Basic Training

Health Support Team

Disaster Behavioral Health Training and Response

HST
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What is Health Support Team?

Community Based Mental Health Intervention

Designed to build up behavioral health supports when professional resources may be limited.

Training community members, paraprofessionals or other interested supporters in a four-step process using 6 modules of psycho-education.

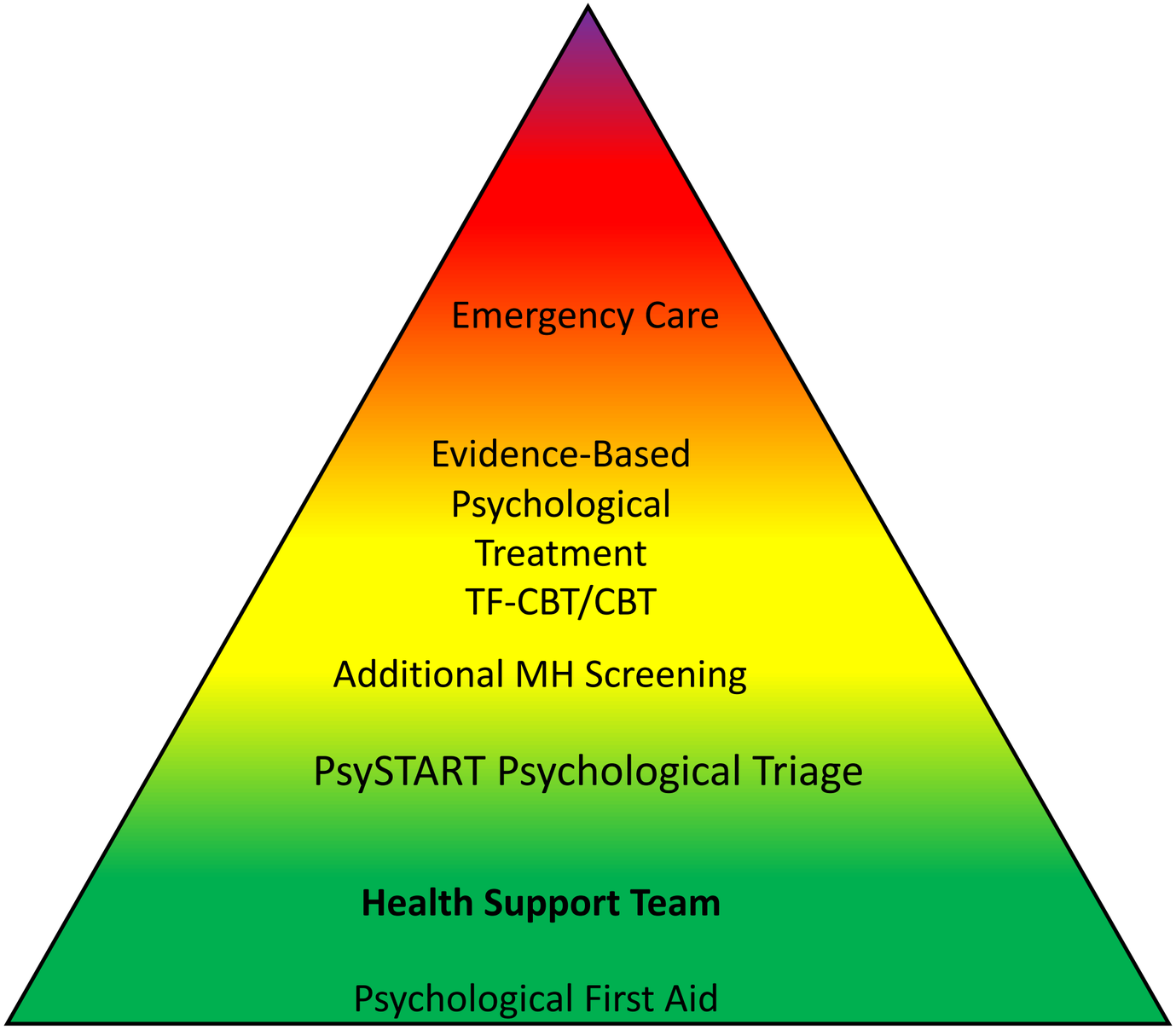
Taking triage and Psychological First Aid (PFA) to the next level and training trainers within the affected community.

HST concepts can be easily be adapted for working specifically with children, youth and teens. Please note the sections highlighted in blue for specific information about working in support of youth.

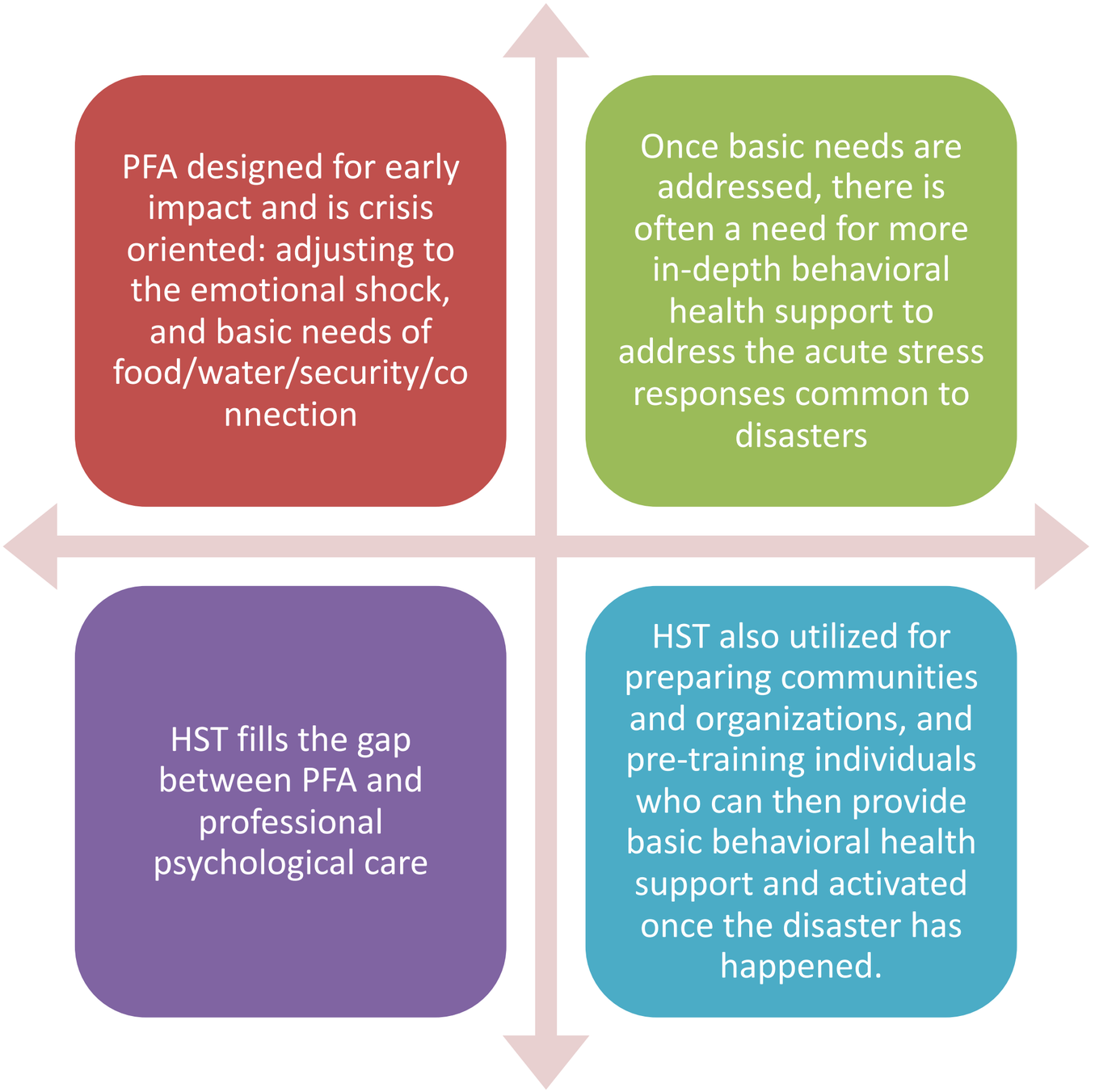
Page 5 in Basic HST guide

Health Support Team Training:

Part of Continuum of Care



HST and Psychological First Aid



Key Features of HST

Picks up and Fills in where Psychological First Aid leaves off.

Good for ALL phases of disaster response and recovery – Community Response as well as Preparation.

Just-in Time (JIT) training can also be provided during acute phases of events to train licensed behavioral health providers who may not have an understanding of Disaster Behavioral Health, and appropriate clinical

Module 1: Introduction to Health Support Team, Disaster Response & Recovery

Pg. 3 in Trainer Guide
Pg 4 in Basic Guide

Why HST? Here's Where "You're Up"

- Mental health providers are often overwhelmed and focusing on the most acute issues and serious symptoms.
- You and your colleagues have the opportunity to provide basic behavioral health support to others.
- Engaging with HST process in support of others, including students and community members, exponentially increases sense of hope and mental health recovery process for both the supporter and the person being supported.

Health Support Team Process

Learn & Listen: Learn about the persons experience and listen to the problem(s) they describe using supportive communication and active listening techniques.

Offer Support: Foster resiliency by supporting the person in finding external resources and internal strengths or refer them to someone if needed.

Provide a Tool: Offer a tool to help them cope, such as a relaxation technique or a thinking strategy.

Emphasize Hope: Let the person know you are there for them, and that you are an encouraging supportive resource for them when needed.

Common symptoms of acute / chronic stress or trauma

PHYSICAL *	EMOTIONAL	COGNITIVE	BEHAVIORAL
Nausea	Fear	Trouble with learning	Withdrawal
Fatigue	Worry	Memory issues	Outbursts of anger
Insomnia	Irritable	Recurring thoughts or images	Listless
Hypersomnia	Denial	Pre-occupied with safety	Crying
Change in appetite	Terror	Difficulty with focus	Repetitive questions about the future
Easily startled	Guilt/self blame	Easily distracted	More likely to use drugs or alcohol

* It is important to rule out any other medical conditions that may influence these symptoms

PHYSICAL*	EMOTIONAL	COGNITIVE	BEHAVIORAL
Stomach pain	Depression/sadness	Hyper-vigilant	Restless/trouble sitting still
Headache	Panic	Feeling overwhelmed	Repeatedly tells the story of the event
Dizziness	Anxiety	Pre-occupation with death	Sudden aggression
Hyperactivity	Numb	Nightmares	Illegal behavior
Bowel Issues/constipation and diarrhea		Confusion	Risk taking, breaking the rules

STRUCTURES OF NOTE:

PREFRONTAL CORTEX:

higher-level functioning, planning, organization, details, filtering.

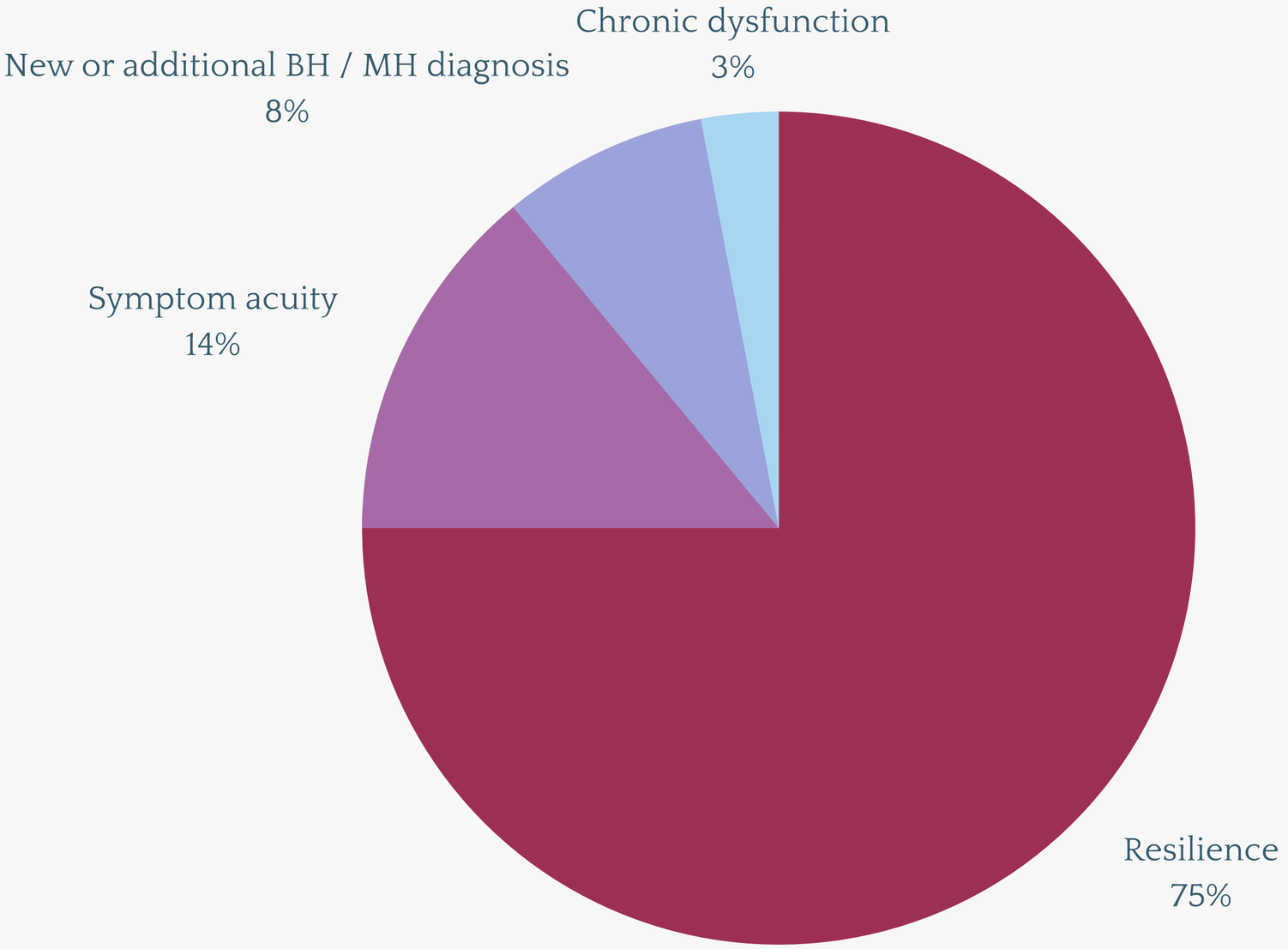
LIMBIC SYSTEM:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze). Includes the Amygdala & Hippocampus

There is plenty of evidence that many of us are more activated than usual in the Limbic system, resulting in miscommunication, aggression and impulsivity.

Impact of ACEs

- Smaller corpus callosum. This structure allows the right half of the brain to communicate with the left half. It is also important in emotional functioning
- Smaller size of the prefrontal cortex. The prefrontal cortex is critical to control impulses, to pay attention, and planning and judgment.
- Smaller hippocampus. The hippocampus is essential in memory and learning new information.
- Higher levels of “stress hormones” , such as cortisol, which has a negative effect on overall health.
- Too much activity in the limbic system. This is the brain system which manages the “’fight or flight” response. When the limbic system is too active, the individual lives in a constant state of fear and anger.
- Smaller hippocampi and over-active limbic system can be associated with behavioral problems.

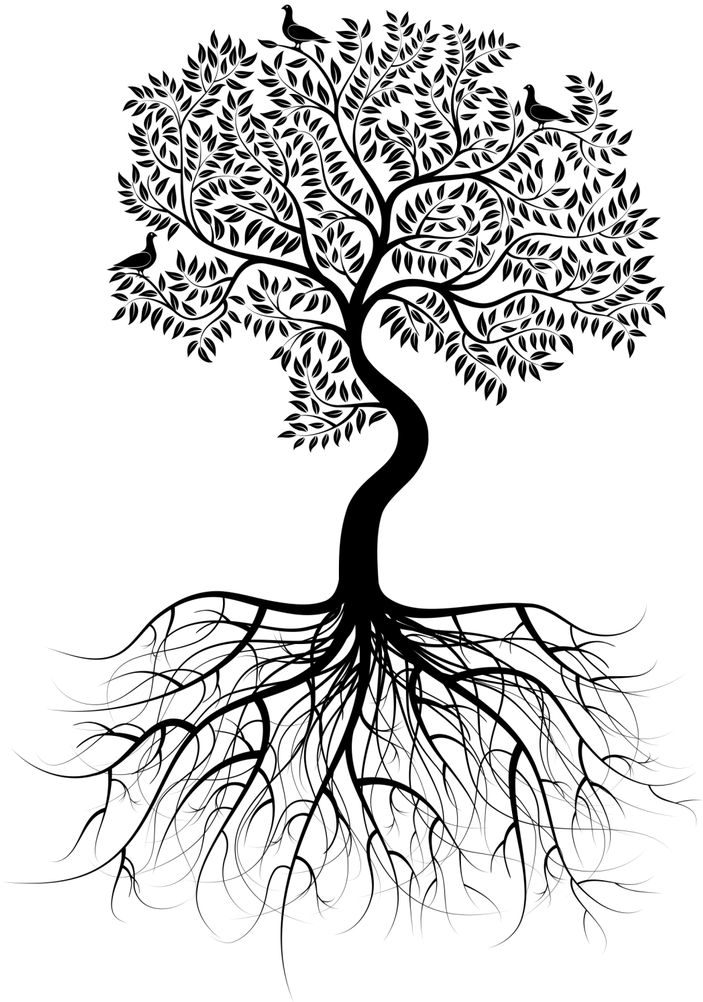


LONG TERM (5+ YEAR) OUTCOMES IN DISASTER CASCADE CONTEXTS

Confidence intervals are several percentage points in either direction. This is best educated guess based on previously tracked disasters, current data in the US, and the complexity of the the pandemic recovery.

Resilience here: recovery to BASELINE level of functioning

Resilience and Recovery are the most common responses.



- Elements include:
  - Acceptance of change (adaptability)
  - Connection
  - Purpose
  - Hope
- Work to identify internal strengths and external resources (Page 11 in basic manual)
- Be creative – skills transfer!

Resilience Development

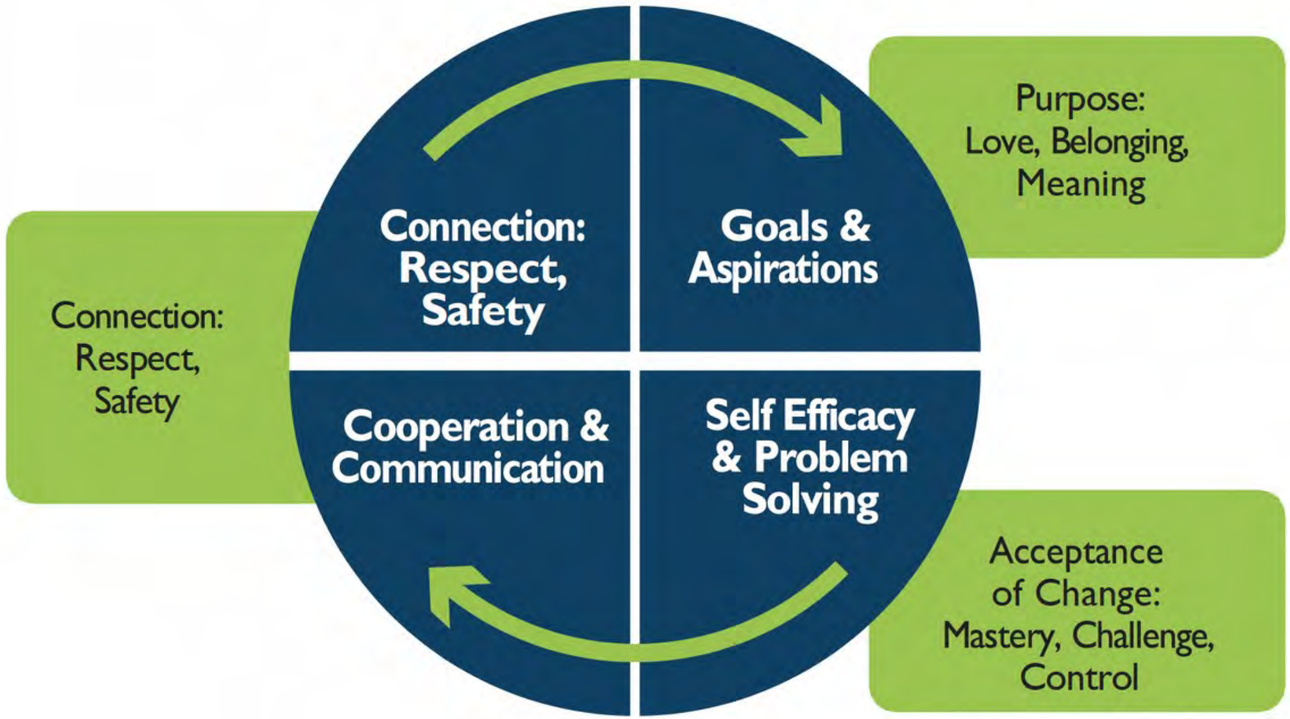
Purpose
What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability
How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope
How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?

Connection
To whom or what are you connected? Connection can be anything that prevents isolation.

Resilience …and why it's important



Module 2:
HST Skills & Techniques: The Supportive Relationship, Communication & Listening

Pg 12 in the Basic Guide
Pg 22 in the Trainer Guide

Increasing Communication

- The Supportive Relationship
- Zones of Regulation
- Active Listening Skills
- De-escalation Skills

Skills for the Supportive Relationship

- Capacity and energy to care for others
- Good listener
- Knowing what can be solved and what can’t
- Awareness of own status and self care
- Keeping information confidential unless it is life threatening or harmful – **based on organizational policy where you are using the HST program**

How Does It Work?

- Listen and spend time
- Use active listening skills and supportive communication
- Help the person to discover their strengths and what works for them
- Provide tools as requested to help manage overwhelming feelings
- Take care of your needs as well

Healthy Communication Tactics

KIDS 5-12

- Any window is a good window
- Any time they want to talk is a good time
- They don’t communicate on our schedules
- Shift expectations

KIDS 13-18

- Model careful reactions, slow down
- Ask about goals: What do they want or hope for?
- Future focus helps with hope
- Positive reinforcement for regulated communication

ADULTS

- Pay attention to signals that the person is ready to talk
- Try to start sentences with “I” rather than “you”
- If things become too heated, it’s ok to take a break

Non-Verbal Communication

- Display (does the person seem to be caring for themselves)
- Posture (tense? relaxed?)
- Social Distance (too close? too distant?)* This can vary greatly, depending on cultural norms
- Facial Expression
- Eye Contact (too much or too little?) This can vary greatly depending on cultural norms

* modified in social distancing

Tone and Volume

- Intonation: e.g. are the words kind but the tone is harsh?
- Volume: too loud/quiet for the situation?
- Style: direct but conversational e.g. allowing the person to tell their story without interrupting
- Professionalism: recognizing the seriousness of the responsibility of offering support

Active Listening

CLARIFY

REFLECT BACK

EXPRESS EMPATHY

~~PROBLEM SOLVE~~

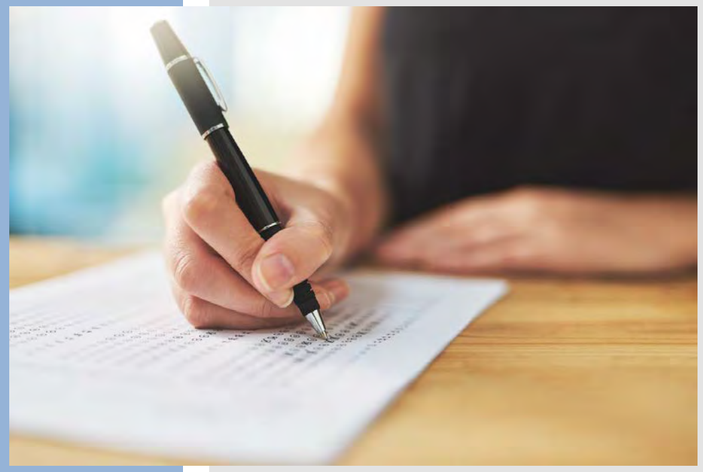
Things that Get in the Way

- Telling
- Criticizing
- Blaming
- Moralizing

Zones of Regulation

Color	Level of Alertness	Feelings
Blue	Low state of alertness	Bored, tired, sad, disappointed, sick, depressed, shy
Green	Perfect state of alertness	Happy, positive, thankful, proud, calm, content, ready to learn
Yellow	Higher state of alertness	Excited, silly, annoyed, worried, embarr confused, nervous
Red	Too much alertness	Upset, angry, aggressive, mad, too excit terrified, out of control

Module 3:
HST Goals: Engaging with Key Issues from Listening to Referral



Pg 21 in Basic Guide
Pg. 42 in Trainer Guide

From Listening to Referral

- **URGENCY**: Is the situation happening right now? Is there an immediate need, or is it developing slowly?
- **SAFETY RISK**: Is the person's physical or psychological safety in immediate danger? Is the situation potentially life threatening to them or others?
- **ACTIONS & BEHAVIOR**: Is the person's behavior out of control? Are they able to function appropriately and take care of their basic needs?
- **RESILIENCY**: Do they have internal strengths or external resources they can use to help them cope? What is their level of hope or optimism?

- **Understand when and where to utilize the standard procedures for your organization to intervene in situations where there is concern for safety.**

Suicidal Thinking and Behavior

Please see **pages 44-51 in the trainer guide and 23-24 in the basic guide** for more details on how to manage suicidal thinking and behavior.

- DO NOT BE AFRAID TO ASK about whether someone may be a danger to themselves. Asking DOES NOT increase risk and DOES increase SAFTEY.

Ask about whether the person has:

- ***1. A plan***
- ***2. The intention to carry out the plan, and***
- ***3. The means or access to carry out the plan.***

Each positive "yes" response increases risk.

When working with an adult, help them construct a safety plan (instructions in the manual). **When working with a minor, please follow the protocols and procedures that are in place in your organization.**

YOU SHOULD NOT MANAGE A SUICIDAL PERSON ALONE. GET HELP AND SUPPORT FROM OTHERS and follow all organizational policies that are in place.

De-escalation Skills

This isn’t how to do it.


You are trying to help
You’re an easy target for frustration
More risk for compassion fatigue and burn out

SAFE MODEL (C) FOR DE-ESCALATION

SAFE model provides key concepts to keep in mind:

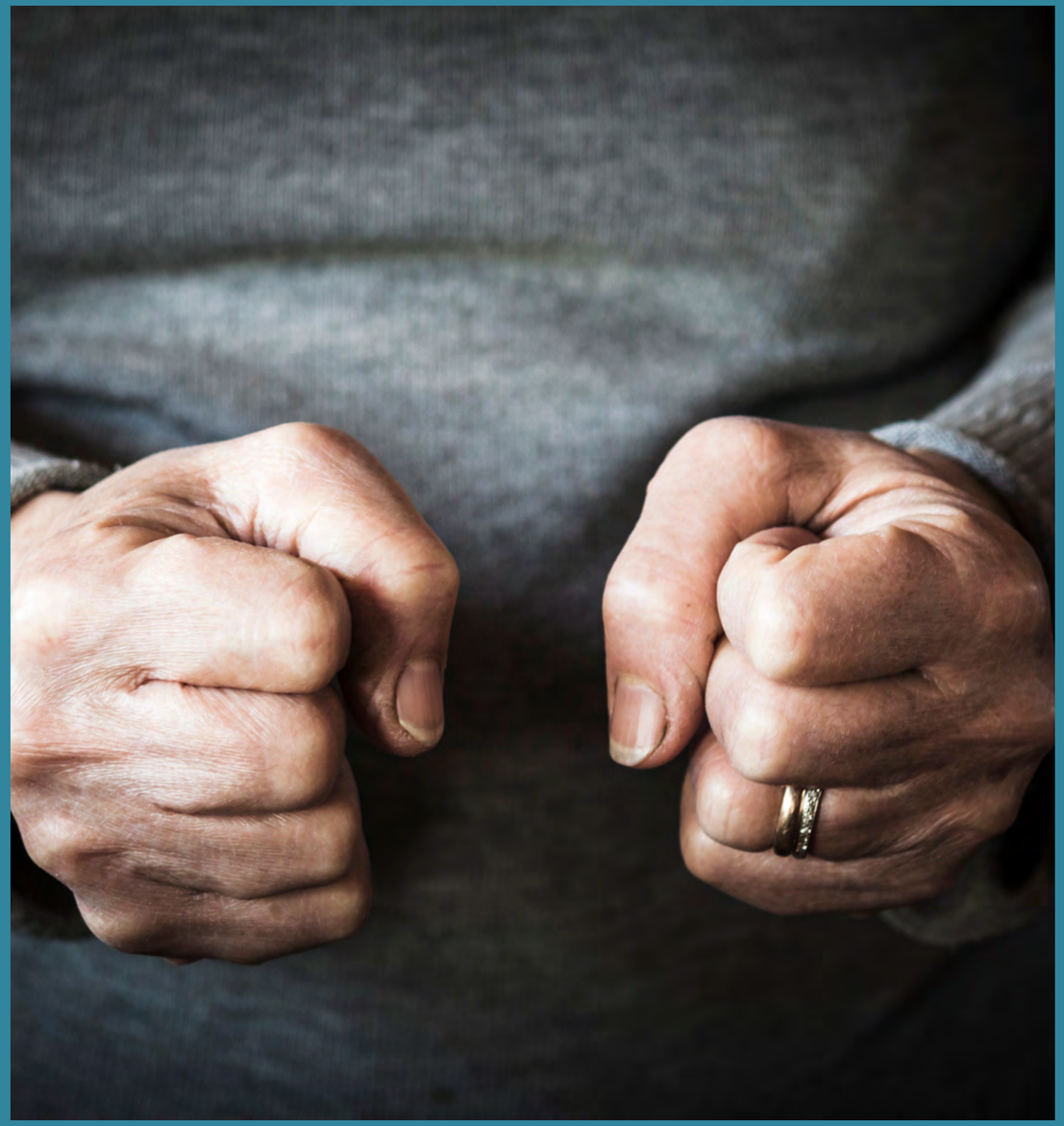
- Self: monitor your own reactions, non-verbal messages, tone, wording and physical space
- Area Awareness: Be aware of resources, help, exits other things in your physical space
- Feelings: Use active listening to try to uncover the source of the anger; in crisis often the things people are angry about are not the same thing as the underlying causes.
- Engagement: Engage support for yourself following an encounter with an angry person, don't just ignore it or pretend it didn't happen.

SELF

- Non-Verbal Messages: Posture, hands, position, distance
- Tone of Voice
- Speed
- Your communication "zone"
- "walk up" song / vibe

Area Awareness

Resources, Exits, Colleagues, Potential Weapons. Avoid "tunnel vision".



FEELINGS

> ANGER IS A BODYGUARD EMOTION.

Anger is very often an expression of grief, sadness, or fear. Use Active Listening to figure out what is happening UNDERNEATH the expressed distress. "I sat with my anger long enough for her to tell me her real name was grief." - CS Lewis

ENGAGE

- Support for yourself
- Other, external resources
- Colleagues

What people who have lost someone might want you to know

- Even during “happy” experiences, there is an awareness that someone is missing.
- Small talk, social situations and superficial interactions are exceptionally hard.
- Grief is often awkward with people who know you best- don’t try to “avoid” talking about the person who as been lost.
- Emotions, including tears, are going to happen when then happen.
- Grief comes in waves. Things may feel “ok” in some moments and crushing in the next.
- Try to offer something specific rather than a vague “let me know how I can help”

NOTE: Complicated/Prolonged Grief Disorder

- Persistent anger, irritation, or episodes of rage
- Inability to focus on anything but the loss
- Excessive avoidance of any reminders of the loss
- Intense feelings of sadness, pain, detachment, sorrow, hopelessness, emptiness, or low self-esteem
- Problems accepting the reality of the loss
- Self-destructive behavior, such as substance abuse use or risk-taking behaviors
- Suicidal thoughts or actions

What do children need after a trauma or loss?

- Honest answers and explanations
- Safety, routine and stability
- To be reunited with family, friends and community if they have experienced a separation and if this can be accomplished safely
- To be included in rituals such as funerals and wakes
- To be helped to see their strength and ability to cope and manage.

SITUATION EXAMPLE	LISTEN, OFFER SUPPORT AND TOOLS	REFERRAL	EMERGENCY
SUICIDE / DEPRESSION	Temporary sadness Not life threatening Temporary change in mood Low energy, can't get out of bed	Depressed for a long time Life may be in danger Agrees not to harm	Suicidal, active plan to die Bizarre, out of touch with reality, gives away possessions Refuses to agree to not harm self
ALCOHOL/ DRUG/ SUBSTANCE MISUSE	Often drunk or high on weekends, functional at school Some safety risk when drinking or using drugs Drinking affects school performance, and family Feels in control but would like to get help	Caught drinking at school Drinking or drug use interferes with life Potentially harmful to self or others Sleepy, hungover, loses friends Limited options, trouble with law	Frequently drinks or uses drugs to unconsciousness Life threatening Unresponsive to attempts to rouse Unconscious, pulse below 50, needs immediate help

SITUATION EXAMPLE	LISTEN, OFFER SUPPORT AND TOOLS	REFERRAL	EMERGENCY
PSYCHOSIS / SEVERE MENTAL ILLNESS	Odd beliefs, strange ways of thinking Sometimes does or says things that could be harmful or dangerous Seeks help or support in healing, working on thinking and behavior, calming down	Strange thinking or behavior caused trouble with family and friends Takes risks or unnecessary, dangerous chances that could harm themselves or others Indifferent about their thinking or behavior, responds to support	Responding to things that aren't there Seeing or hearing things that no one else can Is a threat to themselves or others Doesn't understand or recognize that there is anything dangerous or harmful about their behavior
ANXIETY/ STRESS	Anxiety or stress is uncomfortable or causes mild discomfort day-to-day Frequent headaches or stomachaches without a physical explanation (e.g., poor diet) Recognizes need for help	Anxiety or stress causing problems in everyday functioning (lack of sleep, behavior change) Headaches, stomachaches, or other physical symptoms causing significant distress (rapid heart rate, dizziness) Knows that help is needed	Person is incapacitated or unable to function because of panic or fear (can't to to school, can't leave home) Hasn't slept or eaten normally in several days Experiences panic to the point where they feel they will die

Vignettes

FOR EACH ONE:

How would you handle this community member, if you were NOT wearing your professional hat and were acting as a Health Support Team member?

YOU HAVE 15-20 MINUTES A MOST TO ENGAGE WITH THIS PERSON. WHAT DO YOU DO, and WHAT DO YOU PRIORITIZE?

You can’t send them anywhere, and you can’t call for a mental health eval.

Practice Vignettes

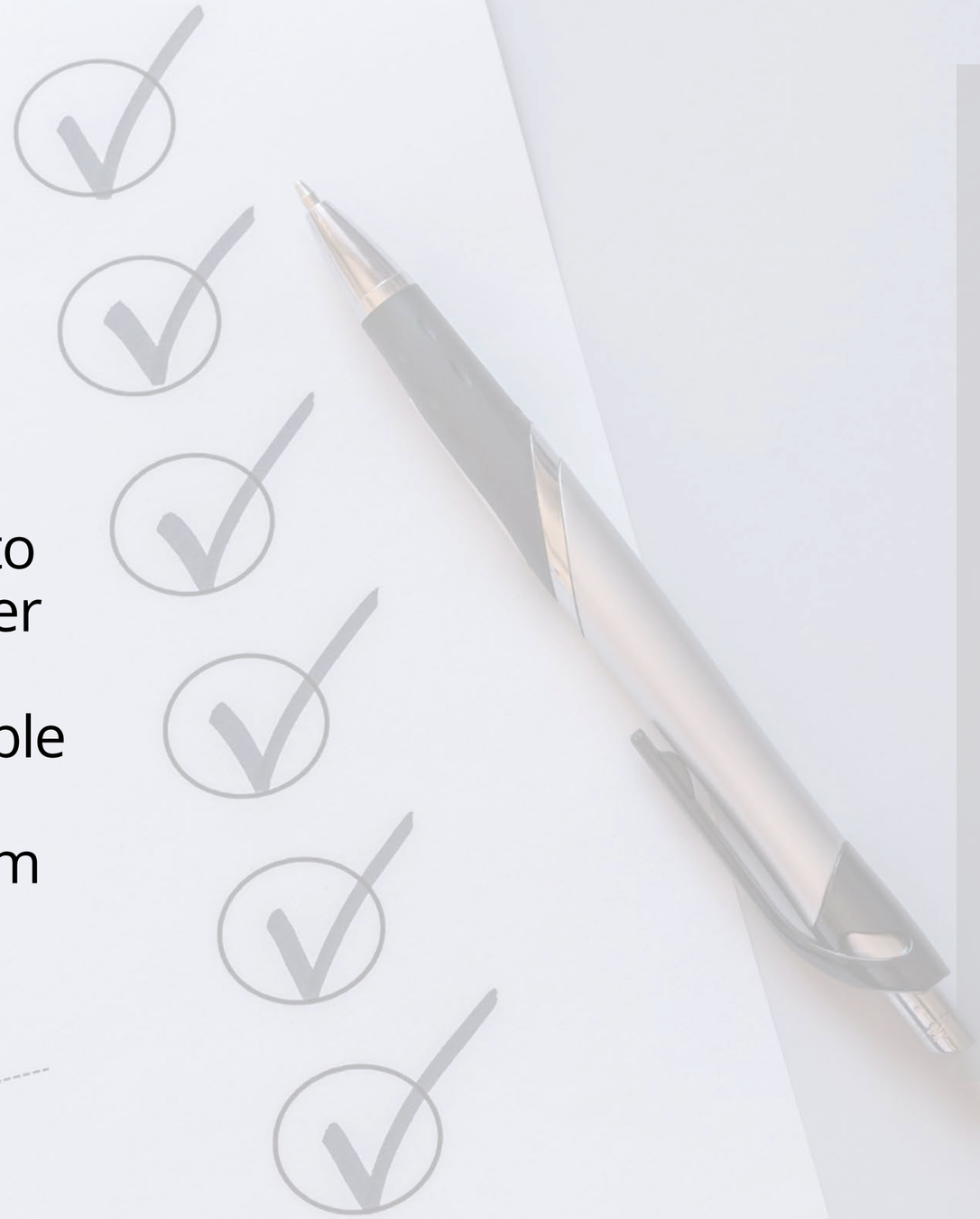
- John, a 50 year old man has lost his business due to the economics crisis. He built this business from the time he was in his twenties. He is feeling guilty about having to lay off his workers. He has good family support. He says he's struggling with doing anything at all and finds himself just sitting around doing nothing. He says he's "stuck" and can't seem to get out of this rut.
- Liz had a bad episode of depression several years ago. She was able to recover with therapy and has had a long period of stability. She tells you that recently she's not sleeping and has been feeling "wound up" and irritable. She has a lot of energy but isn't doing much productively in spite of that. She wonders out loud if part of her issue is related to the electrical lines which run near her home. When talking with her, you have a hard time getting a word in edgewise.
- A co-worker has looked worse over time. You can see in video meetings that her hair is not combed, she has dark circles under her eyes and her speech is slow. Upon reaching out to her you discover that she has suffered from anxiety for years, but has managed well overall. Recently she has experienced more difficulty sleeping, an increase in worry thoughts and difficulty completing work tasks because she can't seem to focus.

Developing Referral Sources

- **Start with recommended organizational procedures and resources that have been vetted and approved.**
- Referrals are best when they come from personal connections or known resources or people.
- If, in the context of your work with the HST, you feel the need to refer someone for professional services it is helpful to have a list of sources that you can rely on in your community or geographical area.

Developing Referral Sources

Take a few minutes to discuss with the other trainees about what resources are available and appropriate in your area. Write them down in your HST guide for future reference.



Module 4:
HST TOOLS:
Relaxation, Stress Reduction & Thinking Strategies

Pg 34 in Basic Guide
Pg 56 in Trainer Guide

Quick Reference Guide for Health Support Team Tools

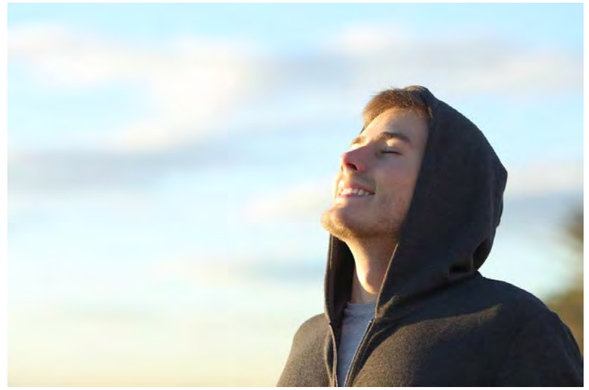
TOOL	TIME	GOOD FOR	RECONSIDER	MIGHT BE A GOOD FIT WITH:
Regulated or "Deep" Breathing	2-10 minutes	Anxiety reduction	Using during acute panic attack	Everyone
Mindfulness	5-20 minutes	Anxiety reduction, calming	Using for people who are "activated" by being still	People who "ruminate"
Thinking/ Cognitive Strategies	10-20 minutes	Anxiety, depression	Using with people who are challenged by logical thinking	People who are less comfortable discussing emotions
EFT / Tapping	10-20 minutes	Anxiety, panic	Using for depression	People who avoid anxiety
Behavioral Activation	5-10 minutes	Depression	Using with people who are challenged by logical thinking	People who feel "stuck"

Mindfulness

- Mindfulness has been found to be very helpful in allowing people to stop the “mind tornado” of anxious thoughts.
- The emphasis is “here and now”
- By engaging the senses (seeing, hearing, tasting, touching, smelling) the mind is gently brought back to the present and hopefully away from the future and past events which are leading to worry
- **Mindfulness is not for everyone, and may produce a trauma related dissociative response for some

Brief Mindfulness Exercise

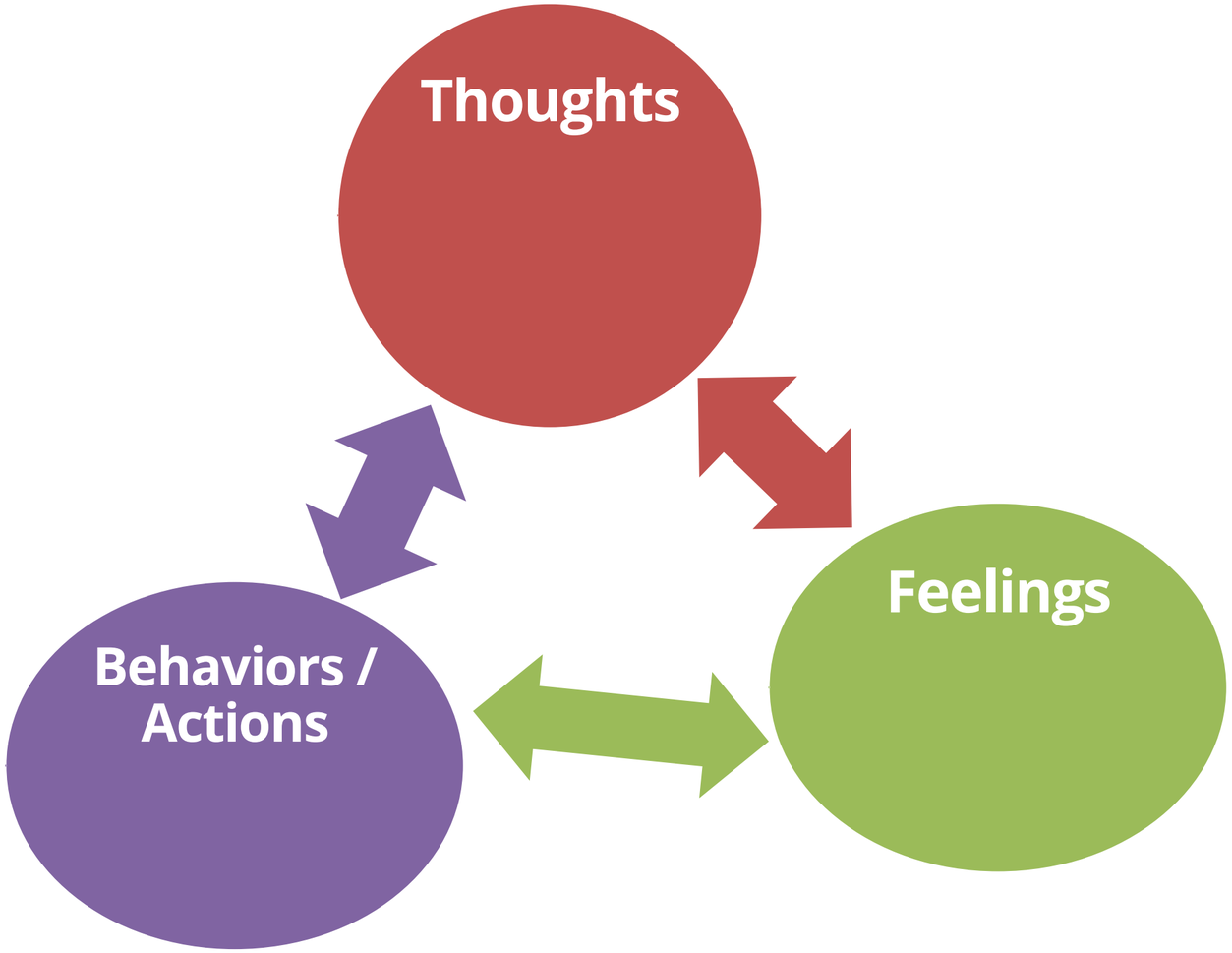
- Seat yourself as comfortably as you can
- If you wish, close your eyes
- Breathe in, hold, and breathe out slowly
- Notice any sounds
- Notice any thoughts. Let them pass through
- Focus slowly on each part of your body from your toes to your head
- Just notice how each part feels
- At the end of the body survey, breathe in, hold, and breathe out



Thinking Errors

- Sometimes people engage in thinking that increases depression and anxiety. We call these “thinking errors”. Common thinking errors can be:
  - All or nothing “if I can’t do this, then I can’t do anything”
  - Catastrophizing “if I lose my job, I will never get over it”
  - Overgeneralizing “I NEVER have anything good happen to me”

Relationship between thoughts, feelings and behaviors



Thinking tools for YOUTH and and ADULTS

COPE © skills are THINKING skills- they teach us how to use our minds in ways that help us feel better! (Key concepts for COPE: Help kids learn how to change their thinking, establish healthy patterns, and a greater sense of control). CHECKING, OBSERVING, PLANNING, EXECUTING

- **Check** for your automatic reaction (thought)
- **Observe** the emotion and behavior connected to the reaction
- **Plan** an alternative thought, reaction or response
- **Execute** positive change though practice and repetition

N.I.C.E.

Notice — Notice the thought. "I'm worried about _____ happening again"

Identify — Identify the feelings attached. The thought about this makes me scared and upset.

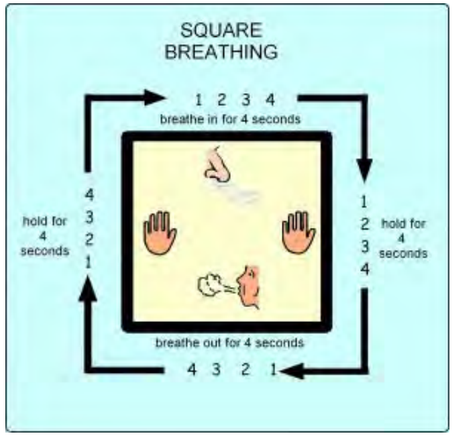
Choose — Choose a reasonable (believable) alternative thought. "Right now, in this moment, I am safe"

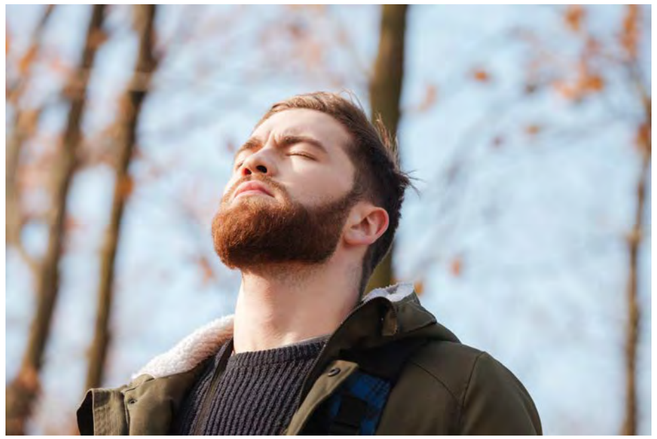
Exercise — Exercise control by practicing that thought. "Feeling calm right now will allow me to finish some work I have"

Calming interventions

SQUARE BREATHING

- You can’t panic if your body isn’t in panic mode.
- Start by practicing control with your breathing.
- Slow your breathing by counting slowly to three or four for every breath in and out.
- Try to breathe in through the nose, and out through the mouth.
- Use square breathing (make a square with your finger in the air-
- using a four count for each side of the square)





Calming interventions

BIOFEEDBACK / PULSE CHECK

Bio-feedback- pulse checking

- For older kids (10+): Teach them how to check their own pulse, using a clock or watch, 6 seconds, and then ad a zero to get an approximate pulse range. For children who are anxious, this biofeedback tool is a good option to help them learn that they can regulate their body's response. Suggest that they check their pulse, do a breathing, mindfulness or meditation exercise, and then check it again to verify they are more relaxed.

Active Coping:

Physical Exercise

Cardiovascular Exercise

Weights

Stretching / Yoga

Sports

Active Coping Tapping / EFT

- Widely used in the military to assist with PTSD responses
- Theory of activating certain “energy centers” of the body – akin to acupuncture
- Easily taught and utilized
- Good research on efficacy
- May decrease unhealthy avoidance of trauma triggers, allowing the person to recover

Tapping Exercise

Choose one issue e.g. “my stress”

Place hands over heart, take deep breath and slowly release, saying silently or aloud “release my stress”

Using 4 fingers, tap at crown of head, saying silently or aloud “my stress”. Take breath

Using 1 finger, tap inside of eyebrow, outside of eye, under nose, under lip, sternum repeating “my stress”. Take breath

Take 4 fingers and tap side of hand, repeating “my stress” Deep breath and let out slowly

Repeat the cycle 2-3 times

Behavioral Activation

- Help the person choose one simple and realistic action or even just one accomplishable step in an action.
- Encourage activities which lead to mastery and positive feelings.
- Discuss things that could potentially get in the way.
- Ask the person to imagine themselves doing the action. Ask them how it feels when they imagine doing it.
- Encourage the person to do the action, regardless of how they feel.
- One tool in Behavioral Activation is the acronym ACTION to help the person remember the basics of this technique:

ACTION

- **A**ccess how this behavior will serve your interests
- **C**hoose to activate
- **T**ry out different behaviors
- **I**ntegrate the behavior into your life
- **O**bserve the outcome
- **N**ever give up

- Page 41 in basic manual
- DEAR MAN from Dialectical Behavior Therapy is an alternative as well

Vignettes

- Consider how support would look for this person, and how you would engage.
- Do an assessment (urgency, safety, actions and behavior, resiliency).
- Do they need a referral, or can you engage the support relationship, use active listening, and provide a tool?
  - If so, what tool is best for them based on the concerns they are sharing?

Module 5: HST Boundaries & Resilience

How to reduce burnout and compassion fatigue

Pg 42 in the Basic Guide
Pg 65 in the Trainer Guide

Self-Care involves setting **Healthy Boundaries**

- [ ] EXPLAIN that you are unable to support them (or other supports may be better) at this time.
- [ ] REFER them to someone else who may be better able to support them in their situation, or professional if / when needed.
- [ ] OFFER to go with them to the referral, or another person who can help them, or to assist with the next step.
- [ ] FOLLOW UP with them (or their teacher) later to see what additional support is needed.

Individual Protective Factors

- Sense of humor
- Ability to think outside the box or creatively
- Active coping
- Physical exercise
- Religion or spirituality
- Problem-solving skills
- Good social skills

Effective Stress Management

- Being open to share feelings and experiences
- Staying in touch with family and friends
- Structuring your time; keep busy
- Talking to people and reach out
- Maintaining a regular schedule
- Checking in with others who are going through the same thing
- Doing activities that you enjoy and make you feel happy (not abusing substances)
- Get plenty of rest
- Don’t try to fight reoccurring thoughts, images, dreams or flashbacks; they are normal and will decrease over time and become less painful
- Eat regular well-balanced meals even if you don’t feel like it
- Remember external resources: look for support for yourself from others in your community, including your religious organization, or other social organizations or groups

PRACTICE VIGNETTES

You are on a deployment / activation with a coworker, and you are starting to worry about them.

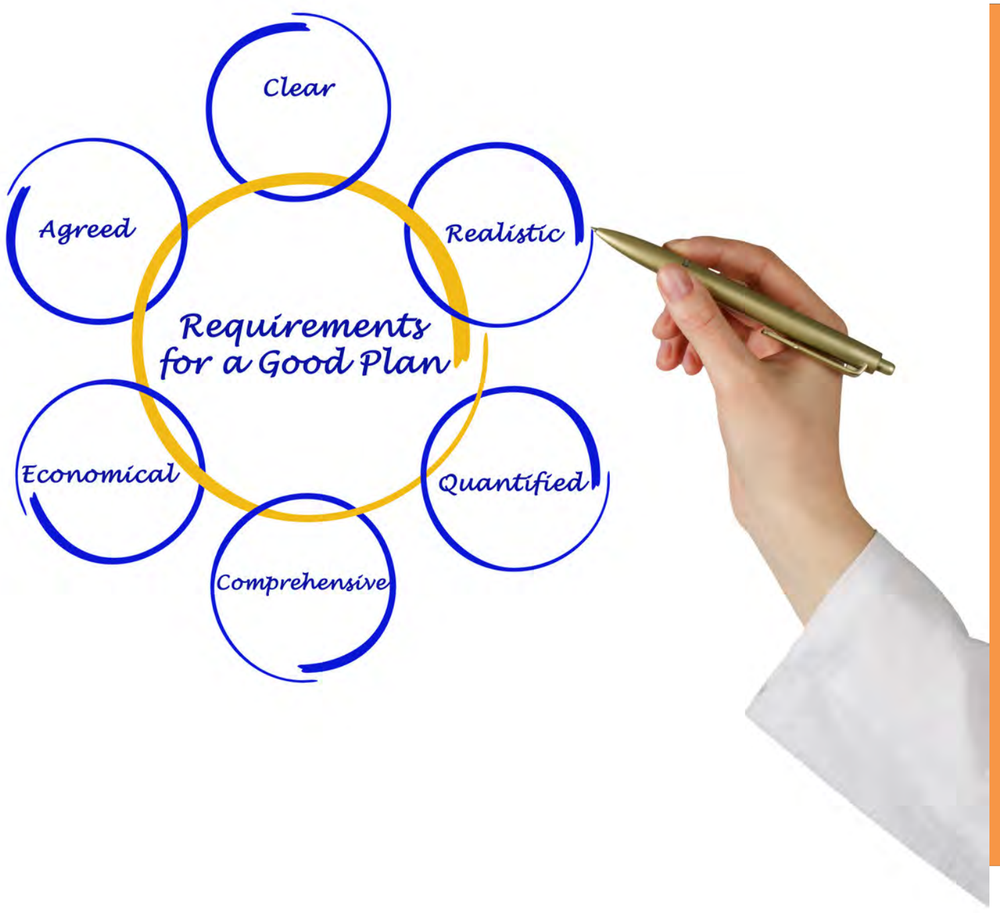
They are starting to miss important parts of their job.

They are not following up on things, and it doesn't seem like they are sleeping much. You are wondering if you may be noticing alcohol on their breath from time to time. How can you approach them about your concerns? What would you do?

CREATING A (good) COPING PLAN: General Considerations

- Many of our previous coping options may have been eliminated from our list of realistic or viable options, or shifted a lot.
- Research is clear that anticipation of our ‘exposures’, as well as creating and working a deterrent plan is one of the most effective ways of reducing symptoms and new incidents of disorder.
- Let’s take a note from not making “new years resolutions” and set the right kinds of goals (hint: they have to be achievable).

What goes into a good coping plan?



- Clear Identification of when you need to use it.
- Clear identification of what is available to help you.
- Sensory engagement – sight, touch, taste, smell, sound
- Different time frames (things you can do at work in 5 minutes, and things that you can do when you have several hours or a day on the weekend)

Remember the ingredients of resilience:

- Purpose
- Connection
- Adaptability
- Hope

How can your coping plan actions or choices include aspects of this?

Other PEOPLE need to be included as external resources when possible.

Plan ideas /examples

Concern	Indicators	People resources	Coping Option(s)	Length of time or resource needed	Other info or resources needed
Exhaustion	Tension headache, snappiness	(names)			
			Walking the dog	10-30 minutes	After work / at home
			3 days sleep hygiene	3 days to re-set	None
Anxiety	Mental confusion, High heart rate, Stomach upset	(names)			
			Hot shower	30 minutes	Home / none
			Brief Mindfulness exercise	5-10 minutes	No interruptions at work
			Text memes	2-5 minutes	(Names of friends)

REST MODEL©

- **R = Reward** yourself for a job well done. Build in reinforcements for yourself in your work. Give yourself a break from the patterns and issues that you deal with regularly. Take some time off, or even just 15 minutes to treat yourself to some personal time in a way that is rewarding for you. Try to avoid rewards that include alcohol or drug use, as this can make the problem worse.

- **E = Establish** healthy boundaries. Try to focus on working at work and leaving it there. When you are at home, or “off the clock” stick to that boundary, and don’t bring the work into your personal time or space. Recognize when your boundaries are being infringed upon, and gently but firmly stick to them.

- **S = Share** your feelings, concerns and stories. Don’t bottle things in. Participate in support networks, consultation groups, and don’t avoid talking about things that bother you. Enjoy the small things in life by focusing on participation with your family or social group, work to take an active part in living your life.

- **T = Trust** your support network by reaching out. Refer people elsewhere if you are too tired or compromised emotionally to be able to offer support. Trust that there are others available to help as well and keep a referral list that you can access when needed.

Health Support Team Process Summary

Health Support Team

Disaster Behavioral Health Training and Response

Learn & Listen

Learn about the person and listen to the problem using supportive communication and active listening techniques.

Offer Support

Foster resiliency by supporting the person in finding external resources and internal strengths or refer them to someone if needed.

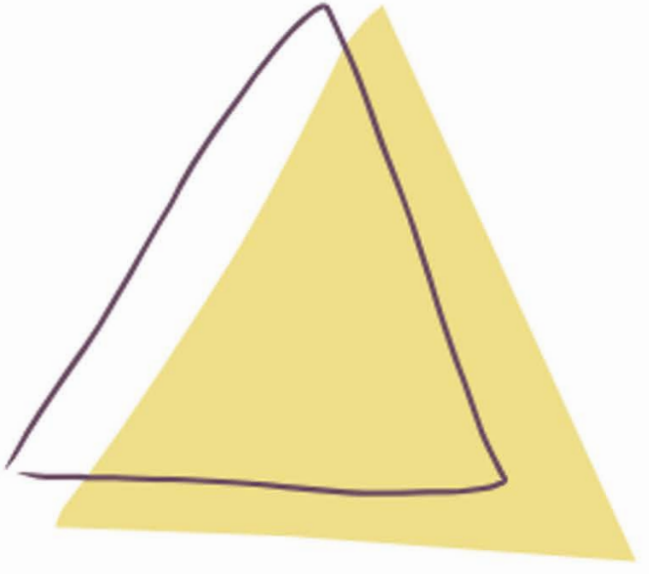
Provide a Tool

Offer them a tool to help them cope, such as a relaxation technique or a thinking strategy.

Emphasize Hope

Let the person know you are there for them, and that you are an encouraging supportive resource for them when needed.

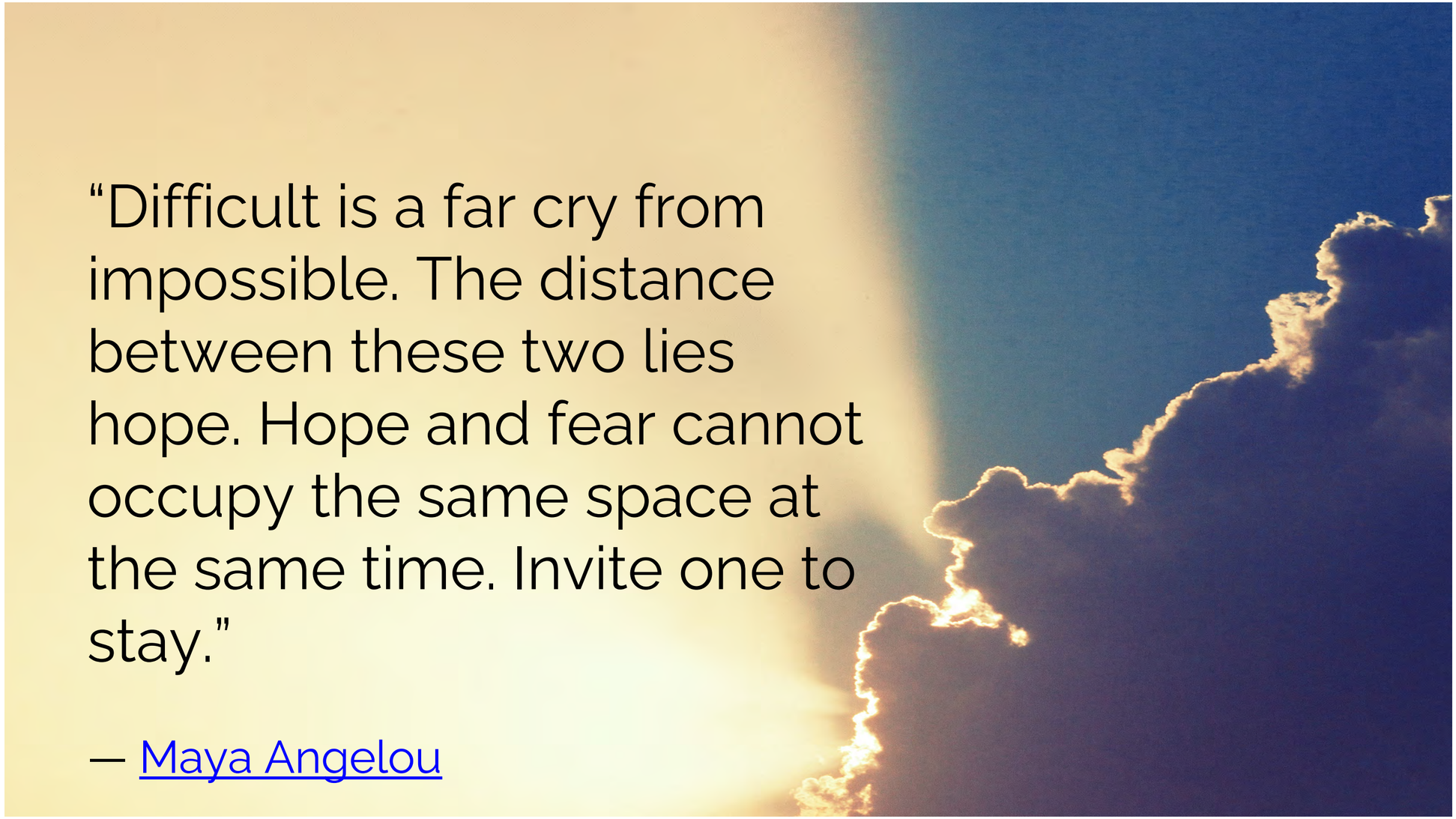
SOMETHING THAT SQUARED WITH YOUR THINKING



THREE KEY TAKEAWAYS

A QUESTION STILL CIRCLING

Reflect on your learning


“Difficult is a far cry from impossible. The distance between these two lies hope. Hope and fear cannot occupy the same space at the same time. Invite one to stay.”
— Maya Angelou

QUESTIONS?

THANK YOU FOR YOUR PARTICIPATION!