SELF-CARE FOR DISASTER RESPONSE WORKERS AND CAREGIVERS

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A Select Sample of Slides from a Powerpoint Presentation of 100 slides
WHAT IS SELF-CARE?

Self-care is a multidimensional concept in which the interdependency of mental and physical well-being creates an enhanced quality of life and sense of personal fulfillment.

Ideally, self-care is practiced in seven functional domains: emotional, physical, spiritual, intellectual, social, relational, and safety/security.
SELF-CARE WORKSHOP OBJECTIVES

By the end of this workshop, participants will have learned how to:

- promote, ensure, and/or restore mental and physical health
- prevent, manage, or recover from disease, injury, or trauma
- achieve an overall sense of personal well-being
Disaster response workers are exposed to a variety of stressors, including:

- Physically demanding/unpleasant work conditions
- Excessive workload, long hours, chronic fatigue
- Lack of privacy/personal space
- Separation from family/concerns about family well-being
- Constant exposure to chronic fear/uncertainty
- Repeated exposure to others’ traumatization/tragedies
- Feeling helpless and futile in the face of overwhelming community need
- Anguish resulting from need to triage
- Guilt over access to resources others do not have

(Ehrenreich & Elliott, 2004)
POTENTIAL MENTAL HEALTH CONSEQUENCES OF STRESS IN DISASTER RESPONSE WORK

- Job Burnout
- Vicarious Traumatization (VT)
- Secondary Traumatic Stress (STS)
- Traumatic Countertransference (TC)
- Compassion Fatigue
AN OPERATIONAL DEFINITION OF RESILIENCE

There is no general consensus on the operational definition of resilience (Newman, 2005)

For this workshop we will define resilience as “effective coping and adaptation in the face of major life stress” (Tedeschi & Kilmer, 2005, p. 231).

The first assumption in this definition is that resilience begins with some form of obstacle, trauma, or adverse event

Individuals encounter a situation that challenges them on some personal level to utilize resources in order to overcome the situation

The second assumption for resilience is the specification of resources, both internal and external, that people draw upon to overcome these situations
Resources associated with resilience include personality traits and deliberate actions.

Resilient behaviors include: optimism, perspective taking, establishing and achieving goals, self-confidence, and sustaining positive relationships (Newman, 2000).

Friborg et al. (2006) listed five factors of resilience: personal strength, social competence, structured style, family cohesion, and social resources.

Friborg et al.’s study indicated that higher levels among the five factors resulted in a significant increase in resilience towards increasingly stressful situations.

Resilience can also be understood as learning over time from one’s survivor experiences, learning from one’s community of sufferers, and “bouncing back” (Roysircar, 2008).
RESILIENCE AND STRESS

Varying levels of resilience mitigate against varying levels of stress

Friborg et al. (2006) suggest that individuals with high levels of resilience are capable of dealing with higher levels of stress

Tedeschi and Kilmer (2005) assert that by identifying protective resilience factors, one can combat against trauma and increase the chances for healthy adjustment

Additionally, caregivers can locate factors and systems outside the individual that enhance resiliency (Tedeschi & Kilmer, 2005)

Resilience can also be defined as effective coping and adaptation in the face of major life stress (Tedeschi & Kilmer, 2005)
POST-TRAUMATIC GROWTH

Resilience differs from post-traumatic growth, which involves positive changes that occur in adults as the result of attempts to cope in the aftermath of traumatic life events.

These changes include improved relationships, new life possibilities, greater appreciation for life, greater sense of personal strength, and spiritual development.

Overall, post-traumatic growth provides adults with an increased sense of their own capacities to survive and prevail.
MODULE 1: EMOTIONAL SELF-CARE

Identifying, accepting, and expressing a range of feelings
Research indicates there is an important connection between emotions and health (Frederickson, 2000)

Disaster response workers and caregivers are likely to encounter people and situations that cause intense emotions of anxiety, fear, anger, stress, and insecurity

If not effectively addressed, these feelings can have a negative impact on response workers’ well-being
MODULE 2: PHYSICAL SELF-CARE

Fitness
Nutrition
Good health practices
Recent advances in psychological, medical, and physiological research have led to a new way of thinking about health and illness.

The mind-body approach is concerned with understanding how biology, behavior, and social context influence health and illness – the Biopsychosocial model (Engel, 1980).

The Biopsychosocial model views health and illness as products of biological characteristics (genetic inheritance), behavioral factors (lifestyle, stress, health beliefs), and social conditions (cultural influences, family relationships, social support).
FITNESS, NUTRITION, AND GOOD HEALTH PRACTICES

Mind-body fitness is produced by a combination of exercise and diet.

Physical activity and nutritive food intake (optimal balance of fats, proteins and carbohydrates) help regulate brain and body chemistry.

Good health practices also enhance mind-body fitness through reducing or eliminating negative physiological effects of smoking, excessive alcohol consumption, over-/underuse of drugs, and periods of extended wakefulness (sleep loss).
The ongoing search for meaning and/or religious understanding of life and beyond
Spiritual self-care addresses the ongoing search for meaning and understanding in life and what may extend beyond.

Fostering spiritual self-care involves the exploration and expression of beliefs and values that are shaped by experience.

Spirituality may also be expressed through connections to nature and the world, and may be characterized as an individual sense of purpose.

Spiritual self-care can be facilitated in numerous ways, from simply watching the sun rise to becoming active in organized religion or other spiritual communities.

Though spirituality may be manifested through religion, religion and spirituality are not synonymous (McCormick, 1994).
BENEFITS OF RELIGIOUS INVOLVEMENT

Research indicates religious involvement is a factor in increased longevity and improved health outcomes (Coruh, Ayele, Pugh, and Mulligan, 2005)

Religious involvement has some stress-buffering effects in instances where people are experiencing multiple negative life events (Schnittker, 2001)

Religion also benefits people’s mental health through increased social support and a healthier lifestyle due to religious prohibitions (Coruh et al., 2005)
MODULE 4: INTELLECTUAL SELF-CARE

Interest in ideas
Learning
Critical thinking
Creativity
Intellectual self-care is about engaging regularly in critical thinking and inquiry to expand knowledge and stimulate the mind.

At the most basic level, intellectual self-care involves an abiding interest in ideas, learning, thinking, and creativity.
In 1983, a theory of multiple intelligences was advanced by Howard Gardner to provide practical definitions of intelligence that pair cognitive skills with culturally valued activities.

Gardner’s categories of intelligence include:

- verbal
- mathematical/logical
- musical
- spatial
- kinesthetic/body control
- intrapersonal (self-understanding)
- interpersonal (social understanding)
MODULE 5: SOCIAL SELF-CARE

Investment in relationships outside of family
SOCIAL SELF-CARE

Social self-care pertains to regular investment in relationships outside of immediate family.

It includes establishing, nurturing, and expanding social networks and friendships through community involvement, group affiliation, and contribution to collective causes.

Friendships may provide emotional support, companionship, reciprocity, and problem-solving assistance.
The rigors of disaster response work often limit time for social self-care.

Research has demonstrated the importance of doing so – for example, the 2001 Harvard Medical School’s Nurses’ Health Study showed that friendships among women play an important role in enhancing health and quality of life.

The study concluded that the lack of at least one good confidante is as detrimental to a woman’s health as smoking or obesity.
Strengthening relationships with partners, spouses, children, parents, and extended family
RELATIONAL SELF-CARE

Relational self-care pertains to the establishment, development, and strengthening of relationships with life partners, spouses, children, parents, and extended family.
Maintaining strong family ties is at the core of relational self-care.

People expect to live longer, are reinforced for their healthy habits, and improve their health when they report high levels of familial emotional support, mediated by the perception that one has someone to call when one is sick or in need (Ross & Mirowsky, 2002).
MODULE 7: SAFETY AND SECURITY SELF-CARE

Comfort with personal, environmental, financial, and home planning
Self-care for safety and security involves personal, financial, and environmental planning. Too often, safety and security issues are only addressed when a threat, breach of safety or trauma occurs. Planning ahead can alleviate some of the stress of an actual event through creating a sense of preparedness and greater control.
PLANNING AHEAD

- Develop a plan of action
- Think about what could go wrong if the action plan is implemented
- Make a list of possible problems
- Prioritize the list in terms of the most serious problem that could happen
- Think about ways to keep the most serious problem from happening
- Think about ways to reduce the effects if the problem happens anyway (contingency planning)
- Do this for all of the possible problems on the list