



## **POST-DEPLOYMENT REVIEW**

### **REVIEW LEADER INSTRUCTIONS**

#### **INTRODUCTION:**

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience. However, it can also be physically and emotionally exhausting. Therefore, immediately after deployment disaster volunteers should participate in a Post Deployment Review. The following presents leader guidelines for conducting the Post Deployment Review.

#### **DISCUSSION:**

**Common Stress Reactions:** Disaster volunteers can experience a number of stress responses, which are considered common when working with survivors. These include:

- Increase or decrease in activity level
- Difficulties sleeping<sup>[L]</sup><sub>[SEP]</sub>
- Substance use<sup>[L]</sup><sub>[SEP]</sub>
- Numbing
- Irritability, anger, and frustration<sup>[L]</sup><sub>[SEP]</sub>
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions<sup>[L]</sup><sub>[SEP]</sub>
- Physical reactions (headaches, stomachaches, being easily startled)<sup>[L]</sup><sub>[SEP]</sub>
- Depressive or anxiety symptoms<sup>[L]</sup><sub>[SEP]</sub>
- Decreased social activities

**Extreme Stress Reactions:** Disaster volunteers may also experience more serious stress responses that warrant seeking support from a professional. These include:

- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations
- Withdrawal and isolation

- Preventing feelings by relying on substances, becoming overly preoccupied by work, or drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

Disaster Volunteer Distress: Disaster workers may become distressed for many reasons, including the following:

- A personal crisis while on assignment
- Reactions to the disaster aftermath or working conditions
- Exacerbation of pre-existing conditions
- Conflicts with other workers
- Being informed of a crisis at home
- Exposure to the same risk factors as clients because they live in the disaster-affected area
- Problems that are the same as among the general population

Goal: The goal of a Post-Deployment Review is to assist disaster volunteers to:

- Successfully transition back to their pre-deployment lives and routines; and
- Begin to incorporate their deployment experience into their lives in a meaningful way.

Guidelines: When delivering a Post-Deployment Review, discussion leaders should adhere to the following principles:

- Participation in post-deployment support should always be voluntary
- While it is usually offered at the end of a relief operation, Post Deployment Review can also be offered at the home unit after deployments
- The time and place of a Review should be convenient and suitable for the disaster volunteers
- Post Deployment Reviews should not be debriefings in any form, nor should they specifically aim to elicit volunteers' feelings (Note: Critical Incident Stress Debriefing is not an approved Medical Reserve Corps nor an American Red Cross intervention.)
- When provided in a group, Post Deployment Review should be psychoeducational and discussion oriented.

Primary Tool: The primary tool used in the Post Deployment Review is the Post Deployment Questionnaire. The administration and explanation of this questionnaire provides the structure around which the Review is presented. The questionnaire is in two parts. Part A asks questions about the volunteer's deployment work environment and questions regarding high risk factors the volunteer may have experienced while on deployment. Answers to these questions can be helpful to unit leaders for future planning as well as alert unit leaders to high risk issues faced by volunteers. Thus the volunteers are requested to complete and hand in their answers to Part A.

Part B asks questions regarding whether or not the volunteer is experiencing certain relevant stress symptoms. During administration of Part B the review leader discusses the reasons why these questions are asked thus educating the volunteer with respect to the relevant issues. Part B ends by providing a list of suggestions the volunteer may consider employing to help readjust to home life and integrate his or her deployment experiences. Part B is a self-assessment and psychoeducational tool and thus the volunteer is requested to keep this material and review it at a later date.

## **CONCLUSION:**

Disaster Volunteer Self Care: In conclusion disaster volunteers should expect a readjustment period upon returning home. They may need to make personal reintegration a priority for a while. To help, volunteers should be encouraged to make every effort to:

- Seek out and give social support.
- Schedule time for a vacation or gradual reintegration into normal life.
- Prepare for worldview changes that may not be mirrored by others in your life.
- Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks.
- Increase leisure activities, stress management, and exercise.
- Pay extra attention to health and nutrition.
- Pay extra attention to rekindling close interpersonal relationships.
- Practice good sleep routines.
- Make time for self-reflection.
- Practice receiving from others.
- Find activities that you enjoy or that make you laugh.
- Try at times not to be in charge or the “expert.”
- Increase experiences that have spiritual or philosophical meaning to you.
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time.
- Keep a journal to get worries off your mind.
- Ask help in parenting if you feel irritable or are having difficulties adjusting to being back at home.

Make every effort to avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs.
- Making any big life changes for at least a month.
- Negatively assessing your contribution to relief work.
- Worrying about readjusting.