Delivering Disaster Behavioral Health Care: Addressing the Functional Needs of Survivors in Shelters and Other Acute Response Settings

Satellite Conference and Live Webcast
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Produced by the Alabama Department of Public Health
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Faculty

Linda Ligenza, LCSW
Clinical Services Director
National Council for Behavioral Health
Washington, DC

Anthony Speier, PhD
Assistant Secretary (Retired)
Department of Health and Hospitals
Louisiana Office of Behavioral Health

Conference Objectives

- **Identify vulnerable and at - risk population groups that access general and mass care shelters during a disaster**
- **Describe crisis intervention / crisis response strategies for working with high risk populations during a disaster**

Conference Objectives

- **Discuss community resources and referral linkages to assist people with functional needs during post disaster events**
- **Identify three strategies that responders can use to be personally and professionally prepared for crisis events**

Course Outline

- **Part I: The Context for Care --- Definitions, Preparation and Response Operations**
- **Part II: Key Concepts of Disasters --- Phases, Risk Factors, Impact and Typical Reactions**
- **Part III: At-Risk Populations --- Vulnerable Pops and Reactions**

Course Outline

- **Part IV: Response Efforts and Disaster Resources --- Resilience Building, Psychological First Aid (PFA), Crisis Counseling, Trauma - Informed Care, Mental Health First Aid and Resources**
- **Part V: Staff Preparation and Self - care --- Recognizing and Managing Stress**

Part I

The Context for Care: Definitions, Preparation and Response Operations

Definitions of a Disaster

- A disaster is a natural or human-caused occurrence that causes human suffering

  (e.g., hurricane, tornado, flood, tsunami, earthquake, explosion, hazardous materials accident, mass criminal victimization incident, war, transportation accident, fire, terrorist attack, famine, epidemic)

Definitions of a Disaster

- A disaster creates a collective need that overwhelms local resources and requires additional assistance
- A disaster is any natural catastrophe or, regardless of cause, any fire, flood, or explosion in any part of the United States that in the determination of the President causes sufficient severity and . . .

Definitions of a Disaster

- . . . magnitude to warrant major disaster assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (Stafford Act)
  - May lead to a Federal Disaster Declaration

Prevalence of Disaster Incidents

- Week of October 14 - October 20, 2013
- Natural Disasters
  - 2013 - 0395 Earthquake; Bohol, Philippines*
  - 2013 - 0396 Typhoon Wipha; Tokyo region, Japan
  - 2013 - 0399 Polio outbreak; Ethiopia and South Sudan 2013-0402 Wild fires; New Wales Sydney states, Australia

Prevalence of Disaster Incidents

  - 2013 - 0435 Floods; North and West Sumatra , Indonesia
- Technological Disasters
  - 2013 - 0394 Plane crash; Sierra de la Giganta, Mexico 2013-0397 Plane crash; Champasak region, Laos
  - 2013 - 0423 Road accident; near Zinder, Niger
  - 2013 - 0426 Plane accident; near Temploux, Belgium

- Ref: WHO Centre for Research on the Epidemiology of Disasters 2013 (CRED)

Economic Impact of Disasters

- Over the last decade, China, the United States, the Philippines, India and Indonesia constitute together the top 5 countries that are most frequently hit by natural disasters
- Hurricane Sandy was the most expensive US natural disaster in 2012 with estimated economic damages of $50 billion

Economic Impact of Disasters

- The drought which affected the Mid-West and South - Western regions of the US during the second half of the year ($20 billion)
- Tornadoes in March in the US ($5 billion)
  - (CRED Annual Disaster Statistical Review 2012)

Psychological Impact of Disasters

- Coping with loss and grief
- Strong emotional reactions
- Possible exacerbation of pre - existing psychological and physical conditions
- Difficulty making decisions
- People can and do recover

Planning for Disaster Incidents

Phases of a Disaster and Typical Response Activities

- Pre / Post Disaster: planning efforts
- Impact - evacuation
- Immediate Response: re - location, sheltering, community outreach, Family Assistance Centers
- Intermediate Response: Disaster Recovery Centers, individual and community resilience building

Phases of a Disaster and Typical Response Activities

- Recovery: Community resilience, treatment services

Pre - Incident Planning

- Local, regional and state all-hazard behavioral health preparedness plans
- Partnerships
- Staff training
- Employee call trees and work assignments
- Job functions and initial assignment protocols pre - specified

Pre - Incident Planning

- Establish and maintain DMH volunteer cadre
- Practice drills
  - Evacuations, sheltering, etc
- Communication networks / Media shelf kits (PSAs)

Typical Planners

- Emergency Management and Public Health Agencies
- State and local mental health authorities
- First responders
- Behavioral health provider community

Typical Planners

- American Red Cross and other VOAD's
- Peer and family groups
- Consumers and caregivers

Role of the Behavioral Health Community in Planning

- Be involved in state / local level planning, drills, exercises
- Educate and train internal and external responders
- Partner with federal, state, local and community / professional organizations

Role of the Behavioral Health Community in Planning

- Develop several levels of planning to maintain continuity of operations
- Assist people with behavioral health needs to develop personal disaster plans

Personal Planning Realities

- People will not plan their personal evacuation before the threat of a storm
- Making a family / personal evacuation plan is not easily accomplished
- People are worn out by the incident
- People need structure and leadership in order to facilitate recovery
- People also need to plan for pets

Emergency Planning for Pets

- Rescue alert stickers for your home
- Arrange a safe heaven
- Emergency supplies and traveling kits
  - 3 - 7 days of food and water
  - Medical records
  - Leashes and food / water dish
  - Photos and traveling crate
  - Collar and ID tag
- http://www.aspca.org/pet-care/disaster-preparedness

Assessment of Disaster Impact

- Pre - incident warning
- Duration
- Intensity of the incident
- Displacement
- Resource loss - infrastructure damage
- Loss of human capital

Assessment of Needs and Resources

- Viability of existing infrastructure
- Continuity of operations
- Ability to deliver disaster mental health services
- Match recovery needs with resources
- Sustainability of new services

Evacuation and Sheltering Operations

Mass Care Services

- Mass care services are typically the first assistance provided following a disaster
- These services are intended to minimize the immediate, disaster-caused suffering of people through the provision of food, clothing, shelters and supplies

Mass Care Services

- Services
  - Individual or congregate temporary shelters
  - Fixed or mobile feeding operations
  - Distribution of emergency supplies
  - Family reunification
  - Health and / or emotional and spiritual care services
  - Information on recovery assistance

Mass Care Services

- Needs
  - Physical
  - Emotional
  - Informational

Emergency Shelter Programs

- The Americans with Disabilities Act (ADA):
  - Regardless of who operates the shelter, all are entitled to the same resources; safety, comfort, food, medical care, support of family and friends

General Population Shelters

- American Red Cross, Faith - based organizations set-up shelters
- Safe haven for those who must evacuate their homes, the homeless and those in congregate care situations
- Provides basic needs such as food, water, medical first aid, and in most cases psychological first aid

Functional Needs Support Services

- Functional Needs Support Services (FNSS) are services that enable individuals to maintain their independence in a general population shelter

Functional Needs Support Services

- Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and / or intellectual disabilities affecting their ability to function independently without assistance

Functional Needs Support Services

- Others that may benefit from FNSS include women in late stages of pregnancy, elders, and people needing bariatric equipment

Functional Needs Support Services

- Include:
  - Reasonable modification to policies, practices, and procedures
  - Durable Medical Equipment (DME)
  - Consumable Medical Supplies (CMS)
  - Personal Assistance Services (PAS)
  - Other goods and services as needed
- (FEMA: Guidance on Planning for Integration of Functional Need Support Services in General Population Shelters, 2010)

Medical Special Needs Shelter (MSNS)

- Medical Special Needs Shelters are congregate facilities that provide safe refuge to individuals who have medical needs that they cannot manage themselves (require assistance) and who do not have anywhere to evacuate

Medical Special Needs Shelter (MSNS)

- These individuals should have a caregiver with them at the MSNS
- Shelters are temporary living arrangements that provide medical monitoring and limited medical care only until the emergency is over

Source: Medical Special Needs Shelter Annex, State of Louisiana OPH Emergency Operations Plan.September 2013

Common State Roles and Responsibilities in MSNS

- Determine when and where MSNS will be opened
- Incident Commander (IC) to operate in a unified command with the DCFS shelter manager
- Oversee medical operations in the shelter

Common State Roles and Responsibilities in MSNS

- Provide medical supplies and equipment
- Oversee the shelteree discharge process
- Provide ambulance transport for the MSNS
- Determine the de-activation of MSNS operations

Source: Medical Special Needs Shelter Annex, State of Louisiana September 2013

Response Operations and Coordination of Medical Care

- Louisiana Department of Health and Hospitals (DHH) is responsible for coordinating medical care to shelterees and evacuees in times of natural or man - made disasters or emergency situations, pre - event, during the event, and post - event, including repatriation at the following locations:

Response Operations and Coordination of Medical Care

- Medical Special Needs Shelters (MSNS)
- Emergency Operations Centers
- Medical Evacuation
- Transportation Triage
- Receiving, Staging and Storing
- Point of Dispensing sites
- Search and Rescue Base of Operations

Response Operations and Coordination of Medical Care

- Temporary Medical Operations Staging Area
- Fatality Management

Source: Medical Special Needs Shelter Annex, State of Louisiana OPH Emergency Operations Plan. September 2013

Basic Services for Individuals and Communities

- Crisis response
- Stress management
- Outreach and accessibility to needed resources
- Interventions consistent with trauma exposure and phase of disaster (response / recovery)

Disaster Behavioral Health

- Disaster behavioral health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders (USDHHS)

Role of Behavioral Health Providers

- Caring for:
  - People with pre-existing mental health or addictions issues
  - Others who exhibit more serious reactions
  - First responders
  - Their own staff

Common Behavioral Health Responsibilities

- Triage and assessment
- Crisis intervention
- On - going behavioral health services
- Note:
  - At minimum, a licensed mental health professional shall be on each shift to the medical special needs shelter as part of the behavioral health team

Common Behavioral Health Responsibilities

- Additionally, access to 24 hour on - call psychiatrist consultation during shelter operation
- Consultation for Methadone treatment and access to developmental disabilities services shall also be available 24 hours during shelter operations

Common Behavioral Health Responsibilities

- Provides site specific behavioral health interventions
- Help shelterees transition to MSNS environment
- Provides psychological first aid and administers brief crisis interventions strategies for shelterees and MSNS staff

Common Behavioral Health Responsibilities

- Observes shelterees for signs of agitation, confusion, depression;
- Makes generalized assessment of psychological or addiction needs
- Assists MSNS medical staff with management of psychiatric or addiction medications (where applicable) to help mitigate risk for threatening behaviors

Common Behavioral Health Responsibilities

- Provides direction and support for shelterees needing access to developmental disability services

Source: Medical Special Needs Shelter Annex, State of Louisiana September 2013

Common Behavioral Health Responsibilities

- Assists staff in promoting diversions and activities to reduce stress
- Assists with medical discharge planning and referrals for treatment follow - up
- Conducts debriefing with relief staff prior to the start of next shift

Common Behavioral Health Responsibilities

- Assists with disruptive behavior exhibited by shelteree using de-escalation techniques to bring calm
- Provides just in time orientation and training of shelter staff and volunteers regarding basic communication strategies with shelterees utilizing psychological first aid techniques

Shelter Staff Preparation

- Training to recognize SMI and skills to be supportive and responsive to disruptive behavior
- Develop mechanisms to screen for suicidal ideation, problem drinking, drug abuse and violence
- Recognize limitations and need to rely on others (BH providers)

Shelter Staff Preparation

- Use creative methods to communicate
- Yale Center for Public Health Preparedness

Needs of Shelter Staff

- Reassurance and relief while deployed
- Structure
- Buddy system
- To value and respect each other
- To be recognized for their efforts
- Shift change debriefings and on-site stress managers

Needs of Shelter Staff

- To know who is in charge and hierarchy
- To have proper training

Needs of Evacuees in Shelters: Promoting Resilience

- Psychological first aid is needed by everyone
- Basic needs must be assessed and addressed
- Interventions and support are integrated into a strengths – based model

Needs of Evacuees in Shelters: Promoting Resilience

- Pre - planned protocols established for managing behavioral health issues
- Sufficient staffing needed to recognize and respond to behavioral problems
- Five Key Elements of building resilience (Hobfall)
- Identifying strengths – least restrictive environment

American Red Cross (ARC)

- Elements of the Disaster Mental Health Response:
  - The elements of the disaster mental health response form a continuum of services from individual psychological triage and mental health surveillance to targeted interventions appropriate to clients and workers in the disaster setting

American Red Cross (ARC)

  - In practice, these elements are fluid. In a single encounter, you might practice several elements at the same time or move from one element to another without intermediate steps
- Three elements are:
  - Identification of Mental Health Needs
  - Promotion of Resilience and Coping
  - Targeted Interventions

ARC Elements

- Identification of mental health needs
  - When providing Disaster Mental Health services, it is necessary to identify and prioritize those in need of services by conducting individual psychological triage and mental health surveillance of community need

ARC Elements

- Promotion of resilience and coping
  - As the second element in the continuum of disaster mental health services involves assisting clients and other Red Cross workers to cope effectively with the stress related to the disaster using clinical skills, basic PFA actions and EPFA

ARC Elements

  - Other interventions aimed at promoting resilience and coping include psychoeducation, community level support and community resilience

ARC Elements

- Targeted Interventions
  - Targeted interventions include:
    - Secondary assessments
    - Referrals
    - Crisis intervention
    - Casualty support and advocacy

ARC: Crisis Intervention Model

- Initiate support to individual
- Evaluate psychological state
- Provide a calming presence
- Be active, directive and focused
- Address feelings and emotions
- Identify problem
- Provide encouragement

ARC: Crisis Intervention Model

- Explore coping strategies
- Identify possible solutions and resources
- Develop tasks
- Set an action plan
- Follow-up
- Make referrals

Adapted from Disaster Mental Health Handbook. American National Red Cross (2012)

ARC: At-Risk Shelter Populations

- At - Risk groups
  - Children
  - Frail elderly
  - Persons with psychiatric disorders
  - Persons with substance – related disorders
  - People with disabilities

ARC: At-Risk Shelter Populations

- Cultural Identity
  - Ethnicity and nationality
  - Spirituality and religion
  - Gender and age
  - Family roles
  - Sexual orientation

ARC: At-Risk Shelter Populations

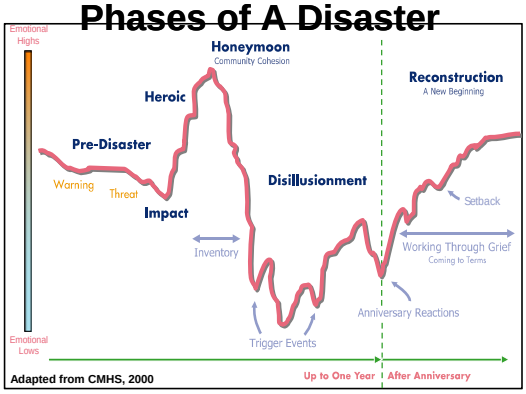
- Cultural Identity
  - Occupation, education, socio - economic status
  - Other group affiliations

Adapted from Disaster Mental Health Handbook. American National Red Cross (2012)

Part II:

Key Concepts of Disasters: Phases, Risk Factors, Impact and Reactions

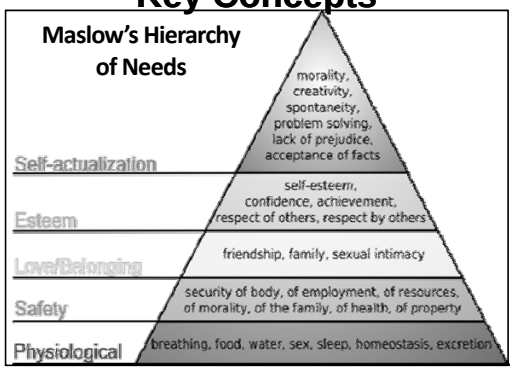
Phases of A Disaster



Key Concepts

- Everyone who experiences a disaster is affected by it in some way
- People pull together during and after a disaster
- Stress and grief are common reactions to uncommon situations
- People's natural resilience will support individual and collective recovery

Key Concepts



High-Risk Events

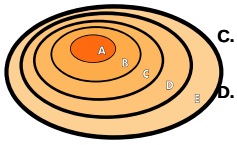
- Evacuation
- Ending search and rescue
- Death notification
- Return to impacted area
- Funerals and memorials
- Reopening of public facilities
- Anniversary and trigger events

Risk Factors

- Vulnerability factors:
  - Poverty
  - Unemployment
  - Race
  - Gender
  - Age
  - Homeless
  - Ethnicity
  - Previous trauma

Risk Factors

Population Exposure Model



Adapted from DeWolfe, 2002

A. Injured survivors; bereaved family members
B. Survivors with high exposure to disaster trauma or evacuated from disaster zones
C. Bereaved extended family and friends; first responders
D. People who lost homes, jobs, and possessions; people with preexisting trauma and dysfunction; at-risk groups; other disaster responders
E. Affected people from the larger community

People Most At-Risk

- Type / exposure / proximity to traumatic event
- Actual or threatened death or serious injury
- Threat to physical integrity of self or others
- Injured or family of injured / dead
- Rescue or recovery workers

People Most At Risk

- Multiple losses and re - traumatization
- Low socioeconomic, minority status
- Few or no supports
- Pre - existing behavioral health, trauma, physical challenges

Disaster Impact

- Typical outcomes of disaster:
  - Some will have severe reactions
  - Few will develop diagnosable conditions
  - Most do not seek help or treatment
  - Survivors often reject help
  - Most will be resilient but may need assistance

Typical Stress Reactions

- Shock, confusion, anxiety, fearfulness
- Sleep difficulties and upsetting dreams
- Difficulty concentrating
- Relapse of pre-existing mental illness or addiction which may require re-connection or connection to treatment
- Emergence of a new disorder such as depression, anxiety, PTSD requiring treatment

Typical Reactions

- Two reaction types
  - Individual
    - May cause stress and grief
    - May cause fatigue, irritability, hopelessness, and relationship conflicts

Typical Reactions

- Collective / Community
  - May damage community support
  - May affect individual coping

Individual Reactions

- Types of individual reactions
  - Physical
  - Emotional
  - Cognitive
  - Behavioral
  - Spiritual

Individual Reactions

- Physical reactions
  - Gastrointestinal problems
  - Headaches, aches, and pains
  - Weight change
  - Sweating or chills
  - Tremors or muscle twitching
  - Clumsiness, increased accidents

Individual Reactions

- More easily startled
- Chronic fatigue or sleep disturbances
- Immune system disorders
- Sexual dysfunction
  - Positive responses can include enhanced alertness

Individual Reactions

- Emotional reactions
  - Heroic, euphoric, or invulnerable feeling
  - Denial
  - Anxiety or fear
  - Depression
  - Guilt

Individual Reactions

- Apathy
- Grief
  - Positive responses can include feeling challenged, involved, and pressured to act

Individual Reactions

- Cognitive reactions
  - Disorientation and confusion
  - Poor concentration
  - Difficulty setting priorities or making decisions
  - Loss of objectivity
  - Recurring dreams, nightmares, or flashbacks

Individual Reactions

- Preoccupation with disaster
  - Positive responses can include group identification and sharpened perception

Individual Reactions

- Behavioral reactions
  - Change in activity level
  - Alcohol and drug use or abuse
  - Increased use of over-the-counter medications
  - Difficulty communicating or listening

Individual Reactions

- Irritability, anger, or frequent arguments
- Declining job performance
- Frequent crying
- Difficulty sleeping
- Avoidance of triggering places or activities
  - Positive responses can include unselfish and helping behavior

Individual Reactions

- Spiritual beliefs influence how people make sense of the world:
  - Survivors may seek the comfort that comes from spiritual beliefs
  - Spiritual beliefs will assist some survivors with coping and resilience through finding meaning
  - Survivors may question their beliefs and life structures

Individual Reactions

- Severe reactions may exacerbate the following:
  - Depressive disorders
  - Substance use disorders
  - Social isolation
  - Acute stress disorders
  - Anxiety disorders

Individual Reactions

- Posttraumatic stress disorder (PTSD)
- Dissociative disorders
- Paranoia
- Suicidal behavior

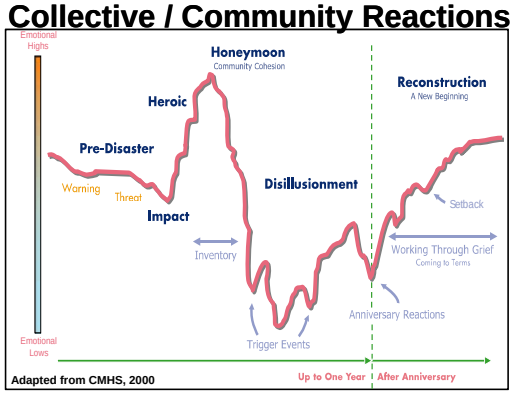
Individual Reactions

- The severity of reactions is affected by the type of, level of exposure to, and casualties associated with the disaster
- Pre - existing trauma may increase the risk of severe reaction
- Pre - existing levels of support will affect the severity of reactions

Individual Reactions

- Staff are instructed to identify and refer for treatment people experiencing severe reactions per specified protocols

Collective / Community Reactions



Collective / Community Reactions

- Typical phases of disaster
  - Pre - disaster phase
    - Disasters with no warning can cause feelings of vulnerability, lack of security, and loss of control; fear of future unpredicted tragedies; and inability to protect one's self and family

Collective / Community Reactions

- Disasters with warning can cause guilt or self-blame for failure to heed warnings
- Impact phase
  - Reactions can range from shock to overt panic
  - Initial confusion and disbelief are followed by a focus on self-preservation and family protection

Collective Reactions

- Typical phases of disaster
  - Heroic phase
    - Many survivors exhibit adrenaline - induced rescue behavior, as well as high activity with low productivity
    - Risk assessment may be impaired
    - There is a sense of altruism

Collective Reactions

- Honeymoon phase
  - Disaster assistance is readily available
  - Community bonding occurs
  - Many are optimistic that everything will quickly return to normal
  - CCP staff can establish program identity, gain access to affected people, and build relationships with stakeholders

Collective Reactions

- Typical phases of disaster
  - Disillusionment phase
    - Stress and fatigue take a toll
    - Optimism turns into discouragement
    - Need for substance abuse services may increase

Collective Reactions

- The larger community returns to business as usual
- Demand for CCP services may increase as individuals and communities become ready to accept support
- Reconstruction phase
  - Individuals and communities begin to assume responsibility for rebuilding their lives

Collective Reactions

- People begin adjusting to new circumstances
- There is a recognition of growth and opportunity

Summary of Survivor Reactions

- Survivors' reactions should not be regarded as pathological responses or precursors of subsequent disorders
- Many people will have transient stress reactions in the aftermath of a disaster and such reactions may occur, occasionally, even years later

Summary of Survivor Reactions

- Rather than traditional diagnosis and clinical treatment, most survivors are likely to need support and resources to recover
- Some survivors may experience great distress and require community and at times, clinical intervention

(Galea et al, 2003)

Part III:

At-Risk Populations - - - Vulnerable Pops and Reactions

At-Risk Populations

- Children and youth
- Parents or caregivers of children
- Older adults
- People with prior trauma history
- People with serious mental illnesses
- People with disabilities

At-Risk Populations

- People with a history of substance abuse
- Low - income groups
- Persons who are homeless
- Public safety workers (PSW's)

At - Risk Populations: Children and Youth

- Developmental factors
  - Less - developed cognitive skills
  - Limited experience coping with adversity
  - Lack of coping skills for managing stress
  - Limited verbal skills

At - Risk Populations: Children and Youth

- Dependence on adults for resources and psychological support

At-Risk Populations: Children and Youth

- Risk factors
  - Separation from family
  - Evacuation and relocation
  - Loss of a family member or a close friend
  - High levels of parental distress
  - Family members at risk (such as first responders)

At - Risk Populations: Children and Youth

- Protective factors of families:
  - Strong relationships among family members
  - Strong relationships to extended family and friends
  - Relationships with pediatric / health care

At - Risk Populations: Children and Youth

- Connection to church and school
- Good health habits

At - Risk Populations: Children and Youth

- Assessing children's needs:
  - Essential / basic needs for food, safety, water clothing and shelter are met
  - Degree of exposure to the event

At - Risk Populations: Children and Youth

- Typical Reactions to Traumatic Stress:
  - Fear for self / parents / others
  - Anxiety
  - Tantrums
  - Sleep and appetite changes
  - Social withdrawal
  - Trust in others

Dowling and Jones(2011) in Disaster Psychiatry: readiness, evaluation, and treatment. F. Stoddard, A. Pandya, and C. Katz (Eds. 2011)

At - Risk Populations: Children and Youth

- Indicators of exposure to trauma
  - Physical complaints
  - Withdrawal
  - Problems with concentration
  - School problems
  - Aggression / Bullying

At - Risk Populations: Children and Youth

- Mood swings
- Posttraumatic Stress Disorder
- Re - experiencing, avoidance / numbing
- Hyper-arousal

At - Risk Populations: Children and Youth

- Parents or caregivers of children
  - Special considerations
    - They often deny help for themselves but accept it for their children
    - They often see disaster stress in their children before seeing it in themselves

At - Risk Populations: Children and Youth

- They sometimes overlook the disaster stress in their children
- They are sometimes unaware of how their own stress affects their children
- Parents and caregivers must be involved when working with children

At - Risk Populations: Children and Youth

- Single parents or caregivers, especially single women, may have special needs

At - Risk Populations: Children and Youth

- Parents or caregivers of children
  - How adults can support children
    - Model calm behaviors
    - Maintain routines
    - Engage in fun activities
    - Limit media exposure

At - Risk Populations: Children and Youth

- Repeat instructions often
- Provide support at bedtime

At - Risk Populations: Children and Youth

- Supporting traumatized parents:
  - Help parents feel less isolated by creating opportunities for them to get together to talk about their concerns
  - Become familiar with outside mental health resources to suggest in the event that a child or his family needs more help

At - Risk Populations: Children and Youth

- Help parents see the power of their relationships with their children and their importance despite the many disruptions

At - Risk Populations: Older Adults

- Risk factors
  - Physical limitations
  - Previous loss
  - Relocation trauma
  - Dependence on medications
  - Disaster - related health risks

At - Risk Populations: Older Adults

- Reluctance to accept support
- Lack of social supports

At - Risk Populations: Older Adults

- Risk factors
  - Living in poverty
  - Social isolation
  - Mobility limitations
  - Awareness of relevant resources

At - Risk Populations: Older Adults

- Basic stock of food, water, and medical supplies
- No emergency preparedness plans
- Inability to access warning signals
- Lack of transportation

Tala M. Al-rousan, Linda M. Rubenstein, and Robert B. Wallace. Preparedness for Natural Disasters Among Older US Adults: A Nationwide Survey. American Journal of Public Health: March 2014, Vol. 104, No. 3, pp. 506-511.

At - Risk Populations: Older Adults

- Impact of psychological and physical stress
  - "In Louisiana during Hurricane Katrina, roughly 71% of the victims were older than 60 and 47% were over the age of 75 . . .

At - Risk Populations: Older Adults

- . . . There is truly a need to plan and accommodate all Americans during emergencies, particularly older Americans."
  - Christopher Hansen, AARP, Group Executive Officer

CDC Healthy Aging Program Health Benefits ABCs

At-Risk Populations: People with Prior Mental Health Diagnosis

- Characteristics (NOT defined by their mental illness):
  - Are resilient, have strengths like everyone else
  - Same reactions and need to express self

At-Risk Populations: People with Prior Mental Health Diagnosis

- Same needs for safety, stability, food, shelter, support
- Capable of heroic behavior during and after event

At-Risk Populations: People with Prior Mental Health Diagnosis

- Characteristics:
  - People who have or are experiencing trauma
  - People who have addictions disorders
  - Children, adults, older adults

At-Risk Populations: People with Prior Mental Health Diagnosis

- People with co-occurring disorders (BH)
- People with co-morbid physical conditions or disabilities
- People experiencing mild to serious and persistent mental illness in and out of system

At-Risk Populations: People with Prior Mental Health Diagnosis

- Risk factors
  - Feelings of increased vulnerability and decreased trust
  - Increased likelihood of re-experiencing the original trauma
  - Increased risk of developing PTSD
  - Increased risk of clinical depression or anxiety

At-Risk Populations: People with Prior Mental Health Diagnosis

- Risk factors
  - Inability to maintain medication regimens and other essential services
  - Tenuous stability prior to disaster
  - Vulnerability to sudden changes in environment and routines

At-Risk Populations: People with Prior Mental Health Diagnosis

  - Trauma or other symptoms that may be triggered or worsened by disaster stimuli

At-Risk Populations: People with Prior Mental Health Diagnosis

- Risk factors
  - Many people with SMI are disconnected from families
  - Dependent upon community based resources for mental health care, medication and monitoring

At-Risk Populations: People with Prior Mental Health Diagnosis

  - Should not experience abrupt withdrawal from medications
  - Dependent on community resources for information about public health concerns such as disasters

At-Risk Populations: People with Prior Mental Health Diagnosis

- General reactions to stress:
  - Shock, confusion or disorientation
  - Inability to recall own name, diagnosis, medications, contact persons
  - Difficulty assimilating and processing new information

At-Risk Populations: People with Prior Mental Health Diagnosis

- Difficulty accessing available resources including disaster related services

At-Risk Populations: People with Prior Mental Health Diagnosis

- Stress reactions during evacuation to safety or to a shelter:
  - Increased agitation and distress
  - Exacerbation of pre - existing symptoms
  - Refusal to leave home despite being unsafe

At-Risk Populations: People with Prior Mental Health Diagnosis

- Inability to be around unfamiliar people
- Difficulty being in crowded environments
- Limited or no access to medications

At-Risk Populations: People with Prior Mental Health Diagnosis

- Needs during evacuation:
  - Can one hear and understand the warnings?
  - Can one quickly exit home, program or workplace?
  - Will one know where to go or what to do?

At-Risk Populations: People with Prior Mental Health Diagnosis

- Is there a need for meds, supplies not likely to be available in shelters?
- Are there areas of the shelter to accommodate people needing quiet, private space?

ARPs: People with Prior Mental Health Dx or Trauma History

- General needs:
  - Physical – need for safe, comfortable, quiet, caring environment
  - Psychological / Emotional – need re-connection to treatment and support services; information about safety of loved ones; connection with family and supports

ARPs: People with Prior Mental Health Dx or Trauma History

- Tangible – need assistance with information and accessing disaster related resources and services

ARPs: People with Prior Mental Health Dx or Trauma History

- Needs in shelters or mass care venues:
  - Detox areas
  - Quiet areas
  - Triage areas
  - Special Needs Shelters
  - Allow for service dogs

ARPs: People with Substance Use Disorders

- Risk factors
  - Substance use increases after a disaster due to new use, increased use, or relapse
  - Increased substance use may create additional demands on treatment systems

ARPs: People with Substance Use Disorders

- Current users are at greatest risk for increased use and abuse
- Stress and PTSD are known risk factors for substance abuse

At - Risk Populations: People with Disabilities

- Risk factors
  - Evacuation can be more difficult
  - Service animals need to be considered
  - Shelters may not be wheelchair accessible

At - Risk Populations: People with Disabilities

- Access to medication or therapy may be disrupted
- Educational materials may not be available in accessible formats

At - Risk Populations: Homeless

•Risk factors
- Lack of resources
- High rate of pre-existing trauma
- May exhibit pre-existing signs of mental illness
- Difficulty being around people and in crowded area
- Disconnected from support systems
- Difficult to locate
- Possibility of more time in shelters
  - ❖ Opportunity to get into permanent housing

At - Risk Populations: Public Safety Workers (PSWs)

- PSW characteristics
  - May have same disaster reactions as the general population
  - May be survivors of the disaster and may have experienced associated trauma
  - Distinct from the general population and value group identity

At - Risk Populations: Public Safety Workers (PSWs)

- Risk factors
  - Exposure to the disaster event
  - Threat of injury or harm
  - Separation from family
  - View of selves as helpers, not persons who need help
  - Demanding work schedule

At - Risk Populations: Public Safety Workers (PSWs)

- Causes of stress reactions:
  - Life threatening danger
  - Exposure to bodily injury or dead bodies
  - Extreme fatigue, weather exposure, sleep deprivation
  - Extended exposure to danger, loss or emotional or physical strain

Part IV:

Recovery Principles, Response Efforts and Disaster Resources

Psychological Tasks of Recovery

- Regaining a sense of mastery and control
- Resumption of age-appropriate roles and activities
- Development of new normal routine

Recovery Principles and Practices

- Respect
- Empathy
- Cultural Sensitivity
- Strengths Focused
- Empowerment

Recovery Principles and Practices

- Treat people with dignity and respect
- Be transparent
- Be genuine with people
- Listen to understand
- Be fully present
- Be curious
- Intend to be helpful

Cultural Responsiveness

"The shared values, traditions, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable" (Singh, 1998)

Cultural Responsiveness

- Communication - verbal and non-verbal
- Personal space - close or distanced
- Social organization - beliefs, values, and attitudes
- Time - context and meaning
- Environmental - control / lack of control
- Respect - cultural brokers

Adapted from DHHS Developing Cultural Competence in Disaster Mental Health Programs(2003)

Cultural Responsiveness

- Cultural humility is another way to understand and develop a process - oriented approach to competency. Hook et al (2013)
- Conceptualize cultural humility as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]"

Cultural Responsiveness

- Three factors guide a person toward cultural humility:
  - Lifelong commitment to self - evaluation and self - critique
  - Desire to fix power imbalances where none ought to exist
  - Aspiring to develop partnerships with people and groups who advocate for others

(Tervalon and Murray-Garcia, 1998)

Promoting Resilience

- Many individuals and families will naturally recover after a disaster over time
- Others may need assistance to recover and become resilient:
  - Social support
  - Coping self - efficacy
  - Hope

Promoting Resilience: Social Supports

- Primary key to recovery following trauma including disaster
- Social support increases well - being and limits distress
- Connecting to others allows one to:
  - Find practical help solving problems

Promoting Resilience: Social Supports

- Gain a sense of being understood and accepted
- Share trauma experiences
- Find comfort in knowing that you are "not alone"
- Share ideas and tips about coping

Promoting Resilience: Coping Confidence

- Research has found that coping self-efficacy - "believing that you can do it" is related to better mental health outcomes for disaster survivors
- When a person believes that they can cope with the results of a disaster, they can and do recover

Promoting Resilience: Hope

- Better outcomes are likely if an individual has one or more of the following characteristics:
  - Optimism (ability to maintain hope for the future)
  - Positive expectancy
  - A feeling of confidence that life and self are predictable

Promoting Resilience: Hope

- Belief that it is very likely that that things will work out as well as can reasonably be expected
- Belief that outside sources, such as the government, are acting on your behalf with your welfare at heart
- Belief in God

Promoting Resilience: Hope

- Positive superstitious belief, such as "I'm always lucky"
- Practical resources, including housing, job, money

Promoting Resilience: Tips

- Responders can assist survivors to:
  - Make realistic plans and take steps to carry them out
  - Maintain a positive self-image and confidence in own abilities
  - Utilize effective communication skills

Promoting Resilience: Tips

- Manage emotions, impulses and stress
- Focus on finding solutions
- Make connections
- Maintain a hopeful outlook
- Practice effective self-care
- Look for opportunities for self-discovery and finding meaning

Psychological First Aid (PFA)

- Psychological First Aid is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism . . .
- Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short - and long-term adaptive functioning and coping

PFA: Core Actions

- Contact and engagement - nonintrusive / compassionate
- Safety and comfort – physical / emotional support
- Stabilization – calm overwhelmed survivors
- Information gathering – identify immediate needs

PFA: Core Actions

- Practical assistance – resources to address needs
- Connection with social supports – family / friends
- Information on coping – psychological impact
- Linkage with services – continuity of care

PFA: Stabilizing Survivors

- Assess survivors for injury or shock
- Get injured people to help
- Provide support by:
  - Listening
  - Empathizing
- Help survivors connect with natural support systems

PFA: Empathic Listening

- Put yourself in the speaker's shoes
- Listen for meaning, not just words
- Pay attention to nonverbal communication
- Paraphrase the speaker

PFA: Avoid Saying…

- "I understand"
- "Don't feel bad"
- "You're strong" or "You'll get through this"
- "Don't cry"
- "It's God's will"
- "It could be worse"
- "At least you still have…"
- "Everything will be okay"

PFA: Handling a Crisis

- Identify yourself
- Speak softly, clearly, and calmly
- Be aware of your own voice inflections
- Keep verbal communication simple, brief, and specific
- Avoid prolonged eye contact
- Explain clearly what you are doing and why you are doing it

PFA: Handling a Crisis

- Offer praise
- Avoid over - stimulation
- Persuade but never force
- Be genuine, do not fake it

PFA: Handling a Crisis

- Listen actively – look at the person, attend to what is said, nod or verbally indicate that you have understood them, ask clarifying questions, and check out what you have heard
- Use "I" statements

PFA: Handling a Crisis

- Acknowledge that you heard and understand the person's point of view without the need to evaluate and / or agree with it
- Silence can be helpful
  - Silence allows the person to reflect which may allow them to share more critical information. Silence gives them an opportunity to clarify what they have said

PFA: Handling a Crisis

- Ask open - ended questions when trying to gain information
- Respond to discrepancies in what has been said or to discrepancies between the messages provided verbally and those provide non-verbally. "You say that you are not angry, yet you're yelling and your fists are clenched. Can you help me understand this?"

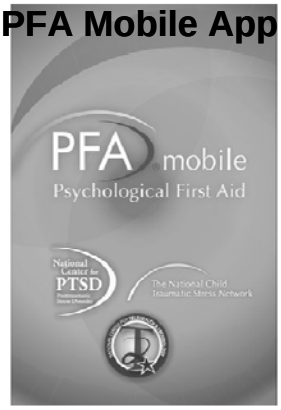
PFA: Handling a Crisis

- Allow for differences of opinion
  - "It's OK if you don't agree . . . but I'm glad we agree on . . . "
- Try the "I have a problem" technique – "I need your help, we don't seem to be hearing each other . . . could you help me with this?"

Summary of PFA: What to Know

- Stay within your expertise
- Complete the NCTSN PFA training either on - line or in a class conducted by certified trainers
- Download the PFA APP for a quick reference guide

PFA Mobile App



Crisis Counseling

- Community based
- Short-term
- Focused on the present or very near future
- Builds on strengths
- Focuses on healthy coping

Crisis Counseling

- Goal:
  - Return to functional level of coping
- Faster pace and less depth than 'traditional' counseling

Crisis Counseling Skills

- Empathic listening strategies:
  - Pay close attention and reduce distractions
  - Demonstrate that you are listening
  - Look at the person
  - Nod affirmatively and say "uh huh"
  - Take notice of your body language and posture

Crisis Counseling Skills

- Restate what the person said to clarify and reaffirm
- Allow silence or crying
- Give constructive feedback and positive encouragement
- May prevent escalation of emotions or behaviors

Trauma Informed Care

Definition of Trauma

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and / or emotional well being
- These experiences may occur at any time for anybody

Definition of Trauma

- They may involve a single traumatic event or may be repeated over many years
- These trauma experiences often overwhelm the persons coping resources and often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run

Definition of Trauma

- The experience of trauma:
  - Is overwhelming
  - Results in intense feelings of fear and lack of control
  - Leaves the person feeling helpless
  - Changes the way a person understands themselves, the world and others

Traumatic Stress

- Actual or potential death
- Serious injury
- Destruction
- Loss of contact with family or close friends

Psychological Symptoms of Trauma

- Irritability or anger
- Self-blame or blaming others
- Isolation and withdrawal
- Fear of recurrence
- Feeling stunned, numb, overwhelmed
- Feeling helpless

Psychological Symptoms of Trauma

- Mood swings
- Sadness, depression, grief
- Denial
- Concentration and memory problems
- Relationship problems / marital discord

Multiple Traumas Increase Risk

- Alcoholism and alcohol abuse, substance use / abuse
- Obesity
- Respiratory difficulties
- Heart disease
- Multiple sexual partners
- Poor relationships with others

Multiple Traumas Increase Risk

- Smoking
- Suicide attempts
- Unintended pregnancies

Trauma - Informed Approach

- Being trauma - informed means:
  - Realizing how trauma affects people
  - Recognizing the signs
  - Responding by changing practices
  - Resisting re - traumatization by addressing trauma and toxic stress in the lives of both staff and people served

-SAMHSA, 2013

Principles of Trauma-Informed Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender considerations -SAMHSA, 2013

Trauma Informed Approach

- Promoting physical and emotional safety – necessary since traumatic experiences often leave people feeling unsafe and distrustful of others
- Practices that help to create a safe emotional environment include:
  - Providing consistent, predictable, and respectful responses to shelterees

Trauma Informed Approach

- Using interventions respectful of and specific to cultural backgrounds
- Maintaining an overall awareness of and respect for basic human rights and freedoms regardless of housing or financial status

SAMHSA TIC TIP

Tip 57: Trauma-Informed Care in Behavioral Health Services

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce. Inventory#: SMA14-4816

View All New Products
Link to Us

Get and use our easy-to-use widgets, APIs, and banners on your website to offer your visitors access to free behavioral health resources.

View Tools and Widgets

SAMHSA

Mental Health First Aid (MHFA)

- MHFA is the help offered to a person developing a mental health problem or experiencing a mental health crisis
- The aim of the course is to demystify the topic of mental illness – increase mental health literacy and decrease stigma

Mental Health First Aid (MHFA)

- Participants learn to recognize the symptoms of mental health problems, how to offer initial help, and how to guide the person to professional help, if appropriate

Mental Health First Aid (MHFA)

- MHFA action plan:
  - Assess for risk of suicide or harm
  - Listen non - judgmentally
  - Give reassurance and information
  - Encourage appropriate professional help
  - Encourage self - help and other support strategies

Local Disaster Resources

- National Voluntary Organizations Active in Disaster (VOAD) is a nonprofit, nonpartisan membership organization that serves as the forum where organizations share knowledge and resources throughout the disaster cycle - preparation, response, recovery and mitigation - to help communities prepare for and recover from disasters

Local Disaster Resources

- The National VOAD coalition includes over 50 of the country's most reputable national organizations (faith - based, community - based and other non - governmental organizations) and 56 State / Territory VOADs, which represent Local / Regional VOADs and hundreds of other member organizations throughout the country
  - Alabama has a state VOAD

National Disaster Resources

- SAMHSA Disaster Technical Assistance Center (DTAC) – website and Disaster Phone App
- SAMHSA Disaster Distress Helpline
- SAMHSA Crisis Counseling Program (CCP)
- FEMA / ACF Disaster Case Management

National Disaster Resources

- HHS Assistant Secretary for Preparedness and Response (ASPR)
- Centers for Disease Control and Prevention (CDC)
- FEMA - Office of Disability Integration and Coordination (ODIC)
- American Red Cross (ARC)
- American Psychological Association (APA)

National Disaster Resources

- National Child Traumatic Stress Network (NCTSN)
- Psychological First Aid (PFA) On-line Course and Phone App
- National Center for Post -Traumatic Stress Disorders (NCPTSD)
- Staff Resilience Phone App

Part V:

Staff Preparation and Self-care - - - Recognizing and Managing Stress

Staff Preparation

- Plan for self and family
- Self-assessment for readiness
- Disaster App
- http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4340160_Hurricane.pdf

Compassion Fatigue

- Work related secondary exposure to extremely stressful events
- Exposure to traumatic events through the experience of those you are helping
- Reactions include fear, difficulty sleeping, recurring upsetting images, avoidance of reminders of the event

Response Team Well-Being

- Actions can be taken before, during, and after an incident to help manage emotional impact of disaster response work
- Knowing possible psychological and physiological symptoms of disaster trauma helps manage impact
- Learn to manage stress

Definition of Stress

- Stress is a response to a challenge or a threat
- Stress is tension, strain, or pressure that requires people to use, adapt, or develop new coping skills
- Stress can be positive or negative
- Perception plays a key role in interpreting stressful situations
- An optimum level can act as a motivational force

Typical Stressors for Crisis Counselors

- Repeatedly hearing survivors' stories
- Approaching survivors who may reject help
- Feeling overwhelmed by the sadness of others
- Feeling helpless to alleviate the pain of others

Typical Stressors for Crisis Counselors

- Working long hours
- Personal experience with the disaster

Exposure to Psychological Trauma for Counselors and Responders

- Your own personal losses
- Working in your neighborhood
- Assisting neighbors, friends, coworkers who have also been injured
- Not feeling safe and secure

Physiological Symptoms of Trauma

- Loss of appetite
- Headaches or chest pain
- Diarrhea, stomach pain, or nausea
- Hyperactivity
- Increase in drug consumption
- Nightmares

Physiological Symptoms of Trauma

- Insomnia
- Fatigue

How To Reduce Stress

- Get enough sleep
- Exercise regularly
- Eat a balanced diet
- Balance work, play, and rest
- Allow yourself to receive as well as give
- Connect with others
- Use spiritual resources

Take Care of Yourself

- Be aware of your own trauma following a disaster
- Do not volunteer to work too many hours
- Explain to family members and friends what you need:
  - Listen when you want to talk
  - Do not force you to talk

How Team Leaders Can Reduce Stress Among Team Members

- Brief personnel before hand – ensure team members are trained and understand their roles and responsibilities
- Remember you are part of a team
- Remind team of self-care and how to get help if needed

How Team Leaders Can Reduce Stress Among Team Members

- Rest and regroup
- Take breaks away
- Eat properly, stay hydrated
- Arrange for debriefings
- Rotate teams and duties
- Phase out workers gradually

Key Messages

- Disaster trauma is about loss and disempowerment
- Healing happens within relationships
- Building resilience begins with the first encounter
- Resilience requires safety, connectedness with others, resources, empowerment and hope

Key Messages

- 'You' are the tool that assists with healing and promoting resilience
- Requires empathy, compassion, active listening, connecting, curiosity

Remember to take care of yourself!

Contact Information

Linda Ligenza, LCSW
Clinical Services Director
National Council for Behavioral Health
Washington, DC
lindal@thenationalcouncil.org

Anthony Speier, PhD
Assistant Secretary (Retired)
Department of Health and Hospitals
Louisiana Office of Behavioral Health
ahspeier@cox.net