

A Guide to Managing Stress in Crisis Response Professions



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Acknowledgments

This publication was produced by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), U.S. Department of Health and Human Services (DHHS) and was reviewed by a group of experts. Ms. Maria Baldi served as the Government project officer. The SAMHSA Disaster Technical Assistance Center (operated by ESI under contract with CMHS), researched, compiled, and edited the information, and designed the cover and layout for this publication. SAMHSA gratefully acknowledges the contributions of Nancy C. Carter, M.S.W.

Public Domain Notice

All material appearing in this document is in the public domain and may be reproduced or copied without permission from SAMHSA or CMHS. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, DHHS.

Electronic Access and Copies of Publication

This publication may be accessed electronically through the following Internet connection: www.samhsa.gov. For additional free copies of this document, please contact SAMHSA's National Mental Health Information Center at 1-800-789-2647 or 1-866-889-2647 (TTD).

Recommended Citation

U.S. Department of Health and Human Services. A Guide to Managing Stress in Crisis Response Professions. DHHS Pub. No. SMA 4113. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.

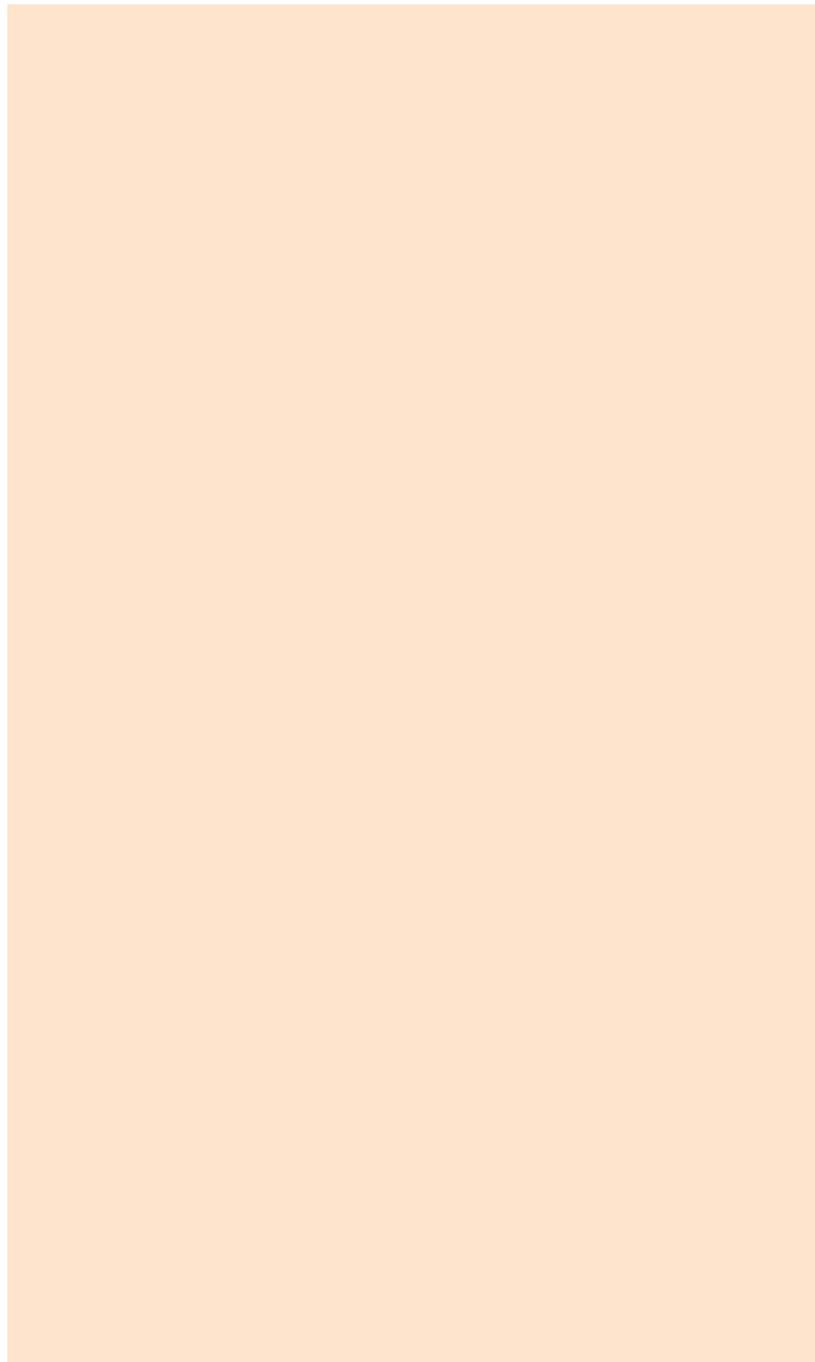
Originating Office

Substance Abuse and Mental Health Services
Administration
1 Choke Cherry Road
Rockville, Maryland 20857
DHHS Publication No. SMA 4113
Printed 2005

A GUIDE TO MANAGING STRESS IN CRISIS RESPONSE PROFESSIONS

Contents

Preface	v
Introduction	vii
I. Understanding the Stress Cycle	1
Common Stress Reactions	2
Extreme Stress Reactions	5
II. Managing Stress Before, During, and After an Event	7
Pre-Event Planning	7
During the Crisis—At the Scene	10
After the Crisis	12
III. Promoting a Positive Workplace Environment	13
Minimizing Stress	15
IV. Self-Care for Crisis Response Professionals .	17
Self Monitor for Signs of Stress	17
Minimizing Stress	18
V. References and Recommended Reading	23
VI. Selected SAMHSA Resources	26
VII. Internet Sites	27



Preface

Dear Colleague:

The ongoing threat of both natural and human-caused disasters makes it imperative that we support and encourage the brave men and women who prepare for and respond to these events—our crisis response professionals. These professionals include first responders, public health workers, construction workers, transportation workers, utilities workers, volunteers, and a multitude of others.

This easy-to-use pocket guide focuses on general principles of stress management and offers simple, practical strategies that can be incorporated into the daily routine of managers and workers. It also provides a concise orientation to the signs and symptoms of stress.

While every situation is unique, this document provides some basic tools that can inspire and spread optimism and point the way to effective stress management.

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services
Administration

Introduction

Introduction

Stress prevention and management should address both the worker and the organization. Adopting a preventive perspective allows both workers and organizations to anticipate stressors and shape responses, rather than simply reacting to a crisis when it occurs (Center for Mental Health Services [CMHS], 2005).

Crisis response workers and managers—which include first responders, public health workers, construction workers, transportation workers, utilities workers, and volunteers—are unique in that they are repeatedly exposed to extraordinarily stressful events. This places them at higher-than-normal risk for developing stress reactions (Pan American Health Organization [PAHO], 2001).

A Guide to Managing Stress in Crisis Response Professions provides a framework for stress management strategies for crisis response workers and managers. These strategies are sufficiently broad so that individuals and groups can select those that best fit their needs and circumstances. Education about stress and its prevention and mitigation through planning are essential.



Content Overview

- ◆ Chapter I provides a simple overview of the stress cycle and common stress reactions.
- ◆ Chapter II gives managers strategies for preventing and mitigating stress for themselves and their workers before, during, and after an event.
- ◆ Chapter III makes suggestions for creating a positive and healthy workplace environment that will reduce the potential for staff stress.
- ◆ Chapter IV offers tips on self-care for workers and managers alike.
- ◆ Chapter V gives references and recommended reading.
- ◆ Chapters VI and VII give selected SAMHSA resources and Internet sites for more information.



I. Understanding the Stress Cycle

Stress is an elevation in a person's state of arousal or readiness, caused by some stimulus or demand. As stress arousal increases, health and performance actually improve. Within manageable levels, stress can help sharpen our attention and mobilize our bodies to cope with threatening situations.

At some point, stress arousal reaches maximum effect. Once it does, all that was gained by stress arousal is then lost and deterioration of health and performance begins (Luxart Communications, 2004).

Whether a stressor is a slight change in posture or a life-threatening assault, the brain determines when the body's inner equilibrium is disturbed; the brain initiates the actions that restore the balance. The brain decides what is threatening and what is not. When we face challenging situations, the brain does a quick search. Have we been here before? If so, how did we feel? What was the outcome? Can we cope with the situation now? If there's doubt as to any of these questions, the stress response goes into high gear (McEwen & Lasley, 2002).

The following provides workers and managers with a list of common stress reactions. Most people are resilient and experience mild or transient psychological disturbances from which they readily bounce back. The stress response becomes problematic when it does not or cannot turn off; that is, when symptoms last too long or interfere with daily life.

Common Stress Reactions

Behavioral

- ◆ Increase or decrease in activity level
- ◆ Substance use or abuse (alcohol or drugs)
- ◆ Difficulty communicating or listening
- ◆ Irritability, outbursts of anger, frequent arguments
- ◆ Inability to rest or relax
- ◆ Decline in job performance; absenteeism
- ◆ Frequent crying
- ◆ Hyper-vigilance or excessive worry
- ◆ Avoidance of activities or places that trigger memories
- ◆ Becoming accident prone

Physical

- ◆ Gastrointestinal problems
- ◆ Headaches, other aches and pains
- ◆ Visual disturbances
- ◆ Weight loss or gain
- ◆ Sweating or chills
- ◆ Tremors or muscle twitching
- ◆ Being easily startled
- ◆ Chronic fatigue or sleep disturbances
- ◆ Immune system disorders

Psychological/Emotional

- ◆ Feeling heroic, euphoric, or invulnerable
- ◆ Denial
- ◆ Anxiety or fear
- ◆ Depression
- ◆ Guilt
- ◆ Apathy
- ◆ Grief

Thinking

- ◆ Memory problems
- ◆ Disorientation and confusion
- ◆ Slow thought processes; lack of concentration
- ◆ Difficulty setting priorities or making decisions
- ◆ Loss of objectivity

Social

- ◆ Isolation
- ◆ Blaming
- ◆ Difficulty in giving or accepting support or help
- ◆ Inability to experience pleasure or have fun

(Adapted from CMHS, 2004)



First the brain sounds an alert to the adrenal glands. The adrenals answer by pouring out the first of the major stress hormones—adrenaline—for the classic fight-or-flight response.

The fight-or-flight response evolved with the prime directive of ensuring our safety and survival. The pulse begins to race as the adrenaline steps up the heart rate, sending extra blood to the muscles and organs. Oxygen rushes in as the bronchial tubes in the lungs dilate; extra oxygen also reaches the brain, which helps keep us alert. During this stage of the fight-or-flight response, the brain releases natural painkillers called endorphins. This phase, in which adrenaline plays a leading role, is the immediate response to stress (McEwen & Lasley, 2002).

When the stress response is active for a long period of time, it can damage the cardiovascular, immune, and nervous systems. People develop patterns of response to stress that are as varied as the individuals (Selye, 1984). These responses simply suggest a need for corrective action to limit their impact (Mitchell & Bray, 1990; Selye, 1984).



Extreme Stress Reactions

An optimum level of stress can act as a creative, motivational force that drives a person to achieve incredible feats. As noted earlier, most people do not suffer severe effects from manageable levels of stress. Chronic or traumatic stress, on the other hand, is potentially very destructive and can deprive people of physical and mental health (PAHO, 2001).

If stress is extreme and not managed, some individuals may experience posttraumatic stress disorder (PTSD). PTSD is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms can be severe enough and last long enough to significantly impair the person's daily life (National Center for Post-Traumatic Stress Disorder [NCPTSD], 2005).

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorce, family discord, and difficulties in parenting (NCPTSD, 2005).

Increased substance use or abuse is also a concern. While researchers appear to be divided on whether substance abuse disorders increase following a disaster, there is evidence to suggest that substance use increases. While substance use increases alone do not qualify as substance abuse disorders, they can create potential health and public safety problems. This is of particular concern when the affected people are crisis response personnel who may

have responsibility for public safety as part of their job duties (Center for Substance Abuse Treatment, 2003).

While the effects of PTSD are serious and difficult to deal with, it can be treated by a variety of forms of psychotherapy and medication.

For more information and resources on PTSD, go to NCPTSD's Web site: <http://www.ncptsd.org>.



II. Managing Stress Before, During, and After an Event

Everyone who experiences a disaster is touched by it, including crisis response workers and managers. Good planning can limit health and psychological consequences, minimize disruptions to daily life, and contribute to the growth and empowerment of the individual experiencing the disaster.

The Nation's mental health, substance abuse, public health, medical, and emergency response systems face many challenges in meeting the behavioral health needs that result from disasters. Management of the behavioral health consequences of disasters requires a range of interventions at multiple levels in the pre-event, event, and post-event phases.

Pre-Event Planning

There are many preventive measures that you as a supervisor can put in place before an event occurs which can minimize stress. A thoughtfully planned communications strategy can lessen the impact of stress while accomplishing the goal of delivering accurate and timely information within the organization and to the public (Federal Emergency Management Agency [FEMA], 2005).

A clear understanding of roles and procedures is critical to helping individuals manage stress. Training and preparedness in incident management procedures are therefore key to stress management.

The National Incident Management System (NIMS), developed by the U.S. Department of Homeland Security (DHS), establishes standardized incident management processes, protocols, and procedures that all responders—

Federal, State, tribal, and local—will use to coordinate and conduct response actions (FEMA, 2005).

The NIMS Incident Command Structure (ICS) provides a consistent, flexible, and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location, or complexity. ICS helps all responders communicate and get what they need when they need it (FEMA, 2005).

NIMS ICS is composed of several components that work together as a system to prepare for, prevent, respond to, and recover from domestic incidents. These components include: command and management, preparedness, resource management, communications and information management, supporting technologies, and ongoing management and maintenance.

For more information on NIMS and NIMS ICS, go to: FEMA's Web site: <http://www.fema.gov/NIMS/>.



Following are some suggested action steps that may help you and your workers cope with stress in a more effective manner.

Minimizing Stress Before the Crisis

- ◆ Become familiar with the NIMS ICS and your organization's role in it; and train personnel in its use.
- ◆ Establish clear lines of authority and responsibility to minimize stress by eliminating confusion about who reports to whom (Call & Pfefferbaum, 1999; CMHS, 1994).
- ◆ Provide regular training on stress management techniques.
- ◆ Create a facility evacuation plan and practice drills regularly.
- ◆ Provide ongoing training to ensure that staff are thoroughly familiar with safety procedures and policies.
- ◆ Develop guidelines to help workers prepare for deployment.
- ◆ Maintain an updated list of family members' contact information for each employee.
- ◆ Have a pre-established plan for how employees will check on their families if disaster strikes during work hours (CMHS, 1994).

During the Crisis—At the Scene

At the disaster scene, you, as a manager, can provide certain supports for workers to mitigate stress and help them effectively perform the tasks at hand.

Minimizing Stress During the Crisis— At the Scene

- ◆ Clearly define individual roles and reevaluate if the situation changes.
- ◆ Institute briefings at each shift change that cover the current status of the work environment, safety procedures, and required safety equipment (CMHS, 1994).
- ◆ Partner inexperienced workers with experienced veterans. The buddy system is an effective method to provide support, monitor stress, and reinforce safety procedures. Require outreach personnel to enter the community in pairs (CMHS, 1994).
- ◆ Rotate workers from high-stress to lower stress functions (CMHS, 1994).
- ◆ Initiate, encourage, and monitor work breaks, especially when casualties are involved (McCarroll, Ursano, Wright, & Fullerton, 1993). During lengthy events, implement longer breaks and days off, and curtail weekend work as soon as possible.
- ◆ Establish respite areas that visually separate workers from the scene and the public. At longer operations, establish an area where responders can shower, eat, change clothes, and sleep (CMHS, 1994).

- ◆ Implement flexible schedules for workers who are directly impacted by an event (CMHS, 1994). This can help workers balance home and job responsibilities.
- ◆ Reduce noise as much as possible by providing earplugs, noise mufflers, or telephone headsets (CMHS, 1994).
- ◆ Mitigate the effects of extreme temperatures through the use of protective clothing, proper hydration, and frequent breaks.
- ◆ Ensure that lighting is sufficient, adjustable, and in good working order.
- ◆ Lessen the impact of odors and tastes, and protect workers' breathing by supplying facemasks and respirators (McCarroll et al., 1993).
- ◆ Provide security for staff at facilities or sites in dangerous areas, including escorts for workers going to and from their vehicles (CMHS, 1994).
- ◆ Provide mobile phones for workers in dangerous environments. Ensure that staff know who to call when problems arise (CMHS, 1994).

After the Crisis

The ending of the disaster assignment, whether it involved immediate response or long-term recovery work, can be a period of mixed emotions for workers. While there may be some relief that the disaster operation is ending, there is often a sense of loss and "letdown," with some difficulty making the transition back into family life and the regular job. Following are some action steps that can help ease the disengagement and transition process for workers (CMHS, 1994).

Minimizing Stress for Workers After the Crisis

- ◆ Allow time off for workers who have experienced personal trauma or loss. Transition these individuals back into the organization by initially assigning them to less demanding jobs (CMHS, 1994).
- ◆ Develop protocols to provide workers with stigma-free counseling so that workers can address the emotional aspects of their experience (CMHS, 1994).
- ◆ Institute exit interviews and/or seminars to help workers put their experiences in perspective (Bradford & John, 1991) and to validate what they have seen, done, thought, and felt.
- ◆ Provide educational inservices or workshops around stress management and self-care.
- ◆ Offer group self-care activities and acknowledgments.

III. Promoting a Positive Workplace Environment

A proactive stress management plan focuses both on the environment and the individual. A clear organizational structure with defined roles and responsibilities for line-staff responders, leads, supervisors, and managers reduces the potential for staff stress (Quick, Quick, Nelson, & Hurrell, 1997). An effective manager is familiar with the many facets of worker stress and takes a wide range of steps to integrate stress management strategies in the workplace.

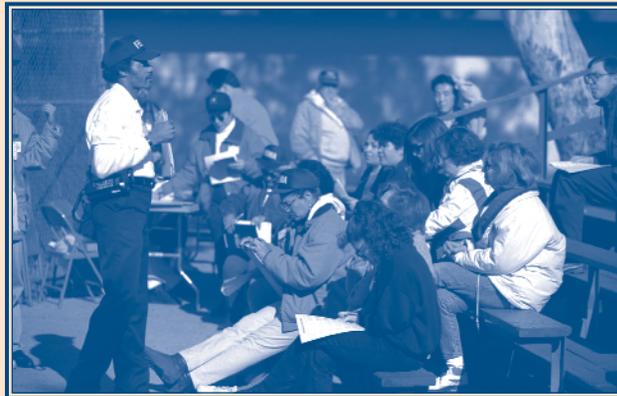
As a supervisor or manager you must assume shared responsibility for promoting a positive and healthy work environment, and not rely exclusively on workers initiating their own self-care practices. You should address the following dimensions when designing a stress management plan that prioritizes environmental and organizational health:

- ✓ Effective management structure and leadership;
- ✓ Clear purpose, goals, and training;
- ✓ Functionally defined roles;
- ✓ Administrative controls;
- ✓ Team support; and
- ✓ Plan for stress management.

Managers today face the multiple challenges of bringing energy and passion, promoting a positive attitude, and creating an environment in which people feel connected to their work and their colleagues (Lundin, Paul, & Christensen, 2000). Managers can boost employees' perception of strong management support through feedback, open communication, and high visibility—that is, through a dynamic and supportive leadership style, one

which engages with others in such a way as to raise one another to high levels of motivation (Peters & Waterman, 1982).

Following are some principles of leadership that you can apply in the ordinary course of your daily life: Meet challenges head on; be curious and daring; create a culture where failure and error are looked upon as steps toward success; demonstrate personal courage to galvanize a team or organization that lacks resolve; and when life or business deals a bad hand, have faith. The most inspiring opportunities for courage come when you face the longest odds (Sandys, 2003).



Minimizing Stress in the Workplace

- ◆ Set the tone by relating to workers with respect and valuing their contributions.
- ◆ Hold regular staff meetings to plan, problem solve, recognize accomplishments, and promote staff cohesiveness (CMHS, 2000).
- ◆ Clearly communicate the rationale behind procedural or supervisory changes and performance expectations (CMHS, 2000).
- ◆ Create a formal employee suggestion system (CMHS, 2000) and encourage staff to contribute.
- ◆ Resolve conflicts early and quickly (Figley, 1995).
- ◆ Prepare workers for concrete tasks they may perform through technical training (McCarroll et al., 1993).
- ◆ Acknowledge that work is often stressful and connect staff to professional help if necessary.
- ◆ Promote an atmosphere where attention to one's emotional state is acceptable and encouraged rather than stigmatized or disregarded.

IV. Self-Care for Crisis Response Professionals

Supervisors, managers, and workers must assume responsibility for their own self-care. Self-awareness involves recognizing and heeding early warning signs of stress reactions. There are many things that you can do to alleviate stress before, during, and after a crisis occurs (see chart on facing page). This chapter outlines some ideas that can be put in place to help you and your family cope with whatever emergencies may occur. Peace of mind and concentration will be enhanced if you are prepared.

Self Monitor for Signs of Stress

Be familiar with the signs of too much stress. Common stress reactions are provided in Chapter I. Usually, the symptoms are normal in every way, and simply suggest a need for corrective action to limit the impact of a stressful situation (Mitchell & Bray, 1990; Selye, 1984). Information is also provided in Chapter I about when stress becomes abnormal and destructive (PTSD).

Whether you are a supervisor or worker, you may not be the best judge of your own stress as you become intensely involved in the disaster work. Therefore, a buddy system, where coworkers agree to keep an eye on each other's stress reactions, can be important.

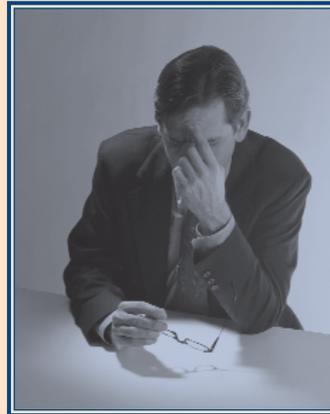
Before the Crisis

Your entire family should be involved in developing and maintaining a family emergency preparedness plan. Excellent materials on home emergency preparedness are available from the U.S. DHS, FEMA, local chapters of the American Red Cross, and local Offices of Emergency Services.

For more information on personal preparedness, go to www.ready.gov.

Minimizing Your Stress Before the Crisis

- ◆ Post a weekly schedule at home so that family members can be located in an emergency.
- ◆ Develop a home safety and evacuation plan, and review and practice it regularly.
- ◆ Create child care and pet care plans.
- ◆ Design a plan for how family members will contact each other during a crisis.
- ◆ Familiarize yourself with the disaster plans in your children's schools and in each family member's workplace.
- ◆ Gather and store emergency supplies including food, water, first aid kits, battery-operated radio, flashlights, and extra batteries.
- ◆ Prepare an emergency bag in advance in case you are deployed.
- ◆ Take advantage of any pre-disaster training and orientation that your organization provides, including cultural sensitivity awareness.



During the Crisis

It's normal to experience stress during a disaster operation, but remember that stress can be identified and managed (Aid Workers Network, 2003). You are the most important player in controlling your own stress. There are many steps you can take to help minimize stress during a crisis.

Minimizing Your Stress During the Crisis

- ◆ Adhere to established safety policies and procedures.
- ◆ Encourage and support coworkers.
- ◆ Recognize that “not having enough to do” or “waiting” are expected parts of disaster mental health response.
- ◆ Take regular breaks whenever you experience troubling incidents and after each work shift. Use time off to “decompress.”
- ◆ Practice relaxation techniques such as deep breathing, meditation, and gentle stretching.
- ◆ Eat regular, nutritious meals and get enough sleep.
- ◆ Avoid alcohol, tobacco, drugs, and excessive caffeine.
- ◆ Stay in contact with your family and friends.
- ◆ Pace self between low and high-stress activities.

After the Crisis

You may finish a disaster response project in a state of physical and emotional fatigue, and you may feel some ambivalence about giving up your disaster role. Be aware that you may experience some “letdown” when the disaster operation is over (CMHS, 1994). It is important to give yourself time to stop and reflect on the experience and how it changed you. Following are some action steps that may be helpful to get closure in the weeks after the crisis.

Minimizing Your Stress After the Crisis

- ◆ Consider participating in organized debriefing or critique.
- ◆ Reconnect with your family.
- ◆ Have a physical checkup.
- ◆ Continue normal leisure activities. Stay involved with your hobbies and interests.
- ◆ Consider stress management techniques such as meditation, acupuncture, and massage therapy.
- ◆ Draw upon your spirituality and personal beliefs. Take advantage of faith-based counselors and workplace counseling units.
- ◆ Avoid using alcohol, tobacco, or drugs to cope with stress. Seek professional substance abuse treatment if necessary.
- ◆ Use Employee Assistance Programs if you need to.

In Summary

Stress management is key to emergency management. Successful stress management is built on prevention and planning, a solid understanding of roles and responsibilities, support for colleagues, good self-care, and seeking help when needed.

Crisis response professionals may be repeatedly exposed to unique stressors during the course of their work. Successful implementation of any stress management plan requires overcoming some obstacles and barriers, including priority setting, resource allocation, organizational culture, and stigma.

Taking action to prevent and reduce stress is a critical element of effective emergency management and supports those in crisis response professions in their collective healing and recovery.

Individual Approaches for Stress Prevention and Management

- | | |
|------------------------------------|---|
| Management of Workload | <ul style="list-style-type: none">◆ Set task priority levels with realistic work plans◆ Recognize that “not having enough to do” or “waiting” is an expected part of disaster mental health response |
| Balanced Lifestyle | <ul style="list-style-type: none">◆ Eat nutritious food and staying hydrated, avoiding excessive caffeine, alcohol, and tobacco◆ Get adequate sleep and rest, especially on longer assignments◆ Get physical exercise◆ Maintain contact and connection with primary social supports |
| Stress Reduction Strategies | <ul style="list-style-type: none">◆ Reduce physical tension by using familiar personal strategies (e.g., take deep breaths, gentle stretching, meditation, wash face and hands, progressive relaxation)◆ Pace self between low and high-stress activities◆ Use time off to “decompress” and “recharge batteries” (e.g., get a good meal, watch TV, exercise, read a novel, listen to music, take a bath, talk to family)◆ Talk about emotions and reactions with coworkers during appropriate times |
| Self-Awareness | <ul style="list-style-type: none">◆ Recognize and heed early warning signs for stress reactions◆ Accept that one may not be able to self-assess problematic stress reactions◆ Recognize that over-identification with or feeling overwhelmed by victims’ and families’ grief and trauma may signal a need for support and consultation◆ Understand the differences between professional helping relationships and friendships to help maintain appropriate roles and boundaries◆ Examine personal prejudices and cultural stereotypes◆ Recognize when one’s own experience with trauma or one’s personal history interfere with effectiveness◆ Be aware of personal vulnerabilities and emotional reactions and the importance of team and supervisor support |

(CMHS, 2004)

V. References and Recommended Reading

References

- Aid Workers Network. (2003). *Personal health and critical-incident stress*. Retrieved May 19, 2005, from <http://www.aidworkers.net/personal/health.html>.
- Bradford, R. & John, A. M. (1991). The psychological effects of disaster work: Implications for disaster planning. *Journal of the Royal Society of Health*. (1991, June), 107–110.
- Call, J. A. & Pfefferbaum, B. (1999). Lessons from the first two years of Project Heartland, Oklahoma's mental health response to the 1995 bombing. *Psychiatric Services*, 50(7), 953–955.
- Center for Mental Health Services. (1994). *Disaster response and recovery: A handbook for mental health professionals*. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Center for Mental Health Services. (2000). *Training manual for mental health and human service workers in major disasters*. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Center for Mental Health Services. (2004). *Mental health response to mass violence and terrorism: A training manual*. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Center for Mental Health Services. (2005). *Stress prevention and management approaches for rescue workers in the aftermath of terrorist acts*. Retrieved May 19, 2005, from <http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/stress.asp>.

- Center for Substance Abuse Treatment. (2003). *Demands on the substance abuse treatment delivery system* [PowerPoint presentation by H. Westley Clark]. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Federal Emergency Management Agency. (2005). *IS700 NIMS course summary*. Retrieved May 18, 2005, from <http://www.training.fema.gov/EMIWeb/downloads/IS700-NIMS.pdf>.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- Lundin, S. C., Paul, H., & Christensen, J. (2000). *Fish!* New York: Hyperion.
- Luxart Communications. (2004). *The quick series guide to stress management*. Ellicott City, MD: Chevron Publishing.
- McCarroll, J. E., Ursano, R. J., Wright, K. M., & Fullerton, C. S. (1993). Handling bodies after violent death: Strategies for coping. *American Journal of Orthopsychiatry*, 63(2), 209–214.
- McEwen, B. S. & Lasley, E. N. (2002). *The end of stress as we know it*. Washington, DC: Joseph Henry Press.
- Mitchell, J. T. & Bray, G. P. (1990). *Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel*. Englewood Cliffs, NJ: Prentice Hall.
- National Center for Post-Traumatic Stress Disorder. (2005). What is posttraumatic stress disorder? Retrieved April 11, 2005, from http://www.ncptsd.va.gov/facts/general/fs_what_is_ptsd.html.
- Pan American Health Organization. (2001). *Stress management in disasters*. Washington, DC: Pan American Health Organization.
- Peters, T. J. & Waterman, R. H. (1982). *In search of excellence*. New York: Harper & Row.

- Quick, J. C., Quick, J. D., Nelson, D. L., & Hurrell, J. J. (Eds.) (1997). *Preventive stress management in organizations*. Washington, DC: American Psychological Association.
- Sandys, C. (2003). *We shall not fail: The inspiring leadership of Winston Churchill*. New York: Portfolio.
- Selye, H. (1984). *The stress of life* (Rev. ed.). New York: McGraw-Hill.

Recommended Reading

- Aronoff, S. & Kaplan, A. G. (1995). *Total workplace performance: Rethinking the office environment*. Ottawa, Ontario, Canada: WDL Publications.
- Giuliani, R. (2002). *Leadership*. New York: Miramax.
- Harvard Business School. (2004). *Harvard business essentials: Creating teams with an edge*. Boston: Harvard Business School Publishing.
- Institute of Medicine, National Academy of Sciences. (2003). *Preparing for the psychological consequences of terrorism: A public health strategy*. Washington, DC: National Academies Press.
- Litz, B. T. (Ed). (2004). *Early intervention for trauma and traumatic loss*. New York: Guilford Press.

VI. Selected SAMHSA Resources

Mental Health Services Locator

This locator provides comprehensive information about mental health services and resources and is useful for professionals, consumers, and their families.

The mental health locator may be accessed through the Internet at:

<http://www.mentalhealth.samhsa.gov/databases/>

Phone:

1-800-789-2647 (toll-free)

Monday-Friday, 8:30 a.m. to 5 p.m. EST

Telecommunications Device for the Deaf (TDD):

1-866-889-2647

Substance Abuse Treatment Facility Locator

This searchable directory of drug and alcohol treatment programs shows the location of facilities around the country that treat alcoholism, alcohol abuse, and drug abuse problems.

The substance abuse locator may be accessed through the Internet at:

<http://findtreatment.samhsa.gov/>

Phone:

1-800-662-HELP (4357) (toll-free)

1-800-622-9832 (Español)

TDD:

1-800-228-0427

VII. Internet Sites

American Red Cross
<http://www.redcross.org>

Centers for Disease Control and Prevention
<http://www.cdc.gov>

Federal Emergency Management Agency
<http://www.fema.gov>

Health Resources and Services Administration
<http://www.hrsa.gov>

National Association of State Alcohol and Drug Abuse Directors
<http://www.nasadad.org>

National Association of State Mental Health Program Directors
<http://www.nasmhpd.org>

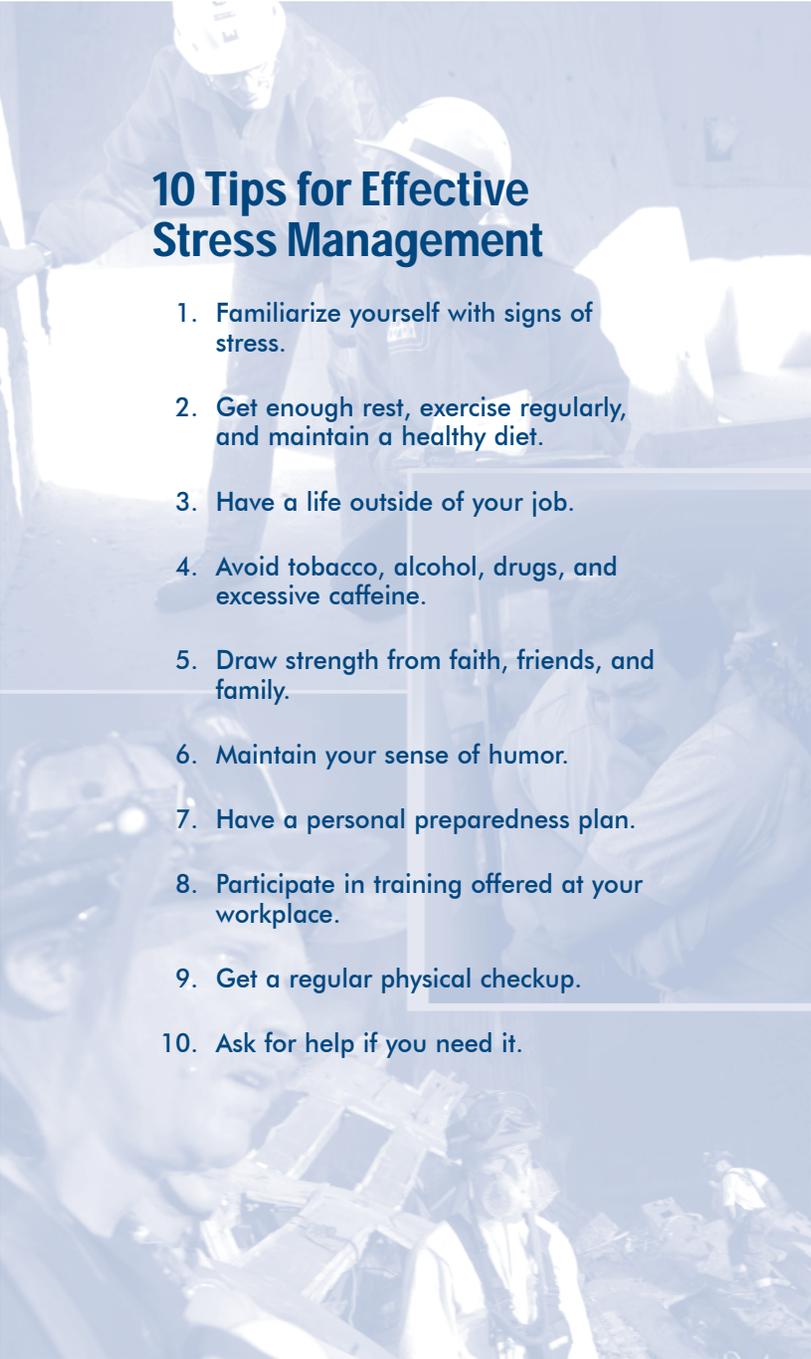
National Center for Post-Traumatic Stress Disorder
<http://www.ncptsd.org>

National Institute of Mental Health
<http://www.nimh.nih.gov>

Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov>

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center
<http://www.mentalhealth.samhsa.gov/dtac>

U.S. Department of Homeland Security
<http://www.dhs.gov>
<http://www.ready.gov>



10 Tips for Effective Stress Management

1. Familiarize yourself with signs of stress.
2. Get enough rest, exercise regularly, and maintain a healthy diet.
3. Have a life outside of your job.
4. Avoid tobacco, alcohol, drugs, and excessive caffeine.
5. Draw strength from faith, friends, and family.
6. Maintain your sense of humor.
7. Have a personal preparedness plan.
8. Participate in training offered at your workplace.
9. Get a regular physical checkup.
10. Ask for help if you need it.