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# **Prevention and Control of Stress Among Emergency Workers**

*A Pamphlet for Team Managers*

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Recently, increasing attention has been given to the mental health needs of disaster and emergency service workers. Such workers, in meeting the needs of victims under stressful and chaotic conditions, face unprecedented personal demands with fatigue, stress reactions, and burnout sometimes resulting.

This pamphlet discusses approaches that may be helpful to managers in dealing with disaster-related stress among workers. It suggests interventions before, during, and after disaster.

The suggestions presented here are guidelines based on a wealth of experience from disaster workers. However, no single suggestion will work for all people at all times.

## **Predisaster Interventions: Prevention**

Some of the most important stress management interventions for disaster workers take place predisaster. These activities are important in preparing workers for what they will likely encounter in the disaster situation. Preparation by both the individual worker and the organization can help minimize the effects of stress when it

occurs and can help individuals and the organization cope with stress in a more efficient manner. The following are some useful predisaster interventions.

### ***Collaborative Relationship Between Emergency and Mental Health Services***

A predisaster collaborative relationship can make training available for emergency workers in the mental health aspects of their work, so that they can anticipate and effectively deal with their own mental health needs and those of victims. Such predisaster planning between mental health and emergency services also paves the way for effective collaboration during and after a disaster.

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The potential benefits of collaboration with mental health agencies include the following.

- Workers can receive training to improve their skills and confidence in dealing with the emotional needs of victims of emergencies.
- Workers and supervisors can learn to recognize the stresses inherent in their work and to develop preventive strategies for mitigating those stresses.
- Emergency workers can learn about resources available to them in dealing with disaster-related stress (debriefing, counseling, etc.).
- The use of both prevention and treatment strategies can potentially decrease or eliminate negative effects of stress such as decline in job performance, burnout, high turnover rate, health problems, and family problems for workers.

## ***Orientation and Training***

Training on the mental health aspects of emergency workers' jobs, both routine and in disaster, should be given as part of workers' initial on-the-job orientation and ongoing service training. Such education can prepare workers for the stresses they may experience in the work, decrease their vulnerability, and increase their effectiveness in dealing with job-

related stresses when they occur.

## ***Disaster Planning, Training, and Drills***

Every worker with a potential role in a disaster should be thoroughly oriented to that role in the organization's disaster plan. Mental health personnel should regularly be included in each organization's disaster drills. Even disaster drills generate stress symptoms in those who participate. The interventions discussed in the rest of this pamphlet, including debriefing, can all be practiced effectively in a disaster drill.

## ***Interventions During The Disaster***

1. During the alarm phase, provide workers with as much factual information as possible about what they will find at the scene. Provide this information via radio communications or in the form of a quick briefing as new personnel arrive at the scene. This forewarning can help personnel gear up emotionally for what they may find.
2. Try to get information for workers about the location and well-being of their family members.

3. Remember that *early identification and intervention* of stress reactions is the key in preventing worker burnout. Review lists of stress symptoms; remember that multiple symptoms in each category indicate that worker effectiveness is diminishing.
4. Use mental health assistance in field operations if plans have been made to do so. Mental health staff can observe workers' functioning, support workers, and give advice to command officers about workers' fatigue levels, stress, reactions, and need for breaks.
5. Check in with workers by asking, "How are you doing?" Assess whether verbal response and worker's appearance and level of functioning jibe; i.e., workers may say they are doing "fine," but may be exhibiting multiple stress symptoms.
6. Rotate workers among low-stress assignments (such as staging areas), moderate-stress assignments, and high-stress tasks.
7. Limit workers' time in high-stress assignments (such as triage or morgue) to an hour or so at a time, if at all possible. Provide breaks, rotation to less stressful assignments, and personal support.
8. Ask workers to take breaks if effectiveness is diminishing; order them to do so if necessary. Point out that the worker's ability to function is diminishing due to fatigue, and that you need him functioning at his full potential to assist with the operation. Allow worker to return to scene if he rests and his functioning improves.
9. On breaks, try to provide workers with the following:
  - Bathroom facilities
  - A place to sit or lie down away from the scene; quiet time alone
  - Food and beverages
  - Shelter from weather, dry clothes, etc.
  - An opportunity to talk about their feelings; coworkers, chaplains, or mental health staff can assist

## Interventions After The Disaster

1. Arrange a debriefing for all workers involved in the disaster.
2. Line personnel should have an opportunity to participate in a critique of the event. Often, a critique is limited to officers and supervisors, but line staff

participation can assure that workers are recognized for their contribution to the operation. Also, their viewpoints are valid and valuable input toward improving operations the next time around.

3. The organization can help workers and their families by setting up a meeting to provide them with information about the event, as well as education about normal stress reactions in workers and the potential effects of such stress on the family.
4. Formal recognition by the organization of a worker's participation in a disaster operation can mean a lot. A letter in the individual's personnel file, or a certificate of appreciation for contribution to an unusual and important job, lets the worker know that his participation meant something. Workers who remained at the office or station "minding the store" during the disaster should also receive recognition; their contribution was also essential.
5. Managers and supervisors should plan for the letdown their staff may experience. Discuss stress reactions in a staff meeting and emphasize that they do not imply weakness or incompetence. It is similar to being wounded in action.
6. If workers' reactions are severe or last longer than 6 weeks, encourage them to use professional assistance. Again, it does not imply weakness—it simply means that the event was so traumatic it has had a profound effect on the individual.

## *Debriefings*

A debriefing is an organized approach to the management of stress response following a traumatic or critical incident. It is a specific, focused intervention to assist workers in dealing with the intense emotions that are common at such a time. It also assists workers by teaching them about normal stress responses, specific skills for coping with stress, and how to provide support for each other.

A debriefing involves a one-to-one or group meeting between the worker(s) and a trained facilitator. Group meetings are recommended, as they provide the added dimension of peer support.

A debriefing is not a critique. . . critique is a meeting in which the incident is discussed, evaluated, and analyzed with regard to procedures, performance, and what could have been improved upon. A critique is a valid and important meeting. It can help workers to sort out facts, get

questions answered, and plan for what to do in the future. A debriefing has a different focus: that of dealing with the emotional aspects of the experience.

It will not work to combine a critique and a debriefing in the same meeting. The goals and focus of the two meetings are entirely different. If an attempt is made to combine them, personnel may be much more comfortable analyzing logistics of the operation than dealing with the feelings involved, and the critique is all that occurs.

The basic ground rules for conducting a debriefing follow.

### *Who Should Attend*

Everyone who participated in the incident should attend, unless the group is too big, in which case it can be split into smaller groups. Multidisciplinary groups with police, firefighters, paramedics and EMTs, emergency room nurses, etc. are ideal; they bring together the whole team." Command officers and line staff should participate in the same debriefing. The media should be excluded if they wish only to observe; if they were part of the traumatic incident, they should participate in the debriefing as a participant, observing confidentiality like all other participants.

### *Mandatory vs. Optional Debriefings*

Opinions vary as to whether debriefings should be mandatory. Many departments are moving in the direction of making debriefings routine and mandatory after any critical incident. This policy gives personnel the message that (1) the organization is concerned for workers' well-being, and (2) the debriefing is a natural and routine procedure, with no stigma attached. When debriefings are not mandatory, personnel who might benefit may not attend for fear of being labeled "weak."

### *Who Conducts the Debriefing*

The debriefing should be conducted by an experienced mental health facilitator. A professional facilitator is recommended because the emotions expressed in a debriefing may overwhelm an untrained facilitator. The facilitator should be skilled in group dynamics and communications, use a crisis intervention approach, have a good knowledge of stress response syndromes and interventions, and be well-versed in operational procedures of emergency service organizations.

## ***When a Debriefing Should Be Held***

The best time to hold a debriefing is about 24 to 48 hours after the incident. Prior to that time, workers may still be emotionally "numb," either from the shock of the incident or because their feelings are still being suppressed. Workers are also in the process of intellectually restructuring the incident, often trying to figure out if they operated "by the books." At the 24- to 48-hour period, emotions are often surfacing in an intense form, and this is a good time to deal with them. Effectiveness diminishes with the passage of time between the event and the debriefing. Every effort should be made to conduct the debriefing within 6 weeks of the event. However, successful debriefings have been conducted a year or more after a traumatic incident.

## ***How Long a Debriefing Should Take***

Usually, 2 to 4 hours should be allowed for a debriefing. In some situations, it may take longer. It is usually wise to block out a morning or afternoon to devote to the debriefing.

## **Followup, Referral To Mental Health Resources, Counseling**

Each organization should have some means of monitoring individuals' recovery from traumatic events or incidents. This may take place as a routine followup meeting (group or individual) with the debriefing facilitator, meeting between supervisor and employee, or routine medical check with the employee health nurse or physician. The purpose of the followup is to allow the worker further opportunity to talk about feelings about the incident and also to assess with the individual whether the symptoms are diminishing. A good time to do a routine followup is about a month to 6 weeks after the event.

If workers are still having difficulty with stress symptoms at that time, a routine referral to a mental health counselor should be suggested. The organization should have a preestablished plan for referrals to counselors who are knowledgeable or specialize in working with emergency service personnel. Fee arrangements should be preestablished. The ideal arrangement is for mental health services to be available to emergency



workers through their prepaid employee health plan. Many plans do not provide this coverage, and personnel are often angry if they find that they must pay for counseling services out of their own pocket, when the trauma was a work-related event. This can produce a real barrier to personnel obtaining the services they need to remain functional and productive on the job.

Sometimes workers are unfamiliar with the process of counseling and what it entails, and are therefore reluctant to seek help. They should know that most counselors prefer to work with emergency workers in a short-term, active approach. Counselors often use specific techniques aimed at symptom reduction. They usually do not use long-term, psychoanalytic approaches. Occasionally, depending on the nature of the problem, marital or family therapy may be suggested.

## **Survivors**

Emergency and disaster workers are highly motivated and highly trained individuals. They perform strenuous, stressful, and often dangerous work. They seek to ease the suffering of victims. At the same time, they put themselves at high emotional risk for

stress reactions that may be harmful to themselves, their work life, and their family life. It is important to remember and recognize the inherent strengths and qualities of the people who do this work. They embody the traits of the survivor personality:

- A sense of commitment to and involvement in life; strong commitments, clear values, and things they believe in
- Paradoxical traits of gentleness and strength, trust and caution, self-confidence and self-criticism, dependence and independence, toughness and sensitivity
- A feeling of control over their circumstances, and the willingness to admit what can't be controlled
- The ability to see change as a challenge, not just a threat; the commitment to meet challenges in a way that will make them stronger persons

Emergency and disaster workers are survivors. They can see both the positive and negative sides of any situation. They like to challenge themselves. They intend to survive—and to do so in good form.

## Supplementary Materials

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