Chapter 10
Disaster Responder Self-Care, Self-Compassion, and Protective Factors: A Pilot Study on Responders’ Resilience and Competence

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ABSTRACT

The study examined the relationships among resilience, self-care, self-compassion of first responders. In addition, the study assessed the contributions of protective and risk factors to responders’ resilience and disaster response competencies. Five research hypotheses and three research questions were examined with Pearson r correlations, multiple regressions, one t-test, one MANOVA, and post hoc tests, showing significant and meaningful results. In addition, the internal consistency reliabilities of the DRCQ scales were investigated which were strong to very strong. It was hypothesized and shown that there were significant positive relationships among self-care, self-compassion, and resilience. A second hypothesis was retained that the two dimensions of self-care (i.e., self-care practices and physical safety) were predictors of self-compassion. Responders who consciously observed self-care practices fostered and strengthened self-compassion and vice versa.

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INTRODUCTION

Natural and human-made disasters are a fact of life. Disaster responders serving their fellow human beings in the aftermath of disasters are exposed to great pressures in the line of humanitarian work. The very nature of their work is determined by unpredictable catastrophes that tear down emergency support infrastructure. Disaster responders leave behind the comforts of home and family to provide care and support to survivors of traumatic circumstances, often in the most precarious environments. They work and live in less-than-basic accommodations available to rescue workers. Disaster responders are at risk for emotional exhaustion, social isolation or loneliness, decreased job satisfaction, interpersonal relationship problems, and low self-concept (Shapiro, Brown, & Biegel, 2007). Studies have shown that the PTSD rate can reach 32% for individuals involved in rescue and recovery (Dass-Brailsford, 2010; Fullerton, Ursano, & Wang, 2004). This is compared to the rate of PTSD for the general public estimated at 3.5% for men and 9.7% for women. However, research has also shown that protective factors (e.g., training, adequate self-care) can enhance responders’ resilience to vicarious traumatization (Brodeur, 2009; Howlett & Collins, 2014). The present study was undertaken because there is no assessment research on the positive mental health of disaster responders.

The study investigated the relationships of self-care, self-compassion, and disaster response competencies with the resilience of disaster responders. Furthermore, the study investigated the content validity and internal consistencies of the Disaster Response Competency Questionnaire (DRCQ) as an instrument appropriate for assessing good mental health of disaster responders. At the conclusion of the study, there is a discussion of the applications of self-care, psychological first-aid, and prevention training for disaster responders to help them sustain good mental health.

Disaster responders are at significant risk for mental health issues, and yet there is a gap in the literature on how to address their specific needs. The present study specifically addresses the well-being needs of first responders. The first responder literature is sometimes applied to disaster responders though the two populations have nuanced differences in roles and resources. First responders are described as people who respond professionally to crises. They are the police, firefighters, and emergency medical response teams. In some circumstances, additional people may act in first responder roles, such as medical personnel, the military, veterans, or lay people who are willing to help in the moment of an emergency. Disaster responders, on the other hand, are often defined as people working to rebuild and heal communities after a large-scale breakdown in infrastructure (Macedonia, 2018). While many first responders also serve in disaster response scenarios, not all first responders have disaster response experience or formal training in disaster response (Lanza, Roysircar, & Rodgers, 2018). Disaster responders may be formally trained professional responders (such as FEMA workers, the military national guard, or American Red Cross responders), or they may be people temporarily in disaster responder roles because of the needs of the situation (such as mental health workers, electrical line workers, road repair workers, or volunteers). The disaster responder population varies from the first responder population in the type of events to which they are vicariously exposed, the length of time to which they are exposed to the effects of devastation, and the effects of working without traditionally available resources (Lanza et al., 2018).

Disaster responders also have barriers to accessing mental health treatment. The care of volunteers is not a high priority for relief organizations that are already burdened by responding to the overwhelming effects of natural and/or human-made disasters (Ehrenreich & Elliott, 2004). Responders experiencing the impact of trauma work often do not reach out for help because of their culture of grit and stoicism. Research has shown that some first responders internalize stigma at the prospect of revealing to others
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