

DROP-IT

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

Providing care for disaster and trauma survivors can have a powerful and lasting impact upon 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 home and normal environments and 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 their role and duties in the deployment.
- R** Recall significant experiences, images 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 questions which have been given 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 should avoid a clinical feel to the interview.

D **Describe their role in the deployment.**

This introductory component is non-threatening and cognitive-based point of entry into the DROP-IT Model. People generally like to tell their story and this provides an opportunity for them to process their role and the accompanying details of their assignment. 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, thoughts and feelings.**

This component encourages a balance of both cognitive and affective processes to facilitate the integration of thoughts, feelings, and images which may have not been acknowledged during active deployment. This component facilitates confirmation of the reality of the experience as the person gives voice to their experience and is acknowledged by the caregiver.

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 facilitate self-assessment of how they are doing at that point-in-time.

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 them. Summarizing key points to create awareness which may be helpful in building personal hardiness and resiliency.

I **Identify difficult and positive elements of the deployment.**

This component helps the person to 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 their need for post-deployment follow-up care and identify a plan for reintegration. Helping the person identify self-care activities and support systems are 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 may be helpful.

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 post-deployment residual carryover of post deployment issues.