University of Rochester
Disaster Mental Health Personal, Family, Work Life Inventory

Providing mental health and spiritual care support during times of disaster can be exciting, stimulating, and perhaps one of the most enriching experiences one can have both professionally and personally. It can also be physically and emotionally exhausting as well as spiritually challenging. Long hours over many days and weeks coupled with intense environments and interactions can take their toll on those called to provide these services. Clinical training alone does not prepare you for this type of work. It is often helpful to anticipate the consequences of disaster response work and recognize disaster relief work is not for everyone.

Please take a few minutes to complete the assessment below. This tool is designed to assess your overall readiness and commitment to engage in disaster mental health or spiritual care work in your healthcare facility, in your community, or across the state.

As you review the assessment tool, consider your personal needs as well as your family and career responsibilities at this time in your life. Ask yourself the following questions: Is this the right time for me to be doing this type of work? Will my family and work environment support and embrace this decision? What might I need to do so that I can respond in the future?

Personal

For each statement below, please indicate your level of comfort and readiness to work with the populations or situations and under the conditions identified in this section. Circle your choice. *1 indicates you are extremely uncomfortable, unwilling, and lack readiness and 5 indicates that you are extremely comfortable, willing, and ready.*

Statement for Review	Comfort Level				
1. Working with individuals who are experiencing enormous grief and loss and who may be expressing extreme reactions in a variety of ways including screaming, hysterical crying, anger, or withdrawal	**1**	**2**	**3**	**4**	**5**
2. Working with individuals in non-traditional settings (i.e. in a quiet corner vs. a private office with a door)	**1**	**2**	**3**	**4**	**5**
3. Working in a chaotic, unpredictable environment	**1**	**2**	**3**	**4**	**5**
4. Accepting tasks that may not initially be viewed as mental health or spiritual care activities (e.g. distributing water, helping serve meals, sweeping the floor)	**1**	**2**	**3**	**4**	**5**
5. Working in an environment with minimal or no supervision	**1**	**2**	**3**	**4**	**5**
6. Working with a supervisor who micro-manages	**1**	**2**	**3**	**4**	**5**
7. Working with and providing support to individuals from diverse cultures or ethnic groups differing from your own	**1**	**2**	**3**	**4**	**5**
8. Working with and providing support to individuals from diverse faith backgrounds or none at all (whether or not you come from a faith tradition or consider yourself spiritual or religious)	**1**	**2**	**3**	**4**	**5**
9. Working in environments where the risk of harm or exposure is not fully known	**1**	**2**	**3**	**4**	**5**
10. Working with individuals who are not receptive to mental health or spiritual support	**1**	**2**	**3**	**4**	**5**

Health

For the next several categories (health, family, and work life), please review each statement and circle the number that best reflects your level of agreement or disagreement. On the scale of 1 to 5, *1 indicates that you* completely *disagree and 5 indicates that you completely agree.*

Statement for Review	Agreement Level				
1. I have not had any recent surgeries or medical treatments that may compromise my ability to be available for long shifts, to work in certain environments, or to work under difficult circumstances or conditions.	1	2	3	4	5
2. I have not experienced any recent emotional or psychological challenges or problems that may compromise my ability to work long shifts, in certain environments, or under difficult circumstances or conditions.	1	2	3	4	5
3. I have not been dealing with any significant life changes or losses (e.g. divorce, death of a loved one) within the past six to twelve months.	1	2	3	4	5
4. I have not experienced earlier losses or other life events that may make it difficult for me to meet the challenges presented by a particular type of disaster.	1	2	3	4	5
5. I do not have any dietary restrictions (e.g. due to health, religious belief, personal preference, etc.) that would impede my work on a disaster relief operation.	1	2	3	4	5
6. I am able to remain active for long periods of time and endure physically exhausting conditions.	1	2	3	4	5
7. If taking medication, I have enough available on hand for the total length of my assignment plus some extra days.	1	2	3	4	5
8. I have considered the status of my current physical and mental health and believe that I am fully prepared to meet my obligations and responsibilities on a disaster relief operation.	1	2	3	4	5

Family

Statement for Review	Agreement Level				
1. My family is prepared for my absence, which may span days or weeks.	1	2	3	4	5
2. My family is prepared for me to work in environments where the risk of harm or exposure to harm is not fully known.	1	2	3	4	5
3. My support system (family/friends) will assume my family responsibilities and duties while I am away or working long hours.	1	2	3	4	5
4. I do not have any unresolved family/relationship issues that will make it challenging for me to focus on my disaster-related responsibilities.	1	2	3	4	5
5. I have a strong, supportive environment to return to after my disaster assignment.	1	2	3	4	5

Work Life (for those responding to disasters in the community or across the state)

Statement for Review	Agreement Level				
1. My employer/supervisor is supportive of my interest and participation in disaster mental health or spiritual care response.	1	2	3	4	5
2. My employer/supervisor will allow me "leave" time from my job (for operations outside my facility).	1	2	3	4	5
3. My employer or supervisor will require me to utilize vacation time or "absence-without-pay time" to respond as a disaster mental health or spiritual care worker.	1	2	3	4	5
4. My work position is flexible enough to allow me to respond to a disaster assignment within 24-48 hours of being contacted.	1	2	3	4	5
5. My co-workers will be supportive of my absence and provide a supportive environment upon my return.	1	2	3	4	5
6. If I am working in a clinical environment, my absence will not affect my client population in adverse ways	1	2	3	4	5
7. My clients are aware that I may be rescheduling or canceling appointments with little notice.	1	2	3	4	5

Spiritual Care Providers

Statement for Review	Agreement Level				
1. I can be tolerant and accepting of other faith expressions, which may seem contrary or antithetical to mine.	1	2	3	4	5
2. I can be tolerant and accepting of those who do not ascribe to a particular faith or religion.	1	2	3	4	5
3. At this time in my life I can integrate the dynamics of a disaster, including loss, grief, and unanswered questions, into my ongoing faith journey.	1	2	3	4	5
4. I can remain vital and active without immediate access to my customary supports of family, faith community, routine, and ritual.	1	2	3	4	5
5. If proselytizing is an important part of my faith tradition, I can conscientiously refrain from such action during a disaster response.	1	2	3	4	5
6. I am comfortable managing or supervising the provision of spiritual care as opposed to providing direct spiritual care.	1	2	3	4	5
7. My congregation/faith community is prepared for my absence that may span days or weeks.	1	2	3	4	5
8. My congregation is aware that I may be rescheduling or canceling appointments with little notice.	1	2	3	4	5
9. My congregation will be supportive of my absence and provide a supportive environment upon my return.	1	2	3	4	5

Other Considerations

Please answer these open-ended questions.

1. What skills or abilities do I have that will contribute to my effectiveness as a disaster mental health or spiritual care professional?

2. What steps have I taken to ensure that I will have access to the emotional supports and networks that will help me be effective in this difficult and challenging role?

3. What motivates me to be involved in disaster mental health or spiritual care work?

Personal, Family, Work Life Plan

Please briefly describe the plan(s) or preparations you have made in the following areas that will allow you to respond to a disaster assignment (whether within or external to your facility) immediately and for prolonged periods.

Family and Other Household Responsibilities

Pet Care Responsibilities

Work/Congregation Responsibilities (clinical and administrative coverage for your responsibilities and duties)

Community Activities/Responsibilities

Other Responsibilities and Concerns