

# Disaster Behavioral Health

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# Questions Addressed...

1. What is Disaster Behavioral Health?
2. Who are the main behavioral health responders in a disaster?
3. What emotional, behavioral and spiritual responses can we expect from those effected by the disaster?
4. Who is most at risk?
5. How can you help reduce the impact?

# Goals of Disaster Behavioral Health

- ▶ To prevent maladaptive psychological and behavioral reactions of disaster victims and rescue workers.

and

- ▶ To minimize the counterproductive effects such maladaptive reactions might have on the disaster response and recovery.

# Psychotherapy vs. DBH

## Traditional Psychotherapy:

- ▶ Office/hospital based
- ▶ Focuses on illness or pathology
- ▶ Diagnosis & treatment
- ▶ Impacts personality & functioning

## Disaster Behavioral Health:

- ▶ Action-oriented; based on outreach into homes & community
- ▶ Focuses on strengths & positive coping skills; holds out hope for survivors
- ▶ Assumes healthy individuals

# Psychotherapy vs. DBH

## Traditional Psychotherapy:

- ▶ Looks for insight into past experiences & current problems
- ▶ Probes content
- ▶ Psychotherapy focus

## Disaster Behavioral Health:

- ▶ Restores to pre-disaster functioning
- ▶ Accepts content at face value
- ▶ Psycho-ed focus

# Disaster Behavioral Health Practice

- ▶ Initial Intervention: Psychological First Aid (PFA)
  - More practical than psychological
  - Often practiced on scene by both BH professionals and non-BH professionals
- ▶ Behavioral Health Professionals:
  - Often not trained in Disaster Behavioral Health or Psychological First Aid
  - “Traditional mental health” expertise & treatment modalities needed at later phases of care

# Mental Health Reactions to Disaster

- ▶ True or False?

Most people will suffer long-term adverse mental health issues after being exposed to a disaster.

# Mental Health Reactions to Disaster

- ▶ Resilience, is the most common response in the aftermath of disasters.
- ▶ Resiliency is the capacity to:
  - Bounce back
  - Heal
  - Grow
  - Recover
  - Cope with stresses
- ▶ “Trauma Resistant”

# Mental Health Reactions to Disaster

- ▶ Expected reactions:
  - Difficulty concentrating or sleeping
  - Mild – moderate anxiety/fear
  - Grief/sadness
  - Irritability/anger
  - Nausea & other stress related physical complaints
  - Difficulty making decisions
- ▶ It is the duration & severity of the symptoms that needs to be evaluated.

# Mental Health Reactions to Disaster

- ▶ Substance Use, Abuse and Dependence
  - Maladaptive way to self-medicate, but common
  - Increased use of cigarettes, alcohol and marijuana common for existing “consumers”.
  - Over time, some may progress to substance abuse or dependence. Often coupled with depression.
  - Relapse risk highest for those who were clean 6 months or less (9/11 study of cocaine, crack and heroin users)

The nature, magnitude, timing, frequency, duration, perception and response determines the psychological impact.

Natural



Accidental



Terrorism



# Risk Factors that deter resilience:

- Job loss and economic hardships
- Loss of sense of safety
- Loss of sense of control
- Loss of symbolic or community structure

(examples: terrorism, pandemic flu)

# 8 individual risk factors for developing psychiatric problems post-disaster:

- ▶ Extent of exposure to disaster (death or injury) – #1 factor in development of PTSD
- ▶ Children – highest risk age group (Norris et. al.)
  - Parent's mental health directly impacts kid's mental health.
- ▶ Older Adults – Stress reactions may be compounded because of previous health problems or new health issues caused by the disaster. May also have difficulty seeing, hearing or be more easily confused. May have concerns over potential loss of independence.

# 8 individual risk factors for developing psychiatric problems post-disaster:

- ▶ History of PTSD
- ▶ Have other major life stressors
- ▶ Lack of social support
- ▶ Lack of resources (lower SES)
- ▶ Have chronic medical or psychological disorders
  - Exception – levels of suicidal ideation/plans in those with mental illness = lower after Katrina (0.4% vs. 3.3%) (Kessler et. al. 2006)

# First Responders

“We should not forget that the first suicide after the Oklahoma City bombing was a police officer who had been called a hero.”

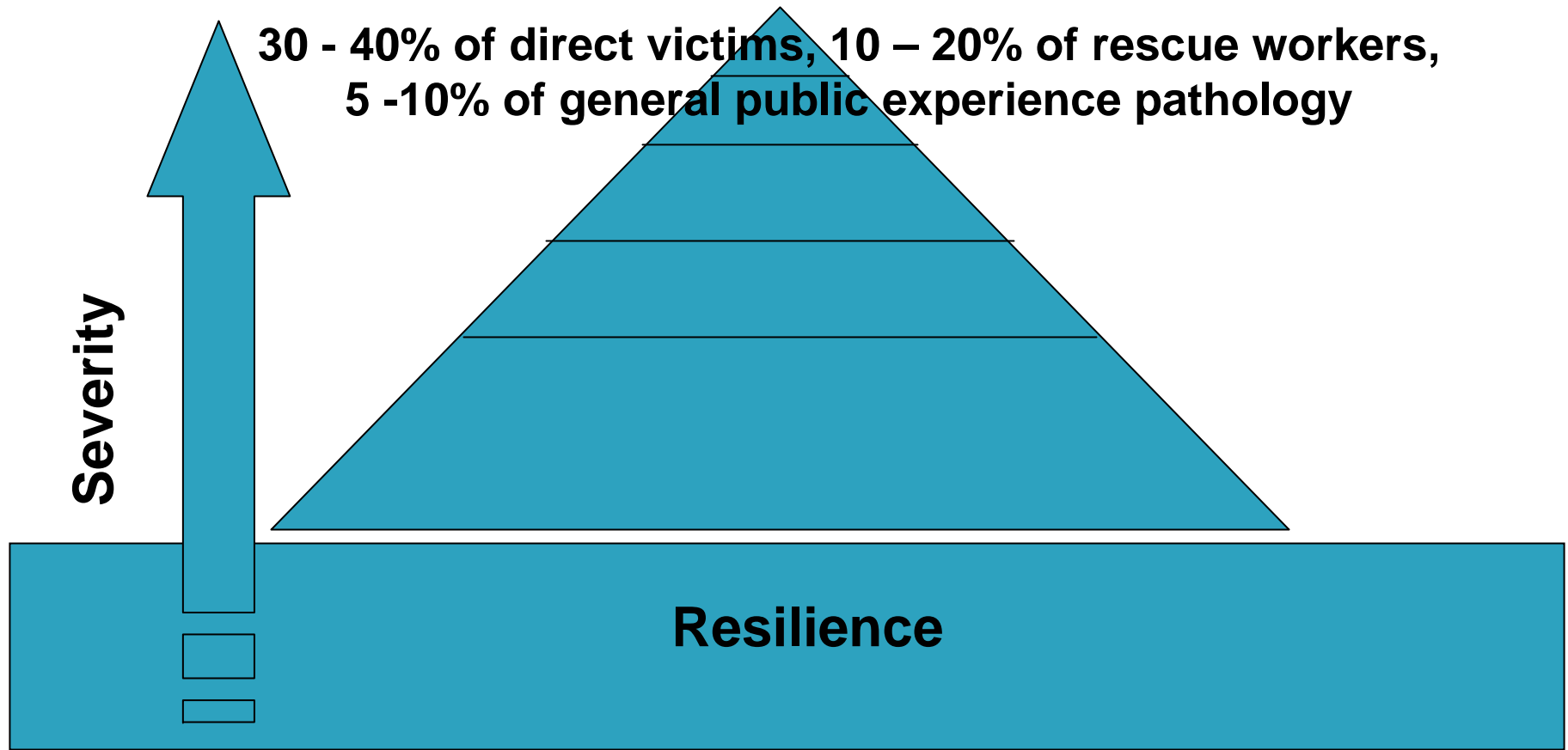
▶ A. Kathryn Power –  
Substance Abuse & Mental Health  
Services Administration (SAMHSA)

# Health consequences of mass trauma



(Galea, 2007)

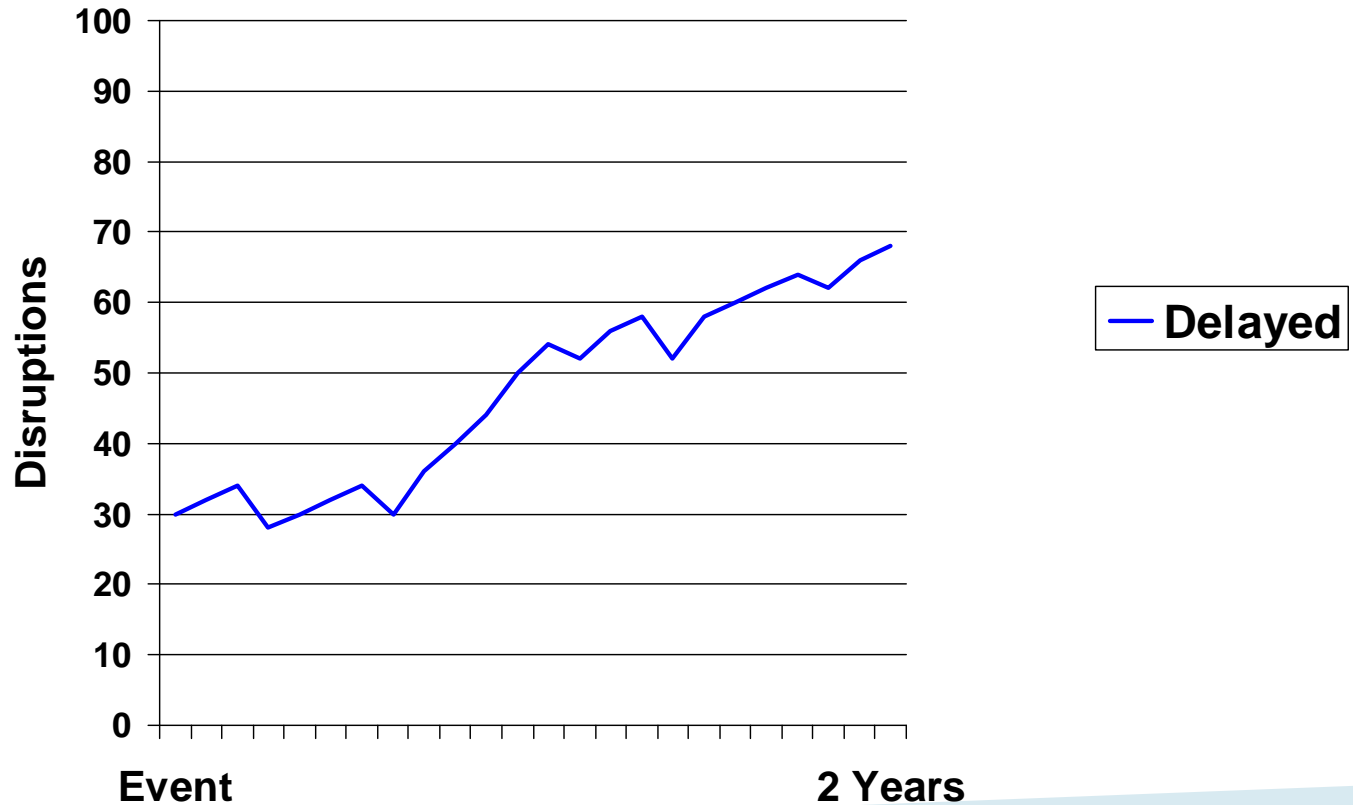
# Health consequences of mass trauma



(Galea, 2007)

# Delayed onset distress – least common reaction

Adapted From Bonanno (2004)



# M.U.P.S: Multiple Unexplained/Unsubstantiated Physical Symptoms



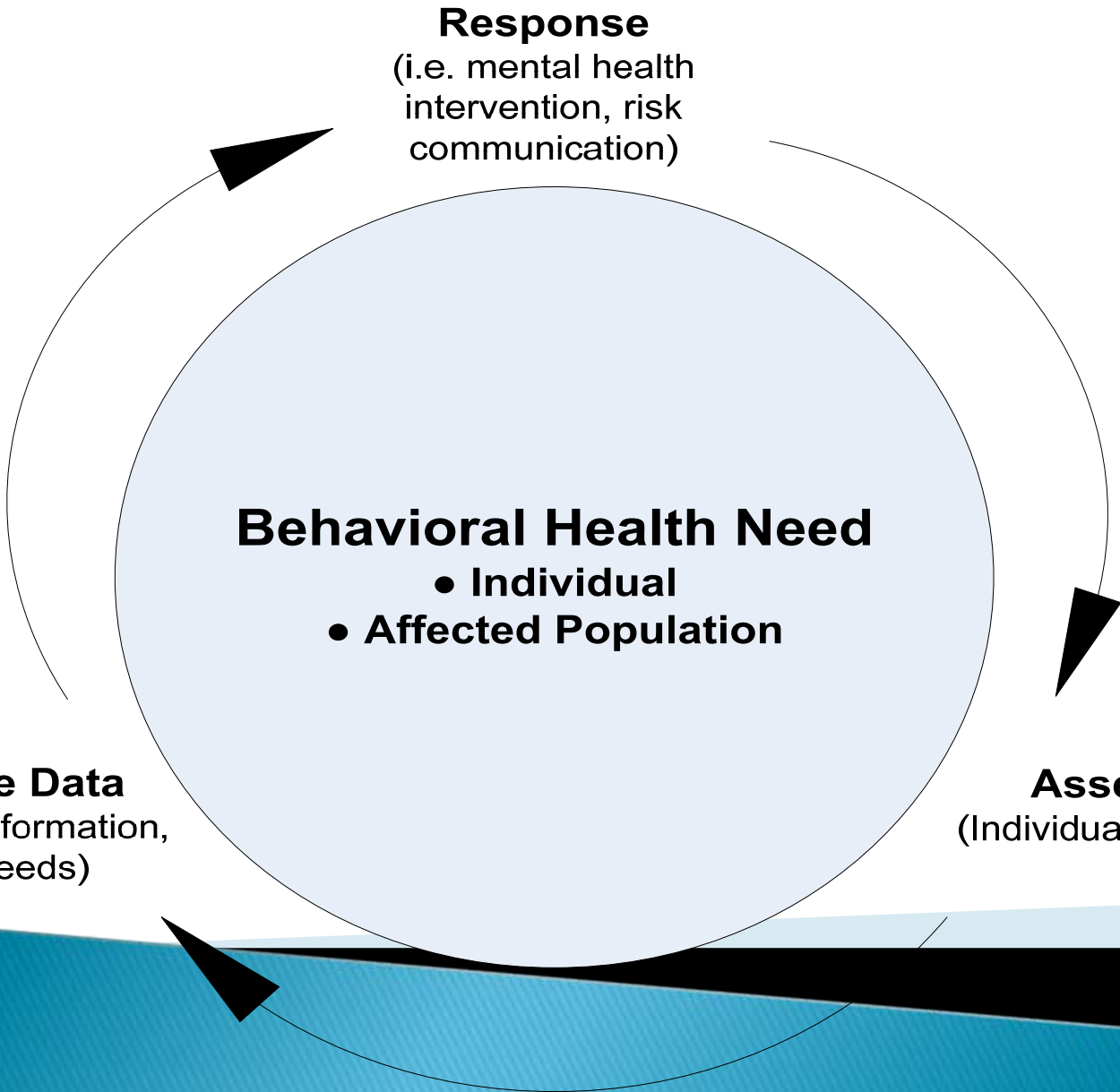
# “Second Disaster” – getting the help

“The process of seeking help from government, voluntary agencies, and insurance companies is fraught with rules, red tape, hassles, delays, and disappointment for survivors of disaster...Mental health staff may assist individuals by reassuring them that this ‘second disaster’ is a common phenomenon, and that they are not alone in their frustration...Support groups, in which survivors can offer each other concrete advice and suggestions about how to deal with bureaucratic problems, can be very helpful.”

–Diane Myers & David F. Wee

# What helps people bounce back?

- ▶ Supportive personal and professional environment (friends, family, workplace),
- ▶ Access to information and counseling (frequent factual updates, MHPs, spiritual support),
- ▶ Optimistic personality, and
- ▶ Personal meaning attributed to the event.



**Response**  
(i.e. mental health  
intervention, risk  
communication)

**Behavioral Health Need**

- Individual
- Affected Population

**Assessment**  
(Individual & population)

**Surveillance Data**  
(i.e. population information,  
situational needs)

Spontaneous MH & Spiritual Volunteers

Public Health Medical Reserve Corps Disaster BH Response Team

Hospital Social Work/Psychiatry Staff

County or City Chaplains

Faith Based Organizations

Eastside Disaster Counseling Network for Kids

Crisis Clinic

211

24-Hour Crisis Line

**Behavioral Health Potential Local Responders**

MHD (RSN) Funded Agencies

RSN Outreach Team

Crisis & Commitment Services

America Red Cross Mental Health Response Team

# Psychological First Aid (PFA)

**“People experiencing disaster related stress may act and behave in unproductive and unhelpful ways. They may be unable to help themselves because they are overwhelmed by their emotions and the devastation caused by the disaster. In most cases, this temporary state can be addressed effectively by Psychological First Aid practices.” – Jack Herrmann**



# Psychological First Aid (PFA)

“...in the first hours after a disaster, at least 25% of the population may be stunned and dazed, apathetic and wandering – especially if impact has been sudden and totally devastating...at this point, psychological first aid is necessary...”

- ▶ Beverly Raphael, When disaster strikes. (1986)

# Intervention goals...

- ▶ Facilitate survivor understanding of current situation and reactions
- ▶ Lessen additional stress
- ▶ Review survivor options
- ▶ Promote coping strategies
- ▶ Provide emotional support
- ▶ Encourage linkages with resources (people, services) in order to return to pre-disaster level of functioning

# Psychological First Aid

“...creates and sustains an environment of:

(1) safety,

(2) calming,

(3) connectedness to others,

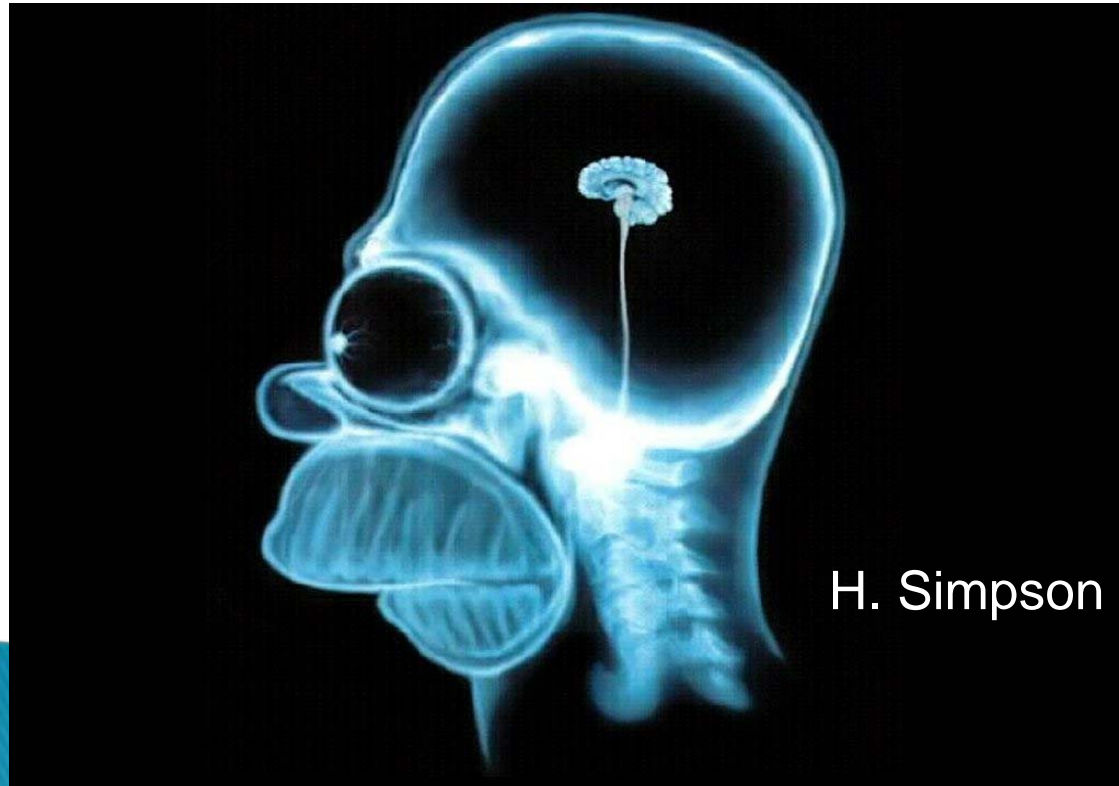
(4) self-efficacy & empowerment, and

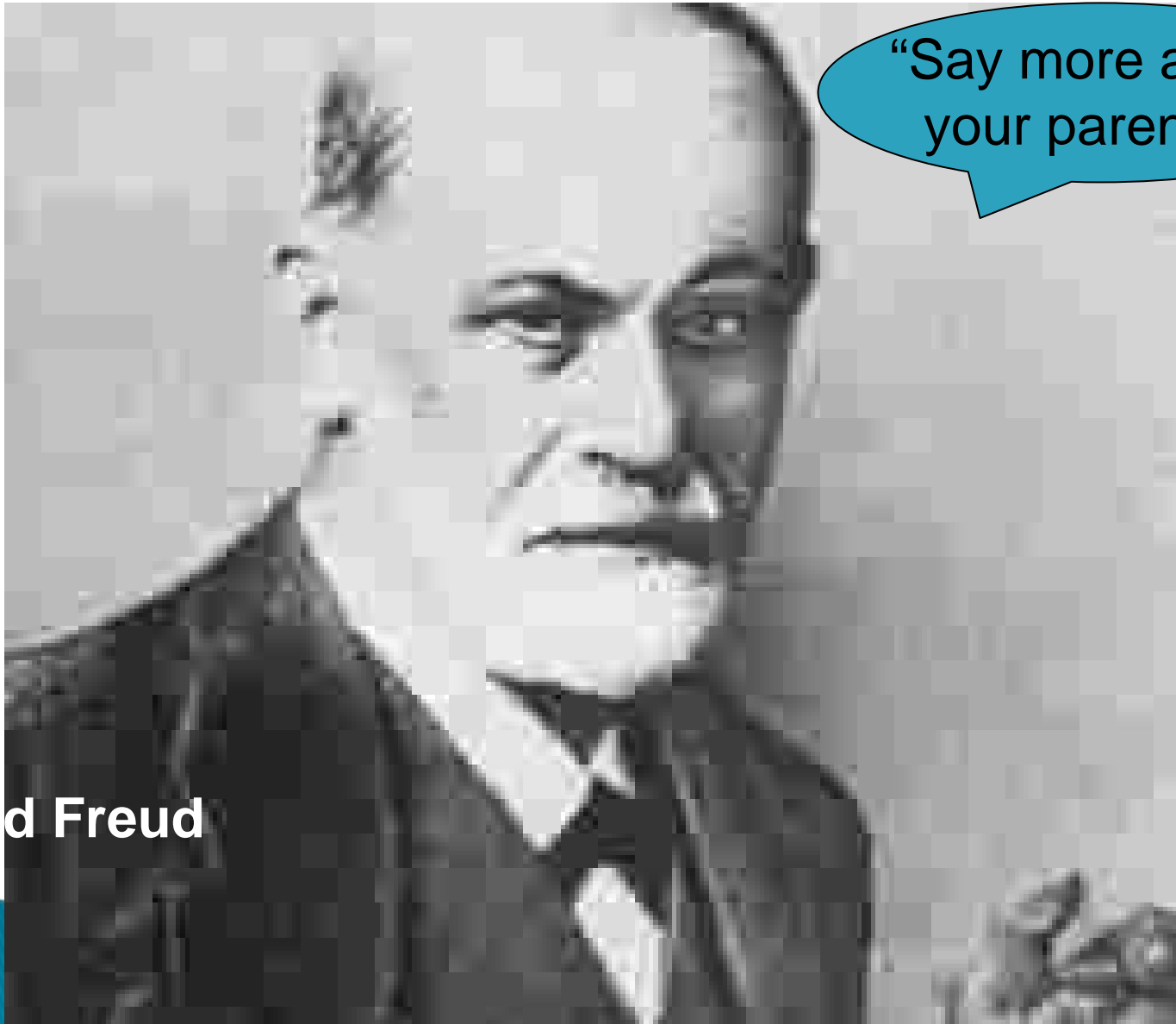
(5) hopefulness.”

- Center for the Study of Traumatic Stress

# Biological reaction to stress

Under extreme stress frontal lobe turns off,  
limbic system turns on.





“Say more about  
your parents.”

**Sigmund Freud**



# Overview of PFA

Same steps EMTs & Paramedics take:

1. Triage
2. Stabilize (keep things from getting worse)
3. Facilitate access to the next level of care, if necessary

# Basic PFA – 5 Steps

1. Connect & establish rapport.
  - Be a supportive and compassionate presence.
  - What color are their eyes?
  - Respect personal space.
  - Ask concrete/open ended questions. (name, date)
2. Assess:
  - Immediate critical needs (provide food, water, medical, comfort and safety first)
  - Functioning

# Basic PFA – 5 Steps

## 3. Address immediate psychological needs.

- Listen to those who want to share their stories & emotions.
- Normalize reactions without minimizing them.

## 4. Provide grounding technique to reduce overwhelm and increase focus, if needed.

- Sit down, breath in through nose, out through mouth slowly
- 5 things they can see, 5 things they can hear, 5 things they can feel

# Basic Psychological First Aid

Immediate attention required if evidence of:

- Suicidal ideation
- Homicidal ideation
- Child or elder abuse
- Domestic violence
- Inability to care for self or children

# Basic PFA – 5 Steps

5. Engage individual in solving immediate needs.
  - Inquire about existing resources & past coping techniques.
  - Develop basic plan with him/her.
    - Have person write information down.
  - Connect person with further assistance if needed.
  - Educate on stress responses & how to manage.
  - Do not make promises!
    - Be honest and realistic about available resources and your abilities.

# PFA in summary...

- ▶ Active listening/communication
- ▶ Meet basic human needs
- ▶ Recognize mild distress
- ▶ Recognize incapacitating dysfunction
- ▶ Teach stress management
- ▶ Manage referrals/resources
- ▶ Take care of yourself

# Scenario #3

- ▶ A client has some prescription medications for a heart condition that he takes twice a day. He approaches the responder and says, “I’m having a difficult time swallowing my pills because my throat is so dry.”

# Scenario #3

- ▶ *Response version 1*: “Sometimes you just have to wait for enough saliva to accumulate to swallow. Or maybe you could just skip a dose. With all the dust in the air, everyone is complaining about something.”

Compared to...

# Scenario #3

- ▶ *Response version 2:* “You’ve got plenty of company with this dusty air. Some water would help you out. I know where there’s some bottled water. That way you can easily carry it around and have it when you need it. I’ll get you a couple of bottles.”

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Questions?