



WE WANTED TO TAKE A MOMENT TO ACKNOWLEDGE RECENT EVENTS

By Center Staff

We are shocked by the most recent mass shootings in Buffalo and Uvalde. No matter what, we cannot become accustomed to these heinous acts of violence. During the pandemic, our county and the world experienced unprecedented losses, forcing many of us into relative seclusion. Some have attributed the health crisis as a possible explanation for angry, disturbed individuals suddenly taking out their angst on unsuspecting, often defenseless persons. Because these acts are so far removed from common decency and respect for human life, it is easy, in colloquial terms, to ascribe these events as sheer madness and an example of mental health programs being insufficient. That allows the rest of society to conform to its belief that we're ok; the "other guys" are the ones untethered from reality.

How can change happen? It is too easy to pin public shootings on mentally ill people. People who experience mental health issues are not the problem as there are programs to help when someone, such as a family member or acquaintance, feels suicidal or prone to violent outbursts. Change, real positive change, can happen when decent people come together to change the laws when necessary while challenging their own biases and finding common ground to restore a sense of safety. Emergency managers are among those who must deal with our failures to prevent, mitigate, prepare, respond, and recover; gun violence requires us to do better at all five of these. At the Center, we are here to do our part – within our arena - to get started. Right now, curbing gun violence seems a heavy burden: but if each of us does our share, it will not be the lift it appears to be today. To lessen the carnage of public shootings, we need to make this our shared objective. We can all come together as one cohesive unit to effect real change.

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WHO NEEDS TO BE EDUCATED ABOUT EMERGENCY MANAGEMENT? WHO DOESN'T?

By Jim Mullen

Emergency managers often lack the political clout, or even the bureaucratic standing, to have much of an impact on policy decisions societies make. We're there to try to mitigate, within our means, prepare the community and ourselves to the extent limited funds allow, coordinate a multi-disciplinary response, and manage (steer?) the process of recovery. And then we assess our performance and start over. Far too often we fail to educate the public that mitigation, preparedness, response, and recovery are their responsibilities too.

For years, emergency managers landed in their roles by accident or happenstance following careers in the military, or fire and police service. Others, mostly generalists from other government positions, found themselves thrust into positions of responsibility where their only "preparation" was performing competently in other positions. Striving for a "one size fits all" emergency management pathway places undue limits on the growth and blossoming of the discipline. After all, we are not the Pipefitters Union, renowned for how difficult it is to make it into the ranks of pipefitters (for them that's probably necessary!).

Not infrequently articles, commentaries, and opinion pieces on various platforms trumpet the necessity of training the "next wave" of emergency managers. The demands for more structured education and training have intensified. Some have suggested that central sites, like the Emergency Management Institute (EMI) are the best places for the principles of emergency management to be instilled in prospective candidates. Others have pointed to academic programs, longing for a standardized set of

course and training regimes that would provide for commonality of knowledge and approach. None of these paths, or even all taken together, are bad ideas.

I have sometimes lamented this fixation on "credentials". During 30 years working in close quarters with emergency management staff, I encountered many different persons with a variety of skill sets, experiences, and motivations. That breadth of experience is a strength of emergency management. For emergency managers, confronting a seemingly endless and evermore intense series of disasters, it seems the broadest possible array of skill sets and experiences is necessary. But we should remember that the public we serve is also facing that same seemingly endless series of disasters, affecting their respective professions and personal circumstances in profound ways.

One reason why there are fewer opportunities for that "next wave" of emergency managers is the failure on our part to educate the public, writ large, of the importance of building capacity to "mitigate, prepare, respond to, and recover from" among all citizens. Is it possible that we have missed our most important audience in our educational outreach? And when we have reached out beyond government circles, have we been communicating how businesses can become more resilient by attracting employees whose attributes include knowledge about basic emergency management?

Are we too narrowly focusing on preparing students for a career in emergency management, or are we preparing students and trainees to take emergency

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management principles into whatever workplace they enter? When that proverbial door to government is not opened for our graduates and certificate holders, how can they leverage what they have learned from us in a perhaps unrelated job altogether?

Years ago, when the HSEM Center of Excellence was being critiqued because of a concern that there were so few jobs in the discipline in **Washington State (a really narrow perspective)** to “justify” the Center’s continued existence, it struck me that emergency managers would consider it a welcomed change to not have to explain EVERYTHING to EVERYBODY about what emergency management can and cannot do before, during and especially in the aftermath of a disaster!

I am suggesting that a Homeland Security / Emergency Management Center must not train students only for positions in formal public safety positions. What organization would not benefit from having emergency and risk management expertise among the skills sets of its personnel? What neighborhood would be better off if they did not actively help each other during a disaster, with at least a rudimentary understanding of the

challenges the government faces in easing suffering and restoring services? Outreach from the “center of excellence” must target individuals, families, the media, private industry and government with its emergency management and homeland security message. The circle’s core is just fine; but just maybe we need to extend education to the outer ring.

The potential upside is staggering. Imagine this: before an event there exists an emerging consensus about mitigation measures to minimize potential negative consequences, and acceptance of preparedness measures to withstand a disruptive event. What if response efforts could be rendered less difficult because mitigation and preparedness had occurred, thus recovery was less challenging because fewer crucial services and structures were damaged? And a flow of more knowledgeable people continuing to emerge from higher education reinforcing those concepts.

Who needs to be educated about emergency management principles? The better question might be who doesn’t? The public is smart enough to understand that. The question is - are we smart enough to teach them?

COLLEGE/PROGRAM RESOURCES

Below are available resources for college/program courses:

Inventory of courses offered at SBCTC Colleges

- <https://www.sbctc.edu/colleges-staff/programs-services/professional-technical/default.aspx>

Career Pathway Course Maps

- [Social Service Mental Health \(AA-DTA\) with Certificate Career Pathway Course Map](#)
- [Social Service Mental Health \(AAS\) Career Pathway Course Map](#)
- [Social Service Mental Health Certificate Career Pathway Course Map](#)

SBCTC Positive Mental Health

- <https://www.sbctc.edu/colleges-staff/programs-services/basic-education-for-adults/beda-handbook/beda-biennial-conference-positive-mental-health.aspx?expandall=y&term=mental>

Bellevue College Bachelor of Applied Science: Health Promotion and Management

- https://catalog.bellevuecollege.edu/preview_program.php?catoid=7&poid=1659&returnto=292

Bellevue College Bachelor of Applied Science: Health Promotion and Management

- <https://www.sbctc.edu/resources/documents/colleges-staff/programs-services/bachelors/approved-proposals/bellevue-bas-proposal-health-promotion-management-final.pdf>

Centralia College: Behavioral Healthcare (BAS-BH)

- <https://www.centralia.edu/pathways/bachelors/bas-bh.aspx>

Clark College: Holistic Approach to Behavior Health (BAS)

- <https://www.clark.edu/academics/programs/public-service-society-and-education/bashes/index.php>

Columbia Basin College: Applied Management (BAS)

- <https://www.columbiabasin.edu/learn/discover-your-path/business/applied-management/index.html>

Edmonds College: Youth and Family Studies & Integrated Health Care Management (BAS)

- <https://www.edmonds.edu/programs/bas/cyfs/default.html>

Grays Harbor College: Organizational Management (BAS-OM)

- <https://www.ghc.edu/academics/degrees-and-certificates/bachelors/management>

Green River College: Early Childhood Education and Health/Mental Health (BAS)

- <https://www.greenriver.edu/students/academics/degrees-programs/bachelor-of-applied-science/ecebas/>

Highline College: Youth Development and health/mental health (BAS)

- <https://humanservices.highline.edu/degrees/bas-youth-development/>

Lake Washington Institute of Technology: Behavior Health-Social Services (BAS)

- <https://www.lwtech.edu/academics/behavioral-social-services/>

Lake Washington Institute of Technology: Applied Management Entrepreneurship (BAS)

- <https://www.lwtech.edu/academics/applied-management-entrepreneurship/>

Lower Columbia College: Organizational Leadership and Technical Management (BAS)

- <https://lowercolumbia.edu/bas-organizational-leadership-and-technical-management/>

Pierce College: Homeland Security Emergency Management (BAS-HSEM)

- <https://www.pierce.ctc.edu/hsem-bas>

Pierce College: Social Service Mental Health

- <https://www.pierce.ctc.edu/ssmh>

Spokane Falls Community College: Integrated Behavioral Health (Certificate)

- <https://sfcc.spokane.edu/What-to-Study/Programs/Pathway-Course-Map?plan=Integrated%20Community%20Services>

Spokane Falls Community College Course Map

- <https://sfcc.spokane.edu/What-to-Study/Programs/Pathway-Course-Map?plan=Applied%20Management%20Bachelors>

Tacoma Community College: Community Health and Management (BAS)

- <https://www.tacomacc.edu/academics-programs/programs/community-health/>

Walla Walla Community College: Management and Leadership (BAS)

- <https://dept.wwcc.edu/bas/ame/>

Whatcom Community College: Applied Business Management (BAS)

- <https://www.whatcom.edu/academics/degrees-certificates/bachelor-of-applied-science-applied-business-management>

Yakima Valley Community College: Applied Business Management (BAS)

- <https://www.yvcc.edu/academics/basm/>

Safety, Security Emergency Management Council & (SSEMC)

- <https://www.sbctc.edu/colleges-staff/commissions-councils/ssemc/default.aspx>





IMAGINE THIS...

By Dr. Mary Schoenfeldt

Trauma, Resilience, Self-Care, Burnout, Compassion Fatigue, PTSD and Post Traumatic Growth... all common words these days, aren't they? They have become such everyday familiar words we use them freely in conversation, but what do they really mean? And more importantly, why does it matter to you?

Imagine this... your home is destroyed in a disaster... or your community is shattered by an unimaginable act of violence against innocent people. You watch responders of all kinds drive 100 mph hour with lights and sirens blaring to the scene to help. You think this is the worst it can possibly get. But you are wrong, the worst moments are after the responders have done their initial jobs, and now the reality of the situation begins to set in, and you realize it isn't over yet... it really is just beginning as you grapple with what has to be done and you aren't sure you are up to the task. You don't even know where to begin.

This is the experience of those who look to others for help to manage the unimaginable or try to make sense out of the senseless.

How do you cope? Who comes to help? How do THEY cope? What skills will be needed?

CAN YOU HELP? The answer to that last question is a definite YES. There are many professional and not professional helpers... Emergency Managers, Health Care, Behavioral and Mental Health Specialists, Land Use Planners, Law Enforcement, Teachers, Early Childhood Educations Specialist, Senior Care Managers, Firefighters, Transportation Specialists, Food Service Managers, Clergy, Volunteer Program Coordinators, Housing Specialists.. the list goes on and on of those who contribute to community recovery and resilience following a crisis or disaster. The HSEM Program can integrate all those disciplines by collective education and coordination. We need you.

When we talk about disasters either as professionals, non professionals or community members, our conversation is peppered with words like traumatized, resilient, compassion fatigue and so on.

Let's start with definitions as each of our words that have taken on new meanings over the past few years.

Trauma is defined as a perverse problem that results from exposure to something that has long lasting adverse effects on the individual functioning. Research of brain science tells us trauma can change the neurological paths in the brain. But recently it has come to be interpreted as most anything that negatively impacts us emotionally. Although experiences of all kinds... disasters, pandemics, abuse, or impactful experiences can be hard to handle and leave a lasting impact, many don't meet the clinical definition of trauma BUT, can be managed to reduce the impacts.

Resilience is the ability to bounce and adapt. The core ingredient of resilience is to be flexible and adaptable under stress. Think about a rock and a tennis ball. If you throw the rock down to the ground, it stays there but if you throw a tennis ball in the same place, it bounces back. What's the difference? The material in the tennis ball can absorb the pressure of hitting an unmovable object (the floor), adjust its shape, transfer the energy and use it to recover and move in a different direction. Notice something else though, the tennis ball doesn't come back to the exact same place...your hand. Where it goes depends on multiple factors, the force it left your hand, the direction it was pointed, and the overall environment it's in. So it is with resilient people, organizations and communities. Stress and pressure will change them, but having the agility and ability to adjust and adapt will make the difference.

Self-Care is really about putting yourself on your own list. And that takes courage. To put yourself on your own list in a culture that encourages... no almost demands... multi-tasking, doing for others, being involved in multiple projects or organizations, working, going to school, managing a family with all their individual demands, walking the dog, and being available if someone needs something day or night is challenging to say the least. Self-care is more than the occasional bubble bath or 20 minutes to sit down and read a book.

Self-care is courageously setting boundaries that say, "I'm not checking my phone for emails after 6 pm in the evening. I'm going to add some form of additional physical activity into my schedule every day for at least 10 minutes. I'm going to make that doctor or dentist appointment I've been putting off because I'm so busy doing other things I can't see how I can fit one more thing into my calendar." It's saying, "Yes, you are on my list of priorities, but so am I". It takes courage, but you can do it.

Now let's talk about **Compassion Fatigue** and **Burnout** as these terms are often interchanged to mean the same thing.

They aren't. They are two very different conditions and require separate measures to mitigate them.

Compassion Fatigue is the cost of caring, and the vehicle of transmission is empathy. The bigger your heart and your desire to make a difference for someone who might be suffering, the more vulnerable you are to compassion fatigue. **Compassion**, by definition, has two components, first, the ability to notice if someone seems to be suffering, and second, the desire to make a difference for that person and alleviate their suffering. There are many good people who may not be compassionate to others... they simply don't notice others' pain or feel as though they want or need to do something to lessen it. And there are others, maybe like many of us, who can't look away from someone who is hurting or stop themselves from wanting to help. **Compassion Satisfaction** is what we get when we notice, do something, and know we've made a difference, and it energizes us. We are excited to get up in the morning and feel proud of ourselves for what we do and who we are.

But being compassionate is exhausting. We can move from compassion satisfaction to **Compassion Fatigue**. The more we encounter others' pain, the more we listen. We work to alleviate their stress and pain, and we will begin to take on their stories. One person's experiences adds to the top of another and then another and another. The load gets heavier and heavier, and if we don't do something to interrupt that process, it becomes chronic for us.

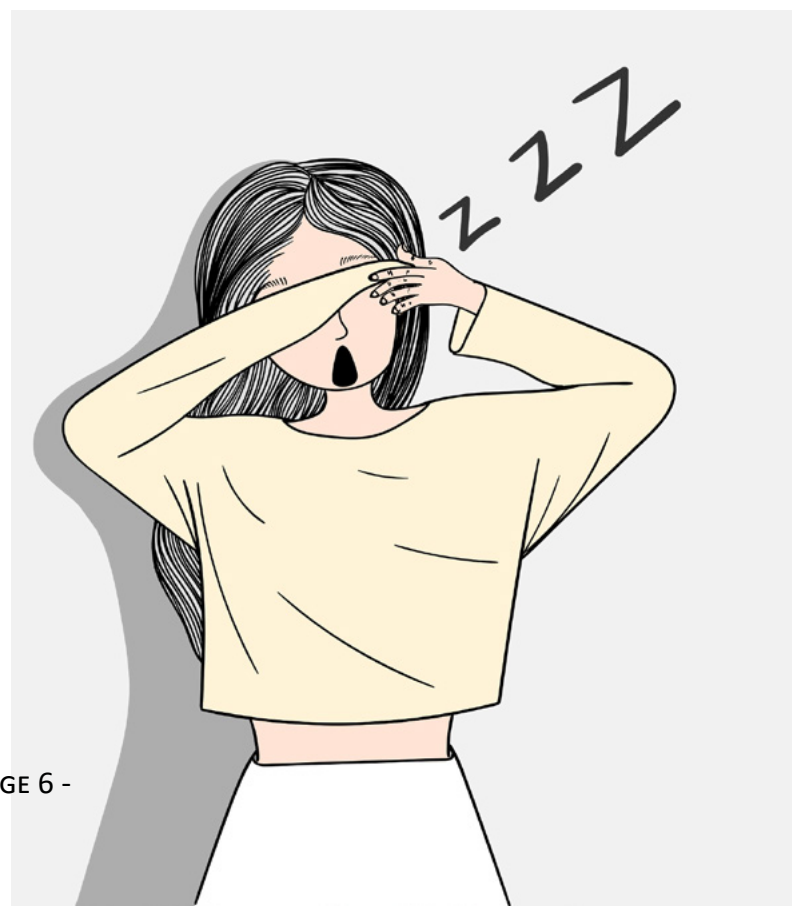
Think about holding a glass of water.. hold it in your hand with your arm extended in front of you. Then ask yourself,

"How heavy is it?" Can you hold it there? Can you hold it for two full minutes? What about for 10 full minutes or even 20? My guess is you started by saying, "Sure, I can hold that glass of water," but as time goes by, the demands became greater, and it became more and more difficult to the point that at 20 minutes, you may have even done some physical damage to your shoulder! Now let me go back to the original question.. how heavy was that glass of water? What changed as time went on? The answer would be that the difference was not how heavy it was in the first place but how long you were holding it. That's what it is with compassion fatigue.. it's not what we do but how long we do it without making adjustments or taking a break.

With the water, we might set it down for a few seconds, adjust our arm to a different position, prop our arm on something, or support it with our other hand. We might even hand it to someone else and ask them to hold it for a few minutes while you take a break and physically move those sore muscles from holding it.

To go on with the water analogy, know that you will need to pick that glass up, again and again, to continue holding it.. that's who you are. Compassion Fatigue management works the same way... set boundaries, step away for a bit, ask for help now and then, physically move and know you will pick up where you left off and keep doing what you do. The ideal for us is to balance that compassion satisfaction... I make a difference... with the compassion fatigue that comes with it by intentionally managing the consequences.

Compassion Fatigue is the kind of tired that a good night's sleep won't fix.



Burnout is most often about the system or organization we work for. It's the sense that our environment doesn't support what we do. We stop trying, and we do our jobs in a perfunctory manner... we do it as a routine duty with little interest or care. We don't have a sense of control over how we function or what we do or are asked to do tasks that conflict with our sense of self. Burnout is often associated with a lack of support from management. The primary difference between Compassion Fatigue and Burnout is that Compassion Fatigue is about us managing our stress and pressures, and Burnout is about the system we are in. The management activities are different for each.

Now imagine this, the disaster hits our community, and those professional, non-professional helpers and community members come together as a coordinated and knowledgeable group to work together to mitigate the impact of that disaster. Will some in our community be traumatized? Yes, they will. Will some of our responders experience compassion fatigue as a result of the work they do? Yes, they will. Can our community be resilient and bounce back, maybe even in a better form? **YES!** Especially if we all connect and learn from each other now and coordinate when that disaster hits.

About Dr. Mary Schoenfeldt



Dr. Mary Schoenfeldt is an Emergency Management Professional with a specialty in community and school crisis as her career focuses on Emergency/Disaster Planning and Response with an emphasis on Disaster Psychology and Disaster Mental Health. She is a part-time faculty member for the HSEM degree program at Pierce College and also a faculty member for FEMA's Emergency Management Institute in the National Emergency Manager Advanced Academy. Dr. Schoenfeldt also volunteers as the Board President for Green Cross Academy of Traumatology (a non-profit organization that provides training and humanitarian services during disasters, emphasizing on Disaster Stress Management and Compassion Fatigue). In her career, Dr. Schoenfeldt has worked with systems and communities from all around the world to plan and prepare for disasters. She has personally responded to disasters from the Columbine High School shooting, to Hurricane Harvey, to the Mudslide in Oso. Her books and articles that she has written have helped to provide guidance to numerous field practitioners.

MENTAL HEALTH RESOURCES

[2-1-1 Washington](#)

[Centers for Disease Control and Prevention](#)

[Mental Health America](#)

[Mental Health Resources in Washington](#)

[Washington State Department of Health](#)

Suicide Prevention Hotline: 1-800-273-8255

SAMHSA's Disaster Distress Helpline:
1-800-985-5990 (Toll Free - English and Español)
SMS: Text TalkWithUs to 66746

[National Child Traumatic Stress Network](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) resources](#)

[Green Cross Academy of Traumatology](#)

- **Training Courses:** <https://greencross.org/training-ce/>
- **Memberships:** <https://greencross.org/membership/>



STORYTIME: THE EQUAL RIGHTS AMENDMENT AND ME

By Jim Mullen

From 1973-75 I was an ombudsman in Jacksonville, Illinois, an exempt employee of a self-proclaimed “reform” Governor, Dan Walker.

Though my “day job” was to advocate for citizens wrongly deprived of government services to which they were entitled, my “exempt” status meant the intrusion of state politics “after hours” was inescapable.

The formal amendment of the US Constitution to include the Equal Rights Amendment (ERA) required ratification in 2/3rds of the 50 states. In 1974-75, the supporters of the ERA needed only a handful of states to amend the Constitution. Were Illinois to ratify the ERA, opposition in remaining states likely would crumble. The ERA, passed in the Illinois state House, needed “only” to pass the state Senate in the 1975 legislative session. The ERA’s fate depended upon the political composition of the state Senate in 1975.

Walker’s organization, politically invested in supporting ratification, found a candidate to compete against a sitting state senator in the legislative district in which I lived and worked.

The legislative district adjoined the residence of the national ERA opposition leader, Phyllis Schlafly. The incumbent opposed the ERA, ensuring Schlafly’s considerable support. The senate seat had been held by his family for years – with few serious challenges ever mounted.

The Governor’s candidate committed to support the ERA if elected. The Governor’s operatives made that State Senate election a significant priority. In a separate encounter in my “day job,” the incumbent had revealed an affinity for the methods of the Ku Klux Klan, so working to defeat him required no adjustment to my moral compass!

Walker’s team noticed that “their guy” had begun equivocating in his support for ERA and wanted to know why. Though predisposed to deal with such “wavering” with raw political force, they feared that might provide “their guy” an excuse to break his commitment publicly, upending their statewide strategy. And then, what if he won anyway?

One summer evening in 1974, our

candidate invited me to dinner at one of the nice restaurants (*there were only two*) in Jacksonville to discuss his “second thoughts” about the ERA. As the Governor’s representative in that legislative district, I had to accept.

He said his problem was the insistence by the teachers at his daughter’s parochial school that the ERA was immoral and against God’s plan. Understandably protective of their daughter, his politically astute wife also worried about getting too close to a Governor whose own political career was tenuous (*time proved her correct*). Hence, his dilemma.

Why discuss this with me? He said we were of the same religion (*clearly, he had done some homework*). He wanted to know how to respond to the “religious” argument. I suggested the “render unto Caesar...” Gospel reference, but it was not persuasive. So, I mentioned the rights of workers – all workers - cited in Pope Leo XIII’s encyclical at the turn of the century. He asked me to frame that concept in terms that the electorate (*or perhaps just him!*) might understand.

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I replied that without equal protection in the workplace, our young daughters, about the same age, could find themselves in a work environment where no matter how smart they were, no matter how hard they worked, no matter how good a person they became or how much education they achieved, might never have earning power that approached 70% of what a less or equally talented male would make. She would have little recourse if she complained or objected - she could get fired or blackballed for having an "attitude." That scenario visibly shook him: convinced by that argument, he said the Governor could count on him!

I reported his renewed commitment to the Walker team; he won his Senate seat narrowly. A side note: he not only carried the fight for the ERA even through its eventual defeat in a wild parliamentary battle the following June, but he remained an advocate for women's rights for the

remainder of his career because politicians - back then - kept their word, once given.

The ERA failed in Illinois (*until recently!*) because of political miscalculation. In the 1975 session, ERA had the votes in the State Senate, but its national advocates insisted on postponing a Friday's scheduled vote until the following Monday when national co-chairs could hold a celebratory press conference. Mayor Daley invited Chicago-area legislators that supported the ERA to Sunday brunch, making a point of telling them how he would "miss them" in the legislature - they folded. The lesson - when you have the votes, **VOTE!**

During that exchange with the future state senator, I utilized moral, ethical, and, finally, in desperation, very personal arguments. Though previously oblivious to the stakes in that debate, that conversation influenced my own actions in the

workplace for the remainder of my career.

That 1970's "equal rights" battle continues on many fronts. But this story illustrates that lofty moral and ethical arguments are often best expressed in more personal terms. The potential political repercussions receded when "our guy" pondered ERA's potential long-range impact on his little girl's future. Perhaps that approach could work with some of 2022's contentious issues?

The Equal Rights Amendment (ERA) to the US Constitution is still not ratified, although Illinois recently, belatedly, has approved it..