Instruction Manual

"Who Will Rescue the Rescuer!?"

Community Resilience Team (CRT) Supporters

December 2021

Instruction Manual for Community Resilience Team (CRT) Supporters

"Who Will Rescue the Rescuer!?"

Table of Contents

|  |  |  |
| --- | --- | --- |
| **Chapter** | **Topic** | **Page** |
| Introduction | Program Rationale |  |
| 1 | Emotional Resilience |  |
| 2 | Theoretical Background: "Who Will Rescue the Rescuer?" |  |
| 3 | Role Description – CRT Supporters |  |
| 4 | CRT Supporters in the Assessment Phase – Before the Emergency |  |
| 5 | CRT Supporters During the Intervention Phase |  |
| 6 | CRT Supporters – The Day After |  |
| 7 | Improving CRTs’ Emotional Resilience - TOP 10 |  |
| 8 | Sources |  |

**Introduction**

**Program Rationale**

Emergency events and states of emergency may be declared in response to warfare, terrorist attacks, natural disasters, industrial disasters, or any incident that is defined as an emergency.

Rescue forces are the first to rush to the scene when a state of emergency is declared by government authorities, as well as during routinely occurring local emergencies.

Since its establishment, the State of Israel has faced numerous crises, disasters, and emergency situations. Rural, communal settlements (*kibbutzim, moshavim, yishuvim*) deal with crises, disasters, and emergencies in a distinctly community-oriented manner. There is a sense of solidarity, and community members are generally willing to help each other and to mobilize support for the affected individuals and families, and for people with special needs.

Local Community Resilience Teams (CRTs) work closely with rescue forces. During interventions, these teams are exposed, in real time, to the difficult sights and situations that individual victims, families, and communities are experiencing. CRTs serve with a high level of dedication, social responsibility, and humanitarianism.

These helpers are vulnerable to situations outside their control and are at risk for various types of danger. The impacts range across a spectrum from secondary traumatic stress syndrome (the costs they pay), to posttraumatic growth (the “benefits”).

The scientific literature we reviewed emphasized the need to appoint a team member to support the rescue workers in the field through prompt, preventive interventions. It is important for a designated person to provide responses to the teams’ needs, and strive to reduce risks, burnout, and secondary traumatization among the helpers.

In light of this need, the Ministry of Social Affairs has decided to add a new position to the Community Resilience Teams: a CRT supporter.

As a CRT supporter, you bear responsibility for the team members. You will be the contact person for them in emergency situations such as accidents, terrorist attacks, or any other crisis event in the community. It is important to emphasize that if such a situation arises, you will not be alone. You will have ongoing access to assistance from professionals from the Social Services department, who have extensive experience in dealing with such situations. Nevertheless, your role is of great importance both as an immediate, accessible, and available contact person for the team of people assisting during a specific event, and as a member of the CRT in general.

This manual is a tool for you to use in assessing the team and helping members emotionally cope with various situations that may arise during the emergency event. Its purpose is to offer an alternative perspective to the oft-repeated assumption that rescue workers pay a high price for helping in emergency situations. While there certainly are situations in which the helpers are under the same threat as the people they are helping, this manual presents a structured plan for CRT supporters.

**Chapter 1**

**Emotional Resilience**

Emotional resilience is a person's ability to deal with life’s difficulties and stressors, and to emerge stronger and with new insights. Resilience reflects a person's ability to return to his/her previous state after a stressful situation, to recover, and adapt to change. A person with emotional resilience is able to adapt to life circumstances, even difficult ones, and to succeed in the long run.

Resilience is not an innate quality. Like the body’s immune system, it is affected by a person’s mood and the amount of help received from others. Also like the immune system, resilience has lows and highs. Sometimes a person faces more difficult challenges than usual.

**Typical Emotional Reactions in a Crisis**

Responses to a crisis can be manifest in multiple dimensions: emotional, mental, physical, behavioral, and social. It is important to note that not every person has extreme reactions to crisis events. Some people react along several dimensions simultaneously, while others respond primarily in one dimension.

1. Emotional dimension: a person’s response to a crisis may be manifest in feelings such as confusion, helplessness, panic, anxiety, guilt, vulnerability, shame, anger at oneself and others, loneliness, or depression. Sometimes one emotion predominates, but it is not unusual for a person to feel many emotions simultaneously, even ones that seem to contradict each other.
2. Mental (cognitive) dimension: a crisis may cause a person to be overwhelmed by negative thoughts, have difficulty concentrating, remembering, making decisions, have a shortened attention span, and only be able to think about a narrow range of topics. In particular, people with a negative view of the world and themselves may enter into recurrent cycles of pessimistic thoughts, which are difficult to break.
3. Physical dimension: a crisis may cause physical symptoms in the cardiac, respiratory, digestive and nervous systems. For example, people may experience a rapid pulse, difficulty breathing, sweating, tremors, headaches, nausea, stomach pain, diarrhea, and more. It should be determined whether these are symptoms of a medical condition that requires medical treatment, and if so, a doctor should be consulted.
4. Behavioral dimension: a crisis may cause restlessness, outbursts of crying, and temperamental behavior. Alternatively, a person may exhibit indifference and withdrawal. Some people find themselves staring at the television for hours, or reverting to past habits (i.e., smoking, overeating, drinking alcohol, violent behavior).
5. Social dimension: the crisis may be manifest in loneliness and the feeling that nobody understands or can help them. They may be ashamed to talk about their experience. Victims may limit their social and family ties and find it difficult to get help.

**Chapter 2**

**Theoretical Background: Who Will Save the Rescuer?**

Disasters can strike without prior warning, anytime, anywhere, to anyone. The lack of warning (for example, in an earthquake), the magnitude of the event, and its consequences for victims cause helpers to be exposed to difficult experiences and situations. Research indicates that because people who help individuals and communities during emergencies, they are at risk of burnout and secondary traumatization and therefore there is a need to allocate resources to supporting them (Mitchell & Dyregrov, 1993). Physical proximity to the incident and victims increases the risk that helpers will develop stress disorders, somatization disorder, depression, or posttraumatic stress disorder, which may affect their work and personal quality of life (Fullerton, Ursano & Wang, 2004).

Over-involvement can result in a range of functional impairments, which have been called by terms such as burnout, vicarious traumatization, or compassion fatigue, a term coined by Figley (1995; see also Ayalon & Shachem, 2000). Compassion fatigue refers to helpers in an emergency event who empathize with the survivors to the extent that they become unable to distance themselves. This can result in phenomena such as burnout, vicarious traumatization, helplessness, confusion, and psychosomatic symptoms, in which the helpers manifest the physiological, emotional, and cognitive symptoms of the victims (Figley, 1995).

Factors that reduce helpers’ ability to function include: lacking the skills needed to assist in disasters and traumatic situations, over-identification with victims, incongruence between unrealistic expectations for the rescue effort and the ability to offer help, and lack of access to support. Another major factor is uncertainty – inability to anticipate the traumatic events prevents helpers from creating a potentially safe space for victims (Ayalon & Shachem, 2000).

What affects the degree of helpers’ vulnerability? Level of identification with the victims, incongruence between unrealistic expectations for the rescue effort and the limited ability to provide assistance, previous losses in the helper’s life, and blurring of boundaries during the emergency situation.

In light of this, it has been concluded that in order to maintain the quality of life among rescue teams working in areas affected by disasters, a special role or team should be dedicated to providing prompt, preventive interventions for those working in the field: someone who will “rescue the rescuer”.

In summary, the literature indicates that planning for and providing a response to the needs of those helping in disaster and emergency situations is necessary to prevent negative impacts on the helpers and to maintain their personal and professional abilities.

**Chapter 3**

**Role Description – CRT Supporter**

Premises for the Work:

1. The CRT members are a primary resource, and therefore it is necessary to address the various factors that may affect their functioning during an emergency and their roles in the family and community.
2. CRT members may be affected by the state of emergency along with the general population (common reality).
3. The CRT supporter is responsible for expressing concerned about the members and providing support to them during emergency situations.

How can you support the helpers and volunteers in order to prevent them from experiencing long-term emotional reactions (posttraumatic stress) and enable them to continue to work and assist in routine and emergency situations?

**This question is your biggest challenge as a CRT supporter!**

You have taken on a very significant role. You are the contact person for addressing your team’s emotional resilience.

To succeed in this role, there must be extensive activity in the assessment and planning phase, during the intervention itself, and after the emergency event (as detailed in the following chapters). Activity takes place in three main areas:

1. Cognitive: Preparing the team through training and workshops to provide them with tools and skills and to maintain their competence.
2. Emotional: strengthening helpers’ resilience through mutual support, solidarity, and legitimizing direct and indirect expression of their emotions.
3. Physical: stress-relieving activities such as meditation and relaxation methods.

**Remember: you are not alone in this job!**

You are leading and mobilizing, acting as a "lighthouse" who will raise awareness and work with multiple partners. Below is a list of intersecting and complementary systems with which you can collaborate:

* **Your team members**. It is essential for team members to be aware of the importance of the field of activity, the needs, risks, and the entire existing support system.
* **Professional support between Community Resilience Teams**. Small communities can support each other. The CRT supporters from small communities in close proximity should assist and respond to each other during and after the emergency situation.
* **External professionals.** During an emergency, the Social Services office or department for the district or local authority will provide consultation and assistance to CRT supporters. Following the emergency event, the Social Services department is responsible for providing a professional response to all CRTs. This response is subject to a recommendation formulated together with a CRT supporter.
* **Shared responsibility.** The Ministry of Social Affairs is financially and professionally responsible for the development, training, and guidance of CRT teams in general and CRT supporters in particular.

**Chapter 4**

**CRT Supporter in the Assessment Phase – Before the Emergency**

The assessment phase is essential for improving the team’s readiness in all areas. Many studies have examined the factors influencing team resilience at the individual, group, and organizational level. Below is a summary of the main factors:

1. **Vision and meaning**: A vision and deep sense of meaning for the mission enables the helpers to connect with the goals and objectives for the intervention and the choice of activity.
2. **Early training**: Knowledge, skills, tools, exercises, simulations and training practice can normalize helpers’ reactions during and after the event. Unusual or extreme emotional reactions can be identified. Having formulated structured procedures that determine the order of actions, starting from the beginning of the event, gives helpers a feeling control and reduces their anxiety (Peled Avram et al., 2004).
3. **Teamwork:** Making personal acquaintances before the event and creating a cohesive team boosts confidence and strengthens the feeling that they will be able to deal with complex situations in an emergency.
4. **Professional support system**: The team should know that they are backed by and can consult with a professional support system. This strengthens confidence and willingness to act in emergency situations.
5. **Logistic support system**: Establish logistic infrastructures for operating and maintaining the activity.
6. **Team maintenance activities**: Offer professional development days to strengthen team cohesion and maintain members’ qualifications.

**Chapter 5**

**CRT Supporters During the Intervention Phase**

During the emergency event, a CRT supporter must to relate to a number of realms:

1. Operational/organizational:

* Practical support for helpers, such as logistical backup appropriate for the situation
* Ensuring that helpers’ needs (i.e., financial, transportation) regarding the conditions of their service are met
* Clearly defining the task and scheduling shifts
* Taking care of people and maintaining boundaries, such as by limiting shift hours

1. Professional:

* Professional training and intra-team support
* Ensuring accessible professional backup, such as the ability to consult with colleagues and senior professionals in order to solve problems in the field (Peled Avram et al., 2004)

1. Team:

* Working in small groups to increase a sense of support, belonging, meaning, and being in control
* Working in the field should be done in pairs; nobody should be alone during an intervention in the field
* Setting realistic expectations,

1. Individual and family:

* Encourage self-care such as resting, sleeping, eating, relaxing, and refreshing oneself
* Tell helpers in advance about difficulties; make them aware of the potential effects or consequences of emergency situations; do not to be afraid to discuss difficulties.

1. Direct and/or indirect victims:

* Offer emotional first aid
* Emphasize that having an emotional crisis in response to a disaster is difficult and painful, but can be overcome; like the body, the mind can heal and restore itself
* Most people successfully deal with a crisis by drawing on their inner strengths and the available material, psychological, and social resources

To deal effectively with a crisis situation, it is essential to provide emotional first aid that will minimize emotional damage to the extent possible, preserve individual and social functioning, and provide those in need with access to resources for their recovery. Emotional first aid is best provided by people who are close to team members, not by professionals.

Review the principles that you will use in order to help yourself and others.

Techniques for providing emotional first aid at the scene of the event: the MASHA model (separate document).

Summary: the role of a CRT supporter during the intervention phase of an emergency event:

* Mapping and analyzing the realms (see above)
* Focusing on the teams’ needs – identification and diagnosis of team members’ special needs, as individuals and as a group, in light of the distinct characteristics of the event alongside the preliminary relationships among the team members
* Strengthening the sense of mission and meaning.
* Strengthening the team managers for leadership and mobilization

**Chapter 6**

**CRT Supporter – The “Day After”**

Emergency event = crisis with two aspects: risk and opportunity

After the disaster/crisis, it is possible to move in three directions:

⮋ Collapse

⮊ Maintenance

⮉ Growth!

Growth from Trauma

* Sometimes, people dealing with traumatic events find they can develop in ways that were previously unavailable to them. This phenomenon is a positive psychological change referred to as *posttraumatic growth*.
* This is a high level of functioning resulting in life-enhancing psychological changes in thinking and perception of the world.
* Paths of change: new opportunities, intimacy, increased personal resilience, renewed assessment, change in values.

CRT supporters are faced with many challenges after an emergency event. Given the understanding that personal growth and community development are possible after an emergency event, CRT supporters should take action in the following areas:

**Actions to Undertake in the Days Following an Emergency Event:**

* Summarize the organizational aspects of the emergency event. Hold debriefing meetings; organize think tanks to draw conclusions and lessons for maintenance, change, and improvement of the emergency system. Implement an orderly process for listening to each CRT member; develop a work plan to implement their recommendations.
* Summarize the emotional aspects of the emergency and offer support. Organize a brief group intervention session for CRT members, guided by a trained professional. Team members should be able to talk about their experiences and learn coping strategies. Following this, assess if there is a need for further intervention. Group meetings can help team members process their emotions and return to normal life, increase their sense of solidarity, and relieve their loneliness. CRT supporters are responsible for organizing a meeting with a professional from the Welfare Department, after assessing the team’s needs.
* Interventions for individuals: Refer victims to psychological help as needed. Conduct long-term follow-up to identify team members who were directly or indirectly harmed and offer them support.
* Express appreciation: Organize a ceremony with notable officials and community members, distribute certificates and find other ways to express thanks and appreciation in other ways. Expressing gratitude for team members’ fruitful and tireless work on behalf of the community during the emergency strengthens their resilience.
* Organize an enjoyable recreational activity or outing to strengthen group solidary.

**Techniques for Providing Emotional First Aid After the Emergency Event**

* Offer a listening ear: maintain a sympathetic, uncritical position when communicating with team members and victims. The burden of anxiety is heavier when carried alone; isolation intensifies helplessness and negative thinking.
* Maintain an optimistic yet rational and realistic position: Help team members and victims identify their personal strengths and the local resources available, without ignoring difficulties. Avoid delegating responsibility, but help them take on tasks.
* Exercise and physical activity: Encourage team members and victims to dedicate time to enjoyable physical and recreational activities that improve their mood and relieve stress.
* Routine: Encourage team members and victims to create a routine. Routine can prevent people from being overwhelmed by negative emotions and thoughts and helps them avoid dysfunctional behavioral patterns.
* Professional help: If team members or victims do not respond to these emotional first aid tactics, or if they develop symptoms of extreme depression or anxiety, refer them to professional help.

**Chapter 7**

**Improving CRTs Emotional Resilience -- The TOP 10**

There are ways to help people deal with crises and emergency situations more effectively, improve their emotional resilience in the face of stress and hardship, help them to heal themselves, and bring a positive atmosphere and sense of security to their community and surrounding area. Below are some useful tips to strengthen emotional resilience in the face of extreme situations and emergency events:

1. **Dedicate time to supportive relationships**: People who have meaningful and close relationships with family and friends tend to cope better in difficult situations. Close relationships create commitment, intimacy, and the knowledge that there is someone on whose behalf to continue the struggle.
2. **Learn about the situation**: Having reliable and accurate information enables you to make informed assessments regarding the degree of risk and the best ways to deal with the situation. Knowledge can mitigate excessive concerns arising from fear of the unknown.
3. **Talk about your feelings with people close to you**: We all occasionally need to release some of the pressure that builds up after a crisis. Talking about our feelings and “blowing off steam” helps us calm down and return to normal functioning. We may be surprised to discover that others feel the same as we do; this lets us share the emotional burden.
4. **Take care of your physical health**: There is a proven link between diet, physical health, and stress. Stressful situations place heavy demands on our bodies and deplete our physical resources. Stress can lead to fatigue and other physical symptoms. Caring for our bodies, through a healthy diet, exercise, and sufficient sleep allows the body to replenish its resources and repair the damage caused by stress.
5. **Practice meditation**: Meditation can help you deal with stress and tension after a crisis. The more you practice, the more relaxed and balanced you will feel. This will have a direct impact on your mood and peace of mind. Try to practice meditation once or twice a day, each time for a few minutes.
6. **Maintain a daily routine**: Having a routine for the individual, family, team, and organization strengthens their ability to deal with a crisis.
7. **Use humor**: Laughing about reality let us look at its lighter side, reduces stress and nervousness, and makes it possible to find creative solutions.
8. **Help others:** Many psychological studies show that people who make a contribution feel more in control and better able to deal with distressing situations. Knowing that we can make a difference helps us keep going.
9. **Spread hope and optimism**: Try to see the light at the end of the tunnel and the positive aspects of a difficult situation. Even in hard times, we can find things and moments that make us smile and feel good.
10. **Look at problems as challenges**: Seeing a problem as a challenge to be overcome prevents frustration and increases the mental flexibility that enables people to find solutions and coping methods that helps them succeed, move forward, learn from problems and even grow!

Sources

Ayalon, P. & Shachem, Y. (2000). "Who will support the supporters? Imparting the salutogenic approach to psychologist-colleagues who are dealing with the traumas of war." In: Klingman A., Raviv A., & Stein B., Eds. *Children in Emergency and Stress Situations: Characteristics and Psychological Interventions.* Jerusalem: Ministry of Education, Psychological & Counseling Services; pp. 143–174. [in Hebrew]

Fullerton, Carol S., Ursano, Robert J., & Wang, Leming. Acute stress disorder, posttraumatic stress disorder, and depression in disaster or rescue workers. *The American Journal of Psychiatry;* Aug 2004; 161, 8.

Figley, C.R. Ed. *Compassion Fatigue: Secondary Traumatic Stress Disorders from Treating the Traumatized*. New York: Brunner/Mazel; 1995.

Lahad, M. (1997). “*And Darkness Was Upon the Face of the Deep:” Difficulties Faced by a Rescuer Who Intervenes in a Disaster Without Initiation and Differentiation Services.* The Center for the Development of Coping Resources, Kiryat Shmona, Israel. [in Hebrew]

Mitchell, J. & Dyregrov, A. “Traumatic stress in disaster workers and emergency personnel.” In: Wilson, J. & Raphael, B. (Eds.) *The International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press; 1993; pp. 905-914.

Peled-Avram, M., Ben-Yitzhak, Y., Gagin, R., Sommer, A., & Buchbinder, A. “Social workers’ emotional responses and needs in the face of a multi-victim event.” *Society and Welfare;*2004*;* 24, 2, 181-200 [in Hebrew]

Spearman, S. (2017). *Briefing: "Who Will Rescue the Rescuer?" Team Support for a Prompt, Preventative Intervention for Rescue Forces*; 2017. [in Hebrew]

Written and edited by Smadar Spearman, Knowledge Management, The National College of Israeli Resilience