

THE SAN DIEGO PSYCHOLOGIST

The Official Newsletter of the San Diego Psychological Association

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President's Corner

by Annette Conway, Psy.D.

It has been an honor and privilege to have served as the 2017 President of the San Diego Psychological Association. I can say with conviction that this has been one of the most rewarding experiences of my professional life, and one that seemed to begin and end in the blink of an eye. I extend my gratitude to the current and past Board members for their consistent support and encouragement.

In this year, we continued the tradition of the SDPA to host important events and meetings for the benefit of our members and the community at large. Together, we hosted the highly successful Fall Conference, that that received recognition throughout the San Diego psychological community, held several networking and social opportunities at no or little cost to the members, educated the public with 30 committees and task forces, collaborated with other professional organizations such as San Diego CAMFT, the Psychiatric Society, UCSD, and the San Diego Academy of Child and Adolescent Psychiatry. We also sponsored and co-sponsored nine Continuing Education courses.

We established a new, user-friendly website complete with a comprehensive member referral directory, and continued to implement the structural re-organization of the Board of Directors and office staff. We improved the fiscal statements and increased the bookkeeper's role, thus providing better overall financial documentation.

I am especially pleased to report that we received the Award for Outstanding Chapter from the California Psychological Association this year. Our advocacy efforts remain strong; the Government Affairs Committee engaged in several proactive events in support of the

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California Psychological Association by participating in the Leadership and Advocacy Conference in Sacramento, contributing financially to the Political Action Committee (PAC), and by hosting a legislative Meet and Greet in San Diego.

It is an important time for our Association as we continue to adapt and grow in this period of global change. The Disaster Psychology Committee's collaboration with the Red Cross in responding to the mental health needs of residents in Houston, Mexico, Florida, Puerto Rico will continue to thrive and educate the mental health community as well as the public about how to care for themselves and others before, during and after disasters. In this last issue of 2017, the San Diego Psychologist highlights some of this important work conducted by our intrepid colleagues.

With the help of you, our members, we have accomplished our most important goal this year, i.e., to actualize the SDPA Mission Statement, "To create a community for psychologists, to promote the profession of psychology, and to serve the public."

I am excited for Dr. Cindy Cotter and her 2018 Board of Directors, and know that with your ongoing support, they will take SDPA to even greater heights. Best wishes for a successful year!

Editorial

by Gauri Savla, Ph.D.

"Are you the sort of person who gloats when they see a woman fall, or the kind that celebrates a magnificent recovery?" (J.K. Rowling)

2017 has been quite a year. Besides the ongoing aftermath of the 2016 elections, it has been a record-setting year for relentless, devastating natural disasters in our country, ending with the massive wildfire outbreaks first in Northern California and presently, much closer to home. As the Thomas Fire continues to ravage areas north of Los Angeles, I cannot seem to shake the sense of

foreboding for the future of our planet. Even as we deal with the obvious physical losses from these events, the psychological toll they take can often be overlooked. It is safe to say that our role as mental health professionals has never been more vital to disaster relief efforts than it is today. We are among the privileged few who witness the remarkable resilience of the human spirit in our work with victims of disasters. This last issue of the year, themed “Disaster Psychology,” features three articles focusing on the role of psychologists and allied professionals in the recovery efforts aimed at mitigating the fallout from disastrous events.

Dr. Stevens has written a poignant narrative about his first-time experience working as a Red Cross volunteer; his descriptions of the damage caused by Hurricane Irma and his work in aiding and supporting the victims paint a vivid picture. Dr. Tayer’s article on her experiences as a CERT volunteer is full of valuable information on how you, as a citizen, can help in local disaster relief efforts with confidence and competence. Finally, Dr. Hopper’s article on building resilience and self-care should be required reading for all mental health professionals; we need to be resilient and emotionally well ourselves in order to care for our patients as well as our family, friends, and colleagues. I am particularly proud of this timely issue, and I hope you learn greatly from these thoughtfully written pieces.

I want to close by expressing my gratitude to Dr. Annette Conway for her kind words of encouragement and support through this year. I am delighted to continue as the Editor of the San Diego Psychologist through 2018 with Dr. Cindy Cotter at the helm of the SDPA.

Thank you for your continued support and readership. I look forward to receiving your contributions to future issues of the Newsletter.

Happy and peaceful holidays to all, and best wishes for the new year; may it be a far less tumultuous one.

Hurricane Irma: Notes from the Field

An Eyewitness Account of a First Time, Red Cross Disaster Volunteer

by Mark W. Stevens, Ph.D.

Soon after Hurricane Harvey hit Texas in August, 2017, I came across the memo from the California Psychological Association (CPA) for mental health professionals to volunteer services for disaster relief efforts. These efforts were via the Red Cross, and as I mulled over teaming up with an organization with so much negative press, Hurricane Irma was barreling straight for southern Florida, promising to grow into a potentially catastrophic level 4 or 5 event. After much contemplation, and with encouragement from my wife, I decided to find out for myself what the Red Cross was about. My rationale was that regardless of whether the Red Cross was good or bad, it was the only means by which I could help as many people as possible in the moment of this terrible crisis; I figured that by experiencing the workings of the Red Cross firsthand, I could also offer constructive criticism, if I had any.

After contacting the Red Cross in San Diego, I completed an on-line application and submitted to a background check. I underwent extensive on-line training, some of which was focused on “psychological first aid” aimed at providing mental health disaster relief services. I completed these preparations in the evenings and over two weekends while maintaining regular client appointments and preparing my clients for my absence upon deployment to one of the disaster sites.

On Friday, Sept 15th, 2017, I was notified that the Red Cross needed my services in Orlando, Florida. The San Diego headquarters of the Red Cross connected me to a service that arranged my flight, and issued my vest, ID badge, and a Red Cross prepaid expense card. I learned that the Red Cross was concurrently active in 67 other disaster situations such as fires and floods across the country, in addition to hundreds of international crises, including the earthquake that had just ravaged Mexico. Things were becoming very real and in a rare moment of self-doubt, I honestly wondered what I had gotten myself into.

I flew out the next day, fully aware that this was going to be a seminal event in my 20 years in practice as a clinical psychologist. Upon landing, I met up with a fellow volunteer and Red Cross veteran named David, and together, we made our way to our assigned hotel for the night. The next day, Dave and I, along with a hundred-plus other veterans and first-timers made our way to the staging location to receive our orientation and assignments. A Disaster Mental Health orientation was given by Dr. Bill Martin, the lead person for the mental health volunteers, and several of us were assigned to a shelter in the town of Estero, located along the Gulf coast in Lee County, roughly five hours southwest of Orlando. We were greeted by Peggy, our Disaster Mental Health supervisor and taken around the shelter to meet with its roughly 400 residents. It was late, and this mass of men, women, and children had already done what they could to make a temporary home for themselves on cots in a large gymnasium. The other volunteers and I spent that evening sleeping on our own cots in the communal staff room at the shelter.

The next day, we were each teamed up with a partner for the duration of our deployment. I had the good fortune of being teamed with Ellen, a marriage and family therapist from North Carolina; this was her second Red Cross deployment. Ellen and I spent the morning conducting mental health interventions with shelter residents, and were then reassigned to another shelter in North Fort Meyers, where we began conducting interventions with both shelter residents and the staff, comprising volunteer nurses, police, and various other disaster action team members. We learned quickly not to get too settled in any one place as our assignments were likely to vary on a daily or even hourly basis.

The North Fort Meyers shelter was inhabited by residents under unusually severe duress. Many had been homeless even before Irma struck; some were suffering from severe mental illness and had been without their medication for days. Other residents had lost homes, cars,

and jobs as a result of Irma, and some had been separated from or lost contact with family members. As the Red Cross was actively engaged in the Response phase of Disaster Relief, its primary objective was to move everyone, especially the most vulnerable, to a safe place. The experience of emotional duress was not exclusive to the residents; staff volunteers and management alike struggled with the immensity of the chaos, overwhelming need, and long hours demanded of them to ameliorate the suffering created by Irma. Ellen and I spent an entire day conducting interventions among staff and residents. That evening, all disaster responders, Ellen and I included, were assigned lodging at the Marriot Resort on Marco Island in Collier County.

The beauty of this luxury venue was strangely juxtaposed with the no-frills grit of its current residents – the volunteers belonging to various disaster response teams, all decked out in their respective distinguishing garb. Such juxtapositions were ubiquitous in Southern Florida; the devastation, which was so profound that in many places the debris piled up along the roadsides was high enough to block my view of the homes behind it; dozens of buzzards (yes, buzzards!) circling overhead, underscoring the loss of animal life. These scenes of despair were in sharp contrast to the tenacity of the people and the intense recovery efforts as evidenced by work trucks for every kind of outreach program, repair, or reconstruction job lining the highways for as far as the eye could see in either direction, with crews working around the clock along the highways.

The needs of the residents, the relief operation, and indeed, the Disaster Response personnel were constantly changing. Two days after working at the Marriot, Ellen and I participated in a large media event with other volunteers from the Red Cross and other agencies, such as the Salvation Army, local support and outreach groups, churches, FEMA, insurance companies, and interns working for the United States Senator from Florida, Marco Rubio. During this day-long event, we provided information and resources to a continuous line of people desperate for help—one person after the other, family after family, broken, frightened, and confused, with needs ranging from the very basic (such as food and water), to resources for repairing and rebuilding their homes, finding jobs, and securing cleaning supplies for the mold, rats, and other infestations that are part and parcel of a post-disaster world.

On September 21st, Ellen and I returned to the North Fort Meyers shelter where we resumed our work assessing and helping both residents and staff take a few steps closer to a state of overall health and well-being. There were a few particularly memorable residents that left a deep impression on me. One was a man who had been living in Colorado with his wife prior to hurricane Irma, and flew to Florida on their proverbial “last dime” for the promise of a new and much needed job. Shortly after arriving, Irma struck and destroyed the business and any hope he had of employment. Another was a 94-year old woman whose home was destroyed in the storm. She had lost contact with her daughter and son, and we were working to help her get out of the shelter and into a temporary assisted living situation. She had a hard time processing why she couldn’t go home, and why her children weren’t there to help her. It

was clear that both cases would need a prolonged recovery effort that would long outlast my own deployment.

Many of the mental health volunteers were interested working directly in the community and on Friday, September 22nd, Ellen and I were assigned to follow a Red Cross Emergency Response Vehicle (ERV) into Lehigh Acres, one of the harder hit neighborhoods. As we pulled into the area, it looked like a ghost town with very few people out and about. While the ERV staff blasted the alert horn and announced their presence via loudspeaker, Ellen and I split up and walked through the devastated neighborhood in search of the homebound. We wound our way around the broken homes, fallen power lines, snapped trees, and dead vegetation, and eventually found our way to the community center, where the facilitator lent us one of the center's golf carts to make our job easier. The temperature was in the 90s with humidity to match, and the residents had been without power until the day before we arrived.

The following day would be the end of our nine-day deployment before we would fly home. Ellen and I decided to spend our last full day working in the neighborhood of Golden Gate, located just north of Naples in Collier County. We were told that the devastation there may actually surpass any we had seen elsewhere. The eye of hurricane Irma passed directly over this town causing flooding and spawning tornados. Given our experience in Lehigh Acres, we decided to head to the community centers in order to gather more information and assistance for our efforts. There were signs of devastation everywhere; the residents were still without power, there was visible flood damage everywhere, and many homes had roofs missing, ceilings caved in, and walls crumbled to rubble.

We spotted a FEMA truck parked in front of the center and we spoke to the people staffing it. They were ready to move on as they had been there for a while and as yet had seen no residents. But Ellen would not hear of it; she asked them if they would give us a couple of hours to round up some people. The FEMA staff agreed, but we had a challenge ahead of us: the area was sprawling and we didn't know where best to go. Then, as luck would have it, we met a volunteer who led us to a trailer park in the center of it all. The residents, mostly Hispanic, were lining up as we arrived for food being passed out by a local Christian group. Neither Ellen nor I speak fluent Spanish, but language was no barrier when Ellen waved one of the many donated Mickey Mouse toys that we had in the car, which prompted the kids to come running toward us, and their parents followed. In an instant we were surrounded, and eventually made our way to the pastor of the Christian group who announced the purpose of our visit over a loud speaker. English speakers in the community then guided us to those they knew were in greater need and more reticent to seek help on their own. One inspirational member of this community was a man named David, who despite being disabled himself, cared for his mother in their modest trailer. David appeared to be the de-facto counselor in his community and was doing everything he could to help his neighbors. We were particularly impressed by his awareness of the importance of his own well-being, apparent when he would

catch himself revving up emotionally, and without skipping a beat would say out loud to himself, “Relax!” and continue with whatever he was saying or doing.

The day was hot and humid as they had all been, and we were tiring rapidly. In addition to providing the community with information regarding how and where to obtain food, water, clean up kits, and the possibility of financial assistance, we offered a compassionate ear and encouraged self care. We had passed on the information about locating the FEMA truck, but worried that the needs of these people far surpassed what we could do for them. Our hope was that a Red Cross ERV would show up with much needed supplies. As we made our way back to our car, another Christian group had arrived to help the community. We advised them of some of the need we encountered, and just as we were about to leave, a rental truck pulled into the area, driven by a man wearing a Red Cross vest. That was a huge relief; the volunteers of the Christian group joined us in handing out food, water, clean up kits, roof tarps, diapers, rakes, shovels, etc. to the residents.

Returning to the community center, we saw that the FEMA personnel had set up camp, and a line of residents was waiting to talk with them. We set up a table in another area, and asked FEMA to direct to us anyone who could benefit from our assistance. After roughly another hour of seeing relatively few people, we checked the FEMA room again. It was packed! Observing that people were finally getting their immediate concerns addressed, we decided to leave. We'd like to think our efforts that day in the community had at least a little to do with this successful outcome.

Suddenly, Saturday evening had arrived, and the next day I would be flying back home to San Diego, California, and my partner to North Carolina. I say suddenly, because for nearly the entire nine-day deployment, I was living in an altered state of reality with very little sense of time. I worried prior to deploying, how I would handle a disaster situation, and now I wondered how I was going to handle returning to a more orderly life where any needs and wants could be readily met. Odd as that sounds, please consider this: while much of the rest of the country was bickering over whether it is appropriate that an athlete “take a knee” during a playing of the national anthem, or whether entertainers should be boycotted for pointing out the flaws in our country, and discussions about race, ethnicity, gender, sexual orientation, politics, religion, age abound, the people I had encountered in the place I was preparing to leave were truly concerned with the well-being of others. Both staff and residents worked harmoniously together, with little regard for socio-cultural differences, their singular goal to help their fellow man or woman get back on their own feet. Having been in the throes of disaster recovery, I have seen firsthand the hope, determination, and resilience that humans are capable of.

Ellen asked me several times if I would consider volunteering again; my answer was always, and still is an unequivocal yes. And I know she feels exactly the same. We know we did everything we could to help those in need, but what we received in return far surpassed

anything we gave. The work was hard, but everywhere we went, we met and worked with selfless people, whose focus was the welfare of others, including us. The attitude and the energy of both were incredibly and unusually positive for the most part, especially considering the circumstances. It was focused on moving forward.

With regard to the Red Cross, I have never experienced a more single-mindedly determined group of people, collectively or individually, whose sole mission was to help those in need at such a deep level. One veteran Red Cross volunteer we encountered was a 74-year old woman with unparalleled energy and dedication; after wrapping up her work in Florida, she was making arrangements to fly to Puerto Rico to help the victims of Hurricane Maria. Like any large organization, the Red Cross is far from perfect and the criticisms and complaints directed toward it are not always unwarranted; but having been in the trenches with them and seeing the remarkable work they do, I can't help but wonder how many people would suffer and potentially die if it wasn't for their efforts.

Last but not least, I would like to acknowledge my unexpected pleasure of meeting and befriending Ellen, just one of the many incredibly strong and focused individuals I met during my experience in Florida. Her heart of compassion and empathy helped me to maintain my bearings on a daily basis. Working with her inspired me to work at a higher level than I thought I could. I look forward to continuing this friendship for many years to come.

CERT

by Wendy Tayer, Ph.D.

CERT stands for Community Emergency Response Team and is a national FEMA program designed to train ordinary citizens to help first responders in their own communities. I became aware of the program when I attended an "Are You Ready" presentation at my local library presented by local CERT members who were fellow school moms. I felt inspired. It was 2014 and I had more time on my hands because my youngest child had recently passed his road test. With the lion's share of day-to-day parenting behind me, I was looking to expand my horizons to community-minded activities beyond the PTA and education foundation volunteer positions.

I had lived through several fires and the countywide blackout in San Diego, the London Tube and bus bombings of 2005, and lost a high school friend in the Twin Towers on 9/11. I decided that it was time for me to extend my skills as a clinical psychologist and a caring human being to everyday life outside of my psychotherapy office. International, national and local events in the past 15 years had heightened my awareness of the critical importance of learning survival skills.

I called the phone number that was listed in the small article in my local newspaper and registered for the next CERT academy at my local fire station. I found myself among a variety of North County citizens much like one might find during jury selection - various ages,

backgrounds, ethnicities and reasons for seeking the training. The one quality that we shared was the desire to help others and to learn adaptive coping skills in order to do so. My academy training was concise and feasible for working professionals, comprising two weekday evenings and three Saturdays. The training modules include:

Disaster Preparation

Medical/Basic First Aid Training

CERT organization

Disaster Psychology, Terrorism

Fire Safety

Cribbing (technique for using materials on hand to lift heavy debris in order to free people and animals who are trapped), and

Light Search and Rescue.

The course ended with a final drill/practice session. CERT instructors and local firemen lead the training sessions and drills at local firehouses. In the past year, FEMA added a mandatory online course which consists of a 6 hours of comprehensive CERT material on the FEMA website. Course content includes similar material in addition to an overview of CERT, detection and management of hazardous materials, incident command/ communication protocols during a disaster, and the ubiquitous multiple choice test at the end. CERT typically holds two academies per year over San Diego County and offers other informational sessions on disaster related topics throughout the year such as swift water rescue, use of search and rescue dogs, earthquake preparedness, and operation of ham radios for use when cell phone and/or landlines are down. CERT San Diego organizes a countywide drill every year which varies in location and type of disaster that is simulated. Throughout the calendar year, regular rehearsal of CERT skills is emphasized. All graduates of the program become certified, receive an official CERT ID card and a GO BAG which is stocked with supplies for use in the event of a disaster. Typical contents include first aid supplies, flashlight, work gloves, hard hat, official CERT vest, colored tape for identifying victims of a disaster by type of injury, markers for keeping track of victim transport as well as search and rescue missions. Certification is valid for two years and recertification is accomplished by retaking the online course and attending the last day of a local academy in which the skills are put into practice and rehearsed in a simulated exercise. Alternatively, members may participate in the countywide drill for credit. Both experiences are worthwhile, and offer valuable opportunities to keep current with one's skill set.

CERT also plans and implements drills during the California Shakeout in October and for Biohazard disasters such as a countywide anthrax attack. I find these drills instructive and reassuring; I now know that the county is prepared with a stockpile of antibiotic treatment doses to counteract anthrax or another biohazard for the entire population of our county. There are plans in place for administering the doses to the populace in a very organized, efficient fashion. CERT was initiated in San Diego following the 2003 Cedar Fire when it became clear that first responders cannot be everywhere when wide-ranging disasters strike. Furthermore, infrastructure and communications systems can be damaged, which delays the actions of first responders. The rationale for CERT is that the people who are in the

immediate vicinity of the event can be trained to respond to the event and can save lives, extinguish fires, find missing persons, and administer emotional first aid while waiting for firemen and emergency medical personnel to arrive. CERT provides opportunities for citizens to play a role in helping to diminish the impact of the disaster to affected persons in the immediate aftermath of such events.

CERT encourages each member to play a role in which he or she is comfortable. There are many CERT roles, including incident commander, scribe (note taker), first aid/triage worker, search and rescue team, and record keeper outside of a building to count bodies removed, among others. Members are given the choice to perform a duty that they feel competent to do at a drill or actual disaster site. It is very important to note that CERT members **MUST** be activated by local first responders or CERT personnel in order to perform CERT functions during a disaster. Activation usually happens via a cell phone call or text. I have never been activated during an emergency. But I have had multiple opportunities to rehearse my skills. As a psychologist, I have taken the opportunity to become an expert in Emotional First Aid and have taught the mini course to local CERT members. I have also passed on some of my training to my graduate students as I believe that it is important for them to have the knowledge that these programs exist. That way they know how to get involved should they be interested. I strongly feel that as mental health professionals, we be armed with survival skills to apply in our personal and professional lives.

The Emotional First Aid mini course consists of teaching CERT members (not just mental health professionals) the fundamentals of disaster psychology – describing a typical disaster scene, the array of symptoms that people can experience in response to trauma/disaster, how to talk to disaster survivors, basic empathy training, how to approach and aid individuals with special needs (seniors, mentally ill, blind, dementia, autism, etc.) in addition to practical coping approaches, education about resiliency and self-care, utilization of the CERT team for relief and breaks, debriefing after a disaster or drill and useful apps for survivors and CERT members to utilize that may help with coping, finding loved ones, and locating a temporary shelter. It is a lot of information, but generally well-received by my CERT audience.

CERT members are not limited to disaster related duties and services. They are also encouraged to assist with community safety projects and help friends, coworkers and neighbors make preparations for emergencies (The “Are You Ready?” presentation that initially inspired me was one such community safety project). Examples of readiness for individuals are education about mitigating disaster in the home by removing potentially hazardous or flammable materials, assessing one’s property and workplace for unsecured objects in the event of an earthquake or ensuring that one’s house has a fire resistant roof and property is clear of dry brush and vegetation, organizing and updating a family Go-Bag, and volunteering at local public events to educate the public about CERT.

CERT is one of many ways to get involved with disaster recovery, and the array of disaster related organizations can be confusing to navigate. CERT is unique and distinct from the Red

Cross, the most widely recognized disaster response agency in the world, in that the former is a federally financed FEMA program in which citizens help out when disasters occur in their own neighborhoods. The Red Cross is an international humanitarian organization that provides emergency assistance, disaster relief and education in countries around the world. The American Red Cross (ARC), a subgroup of the international agency, deploys volunteers locally and domestically at disaster sites all over the United States. The ARC focuses on meeting basic human needs such as shelter, food, and mental health services (psychological first aid), but does not provide medical or search and rescue services. In contrast, CERT trains its members in basic first aid and search and rescue techniques as well as psychological first aid but does not provide shelter services, per se. However, CERT members may undergo specialized training to become certified shelter workers. There are opportunities for the two agencies to collaborate and efforts are underway to foster more teamwork between CERT and ARC in San Diego County.

CERT training and membership has been an extremely rewarding and enlightening venture for me over the past three years. I have learned a great deal, and feel confident that I know how to act in the event of an emergency (the latter is a testament of the adeptness of the CERT program in training its members to perform their skills in the event of an emergency). It emphasizes teamwork and self-care above all else. A major drawback of the program is that CERT does not do much to actively recruit new members despite being always in need of new members as existing members age out or retire from the program. It relies on word-of-mouth communications, booths at local street fairs, and local newspaper listings to advertise their academies. These efforts pale in comparison to other agencies that use the internet and social media to their advantage. One or two CERT groups have their own apps for operational purposes, but a universal app developed for use all over the country would be welcome. There are opportunities to express concerns such as these at local meetings as CERT prioritizes a team approach and clear communication.

In conclusion, I urge you to consider CERT training if you are interested in extending your helping hands to the outside world beyond your office. The world events of the past few years suggest that it is critical for us to be trained in disaster preparedness, both in our personal and professional lives. Feel free to contact me with any questions at wtayer@ucsd.edu.

Essential Skills for Disasters: Resilience and Self-Care

interview *by* Deborah Hopper, Ph.D.

RESILIENCE

The APA “Resilience” campaigns began after the 9/11 terrorist attacks when it became apparent that the general public was looking for ways in which they could build resilience “in the face of adversity, trauma, tragedy, threats or...significant sources of stress.” (American Psychological Association; <https://apa.org>). APA partnered with the Discovery Health Channel to create a documentary, as well as a resource tool kit for psychologists to take into their communities and hold resilience-building forums for the public. Resilience is taught by

disaster mental health psychologists and clinicians during American Red Cross volunteer trainings. As therapists, we can apply the principles to ourselves, model, and disseminate these skills to our patients. With our country's ongoing tragic natural and man-made disasters, continued involvement in war, and recent threats of international nuclear war, the need for building our own and others' resilience remains vital.

Resilience, i.e., "bouncing back" from adversity and difficult experiences is a quality present in most people. However, resilience is not a static trait, but rather, a range of "behaviors, thoughts and actions that can be learned and developed." Resilience helps any individual in their life generally, and is important for any psychologist or behavioral health clinician to cultivate because of the work we do, especially when we treat patients who have experienced trauma. As a result of facing our own life's challenges and vicariously, those of our patients, over time many of us learn the necessity of strengthening our ability to adapt well. The purpose of this article is to make you aware of the professional resources that you can review in order to build your personal resilience over time. Building resilience may be considered a vital part of our well-being; taking care of ourselves has to be our first priority, as we provide care to others in both our personal and professional lives.

The APA website has a comprehensive document entitled, "The Road to Resilience" that also has a printable format. It covers component areas of resilience, such as factors, strategies, ways to build resilience, learning from your past, staying flexible, and so forth. Although resilience may be built by a combination of factors, research demonstrates that the primary contributing factor is the presence of caring, supportive relationships within and outside the family. Resilience is bolstered by relationships that create love and trust, provide role models, and offer encouragement and reassurance.

The APA has identified ten ways to build resilience, with a sample action step for each:

1. Make connections with others – accept help and support from those who care about you.
2. Avoid seeing crises as insurmountable problems – change how you interpret and respond to highly stressful events
3. Accept that change is part of living – if certain goals are no longer attainable, accept this and focus on circumstances you can alter
4. Move toward your goals – develop realistic goals and ask yourself "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"
5. Take decisive actions – act on difficult situations as much as you can, instead of detaching from problems and wishing they would go away.
6. Look for opportunities for self-discovery – seek to learn something about yourself as a result of coping with an adverse situation; many find they've grown in some respect
7. Nurture a positive view of yourself – develop confidence in your ability to solve problems and trust your instincts.

8. Keep things in perspective – even when facing painful events, try to consider the stressful situation in a broader context and keep a long-term perspective.
9. Maintain a hopeful outlook – expect that good things will happen in your life. Try visualizing what you want rather than worrying about what you fear.
10. Take care of yourself – pay attention to your own needs and feelings (also see self-care section, below)

Additional ways of strengthening resilience include journaling, meditation, and spiritual practices as ways some people build connections and restore hope.

SELF-CARE

You will notice that “taking care of yourself” is number 10 on the list of ways to build resilience. For behavioral health providers, there are specific tools and strategies to consider implementing, as our field uniquely impacts each one of us. For those of you who are members of the APA Practice Organization, see “An Action Plan for Self-Care,” and additional research-based, in-depth articles on self-care.

In 2016, APA published an article on “Seeking More Balance”, which offers these strategies:

1. Practice mindfulness: “...Develop a reflective habit of checking in with ourselves at least a couple times a day, taking note of the emotional ‘weather’ without judgment.”
2. Look for silver linings: when working adults--especially women--looked for benefit in negative situations, “they experienced fewer negative psychological effects from work-family conflict.”
3. Draw from positive psychology: “Positive emotions...broaden cognitive, attentional and behavioral repertoires...which boosts resilience and facilitates well-being.”
4. Take advantage of social support: seeking support from others is critical to well-being
5. Seek out good supervisors: sympathetic bosses can be helpful by buffering stress
6. Get moving: exercise boosts mood in the short term, and “can improve symptoms of depression, anxiety, addictive disorders and cognitive decline” in the long term.
7. Go outside: time spent in nature is linked to improved cognition, attention, mood and subjective well-being, as well as reducing symptoms of stress and depression
8. Make your life meaningful: “We do our best work and live our best lives when we have a sense of meaning – a feeling that what we do extends beyond us and brings good to others.”

Of course, no information about resilience or self-care is useful unless we apply it. Perhaps in your professional resilience journey you have learned the necessity of self-care and are doing a good job of it, but if you haven’t started addressing some of the important components

mentioned above, please consider a way to encourage yourself to make enhancing both resilience and self-care a continuing priority over time.

I sincerely hope this article has underscored the need for building your own resilience and has inspired you to try and new strategy to enhance your continuing efforts to build resilience and practice self-care.