



NJ TRANSIT RAIL OPERATIONS

CRITICAL INCIDENT STRESS PLAN

**OSS - Rail Safety
SAF - 034
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CRITICAL INCIDENT STRESS PLAN

1. INTRODUCTION

The occurrence of a “Critical Incident” in railroad operations may result in emotional trauma to an employee as a reaction to the incident (see Section 3 for the definition of a “Critical Incident”). Support services are offered to employees who are affected by such an incident, regardless if it occurs on NJ TRANSIT Rail track or track owned or operated by a different railroad. This Plan documents the type of support services offered and the corresponding procedures that are followed in accordance with Title 49, Code of Federal Regulations, Part 272.

2. SCOPE AND GENERAL REQUIREMENTS

This program applies to all NJ TRANSIT Rail Operations (NJTRO) employees who are directly involved in, witness or respond to a “critical incident” in the course of their work activities. This includes:

- (a) Railroad employees who are subject to the hours of service laws:
 - (1) 49 U.S.C. 21103 (that is, train employees not subject to subpart F of part 228 of this chapter regarding the hours of service of train employees engaged in commuter or intercity rail passenger transportation);
 - (2) 49 U.S.C. 21104 (signal employees); or
 - (3) 49 U.S.C. 21105 (dispatching service employees);
- (b) Railroad employees who are subject to the hours of service regulations at subpart F of part 228 of this chapter (regarding the hours of service of train employees engaged in commuter or intercity rail passenger transportation);
- (c) Railroad employees who inspect, install, repair, or maintain railroad Right-of-way or structures; and
- (d) Railroad employees who inspect, repair, or maintain locomotives, passenger cars, or freight cars.

3. DEFINITIONS

CEAP – Certified Employee Assistance Professional (CEAP) is the only credential that represents the employee assistance profession and is recognized world-wide by Employee Assistance Programs (EAP), employers, accrediting agencies, third party insurers and clients.

EAP Professional - An EAP Professional is defined as a Master’s level counselor who is a **CEAP**, licensed professional counselor, licensed social worker or psychologist.

Critical incident means either—

- (1) An accident/incident reportable to FRA under 49 CFR, Part 225 that results in a fatality, loss of limb, or a similarly serious bodily injury; or
- (2) A catastrophic accident/incident reportable to FRA under 49 CFR, Part 225 that could be reasonably expected to impair a directly-involved employee's ability to perform their job duties safely.

Directly-involved employee means a railroad employee covered under 49 CFR, Part 272.7:

- (1) Whose actions are closely connected to the critical incident;
- (2) Who witnesses the critical incident in person as it occurs or who witnesses the immediate effects of the critical incident in person; or
- (3) Who is charged to directly intervene in, or respond to, the critical incident (excluding railroad police officers or investigators who routinely respond to and are specially trained to handle emergencies).

FRA - The Federal Railroad Administration (FRA) is an agency in the U.S. Department of Transportation. The purpose of FRA is to promulgate and enforce rail safety regulations, administer railroad assistance programs, conduct research and development in support of improved railroad safety and national rail transportation policy, provide for the rehabilitation of Northeast Corridor rail passenger service, and consolidate government support of rail transportation activities.

Home terminal means an employee's regular reporting point at the beginning of the tour of duty.

Psychological First Aid (PFA) - is a flexible, evidence-informed intervention which is tailored to the individual who has experienced a traumatic event. PFA emphasizes a nonintrusive and compassionate approach to providing an individual who has experienced a critical incident practical assistance with immediate needs, safety and comfort, and assistance in establishing connections with primary support networks and social resources, as well as information about common reactions to trauma, ways to cope with stress, follow-up, and how to access additional support services, including treatment (if needed). PFA does not encourage or require individuals to express their experience, including their emotional reactions and symptoms, to peers in a group setting. The goals of PFA are to decrease the initial distress associated with exposure to a traumatic event and to improve adaptive functioning.

4. RESPONSIBILITIES

4.1 Employee Assistance Program (EAP) Department

The EAP Department has the primary responsibility for this program and the following specific responsibilities:

- Employee counseling after “critical incidents”, including field intervention if necessary
- Follow-up counseling services
- Supervisory training on how to handle traumatic events
- Marketing activities concerning available EAP services for employees
- Maintenance of EAP skills

4.2 Office of System Safety (OSS)

The Office of System Safety is responsible for developing the written plan in conjunction with the EAP department. The OSS is also responsible for submission of the Plan to the FRA for approval.

4.3 Location Supervision

Location Supervision is responsible for:

- Initial reporting of traumatic events, including “critical stress” incidents
- Providing initial field response during traumatic events
- Being aware of the services provided by the EAP Department
- Facilitating the interaction between affected employees and the EAP Department
- Arranging transportation of affected employees to their home terminal/location if required

4.4 Department Management

Department Management has the overall responsibility to be aware of and comply with the policies and procedures involving “critical incidents.” They are also responsible for ensuring that their field supervision is aware of and follows the procedures outlined in this Plan.

4.5 Rail Operations Center (ROC)

The Train Dispatcher and the Assistant Chief Dispatcher are responsible for receiving the incident reports regarding the Critical Incident, communicating the information to others as required and taking actions to ensure safe movement of trains and ontrack equipment.

4.6 Rail Employees

After a Critical Incident and as soon as practical, “directly involved” NJTRO employees will be offered and provided with appropriate support services including appropriate relief.

5. PROCEDURES

5.1 Qualifying Incident

A qualifying incident is a “Critical Incident” as defined in this Plan. Near miss incidents are not covered by this Plan. They will be handled on an individual basis as deemed appropriate by EAP and Rail Operations.

5.2 Communication

In the event of a “Critical Incident” the reporting person will contact the Train Dispatcher at the Rail Operations Center (ROC). The ROC will notify the following and as per ROC Notification List.

- Division General Superintendent
- NJ TRANSIT Police
- DGM Transportation
- Office of Public Information
- Transportation Department Supervision
- Mechanical & Engineering Trouble Desks
- OSS–Rail Safety Department Duty Officer
- Other personnel and regulatory agencies as per the ROC Notification List

5.3 Assessment

The Train Dispatcher will communicate with the affected train crew for a preliminary assessment of the situation to determine the exact location of the incident, the circumstances, and the condition of the crew, passengers, train and adjacent track(s).

When Transportation Supervision arrives on scene they will assess the situation and notify the Train Dispatcher with further details of the incident. The Transportation Supervisor will also briefly interview the crew to determine their condition and determine if medical attention is required. If necessary, an extra service or yard crew will be directed to the incident location.

Supervision in the affected department will conduct the assessment for incidents that do not involve trains.

5.4 Employee Assignment

The two members of the train crew who were designated by the Conductor to make the initial assessment in accordance with TRO-12 will be relieved. The train crew may be required after the incident to allow medical personnel to gain access to the affected individual(s) and/or to allow for the safe removal of passengers.

The Train Dispatcher will notify the Crew Caller to order a replacement for the train crew to cover the balance of the assignment if another train crew is not available. Trained and qualified Supervision will also assist as needed in moving equipment until the train crew is relieved or extra service arrives. Note: The crew has the option to refuse being relieved if they so desire.

Supervision in the affected department will coordinate the employee assignment for incidents involving equipment and employees other than the train crew.

5.5 Support Services

A critical step in establishing a comprehensive safety and health program is to identify train crews as well as other rail employees directly involved in critical incidents and offer counseling, guidance, support services and stress relief options. This includes but is not limited to the EAP. The EAP program is voluntary and open to all employees, including mechanical, engineering or supervisory employees involved or exposed to traumatic events. The intervention is resiliency based. The EAP will offer counseling to all employees affected by the event. The EAP provides services to all crafts and non-Agreement employees.

The Supervisor on the scene will inform the train crew and all other directly involved rail employees, as soon as practicable, that relief options, counseling and other services are available to them. The information provided shall include the following:

- The availability of guidance, counseling services and contact information for EAP services, including telephone numbers:
 - (732-290-0368) or (800-338-COPE)
- Relief from the balance of the duty tour as soon as practicable after the employee has performed any actions necessary for the safety of persons and contemporaneous documentation of the incident, if the employee requests it.
- Transportation to each directly-involved employee's home terminal, if necessary (i.e., the employee requests it).
- Each directly-involved employee may request such additional leave from normal duty as may be necessary and reasonable to receive preventive services or treatment related to the incident or both, provided the employee's clinical diagnosis supports the need for additional time off or the employee is in consultation with a health care professional related to the incident. The

health care professional must support the need for additional time off in order for the employee to receive preventive services or treatment related to the incident, or both. The supervisor must advise the employee that health care practitioners other than the NJ TRANSIT EAP Counselor, including a licensed board certified psychiatrist, clinical psychologist, or licensed clinical social worker of the employee's selection, may provide a clinical diagnosis to the EAP to support the need for such additional time off.

The Supervisor shall then make a list of all directly involved employees, whether or not such employees request EAP services, and provide this list to the Assistant Chief Dispatcher. This form is in Appendix A (Critical Incident Employee List).

The Assistant Chief Dispatcher on duty at the time of the occurrence will notify the EAP (800-338-2673) of the full name, home address and home telephone number of the train crew as well as other directly-involved employees. This information will be left with the counselor or operator, or a message will be left on the phone recorder which is monitored on a daily basis (including weekends and holidays). After notifying EAP, the time that the message was left is to be entered on the Notification List.

The EAP will execute the following procedure:

An EAP Counselor will attempt to contact each directly-involved employee by phone within 24 hours of the occurrence of the incident. A "Psychological First Aid" (PSA) approach will be utilized by EAP Counselors (as well as trained supervisors) to reduce the initial psychological distress that may normally occur in individuals who have experienced a traumatic event.

In the event that an EAP Counselor is not immediately available, the directly-involved employee may contact the EAP Director/Sr. Director (or designee) at 862-754-5250 or 201-704-9874 for assistance. This contact is available after hours and on holidays.

If the directly-involved employee experiences a psychiatric or medical emergency they should dial 911 or go the nearest hospital emergency room.

The EAP Counselor will conduct an initial phone intake which shall include a screening to determine the need for immediate care as well as develop an appropriate plan of action. The intake includes offering the directly-involved employee referrals to resources to ensure that the employee's needs are addressed appropriately. The directly-involved employee will be advised of the EAP's confidential, available services. If the directly-involved employee elects to be seen by the EAP, an appointment will be provided within 72 hours of the critical incident. The EAP Counselor will schedule the appointment at an EAP office in Maplewood, Hoboken, Matawan or Camden. On occasion, the EAP will go into the field for a particular traumatic incident (e.g. employee death). The assessment will screen for signs/symptoms of severe emotional and psychological distress including Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD). The EAP Counselor will follow the standards, guidelines and practices that align with Certified

Employee Assistance Professionals (CEAP). Additionally, as licensed professionals, the EAP Counselor will adhere to all laws and ethical responsibilities regarding matters of confidentiality.

EAP Counselors will contact each crew member approximately a week after the event. It is explained that symptoms may be delayed or build up over time. They are made aware that frequent exposure to traumatic events can have a cumulative effect. Based on the conversation, it will be determined whether a follow-up appointment or referral to an outside provider is necessary.

5.6 Duty Tour Relief

If directly-involved employees request it, they are offered relief from the duty tour(s) subsequent to the critical incident as soon as practicable after they have performed any actions necessary for the safety of persons and timely documentation of the incident. After these actions have been taken, the directly-involved employees may take up to three days off with pay, if needed, without a clinical diagnosis.

Directly-involved employees are permitted additional leave from normal duty as may be necessary and reasonable to receive preventive services or treatment related to the incident or both, provided the employee's clinical diagnosis supports the need for additional time off or the employee is in consultation with a health care professional related to the incident. The health care professional must support the need for additional time off in order for the employee to receive preventive services or treatment related to the incident, or both.

A notification form used by EAP to notify the OSS that an employee is in need of additional leave from normal duty as the result of a Critical Incident is in Appendix B.

5.7 Transportation

Timely transportation to the affected employee's home terminal or base is provided if requested by the directly involved employee.

6. TRAINING AND COMMUNICATION

6.1 EAP Staff Training

The EAP staff attended training in October, 2013 and January, 2014 entitled "Critical Incident Response 3- A Multi-Systemic Resiliency Approach." Additional training included a course in June, 2015 entitled "Key Concepts in Psychological First Aid". Periodic staff training will be scheduled as necessary to maintain the required skills.

6.2 Initial Training

All covered service employees are given an overview of the EAP during their initial training. During this orientation, there is a discussion of Critical Incidents including: statistics, symptoms, coping mechanisms and PTSD. Pre-Incident education and

training for employees is to be structured to provide employees information about normal reactions to stress, options for leave, counseling and other support services. Education and training helps protect an employee from psychological and emotional harm should a critical incident occur.

6.3 Annual Training

The EAP staff provides training to rail supervisory employees who respond to critical events. The training involves identifying behaviors and symptoms which they might encounter at the scene and how to interact with affected employees. Supervisors are provided with a “Dos and Don’ts” list for interaction with crew members. Participants are encouraged to be aware of their own feelings and reactions. Training is also provided to a group of peer engineers who provide support to involved crews. The EAP conducts this training twice yearly to appropriate employees. An outline of this training, handouts are in Appendix C. The Attendance documentation form is in Appendix D.

6.4 General Training

In addition to formal trainings, the EAP advertises its services at various rail locations. They distribute pamphlets, stock brochure racks with educational information and discuss issues with employees. A focus of these discussions is stress and coping mechanisms to deal with it. This interaction is done in an informal manner which for some employees is less threatening.

7. PERIODIC REVIEW

The EAP and OSS will conduct periodic inspections to ensure compliance with this policy. The written program will be periodically reviewed and changes made as necessary.

APPENDIX – A

LIST OF EMPLOYEES DIRECTLY INVOLVED IN CRITICAL INCIDENT

Date of Critical Incident: _____ Time of Incident: _____ Location of Incident: _____

Brief Description of the Critical Incident:

Names of the Employees

NAME	EMPLOYEE NO.	DEPARTMENT	CRAFT/TITLE	INVOLVEMENT (ex., Witnessed)

(Attach additional forms if more space is needed.)

Supervisor completing this form _____

(Print Name)

(Phone Number)

Fax a copy to EAP office at 732-290-3291 and to ROC at 201-246-2681

Appendix B

 NJ TRANSIT

Memorandum

TO: OSS-Rail Safety Division

FROM: _____
Employee Assistance Program

DATE:

SUBJECT: Employee Need for Additional Time Off Due to Work-related Critical Incident

This is to notify you that _____, employee number _____, was seen in the Employee Assistance Program due to a work-related Critical Incident that occurred on _____ (time, date).

The employee has a diagnosis that supports the need for additional time off in order to receive preventive services and/or treatment related to the incident.

We will follow up this letter with a projected length of time the employee will remain out of work.

If you have any questions, please contact me at 732-290-0368.

Appendix C

TRAINING FOR SUPERVISORY/PEER SUPPORT PERSONNEL

DEFINITIONS CRITICAL INCIDENT INTERVENTION, PTSD

- The Critical Incident Intervention is a psychological and educational support group discussion whose main objective is to mitigate the impact of a critical incident and accelerate the return of employees to routine functioning post incident. Focus is on supporting existing coping mechanism, and build new ones.
- The Critical Incident Intervention is a discussion of an unusual event, but is not a critique or part of an investigation so employees are encouraged to talk about the incident and discuss how it has affected them . Remember the process is completely confidential. Our main objective is to help and support each employee.
- PTSD is a mental health condition that's triggered by a terrifying event – either experiencing or witnessing it. Many people who go through traumatic events have difficulty adjusting and coping for a while, but they don't have PTSD. With time and good self-care, they usually get better. But if symptoms get worse or last for months or even years, and interfere with your functioning, you may have PTSD.
- Events which may require a Critical Incident Intervention include:
 - Any event that has significant emotional power to overwhelm usual coping mechanism.
 - Line-of-duty death
 - Serious line-of-duty injuries
 - Worker suicide
 - Disasters
 - Unusually tragic deaths to children
 - Significant events where the victims are relatives or friends
 - Events that seriously threaten the lives of the employee

Appendix C (cont'd.)

DESCRIPTION OF SCENE

- Emotional mood, level of activity at scene
- Competing agendas of responders
- Dos & Don'ts
 - DO promote calm
 - DO promote safety
 - DO promote self-efficacy
 - DO listen and empathize

 - DON'T press for feelings
 - DON'T tell someone how they should feel or think
 - DON'T give simple assurances
 - DON'T make any promises that may not be kept

HANDOUT – PSYCHOLOGICAL FIRST AID FOR FIRST RESPONDERS

- Avoid saying
 - “I understand.” In most situations we cannot understand unless we have had the same experience.
 - “Don’t feel bad.” The survivor has a right to feel bad and will need time to feel differently.
 - “You’re strong/You’ll get through this.” Many survivors do not feel strong and question if they will recover from the loss.
 - “Don’t cry.” It is ok to cry.
 - “It’s God’s will.” Giving religious meaning to an event to a person you do not know may insult or anger the person.
 - “It could be worse” or “At least you still have...” It is up to the individual to decide whether things could be worse.

Emphasize that these types of responses could elicit a strong negative response or distance the survivor from you.

Remember, you provide support by listening and empathizing

Appendix C (cont'd.)

POSSIBLE SIGNS AND SYMPTOMS OF STRESS REACTION

- Physical
 - Fatigue
 - Muscle tremors
 - Rapid heart rate
 - Headache

- Emotional
 - Anger
 - Guilt
 - Grief
 - Denial

- Cognitive
 - Confusion
 - Poor attention/decisions
 - Memory issues
 - Hypervigilance

- Behavioral
 - Withdrawal
 - Change in normal activity
 - Poor sleeping
 - Change in appetite

HANDOUT – CRITICAL INCIDENT INFORMATION SHEET

These are but a few of the common stress reactions. Not everyone experiences a stress reaction and one's reaction may vary from one event to another.

REACTIONS VARY AND MAY DEPEND ON CERTAIN MITIGATING FACTORS

- Age of victim

- Emotional well-being of individual involved

- Past experience with similar event

Appendix C (cont'd.)

BUILDING RESILIENCY/ STRENGTHENING EXSISTING COPING MECHANISMS

- Positive copers
- Coping strategies
- Support existing coping/defense mechanisms

HANDOUT – POSITIVE COPERS, COPING STRATEGIES

SELF-AWARENESS

- Vicarious trauma
- Awareness of one's own feelings
- Over-Identification
- Projection
- Self-care

Appendix C (cont'd.)

HANDOUTS

Critical Incident Stress Information Sheet

You have experienced a traumatic event or a critical incident (any incident that causes New Jersey Transit service personnel to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later). Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional aftershocks when they have passed through a horrible event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of stress reaction may last a few days, a few weeks or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones, the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by themselves.

Here are some very common signs and signals of a stress reaction:

<u>PHYSICAL</u>	<u>COGNITIVE</u>	<u>EMOTIONAL</u>	<u>BEHAVIORAL</u>
fatigue	blaming someone	anxiety	change in activity
nausea	confusion	guilt	change in speech
muscle tremors	poor attention	grief	patterns
twitches	poor decisions	denial	withdrawal
chest pains*	heightened or	severe panic (rare)	emotional outbursts
difficulty breathing	lowered alertness	emotional shock	suspiciousness
elevated BP	poor concentration	fear	change in usual
rapid heart rate	memory problems	uncertainty	communications
thirst	hypervigilance	loss of emotion	loss or increase
headaches	difficulty identifying	control	of appetite
visual difficulties	familiar objects or	depression	alcohol consumption
vomiting	people	inappropriate	inability to rest
grinding of teeth	increased or decreased	emotional	antisocial acts
weakness	awareness of surroundings	response	nonspecific bodily
dizziness	poor problem solving	apprehension	complaints
profuse sweating	poor abstract thinking	feeling overwhelmed	environment
chills	loss of time, place or	intense anger	startle reflex
shock symptoms**	person orientation	irritability	intensified
fainting	disturbed thinking	agitation	pacing
etc.	nightmares	etc.	erratic movements
	intrusive images		change in sexual
	etc.		functioning
			etc.

▪ Definite indications of the need for medical evaluation.

Appendix C (cont'd.)

COPING STRATEGIES

1. Remind yourself of the fact that you are providing help.
2. Look at the situation as realistically as possible.
3. Remind yourself that things could be worse.
4. Figure out which things you were afraid of really could have happened.
5. Concentrate on other things.
6. Think about humorous aspects of the incident.
7. Try to be more helpful to others.
8. Think about the meaning of your life now after having been in the incident.
9. Work on expectations and plans for the future.
10. Let yourself experience and deal with all of your feelings about the incident.
11. Talk about the incident with others.
12. Try not to withdraw from other people.
13. Think about the good things in your life.
14. Figure out when responses were irrational.
15. Devote yourself to work.
16. Figure out how things would be different if you had acted in a different way.
17. Seek out co-workers dealing with the same thing or who have had similar experiences.
18. Figure out the meaning/purpose of being in rescue work and how this may relate to the incident.
19. Put the whole thing out of your mind.

Appendix C (cont'd.)

20. Put the feelings out of mind or try not to let them get out of control.
21. Develop a positive attitude about the meaning of the incident to get over the bad feelings.
22. Spend time alone to think about what happened.
23. Figure out why disaster made you feel as you do.
24. Decide not to let yourself be bothered by mixed or conflicting feelings.
25. Involve yourself in other activities to relieve some of the tension; e.g. sports, gardening, a hobby.
26. Seek increased emotional support from others.
27. Look to someone who can provide additional direction.
28. Turn to religion or philosophy for help.
29. Find and pursue new interests.
30. Spend more time listening to music, writing or getting in touch with nature.
31. Do things impulsively to see if such activities help you feel better.
32. Figure out choices in life and how they are related to the incident.

Appendix C (cont'd.)

POSITIVE COPERS

1. FAMILY

BALANCING:	Balance time at work and home. Accept the good with the bad.
CONFLICT RESOLUTION:	Look for win/win solutions. Forgive readily.
ESTEEM BUILDING:	Build good family feelings. Focus on personal strengths.
FLEXIBILITY:	Take on new family roles. Stay open to change. Develop friendships with other families. Make use of community resources.
TOGETHERNESS:	Take time to be together. Build family traditions. Express affection.

2. PERSONAL

AFFIRMATION:	Believe in yourself. Trust others. Give compliments.
ASSERTIVENESS:	State your needs and wants. Say "no" respectfully.
CONTACT:	Make new friends. Touch. Really listen to others.
EXPRESSION:	Show feelings. Share feelings.
LIMITS:	Accept others' boundaries. Drop some involvements.
LINKING:	Share problems with others. Ask for support from family/friends.

3. EMOTIONAL

IMAGINATION:	Look for the humor. Anticipate the future.
LIFE PLANNING:	Set clear goals. Plan for the future.
ORGANIZING:	Take charge. Make order. Don't let things pile up.

Appendix C (cont'd.)

- PROBLEM-SOLVING:** Solve it yourself. Seek outside help. Tackle problems head-on.
- RELABELING:** Change perspectives. Look for good in a bad situation.
- TIME MANAGEMENT:** Focus on top priorities. Work smarter, not harder.

4. PHYSICAL

- BIOFEEDBACK:** Listen to your body.
Know your physical limitation.
- EXERCISE:** Pursue physical fitness. Jog, swim, dance, walk.
- NOURISHMENT:** Eat for health. Limit use of alcohol.
- RELAXATION:** Tense and relax each muscle. Take a warm bath.
Breathe deeply.
- SELF CARE:** Energize your work and play. Strive for self-improvement.
- STRETCHING:** Take short stretch breaks throughout your day.

5. SPIRITUAL

- COMMITMENT:** Take up a worthy cause. Say "yes".
Invest yourself meaningfully.
- FAITH:** Find purposes and meaning. Give thanks. Share beliefs with others.
- SURRENDER:** Let go of problems. Accept the things that we cannot change.
- VALUING:** Set priorities. Be consistent. Spend time and energy wisely.

Managing Intense Emotions

When people are first faced with disaster and you first meet them, intense emotions are often present and appropriate. They are a result of intense fear, uncertainty, and apprehension.

DO:

Communicate Calmly: Use SOLER

- Sit squarely or stand using the L-stance (shoulder 90° to the other person's shoulder).
- Open posture.
- Lean forward.
- Eye contact.
- Relax.

Communicate Warmth:

- Use a soft tone.
- Smile.
- Use open and welcoming gestures.
- Allow the person you are talking with to dictate the distance between you.

Establish a Relationship:

- Introduce yourself if they do not know you.
- Ask the person what they would like to be called.
- Do not shorten their name or use their first name without their permission.
- With some cultures, it is important to always address the person as Mr. or Mrs.

Use Concrete Questions to Help the Person Focus:

- Use closed-end questions.
- Explain why you are asking the question.

Come to an Agreement on Something:

- Establish a point of agreement that will help solidify your relationship and gain their trust.
- Active listening will help you find a point of agreement.

Speak to the Person with Respect:

- Use words like please and thank you.
- Do not make global statements about the person's character.
- Lavish praise is not believable.
- Use positive language.

If the Person Becomes Agitated, He or She May—

Challenge or Question Authority:

- Answer the question calmly.
- Repeat your statement calmly.

Refuse to Follow Directions:

- Do not assert control. Let the person gain control of self.
- Remain professional.
- Restructure your request in another way.
- Give the person time to think of your request.

Lose Control and Become Verbally Agitated:

- Reply calmly.
- State that you may need assistance to help them.

Become Threatening:

- If the person becomes threatening or intimidating and does not respond to your attempts to calm them, seek immediate assistance. ⁽¹⁾

(1) Adapted from "Psychological First Aid," the Center for the Study of Traumatic Stress at www.centreforthe-study-of-traumatic-stress.org and used with permission. (2) Adapted from "High-risk Disaster Behavioral Health: Psychological First Aid Curriculum" at www.merithealth.com/health/education/training.asp.

Psychological First Aid
Tips for Emergency
Disaster Response W



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
www.hhs.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAMHSA
NATIONAL CENTER FOR SUBSTANCE USE DISORDER TREATMENT SERVICES
NNAHHS-0210

Appendix C (cont'd.)

Psychological First Aid for First Responders

Information Clearinghouses

National Mental Health Information Center (NIMH)
 P.O. Box 42557, Washington, DC 20015
 (800) 789-2647 (English and Spanish)
 (800) 839-2647 (TDD)
www.nimh.nih.gov

National Clearinghouse for Alcohol and Drug Information (NCAADI)
 P.O. Box 2345, Rockville, MD 20847-2345
 (800) 729-6686 (English and Spanish)
 (800) 487-4889 (TDD)
www.ncaadi.samhsa.gov

Treatment Locations

Mental Health Services Locator
 (800) 789-2647 (English and Spanish)
 (800) 889-2647 (TDD)
www.mentalhealthservices.gov/locator

Schedule Abuse Treatment Finding Locator
 (800) 662-HEAT (4357) (Toll-Free, 24-hour English and Spanish)
 Treatment National Service
 (800) 487-4889 (TDD)
www.findtreatment.samhsa.gov

Hotlines

National Suicide Prevention Lifeline
 (800) 273-TALK (8255)
 (800) 799-4889 (TDD)

SAFHSA National Helpline
 (800) 662-HEAT (4357) (English and Spanish)
 (800) 487-4889 (TDD)
www.safhshsa.gov/helpline

Horizonline Helpline
 (800) YOUNGSPACE (967-5752)
www.youngspace.samhsa.gov/helpline

When you work with people during and after a disaster, you are working with people who may be having reactions of confusion, fear, hopelessness, sleeplessness, anxiety, grief, shock, guilt, shame, and loss of confidence in themselves and others. Your early contacts with them can help alleviate their painful emotions and promote hope and healing.

Your goal in providing the psychological first aid is to promote an environment of safety, calm, connectedness, self-efficacy, empowerment, and hope.

DO:

Promote Safety:

- Help people meet basic needs for food and shelter, and obtain emergency medical attention.
- Provide repeated, simple, and accurate information on how to get these basic needs.

Promote Calm:

- Listen to people who wish to share their stories and emotions, and remember that there is no right or wrong way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the disaster or trauma, and the relief efforts underway to help victims understand the situation.

Promote Connectedness:

- Help people contact friends and loved ones.
- Keep families together. Keep children with parents or other close relatives whenever possible.

Promote Self-Efficacy:

- Give practical suggestions that steer people toward helping themselves.
- Engage people in meeting their own needs.

Promote Hope:

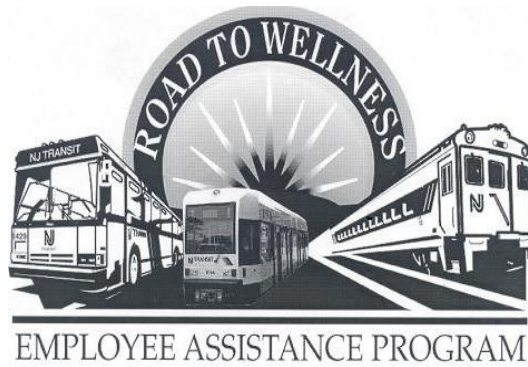
- Find out the types and locations of government and nongovernment services and direct people to those services that are available.
- When they express fear or worry, remind people (if you know) that more help and services are on the way.

DO NOT:

- Force people to share their stories with you, especially very personal details.
- Give simple reassurances like "everything will be OK" or "at least you survived."
- Tell people what you think they should be feeling, thinking, or how they should have acted earlier.
- Tell people why you think they have suffered by alluding to personal behaviors or beliefs of victims.
- Make promises that may not be kept.
- Criticize existing services or relief activities in front of people in need of these services.



Appendix D



TRAINING FOR SUPERVISORY/PEER SUPPORT PERSONNEL INVOLVED IN CRITICAL INCIDENTS

Attendance List

Date: _____ Counselor: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____