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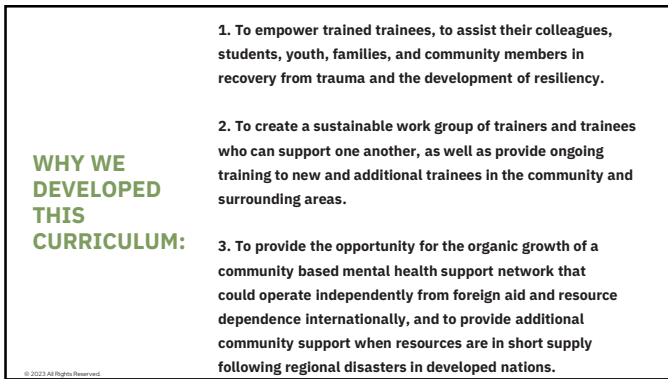
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# MODULE 1

## Introduction to Health Support Team, Disaster Response & Recovery

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**LESSON #1 QUICK REFERENCE GUIDE TO THE HEALTH SUPPORT TEAM MANUALS**

MODULE 1	MODULE 2	MODULE 3	MODULE 4	MODULE 5
Introduction to Health Support Team, Disaster Response & Recovery	Health Support Team Skills and Techniques: The Supportive Relationship, Communication, & Listening	Health Support Team Goals: Engaging with Key Issues, from Listening to Referral	Health Support Team Topic: Relaxation, Stress Reduction, & Thinking Strategies	Health Support Team Member Boundaries and Resilience

**What does an HST trainee do?**  
**Health Support Team participants work in their communities, with family members, friends, students, colleagues and acquaintances by listening, supporting, and caring.**

**What does an HST trainee Not do?**  
**Health Support Team participants are not psychologists, therapists, or counselors. They are not trained or qualified to diagnose mental illness, treat medical problems, or function as a professional in medicine, mental health, therapy or counseling.**

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LISTEN & LEARN	OFFER SUPPORT	PROVIDE A TOOL	EMPHASIZE HOPE
Learn about the person and listen to the problem using supportive techniques.	Foster resiliency by supporting the person in finding external resources and internal strengths, OR refer them to someone if needed.	Offer them a tool to help them cope, such as a relaxation technique or a thinking strategy.	Let the person know you are there for them, and that you are an encouraging, supportive resource for them when needed.

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**LESSON #2 COMMON RESPONSES TO DISASTER & TRAUMA**

Situations that may result in trauma may include but not be limited to:

- A natural disaster (earthquakes, floods, fires,
- An automobile accident etc.)
- War
- Ongoing and historical conflict and violence
- A kidnapping or being held hostage OR witnessing any of these situations
- An attack (such as assault, physical abuse, rape, or sexual assault)

SHORT TERM	LONG TERM
Earthquake, tsunami, hurricane	Displacement following natural disaster
Physical Assault	War
Robbery or threat of violence	Ongoing difficulty finding food or work

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**COMMON SYMPTOMS AND EXPERIENCES**

PHYSICAL	EMOTIONAL	COGNITIVE /THINKING	BEHAVIORAL
Nausea	Fear	Trouble Concentrating	Withdrawal
Dizziness/Fainting	Guilt	Trouble Remembering	Outbursts of Anger
Chest Pain	Anxiety	Re-occurring thoughts	Increased Alcohol Use
Fatigue	Irritability	Re-occurring images	Increased
Rapid Heart Rate	Anger	Suspliousness	Drug Use
Trouble Breathing	Depression/Sadness	Nightmares	Changes in Apatite
Headaches	Grief	Constant Alertness	Changes in Activities
Stomach Pain	Panic	Feeling Overwhelmed	Restlessness
Chills	Denial		Constant Movemets
			Yelling / Crying

\*Please consult with a medical professional to address physical symptoms.

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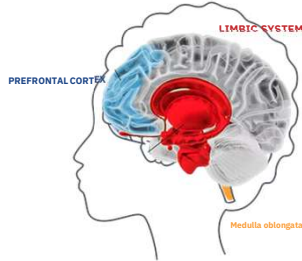
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**LESSON #3a REGIONS OF THE BRAIN INFLUENCED BY TRAUMA AND HIGH LEVELS OF STRESS**

PREFRONTAL CORTEX (DOES NOT FULLY DEVELOP UNTIL THE EARLY 20S):  
**HIGHER-LEVEL FUNCTIONING, PLANNING, ORGANIZATION, DETAILS, FILTERING.**

LIMBIC SYSTEM:  
**EMOTION, IMPULSE, PLEASURE AND SAFETY, MEMORY, DEFENSE, PROTECTION.**

MEDULLA:  
**BASIC LIFE SUPPORT, BREATHING, HEART FUNCTION**  
 THESE PARTS DON'T COMMUNICATE WELL WITH EACHOTHER IN CONTEX OF A DISASTER, CRITICAL INCIDENT, OR TRAUMA



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**LESSON #4 RESILIENCY: DEVELOPING INTERNAL STRENGTHS**

Psycho-social needs for well-being:

Safety	Love	Belonging	Respect
Mastery (skill)	Challenge	Control	Meaning

Resiliency Factors are conditions that help a person survive during and recover from a crisis or trauma. Resiliency factors include:

- Growing fruit is the “purpose” of the tree
- Having a strong and flexible trunk allows it to sway and adapt in a storm- that is “adaptability”
- Roots connect and ground the tree keeping it nourished and offering support- they are the “connection” for the tree.
- “Hope” is the moss that grows on the north side of the tree (where it is darker and cold). It is there, but often not something we pay attention to in crisis.

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**LESSON #4 RESILIENCY: DEVELOPING INTERNAL STRENGTHS**

Resilience requires support from the outside (External Resources) that fosters the following traits within an individual (Internal Strengths):

- Cooperation & Communication
- Self-efficacy
- Empathy
- Self-awareness
- Problem solving
- Goals and Aspirations

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**LESSON #4a RESILIENCY: DEVELOPING INTERNAL STRENGTHS**

Things to remember:

- Adults or children who have experienced trauma feel stronger when they recognize the internal strengths in themselves.
- When you listen to others, try to point out to them the ways in which you see them possessing connection to others, purpose, or acceptance of change, or the ways they demonstrate cooperation, empathy, problem solving, self-efficacy, self-awareness, or aspirations.

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LESSON #6a AWARENESS OF NON-VERBAL MESSAGES

The process of learning about the person and his or her problems involves clear and helpful communication. We want to be good listeners and good communicators. We communicate not just with words but also without words. It is important to pay attention to non-verbal cues, especially if the words the person says don't match that person's non-verbal messages. When there is a disconnect between the two, focus on the non-verbal communication.

Researchers estimate that somewhere between 65-90% of communication is non-verbal. Non-verbal communication consists of things such as:

- Display: clothing, hair, jewelry, hygiene, etc. For example, does the person seem to be taking care of themselves?
- Posture: how the body is held. For example, does the person seem relaxed or tense?
- Social Distance: distance from person to person. For example, does the person stand uncomfortably close, or too far away? Culture of origin may affect this.
- Facial expression: eyes, mouth, expressing kindness. For example, does the person smile or frown?
- Eye contact: For example, does the person look at you, look away, or stare fixedly?

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LESSON #6b AWARENESS OF TONE AND WORDS

Sometimes how you say something is just as important as what you say.

Choosing what to say and how to say it is an important part of being genuinely supportive.

• Intonation: the tone of the conversation. For example, are the words kind but the tone harsh?

• Volume: loud or soft. For example, are you speaking too loudly or quietly for the situation?

• Speaking style: direct, but conversational rather than instructing. For example, are you allowing the person to tell his or her story without interrupting?

• Professionalism: recognizing the seriousness of the responsibility of offering support. For example, are you using slang and inappropriate words, or speaking professionally?

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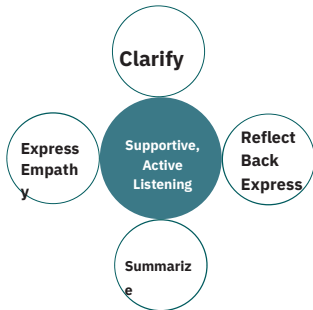
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LESSON #6c ACTIVE LISTENING SKILLS

~~PROBLEM SOLVE~~



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**LESSON #6d RECOGNIZING THINGS THAT INTERFERE**

In a supportive working relationship, it is important to recognize the types of communication that interfere with the process of assisting someone.

Each of these things prevents true active and supportive listening.

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**LESSON #7 COMMUNICATION & LISTENING SKILLS EXERCISE**

**Scenario 1:**  
The listener interrupts and begins telling the speaker what to do

**Scenario 2:**  
The listener becomes frustrated and starts being rude to the speaker.

**Scenario 3:**  
The listener seems bored and is having trouble paying attention to the speaker.

In small groups please answer the following questions:

- If you were the speaker, how would you feel in each scenario?
- If you were the listener and found yourself judging or being very directive with the speaker, what could you do differently?
- If you were the listener and you started feeling angry or irritated with the speaker, how would you handle that?
- If you were the speaker, how would you respond in each scenario?
- If you were the listener and you started to feel bored while trying to work with someone, what would you do?

As the listener in a supportive role, you may be faced with situations that are similar to these.

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**LESSON #8 COMMUNICATION & LISTENING SKILLS PRACTICE**

Please follow the directions of the instructors for this skill practice activity

1. AWARENESS OF NONVERBAL MESSAGES				
Display	Social Distance	Posture	Facial Expressions	Eye Contact
↓				
2. AWARENESS OF TONE AND WORDS				
Volume	Intonation	Speaking Style	Professionalism	
↓				
3. ACTIVE LISTENING SKILLS				
Clarify	Reflect Back.	Express Empathy	Summarize	
↓				
4. RECOGNIZING THINGS THAT INTERFERE				
Telling	Blaming.	Criticizing	Moralizing	

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# MODULE 3

## HST GOALS: The Supportive Relationship, Communication, & Listening

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**LESSON #9** SITUATIONAL ASSESSMENT: FROM LISTENING TO REFERRAL Module 3

	URGENCY	SAFETY RISK	ACTIONS & BEHAVIOR	RESILIENCY
LISTEN	Does it need attention within the week?	Low to moderate (talk but no plans)	Gradual Change	Strengths and resources are available, has support from friends and family
LISTEN OR SUPPORT	Can it wait a day or two?	Moderate (safety uncertain)	Noticeable, withdrawn, unkempt, unable to function	Strengths and resources are limited, few options, all may be negative, some hope, few friends
NEED TO REFER	Does it need attention immediately? (life threatening)	High (life threatening to self or others)	Dramatic or abrupt, berserk, panic, unconscious	Strengths and resources are very limited, no coping skills, no hope, isolated.

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**LESSON #9a**  
DEPRESSION & SUICIDE – WHAT TO DO Module 3

**IF YOU ARE IN AN AREA WITH ACCESS TO PROFESSIONAL MENTAL HEALTH PROVIDERS OR OTHER TRAINED MEDICAL PROVIDERS, DO NOT ATTEMPT TO DEAL WITH A SUICIDAL PERSON. REFER THIS PERSON IMMEDIATELY TO LOCAL RESOURCES WHICH ARE IDENTIFIED LATER IN THIS MANUAL (Lesson 10, How to Make a Referral)**

**IF YOU DO NOT HAVE ACCESS TO PROFESSIONAL HELP, DO NOT ATTEMPT TO WORK WITH THIS ALONE. GATHER PEOPLE AS RESOURCES FOR YOURSELF AND THE PERSON YOU ARE TRYING TO ASSIST.**

We will talk about ways to get help for the person in crisis. In addition, here are some things to know about working with individuals who express suicidal tendencies. You may be able to assist others by passing along some of the information here.

Warning Signs for Suicide:

- History of previous suicide attempts
- A family history of suicide, or a relative or close friend has committed suicide
- Explicit threats to commit suicide
- Access to lethal methods such as a weapon or poison
- Expressing feeling hopeless and as though there is no option but suicide
- Putting affairs in order, such as writing a will, or giving away possessions
- Writing a suicide note
- A sudden, unexplained recovery from a severe depression

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**First Step = ASKING GENTLY AND KINDLY IS CARING**

**Assess the risk level by determining whether the person has:**

- A specific plan
- The opportunity to obtain a lethal method such as a gun, pills, or poison
- The intent to actually harm themselves or the idea that suicide is the only option

Any one of those factors is cause for seeking help from a professional, and with the addition of each item, the risk level increases!

The diagram shows three red flag icons on the left, each with a label: 'Access & Opportunity', 'Plan', and 'Intent'. Arrows from each label point towards a central green circle containing the text 'HIGHEST RISK OF SUICIDE' in red. There are also curved arrows connecting the labels in a clockwise cycle.

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**Second Step**

- Express your care and concern and let them know that you will make every effort to help them stay safe.

**Write down names of people to contact to help with this situation.**

Remind them of the following:

- The way they feel right now will not last. The situation will pass.
- Suicide not only harms the person but also all of those who care about the person.
- Remind them that they have many people who love them, who care about them, and who need them, no matter what has happened in the past.
- You are there to offer hope, even when they feel hopeless.
- You will remain involved with them until they are more stable and be actively be searching for additional help throughout that time.

NAME	CONTACT INFO

**If possible, accompany the person to someone who can provide**

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**Third Step**

Keep in mind that "Suicide is a permanent solution to a problem that may be temporary."

Focus on your helpful communication skills as you have these conversations.

Guidelines include:

- Holding firmly to the position that suicide is not a good option
- Exploring reasons for living
- Explore how suicide will burden others left behind
- What happens if the attempt results in disability?
- Explore in a non-judgmental way how suicidal behavior is not in line with the person's values.
- Remind the person that they are the only ones who can control their own behavior. They can choose whether to entertain thoughts of suicide or not.

The background of the text area shows a close-up of two hands, one larger and one smaller, being held together in a supportive grip.

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**Safety Planning**

- In areas where there is very limited or NO access to professional services, Please put together a safety plan.
- This information is provided in case you end up speaking with someone who is expressing suicidal thoughts, before you are able to connect them with professional assistance.
- Actively suicidal individuals should be immediately referred to professional help. If trained professionals are not available, gather support for yourself and your community member. Examples of potential support systems include other HST volunteers, churches, schools and other natural community resources such as clubs and neighborhoods.
- You, as an HST Team Member, should never attempt to manage this on your own.

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**LESSON #9b**

**ALCOHOL & DRUG USE**

Overuse of substances make any problem worse. Addiction is a problem by itself. The following are factors to consider when assessing the role of alcohol or drugs as part of the problem, or to assess whether someone has a possible addiction:

Warning signs of a serious substance problem/addiction:

- They seem to need more and more drugs or alcohol over time in order to feel "high" or drunk.
- They physically feel sick when not able to use drugs or drink alcohol. They use more drugs or more alcohol than they intend to.
- They can't control their use of the drug or alcohol - they can't quit using it, even if they want to.
- They spend a lot of time or energy trying to find, buy, pay for, use, or recover from the drug or alcohol.
- They have trouble at work, at home, in personal relationships with friends, or activities because of their use of drugs or alcohol.
- Using drugs or drinking is continued even though they know that their use is causing problems in life.

What to do

If you believe that the person has a serious problem with addiction you should refer them to a medical clinic or a hospital for treatment or care. This is a difficult situation, and it is important to recognize your own limits in being able to support someone who is experiencing something as serious as a drug or alcohol addiction.

If the person refuses to go to the clinic or hospital this may be a situation in which it would be inappropriate for you to just listen or support. Let the person know that if they decide that they need to make a change, you will be there to support them through that process, but that you can't support them the way they are asking you to while they continue to harm themselves with the use of alcohol or drugs

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**LESSON #9c PSYCHOSIS AND SERIOUS ILLNESS**

- Severe mental illness is another situation you should not attempt to handle on your own. It is important to determine the difference between distress and severe mental illness.
- Anxiety can be as mild as a feeling of unease or so severe as to prevent a person from functioning in daily life.
- Depression can be seen as chronic but manageable sadness or debilitating and life-threatening. Severe mental illness can be associated with psychosis, a condition where a person appears to lose a sense of reality and stop seeing and responding to their world.
- Psychosis can occur as a result of the mental illness known as schizophrenia, and in this instance may be a chronic problem. In other circumstances, symptoms of psychosis such as hallucinations or delusional thinking, may be the result of a significant psychological trauma, such as the death of a loved one. In those instances, the psychosis is usually temporary, and the symptoms go away.

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LESSON #9c PSYCHOSIS AND SERIOUS ILLNESS Module 2

**Warning signs:**

**Hallucinations and delusions**

The person may see, hear, smell, or taste things that aren't really there. These are hallucinations.

The person may develop strange beliefs or ideas to explain what is happening to them. These odd beliefs and ideas are called delusions

**Bipolar/Depression/Mania**

**Bipolar/Depression/Mania**

In addition to depression, serious mood problems include mania and bipolar disorder.

- Mania is when someone doesn't need sleep, has lots of energy, talks quickly, and quickly moves from one activity or idea to the next.
- Bipolar disorder is when people shift from mania to depression, sometimes very quickly.
- When someone is experiencing bipolar disorder, they may go from having a lot of energy and being unable to sit still to being withdrawn, sad, and non-communicative and then back again over the course of days, weeks, or months.

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LESSON #9d ANXIETY & STRESS Module 2

Anxiety and stress are normal reactions that occur for most people following a disaster or trauma. It is important to understand that there is a difference between a typical stress reaction and one that may need more long term, ongoing care.

- Usually, when people experience stress and anxiety after a disaster or trauma, they recover to the way that they were before within about six months afterwards.
- Typical responses are listed in Lesson #2 (Common Responses to Disaster/Trauma) for your reference.
- More severe problems with anxiety and stress generally persist for more than six months, and have other cues and signals that you can look for.

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LESSON #9d ANXIETY & STRESS Module 2

Warning signs of severe stress or anxiety include:

- Images, dreams, and / or memories of a traumatic event that cause the person to re-experience the event long after it has happened.
- Believing, from day to day, that the event is happening again, and that they are reliving it. Becoming extremely frightened about things that remind them about the event, or going out of their way to avoid people, places or things that are associated with the event.
- Avoiding, or trying to avoid anything associated with the events such as feelings, people, activities etc.
- Being unable to remember big pieces of the event- large chunks of time are missing from their memory of the event.
- Withdrawal from social activities and friends- they don't seem to want to do any of the things that they used to enjoy.
- Feeling or looking like they no longer experience a range of emotions such as happiness, or even sadness. They may seem blank or numb.
- Ongoing physical health problems such as trouble sleeping, jumpiness, constant worry, anger, and difficulty concentrating.

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LESSON #9e

**SITUATION ASSESSMENT: QUICK REFERENCE TABLE**

SITUATION EXAMPLES	LISTENING	LISTEN / SUPPORT OR REFER	NEED TO REFER
<b>SUICIDE / DEPRESSION</b>	Temporary sadness, but life threatening Temporary change in mood	Depressed for a long time Life may be in danger Agrees not to harm	Suicidal, active desire to die, RIZARS, out of touch with reality, gives away possessions Refuses to agree not to harm self
<b>ALCOHOL / DRUGS</b>	Other drunk or high on weekends, functional at work Some safety risk when drinking or using drugs Driving which puts and family Feels ignored but would like to get help	Caught drinking at work, drinking or drug use interferes with life Potentially harmful to self or others Sleepy, hungover, loses friends or job Limited options, but friends, reachable with bar	Drinks or uses drugs to unconsciously frequently Life threatening Unresponsive to attempts to speak Unconscious, pulse below 50, needs immediate help
<b>PSYCHOSIS / SERIOUS MENTAL ILLNESS</b>	Odd beliefs & strange ways of thinking Sometimes says or does things that could be harmful or dangerous Seeks help or support in handling emotions, making and behavior, coming to terms	Strange thinking or behavior causes trouble with family and friends Takes risks or unnecessary, dangerous choices that could harm themselves or others Distracted about their thinking or behavior, and responds to support	Responding to things that aren't there Saying or hearing things that no one else can hear Is a threat to themselves or others Distracted/understand or recognize that there is a problem/diagnosed or harmful about their behavior
<b>ANXIETY / STRESS</b>	Anxiety or stress is uncomfortable or causes mild discomfort that does not affect day to day Frequent headaches or stomach aches without a physical explanation (e.g., poor diet) Recognizes need for help	Anxiety or stress is causing problems in everyday functioning (lack of sleep, behavior change) Headaches, stomach aches, or other physical symptoms that make significant distress (and their risk, diagnosed) Knows that help is needed	Person is hospitalized or unable to function because of panic or that can't work, can't leave home! Person's sleep is extremely irregular in several days, symptoms persist in the past where they best the will do.

Module 3

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DE-ESCALATION AND DEALING WITH ANGER: SAFE MODEL

LESSON #9f

**SITUATION ASSESSMENT: WORKING WITH HOSTILITY AND AGGRESSIVE BEHAVIORS**

<p><b>Self</b></p> <p>Tune in to yourself. Be aware of your own reactions: the tone of voice you use, your body language, and your choice of words. Monitor yourself in order to stay calm and to not take the situation personally even if the words become personal. Non-verbal messages are particularly important. Be aware of the non-verbal things that you are saying to the other person.</p>	<p><b>Engagement</b></p> <p>If it is safe to do so, connect with the angry person by engaging to understand their story. Don't distance them or their concerns. Identify and engage resources or other people or information that may be able to address or help solve their problem or concern in some way. Engage support for yourself when you are in the position to be dealing with an angry person or people. Don't keep a hostile expression inside, share it with others to get the support you need after dealing with a difficult person or situation. Engage your resources (friends, family, social network) to increase your resilience.</p> <p><b>Please Note:</b> If the angry person has reached a point where they have become physically dangerous and your safety may be at risk, please do not attempt to handle the situation on your own. Use awareness to find an exit and seek help around you. Don't put yourself in a situation where you could be injured. <b>Personal Safety is the primary goal.</b></p>
<p><b>Area awareness</b></p> <p>Pay attention to your physical area. Notice the space and people around you. Your general area includes people, exits, weapons, available help, and other resources. Don't position or help yourself between an angry person and his or her exit.</p>	<p>In addition to this type of engagement, it may also be possible to engage with other resources to help the angry person realistically make steps towards solving their problem when you are working with an angry or hostile person, and you can make positive, realistic suggestions that may help them with their problem, they are likely to calm down more quickly. If this isn't possible, don't underestimate the importance and value of simply listening. Not all problems can be solved, and not all people want help.</p>
<p><b>Feelings</b></p> <p>Employ active listening techniques to identify what the angry person is feeling UNDERLYING the anger. Remember that anger is usually about being afraid of something. By listening for feelings underneath anger, you can identify the cause of the emotions at the center of the issue. It is easier to empathize with someone who is angry when you understand what they may be afraid of.</p>	

Module 2

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LESSON #9 SITUATION ASSESSMENT: HOW TO HELP WITH GRIEF AND LOSS IN ADULTS

Experiencing grief and loss can apply to many things in addition to losing someone in death. Loss can be related to the loss of identity, a home, community, reputation, or innocence; people grieve for those types of losses in a similar way that they grieve the death of a friend or family member. There is no set time frame for this process, and the reactions may overlap, and be experienced multiple times as the person moves toward acceptance of the loss.

In order to help with recovery, there are a few things you can encourage in the person who has experienced the loss. You can:

- Help them to talk about the loss.
- Help them identify and express feelings.
- Help them live without the deceased. For example: identify issues which may arise such as the wife who has never been involved with financial decisions who must now manage her finances.
- Provide information on "typical" reactions to loss, so people realize what they are experiencing is "normal" after a loss.
- Facilitate spiritual and relational support. Help them to use or establish some rituals around acknowledging the grief process.
- Recognize that there is no "right way" to move through grief and loss.
- Identify issues that may require further intervention and facilitate referral to the appropriate person.

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Module 1

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LESSON #9 SITUATION ASSESSMENT: HOW TO HELP WITH GRIEF AND LOSS IN YOUTH

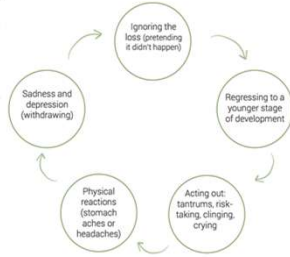
Children, like adults, have common reactions to loss. Some of them are similar to trauma reactions in general (please see Lesson #3, Common Responses to Disaster/Trauma). A brief overview of common responses to loss, and what you can do to help children through the grieving process is provided here. For more information and more detail on children's issues in general, please see the HST guide for teachers and caregivers of children.

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

What to do:

- Help younger children express their feelings
- Use active listening and avoid a lot of questions or interruptions
- Help them find ways to remember and recover (rituals, stories, songs)
- Encourage adolescents to express their thoughts and feelings
- Educate them about positive things they can do to cope
- Aim conversations toward the future



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LESSON #10 DEVELOPING REFERRAL RESOURCES

Where are some places in your community that you could refer people to for help?

- 1
- 2
- 3
- 4

What are the names of some doctors or medical providers that you could recommend to others?

- 1
- 2
- 3
- 4
- 5

What are the names of some of your fellow Health Support Team members who live in your area and who you could go to for assistance if needed?

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- 4
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**MODULE 4** Health Support Team Tools:  
Relaxation, Stress  
Reduction, and Thinking  
Strategies

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**LESSON #11 RELAXATION & STRESS REDUCTION: TECHNIQUES & THINKING STRATEGIES SUMMARY**

**Quick Reference Guide for Health Support Team Tools**

TOOL	TIME	GOOD FOR	NOT GOOD FOR	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,	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"

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**LESSON #11a BASIC DEEP BREATHING**

- **ASK** the person to sit up straight in chair, opening lungs to fullest extent.
- **DEMONSTRATE** slow deep breaths, in through the nose, out through the mouth, very slowly, five times.
- **SUGGEST** that if they begin to feel anxious / dizzy / nervous etc, that they remove themselves from the situation if possible, and find a quiet corner or a different place to practice the breathing.
- **RECOMMEND** that they do this at least twice per day or more if needed. When first learning how to regulate breathing, they should practice when they are already calm. This will help them translate this skill better during times when they feel anxious.
- **INFORM** them that with practice and time, they will master control over the anxiety, and it will not control them.

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**LESSON #11b QUICK MINDFULNESS (5 TO 30 MINUTES.)**

**The focus of the exercise is:**

- Being in the present moment.
- Being aware of and attentive to bodily sensations, inner thoughts, and feelings.
- Being accepting of sensations, thoughts and feelings without trying to change them, avoid them or ruminate over them.

**Steps in the mindfulness exercise:**

- Get comfortable, close your eyes and relax with deep regular breathing. Begin with a body scan, scanning bodily sensations beginning with the feet and moving up the body – be aware and accepting of any sensations. Notice sounds, feelings on skin, smells, and other things in the environment.
- Continue to breathe deeply, relaxing the jaw and shoulders.
- Next scan inner thoughts. If thoughts stray to the past or future, gently bring yourself back to the present moment.
- Finally, scan present time emotions and feelings, focusing on awareness, attention and acceptance.

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**LESSON #11c**  
**MORE IN-DEPTH RELAXATION EXERCISE FOR MIND AND BODY (5-20 MINUTES.)**



- Find a comfortable place where you can either lie down or sit in a relaxed posture
- Tighten only the muscles in your feet, while trying to keep the rest of your body relaxed and untensed. Count slowly to 3 and then relax your feet.
- Keeping your feet and the rest of your body relaxed, tighten only the muscles in your legs. Count slowly to 3, relax.
- Keeping your lower body relaxed, tighten the muscles in your hands and arms...make a fist...hold it while you count slowly to 3. Relax.
- Keep your body below your neck relaxed and tighten your face and neck...clench your jaw, frown, hold it for a slow count to 3. Relax.
- Check all of your body for any tight muscles.
- Place one hand on your belly and one on your chest. Breathe in through your nose and out through your mouth. Keep your breaths slow, soft and steady.
- As you breathe, try to breathe so that your "chest hand" is still and your "belly hand" moves up and down with your breaths.
- If you'd like, you may close your eyes and imagine a calm and relaxing setting, such as lying on the warm sand near a beach. Remember to keep all your muscles relaxed.

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**LESSON #11d**      **SELF HELP THINKING (COGNITIVE) STRATEGIES (10-20 MINUTES)**



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**LESSON #11d SELF HELP THINKING (COGNITIVE) STRATEGIES (10-20 MINUTES)**



**Steps (NICE)**

- **NOTICE** your thoughts
- **IDENTIFY** the feelings and behaviors you are connecting to the thoughts
- **CHOOSE** a new thought, feeling, or behavior that is slightly different not opposite
- **EXERCISE** control by practice the new thought, feeling, or behavior/self-help thinking (cognitive) strategies

**Example:**

- **Notice and identify:**
  - **Thought:** I am worried about another earthquake happening again.
  - **Feeling:** The worry makes me scared and upset.
  - **Behavior:** When I feel scared and upset, I want to stay away from my friends and family.
- **Choose and Exercise a NEW thought, feeling and behavior:**
  - **Thought:** Right now, there is not another earthquake. I am Ok. I am safe.
  - **Feeling:** Recognizing that I am Ok and safe right now makes me feel more calm.
  - **Behavior:** Feeling calm right now will help me work or visit with family and friends, maybe I will go for a visit later.

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**LESSON #11e DESENSITIZATION AND EXPOSURE FOR ANXIETY REDUCTION (DEAR)**

- Explain to the person that their anxiety will decrease if they can learn to tolerate or master the feelings rather than avoid them.
- Help the person identify anxious thoughts such as "I can't stand this" or "this will never get better."
- Then go through the Emotional Freedom Technique "Tapping" exercise (below):

Begin by taking three slow deep breaths. Choose something you'd like to work on, for example your stress level.

**TAPPING:**

1. Tap the crown of your head with your three middle fingers, saying "release my stress". Take a deep breath and let it out.
2. Tap the inner edge of your eyebrow just over your nose with one finger, saying "release my stress". Take a deep breath and let it out.
3. Tap the outer edge of your eyebrow with one finger, saying "release my stress". Take a deep breath and let it out.
4. Tap the outside corner of your eye with one finger, saying "release my stress". Take a deep breath and let it out.
5. Tap under your eye right on the bone, saying "release my stress". Take a deep breath and let it out.
6. Tap with one finger, under your nose between your lip and the bottom of your nose, saying "release my stress". Take a deep breath and let it out.
7. Tap with one finger between your lower lip and your chin, saying "release my stress". Take a deep breath and let it out.
8. Tap with one finger just under the notch on your collarbone, saying "release my stress". Take a deep breath and let it out.
9. Place your hands over your heart, take three deep breaths and say "release my stress" at the end of each breath.

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**LESSON #11f BEHAVIORAL ACTIVATION TECHNIQUES (5-20 MINUTES)**

One tool in Behavioral Activation is the acronym ACTION to help the person remember the basics of this technique:

 <b>Assess how this potential behavior will serve your interests.</b>	 <b>Integrate the behavior into your life.</b>
 <b>Choose to activate.</b>	 <b>Observe the outcome when you do the behavior.</b>
 <b>Try out different behaviors.</b>	 <b>Never give up</b>

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**MODULE 5**

**Health Support Team Member Boundaries and Resilience**

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**LESSON #12 SOURCES OF COMPASSION FATIGUE**

**Sources of Compassion Fatigue**  
 As a caregiver or support team members, it is very important to manage your own stress, and take care of yourself. Compassion fatigue (becoming tired of helping) is a very real problem that caregivers and supporters face when their personal stress levels become too high.

Compassion Fatigue is compounded when our brains are activated to defend us when we have experienced a trauma or consistently moderate to high levels of stress. When that happens, we automatically tend to focus more on the problems that need fixing rather than the things that are going well.

When it comes to managing compassion fatigue in yourself or with others you work with, it is essential to pay attention to the successes, the small interactions and the individual steps that are being made. Problems may be overwhelming sometimes, but that shouldn't prevent us from celebrating the little "wins" and acknowledging the effort we (and those around us) are making.

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**LESSON #13a**  
**THE REST MODEL: COMPASSION FATIGUE AND SELF CARE**

**R = Reward yourself (in a healthy way)**

**E = Establish Boundaries**

**S = Share experiences and feelings**

**T = Trust your network and supports**



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**LESSON #14a RESILIENCE AND THE DEVELOPMENT OF A PERSONAL COPING PLAN**

**Building your Personal Coping Plan**  
 Write this plan down.

Here is an example of how you might identify and make time for your Coping Plan:

CONCERN	COPING OPTION	LENGTH OF TIME	CONTACT INFO OR RESOURCES NEEDED
EXHAUSTION	Walking the dog	10-30 minutes	After work/ at home
EXHAUSTION	3 days sleep hygiene	3 days to reset	None
ANXIETY	Hot shower	30 minutes	Home / none
ANXIETY	Brief mindfulness exercise	5-10 minutes	No interruptions at work
ANXIETY	Text memes	2-5 minutes	(Names of friends)

- What do you find to be most challenging
- What are your "go to" methods for handling in your role as a responder or HST team stress? Are there things that would be member? helpful to add?
- What challenges do you anticipate in the future?
- What will you do if you find that you need more outside resources such as behavioral health intervention? Write down who or where you'll reach out to for those supports.
- Who is in your social support system?
- How do you recognize when you are stressed? i.e. what are your stress symptoms?

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LESSON #15 BOUNDARIES AND MAKING REFERRALS

- There may be times when you are unable or unwilling to support someone you are working with, or you aren't the best fit for the needs of that particular person (or youth).
- There are many reasons this can happen, but no matter what, you cannot continue to support people if you feel drained of energy, time or hope.
- Remember that as a Health Support Team Member, you don't try to solve the problems of others.
- When possible, we offer support and tools so that they can make the changes or choices they need in their life.

**If you do not have time to assist them immediately, ask them if you can help them find someone who is more available, if you could meet with them at another time, or if they would be comfortable waiting.**

In each situation, if you need to refer someone to another, or a different (professional) level of support, it is important to let the person you are working with know that you care about them, are concerned about their situation and are glad that they came to talk to you.

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FOR ADULTS SUPPORTING YOUTH

If you do not have capacity or information needed to support this student or youth, Do your best to connect them to resources who can. We call this the "warm hand off"- making sure that the youth

FOR ADULTS SUPPORTING ADULTS:

is directly connected to another person that may be able to help them, so that they have a next step. If you do not have emotional or physical energy to support them, let them know this. For example, "I really appreciate you coming to see me, and I want to be able to help you. However, due to some other situations I am working with, I just don't have the time or energy to be an effective support for you right now."

If you are unable to help the person due to your belief system or conflict with personal values, express your concern about them and let them know you are unable to help them, but that you will try to make sure they are able to get assistance. For example, "I appreciate you coming to me for help, and I understand that this problem is very difficult for you. However, I have strong opinions about the decisions you've made, and feel that I may not be the best person to help you. Would you be willing to meet with someone else instead? Would you like me to help find someone whom I think can be a

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LESSON #16 QUICK REFERENCE GUIDE

LISTEN & LEARN	OFFER SUPPORT	PROVIDE A TOOL	EMPHASIZE HOPE
Learn about the person and listen to the problem using supportive communication and active listening techniques.	Foster resiliency by supporting the person in finding external resources and internal strengths. OR refer them to someone if needed.	Offer them a tool to help them cope, such as a relaxation technique or a thinking strategy.	Let the person know you are there for them, and that you are an encouraging, supportive resource for them when needed.

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**What Happens Now?**

**How to organize your support**

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**Determine Your Ability to Support**

- Are you in a relatively good place in terms of your own safety and emotional state?
- Do you have specific stress management skills you can use regularly?
- What are your personal limitations in terms of time and energy?

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**Preparing to Support**

- Create your own support system with your other HST trainees
- Identify persons whom you're willing to work with
- Determine if you'd like to work 1:1 or are you comfortable working with a small group
- What skills are you comfortable teaching?
- Have you identified resources in case something comes up you are not comfortable handling e.g. suicidal thoughts and behaviors

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**Structure and Follow Up**

- Ask those you plan to support if they're willing for you to check in on them every few days/weeks
- Set up a calendar with them if possible and you want to take a more formal approach. This can be challenging when working with a group.
- Check-ins can be in person, by phone or text, or via zoom
- Let them know that in the check-ins, you'll be coaching them on using their coping skills, monitoring how they're doing, and teaching additional skills as needed.
- If you are doing small groups (3-5 people), make sure they all feel comfortable with sharing challenges and successes with their group. If not, 1:1 may be better



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**Before you start each meeting**

Check in on your own status using the "zones of regulation" graphic

Are you low energy and need a cup of tea and a walk before you can begin?

Are you feeling on edge and irritable and need to do some regulated breathing, meditation or prayer before you're ready?

Do not try to assist others when you're not "in the zone", but explain to them why you might need to put off or reschedule a meeting. E.g. "I am feeling low energy today and think it might be better for us to reschedule." This also models comfort with identifying and sharing feelings.

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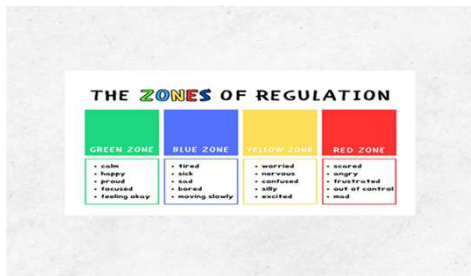
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**Zones of Regulation**



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Zones of Regulation

Blue Zone	Green Zone	Yellow Zone	Red Zone
			
Low	Happy	Wobbly	Angry
Running slow	Good to go	Caution	STOP!
Unhappy Tired Withdrawn Tearful	Positive Proud Calm Focused	Excited Nervous Frustrated Annoyed	Mad Furious Yelling Aggressive

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Intro to Session 1

- Introduce yourself, your role as an HST volunteer, and explain the limitations on what you can and cannot do e.g. "I am a trained community volunteer but not a licensed mental health provider. I can support you and teach you coping skills, but if you need more, I will refer you to the right resource and help you connect."
- Cover the importance of privacy, stating that you will not share personal information about others unless it is a safety issue, and that your expectation within a group is the same.
- Teach your helpees about the "Zones of Regulation" and make sure everyone feels okay about where they are.
- Do one round of box breathing

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Meeting # 1 Understanding the Problems and Prioritizing

- Using your Active Listening skills, try to get a sense of the problems
  - e.g. "Can you tell me a little bit about what happened to you/what you've been experiencing?"
- Ask clarifying questions if needed
- Reflect back to make sure you understand correctly
- Ask about signs and symptoms of stress
  - e.g. "what have you noticed about your stress levels? How can you tell when they are high?"
- Ask about problems and help the person prioritize
  - e.g. "Can you tell me what seems to be the main problem right now. Let's focus on the top two"

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**Meetings # 4 & 5**

- 1 Start with zone of regulation and box breathing
- 2 Discuss challenges and successes
- 3 Explore social connection activities
- 4 Discuss terminating regular meetings for an "as needed" approach

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**Digital Toolbox**

It can be helpful to use these free apps with your "disaster buddy" or "disaster crew"

- PTSD Coach (also includes specific tools to help with sleep and anxiety. <https://mobile.va.gov/app/ptsd-coach>)
- <https://mobile.va.gov/app/insomnia-coach> Insomnia Coach
- Mindfulness and Relaxation
- <https://www.uclahealth.org/uclamindful/free-guided-meditations>
- Help with negative or unhelpful thinking patterns <https://www.thinkright.me/thinkright-me-your-emotional-fitness-companion/>

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[www.healthsupportteam.org](http://www.healthsupportteam.org)


The mission of the Health Support Team is to provide a behavioral- health training curriculum to train non-professional volunteers in the delivery of ongoing support services to colleagues, families, friends, and community members in the aftermath of natural or man-made disaster.

The aim is to provide tools for coping with a crisis or disaster across the continuum of preparedness, acute response, and rebuilding. This mission is accomplished by empowering community based (indigenous) volunteers with training to provide sustainable psychosocial support, in an immediate and comprehensive way, over the short and long term recovery process, in areas where they are already embedded, know the cultural nuances, language, and can assist with personal empowerment and community recovery and resilience.

Basic and Trainer manuals are supplied at no cost. Users will sign an agreement stipulating materials are used in an ethical manner, and that information will be provided to HST on how the materials will be used.

HST materials and training made available by contacting us!

 Kira Mauseth, Ph.D.  
✉ [drkiramauseth@gmail.com](mailto:drkiramauseth@gmail.com)

 Tona McGuire, Ph.D.  
✉ [tlmcg01@gmail.com](mailto:tlmcg01@gmail.com)

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