DROP-IT

A post-deployment, out-processing model for
emergency services personnel and crisis and disaster relief workers
(Ellers, K. L., 2005)

Providing care for disaster and trauma survivors can have a powerful and lasting impact on caregivers. These deployments have potential to create a life-altering, long-term impact in one's life. These impacts can be positive and/or negative. While many factors play into the impact of the deployment upon one's life, exposure to the traumatic stories and victims may lead to vicarious traumatization, compassion fatigue and burnout. It is critical that caregivers have an opportunity to process from the deployment before reintegration back into their homes and normal environments, as well as develop a plan for reintegration and ongoing care as needed.

The DROP-IT model for out-processing of caregivers provides a simple, six step process that will facilitate recounting the story; processing the experiences, thoughts and feelings associated with the deployment; assessment; preparation and education for post-assignment reactions; and developing a plan for transitioning into normal life. This model is specifically designed to facilitate reentry from intensive deployments relating to mass casualty, DMORT, death notifications, and working with trauma survivors. While it is recommended that the DROP-IT out-processing intervention be done one-on-one in a face-to-face interview, if this is not possible, it can also be done by phone. The DROP-IT model should be considered as one of many tools available within the broad range of Critical Incident Stress Management Interventions.

D   Describe role and duties in the deployment

R   Recall significant experiences, images, smells, reactions, thoughts and feelings

O   Orientation to present status through self-assessment

P   Predict and prepare for post-deployment challenges

I   Identify the most difficult and positive elements of the deployment

T   Transition plan for reintegration, self-care and follow-up

While the model remains the same, the prompting components provided should be adapted to each situation as necessary.

Introduction

The facilitator should take time to engage the person and explain the goals and process of the out-processing session. The session should be structured in a professional, but casual, manner and avoid a clinical feel to the discussion. Ideally, this process will be done in person but it can be done via phone if necessary. A modified version of this can done daily to process the events of that day and reset for the next day.

D   Describe one's role in the deployment.

This introductory component is non-threatening and a cognitive-based point of entry into the DROP-IT model. People generally like to tell their stories, which provides an opportunity for them to process their roles and the accompanying details of their assignments. The attentive, active listening, and engaging presence of the facilitator sets the stage for how the rest of the interview will go.

R   Recall significant experiences, images, reactions, thoughts and feelings.

This component encourages a balance of both cognitive and affective processes to facilitate the integration of thoughts, feelings, and images that may not have been acknowledged during active deployment. Additionally, this component facilitates confirmation of the reality of the individual's experience and gives voice to his/her involvement from the caregiver's acknowledgement.

O   Orientation to present status through self-assessment.

This component starts by taking a personal inventory, doing an impact assessment, identifying stressors and resources, and assessing self-perception of coping. The goal is to promote self-assessment and process the individual's self-perception of coping.

P   Predict and prepare for post-deployment challenges.

This component facilitates looking at past deployments or similar experiences and identifying effective coping mechanisms. It also allows for consideration of post-deployment factors, which may positively or negatively impact the individual. Also, summarizing key points to create awareness may be helpful in building personal hardiness and resiliency.

I   Identify difficult and positive elements of the deployment.

This component helps the person summarize and give voice to the most difficult elements of the deployment. Moving to the positive elements of the assignment may help counter negative experiences of the deployment.

T   Transition plan for reintegration and follow-up.

This last component helps the person assess the need for post-deployment, follow-up care and identify a plan for reintegration. Helping the individual identify self-care activities and support systems is useful. Giving information for follow-up care or arranging for a follow-up contact can also be helpful. Briefly highlighting the reentry issues and effective reentry concepts could be beneficial as well.

Upon completion of this out-processing intervention, it is recommended that several minutes be set aside for quiet reflection or utilization of a visualization exercise to process remaining thoughts, feelings and images. It may also be helpful to teach basic self-care and self-soothing techniques to enhance coping with ongoing, residual carryover of post-deployment issues.

Taken from the *Emotional and Spiritual Care in Disasters* course where use of this tool is taught more in-depth. For more information go to www.icisf.org or http://institute4compassionatecare.com