional Stressors?

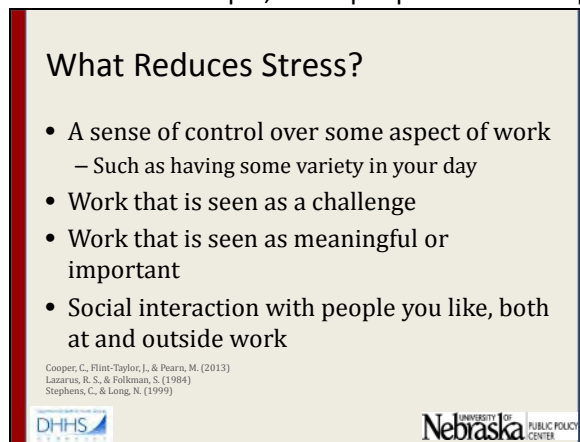
- What aspects of your job create additional stressors that people in other jobs may not face?

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NOTE:

Ask the group to discuss the question on the slide. The goal of this discussion is to help everyone see how different things may be viewed as stressors by one person and not by another. For example, some people don't mind paperwork – others may hate it.

Slide 1.12



What Reduces Stress?

- A sense of control over some aspect of work
 - Such as having some variety in your day
- Work that is seen as a challenge
- Work that is seen as meaningful or important
- Social interaction with people you like, both at and outside work

Cooper, C., Flint-Taylor, J., & Pearn, M. (2013)
Lazarus, R. S., & Folkman, S. (1984)
Stephens, C., & Long, N. (1999)

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Knowing what adds to stress helps us watch for those triggers and know how to handle them. Boredom may actually add to stress, especially if our jobs require long periods of repetitive work that we tend to view as “busy work”. Being able to do something that adds some variety to the day or even a change of scenery can do a lot to reduce stress caused by boredom.

Work that is meaningful and challenging helps alleviate the stress associated with the job. We are more willing to go the extra mile when we see our work as meaningful and when others recognize it as important too. Responders tend to be mission oriented, and take pride in their work. Having others recognize the importance of the mission can do a lot towards decreasing the stress of a difficult job.

Talking with people can also help relieve stress, whether it is to blow off steam about a situation or as a distraction from the stress of work. Staying connected with people lets responders know they are not alone.

Module 1 Resources

Handout 1.1 can be used in place of the slides if you have limited time and/or no access to a computer/projector. Use the notes from the module to present the information even if you use the handout rather than slides. You may also choose to use both the handout and the slides to reinforce your message. Having a handout may be helpful to kinesthetic and visual learners in your audience.

One way to heighten awareness of resilience outside of the presentation time is to post information from this module in places your peers frequent (i.e., break rooms, restrooms, meeting rooms). Handout 1.2 is a handout that you can leave in these places or draw information from if you decide to create your own resilience reminders.

There are many websites highlighting resilience. For example:

http://archive.samhsa.gov/dtac/dbhis/dbhis_stress_about_resilience.asp

<http://www.apa.org/helpcenter/road-resilience.aspx>

Handouts

H 1.1 Module 1 – Resilience in the Face of Stress

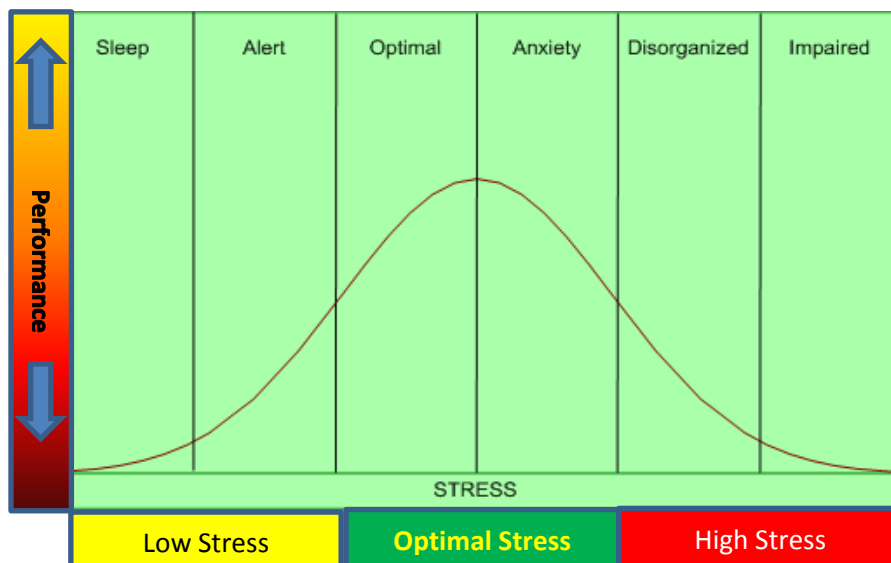
Resilience in the Face of Stress

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or stress.

Resilient people...

- ❖ Interpret stressful experiences as something they can exert control over
- ❖ View events as challenging opportunities to learn and grow
- ❖ Are actively involved with the world around them

Stress & Performance



What is Resilience?

"You may have a fresh start at any moment you choose, for this thing that we call "failure" is not the falling down, but the staying down."

Mary Pickford

Stress Reducers

- ❖ A sense of control over some aspect of work
- ❖ Work that is seen as a challenge
- ❖ Work that is seen as meaningful or important
- ❖ Social interaction with people you like, both at and outside work

QUESTION

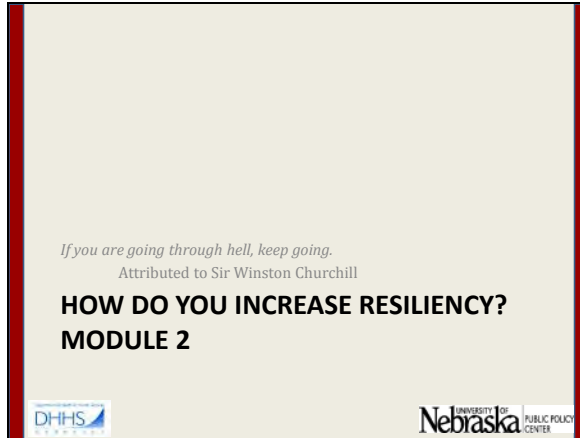
What aspects of your job create additional stressors that people in other jobs may not face?

Module 2 – How Do You Increase Resiliency?

This module explores ways to increase resilience. The focus is on keeping people hardy so that they can avoid developing problems if exposed to a critical event or disaster. It will take about 20 minutes to present the material and activities from the slides. A problem solving model that can be practiced in everyday life and applied during stressful times is introduced in this module. You will also review nine ways to increase resilience that are based on research evidence. The key idea from this module is that you can increase personal resiliency. Some people may believe you are born with qualities that make you resilient. Although this is partially true, it is also true that we can learn and practice skills and behaviors to help us cope successfully with tough situations.

Module 2 Slides & Notes

Slide 2.1

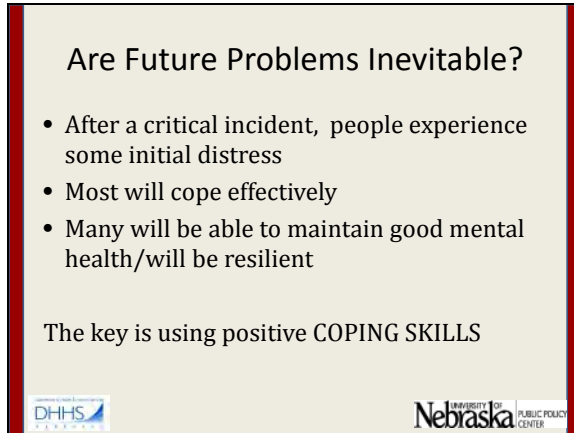


As this quote implies, sometimes going through difficult times creates opportunities to use skills that could make us stronger and better equipped to face difficulties in the future. This module focuses on personal attributes that may lead to resiliency, and skills and behaviors that research has linked to increasing resiliency.

NOTE:

There are many popular notions about how to deal with stress and increase resiliency – however in this curriculum we focus on the methods that are supported by evidence. This means they have been tested by researchers and the results support their use.

Slide 2.2



Are Future Problems Inevitable?

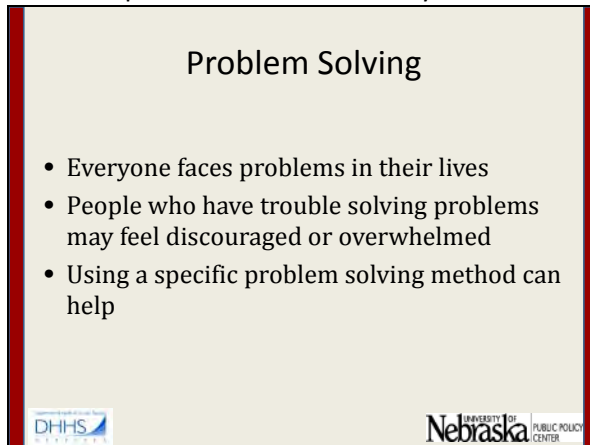
- After a critical incident, people experience some initial distress
- Most will cope effectively
- Many will be able to maintain good mental health/will be resilient

The key is using positive COPING SKILLS

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In the past, we have focused on the small percentage of people who have experienced either initial or long-term distress after a critical incident. Unfortunately, this means that people who did not experience distress, or who quickly returned to their pre-incident level of functioning, were largely ignored. We have learned more about resilience by focusing on what helps people cope after a critical incident. Rather than reviewing all the reactions possible after a critical incident we hone in on the factors that move people through the reactions. Instead of focusing on common reactions we focus on what makes people resilient. Bad things happen in life. How we react to those bad things is what is important. Making sure that we use effective coping skills can help insure that we don't make the problems that are already there even worse.

Slide 2.3



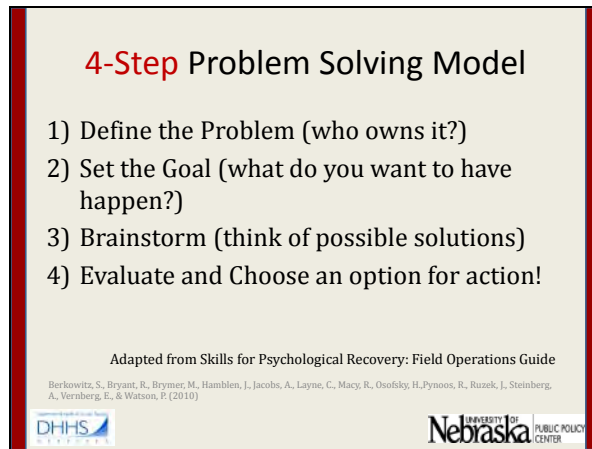
Problem Solving

- Everyone faces problems in their lives
- People who have trouble solving problems may feel discouraged or overwhelmed
- Using a specific problem solving method can help

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One of the coping skills we can use to address unpleasant events is to use proven methods in Problem Solving. Sometimes, when we are confronted by a negative event, we can get tunnel vision and only see one way out, which may not be the best solution and may lead to future problems. People who feel trapped and stuck can get discouraged and overwhelmed, which can lead to even further difficulties. Having a specific problem solving method to use when feeling overwhelmed can help lead to better solutions, which may help lessen these feelings.

Slide 2.4



4-Step Problem Solving Model

- 1) Define the Problem (who owns it?)
- 2) Set the Goal (what do you want to have happen?)
- 3) Brainstorm (think of possible solutions)
- 4) Evaluate and Choose an option for action!

Adapted from Skills for Psychological Recovery: Field Operations Guide
Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., Macy, R., Osofsky, H., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., & Watson, P. (2010)

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Many people face practical problems that can feel overwhelming. Equipping people with a simple problem solving structure they can apply to many different situations can lessen the stress they experience. There are many problem solving models and you may use any you are most comfortable with or you may use the four step model introduced here.

•*Handout –Problem Solving*

(Text adapted from Skills for Psychological Recovery: Field Operations Guide)

Before you begin, it is important to relax. We don't think clearly under stress. Our brains begin to shut down and focus only on keeping us alive (breathing, heartbeat, digestion). Relaxation will help us focus and problem solve better. Relax or calm yourself using a method that works for you (for example, counting to 10, going to another room, going for a walk, or waiting to consider the problem until the next day). Don't try to solve the problem while you are angry or upset.

The first step in problem-solving is to **define the problem** that you want to work on as clearly as possible. If the problem is complex, break it down into manageable chunks. Often, what seems like a big problem (e.g., your family is not getting along) can be broken down into smaller problems that are easier to solve. Take the time to be specific, as the more specific the "chunk," the more workable it will be. When you have broken one problem into two or three "chunks," don't worry that you might not solve all parts of the problem. The key is to stay focused on one part at a time and not get sidetracked by your other "chunks" and other problems. You can deal with each problem later in the same way.

Deciding ownership: Is this a problem for you to fix or a problem that someone else should fix. To find out, answer the following questions:

"Is this something that is happening to me or between me and someone else?"

Or

"Is this problem mainly happening to someone else or between other people?"

Set the Goal: Identifying the underlying concerns enables you to solve the problem more effectively. Begin by making statements like "I want," "I need," "I am afraid that," and "I am concerned that"; these statements are often followed by information about the goal. The more specific you are about goals, the easier it will be to identify practical steps you can take that will move you toward a workable solution.

Brainstorm: Brainstorming means spontaneously coming up with as many options as you can for solving the problem or meeting the goal. Although you may keep the potential consequences of each solution in mind, do not make judgments about any of the solutions at this stage. Simply write down each one.

Evaluate and Choose: Choose the best solution based on what the probable result would be. Review each of the possible solutions and its positive and negative consequences. Often the best solutions combine different options that meet the goal.

Slide 2.5

Emotional Reactions aren't the problem... how you cope can be

- Avoidance is a coping mechanism, but if you use it too much, it makes things worse
 - Avoidance (situations, emotions, conversations, people) and dreading future encounters can increase stress

The diagram illustrates a cycle where 'Dread' and 'Avoidance' are connected by red curved arrows pointing towards each other. In the center of this cycle is a black vertical arrow pointing downwards, labeled 'STRESS'. The slide also features logos for DHHS and the University of Nebraska Public Policy Center.

Coping skills include anything that helps you prevent, delay, manage, or avoid stress. When you choose to cope via avoidance it must be temporary. Any time we routinely use avoidance as a coping skill, it increases future anxiety. When our anxiety increases, we get uncomfortable, so we avoid whatever the situation is that made the anxiety. Then the next time that situation arises, we get even more anxious, so we avoid it again. We dread the encounter because it caused anxiety the last time, so we continue to avoid it.... which in turn raises our stress level. We have to be able to use other coping skills so that we can see that we can live through the anxiety and not make it worse the next time.

Slide 2.6

Increasing Resilience

1. Be Positive (Hopeful)
 - A belief that things can get better, or some good can come from something bad
2. Be Flexible
 - “Change gears” and formulate a new plan

Johnson, D. (2008)

The slide includes logos for DHHS and the University of Nebraska Public Policy Center.

People who are resilient have a basic belief that eventually things will either get better, or something good will eventually come out of the bad. They are flexible and can formulate a plan to cope with the situation. If that plan doesn't seem to be working they can “change gears” and formulate a new plan that may work better. Sometimes the first plan didn't work because we didn't have enough information, and now, with our current plan not working, we are gaining information that can lead to a better plan.

NOTE:

More information about the ways to increase resilience is available on a number of different websites. For example a video about building resiliency is featured on the Nebraska Disaster Behavioral Health website:

<http://disastermh.nebraska.edu/education/resiliencyvideo.php>

Slide 2.7

Increasing Resilience

3. Have a Moral Compass

- Have an ability to hold on to personal values
- Strong spiritual beliefs are highly correlated with resilience

Johnson, D. (2008)

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Resilient people have the ability to hold strong to their moral or personal values, no matter what the situation. Research tells us that there is also a strong correlation between being resilient and having a belief in something greater than you.

Slide 2.8

Increasing Resilience

4. Have Resilient Role Models

- Model your behavior after someone you know who handles stress well
- Jot down names of people you can relate to who seem to be "resilient"
 - What behaviors led you to believe they are resilient?

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Having role models who have demonstrated resilient behavior can help you increase your own resiliency.

NOTE:

Ask participants to raise their hand if they know someone they would consider resilient. Ask one or more of those who raised their hand what the person does that makes them appear resilient. Use these as examples of behaviors that can be incorporated into their own actions.

Slide 2.9

Increasing Resilience

5. Eat right, get enough sleep and get some exercise
6. Remind yourself that your training for work prepared you well
7. Focus on your strengths
 - We all do better when we do what we do best

Johnson, D. (2008)

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It is important to take good care of ourselves, just as our doctors have told us for years: eat right, get enough sleep and some daily exercise. Studies have shown that just 20 minutes of aerobic exercise a day can do quite a bit to reduce feelings of anxiety and improve our ability to cope with stress.

Remember to watch how you talk to yourself about the event. Remind yourself that you are trained to handle critical events, and you have handled events like this before. Rely on that training. Focus on what you do best; we do better when we focus on our strengths rather than focusing on avoiding mistakes.

Slide 2.10

Increasing Resilience

8. Face your fears
 - Avoidance increases anxiety
 - Facing fears decreases anxiety
9. Have a Supportive Group of Friends/Family
 - The more connections we have in life, the healthier we are

Johnson, D. (2008)

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Facing your fears is the opposite of avoidance. Remember that prolonged avoidance increases anxiety. Remind yourself that you can handle these events, thanks to your training and to support from your team and your family.

Having people around you who are supportive can also increase your resilience. The more connections we have in life, with family, friends, work, faith, hobbies, etc., the healthier we are both physically and mentally. Connection is protection.

Module 2 – Resources

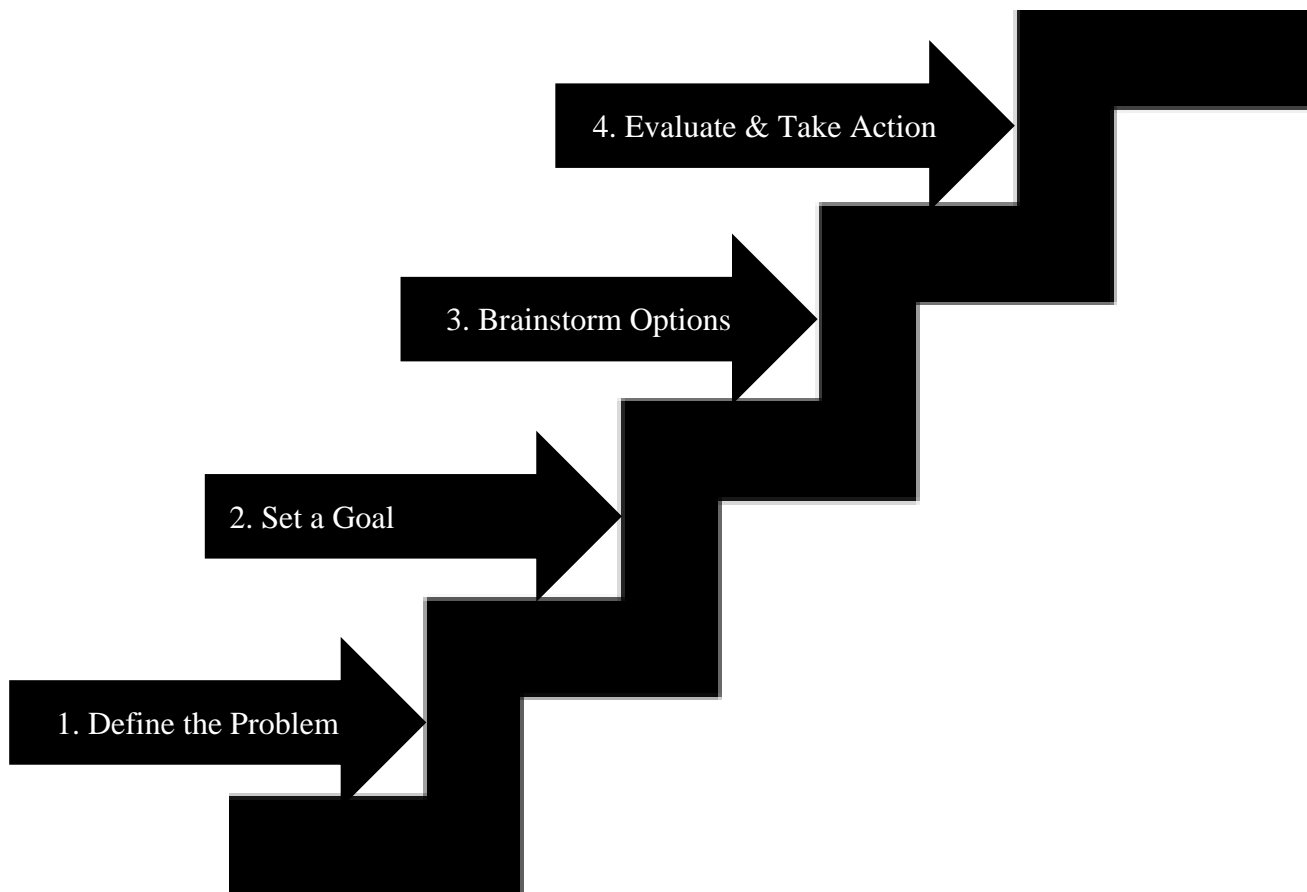
Both handouts in this module can be used with or without the slides. With limited time you may consider introducing the problem solving method apart from the other concepts related to increasing resiliency. With very limited time you may want to introduce one way to increase resilience in each of your department/ agency meetings. This could take as little as 2-3 minutes. Reinforce the verbal message with written material in your meeting notes or signage related to your resiliency tip. For example, you could write the tips on a white board, chalk board or post a piece of paper in a prominent location – adding a new tip each meeting until all nine tips for increasing resiliency are posted. You may also wish to create and handout small cards that contain tips and the problem solving method that your peers can carry with them. Another option is to hand out blank cards and ask your peers to write down the problem solving method and put it in places they believe will be helpful to everyone.

Handouts

H2.1 Module 2 – Problem Solving

H2.2 Module 2 – Increasing Resilience

4-Step Problem Solving Model



Step 1 – Is it your problem or someone else’s problem? What part of the problem is yours? What part of the problem can you actually exert control over?

Step 2 – What is the outcome you want or need? What do you hope will happen? What do others expect to happen?

Step 3 – Without judgment make a list of all the possible ways the problem can be solved. Come up with ten different ways to solve the problem – no idea is bad idea at this point.

Step 4 – Identify the pros and cons to each option you came up with. Cross out the ideas that aren’t feasible. Choose one option and try it. Combining options for action is also a reasonable way to proceed.

Make a PLAN to take action – When will you take action? What do you need to take action?

Increasing Resilience

Feeling distressed is common after a critical incident or disaster event.

MANY PEOPLE COPE EFFECTIVELY WITH DISTRESS

SOME MAY NEED ADDITIONAL SUPPORT

A FEW NEED PROFESSIONAL HELP

Instead of focusing on common reactions we focus on what makes people resilient.

Ways to Increase your resilience (ability to bounce back and cope effectively with distress)

1. Be hopeful
 - ✓ Resilient people believe things can get better or some good will come of the bad things
2. Be flexible
 - ✓ Resilient people “change gears” and quickly find plan B when plan A isn’t working
3. Have a moral compass
 - ✓ Resilient people have an ability to hold on to personal values
4. Have resilient role models
 - ✓ Resilient people model their behaviors after people who handle stress well
5. Eat right, get enough sleep and get some exercise
 - ✓ Resilient people take care of themselves physically
6. Remind yourself of your training
 - ✓ Resilient people watch their self-talk and remind themselves that they are prepared to handle it
7. Focus on your strengths
 - ✓ Resilient people focus on what they did right, not just the mistakes they might have made
8. Face your fears
 - ✓ Resilient people practice problem solving rather than avoidance
9. Have a supportive group of friends/family
 - ✓ Resilient people are connected with supportive friends, family or other connections

4-Step Problem Solving Model

Relax before you begin..... then follow these steps

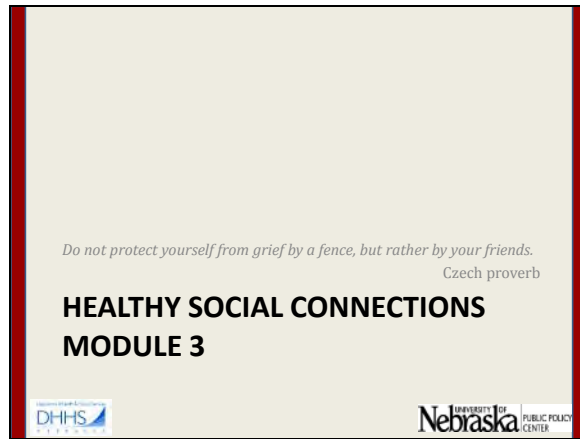
1. Define the Problem (Whose problem is it?)
2. Set the Goal (What do you want to have happen and when?)
3. Brainstorm possible solutions
4. Evaluate and choose an option for action!

Module 3 – Healthy Social Connections

Module 3 puts an emphasis on understanding how social connections and support enhances resilience. Participants will be asked to examine where they can turn for support and how to ask for the kind of support that would be most helpful to them. Responders generally have a special bond with the people they work with, but in this module we ask participants to consider how they can share more about what they are going through with other important people in their lives – family and friends outside their work. This module will take about 20 minutes to present.

Module 3 Slides & Notes

Slide 3.1



The more connections we have in life, the healthier we are. There is an old Czech proverb that says "Do not protect yourself from grief by a fence, but rather by your friends." Sometimes our jobs are so different from our lives and families that we forget how to talk to our families about what we do, and how it affects us. Make sure you maintain the fence between your job and your home life, but don't build a wall. Let others get a peek into your struggles so they can help you through them.

Slide 3.2

Ripple Effect

Each member of the family can be affected by what he or she has faced due to the responder's participation in a critical incident

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We do not live in a vacuum; others are affected by what we do. No matter how much we try to leave work at work, we still can bring home exhaustion, worries, frustration, irritation, and sadness. Attempting to wall that off from the family doesn't work, instead it sends the message "I don't want to talk about it" which could make your family think things are perhaps even worse than they are. We all jump to conclusions at times, and information can help decrease the possibility that our families jump to the wrong conclusion based on our behavior or what they don't know about our work.

Slide 3.3

Talk to family/friends

- There are ways to share without overexposing your loved ones
- Silence can make family members worry or jump to conclusions

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In the past, some responders have tried to only share critical incidents with co-workers. You can't hide that kind of stress from the people who care about you. Silence can make your loved ones jump to conclusions, causing increased worries for them. Rather than putting a wall between your family and work, try thinking about it like a chain link fence that lets them glimpse into your life, without perhaps having to view all the details that may be too much for non-responders to understand or to bear. For example, you may want to share that you had a fairly intense experience that shook you up or that made you sad. Tell family or friends how they can be helpful – If you need some alone time, tell them but provide a time limit – "I really need to just be alone for about an hour, then it would be helpful if I heard about your day over dinner."

Slide 3.4

Social Connections Exercise

- Map or draw out your most important social connections/relationships. This allows you to see the “big picture” of who you are connected to and what those connections mean to you
- Only put people in who are readily accessible
- Start with people in your community and then add people who you mainly communicate with by phone, text or email
- Put in individuals, groups, or organizations

Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layman, C., Macy, R., Osofsky, H., Pynoos, R., Ruzak, J., Steinberg, A., Vanberg, E., & Watson, P. (2010). The National Center for PTSD & the National Child Traumatic Stress Network. Skills for Psychological Recovery: Field Operations Guide.



Before an event we can increase our resilience by enhancing the connections with people and activities outside of work. The more connections we have in life, the healthier we are. Sometimes it helps to write our connections down so we can see the areas in our life that are strong, and perhaps some other areas that need shoring up.

For instance, you can think of all your relationships as your social “atom” or social “solar system” with you at the center of the atom or solar system and all your social connections revolving around you at different times and at different distances.

You can use this map to create a plan to identify:

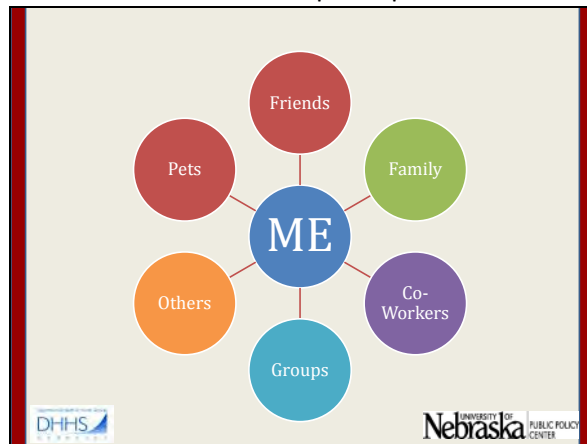
1. Who is currently in your network
2. Whom you want to seek out
3. Whom you may want to temporarily spend less time with
4. How to improve your existing relationships

You will start with the people who are most important and easiest to connect with at the moment. Start with people in your family or community, and then add people with whom you mainly communicate by phone, text or email.

NOTE:

Move to the next slide so participants can see what you are talking about.

Slide 3.5



NOTE:

Hand out the Social Connections Worksheet and encourage participants to use this to construct their map. If the worksheet is not available, ask participants to draw their own map on a piece of paper. Have the group be as detailed as possible. Remind them to start

with close family and friends, and then move outward into the community. If they have people they only have contact with by phone, text, or email, have them note that. These relationships are also important, but they should not be their only relationships. Also put in organizations they belong to, as this can be a source of great support in times of stress.

Slide 3.6

Reviewing the Social Connections Map

- Where are your most important connections right now?
- Who can you share your experiences or feelings with?
- Who can you get advice from to help you with your own resilience?
- Who would you enjoy spending some time with?
- Who might need your help or support?

Berkowitz, S., Bryant, R., Brymer, M., Hamblin, J., Jacobs, A., Layman, C., Hazy, R., Osofsky, H., Pynoos, R., Ruzick, J., Steinberg, A., Vennberg, E., & Watson, P. (2010). The National Center for PTSD & the National Child Traumatic Stress Network. Skills for Psychological Recovery: Field Operations Guide.

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NOTE:

Once everyone has created a map, ask them if they are surprised by anything they found on the map.

Ask participants to make notes for themselves as you go through the following questions. Tell participants the goal of this exercise is to have them begin mapping out the specific type of support they could seek from each person on their map.

- Which connections are most important?
- With whom can you share your experiences or feelings?
- Who can make you feel more like you fit in and belong?
- Whom can you get advice from to help you with your recovery?
- Whom do you want to spend time with socially in the next couple of weeks?
- Who might need your help or support right now?

After identifying who is currently available and the type of support each provides, identify what is missing or who is not currently accessible.



- Are there different types of supports that are missing (e.g., someone to listen to you, to help you with advice, help with the additional responsibilities, to do things socially)?
- Are there loved ones or friends with whom you are not currently connected, but want to be?

Write down on the worksheet areas that you want to change.

Slide 3.7

Discussion

- Are there people on the map you have tried to protect from the rigors of your job? If so, is there a way you can let them see through the fence a little more than you have in the past?
- Take away.....*Connection is Protection!*

People in the helping professions tend to be protective of our loved ones. We have been taught to not bring our work home, and sometimes we take that too far. Are there ways to tell your loved ones that a day was tougher than usual? Is there a way to ask for support and to discuss things but leave out details as necessary?

NOTE:

Use this time to discuss ways to talk with family/friends about work. Reinforce the idea that being connected to other people increases our resilience. You can give family and friends ways to be helpful to you by talking with them in advance of a critical incident.

Module 3 Resources

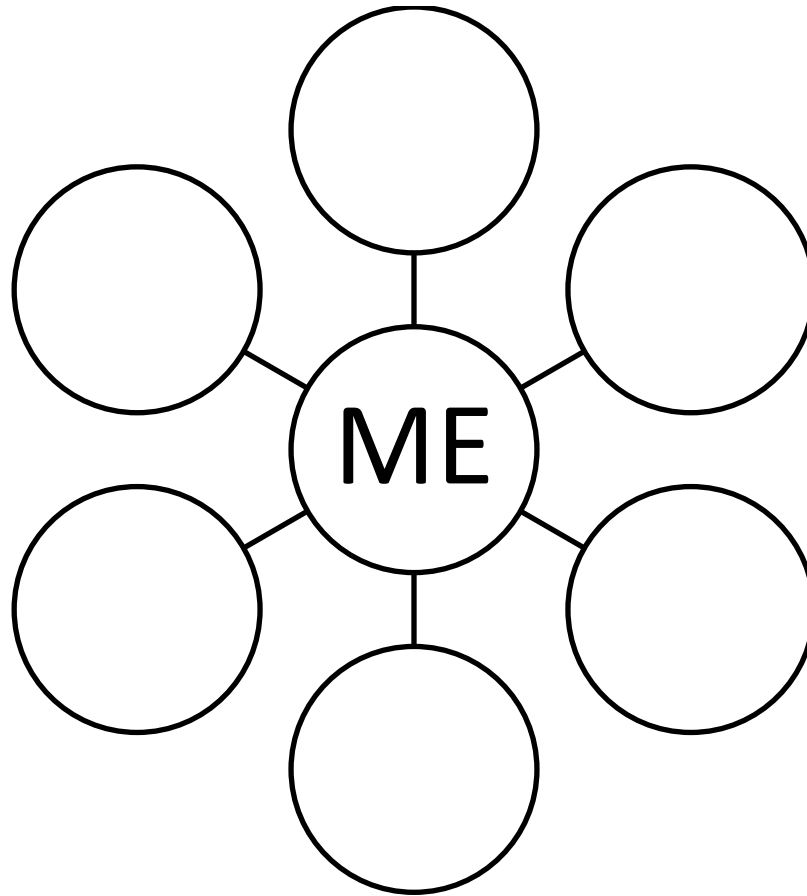
Presenting this module without slides may be done with the Social Connections Worksheet and a chalkboard/white paper for you to illustrate the social connections map (Slide 3.5). Remind participants that they do not have to share their worksheets with anyone – it is for their eyes only. Consider posting reminders about the power of being connected. For example, you may just write “connection is protection” on a chalk board or a piece of paper and post it in a work area.

Handouts

H3.1 Module 3 –Social Connections Map

Social Connections Map

Fill in the circles with the names of people or organizations you are connected to. Only put people in who are readily accessible to you. Start with people you are closest to, then add important organizations and community groups along with people you mainly communicate with by phone, text or email. Add additional circles as needed.



- Where are your most important connections right now?
- Whom can you share your experiences or feelings with?
- Whom can you get advice from to help you with your own resilience?
- Whom would you enjoy spending some time with in the next couple of weeks?
- Who might need your help or support?

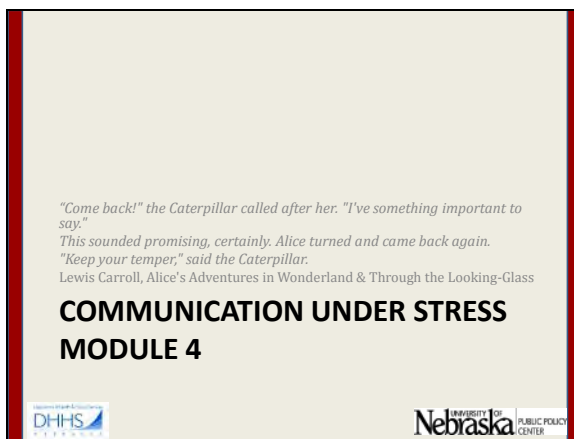
Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., Macy, R., Osofsky, H., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., & Watson, P. (2010). The National Center for PTSD & the National Child Traumatic Stress Network, *Skills for Psychological Recovery: Field Operations Guide*.

Module 4 – Communication under stress

This module includes reminders related to communication. It is assumed that most responders are skilled in communicating under stress while on the job, but sometimes they don't practice those same skills when they are not at work. The reminders in this module can be practiced daily. They are not difficult and probably aren't new for your audience, but they are a very important part of creating a work environment that supports resilience.

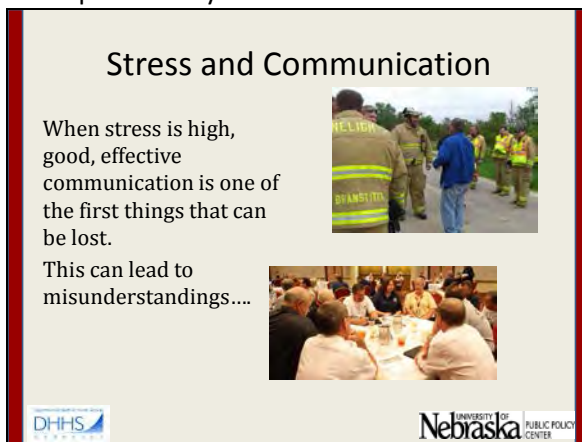
Module 4 Slides & Notes

Slide 4.1



We're adults. We know how to communicate, and most days we do it just fine. But there are times when, under stress, our communication skills seem to evaporate. This module isn't anything new, but it is a reminder of communication techniques that may be helpful when you are under stress.

Slide 4.2



A moderate amount of stress is good; good stress is called "eustress". It helps us get things done, like finishing work that has a deadline. But too much stress, AKA "distress," can interfere with our ability to function, including our ability to communicate effectively. Communication problems can lead to misunderstandings that may cause even more stress.

Slide 4.3

Stress and Communication

- Stress impacts our ability to calmly communicate what we really mean.
- Words and tone of voice can make a difference in communication and can significantly affect relationships.
- Consider what you want to say, and how to say it.

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The way we say things has a big impact on the message that we send. Think carefully not only about what you want to say, but how you are saying it, especially when you are stressed. We may feel frustrated about something that happened at work, and that frustration can leak through our voice when we talk to our friends or family. What you are saying can then come across with an entirely different message than you intend.

Slide 4.4

Para-verbal Communication, AKA: Don't Talk to me in that Tone of Voice!

- Refers to :
 - Voice Tone
 - Volume
 - Rate of speech
- Para-verbal communication is *how* we say something, not *what* we say:

I didn't tell George you were incompetent.

Adapted from Nebraska Psychological First Aid, 2010

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Para-verbal communication refers to your tone of voice, how fast you speak and how loudly. If you change the emphasis in the sentence “I didn't tell George you were incompetent”, emphasizing a different word each time you say it, you will change the meaning of the sentence.

NOTE:

Have participants read through the sentence several times, putting the emphasis on a different word each time to demonstrate how the message changes. Ask the group to tell you what the message is with each change in emphasis.

I didn't **tell** George you were incompetent. (I wrote him an email).

I didn't tell **George** you were incompetent. (I told Betty).

I didn't tell George **you** were incompetent. (I told him Fred was incompetent).


I didn't tell George you were **incompetent**. (I told him you were difficult).

While the sentence may appear fairly neutral, when the emphasis changes, the emotional tone of the message and the message itself changes. As we talk to others, it is important to watch our para-verbal communication, to ensure that the message we send is the one that is intended. The more anxious or agitated a person is, the less they hear the content of your message. They are getting their cues from voice, not words.

Slide 4.5

Mixed Messages

- When words (verbal) and actions (non-verbal) match they:
 - Denote trustworthiness
 - Show others that we care
 - Show we are in control
- When they don't match:
 - You look untrustworthy or inauthentic




Another way we show others that we are in control and responsive is to make sure our words and actions match, or are *congruent*. This means that our words and actions communicate the same thing and form a clear message. For example, nodding and paying attention to the person talking to you is congruent with sending the message that you would like to hear more and that you are listening. Being incongruent or acting in a way that does not match your words may be interpreted as being untrustworthy or inauthentic. For example, saying "I want to help you" while looking repeatedly at your watch sends a mixed message to the person you are trying to help.

Slide 4.6

4 Steps to Active Listening

1. **Listen.** (Make eye contact, nod, lean forward while listening.)
2. **Share** with the person the content of what they said, along with what you may have heard in their tone of voice.
3. **Ask** the person if you got it right, or if you have misinterpreted what they said.
4. **Clarify.** If they believe you misunderstood, ask them to tell you more about it so that you can understand.



Truly listening to other people takes a lot of energy, and, sometimes, it takes away from a relaxing activity (like watching a movie or game). But active listening is a gift we can give to people that shows them that we care about them, and we want to understand how they feel. It's also something we can use with our colleagues to help them cope with difficult situations and negative events. One way to help others decrease stress is to let them know that you are listening and you understand what they are trying to tell you.

If you ask a friend how they feel, and they shout "I AM FINE", the words and the volume and tone of voice don't match. The message seems to be anything other than "I'm fine". This is not a guessing game where you get points if you guess right. So, if you respond, "you say that you're fine, but you sound angry", and they say they're not angry, but they are sad, you have not lost the game, you have made it clear that you want to understand how the person feels, and that you are listening. You have also given them the benefit of hearing how they are coming off to others. Sometimes we say things in a way that we don't really mean, and this gives us a chance to clarify how we are feeling.

The slide details the four steps to active listening. When you hear someone, you give them feedback (steps 2 and 3) by telling them what you thought you heard or saw in their behavior. Ask if you got it right – if not, ask for more information.

NOTE:

If you have additional time, ask participants to practice active listening or demonstrate by having someone come up and role play with you. Ask the person to tell you about their day so far – model active listening by leaning forward, nodding, and repeating back what you hear and see.

Slide 4.7

Sometimes, We get Angry

- Anger makes sense in many situations
- The issue may not be the anger, but the size of your reaction to the size of the problem
- Use the 1-10 scale to assess:
 - Your friend has been handed one more piece of paperwork at the end of a very, very long day. The paperwork will only take about 10 minutes to complete, but your friend is exhausted and starts shouting about “never-ending paperwork.”

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Sometimes we talk about negative emotions, but the reality is that no emotions are negative until they are out of proportion to the event, they interfere with our relationships, or they interfere with our functioning. It’s ridiculous to think all anger is bad. Anger can motivate us to action, make us stand up for ourselves or others, or validate our feelings about ourselves. And it certainly can make sense in many situations. The issue may not be the anger, but the size of your reaction to the situation. For example, on a 1-10 scale, with 10 being a physical reaction (hitting, shoving, throwing things), where would you rate your friend’s reaction in the scenario on the slide?

Slide 4.8

Anger/Response Scale

1-----5-----10

Size of the Problem

1-----5-----10

Size of the Reaction

1-----5-----10

How Others Might View the Problem

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How big of a problem was it that your friend was asked to fill out 10 minutes worth of paperwork? In general, most people would label that between a 1 and a 3, depending on the situation.

Your friend’s reaction, however, was more like an 8. He/She did not call anyone names, or use any physical actions, but was shouting and complaining loudly.

Anytime the size of your reaction matches the size of the problem, especially if the size of the problem is the same as other people view it, then your reaction will appear reasonable to those around you. In this case, it would be great if your friend could express frustration in a way that would seem reasonable to others, and might lead to some negotiations about doing the paperwork itself. So, the goal is to stop and think before reacting. Mentally measure how big the problem is, and even if it seems huge to you, would it seem huge to other people. Then react in a way that would match the size of the problem. How would you suggest that your friend modify their reaction? [discuss what would be an appropriate reaction in this case]

Slide 4.9

**Before You Express Your Anger,
Think through these Steps**

1. What's your goal in this conversation?
(What's the outcome you want?)
2. How do you want the other person's attitude to be afterwards?
3. How do you want to think about yourself when you're done?

Prioritize, because different priorities lead to different approaches

Linschun, M. M., & Egan, K. J. (1992)

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Another way to do this, especially when you have time to prepare beforehand, is to think through these three questions. Which is most important? Your goal in the conversation? Or perhaps it's how you want the other person's attitude to be after your action is complete? Maybe it's how you want to think about or view yourself the rest of the day.

For example, if I go to the same coffee shop every morning to get a cup of coffee, and the barista shortchanges me:

- My first priority will be to have the barista think I was nice about it because he'll be making my coffee other mornings too.
- My second priority is to be able to feel okay the rest of the day about how I treated the barista.
- Finally, I want the barista to give me my change back but I don't want them to think of me as a problem customer.

However, let's say I'm traveling, and I stop to get coffee and the same thing happens.

- In this situation, my first priority is to get my money back because this is my only chance, and I don't like to be short on cash when I travel.
- My next priority is to not feel like a jerk, because I have to live with myself, but I also want to feel like I advocated for myself.
- Last, I don't really care what the barista thinks about me since I'll never see him again, but I also don't really want to be the start of someone else's bad day.

Law enforcement example:

There is a broken down car on a road with significant traffic.

- In this situation your goal or outcome as a law enforcement officer is to get the car off the road.
- The attitude you want the other person to have is one of compliance.
- You want to know you saved lives and made the road safer.

Module 4 Resources

The handout for this module includes the steps to active listening and the scale used to gauge an individual's reaction. You may wish to post a copy of the scale in the workplace to remind people to examine their reactions. Another idea would be to have participants write down the active listening steps on one side of a post card and the anger scale on the other so they can carry it with them.

Handouts

H4.1 Module 4 – Active Listening and Anger/Response Scale

4 Steps to Active Listening

1. **Listen.** (Make eye contact, nod, lean forward while listening)
2. **Share** with the person the content of what they said, along with what you may have heard in their tone of voice.
3. **Ask** the person if you got it right, or if you have misinterpreted what they said.
4. **Clarify.** If they feel you misunderstood, ask them to tell you more about it so that you can understand.

Anger / Response Scale

1 Small-----5-----10 Huge

Size of the Problem

1 Small-----5-----10 Huge

Size of the Reaction

1 Small-----5-----10 Huge

How Others Might View the Problem

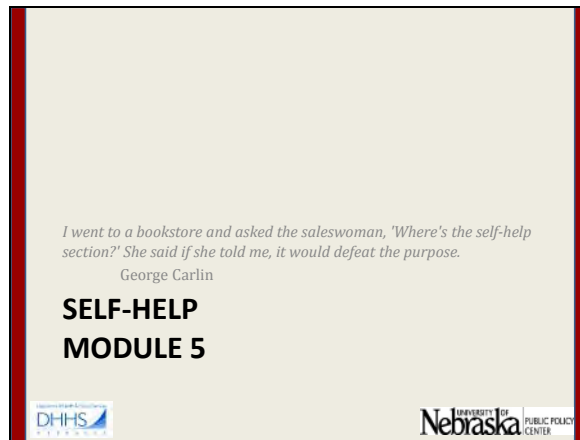
Stop and think before reacting. Mentally measure how big the problem is, and even if it seems large to you, would it seem large to other people?

Module 5 – Self-Help

Personal resilience is enhanced when we take care of ourselves physically and emotionally. This module provides reminders about sleep hygiene and the concept of self-efficacy. The four step problem solving model introduced in module 2 is used again in this module to reinforce its use and to help participants create a personalized list of enjoyable activities. Sometimes when we feel bad, we can increase our resilience and feel better by actively doing something pleasant. It isn't always easy to remember or get in the mood for pleasant activities when we aren't feeling it, so leaving participants with a personalized list they can refer to later is an important part of this module.

Module 5 Slides & Notes

Slide 5.1



Sometimes in our rush to take care of others, we forget to take care of ourselves. It's important to remind ourselves of the techniques we can use that will help us cope.

Slide 5.2

Self-help Techniques

- Do not self-medicate
 - Alcohol is for celebration, not medication
- Go easy on yourself
- Avoid inflated or perfectionistic expectations

The illustration shows a doctor in a white coat talking to a man in a suit. Above them is a thought bubble containing three crossed-out icons: a pill, a glass of alcohol, and a person with a large head, representing unrealistic expectations.

Logos for DHHS and University of Nebraska Public Policy Center are visible at the bottom.

Get medical advice if you believe you need medication. Don't use alcohol as a substitute for medicine. It takes time to evaluate how you will view things after a distressing event has occurred. Don't expect too much from yourself. Expectations that are too high can lead to disappointment and conflict. This is particularly true in regard to a responder's expectations of perfection. When these thoughts are detected, check them against what you would realistically expect from others in your situation.

It is a sign of strength and personal awareness to seek professional advice if personal reactions interfere with normal living. Professional advice may come from a trusted medical professional, a behavioral health professional, or faith leader with appropriate training and/or certification.

Slide 5.3

Self-help Techniques

- Maintain normal schedules
- If you cannot sleep or feel too anxious, discuss this with someone you can trust
- Express your feelings in ways other than talking (art, movement, music, etc)
 - Focus on what you did well or the positive aspects of the experience

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- Maintain as normal of a schedule as possible and resist the urge to isolate yourself.
- Sometimes talking can help move the thoughts to a place in your mind that will allow you to relax and sleep. Talking to someone you trust may also help you decide if you need to seek professional assistance.
- Sometimes it is easier to express your feelings by doing things other than talking. These can be very private, personal activities or they may be shared.

Slide 5.4

Discussion

How do you take care of yourself, when you are tired, overwhelmed, but absolutely have to stay on the job?

- What “routine” or less complicated tasks can you take on as part of your job?

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Taking part in routine tasks can help you relax, experience a sense of normalcy, and help you focus. Generally, it’s recommended that you don’t try to do complicated tasks right after a stressful event. However, that is not always possible. What can you do instead to take care of yourself? And most importantly, how will you remind yourself to take care of yourself?


NOTE:

Engage the group in a discussion or break them into smaller groups (or even pairs) to brainstorm the “routine” tasks that someone who is stressed or tired could take on.

Slide 5.5

Sleep Hygiene

- Keep a regular sleep schedule
 - Go to bed at the same time, get up at the same time
- Avoid exposure to blue light for an hour before bedtime (TV, computers, etc.)
- Have a “wind down” ritual
- If you can’t sleep, get out of bed
- Shift workers should stay awake for a few hours after work (share this with family)
- If poor sleep continues, see a professional



Going to bed at the same time each night and getting up at the same time each morning will help your body recognize when it’s time to sleep. If you have difficulty falling asleep, get up and do something boring, but stay away from light in the blue spectrum as that mimics daylight and will trick your brain into believing it’s time to get up. Lights in the blue spectrum include televisions and computer monitors. Blue Blocker sunglasses (brown tint) can lessen the exposure to this light. It may seem odd, but consider using these if you must use a computer right before bedtime.

Having a particular routine that you do every evening before you go to bed will also help your body recognize when it’s time to go to sleep. That may mean having a snack or reading to your children (or yourself) for example.

If you can’t sleep, or it takes you an hour or two to fall asleep, get up and don’t go back to bed until 15 minutes before the time you’ve generally been falling asleep. Do something routine and fairly boring during that time so you’re not waking yourself up. The next few nights, do not try to go to bed until 15 minutes before you’ve been falling asleep. Begin bumping the time up by 15 minute increments until you have achieved the bedtime you feel is reasonable.

If you work the night shift, treat your “day” the same way day shift workers treat theirs, don’t try to go to bed as soon as you get home. Spend a few hours winding down first.

If these tips don’t help, then see your doctor to discuss other possible causes and treatments.

Slide 5.6

Self-Efficacy
(Belief in your ability to deal with challenges)

- Self-efficacy means reminding yourself that:
 - I will bounce back
 - I can handle this
 - I can handle this day by day, hour by hour, minute by minute
 - If I need help, it's available

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Self-efficacy means that you believe in your ability to deal with challenges. One of the ways to increase personal resiliency is to pay attention to how we talk to ourselves about an event. Remind yourself that you can bounce back or handle this situation, even if it means you can handle just this minute or this hour. You can get through it. Remind yourself that help is available if you need it.

Slide 5.7

Do Something!

Step 1: Define the problem: (Isolation, inactivity, feeling sluggish, etc.)

Step 2: Set the Goal: (increase exercise, take time for a hobby, social activities)

Step 3: Brainstorm: (What do you enjoy doing?)

- Go to the gym or a movie
- Make something, play baseball, go to coffee with a friend

Step 4: Evaluate & Choose an option for action: (What can you do to make this activity happen?)

- Get a babysitter
- Prepare your workout bag, or needed equipment
- Find a workout buddy
- Make an appointment
- Set a schedule

Adapted from National Institutes of Mental Health (2008), Depression (NIH Publication No. 08-3561), available at: <http://www.wellnessproposals.com/mental-health/handouts/nimh/depression.pdf>

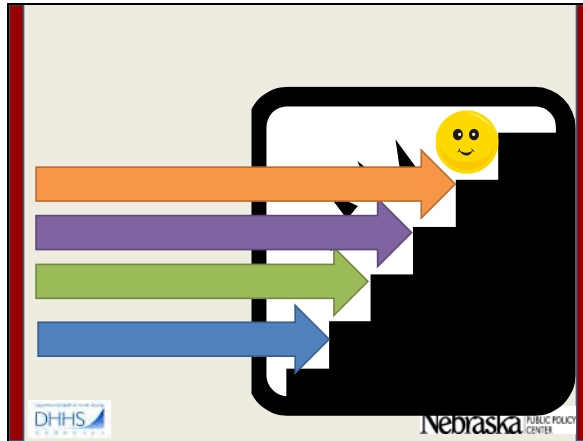
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When people start to feel down, they often withdraw from the people and activities they used to enjoy. Sometimes we say that they are isolating themselves. It's important to maintain our social connections and activities because it helps move us toward feeling better. Essentially this means that you should take part in activities even if you don't feel like it. For people under stress or who are depressed, it takes a lot of energy to move toward something. Use the problem solving method we already learned about how to move towards the behavior you want to engage in.

- First, identify the problem – are you spending too much time alone? Have you stopped doing the things you love to do?
- Second, decide what your goal is – do you want to re-engage in a hobby or get to the gym?
- Third, think of all the activities you could do to move you toward the goal.
- Fourth, look at all the possibilities you came up with and choose one. Make an action plan – schedule it into your day and tell someone so you are accountable for your choice.

Slide 5.8



NOTE:

This activity illustrates how the four step problem solving process can be used. It also results in a list that participants can take home and use for self-care now. Remind participants that they can pull this list out later if they are stressed.

Step 1 – Give them the problem for this exercise: They have stopped doing things that used to be fun.

Step 2 – Give them the goal for this exercise: Start doing things again that they enjoy.

Step 3 – Ask participants to quietly brainstorm, making a list of at least 5 enjoyable activities, three of which should be activities with other people.

Step 4 – Ask them to pick one thing on their list that maybe they have not been doing as often as they'd like, and then make a list of things that they can do to make the activity more likely to happen.

Slide 5.9

Remind yourself about what has worked in the past

- How were you able to overcome obstacles you have faced?
 - What actions did you take?
 - What did you tell yourself about the experience?
- Were there particular people who were helpful?

The slide includes logos for DHHS and the University of Nebraska Public Policy Center.

It helps to remind ourselves about what has worked for us in the past. When we are under stress it is easy to forget how we have successfully dealt with problems or stress in the past.

Take a moment to think through an experience you had in the past that was stressful. Ask yourself these questions: How did you overcome the obstacles you faced during that time? What actions did you take that helped you to feel more in control? How did you talk to yourself about the experience? And were there particular people who were helpful to you? If so, in what way? Could they be a source of support in the future?

Slide 5.10

Healthy avoidance

- Going to the scene of the incident
- Memorials
 - If you can't avoid them, have a plan to handle the situation
- Media
 - Don't read online reports about what happened, especially where the public can comment
 - Let others screen your television viewing for the time being
 - Screen your telephone calls in case media is trying to get something from you

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There is some evidence that revisiting the scene of an incident or repeatedly going to memorials can increase the problems people have after an incident. Constant reminders may not be good for some people. Only go to those memorials that are particularly meaningful to you. Think carefully about what you hope to accomplish by revisiting the scene of an incident, and how you will cope with the scene when you return. Make a plan and follow it.

Avoid media reports about the incident, especially if there is criticism of your role, or your agency's role in the event. There is nothing you can do about the reports in the media, and exposing yourself to Monday Morning Quarterbacking can make you feel hurt and powerless. Especially avoid online content where anyone can comment on the story. It's very easy to be hypercritical when posting anonymously and there is no reason to expose yourself to the comments of people who do not have your training or experience and were not involved in the situation.

Sometimes media will try to get you to make a statement that you are not ready to make. Screen your calls or send all unfamiliar calls to voice mail. This helps you avoid being put on the spot by media.

Slide 5.11

Unavoidable exposure

- Discussion
 - What do you do when you can't avoid event reminders or places? (For example, what if the event happened in your workplace?)
 - What would your plan for handling this include?

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Generally, in critical events, it is not recommended to keep visiting the scene of an incident, but if the incident happens at the workplace you can't avoid the scene. Plan in advance how you will take care of yourself and handle the thoughts and memories of the event that may be triggered when you return to the workplace or scene of the event. For example, you could have someone you trust go with you to the scene the first time you

go back or you could have a safe place to retreat to when feelings overwhelm you. What else has helped you with these situations in the past?

Slide 5.12

Seek assistance from a professional if:

- You have extreme difficulty talking about your feelings
- Your personal reaction is distressing you
- Anxiety, depression, sleep problems, or irritability last longer than 2 weeks, or interferes with your functioning
- People around you suggest you see someone

Uniformed Services University of the Health Sciences, Center for the Study of Traumatic Stress (CSTS), Bethesda, MD.
http://www.cstsonline.org/wp-content/resources/CSTS_FS_Mass_Death.pdf

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You might find yourself having some very strong reactions to some of the work you must do as part of your job, particularly in mass casualty events. So, when do you know that you need to see someone? Seek out a professional if you find you have difficulty talking about the event or are uncomfortable with how you are reacting to it. If your reactions are interfering with your ability to function, either at home or on the job, see a professional. And if you have anxiety, depression, irritability or sleep problems that last longer than 2 weeks, get help. One quick way to find a qualified professional is to consult with your insurance carrier. They will likely have a list of physicians and counselors that will accept your coverage. Another way is to go through your employee assistance program. In Nebraska your department may also contact your Regional Behavioral Health Authority in advance of an incident to get a list of providers who are interested in and qualified to work with responders.

Module 5 Resources

There are a number of simple suggestions from this module you can post around the workplace or put in a newsletter. For example: “Alcohol is for celebration, not medication” or “I can handle this day by day, hour by hour, minute by minute.” You may also wish to brainstorm as a group or consolidate some of the items from individual lists of things people enjoy (see slide 5.7) and put it on a larger list that is posted for everyone to see. This may serve as a reminder of enjoyable activities for everyone. The handouts for this module may also be posted in the workplace. Consider modifying Handout H5.1 to include the name and number of your Employee Assistance Program contact or the counselor(s) your department recommends or has a relationship with.

Handouts

H5.1 Module 5 – Sleep Hygiene, Self-Efficacy, Seeking Help

Sleep Hygiene

- Keep a regular sleep schedule
 - Go to bed at the same time, get up at the same time
- Avoid exposure to blue light for an hour before bedtime (TV, computers, etc.)
- Have a “wind down” ritual
- If you can’t sleep, get out of bed
- Shift workers should stay awake for a few hours after work
- If poor sleep continues, see a professional

Self-Efficacy

Self-Efficacy means reminding yourself that:

- I will bounce back
- I can handle this

“I can handle this day by day, hour by hour, minute by minute”

“If I need help, it’s available”

After an incident

Do something enjoyable – even if you don’t feel like it

Remind yourself what has worked for you in the past when you dealt with similar situations

Avoid returning to the scene of an incident if possible

Seek assistance from a professional if:

- You have extreme difficulty talking about your feelings
- Your personal reaction is distressing you
- Anxiety, depression, sleep problems, or irritability last longer than 2 weeks, or interferes with your functioning
- People around you suggest you see someone

Module 6 – Disasters and Mass Casualty Events

Disasters and mass casualty events are out of the ordinary and increase the likelihood that resilience is tested. Presenting this module ahead of any disaster can increase resilience by reminding responders of their coping skills and how disasters and mass casualty events are different than most other critical incidents they routinely encounter. Normally this module will take between 15-20 minutes to present, however if it is being presented after a disaster has occurred there may be more interest and discussion that could extend the time. Following a disaster or mass casualty event it is a good idea to re-introduce this module to responders even if they have been presented with it in the past.

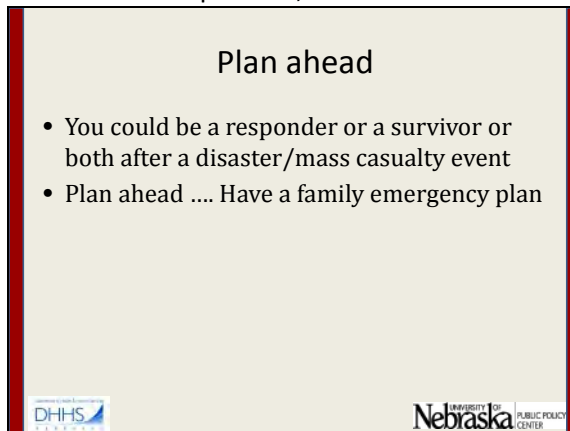
Module 6 Slides & Notes

Slide 6.1



You plan, train and exercise for possible disasters or mass casualty situations. Regardless of what we plan, something will happen we did not anticipate, resources may be more limited than we planned, or someone takes over and uses their own plan.

Slide 6.2



In rural areas it is not unusual for responders to also be impacted by the disasters they respond to. Plan ahead and make sure you have a family emergency plan. If you plan to respond you should prepare your family for this and ensure they have what they need and know what to do when you are on the job.

Slide 6.3



Responder stress after large events is impacted by the way the community as a whole is coping. This slide was taken from the FEMA/SAMHSA training program for crisis counseling programs. The graph is a simple model of the community (rather than individual) reactions to disaster. Communities progress through these phases at different rates depending on the type of disaster and the degree of individual exposure. The graph line represents emotional highs and lows.

Community emotions are largely positive (high) immediately after the event as everyone pulls together. Inventory is the process by which communities and individuals take stock of what has happened and what they have available to help them recover. The cohesion felt right after the event often erodes as the community realizes how much has to be done and what they need to fully recover. Community members become disillusioned and emotions such as frustration, anger or sadness become more common.



Trigger events can happen in any phase following the onset of a disaster, but are more typical in the latter phases—after the reality of the event has set in. Trigger events vary by disaster, community, and individual, but some trigger events can be predicted. For example, upsetting reports in the media about survivors' suffering or shortcomings in the disaster response can increase stress in individuals and communities. Anniversary reactions are often responses to trigger events that occur around the one year mark of the disaster event. While each disaster is different, experience with past disasters has shown that disaster event anniversaries are often accompanied by painful memories and potentially stressful media, political, and community attention. Some of these reactions are predictable and can be planned for. Working through grief is the process of coming to terms with disaster losses, developing constructive coping strategies, and building a new post-disaster life. This process can sometimes take years.

Setbacks are trigger events that occur in the reconstruction phase. Examples include recurrence of a disaster or reports in the media of new painful information related to the disaster. A community's sense of recovery—of having come to terms with the disaster—can be damaged by these unexpected setbacks.

Slide 6.4

Disillusionment Phase Tips

- Remember that criticism of the response may be focused on you
- Just because you're the target, doesn't mean you should take it personally
- Try to look at the criticism objectively and make decisions about what you can do differently next time



The disillusionment phase is especially long and difficult for many communities and responders. It's one thing to understand that the disillusionment phase is normal and expected. It's another thing when the criticism is pointed at you or your agency, especially when you have been working as hard as you possibly can.

At those times, remind yourself not to take it personally, even if it seems that you are the focus of the criticism. People in this phase of disaster are frustrated. You (or your agency) are part of the disaster to them, and so may they react, or possibly over-react, to you.

It's always a good idea to let the criticism calm down a bit, and then reflect on whether any of the criticism is accurate. Are there things you can learn from this situation? Something you could do differently next time? Or something you have learned that you can now apply to your day to day life?

Slide 6.5

Self-Care during Mass Casualty Response/Recovery

- Talking with others during down time is important – it helps prevent getting lost in your thoughts
- Take breaks away from the sights, sounds and smells of the incident site
- Expression of strong emotions is normal and honorable. Don't mistake an expression of feeling as a weakness

Uniformed Services University of the Health Sciences, Center for the Study of Traumatic Stress (CSTS), Bethesda, MD.
http://www.cstsonline.org/wp-content/resources/CSTS_FS_Sustained_Care_Giving.pdf

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During mass casualty events, there is very little time for breaks. When you do get a break, try to achieve a balance between rest and socialization. Isolating during breaks can increase the likelihood of getting lost in your own thoughts which can become negative. Take breaks from active response away from the sights, smells and sounds of a scene if you can. When you are at break during an event, don't push co-workers to talk about what they have experienced, instead talk about something other than the event you are in the middle of.

You might find yourself being tearful or angry. These are common reactions and are not only to be expected, but the ability to express strong emotions is a sign of strength.

Humor can help release stress (remember to do it in private, away from survivors or the media). Try to keep the off-color or dark humor to a minimum. During times of low stress, practical jokes are fun, in high stress situations they can be misconstrued and are not advised. Last and most importantly, this is a time to support each other. Don't pick on each other now – save your criticism and practical jokes for lower stress situations.

Slide 6.6

Common Reactions after Mass Casualty Response/Recovery

- Strange dreams/nightmares
- Feeling tense
- Intrusive memories

Share your reactions with people you trust.

Uniformed Services University of the Health Sciences, Center for the Study of Traumatic Stress (CSTS), Bethesda, MD.
http://www.cstsonline.org/wp-content/resources/CSTS_FS_Mass_Death.pdf

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It's common to have reactions after a mass casualty event. In particular, you might find yourself having intrusive memories during the day, or strange dreams or nightmares when sleeping. You may feel more tense than usual. Share those reactions with your loved ones, they will notice you are acting differently anyway. Attempts to hide your feelings can cause distance in a relationship, and does not allow your natural support systems to help you after a mass casualty event.

Slide 6.7

Slide 6.7 is a presentation slide with a light beige background and a dark red border. The title "Focus on Strengths" is centered at the top in a bold, black font, with the subtitle "(Personal Hot wash)" directly below it. A bulleted list contains three questions: "What did I do well?", "What personal strengths helped me through this situation?", and "How can I do things differently in the future?". At the bottom left is the DHHS logo, and at the bottom right is the University of Nebraska Public Policy Center logo.

Response groups typically hold an operational hot wash, debriefing, or after-action session following an event's conclusion. Consider adding to the general conversation by identifying what your group did well in addition to the areas needing improvement. It's also important to do your own personal hot wash after an event. Take an inventory: What did you accomplish that you are proud of, even if no one else noticed it? What personal strengths or attributes helped you cope and do your job in this situation? And how can you use what you learned from this incident to help yourself in the future?

Slide 6.8

Slide 6.8 is a presentation slide with a light beige background and a dark red border. The title "Activity" is centered at the top in a bold, black font. A bulleted list contains three items: "Make a list of your personal strengths" (with sub-points: "Keep this list in a place you can access later", "Add to the list when you discover new strengths", and "Refer to the list when you doubt yourself"). At the bottom left is the DHHS logo, and at the bottom right is the University of Nebraska Public Policy Center logo.

NOTE:

This activity serves two purposes. First, it requires participants to reflect on their own strengths. Have them make a list privately, they will not be asked to share it. Ask that each person put at least five things on the list. Give them these or your own examples – "I am a good listener; I am physically strong; I have deep faith; I have a good sense of humor; I am smart."

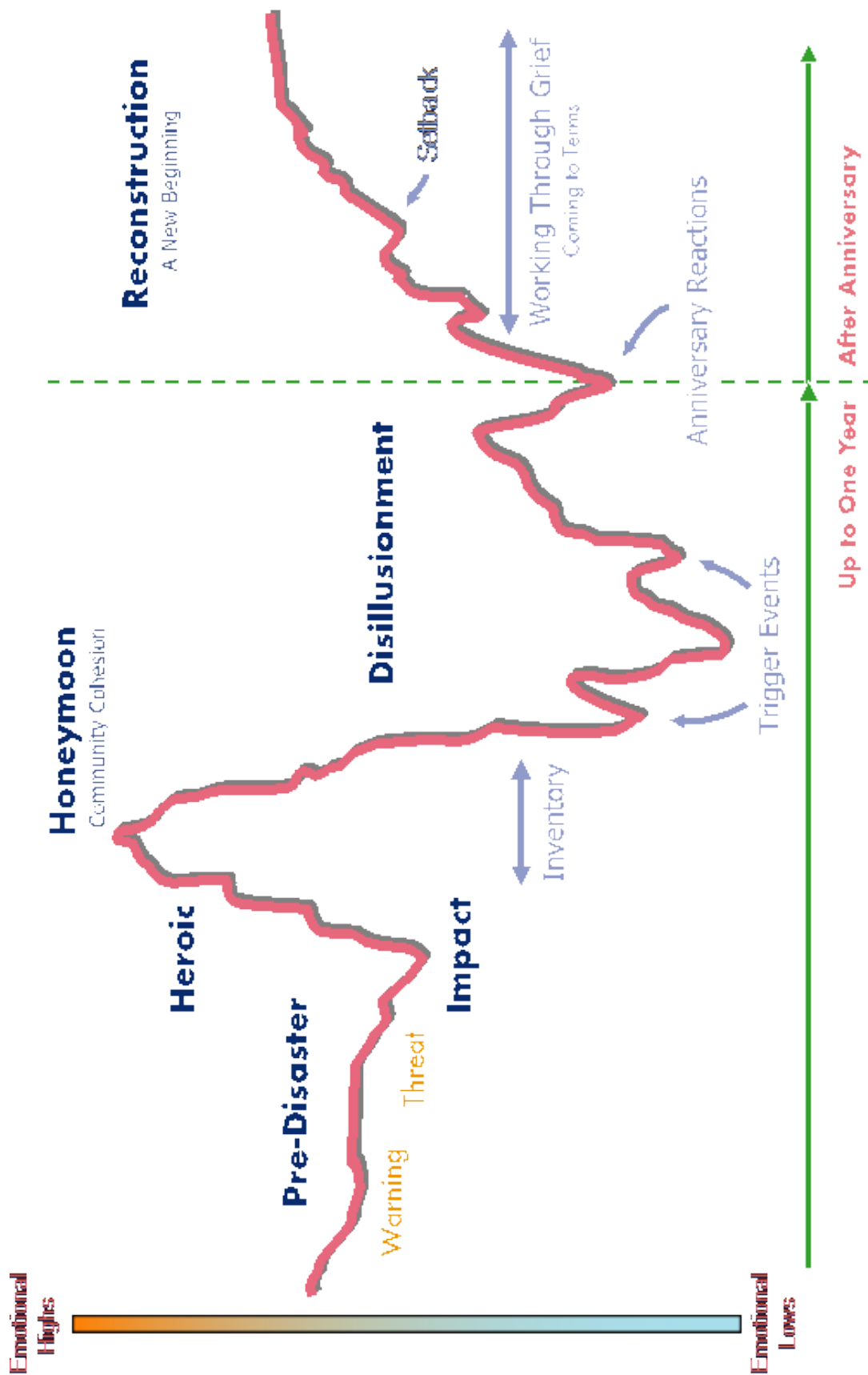
Ask that they keep the list somewhere they can find it later. This list can be a good reminder when you doubt yourself and when you do a personal hot wash. Tell participants they can and should add to the list over time. Focusing on strengths is not boasting, it is a way to remind ourselves what personal reserves we can draw on when things are difficult.

Module 6 Resources

The primary handout for this module is the phases of disaster (slide 6.2). Use this handout when discussing this module. It is especially important that you bring out this handout when the disaster or mass casualty event is your community. Consider posting it prominently and regularly asking fellow responders what phase of disaster they believe the community is in.

Handouts

H6.1 Module 6 – Community phases of Disaster



Crisis Counseling Assistance and Training Program (2000)

Module 7 – Self Talk

This module provides basic information about ways to adapt thinking so it is helpful rather than harmful. It explores the links between behavior, thought and emotions and how to become aware of our self-talk, realistically evaluate it, and change it if necessary. Therapists refer to the work they do with self-talk (thoughts), behavior, and emotions as Cognitive Behavior Therapy. This module takes a little longer to present than the others because the topic can be somewhat complicated to explain. If you don't have an hour to present the material, you may want to present slides 1-7 in one sitting and 8-17 in another, allotting 20- 30 minutes for each.

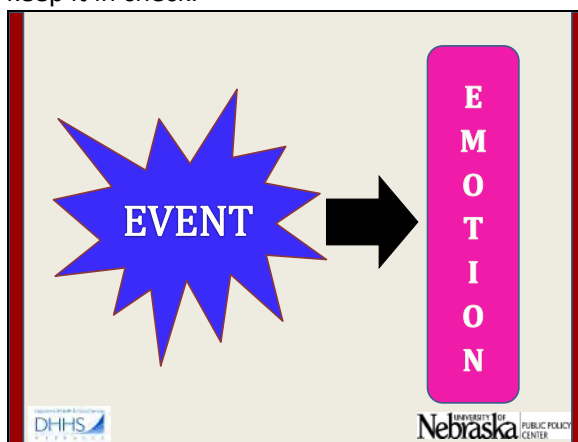
Module 7 Slides & Notes

Slide 7.1



The way we talk to ourselves about an event is a major influence on the emotions we feel about it. In this module, we'll discuss how to tune in to that "self-talk" and how to keep it in check.

Slide 7.2




Most people think that an event happens, and then we have an emotion as a reaction to it.

Slide 7.3

Walking through a store, you see a friend walking toward you, you say hello, but the friend doesn't acknowledge you.

What emotion are you experiencing? How do you feel?

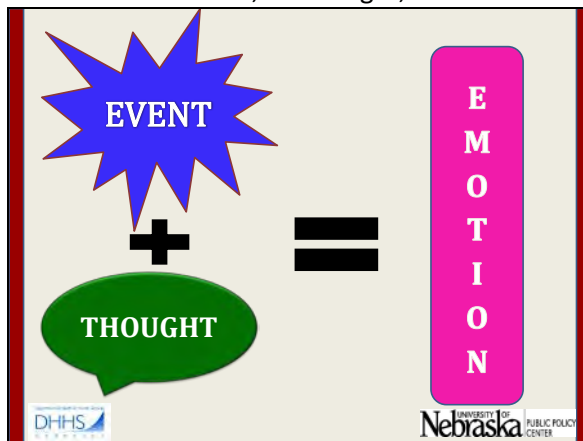


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Imagine you are walking through a very crowded store. You see a friend walking toward you and you say hello, but the friend doesn't respond and keeps walking. How would you feel?

NOTE: Elicit several reactions from the group. Make sure to point out when someone states self-talk ("I'd feel ignored") versus a feeling ("hurt"). Try to ensure the range of emotions is included, from anger, to sadness to being neutral.

Slide 7.4



Self-talk is how we think about a situation and what we say to ourselves about it. It is the step between the event and the emotion that can occur so quickly it is often not detected. The self-talk or thought that you have about an event is actually what determines the emotion you feel.

So, for the person who is not acknowledged by a friend at the store feeling hurt, the self-talk may be "why doesn't she like me anymore?" Someone who reacts with anger may be thinking "She is purposefully ignoring me!"

Slide 7.5



Our behavior, thoughts and emotions interact, all acting on each other. The important point about our thoughts, our self-talk, is that we talk to ourselves all the time. It's like a radio that's on, and after a time you may not even realize the radio is playing until you hear a song you really like, or maybe really hate.

Many of our thoughts can be automatic, so that we are not aware of them. Tuning into self-talk is a lot like tuning in more precisely to a radio station. Then, once we become aware of what it is we are saying to ourselves, we can look at whether our self-talk is realistic or not. This doesn't mean always thinking positively. There are many situations without a positive side. There is, however, a realistic way of considering them.

NOTE:

Before you go on to the next slide share an example to illustrate the relationship between the event and this triangle.

The Event – It's raining

Thought #1 – The farmers need the rain – I like the smell of rain – it sure will be good for my garden.

Feeling arising from thought #1 – peace and gratitude

Behavior arising from feeling and thought #1 – pleasantness with other people, smiling

The event is the same, but substitute a different thought:

Thought #2 – I was planning to go to the lake today, now the rain has ruined it. I hate grey days. Now I have to change my plans and do something I don't want to do. I was really looking forward to the lake.

Feeling arising from thought #2 – irritation and sadness

Behavior arising from feeling and thought #2 – grouchiness; frowning; withdrawal

The rain hasn't changed, the scene is the same, but two very distinct sets of thoughts, emotions and behaviors result.

Slide 7.6

	What you think	How you feel	What you do
Friend is late for dinner	He's mad at me.	Worried or anxious	Hide, or ask other friends what you did wrong
	He is wasting my time!	Annoyed or angry	Act cold, be accusatory, etc.
	Oh well, I'm not that hungry	Indifferent	Nothing in particular
	Typical - what a goof!	Amused	Relaxed and enjoying self.

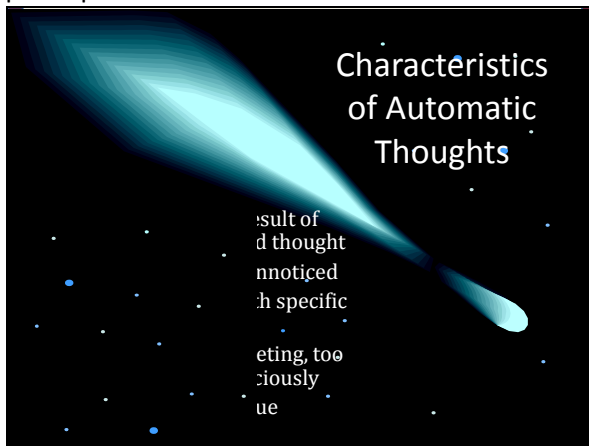
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Here's another example of a situation and the way a person's self-talk might change how they feel, and even how they act on those feelings.

NOTE:

You may go through this slide one line at a time eliciting reactions from participants as you go OR view the entire slide as a whole and ask for additional feelings or actions from participants.

Slide 7.7

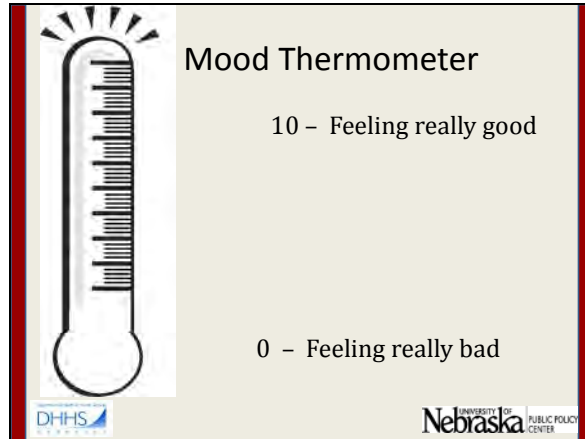


Our self-talk can be so automatic that we don't even realize we've said it to ourselves; but we get the echo of the thought through our emotions. It's like we see the tail of the comet, but not the comet itself. When we do become aware of the thought, we tend to take it as "the gospel truth" and forget that it is really only an opinion, and maybe an inaccurate opinion at that.

NOTE:

Take a moment to allow participants to read the slide. We usually become aware of a specific emotion before we are aware of the thoughts behind it

Slide 7.8



One way to determine if it is time to pay more attention to self-talk and thoughts is to gauge how you are feeling - being aware of the intensity of your mood. We can use a scale of 0-10 when talking about how good or bad we feel. Zero is feeling the absolute worst you've ever felt and 10 is feeling the happiest. Five is neutral; you're not happy or sad. There's quite a difference between being just sort of happy at a 6 and being ecstatic at a 10. We expect most of our emotions to clump around the middle range, from 3-7. But when our emotions are hovering from 0-3, it is an indicator that there may be a problem and it is time to look more closely at what we are telling ourselves.

Slide 7.9

1. Identify Self-Talk

The first step is to slow down your thinking and try to become aware of your thoughts

- What are you saying to yourself about what happened?
- About yourself?
- About what you did?

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Since we've been listening to the same self-talk radio for all of our lives, it can be hard to tune in to our self-talk initially. Step one is to slow down so you can become more aware of what you telling yourself. Ask yourself these questions: what am I saying to myself about what happened? What am I saying about me in this situation? Or about what I did during this event?

Slide 7.10

Dropping Jar in Grocery Store

- What's your first thought when you drop and break a jar?
- What does this mean for you?
- If you don't know what you thought, then how did you feel? Angry, embarrassed, amused?



The illustration shows a woman with dark hair, wearing a red beret, an orange jacket, and blue pants, pushing a shopping cart. She is looking down at a jar she has just dropped from her hands. The jar is broken into several pieces on the floor. The cart is filled with various groceries, including a green bag, a yellow bag, and several jars. In the background, there are shelves with colorful jars. The scene is set in a grocery store.

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Let's try to identify self-talk in this example – You are in a grocery store and a jar slips from your hands and breaks loudly on the floor. In this example what emotions arise and what self-talk might be at work? What was your first thought? What does this mean for you? Does it mean you are a klutz? Or is your reaction more neutral, like “Oh well”? If you don't know what you thought, then how did you feel? Angry, embarrassed, amused?

NOTE:

This discussion may be in the large group or you could break into smaller groups. If you choose to use small groups get a sample of answers to the questions you asked from several of the groups.

Slide 7.11

2. Identify Mistakes in Thinking

- We often have thoughts about things that are not based in fact
- These thoughts can make us feel bad
- They may be things you would never say to a friend, but you say them to yourself

Changing the way you think, makes you more immune to what people say to you that hurts you, or makes you mad, etc.

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Step two is to catch any “mistakes” in thinking that are leading to difficult emotions. The thoughts that go through our head are not always based on facts. If these are negative thoughts, they lead to emotions that make us feel even worse, creating a downward spiral. Most of the time, the negative things we say to ourselves are things we would never even imagine saying to a friend.

If you change the way you think, or talk to yourself, it will make you more immune to feeling bad when the situation doesn't warrant it.

Slide 7.12

Don't Let Your Self-Talk Get in the Way of Letting People Support You

- Telling yourself that other people look down on you for how you handled yourself only increases how badly you feel
- Your self-talk may not be based on facts
 - Look at the facts
 - Check out perceptions with others
 - Avoid media accounts/comments on websites

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It's amazing how often we take our negative opinions of ourselves as the truth, but completely discount the positive opinions of others. We think "they don't really know me that well" or "He wouldn't say that if he knew the real me". Telling yourself that others look down on how you handled a situation is only going to increase how badly you feel. What evidence do you have that someone is looking down on you? What are the facts? If someone did say something negative to you, do other people feel the same way, or is it just one person's opinion?

If the critical event is serious enough, there will be media coverage. Do yourself a favor and avoid the media coverage, and especially the comments that the community writes in response to the coverage. Everyone has an opinion, but unless they were there, with your training, seeing and hearing the same things you heard, they have no idea how you arrived at the decisions you made. The guy sitting in the recliner watching the Super Bowl isn't a coach for a reason, and you don't have to listen to his advice.

Slide 7.13

Mistakes in thinking

- Black and White Thinking
 - I can't stand anyone who votes (fill in the blank)
- Jumping to Conclusions
 - I know she thinks I didn't do the job right because she frowned
- Catastrophizing
 - I'm going to be fired
- Dismissing the Positives
 - Anybody could have done what I did, it's no big deal

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Everyone says negative things to themselves. We call saying negative things to ourselves that don't make sense "mistakes in thinking" or "cognitive distortions". These are so common they fall into the general categories.

Black and White thinking is when we see things in an "either/or" way. We don't see the shades of gray. So we dislike everything about a person because of one behavior or characteristic such as their political party affiliation, or where they live for example.

Jumping to Conclusions occurs when we think we know what other people are thinking,

based on very little evidence. Maybe we saw a look on their face, or maybe we even assumed this is how someone might think.

Catastrophizing refers to believing that one little thing means that something terrible is going to happen. It's the automatic thought we have when we see a patrol car behind us and assume we were speeding and immediately find ourselves tapping the brake.

Dismissing the Positives means that we deflect compliments. We assume that the person didn't really mean the compliment, or that it's impolite to acknowledge our strengths or our accomplishments. We don't see the good things about ourselves.

Slide 7.14

Mistakes in thinking (continued)

- **My Fault**
 - If I hadn't (fill in the blank), that person would have lived
- **Should/Must**
 - They should do things differently, the way they do them now is stupid
- **Emotional Reasoning**
 - I don't feel like working, I think I'll just stay home

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My Fault – this is when we assume that we are responsible for the emotions and comfort of everyone around us. It also can be that we feel guilt over our actions and assume that it led to a negative consequence for others, when we may have had no influence over the situation at all.

Should or Must can be heard when we speak. “I should have done this”. “I must get this done”. When they are directed inward, they tend to cause anxiety. When they are directed toward others, it tends to cause anger.

Emotional Reasoning is when we use our emotion to justify our action. “I don't feel like studying, I'll wait until I do”. It is also used to justify how we feel about ourselves. “I feel stupid therefore, I must be stupid”.

Slide 7.15

3. Look at the Evidence

<p><i>Facts Supporting Self-Talk</i></p> <p>What are the FACTS that she thinks I didn't do the job right because she frowned?</p> <ul style="list-style-type: none">• She frowned	<p><i>Facts Disputing Self-Talk</i></p> <p>What are the FACTS that she isn't unhappy with how I handled the job?</p> <ul style="list-style-type: none">• She always frowns• She said “thanks for all you did”• Several other people thanked me• I followed procedure
--	--

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Step 3 is to look at the evidence. Use a two column method to go over the facts. In one column, put the facts that support your self-talk. In the other column, put the facts that do NOT support your self-talk.

It's not the number of facts in each column that is important; it's the strength of the facts. If the fact in the supporting column had been "She said 'you really messed that up'" rather than "she frowned" the numerous facts disputing self-talk may have been negated. "You really messed that up" is much stronger than just frowning and seems to support the self-talk that she doesn't think you did the job right.

Slide 7.16

4. Develop a New Thought
Based on the Facts

- Realistic counter-thoughts may change the way you feel
- Realistic does not always mean positive
 - Utilize questioning
 - Evidence
 - Other's viewpoint

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Once you have all the facts, ask yourself what is a more realistic way to think about the situation? If the facts do not support the self-talk, what can you say to yourself instead? Realistic self-talk does not mean being all positive and sunshine. There isn't always a positive way to look at things, but there may be a realistic way, which may lead to more neutral emotions rather than negative emotions.

If you think of a new thought, and it doesn't change the way you feel, you may not have addressed your entire negative self-talk. At that point, it may mean you need a professional to help you through all the thoughts. We often have multiple layers of thoughts that can get messy and tangled up. Having a professional help you work through those thoughts may be helpful.

Slide 7.17

Save the Shoes

http://www.ted.com/talks/mark_bezos_a_life_lesson_from_a_volunteer_firefighter.html

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This TED Talk features a firefighter telling a story that provides a great example of how his negative self-talk after a response to a fire was reframed by a letter from the survivor months later.

http://www.ted.com/talks/mark_bezos_a_life_lesson_from_a_volunteer_firefighter.html

http://video.ted.com/talk/podcast/2011U/None/MarkBezos_2011U.mp4ghter.html

NOTE:

Playing this video requires an active internet connection.

Module 7 Resources

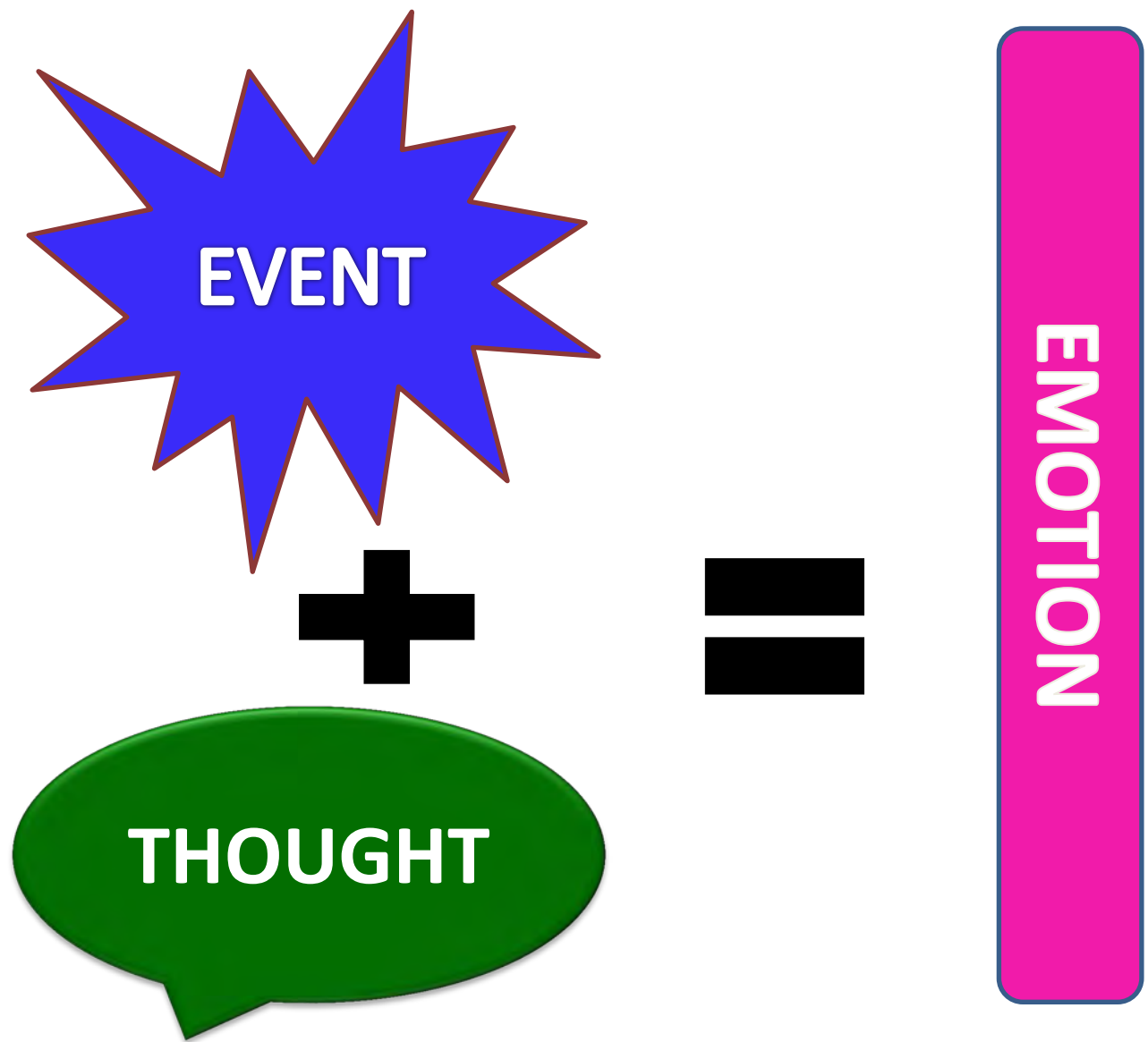
There are two handouts for this module. The first handout includes the graphics used to illustrate the relationship between emotions (feelings), thoughts and behaviors. When you are explaining these relationships consider creating a table on the blackboard or whiteboard similar to or using the information on slide 7.6.

The second handout contains information related to changing self-talk, including the common mistakes in thinking. Posting this in a prominent place can help remind peers of the information you are going over related to this topic.

Handouts

H7.1 Module 7 – Self-Talk Graphics

H7.2 Module 7 – Changing Self-Talk



Steps to challenge your self-talk

1. Identify self-talk
 - a. Relax
 - b. What are you telling yourself about what happened? About you? About what you did?
2. Identify “mistakes in thinking”
3. Look at the evidence
 - a. Examine the Facts that support or dispute your self-talk
4. Develop a new thought based on the facts

Common mistakes in thinking

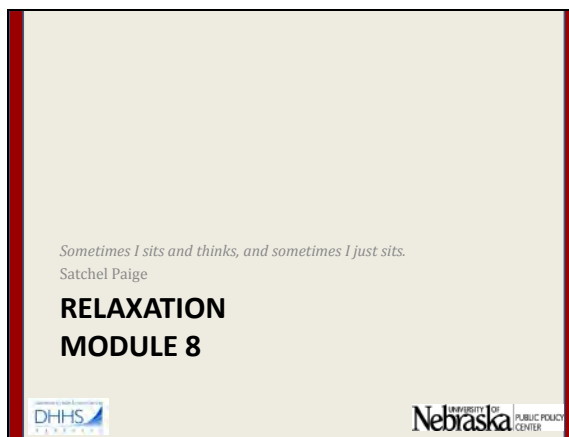
Black and White Thinking	"I can't stand...."
Jumping to Conclusions	"She frowned, I must have been wrong"
Catastrophizing	"I'm going to be fired"
Dismissing Positives	"Anyone could have done what I did"
My Faults	"If I hadn't have done X, Y wouldn't have happened"
Shoulds & Musts	"They should do things differently"
Emotional Reasoning	"I don't feel like working, I think I will just stay home"

Module 8 – Relaxation

Relaxation is a strategy to cope with stress and a tool to increase individual resilience. Module 8 is designed to take no more than 25 minutes to present and includes skills such as activity scheduling and relaxation techniques. The role of humor as a way to increase resiliency is also touched upon. The links between feelings, thoughts and behaviors introduced in previous modules are expanded on in this one with a focus on behaviors.

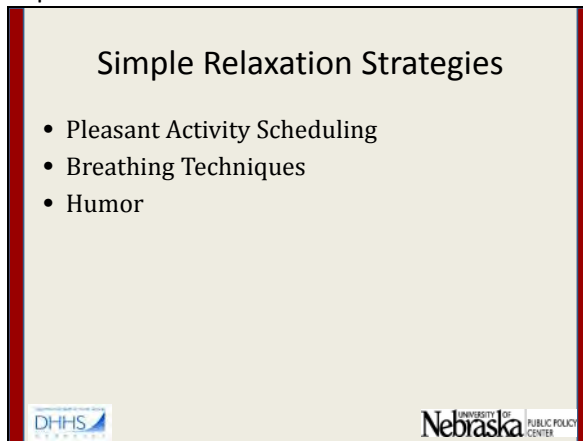
Module 8 Slides & Notes

Slide 8.1



One major coping skill that many of us forget when we are stressed is relaxation. It's important to remind ourselves to use relaxation strategies when we are under stress.

Slide 8.2



This module reviews three simple ways to improve relaxation – an essential first step in problem solving and in monitoring self-talk.

Slide 8.3

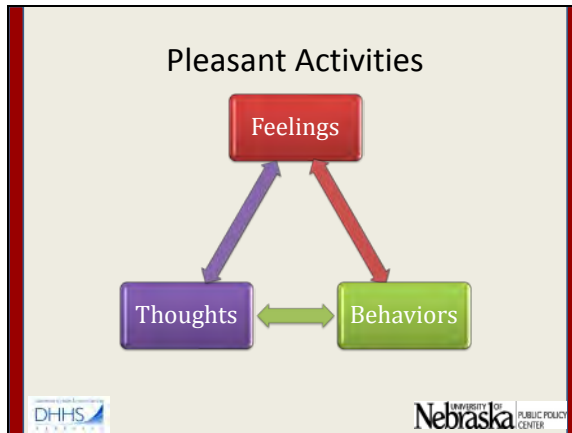
Engage in Pleasant Activities

- Activities should be:
 - Active
 - Social
 - Inexpensive
 - Not harmful



Sometimes, our impulse is to isolate when we are under stress. We mistakenly believe that this will help us to “recharge.” While rest is important, and is needed even more by introverts than extroverts, it is only one part of recharging. We need to do something active to get us moving, and preferably, out of the house. At least some of our activities should be social (with at least one other person). This helps draw us out of our own thoughts. It’s much more realistic and achievable if the activity is inexpensive, so it becomes something we can do frequently. And of course, it should not be risky, or harmful to us or others.

Slide 8.4



This chart is one way of showing the connection between thoughts, feelings, and behaviors to illustrate the rationale for engaging in pleasant activities. If we are sad it was as easy as saying to ourselves, “I don’t want to feel sad, I think I’ll change my feeling,” then we would all do that. We all know it’s not that easy.

In order to modify feelings, we typically need to modify our thoughts and/or behaviors. Simply increasing pleasant activities can have a positive impact on mood. It’s probably the simplest way to improve mood and reduce stress. By doing something pleasant we are modifying our behavior, which in turn can lead to more positive thoughts and adaptive emotions.

NOTE:

Use this example if needed to illustrate how behavior can impact how we feel.

I have a flat tire on the way to work, am late for a meeting and have the beginning of headache. One option would be to stomp into work looking

stressed and harried. My behavior is seen by others as a signal to stay away – and all day long people avoid me. As a result I continue to feel lousy and my self-talk that it is not my day is reinforced.

Imagine the same situation (flat tire, late, headache). This time I opt to fake it – smiling as I come into work, acting as if nothing is wrong – even though I am still feeling stressed. This time my co-workers smile at me and treat me as if it is a normal day and that they are happy to be around me. As a result I am included in conversations, asked to lunch and the day unfolds much better. By changing my behavior I influence how I feel by influencing how others treat me. This is the same way it works when we engage in pleasant or fun activities even when we are not feeling light hearted. Sometimes we have to take action and thoughts/feelings follow.

Slide 8.5

Scheduling Pleasant Activities

- Doing fun things provides balance in our lives
- Pleasant Activities make us healthy
- We are social animals, some need to be with people more than others, but we all need it now and then
- You may need to schedule the activities into your daily/weekly schedule to make sure you follow through

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As you plan pleasant activities, it is important to actually schedule the events in a calendar. We may think about calling a relative or going to the gym, but are usually more likely to follow through with our good intentions if we commit to a specific time to do it.

Activity:

Ask the group to brainstorm – coming up with at least one activity they find pleasant that involves at least one other person. Tell them they can write down ideas from other group members to start a list of potential pleasant activities they can refer to later. (Tell group members they can pull out this list for themselves or their co-workers. After a critical event or in the aftermath of a disaster response it is more difficult to generate a list like this. Group members may wish to keep the list handy so they can add to it during non-stress times.) Have group members commit to adding one pleasant event to their upcoming week's schedule.

Slide 8.6

Slow (Tactical) Breathing

- A style of breathing that reduces physical tension and anxiety.
- When anxious, people often breathe faster and take in more oxygen (in preparation for fight or flight). However, if we are not under threat, what we really need to do is take in less oxygen and slow down our breathing.
- Practice the breathing so that it comes naturally when under stress.

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For breathing that produces relaxation, the main focus is on slowing down breathing and exhaling. Responders may refer to this as tactical breathing or physiology and emotion-regulation through breathing.

People who are anxious tend to take rapid, shallow breaths, bringing in too much oxygen which can lead to hyperventilation. So we usually tell people who are upset to “breathe” or “take a deep breath”. Taking a deep breath to most of us usually means taking a deep breath in (and thus more oxygen), which is actually the opposite of what helps. Instead, you should exhale slowly. When stressed, focus on exhaling and slowing down your breath rather than inhaling.

Slide 8.7

Slow Breathing Instructions

- Get into a comfortable position
- Take a normal breath in through your nose
- Exhale slowly through your nose or mouth
- Optional:
 - When exhaling say CALM, RELAX, or EXHALE
 - Count to 4 then take next breath
- Practice several times a day, 10-15 times at each practice

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NOTE:

You should practice leading this exercise and get comfortable with it. You should demonstrate use of the technique with the audience as a training exercise.

Activity:

First get into a comfortable position. It’s usually recommended that you put both feet on the floor, depending on the type of chair you’re using, and just get into a comfortable position with your back fairly straight. Close your eyes if you are comfortable doing so. Take in a **NORMAL** breath – not a deep breath – through your nose. Then exhale slowly. Focus on having a normal breath in and a slow breath out. It is **EXHALATION** that relaxes, not **INHALATION**.

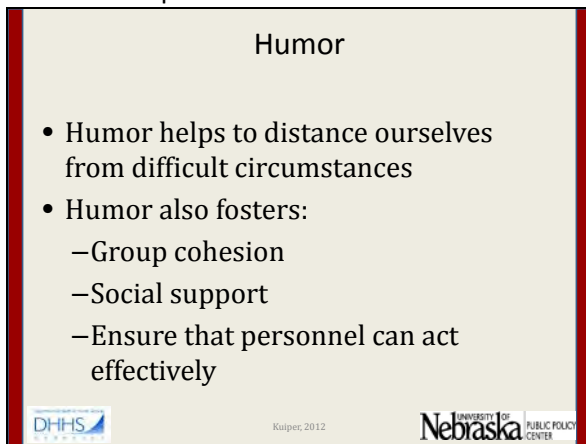
If you would like, some people like to add words to help them relax, so as you exhale you

can say to yourself words like “calm” or “relax.” If there is another word you want to use, that’s fine as long as it is calming.

Another way to do this is to pause and count to four after you have exhaled, before taking your next breath, to help you slow your breathing. Sometimes this is called combat breathing. But use whichever method you are comfortable with and seems to be a good fit for you.

Prompt the audience to take 4-5 breaths with you so that you can demonstrate each of these techniques.

Slide 8.8



Humor

- Humor helps to distance ourselves from difficult circumstances
- Humor also fosters:
 - Group cohesion
 - Social support
 - Ensure that personnel can act effectively

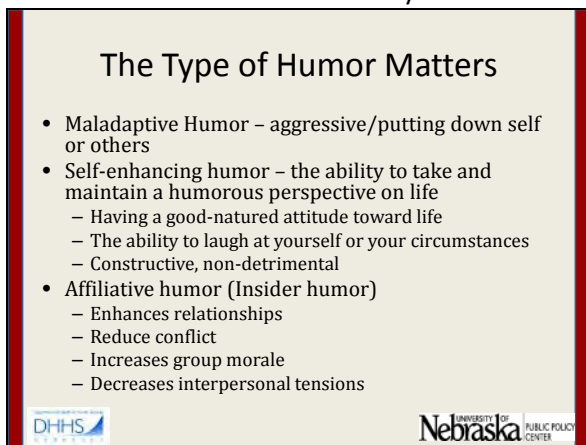
DHHS University of Nebraska PUBLIC POLICY CENTER Kulpier, 2012

Anyone who does any kind of emergency work knows that a sense of humor is often the thing that gets you through the day. It has been found to be an extremely important part of personal resiliency.

Sometimes we need a bit of bubble wrap around our hearts to let us keep some emotional distance between ourselves and what is happening around us. Humor can be that emotional bubble wrap. It helps us detach a bit from what is going on around us.

Humor also helps us bond as a group and creates a “we’re all in this together” moment. When used effectively, it can create social support. And by doing so, it helps the entire team to continue to act effectively in difficult circumstances.

Slide 8.9



The Type of Humor Matters

- Maladaptive Humor – aggressive/putting down self or others
- Self-enhancing humor – the ability to take and maintain a humorous perspective on life
 - Having a good-natured attitude toward life
 - The ability to laugh at yourself or your circumstances
 - Constructive, non-detrimental
- Affiliative humor (Insider humor)
 - Enhances relationships
 - Reduce conflict
 - Increases group morale
 - Decreases interpersonal tensions

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The type of humor we use is important. Not all humor is helpful. Any aggressive humor where we put down ourselves, or others, is maladaptive in stressful situations. We might

enjoy this type of humor when we are in our living room, but if you're working next to a guy who is using that kind of humor it can make the job more difficult.

Instead, use "self-enhancing humor", the ability to take and maintain a humorous perspective on life.

NOTE:

If you are doing this module after the module on self-talk, you can refer back to the video featuring the firefighter Mark Bezos and "save the shoes". He had a humorous view of himself and the situation he was in. He was able to laugh at himself, and then was able to think about the event in constructive terms, that everything a fire fighter does on the job is important and may be viewed as the most important thing to a survivor.

Affiliative humor enhances relationships. It uses "inside jokes" and good natured teasing. It is often the humor shown in buddy movies. It helps reduce conflict, especially during times when it may not be appropriate to sit down and "work out your differences". It helps to increase the morale of the whole group, without being at any particular person's expense.

Slide 8.10

Using Humor to Cope

Those with higher coping humor displayed:

- More positive emotion
- Greater motivation
- More effort in completing a task

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Kuiper (2012) found that people who scored higher on coping humor looked happier, were more motivated to get things done, and as a result, put more effort into completing a task. People really do work harder and better when they are able to laugh and have fun. This has implications for supervisors because if they foster an environment in which affiliative and self-enhancing humor is encouraged, it is likely everyone will be happier and work harder to get the job done.

Slide 8.11

- Did you here about the guy who lost his whole left side?
- He's alright now!...



NOTE: This slide may be excluded or replaced with another workplace appropriate joke or humorous anecdote. The purpose of including it at the end is to illustrate the relaxing power of laughter and humor.

Module 8 Resources

There is a short video on-line that illustrates the ¹[slow breathing technique](#) you are asked to demonstrate in slide 8.7. You can watch this ahead of your presentation. If you have an internet connection you can also show it to your audience.

Remind participants about the connection between feelings, thoughts and behaviors by drawing the triangle (slide 8.4) on a white board or use handout H8.1. This handout includes the triad of behaviors/thoughts/feelings and lists the three types of humor (slide 8.9).

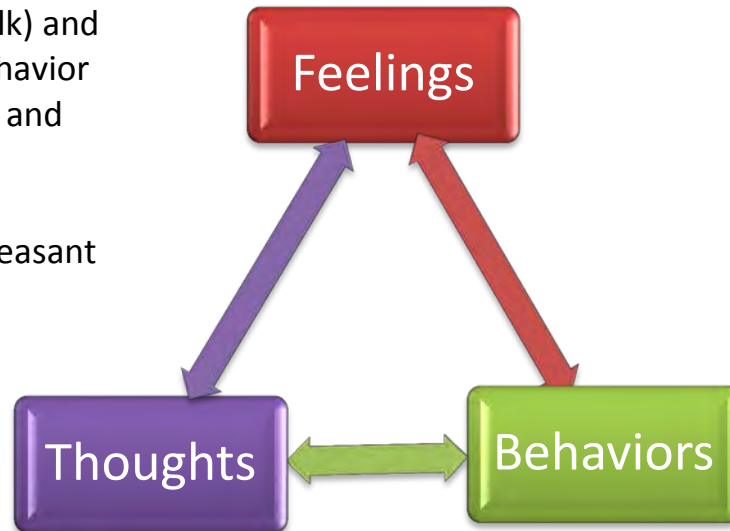
Handouts

H8.1 Module 8 – Behavior/Thoughts/Feelings and Using Humor

¹ <http://www.youtube.com/watch?v=kcpqNTTboK0#t=12>

There is a link between feelings (emotions), thoughts (self-talk) and behaviors. Changing your behavior can lead to different feelings and thoughts.

Consider doing something pleasant to enhance your mood and decrease stressful self-talk.



The Type of Humor You Use Matters!



- Maladaptive Humor – aggressive/putting down self or others



- Self-enhancing humor – the ability to take and maintain a humorous perspective on life
 - Having a good-natured attitude toward life
 - The ability to laugh at yourself or your circumstances
 - Constructive, non-detrimental
- Affiliative (Insider) humor
 - Enhances relationships
 - Reduce conflict
 - Increases group morale
 - Decreases interpersonal tensions

Module 9 – Peer Support

Module 9 is a summary of resiliency skills and how to help peers remember these skills after a critical event. It also includes basic skills to use when helping a peer who may be thinking of suicide. It will take about 30 minutes to present using PowerPoint slides. This module introduces the concept of the “Peer Support Leader” which is not the same as a trained peer support counselor. The peer support counselor requires additional training beyond the scope of this curriculum. Here we talk about how to be helpful to each other after a stressful or distressing event. The Peer Support Leader is someone designated to be alert for distress within colleagues. He or she then provides reminders of the coping and resilience skills introduced in the previous eight modules. The Peer Support Leader can be different for each event. This practice simply ensures that at least one person is paying attention to the stress level of everyone else. The activity on slide 9.8 asks the group to brainstorm about how and when it might be beneficial to have someone serve in the role of Peer Support Leader. The result of this activity may lead to additional discussion about how such a role might be incorporated in the day to day work of the organization. Each organization will be different in the way it decides to implement this role.

The last part of this module provides a brief overview of two difficult situations: what to do when a peer may be thinking of suicide and a reminder about the downside of alcohol use. You can augment this module with specialized training to equip your peers to recognize and respond better to both of these situations. Contact your Regional Behavioral Health Authority if your group is interested in more in-depth training on these topics.

If you don’t have time to go over the entire module at once, consider presenting slides 9.1 to 9.10 together, then slides 9.11 to 9.16 (suicide prevention and substance use).

Module 9 Slides & Notes

Slide 9.1

*What would you think if I sang out of tune
Would you stand up and walk out on me
Lend me your ears and I'll sing you a song
and I'll try not to sing out of key*

*Oh, I get by with a little help from my friends
John Lennon and Paul McCartney*

**PEER SUPPORT
MODULE 9**

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The more connections we have to others, the better off we are. We all need to rely on our friends at some point. This module isn't telling you anything new, it's just a reminder of what peer support means on a job where critical incidents occur.

Slide 9.2

Stress and Psychological Growth

Framing a stressful or painful experience as part of a larger experience that is:

- Interesting
- Worthwhile
- Provides a chance to learn and grow

Bartone, 2006

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Stressful experiences can be a source of growth. If we choose to look at a stressful experience as an interesting event that is worthwhile in the long run, it can provide us a chance to learn and grow from the experience.

Slide 9.3

Leaders can Promote Growth after a critical event

- Leaders can shape how stressful experiences are understood by members of the group
- They do this through:
 - Example
 - Communicating a positive interpretation of the experiences

Bartone, (2006)

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Leaders shape by example – their attitude toward the event, how they are taking care of themselves or people around them. Leaders shape by framing the event positively – for example, talking about how the event strengthens the group's skills or expertise even

though it was a terrible event.

“In a small group context, leaders are in a unique position to shape how stressful experiences are understood by members of the group. The leader, who, through example and discussion, communicates a positive construction or reconstruction of shared stressful experiences, may exert an influence on the entire group.” Bartone, 2006

Slide 9.4

Peer Support

The support responders give each other is extremely important:

- Emotional reassurance
- Help with day-to-day tasks
- Giving information on how to do something
- Suggesting a course of action
- Being confident that help will be forthcoming

Bonanno et al. (2010)

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The more connections we have, the healthier we are. The support we give each other, both in our personal lives and on the job, is extremely important. We can provide emotional reassurance to each other that we are all in this together. It is helpful knowing someone has our back. We can lighten the load for each other by helping with day-to-day tasks at work (paperwork, cleaning equipment etc.) or at home (picking up kids from school, mowing the lawn, or shoveling the walk).

One of the strengths of working as a team is that we can act as a source of information for each other. Not everyone is good at everything, so relying on the strengths and wisdom of other team members, or suggesting a course of action to someone as they are thinking through next steps, can be extremely helpful. One of the most important parts of peer support is knowing that help is available, that you are not in this alone, that your team does indeed have your back.

Slide 9.5

Peer Support Leaders

Encourage others:

- To interpret stressful events as challenges
- They are capable of meeting these challenges
- They can learn and benefit from these challenges

Bartone et al. (2002)

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Peers can support each other, but it is a good idea to also designate a Peer Support Leader in each team, maybe even for each event. It then becomes the job of the Peer Support Leader to reframe stressful events as challenges, and to encourage other team members as they meet these challenges and learn from them. This role can be rotated among peers. Serving as the peer support leader simply means that you should be paying attention to how everyone is reacting to an event (during and after). Don't take on this

role if you are having trouble with your own reactions or have something stressful going on in your life that may interfere with this role. The peer support leader is an encourager tuned into how co-workers are reacting to an event. This process itself, as well as the result (a shared understanding of the stressful circumstances as leading to something worthwhile) can generate an increased sense of mutual respect, and unit cohesion.

Slide 9.6

Framing Events as Challenge

- Acknowledge the seriousness/difficulty of the situation
- Acknowledge peers' emotional reactions (use active listening here!)
- Use problem solving to look for ways to handle the situation
- Make sure the solution comes from the peer
- Help with problem solving, don't prescribe solutions

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Let's be clear, there is a big difference between helping a peer to see a situation as a challenge that can be overcome versus being invalidating and overly cheerful. Saying to someone "Oh, come on, just think of what you will learn from this" or "what doesn't kill us makes us stronger" may be seen as offensive and invalidating. Telling someone you're overwhelmed and having them respond with phony cheerfulness can decrease feelings of being supported by your peers. Always acknowledge the feelings the person is expressing and take them seriously. Let them know you are listening. The most important gift we give to each other is to listen with our ears and our heart. Let them know you heard what they said and let them clarify how they feel. Then discuss possible problem solving and work through possible solutions. Do not tell someone what to do unless it's a life and death situation. Otherwise, let them find the solution; it will be much more likely that it will be one that will fit them well.

Slide 9.7

Help Others Accept Limits and Circumstances

- Help each other figure out what's changeable and what isn't
- Figure out how to live through what can't be changed
- Remember that everyone has limits and therefore everyone needs balance
 - Enforce breaks
 - Enforce pleasant activities



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Not all problems can be solved. Some situations cannot be changed, some can. It's important to look at the facts before jumping to conclusions about what can be changed and what can't. And even if a situation appears easy to you, it does not mean it's easy for the person going through it, everyone has their own limits. Watch your team and make sure that each member is taking good care of themselves. Enforce rest periods and breaks. Arrange for time for pleasant activities.

Slide 9.8

Activity

- As a group, identify a situation where you may want to designate a Peer Support Leader.
- Divide into small groups
 - What are your expectations for what the Peer Support Leader will do in this situation?
 - What are your expectations about how Peers will support each other in this situation?

NOTE:

Ask the participants to identify a situation in which it may be beneficial to have someone specifically designated as a Peer Support Leader. The goal of this exercise is to get participants to start thinking about how and when they might designate someone to serve in this role. It is likely that there will be some confusion about exactly what the peer support leader should be doing in different situations. There may also be some worry that designating someone to lead may negate the need for peers to support each other. This exercise is designed to bring out those concerns and get participants to talk openly about why they might want to have someone pre-designated as the Peer Support Leader. For example, having a leader designated ensures that peers are monitored for their reactions to an event and that reminders are given to peers about the skills they have learned (problem solving, breathing, pleasant activities, active listening, social support). The role of the Peer Support Leader may be different during an actual incident than it is after an incident. It may also differ depending on the size, scope and duration of an incident. The conclusion that the expectations for peers supporting each other is no different than the expectations of the peer support leader is accurate - the leader helps everyone by encouraging peer support at appropriate times in appropriate ways.

Slide 9.9

Remember Coping Skills

- Maintain social connections
- Problem Solving
- Recognizing Self-Talk
- Relaxation

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There will be times that you may need to remind a team member of the tools in their toolbox they can use in a stressful situation.

NOTE: Ask the audience to define or explain each as you go over them. Refer back to previous modules for information about each one.

Slide 9.10

Peer Support after a Critical Incident

- Supervisors should give off-duty personnel something to do if they want to help
- Remind each other to stay away from the internet/television/media
- Reduce your exposure to critical comments
 - If you hear critical comments, get feedback from a peer before assuming it's a fact

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When one of our colleagues has been hurt, it's very difficult to just stand by and not do something, even if we are off-duty. A common reaction to critical events or disasters is an urge to help in some way. Supervisors should plan for these situations and have a list of things that peers can do to be helpful. This will prevent people from coming up with ideas which may not be helpful. The idea may cause more problems down the road, or there may not be resources to implement the idea. Support that is easy to implement includes offering to help take care of on-duty personnel's basic needs at home (like snow shoveling, lawn mowing, or driving the kids to activities) or at work (like cleaning equipment or routine work tasks).


It's difficult to stay away from our own "press", however, there are people out there who have nothing better to do than second-guess responders or who tend to jump to conclusions about what happened and what should have been done. You don't need to pay attention to criticisms from people who do not know you, have no experience with the job, and who weren't there. For that reason, avoid the media and stay away from reading on-line comments. In some situations, it may even be helpful to have a neutral party screen your email or personal mail. When you must hear or see critical comments, get feedback from another peer about the comment before taking it to heart.



Slide 9.11

Protection against suicide
Green light Good to go!

Protective Factors – Factors that make it less likely that someone will suicide

- Being connected to community, family, friends
- Getting help – especially for depression
- Restricted access to highly lethal methods of suicide – especially firearms



Looking out for one another includes identifying signs of serious trouble. Suicide is a sensitive subject that many people feel uncomfortable talking about. Providing support to your peers includes being able to talk about suicide. Talking about suicide will not put the idea in someone's head. Instead, it may actually serve to give the peer permission to discuss his/her feelings more openly. Knowing the protective factors, risk factors and warning signs of suicide will help you help each other and may even save a life.

Protective Factors are those that inhibit suicide –These things make it less likely that someone becomes suicidal. We can use a traffic light analogy to help conceptualize protective factors, risk factors, and warning signs of suicide. The presence of a number of protective factors, in the absence of warning signs, can mean that we are good to go – like the green light. Many people wonder what can be done to protect loved ones from becoming suicidal. A simplistic answer, but one that can actually make a difference, is that protection can be enhanced by increasing or addressing the protective factors listed here.

NOTE:

The audience may have examples that are not on the list which may apply to them– Allow the group to brainstorm additional ideas if there is time. There are no wrong answers in this exercise. If someone identifies a protective factor that is actually a risk factor, ask them to explain their idea further and respond by saying their perspective is interesting and valid. Then proceed to the next slide on risk factors, saying that the risk factors identified are derived from looking at common characteristics of people who have completed suicide.

Slide 9.12

Suicide Risk Factors

Yellow Light – Proceed with Caution

- Previous suicide attempt
- Hopelessness
- Loss
- Lack of connectedness
- Depression – especially with substance use
- Barriers to getting help
- Easy access to lethal methods (have peers hold firearms if needed)



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Some factors put us at higher risk - Yellow light commonly means we should proceed with caution. The presence of a single risk factor does not necessarily mean that a person has a high risk of suicide. A combination of risk factors or a number of risk factors together can increase risk. The presence of depression / bipolar disorder, hopelessness, or substance abuse in combination with other risk factors increases risk significantly.

Risk factors impact a person most when they lead to isolation and feelings of distress. An additional analogy that can be used is that of a Nebraska Weather Watch. Most of us in Nebraska know that the meteorologist will issue a weather watch if conditions are right for the development of a storm. When conditions are right, we begin watching the sky, tuning in to the weather, and taking precautions while we go on with our daily routines. The presence of risk factors, especially in clusters, is like a weather watch because we know conditions are right for the development of a problem. We begin tuning in to the signs and symptoms we see and start emphasizing any protective factors that are relevant. For example, as a person begins to exhibit signs of depression, it is important to seek help and to involve family and friends in their recovery if possible.

During a weather watch we are instructed to be watchful and to make preparations for bad weather. When risk factors are detected we assist the person and “prepare for any rough weather” by encouraging them to enhance their protective factors (get help, stay connected, talk to someone they trust). Sometimes the storm passes or never develops, and sometimes we can see it coming and have time to prepare.

NOTE:

Some responder groups will likely want to talk about the need for access to firearms as part of their work. A cautionary measure may be to ask a peer to hold firearms for someone with multiple risk factors amassing.

Slide 9.13

Suicide Warning Signs
Red Light – Stop – Get Help

- Talking or writing about suicide or death
- Talking about feeling worthless or helpless
- Saying things like “I’m going to kill myself” or “I wish I was dead.”
- Saying goodbye
- Hopelessness
- Significant change in behavior



Warning signs go beyond risk. Warning signs are evident in what people say and do. Compare risk factors to the yellow caution light and warning signs to a red light. Red Light signals Stop – Get Help Now.

The warning signs of suicide are like a weather warning in Nebraska. Not only are conditions right for a storm, but one has been sighted and is on its way. The storm is on the radar and storm spotters have seen it traveling in our direction. We’ve made preparations during the watch, but now it is now time to take more direct action to protect.

Hopelessness is a component of depression and a risk factor for suicide. People experience hopelessness when they believe that there is no chance of improvement in the future. They may have reasons why their problems cannot get better in the future or that life will continue to be unbearably painful or even worsen.

People who are suicidal often talk about feelings – for example they may say things like those listed on the slide. Usually there is a theme of intense psychological pain and a lack of hope about the future in these statements.

NOTE: Review the warning signs listed on the slide.

What to do – Suicide Prevention

- Ask the question – Are you thinking about suicide?
- Listen – Listen and look for warning signs and risk factors
- Take action
 - Decrease access to guns and pills
 - Offer hope – Getting help is a sign of strength
 - Refer to a trusted professional – Don't be silent

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There are specific actions you can take to lessen suicide risk in addition to listening and gathering information. These are steps that can be taken when you think the person is in imminent danger.

Ask if the person is thinking about suicide.

Introducing the topic of suicide will not put the idea into their head, instead, they will probably feel relief that they can finally share and talk about it. Talking about suicide can be **tension reducing**. We want the person to talk in detail about the pain, things they have tried, plans, etc. Saying things out loud may help the person actually hear it for the first time and bring a new perspective to the situation.

Look and listen for the presence of warning signs and accompanying risk factors.

Sometimes asking about what is causing the distress and really listening can be helpful. If it is too much for you to handle, make sure there is someone who can listen and talk to the person – it may be another friend or family member, clergy, doctor, counselor, teacher. Ask the person about reasons for living as well as reasons for dying. Listen for any plans the person has to commit suicide. Is the plan well thought out? Do they have what they need to carry out the plan?

Any type of **action** that increases the connectedness felt by the suicidal person while encouraging them to seek help is encouraged. The goal of any action is to keep the person safe and to get help. American Association of Suicidology (AAS) recommends you to Be Direct – talk openly and be matter of fact about suicide. Don't act shocked. Be non-judgmental – Offer hope without “glib assurances”

NOTE:

Refer back to the protective factors and ask participants to brainstorm what they might do to increase these factors for someone. Solicit practical suggestions for each of the factors listed. Define these actions as positive steps you can take to help the suicidal person.

Encourage participants to seek assistance from others in taking actions if needed.

Note that even the best attempts at prevention and intervention sometimes don't stop all suicides. Talk about the possibility that the person might choose suicide even when all steps are taken to preserve their life. Recognizing that the suicidal person is ultimately responsible for their decision is an important factor for survivors.

Slide 9.15

Alcohol and Substance Use

- Refer to the Handout for a list of indicators that someone may need a screening or assessment

**Alcohol is for celebration
.....not medication**

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Alcohol is often a regular part of responder celebration – but it can become a problem.

NOTE:

Go over the handout and remind everyone that someone who is impaired can damage the entire group. Getting help is a sign of strength.

Slide 9.16

Alcohol & Substance Use

- Get help from a professional
 - Offer to assist a coworker if you suspect there is problem with their drinking, use of medication or drugs
- Find out more about where to get an help in your area
<http://nebraska.networkofcare.org>

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When you are concerned that you or someone else may have a problem with alcohol or drugs, get help from a professional. A screening can be done by a family physician or a counselor you trust. A more formal assessment of substance use must be done by someone who is qualified to do so. You can find a qualified assessor through the network of care – a free, anonymous internet listing of providers in your area. Remember that getting help is a sign of strength!

Module 9 Resources

This module may be presented with or without slides either in one sitting or over the course of several shorter time periods. The first handout about peer support includes basic information covered in slides 9.1 to 9.7 with the exception of information about the “Peer Support Leader” role. Refer to the notes on slide 9.5 when talking about the Peer Support Leader.

Information on suicide prevention is covered in Handout H9.2 and H9.3. Information on H9.2 is taken from the Nebraska state suicide prevention coalition website:

<http://suicideprevention.nebraska.edu>

The handout on restricting lethal means of suicide (H9.3) complements the information in H9.2 and may also be used in conjunction with slide 9.14 which gives restricting access to guns and pills as a way to take action when someone is suicidal. The handout goes into more detail about how to do this.

The final handout (H9.4) is a tip sheet produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) about possible alcohol and substance abuse indicators. It was put together specifically for first responders and provides more detail to augment your discussion when on slide 9.15.

Each of these handouts can be posted on bulletin boards or left in break areas.

Handouts

H9.1 Module 9 – Peer Support

H9.2 Module 9 – Suicide Prevention

H9.3 Module 9 – Restricting Lethal Means of Suicide

H9.4 Module 9 – SAMHSA Tips Alcohol and Substance Abuse Indicators

Psychological Growth comes from framing a stressful or painful experience as part of a larger experience that is interesting, worthwhile and an opportunity for growth

“Peer Support” is the support responders give each other

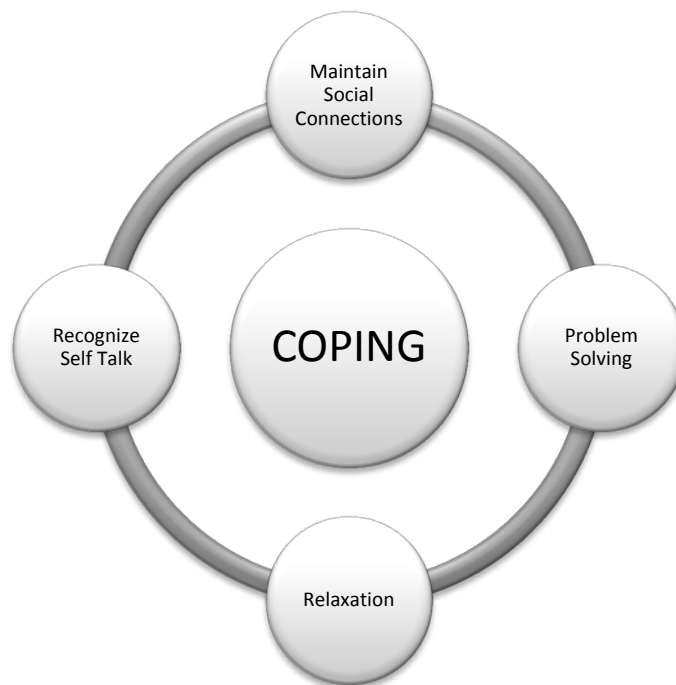
- Emotional reassurance
- Help with day-to-day tasks
- Giving information on how to do something
- Suggesting a course of action
- Being confident that help will be forthcoming

Frame stressful events as a “Challenge”

- Acknowledge the seriousness/difficulty of the situation
- Acknowledge peers’ emotional reactions (use active listening here!)
- Use problem solving to look for ways to handle the situation
- Make sure the solution comes from the peer
- Help with problem solving, don’t prescribe solutions

Help your peers accept limits and circumstances

- Help each other figure out what’s changeable and what isn’t
- Figure out how to live through what can’t be changed
- Remember that everyone has limits and therefore everyone needs balance
 - Enforce breaks
 - Enforce pleasant activities



Protection Against Suicide

Green Light...Good to Go!



Many people wonder what can be done to protect loved ones from becoming suicidal. A simplistic answer is that protection can be enhanced by addressing the protective factors listed here.

- Connect to community, family, friends
- Be supportive – Family and community support gives people a way to connect
- Restrict access to highly lethal methods of suicide – Especially firearms
- Establish a relationship with a doctor, clergy, teacher, counselor or other trusted professional
- Get help for mental, physical and substance abuse disorders – Especially depression

Suicide Risk Factors

Yellow Light...Proceed With Caution



Some factors put us at higher risk for suicide. Risk factors are like a yellow light alerting us to proceed with caution. The presence of a single risk factor doesn't necessarily mean that a person is at high risk of suicide, but a number of risk factors together should signal concern. The presence of depression / bipolar disorder; hopelessness; substance abuse in combination with other risk factors increases risk significantly.

- Previous suicide attempt
- Mental disorders-particularly mood disorders
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Impulsive and /or aggressive tendencies
- Barriers to accessing mental health treatment when it is needed
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially guns
- Lack of Connectedness
- Substance Abuse

For more information: <http://www.suicideprevention.nebraska.edu>

Suicide Warning Signs

Red Light--Stop--Get Help



Warning signs go beyond risk – they are evident in what people say and do. The presence of warning signs is like a Red Light signaling you to stop and get help now!

- Talking, reading or writing about suicide or death.
- Talking about feeling worthless or helpless.
- Saying things like, “I’m going to kill myself,” “I wish I was dead,” or “I shouldn’t have been born.”
- Visiting or calling people to say goodbye.
- Giving things away or returning borrowed items.
- Self-destructive or reckless behavior.
- Significant change in behavior
- A sense of hopelessness about their situation

When Someone is Suicidal

What To Do When Someone Is Suicidal

There are actions you can take to help someone when warning signs of suicide are detected. Introducing the topic of suicide will not put the idea into their head, instead, the person will probably feel relief that they can finally share and talk about it. Saying things out loud may help the person actually hear it for the first time and bring a new perspective to the situation.

- **ASK THE QUESTION**
 - “I have the feeling you are thinking about suicide but are having trouble bringing it up.”
 - “Are you thinking about suicide?”
 - “Sometimes people in certain situations feel suicidal. Have you been thinking about killing yourself?”
- **LISTEN**
 - LISTEN AND LOOK FOR WARNING SIGNS / RISK FACTORS
 - Ask what is causing the distress
- **ASK ABOUT REASONS FOR LIVING AND PLANS FOR SUICIDE**
 - Find out what is important to the person and why they may choose to live
 - “Do you have a plan to kill yourself?”
 - Ask How, Where, When, and if they have the means in place (Do they have a gun/ pills/ rope or whatever they plan to use?)
- **TAKE ACTION**
 - Remove means like guns & pills
 - Offer your support in obtaining help from a professional
 - Don’t leave the person alone once you have determined he or she is at risk
 - Remind the person that seeking help for depression isn’t a sign of weakness and that chances for recovery are excellent

SUICIDE PREVENTION

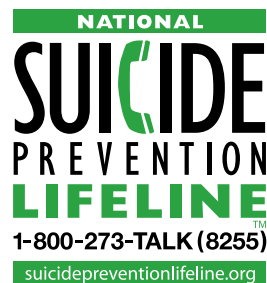


Restricting lethal means
of suicide at home

What you can do to make your home safe



Nebraska Youth
Suicide Prevention



This was developed under a grant number 1U79SM061741-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) via the Nebraska Department of Health and Human Services, Division of Behavioral Health. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

H9.3 Module 9 – Restricting Lethal Means of Suicide

“Firearms are the most lethal and most common method of suicide in the U.S. More people who die by suicide use a gun than all other methods combined...Nine out of ten people who survive a suicide attempt do not go on to die by suicide later.

“Every U.S. study that has examined the relationship has found that access to firearms is a risk factor for suicides... If highly lethal means are made less available to impulsive attempters and they substitute less lethal means, or temporarily postpone their attempt, the odds are increased that they will survive.”

-Harvard School of Public Health, Means Matter Campaign
<http://www.hsph.harvard.edu/means-matter/means-matter>

In an emergency call 9-1-1

To find help for someone who is suicidal,
call 1-800-273-TALK (8255)

Nebraska Resources

Nebraska Youth Suicide Prevention Project:
Youthsuicideprevention.nebraska.edu

Nebraska State Suicide Prevention Coalition:
Suicideprevention.nebraska.edu

You can help prevent suicide by taking the following actions:

1. Remove or Lock all firearms

Store firearms out of the home especially if you think someone in your home is impulsive or suicidal.

- » Some police departments or sheriff’s offices will hold firearms temporarily. Call and explain your concern. (Don’t take guns to the police department unless they tell you to.)
- » Otherwise, store them with a trusted friend or relative.

If storing them elsewhere isn’t an option, store all firearms unloaded and locked, and lock the ammunition in a separate location or remove it.

- » Make sure the person you are concerned about doesn’t have access to the keys/combinations until the situation has improved.
- » Remember, family members (especially teens) often know each other’s hiding places.

Firearms that must be carried as part of a job should be stored at work if possible.

2. “Suicide-proof” your medicine cabinet

For medicines your family needs...

- » Keep only non-lethal quantities on hand. (Your doctor or pharmacist can provide guidance.)
- » Lock up the rest.

For medicines your family doesn’t need or have expired...

- » See if your town has a drug take-back program.
- » If not, empty the medicines into a sealable plastic bag, crush them or dissolve with water, add yucky stuff like coffee grounds or kitty litter, seal the bag and toss into the trash.
- » Do not flush or pour down the drain unless the label says to.

Tips for First Responders

Possible Alcohol and Substance Abuse Indicators



Information Clearinghouses

National Mental Health Information Center (NMHIC)

P.O. Box 42557, Washington, DC 20015
(800) 789-2647 (English and Español)
(866) 889-2647 (TDD)

www.mentalhealth.samhsa.gov

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345, Rockville, MD 20847-2345
(800) 729-6686 (English and Español)
(800) 487-4889 (TDD)

www.ncadi.samhsa.gov

Treatment Locators

Mental Health Services Locator

(800) 789-2647 (English and Español)
(866) 889-2647 (TDD)

www.mentalhealth.samhsa.gov/databases

Substance Abuse Treatment Facility Locator

(800) 662-HELP (4357) (Toll-Free,
24-Hour English and Español Treatment
Referral Service)
(800) 487-4889 (TDD)

www.findtreatment.samhsa.gov

Hotlines

National Suicide Prevention Lifeline

(800) 273-TALK (8255)

SAMHSA National Helpline

(800) 662-HELP (4357) (English and Español)
(800) 487-4889 (TDD)

Workplace Helpline

(800) WORKPLACE (967-5752)

www.workplace.samhsa.gov/helpline/helpline.htm

The following indicators or warning signs are associated with alcohol and drug addiction, and other physical and mental disorders. Use this list in psychological first aid situations. If several symptoms are present, refer the person for alcohol and drug assessment. This list is not to be used as a substitute for a screening or qualified clinical assessment.

Physical/Emotional Indicators

- Has smell of alcohol on breath or marijuana on clothing
- Has burned fingers, burns on lips, or needle track marks on arms
- Slurs speech or stutters, is incoherent
- Has difficulty maintaining eye contact
- Has dilated (enlarged) or constricted (pinpoint) pupils
- Has tremors (shaking or twitching of hands and eyelids)
- Is hyperactive and overly energetic
- Appears lethargic or falls asleep easily
- Exhibits impaired coordination or unsteady gait (e.g., staggering, off balance)
- Speaks very rapidly or very slowly
- Experiences wide mood swings (highs and lows)
- Appears fearful or anxious; experiences panic attacks
- Appears impatient, agitated, or irritable
- Is increasingly angry or defiant

Personal Attitude/Behavior Indicators

- Talks about getting high, uses vocabulary typical among drug users
- Behaves in an impulsive or inappropriate manner
- Denies, lies, or covers up
- Takes unnecessary risks or acts in a reckless manner
- Breaks or bends rules, cheats
- Misses interviews, appointments, or meetings or arrives intoxicated
- Fails to comply with program requirements without easily verifiable reasons (may be verbally uncooperative to disguise the problem or divert attention)

Cognitive/Mental Indicators

- Has difficulty concentrating, focusing, or attending to a task
- Appears distracted or disoriented
- Makes inappropriate or unreasonable choices
- Has difficulty making decisions
- Experiences short-term memory loss
- Experiences blackout
- Needs directions repeated frequently
- Has difficulty recalling known details
- Needs repeated assistance completing ordinary paperwork (e.g., application forms)



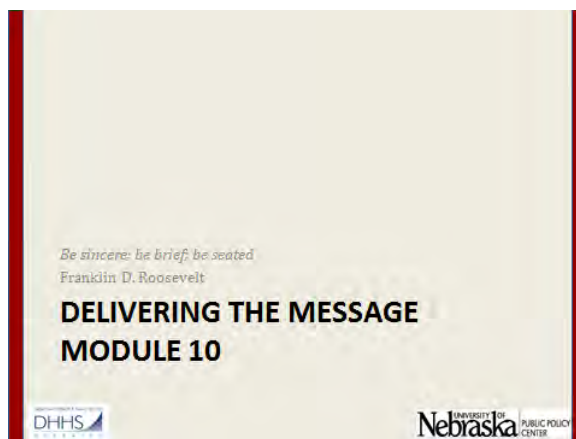
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Module 10 – Delivering the Message

This module is not designed for delivery within departments. Instead it is intended for use as a tool for individuals who have taken the full course with the intent of going back to their own peer groups to deliver the material in modules 1-9. The slides provide an overview of how to present the material in ways that are sensitive and appropriate to the peer group. There are only a few slides in this module but there should be a significant amount of discussion with each one. Time can be set aside during this module to review the manuals and handouts in addition to discussion about how to deliver material generally.

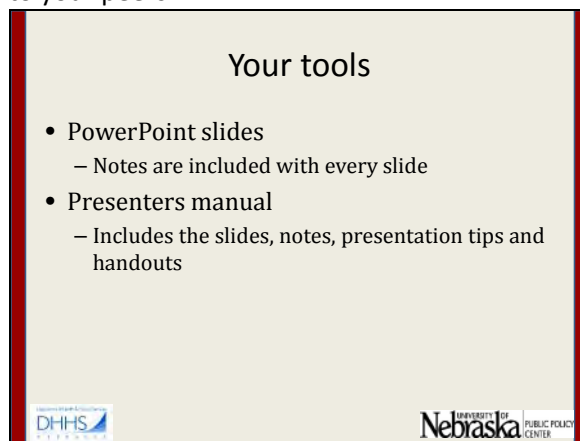
Module 10 Slides & Notes

Slide 10.1



You have become familiar with the tools and skills needed to increase resiliency via this short workshop. The next step is to briefly review ways to communicate this information to your peers.

Slide 10.2



You will have access to the PowerPoint slides from this workshop along with a presenters' manual. This manual includes all the information on the slides, plus handouts to aid you in delivering the message. We hope you make contacts with your behavioral health region and find a mental health professional in your area that you can work with if needed. This is important to do ahead of any critical incident because it is much more likely that your team will access professional help if they know and trust someone qualified to deliver it. Forming these relationships in advance may also give you

opportunities to help the mental health professional understand the culture of your organization better. This helps build trust and creates a better understanding of the context your team is functioning in. You may wish to invite the professional to ride along with your team, come to some meetings, or present to the group about topics such as managing stress, dealing with depression, or creating strong relationships at home.

Slide 10.3

Adult learners

- Adults want practical information that is meaningful to them
- People learn in different ways
 - Visual
 - Auditory
 - Hands on (Kinesthetic)

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(Adapted from the 2012 Nebraska Psychological First Aid Trainer Manual)

It is important to keep in mind the way adults learn best when presenting any material you want them to remember. This will help you deliver your message in a way that holds the audience attention and gets your objectives across.

Adults are Goal Oriented – Usually adults attend a presentation with a goal in mind. They appreciate a program that is organized and helpful in meeting their personal goal. Stating the goals and objectives of the presentation early helps adult learners meet their own goals.

Adults are Relevancy Oriented – Adult learners want to know how the material you are presenting is relevant for them. This can be accomplished by giving examples or taking examples from the audience that are familiar or applicable to their situation.

Adults are Practical – The presenter shouldn't assume that all members of the audience are there just to gather knowledge for its own sake. Each person is often looking for something practical they can use in their work or personal life. Adults learn best when the topic is of immediate value.

People learn in different ways. This is referred to as a person's "learning style." The challenge for the presenter is to use techniques to get the message across to all three learning styles.

The VISUAL learner often needs to see the material for it to have meaning. They learn best when presented with pictures, slides, graphs, or demonstrations. The visual learner may drift off during a presentation that is mostly lecture or requires lots of listening.

The AUDITORY learner prefers lectures. They do well with story-telling or small group discussions and often engage in lively debates. The person with this learning style can often repeat verbatim what the presenter has said about a particular topic and will listen carefully to the nuances of the presentation.

The KINESTHETIC Learner does best with practical, hands on exercises. Role playing and games reinforce the message for the person with this learning style. This learner needs to move about and actively participate in the presentation to learn best. They can become inattentive during lectures even with visual reinforcement.

The trick for the presenter is to balance all three learning styles by combining presentation mediums. This can be done by having a carefully prepared presentation that includes something for the visual learner to see while satisfying the auditory learner with prepared, organized lecture material. The kinesthetic learner will enjoy role plays or other activities that are “hands on.” If a presenter senses that a number of the audience seem to be kinesthetic learners, it may be helpful to emphasize participatory activities in the presentation to reinforce the message being sent.

Slide 10.4

**Auditory/Visual Learning
Presenting material – LIVE!**

- Formal powerpoint presentation
- Informal presentation with handouts
 - IDEAS –
 - Scheduling time at meetings for presentations
 - Presenting one module at a time
 - Scheduling presentations as special events
 - Taking groups through the whole training

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In-person presentations using the PowerPoint slides appeals to learners who need to hear and / or to see the material. One way to communicate the information you just learned about is to present the material in person just the way you heard it. This can be done using the PowerPoint slides and notes or by printing the slides and handing them out to everyone so they can follow along. If you use PowerPoint you will need a computer, projector and screen. Setting it up in advance and testing it will help you feel more confident when it is time to go through the slides.

You may opt to present one module at a time or go through the entire curriculum in one setting. If you decide to present one at a time, you could set aside time in your regular meetings or add time onto a meeting to ensure you have enough time to complete it. You could also work with your group to schedule a special workshop where all the modules are presented with the exception of module 10 (the one you are working on now).

Slide 10.5

Auditory Learning
Discussion during presentations

- Discussion helps people remember what they learn
- Your role is to facilitate discussion
- Keep the discussion focused

Discussion plays a vital role in active learning. The learning environment can be enhanced by a good discussion that stimulates thought yet remains on track with the topic being presented. The following tips for facilitating discussion are paraphrased from the book **101 Strategies to Teach any Subject** by Mel Silberman:

Paraphrase what the audience member says so they feel understood and so others in the audience understand what is being said. “So what you’re saying is...” or “You’re saying that...”

Compliment an interesting or insightful comment. “That’s a good point....”

Mediate differences of opinion between students, and relieve any tensions that may be brewing. “I think you aren’t really in disagreement, but are presenting two different sides of the issue....”


Summarize the major views of the group.



The presenter must keep in mind that an active discussion aids in retention of material, but it can also side track the presentation. Be prepared to inform those who wish to continue a discussion beyond what you have time for to do so after the material has been presented. The other audience members appreciate a presenter who can keep the group on task and the discussion focused.

Slide 10.6

Auditory Learning

- Brief verbal presentations at a meeting or gathering using pieces of the curriculum
- Individual reminders.... Recorded messages or voice messages left for team members
 - Brainstorm other ways to get information to auditory learners




There may not always be time for full presentations so you may be asked to give a “resilience minute” during a meeting. Be ready to verbally report no more than three key ideas at a time. This could also be done in messages you record and send to individuals, or just one-on-one conversations you have with other team members.

NOTE: Ask participants to brainstorm other ways to get information across to people who learn best by hearing information.

Slide 10.7

Visual learning

- Some learners prefer to read about or see information rather than hear about it
 - Brainstorm ways you can take material from the modules and put it in visual formats for your group



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The visual learners need to read or see information in order for it to make sense. You may wish to augment or replace presentations with written material that can be easily accessed by your group.

NOTE: Have the participants brainstorm ways to deliver visual messages to their group. You may prompt them by noting that in some organizations there are newsletters that go out to everyone that could include key messages about coping, resilience and other information from this workshop. Other ideas that may come up include preparing handouts, printing messages that can be posted in key places (restrooms, break rooms), inclusion in wellness material for the organization, etc.

Slide 10.8

Hands-on (Kinesthetic) Learning

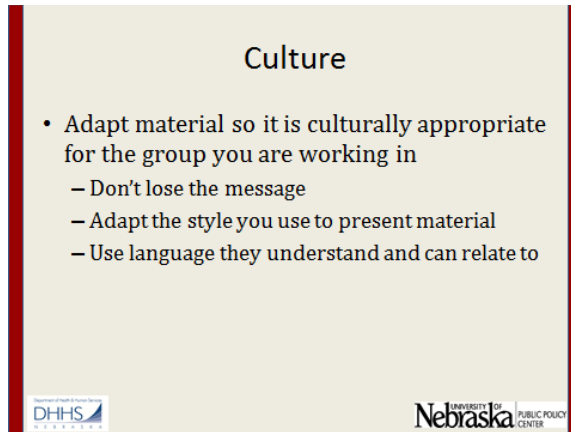
- Add to your presentation of information with opportunities to practice skills
 - Example: Slow breathing – Demonstrate, then ask team members to do it with you
 - Example: Pleasant activities – Ask team members to start a list of pleasant activities, or choose one for the team to take part in, then talk about how it made them feel and think
- Brainstorm other hands on activities you could do to get information to kinesthetic learners

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Kinesthetic learners have to experience something for it have meaning.

NOTE: Ask participants to think back on the activities they did as part of this workshop and refer to the examples on the slide. Then ask them to brainstorm additional things they could do with their own groups to ensure hands on activities reinforce the information they want to get across.

Slide 10.9



Culture

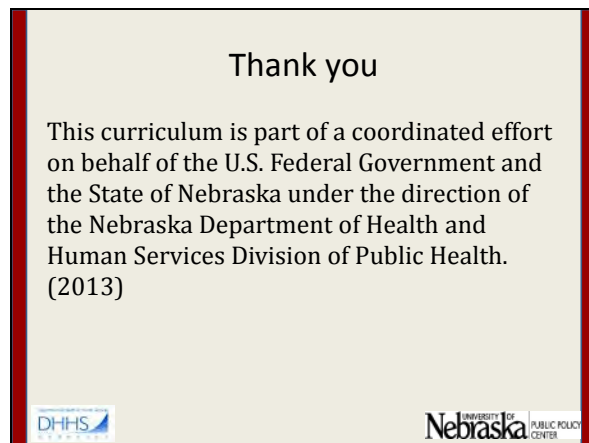
- Adapt material so it is culturally appropriate for the group you are working in
 - Don't lose the message
 - Adapt the style you use to present material
 - Use language they understand and can relate to

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The culture of a public health department is much different than that of a law enforcement agency. The terms and examples you use when explaining or presenting the ideas in this curriculum should be understandable to the audience you are working with. For example, law enforcement audiences may respond better to breathing exercises if it is framed as tactical breathing but using the same term may not mean anything to public health personnel. The culture may also influence how you share the information. Some volunteer fire departments may only meet periodically so it may be better to post information around the fire hall but in another department there may be regular opportunities to formally present the material. Even if you adapt your style of presentation and use words that are understandable, please stick to the messages outlined in the curriculum.

Slide 10.9



Thank you

This curriculum is part of a coordinated effort on behalf of the U.S. Federal Government and the State of Nebraska under the direction of the Nebraska Department of Health and Human Services Division of Public Health.
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Module 10 Resources

Refer to the Introduction in the manual when going through the information on the slides about adult learners. The resources for this module include this manual and the PowerPoint slide presentations. Module 10 is not designed to create master presenters, but instead is geared toward getting participants to think about how the messages in the previous nine modules can be delivered to their peer groups.

Please let us know if you have found interesting ways to get this information across to your peer group if you are using this curriculum. We anticipate updating the information and material as people have a chance to use it and suggest modifications. Email your suggestions to Denise Bulling at dbulling2@unl.edu

Thank you and Good Luck!

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215 Centennial Mall South, Suite 401 / Lincoln, NE 68588-0228

(402) 472-5678 / FAX (402) 472-5679 / Email: ppc@nebraska.edu / <http://ppc.nebraska.edu/>

A center representing: University of Nebraska-Lincoln, University of Nebraska Medical Center, University of Nebraska at Omaha, University of Nebraska at Kearney