

The Roles of Peer Specialists *Before* Disasters Strike

Helping People with Mental Health Conditions Prepare for Disasters

Trainer's Guide



Temple University
Collaborative

On Community Inclusion of Individuals with Psychiatric Disabilities





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The National Mental Health Consumers' Self-Help Clearinghouse (the Clearinghouse) and the Temple University Collaborative on Community Inclusion (TUC) have worked together to develop this curriculum, which is intended to supplement the basic training that peer specialists receive. You can learn more about the [Clearinghouse](#) and the [TU Collaborative](#) by exploring their respective websites, and you are invited to contact these organizations for additional information on the issues surrounding disaster preparedness and other community inclusion topics.

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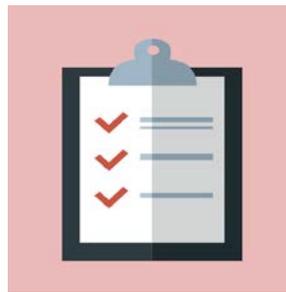
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INTRODUCTION

Individuals with mental health conditions are as likely to be caught up in natural or manmade disasters as anyone else. Disasters—earthquakes or floods, shootings or riots, or other such natural or manmade events—often have terrible practical and emotional impacts, which can be minimized if people are better prepared: if they have thought ahead about what they can do, what they will need, and how they can respond if they are unlucky enough to face a disaster.



This document is designed to increase the degree to which individuals with mental health conditions have planned to meet their needs if a disaster should strike. It also suggests that peer specialists can play an important role in helping the people they serve be better prepared.

The document is a joint project of the National Mental Health Consumers' Self-Help Clearinghouse and the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities (TUC). The Clearinghouse and TUC have a long history of working together to address the roles that peer specialists can play in promoting community inclusion. The Clearinghouse has been a national leader in the expansion of the peer specialist movement, and continually explores new areas in which peer specialists can play effective roles in meeting the needs of others who, like themselves, live with mental health conditions. TUC, with its focus on community inclusion—i.e., on the policy, program, and practice approaches that help individuals to fully participate in the everyday life of their communities—has often worked with the Clearinghouse to define new roles for peer specialists in promoting the community inclusion of the individuals they serve.

Our mutual interest in this training program speaks to the concern that those with mental health conditions experience both the same opportunities and the same threats as their neighbors, and that peer specialists can play a central role in helping people with mental health conditions be better prepared for disaster.

COURSE GOAL

This one-day training program is designed to help peer specialists develop the knowledge base and practical skills they need to help people with mental health conditions better plan for the impacts of natural and manmade disasters

WELCOME AND INTRODUCTIONS (30 MINUTES)

Trainer's Instructions: At the beginning of the day, introduce yourself and ask participants in the training to briefly introduce themselves (e.g., name, job title, home agency, interest in the topic). Then provide a brief overview of the topic, including very preliminary comments on:

The impacts of
natural and
man-made
disasters

The importance
of disaster
preparedness

The potential
role of peer
specialists

You can also offer trainees the opportunity to express their own initial views on these issues. It may be important for the group to discuss this new role for peer specialists—few will have previously considered disaster preparedness planning as part of their job responsibilities—and what they feel they may bring, as peers, to this assignment.

Also, set ground rules for the day and review the agenda.

THE NATURE OF DISASTERS AND THEIR IMPACTS ON MENTAL HEALTH

Trainer's Instructions: The impacts of disasters and the need for disaster preparedness have not received a great deal of attention among the general public or within the mental health community. This first session seeks to broaden awareness about the general impacts of natural and manmade disasters, and to explore the likely impacts of disasters on individuals with mental health conditions.

LECTURE (30 MINUTES)

Trainer's Instructions: Introduce the topic of natural and manmade disasters to the group. The information provided here can serve as the basis for your presentation, but you may want to explore other research and resources. You can make the following key points:

- Countless individuals have been directly affected by disasters, including:
 - Natural disasters, such as:
 - Hurricanes
 - Earthquakes
 - Floods
 - Volcanic eruptions
 - Manmade disasters, such as:
 - 9/11 and other terror attacks
 - Infrastructure disasters, such as crumbling bridges or levees
 - Transportation disasters, such as airplane crashes or train wrecks
 - Economic disasters creating refugee crises.
- Although disasters have had an impact on millions of people, the vast majority of individuals in our society are resilient enough that they are not permanently scarred.
- However, studies have shown that more than half of those who live through extreme natural disasters, such as earthquakes or major hurricanes, may be negatively affected.
- Although individuals with mental health conditions may be at even greater risk of being affected, many individuals who do not have a history of serious mental health conditions may nonetheless develop:
 - Post-traumatic stress disorder (PTSD)
 - Major depression
 - Anxiety
 - Physical ailments, such as gastrointestinal symptoms or headaches.

Note: The following is excerpted and/or adapted from *Mental Health Effects Following Disaster: Risk and Resilience Factors*, posted on PTSD: National Center for PTSD, under the U.S. Department of Veterans Affairs, [available here](#). Check the website for additional information on these topics.

Studies of large-scale disasters—such as earthquakes in Asia and floods, volcanoes, and hurricanes in North and Central America—show that the impact on the mental health of survivors is sometimes enormous. The literature on the risk and resilience factors associated with disasters on behavioral health functioning suggests the following (Galea et al., 2003):

- Survivors' reactions should not necessarily be regarded as pathological responses or even as an indication of future emotional distress: many people will experience only short-lived distress in the aftermath of mass violence, although short-lived emotional reactions may re-occur, even years later.
- Rather than traditional diagnosis and clinical treatment, most survivors are likely to respond well to basic emotional support and the provision of practical resources to ease the transition to normalcy.
- Some survivors may experience great distress and require more substantial community and, at times, clinical intervention.
- However, most researchers in the disaster field anticipate that the impact of natural or manmade disasters on those already living with a mental health condition can be expected to be more significant, and requires special preparation and attention.

EXERCISE A: THE IMPACT OF DISASTERS ON PEOPLE WITH MENTAL HEALTH CONDITIONS (30 MINUTES)

Trainer's Instructions: Ask the trainees to break up into groups of four or five to discuss the impacts they believe natural and manmade disasters may have on the individuals with mental health conditions to whom they provide peer support. This will also provide an opportunity for those in the group who have experienced one or more natural or manmade disasters to talk briefly about their experiences and the impact the disaster(s) had on their lives.

In addition, ask each group to be prepared to report back to the larger group about *both* practical impacts (e.g., loss of a home, physical injury, etc.) and emotional impacts (e.g., increased anxiety, lack of access to usual mental health supports, etc.). In the concluding large group session, ask briefly about how many of these impacts might be avoided or minimized with disaster preparedness planning.

BREAK (15 MINUTES)

DISASTER PREPAREDNESS PLANNING

Trainer's Instructions: This is an opportunity for peer specialists to explore the challenges of playing a role in helping the people they support to engage in disaster preparedness planning. It begins by asking trainees about their own plans, if they have any, and then suggests an exercise to explore how peer specialists can work with peers to develop their own disaster plans. You may make available to the trainees some of the disaster planning guides available in the Resources section of this document.

LECTURE/DISCUSSION (30 MINUTES)

Trainer's Instructions: Discuss the elements of disaster planning and lead a discussion among the trainees about whether or not they have their own disaster plans, along the following lines.

Note: The following is excerpted and adapted from a publication of the Café TA Center entitled *Disaster Preparedness for Persons with Mental Health Needs*, [available here](#). It includes information that would help individuals prepare for a disaster, and can be shared by trainers with trainees.

For individuals with mental health conditions, advance planning for disasters is critical, and will require extra attention to details and needs that other individuals may not have to worry about. People with mental health conditions need to:



Peer specialists can play a crucial role in helping individuals—either in individual counseling or in group training—be better prepared for disasters. But the time to prepare for a disaster is BEFORE it happens.

EXERCISE B: HOW PREPARED ARE YOU FOR DEALING WITH A DISASTER? (30 MINUTES)

Trainer's Instructions: Use the list of questions below to elicit from the trainees information about their own basic levels of preparedness in the event of a manmade or natural disaster. This will give them an opportunity to anticipate how the individuals they serve may respond. Tally their yes/no answers on a flip chart, which you will have prepared in advance with shorthand versions of the questions.

Your Mental Health Needs

- Do you have a current care plan and list of medications (if any) from your physician?
- Do you have a completed emergency information form?
- Do you have a two-week supply of psychotropic medications (if you take such medication) and medical supplies?
- Do you have backup systems or plans for medical equipment that requires electricity?
- Have you discussed with your doctor the best place to be in the event of a disaster?
- Are your family and neighbors aware that you have mental health care needs?
- Do you have disaster plans for while you are at school, work, church, or other public place?

Your Family and Others You Love

- Do you have a disaster preparedness plan?
- Have you practiced the plan?
- Do you have a disaster supply kit?
- Have you designated and shared with friends and family a meeting place and central point of contact should you become separated during a disaster?
- Have you considered the impact of common disasters on you, your home, and your community?
- Have you become comfortable with pictures of emergency workers common to disaster scenes (such as workers in uniform, in fire suits, and workers wearing protective face gear) so you are able to recognize them when they come to assist your community?
- Have you made plans for your pets?

Your Home

- Have you checked your home for materials and items that might pose a hazard during a disaster? (Don't forget the outside!)
- Have you located and learned how to turn on and off utilities such as gas and electricity?
- Do you have working smoke and carbon monoxide detectors in your home?
- Does your home have necessary resources such as a water hose, fire extinguishers, generators, etc.?
- Have you developed a plan with your neighbors on how you will assist one another in case of a disaster?

Trainer's Instructions: In your discussion with the trainees, explore some of the reasons so few people with and without mental health conditions, including themselves, do not have a disaster preparedness plan that addresses these issues.

Then, discuss with trainees the best ways in which to introduce this topic to the people with whom they work, the importance of their role as a peer specialist in raising these issues, and the roles they believe they can play in developing effective disaster preparedness plans using the above list.

EXERCISE C: A TEAM MEETING (30 MINUTES)

Planning and preparation are essential in helping individuals with psychiatric disabilities stay safe, have their needs met, and minimize the chaos and anxiety that often follow a disaster. One of the best ways to prepare for a disaster is to create a team that will help the people you serve plan for their safety.

Trainer's Instructions: Break the trainees up into teams of five people each, with one person assigned to play each of the following roles in the team meeting:

- a) The individual with a mental health condition
- b) A family member
- c) A mental health clinician
- d) A neighbor or friend
- e) The peer specialist who has called the meeting together and will chair the meeting

Instruct the trainees to go over the following issues during the meeting:

- Talk over why you need to prepare for disaster. Discuss the impact of disasters on your home and community and, in particular, explore how your mental health needs may require extra planning.
- Pick two places to meet in the event you are separated from your family or significant others. You might pick outside your home in case of a sudden emergency such as a fire. Or if you can't return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the meeting place and how to contact one another. Decide the best evacuation routes from your home.
- Identify an out-of-state friend to be an outside contact since, after a disaster, it's often easier to call long distance than to make local calls. You will call this number and leave messages on how you are and where you will be staying. Your family, support team, or others can call this contact to find out where you are and if you are okay. The entire team should know your contact's phone number.

- Discuss with the team what to do in case of an evacuation. What planning is needed to ensure that you can receive the emotional support you may need in case of an evacuation?
- What plans have you made for your pets?
- Where should you post emergency telephone numbers? These numbers should be posted by phones: fire, police, ambulance, hospital, doctor, poison control, etc.
- How can you be sure that everyone in your home knows how and when to call 9-1-1 or your local Emergency Medical Services number for emergency help?
- Ensure that each adult person in the home knows how and when to turn off the water, gas, and electricity at the main switches.
- Can you invest in a weather and disaster radio that can be battery powered so you can monitor ongoing disaster situations and respond appropriately?

Trainer's Instructions: Following the team meetings, discuss in a large group setting how the meetings went:

- What issues were raised?
- What recommendations were easily adopted and which posed problems?
- What other issues need to be addressed in disaster planning plans?
- What roles can peer specialists play in this process?

LUNCH (60 MINUTES)

REVIEW (20 MINUTES)

Trainer's Instructions: Ask the group for their feedback thus far:

- What have they learned?
- What more would they like to know?
- Do they have questions about anything covered in the morning?

Then outline the activities for the afternoon.

ADDITIONAL PLANNING

ADDITIONAL PLANNING: DISASTER SUPPLY KITS/EMERGENCY HEALTH CARDS (20 MINUTES)

Trainer's Instructions: Following the initial check-in with trainees, impress upon the trainees the importance of helping the individuals they support to develop both disaster supply kits and emergency health cards. This can be largely in a lecture/discussion format.



Note: The following suggestions for kits and cards are excerpted from *Focus on Disaster and Recovery, a Key Assistance Report* by the National Mental Health Consumers' Self-Help Clearinghouse, [available here](#).

DISASTER SUPPLY KIT

Everyone should have a disaster supply kit for their home, for evacuation, for their car, and possibly for work. Here are some items that could be included in a compact, low-cost emergency kit. Place the items—or at least the paperwork—in a waterproof container or airtight plastic bag:

- Copies of important documents, including *birth* and *marriage certificates*, *passports*, immunization records, bank account and insurance information, and *Social Security cards*.
 - **Note: The Identity Theft Resource Center includes your Social Security card or Social Security number among five things you should not carry in your wallet. The list, which also includes your birth certificate and passport, is [available here](#). However, it makes an exception for emergencies, as follows: “General rule of thumb is to not carry your Social Security card in your day-to-day life. However, in an emergency we encourage**

people to carry and secure their identifying documents and information—just like any other valuables—any time that disaster preparedness efforts are at hand.” [Click here](#) for more information or visit [this website](#).

- Bar or bottle of soap
- Map of city or town and state, which may be photocopied from a library book
- Contact information for emergency response and mental health agencies
- Bottle of rubbing alcohol
- Handful of cotton balls
- Adhesive bandages
- Bottled water: even a little is better than none
- Sealed pouches of food, often sold at dollar stores; or cans with easy-open tabs
- Toothbrush and travel-size tube of toothpaste
- At least three days’ supply of medication (if people take medication).
- Inspirational and other interesting reading material

CREATING AN EMERGENCY HEALTH INFORMATION CARD

First responders who find a person unconscious or incoherent are trained to look for an emergency health information card in places like purses, wallets, and pockets. The American Red Cross recommends also keeping copies of the card in emergency kits, in the car, in the workplace, and in emergency “go-bags.” The card should be customized for each person to include all pertinent information. The American Red Cross recommends these basics:

- ON THE FRONT:
 - Name
 - Street address
 - City, state, zip
 - Home and work phone
 - Birth date
 - Blood type
 - Social Security number
 - **Note: The Identity Theft Resource Center includes your Social Security card or Social Security number among five things you should not carry in your wallet. The list, which also includes your birth certificate and passport, is [available here](#). However, it makes an exception for emergencies, as follows: “General rule of thumb is to not carry your Social Security card in your day-to-day life.**

However, in an emergency we encourage people to carry and secure their identifying documents and information—just like any other valuables—any time that disaster preparedness efforts are at hand.” [Click here for more information or visit this website.](#)

- Health insurance carrier and individual group number
- Physician information
- ON THE BACK:
 - Emergency contacts
 - Health conditions, disability
 - Medication information—if any—including names, dosages, times taken, and any special instructions
 - Name, address, phone and fax numbers for the pharmacy that fills the prescriptions
 - Allergies
 - Immunization dates
 - Languages understood/barriers to communication

ADDITIONAL RESOURCES

ADDITIONAL RESOURCES (20 MINUTES)

Trainer’s Instructions: There are three other roles that peer specialists can play in helping the people they serve, and the agencies that employ them, to be better prepared for disasters:

1. Ensuring that service delivery agencies are in touch with state and local authorities, both to receive information and to learn about responsive resources.
2. Making sure that both mental health provider agencies and individual service recipients know ahead of time whom they can contact for emotional support.
3. Conducting agency-sponsored community meetings in the aftermath of natural or manmade disasters.

MAKING CONTACT WITH AUTHORITIES

(The following suggestions are excerpted from *Focus on Disaster and Recovery, a Key Assistance Report* by the National Mental Health Consumers' Self-Help Clearinghouse, [available here](#).)

Disaster relief veteran and peer movement leader Kaye Rote of Oklahoma recommends assigning one person at a mental health provider agency who has responsibility to contact the following when disaster threatens or has occurred:

1. The state department of mental health
2. The U.S. Department of Homeland Security
3. Pharmacies and pharmaceutical companies for information on how people can access medications quickly
4. Private practice therapists to compile a list of those who will volunteer time
5. Mental health advocacy leaders, starting in state and branching out nationally

FINDING EMOTIONAL/PSYCHIATRIC SUPPORT

The Substance Abuse and Mental Health Services Administration (SAMHSA) operates a national Disaster Distress Helpline dedicated to providing year-round immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor. For more information visit [this website](#).



POST-DISASTER COMMUNITY MEETINGS

Peer specialists can play an important role in helping their agencies develop post-disaster community meetings. Community meetings attempt to promote community recovery following a disaster by performing two critical tasks:

1. Community members are first offered opportunities to fully acknowledge and discuss the impacts of the event.
2. Community members are given an opportunity to restore community equilibrium, including experiencing group loss, making meaning out of the event, and responding to the event in some positive way.

The approach for implementing the intervention is based on an empowerment orientation and the notion of “competent community,” in which community members, rather than professionals, lead the intervention. Community meetings provide opportunities for mutual aid to occur among community members who come together in reaction to similar experiences or circumstances and to address collective grief, fear, sadness, sense of loss; and provide opportunities for healing and empowerment through community action.

More information on the usefulness of community meetings and the best ways to plan for them ahead of time can be found in a publication from the Disaster Community Support Network of Philadelphia, by Mark S. Salzer, Ph.D. To download the free manual, [click here](#).

BREAK (15 MINUTES)

WORKING WITH INDIVIDUALS: THE CHALLENGE OF DISASTER PREPAREDNESS PLANNING

ACTIVITY: PEER SPECIALISTS AND DISASTER PLANNING

Trainer’s Instructions: Because much of the “disaster preparedness” work of peer specialists is likely to be done in one-to-one or small group settings with service recipients as the detailed work of individual disaster preparedness plans are developed, this final sequence for the training day provides an opportunity for trainees to practice how they can work effectively in these settings. It begins with a large group discussion both about the kinds of supports peer specialists themselves would expect to receive and the strengths they believe that their role as peer specialists brings to the situation. A

role-play situation is then suggested, followed by a large group discussion to identify key learning points.

PEER SPECIALISTS AND DISASTER PLANNING (20 MINUTES)

Trainer's Instructions: Lead a discussion among the trainees about how they would like to be helped in developing a disaster preparedness plan by another peer specialist:

- What are the qualities they would expect in their peer specialist?
- What are the issues they would expect to have discussed?

Jot these down on a whiteboard or flip chart: These will be qualities that may prove useful in the role-play exercise to follow.

Then, ask recipients to list the ways in which their status as current or past recipients of mental health services—their role as peer specialists—can be especially useful in addressing disaster preparedness issues.

In past training programs, peer specialists have often focused on a familiar set of characteristics. The following is excerpted and adapted from *The Power of a Peer Provider*, by Ike Powell, Director of Training, Appalachian Consulting Group, April 2013, [available here](#):

1. First, there is a sense of gratitude that is manifested in compassion and commitment.
2. Second, there is insight into the experience of internalized stigma.
3. Third, peer providers take away the “you do not know what it’s like” excuse.
4. Fourth, they have had the experience of moving from hopelessness to hope.
5. Fifth, they are in a unique position to develop a relationship of trust with their peers.
6. Sixth, they have developed the gift of monitoring their [mental health condition] and managing their lives holistically, including both mind and body;

The trainer can urge the trainees to talk more about these and other characteristics inherent in their role as peer specialists to meet the challenge of working with service recipients to anticipate and plan for disasters.

EXERCISE D: A DISASTER-PLANNING ROLE PLAY (45 MINUTES)

Trainer's Instructions: For this exercise, the trainer will ask the trainees to break up into groups of three. A Disaster Preparedness Plan Outline (see Appendix A, below) should serve as the basis for plan development. One person in each group of three will:

- Play the role of the peer specialist, who has been asked to develop a disaster preparedness plan with one of the individuals to whom he or she provides support;
- Play the role of the peer to whom the peer specialist provides support, and who will be asked by the peer specialist to begin to develop a disaster preparedness plan;
- Play the role of the observer: watching and taking notes on (a) how the topic of disaster preparedness was raised, (b) how the peer responded, (c) what issues emerged, etc.

Each group of three should find a separate space. Then the Disaster Preparedness Planning Session should begin, using the Disaster Preparedness Plan template provided in Appendix A, with the observer taking notes on those aspects of the interaction that seem worthwhile to raise in the large group session to follow.

ACTIVITY: LARGE GROUP REPORTS (20 MINUTES)

Trainer’s Instructions: The trainer should draw the groups back into the large group setting for a discussion of the role plays. The trainer will first ask the individuals who played the role of service recipient for their responses. Then the trainer will ask the individuals who played the peer specialists for their responses. Finally, the trainers will ask the observers what they saw as key issues, effective or ineffective approaches, etc. The trainer should work with the group toward a consensus on how peer specialists can best work with service recipients around these sensitive issues.

WHAT PEER SPECIALISTS NEED TO DO TO PRESERVE THEIR OWN EQUILIBRIUM IN A CRISIS/EMERGENCY SITUATION

Just as flight attendants tell airline passengers that, if the oxygen masks come down, they should take care of their own oxygen needs before helping others, peer specialists need to take care of themselves so that they will have the internal resources to assist other people.

This is never more true than when disaster strikes. As an unknown author has written, [“Putting yourself first doesn’t mean you don’t care about others.”](#) It means you're smart enough to know you can't help others if you don't help yourself first.” Terrence des Pres, in his book about the Holocaust—*The Survivor: An Anatomy of Life in the Death Camps*—quotes a Jewish doctor who had not only saved her own life but had saved the lives of many others as well. When he asked her how she did it, she replied, “How did I

keep alive in Auschwitz? My principle is: myself first, second and third. Then nothing. Then myself again—and then all the others.” The author adds, “Hardly anybody else in the camp did as much for [the Jews] and saved so many lives as she did.”

EXERCISE E: TRIGGERS (30 MINUTES)

Note: This exercise is adapted from the *Certified Peer Specialist Training Handbook* of the Institute for Recovery and Community Integration of the Mental Health Association of Southeastern Pennsylvania, ©2004. (This manual has since been updated.)

Trainer’s Instructions: The trainer may lead the participants in a discussion of triggers: external events or circumstances that may make someone feel as if they are getting ill. The trainer may ask the participants to write down events or circumstances that have made them feel bad in the past. Examples may be:

- Problems at work
- Difficult relationships with co-workers
- Financial benefits being questioned or denied
- Doing work that is very difficult
- The anniversary of a loss or trauma
- Traumatic news
- Being very over-tired
- Family friction
- Other sources of stress

Next, the trainer will ask the participants to develop a Triggers Action Plan that would keep them from feeling worse if a triggering event occurs. Sample plan:

If any of my triggers come up, I will:

- Make sure I do everything on my daily maintenance list.
- If the trigger is work related, talk to my vocational counselor or employer.
- Focus on tasks that are easy for me to do well.
- Get one thing done that I know I can do well.
- Do a reality check.
- Talk to a support person.
- Write in my journal.
- Get some vigorous exercise.
- Do a focusing exercise.
- Peer counsel with a friend.
- Play my guitar for an hour.
- Do some deep breathing exercises or a relaxation exercise.

A helpful tool is a WRAP (Wellness Recovery Action Plan). More information is [available here](#).

In addition, a training called *Walking the Tightrope Between Helping Others & Maintaining Your Own Wellness*, created by a certified peer specialist and a psychologist, provides a lot of useful information. It is part of the New England MIRECC (Mental Illness Research, Education and Clinical Centers) Peer Education Center Continuing Education Series. It is [available here](#). Here is an excerpt:

Cognitive Strategies

- Ask yourself, “Would the world fall apart if I step away from my work for a day or a week?”
- Challenge assumptions that stigmatize or devalue caregivers who acknowledge current or past experiences of distress, impairment, or personal pain in their lives.
- Think about the notion that if you never say, “No,” then what is your “Yes” worth?
- Develop reasonable and realistic expectations about your workload, responsibilities, and capabilities.
- Assess your motivations for being a peer support provider. If you give to get, you will be disappointed.
- Develop realistic expectations about the rewards and limitations of being a peer support provider.

Psychological/Emotional Strategies

- Set and keep healthy boundaries with others.
- Do not blame others.
- Do not make any big decisions when you are feeling stressed.
- Make and maintain professional connections that include opportunities to discuss the specific nature and stresses of your work. Model openness in these discussions with colleagues.
- Seek supervision and consultation on a regular basis from colleagues.
- Identify sources of support for your work and use them.
- Spend plenty of quiet time alone for meditating, reflecting, and reconnecting with a spiritual source.
- Have at least one focused, meaningful conversation every day with family or friends.

Post-training Exercise: Take the “Caregiver Self-Care Assessment” on pages 11-13 of *Walking the Tightrope* (see above): [click here](#).

CLOSING SESSION (15 MINUTES)

Trainer's Instructions: This final session provides an opportunity for the trainer to receive some additional feedback with regard to the usefulness of the day from the perspective of the trainees, as well as to ask for suggestions that can inform further training in this area. In addition, the trainer should also lead a discussion with the trainees about how they plan to use the training to work with service recipients around the development of a disaster preparedness training plan for each individual.

RESOURCES

- American Red Cross. “Disaster Mental Health Handbook”: [click here](#).
- Café TA Center. “Disaster Preparedness for Persons with Mental Health Needs”: [click here](#).
- Cambridge University Press. “Variations in Disaster Preparedness by Mental Health, Perceived General Health, and Disability Status”: [click here](#).
- Des Pres, Terrence. *The Survivor: An Anatomy of Life in the Death Camps*: [click here](#).
- “Disaster Mental Health: A Critical Response, A Training Curriculum for Mental Health and Spiritual Care Professionals in Healthcare Settings”: [click here](#).
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APPENDICES

APPENDIX A: DISASTER PREPAREDNESS PLAN TEMPLATE (FOR USE IN EXERCISE D)

(This plan was adapted from Disaster Preparedness for Persons with Mental Health Needs, created by the Café TA Center, [available here](#) and in Resources.)

Mental Health Needs

Do you have a current care plan and list of medications (if any) from your physician? If so:

- What medications will you need? How many of each? For what duration?
- What is the number you will call to reach your physician for assistance?
- Whom will you turn to for counseling?

Do you have a completed emergency information form? If so, let's go over it together. If not, please create one now.

NOTE: For the purpose of this exercise, please do not include any information that is highly personal, such as birth date, Social Security number, and any other such information that you do not feel comfortable including. This template is provided as a guide to the information that someone's emergency information form should include. Please note that the Identity Theft Resource Center includes your Social Security number, birth certificate, and passport among five things you should not carry in your wallet. But it makes an exception for emergencies. For the list and explanations, [click here](#). For the emergency exceptions, [click here](#) or [visit this website](#).

It should include:

- ON THE FRONT:
 - Name
 - Street address
 - City, state, zip
 - Home and work phone
 - Birth date

- Blood type
 - Social Security number
 - **Note: The Identity Theft Resource Center includes your Social Security card or Social Security number among five things you should not carry in your wallet. The list, which also includes your birth certificate and passport, is [available here](#). However, it makes an exception for emergencies, as follows: “General rule of thumb is to not carry your Social Security card in your day-to-day life. However, in an emergency we encourage people to carry and secure their identifying documents and information—just like any other valuables—any time that disaster preparedness efforts are at hand.” [Click here for more information or visit this website](#).**
 - Health insurance carrier and individual group number
 - Physician information
- ON THE BACK:
 - Emergency contacts
 - Health conditions, disability
 - Medication information—if any—including names, dosages, times taken, and any special instructions
 - Name, address, phone and fax numbers for the pharmacy that fills the prescriptions
 - Allergies
 - Immunization dates
 - Languages understood/barriers to communication
1. Do you have backup systems or plans for medical equipment (if any) that require electricity? If so, please describe your systems and plans. If not, please create such plans:
 - a. Do you have a generator? If not, where will you go if you need electricity?
 - b. Have you arranged in advance for that place to allow you to use their resources?
 - c. What will you do if their electricity is out as well?
 2. Have you determined the best place to be in the event of a disaster?
 - a. If so, what would be the best place for you?

- b. If not, where do you think that place would be?
- 3. Are your family and neighbors aware that you have mental health care needs?
- 4. Do you have disaster plans for while you're at:
 - a. School?
 - b. Work?
 - c. Church?
 - d. Other public place?

If so, please describe these plans. If not, please create such plans.

Your Family and Others You Love

- 1. Do you have a disaster plan that involves your family and others who are close to you?
 - a. If so, what does it consist of? If not, can you create one?
 - b. Family Member/Household Contact Info: Name/Home Phone/Cell Phone/Email
- 2. If you have such a plan, have you practiced it? How did it work out?
- 3. Do you have a disaster supply kit?
 - a. If so, what does it consist of?
 - b. If not, what would you put in it?
- 4. Have you designated and shared with friends and family a meeting place and central point of contact should you become separated during a disaster?
 - a. If so, where is the meeting place and who is the central point of contact?
 - b. If not, please decide on a meeting place and central point of contact. In the latter instance, please make sure the contact is aware of his/her designation.
- 5. Have you considered the impact of common disasters on you, your home, and your community?
- 6. Have you made plans for your pets?
 - a. If so, what are your plans?

- b. If not, please create plans to cover each of your pets. Pets' Names/Type/Color/Registration # (if they are registered)

Your Home

1. Have you checked your home for materials and items that might pose a hazard during a disaster? (Don't forget the outside!) Describe such materials and items and your plans for neutralizing the danger they might pose.
2. Have you located and learned how to turn on and off utilities such as gas and electricity? If not, please make it a priority to locate your utilities and learn how to turn them on and off.
3. Do you have working smoke and carbon monoxide detectors in your home? (If not, please acquire this equipment at your earliest convenience.)
4. Does your home have necessary resources such as fire extinguishers? If you do not have a fire extinguisher, how do you plan to acquire one?
5. Have you developed a plan with your neighbors on how you will assist one another in case of a disaster?
 - a. If so, please describe the plan. If not, please contact your neighbors to develop a plan. What would it consist of?

General

1. The disasters most likely to affect our household are:

2. The escape routes from our home are:

3. If separated during an emergency, what is our meeting place near our home?

4. If we cannot return home or are asked to evacuate, what is our meeting place outside of our neighborhood?

5. What is our route to get there and an alternate route if the first route is impossible?

6. In the event that our household is separated or unable to communicate with each other, our emergency contact outside of our immediate area is:
Name/Home Phone/Cell Phone/Email:

7. If at school/daycare, our child(ren) will be evacuated to:
Child's name/Evacuation site (address and contact information)

8. Our plan for people in our household with a disability or special needs is:
Person's name/Plan

Person's name/Plan

Person's name/Plan

9. During certain emergencies, local authorities may direct us to "shelter in place" in our home. A safe, accessible room where we can go, seal windows, vents, and doors, and listen to emergency broadcasts for instructions is:

After a disaster let your friends and family know you are okay by registering at [Safe and Well](#) or by calling 1-800-733-2767. You can also give them a call, send a quick text or update your status on social networking sites.

Take the “Caregiver Self-Care Assessment” on pages 11-13 of *Walking the Tightrope* (see above): [click here](#) or see Appendix B below.

APPENDIX B: CAREGIVER SELF-CARE ASSESSMENT

This exercise is excerpted from the New England MIRECC Peer Education Center
Continuing Education Series

*Peer Support Provider—Walking the Tightrope Between Helping Others &
Maintaining Your Own Wellness*

How frequently do you do the following?

0	1	2	3
Never	Rarely	Sometimes	Often

Physical Self-Care

Eat regularly (ex. breakfast, lunch, & dinner) _____

Eat healthy meals _____

Get regular medical check-ups _____

Obtain medical care when needed _____

Take time off to rest and recuperate when you are sick _____

Get a massage _____

Exercise/engage in a physical activity you enjoy _____

Get enough sleep _____

Take vacations _____

Other: _____

Psychological Self-Care

Take a day trip/mini-vacation _____

Make time away from your telephone/office _____

Make time for self-reflection _____

Listen to your thoughts, beliefs, and feelings _____

Read literature unrelated to your work _____

Allow others to know different aspects of who you are _____

Ask others for help/support when you need it _____

Say no to extra responsibilities sometimes _____

Try a new activity at which you are not an expert or in charge _____

Other: _____

Emotional Self-Care

Spend time with people whose company you enjoy _____

Stay in contact with important people in your life _____

Provide yourself with praise for your accomplishments _____

Love yourself _____

Find things that make you laugh _____

Allow yourself to cry _____

Make time to play and/or relax _____

Other: _____

Spiritual Self-Care

Make time for reflection _____

Find a spiritual connection or community _____

Be open to inspiration _____

Cherish your optimism and hope _____

Be open to not having all the answers _____

Identify what is meaningful to you and notice its place in your life _____

Meditate _____

Pray _____

Sing _____

Contribute to causes in which you believe _____

Listen to music _____

Other: _____

Workplace or Professional Self-Care

Take your fully allotted time for lunch/breaks _____

Take time to chat with co-workers _____

Make quiet time to complete tasks _____

Identify projects or tasks that you find exciting and rewarding _____

Set limits with colleagues and consumers _____

Balance your workload so that no one day or part of a day is “too much” _____

Arrange your work space so it is comfortable and comforting for you _____

Get regular supervision or consultation _____

Have a support group with your peers/colleagues _____

Negotiate for your needs (ex. benefits, pay raise, time off) _____

Other: _____

Balance

Make efforts to have balance in your professional life and work day _____

Strive to achieve balance among work, family, friends, play, and rest _____

Other areas of self-care that are relevant for you:

Have you found you are neglecting yourself in one or more of these areas of self-care? If so, set a goal for an area of self-care you want to improve. Decide a first step you will take to work on it. Give yourself a date by which you will complete your first step.

(Caregiver Self-Assessment Reference: Saakvitne, K.W., & Pearlman, L.A. (1996).

Transforming the pain: A workbook on vicarious traumatization. New York: W.W. Norton & Company.)