

**RESILIENCY & DISASTER FOR RESPONDERS*****Common Stress Reaction Checklist***

*(It is not unusual for responders to have these reactions.  
Check yourself and your buddies.)*

***Behavioral and Emotional Responses/Symptoms***

- Anxiety, fear
- Grief, guilt, self-doubt, sadness
- Irritability, anger, resentment, increased conflicts with friends/family
- Feeling overwhelmed, hopeless, despair, depressed
- Anticipation of harm to self or others; isolation or social withdrawal
- Insomnia
- Gait change
- Hyper-vigilance; startle reactions
- Crying easily
- Gallows humor
- Ritualistic behavior

***Cognitive Responses/Symptoms***

- Memory loss, Anomia (difficulty naming objects or people)
- Calculation difficulties; Decision making difficulties
- Confusion in general and/or confusing trivial with major issues
- Concentration problems/distractibility
- Reduced attention span and/or preoccupation with disaster
- Recurring dreams or nightmares

***Physiological Responses/Symptoms***

- Fatigue
- Nausea
- Fine motor tremors
- Tics
- Paresthesia
- Profuse Sweating
- Dizziness
- GI Upset
- Heart Palpitations
- Choking or smothering sensation

**Mis-Attribution of Normal Arousal**

*(Misinterpretation of normal physiological responses can increase anxiety and the number of unnecessary ER visits.)*

- Interpretation of normal physiological arousal as serious illness
- Misinterpretation often is increased by rumors and false information
- Increased by hyper-suggestibility in victim fueled by changes in routine and surroundings
- Risk communication and rumor control can help reduce unnecessary drains on healthcare

**SOURCES OF STRESS FOR RESPONDERS CHECKLIST**

1. Role ambiguity
2. Lack of clarity of tasking
3. Mismatching skills with tasks
4. Lack of team cohesion
5. Discomfort with hazardous exposure
6. Ineffective communication within team, with non-team members, with headquarters
7. Lack of or too much autonomy
8. Intense local needs for information (media/health officials) that cannot await clearance delay
9. Database issues, linkage between epidemiology, laboratory, and environmental sampling
10. Laboratory specimen tracking, reporting
11. Resources/equipment shortages
12. Command and control ambiguities
13. Re-integration barriers
14. Coworkers had to pick up your work...or no one did and it is overwhelming
15. Lack of understanding of or appreciation for what you have been through
16. Domestic/family conflict

**Individual Approaches to Avoid/Reduce Stress Checklist**

*(Things you can do to help maintain your own mental, emotional, physical, spiritual balance.)*

**Management of workload**

- ◇ Set task priority levels and create a realistic work plan
- ◇ Delegate existing workload so workers not doing usual job too

**Balanced Lifestyle**

- ◇ Exercise and stretch muscles when possible
- ◇ Eat nutritionally, avoid junk food, caffeine, alcohol, tobacco
- ◇ Obtain adequate sleep and rest, especially on longer assignments
- ◇ Maintain contact and connection with primary social supports

**Stress Reduction Strategies**

- ◇ Reduce physical tension by deep breathing, meditating, walking
- ◇ Use time off for exercise, reading, listening to music, taking a bath
- ◇ Talk about emotions & reactions with coworkers at appropriate times

**Self-Awareness**

- ◇ Recognize and heed early warning signs for stress reactions
- ◇ Accept that one may not be able to self-assess problematic reactions
- ◇ Be careful not to identify too much with survivors/victims' grief and trauma
- ◇ Understand differences between professional relationships and friendships
- ◇ Examine personal prejudices and cultural stereotypes
- ◇ Be vigilant not to develop vicarious traumatization or compassion fatigue
- ◇ Recognize when own disaster experience interferes with effectiveness

**Self-Care Examples Checklist**

*(Examples, by category, of things you can do.)*

- ◇ Physical--diet, exercise, sports, sleep, relaxation...
- ◇ Emotional--stay in contact with family, friends, social support
- ◇ Cognitive--training, reading, perspective
- ◇ Behavioral--civic involvement, personal & family preparedness
- ◇ Spiritual--meditation, prayer, fellowship, volunteerism

**Survivor Needs & Reactions**

*(Responses differ, but there are common needs.)*

- A concern for basic survival
- Grief over loss of loved ones and loss of valued/meaningful possessions
- Fear and anxiety about personal safety and physical safety of loved ones
- Sleep disturbances, often including nightmares and imagery from the disaster
- Concerns about relocation and the related isolation or crowded living conditions
- A need to talk, often repeatedly, about events and feelings associated with the disaster
- A need to feel one is a part of the community and its recovery efforts

**Reactions that Signal Possible Need for Mental Health Referral**

*(Many responses to trauma can be expected, but some are cause for extra attention/concern.)*

- Disorientation (dazed, memory loss, unable to give date/time or recall recent events...)
- Depression (pervasive feeling of hopelessness & despair, withdrawal from others...)
- Anxiety (constantly on edge, restless, obsessive fear of another disaster...)
- Acute psychosis (hearing voices, seeing visions, delusional thinking...)
- Inability to care for self (not eating, bathing, changing clothing or handling daily life)
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse or elder abuse

**Longer-Term Effects Checklist**

*(Potential down-stream consequences of exposure to a natural or human-caused disaster.)*

- ◇ Nightmares
- ◇ Intrusive thoughts
- ◇ Uncontrolled affect
- ◇ Relationship problems
- ◇ Job/school related problems
- ◇ Decreased libido
- ◇ Appetite change
- ◇ Blame assignation
- ◇ Decreased immune response

[This information is provided by the Center for Disease Control,  
<http://www.bt.cdc.gov/mentalhealth/responders.asp>]