Mental Health in Disaster: Issues and Intervention

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North Carolina Psychiatric Association
NC Disaster Response Task Force

- NC Psychological Foundation
- Collaboration with American Red Cross, NC Division of Mental Health, NC Managed Care Organizations

- Members include:
  - Licensed Clinical Addiction Specialists
  - Licensed Marriage & Family Therapists
  - Licensed Professional Counselors
  - Licensed Psychologists
  - Licensed Social Workers
  - Psychiatric Nurse Specialists and Practitioners
  - Psychiatrists
Objectives

- Understand principles of effective mental health response to disasters
- Identify differences between interventions in clinical settings (e.g., psychotherapy) and DMH interventions
- Understand the role of cultural competence in disaster mental health
- Understand ethics and values in disaster mental health
- Prepare to serve as a disaster mental health volunteer
Continuum of Acute Events

- **Disasters** - Needs exceed resources and external assistance is needed.

- **Emergencies** – Needs can be met with existing resources.

- **Crises** – Existing resources are at capacity but still functional.
Participants:

When you think of the term “disaster” what kinds of events come to mind?
# Types of Disasters

<table>
<thead>
<tr>
<th>Natural</th>
<th>Manmade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurricane</td>
<td>Nuclear</td>
</tr>
<tr>
<td>Tornado</td>
<td>Biological</td>
</tr>
<tr>
<td>Flood</td>
<td>Fire</td>
</tr>
<tr>
<td>Wild Fire</td>
<td>Chemical</td>
</tr>
<tr>
<td>Tsunami</td>
<td>Shooting</td>
</tr>
<tr>
<td>Drought</td>
<td>Terrorism</td>
</tr>
<tr>
<td>Blizzard</td>
<td>Road Accidents</td>
</tr>
<tr>
<td>Volcano</td>
<td>Epidemics</td>
</tr>
<tr>
<td></td>
<td>War/Armed Conflicts</td>
</tr>
</tbody>
</table>

Red Cross volunteers respond not only to natural disasters!
Emergency Management

Prepare: Preparedness activities and actions that decrease the human suffering impacts of all disasters.

Respond: Meet immediate disaster-caused needs of individuals and/or communities

Recover: Assisting clients with recovery planning, support problem solving, provide referrals, advocacy and connecting with other services

Red Cross Mission:
To prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.
Disaster Response

- Individual Needs Increase
  - Physical
  - Emotional
  - Informational

- Whole Communities Impacted

- Public Expectations Rise

- Agency Demands Increase

- Greater Need for Coordination
Disaster Mental Health Overview

Disaster Mental Health Services:

– Respond to immediate emotional distress and mitigate long-term consequences

– Augment the community's mental health resources, rather than replace them

– Serve the community in preparedness activities and recovery programs
Key Concepts of Disaster Mental Health

• No one who sees a disaster is untouched by it.

• Stress, trauma and grief: normal reactions to abnormal situations created by disasters.

• Most people pull together and function adequately during and after a disaster, but their effectiveness is diminished by the impact of the event.

• Many emotional reactions of disaster survivors stem from problems of daily living brought about by the disaster.
Phases in Emotional Response to Disaster

- Warning or threat
- Impact
- Rescue or heroic
- Remedy or honeymoon
- Inventory
- Disillusionment
- Reconstruction or recovery
Phases of Disaster

Characteristics of Disasters

• **Intensity of impact:**
  – Intense destruction & disruption in a short period of time causes greater emotional distress among survivors

• **Impact ratio** (the proportion of the community sustaining losses):
  When a large proportion of the population is impacted, fewer are available to provide material and emotional support

• **Potential for recurrence of other hazards:**
  Threat of recurrence causes anxiety and heightened stress

• **Social & Cultural Aspects:**
  Social & cultural changes can be profoundly disturbing.
  • Both natural and human-caused disasters can disrupt culture.
Participant Activity

• **Break into 3 groups – room split in thirds**

• Group 1: Children

• Group 2: Adolescents

• Group 3: Adults

• **Identify Physical, Behavioral, Emotional, and Cognitive Trauma Reactions for your target population**

• Re-group & report back!
Immediate Adult Reactions to:
Trauma, Victimization & Sudden Bereavement

**Physical**
- Faintness, dizziness
- Hot or cold sensations
- Tightness: throat, stomach, chest
- Agitation, hyper-arousal
- Fatigue, exhaustion
- Appetite loss or increase
- Gastrointestinal distress
- Headaches
- Exacerbation of preexisting health conditions

**Behavioral**
- Sleep disturbance
- Jumpiness, quick to startle
- Hyper-vigilance, alert for danger
- Crying and tearfulness (with no apparent reason)
- Isolation or withdrawal
- Unable to express feelings
- Avoidance of reminders of trauma
- Conflicts with family, coworkers
- Increased use of alcohol or drugs
Immediate Adult Reactions to:
Trauma, Victimization & Sudden Bereavement

**Emotional**
- Shock, disbelief
- Anxiety, Worry about safety
- Numbness
- Sadness, grief, loss
- Helplessness, vulnerability
- Dissociation
- Anger, Irritability
- Hopelessness & despair
- Survivor guilt, Self-Blame
- Mood swings
- Re-traumatization

**Cognitive**
- Confusion, disorientation
- Concentration & memory problems
- Impaired thinking, decision-making
- Amnesia, complete or partial
- Flashbacks
- Preoccupation with protecting loved ones
- Questioning spiritual/religious beliefs
Child Acute Reactions to Disasters

<table>
<thead>
<tr>
<th>Young Children 1-5 y/o</th>
<th>School-aged Children 6-11y/o</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helplessness, passivity</td>
<td>• Sleep disturbances, nightmares</td>
</tr>
<tr>
<td>• Heightened arousal, agitation</td>
<td>• Angry outbursts, aggression</td>
</tr>
<tr>
<td>• Generalized fears &amp; anxieties</td>
<td>• Safety concerns, irrational fears</td>
</tr>
<tr>
<td>• Inability to comprehend/talk about event, feelings</td>
<td>• Reminders trigger anxiety</td>
</tr>
<tr>
<td>• Sleep disturbances, nightmares</td>
<td>• Trauma evident in play</td>
</tr>
<tr>
<td>• Anxious attachment, clingning</td>
<td>• Feel responsible, guilty</td>
</tr>
<tr>
<td>• Unable to understand death</td>
<td>• Focus on parent anxieties &amp; coping</td>
</tr>
<tr>
<td>• Grief at separation from caregiver</td>
<td>• Concentration &amp; learning problems</td>
</tr>
<tr>
<td>• Regressive symptoms</td>
<td></td>
</tr>
<tr>
<td>• Somatic symptoms</td>
<td></td>
</tr>
</tbody>
</table>
Pre-Adolescent and Adolescent Acute Reactions to Disasters

- Depression, social withdrawal
- Detachment from feelings
- Anger, acting out
- Radical change in attitude
- Focus on revenge
- Rebellion at home or school
- Shame, guilt, humiliation
- Self-consciousness
- Abrupt shift in relationships
- Decline in school performance
- Premature entrance into adulthood
Participants:

What Risk & Resilience Factors can you think of for Adults?
Adult Risk and Resilience Factors

**Risk Factors**
- Pre-existing mental health or substance abuse problems
- Prior traumatization
- Unresolved losses
- Female gender
- Low socioeconomic status, low educational level
- Single-parent household
- Family instability, conflict
- Lack of social support

**Resilience Factors**
- Relative mental health, absence of psychiatric problems
- Able to tolerate emotions
- Flexible coping with trauma/bereavement
- Self-perception of ability to cope and control outcomes
- Immediate/extended family support: practical, emotional, & financial
- Effective use of social support systems
Risk Factors

- Experience or witness of destruction
- Death of family members, friends
- Loss of family home, school, pets
- Experience of second hand trauma (television, internet)
- Belief about cause of disaster
- Premorbid mental health

Resilience Factors

- Presence of parent during event
- Support of parents and other significant adults
- Developmental level
- Emotional Strength
- Reactions of significant adults
- Community’s ability to offer support
- Return to school
Role of Culture in Disaster Response

- Culture: a protective system, comforting, reassuring

- Culture:
  - defines appropriate behavior
  - furnishes social support, identity
  - depicts a shared vision for recovery

- Culture provides:
  - knowledge, information
  - continuity and a process for healing in times of tragedy
  - the context in which survivors react to and recover
  - values and life experiences that support recovery
Culturally Competent Disaster Health Services

• Disaster mental health services are most effective when survivors receive assistance that acknowledges and honors their lives in the context of their culture.

• Cultural competence incorporates sensitivity, but goes further.

• It is the provision of services responsive to cultural concerns of racial and ethnic minority groups.
Participants:

Can anyone think of an example of cultural competence in Disaster Mental Health, perhaps from recent disaster events?
Intervention in Disaster Mental Health
Disaster System of Care

• Hierarchical incident command structure of local, state, and federal governments

• Impact and immediate post-impact services:
  – Emergency shelters
  – Family assistance centers
  – Health care settings
  – Schools
  – Community-based programs
Disaster System of Care

• Intermediate and long-term phases services:
  – Primary health care settings
  – Schools and preschools
  – Daycare & youth centers
  – Faith-based institutions
  – Volunteer organizations.
Basic Principles for Intervention

• Expect normal recovery
  *(most people recover fully)*

• Assume survivors are competent
  *(communicate confidence & respect)*

• Collaborative relationship in intervention
  *(core practice in trauma care)*
Basic Principles for Intervention

• Engage survivor strengths
  \(\text{helps them rediscover & build strengths}\)

• Provide hope
  \(\text{in a realistic & genuine way}\)

• Promote resilience
  \(\text{resilience overcomes adversity}\)
Intervention Elements

Element 1: Identification of Mental Health Needs
(for all clients and workers)
Environmental Assessment
Individual Assessment Using the 3R’s

Element 2: Promotion of Resilience and Coping
(for most clients and workers)
Provided by non-DMH workers:
Psychological First Aid
Provided by DMH workers:
Enhanced Psychological First Aid
Psychoeducation

Element 3: Targeted Interventions
(for high-risk clients and workers)
Provided by DMH Workers:
Secondary Assessment
Referrals
Crisis Intervention
Casualty Support
Advocacy
Element 1: Identification of Mental Health Needs
The Combination of the 3R’s
Resilience-Risk-Reactions

Resilience Factors of the Individual → An individual’s resilience influences his/her ability to handle/cope with risk factors.

Risk Factors Impacting an Individual → The severity of an individual’s reactions depends on the interaction between his/her resilience and risk factors.

Reactions to the Stress of the Event

Disaster Mental Health Fundamentals
Copyright ©The American Red Cross Disaster Cycle Services
Participants:

What are some examples of information you may be paying attention that would alert you to risk factors?
Participants:

What may be ways to find out about a client’s stress reactions, and how would you respond to what a client shares?
Element 2: Promotion of Resilience and Coping
Promote Resilience and Coping

Enhanced Psychological First Aid

- Make a connection
- Help people be safe
- Be kind, calm and compassionate
- Meet basic needs
- Listen
- Give realistic reassurance
- Individual psycho-education
- Encourage good coping
- Help people connect
- Give accurate and timely information
- Make a referral to a Disaster Mental Health worker
- End the conversation
- Take care of yourself

SAMHSA
What's New

Version 1.4

bug fixes and performance enhancements
Participants:

What are some examples of questions you may ask to learn about resilience factors of a client?
Element 3: Targeted Interventions for Clients
Crisis Intervention

- Is time-limited (1-3 contacts)
- Is focused on problems of daily living (immediate reactions to the disaster situation)
- Is oriented to the here and now (alleviating distress and enabling clients to regain equilibrium)
- Includes a high level of activity by the Disaster Mental Health worker (engaging with the client to identify immediate tasks for completion)
- Uses concrete tasks as a primary tactic (helping regain equilibrium)
- Is more directive than some traditional mental health work
Secondary Assessment and Referrals

Referrals may be made to external agencies or providers when the individual may require:

- A formal mental health evaluation
- Ongoing counseling or psychotherapy
- Medication (for replacement of client’s existing medications lost or damaged during the disaster, contact Disaster Health Services)
- More than the brief support provided by Disaster Mental Health
- Immediate hospitalization
- Community support group services (e.g., grief or bereavement support, attention to problems experienced by children).
Casualty Support

• The provision of a compassionate presence and emotional support to individuals affected by deaths or serious injuries due to a disaster.

• Intervention should be supportive and appropriate to the specific situation.
Advocacy Examples

- Helping individuals communicate their needs to supervisors and/or care providers
- Providing culturally competent services
- Marshalling resources for people with functional and access needs
- Providing information about relief programs and services available from the Red Cross, from local, state and federal agencies and from private organizations
- Explaining and accompanying people as they go through the process of applying for services
- Facilitating timely access to evidence-based community treatment
Participants:

Can you share an example of the kinds of advocacy needs clients in a disaster shelter may have, and how you would respond?
Target Groups for Intervention

- First Responders
- Survivors of Disaster
- Disaster Volunteers
- Mental Health Volunteer (Self)
First Responders

Experience Trauma in 3 Ways

– Primary Stress (*direct experience*)

– Secondary Stress (*witness others’ trauma*)

– Vicarious Traumatization
  (*hearing about others’ trauma*)
Mental Health Volunteers

Experience of Trauma is mainly:

- Secondary Stress (*witness others’ trauma*)
- Vicarious Traumatization
  
  (*hearing about others’ trauma*)
Compassion Fatigue/Burnout

Affects 1st Responders & MH Volunteers

Causes of compassion fatigue:

- Isolation
- Exposure
- Continuous empathy
- Ambiguous success
- History of trauma
- Continuous vulnerability
- Identification of survivors with family members
Stress Prevention and Management

Preparing for a Disaster Assignment

• Mobilize your stress management skills before disaster assignment.

• Reduce responder stress by:
  – Developing a personal toolkit of stress management skills
  – Preparing your loved ones
  – Practicing for the disaster role (role-play)
Stress Management on a Disaster Assignment

• Know your personal signs of stress
• Identify major stressors you may encounter
• Create a team culture and a buddy system
• Take time for yourself
DMH in Summary

- Connect
- Calm
- Respect
- Inquire
- Assist
Everyone is Welcome in Red Cross Shelters

- No one shall be turned away or referred to a “special medical needs” shelter

- This includes, but is not limited to, clients
  - using wheelchairs or other medical equipment
  - who are deaf or hard of hearing
  - who are blind
  - with autism or other developmental, intellectual, or cognitive disabilities.

- Self-determination means we support client’s decisions.
Welcome to Your Red Cross Shelter

We hope your stay here will be as pleasant as possible, considering the circumstances. **American Red Cross disaster assistance is provided at no cost.** Please take a few minutes to read the important information below. As additional information becomes available, we will inform you as soon as possible. Please reach out to a shelter worker if you have any questions or concerns.

<table>
<thead>
<tr>
<th>Everyone is Welcome</th>
<th>Everyone is welcome at a Red Cross shelter. The Red Cross does not discriminate based on nationality, race, religious beliefs, class, disability, political opinions, sexual orientation, or gender identity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Animals</td>
<td>Service animals are welcome in Red Cross shelters. Service animals are trained to do work or perform tasks for an individual with access and functional needs, including those with disabilities. Service and assistance animals are not pets. Please speak with a shelter worker if your service animal is in need of food or supplies.</td>
</tr>
<tr>
<td>Pets</td>
<td>We understand that your pets are very important to you. To maintain a safe and healthy environment for all residents, however, pets are not allowed in this shelter. Please make arrangements for your pet before entering the shelter, and ask a shelter worker if you need assistance finding shelter for your pet.</td>
</tr>
<tr>
<td>Specific Needs</td>
<td>Please tell a shelter worker as soon as possible if you have any specific needs or requests for equipment, supplies, food, or cultural or religious requirements. Every effort will be made to accommodate your needs.</td>
</tr>
<tr>
<td>Reunification with Family and Friends</td>
<td>Let your family and friends know you are Safe and Well by registering on <a href="http://www.redcross.org/safeandwell">www.redcross.org/safeandwell</a>. You can also re-register when you leave the shelter to let your family and friends know that you have moved on. Ask a shelter worker if you need assistance.</td>
</tr>
<tr>
<td>Food</td>
<td>Snacks and refreshments are available in the feeding area throughout the day. Meals will be served in the feeding area at the times posted on the schedule. If you have specific dietary needs, please let a shelter worker know as soon as possible. To avoid spills or attracting bugs, please keep all food and drinks out of the sleeping area. Water and baby bottles are permitted.</td>
</tr>
<tr>
<td>Medical Problems and Injuries</td>
<td>Please notify a shelter worker if you or a family member are taking medication or have a medical condition with which you need assistance or if you are not feeling well. Please notify a shelter worker if you observe anyone needing medical attention. Workers from Disaster Health Services are available to assist everyone in the shelter.</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>Staying in a shelter following a disaster can be stressful. If you, your children, or any other family members are feeling stress, anxiety or the need to talk to someone, trained professional counselors are available to assist you 24 hours a day. Please ask a shelter worker to put you in touch with a Disaster Mental Health counselor.</td>
</tr>
<tr>
<td>Schedules</td>
<td>There will be a schedule posted to make sure you are aware of meal times, shower times, quiet hours, etc. Ask a shelter worker if you are unsure where the schedule is posted.</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>Parents are responsible for supervising their children while in and around the shelter. Children should not be left unattended. In some cases, supervised areas for children may be provided. Ask a shelter worker if this service is available.</td>
</tr>
<tr>
<td><strong>Check In/Out</strong></td>
<td>We appreciate you checking in and out of the shelter every time you enter or leave the shelter. This helps us maintain a safe and secure shelter environment.</td>
</tr>
<tr>
<td><strong>Dormitory Registration</strong></td>
<td>Please register at the dormitory if you will be sleeping at the shelter. Registration allows us to gather the information we need to help you. All registration information is kept confidential.</td>
</tr>
<tr>
<td><strong>Photographs</strong></td>
<td>Your privacy and the privacy of all shelter clients are very important to us. Therefore, we do not allow photos to be taken of shelter clients without their written permission—including with cell phones or personal cameras. If you feel that your privacy has been violated, please inform a shelter worker immediately.</td>
</tr>
<tr>
<td><strong>Housekeeping</strong></td>
<td>Thank you for helping us to keep the shelter as clean as possible. We appreciate you picking up after yourself and following the bathroom courtesy guidelines that are posted in the restrooms. Please let a shelter worker know immediately if the restroom is in need of cleaning or supplies.</td>
</tr>
<tr>
<td><strong>Quiet Hours</strong></td>
<td>To ensure all residents can get the rest they need, quiet hours will be in effect each night during specified hours (usually 10:00 p.m.–7:00 a.m.). Please see the posted schedule or ask a shelter worker to confirm these times. Please keep the sleeping areas as quiet as possible during the day as well, for residents who may want to sleep or rest.</td>
</tr>
<tr>
<td><strong>Be Respectful</strong></td>
<td>Be respectful to fellow clients and workers. Negative behavior, including foul language, abusive behavior, stealing, destruction of property, or other behavior that is disruptive to others, will not be tolerated.</td>
</tr>
<tr>
<td><strong>Personal Belongings</strong></td>
<td>Unfortunately, we cannot assume responsibility for your personal belongings. We recommend you lock your personal belongings in your car and out of sight. If that is not possible, keep valuable items with you.</td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td>Smoking of any kind, including e-cigarettes and other smoking devices, is permitted outside the building in designated smoking areas only. For safety purposes, matches and lighters may only be used outside the building as well. Please dispose of cigarette butts and matches properly. Note: schools and some public buildings do not allow smoking on their campus. Please ask a shelter worker where smoking is allowed.</td>
</tr>
<tr>
<td><strong>Alcohol, Illegal Drugs, and Weapons</strong></td>
<td>To maintain a safe and welcoming environment for everyone, alcoholic beverages, illegal drugs, and weapons (including concealed weapons) are not allowed in the shelter or on the shelter grounds.</td>
</tr>
</tbody>
</table>

We appreciate any help you can provide while you are staying in the shelter.

**If you would like to help, please tell a shelter worker.**

Thank you for helping us to take care of your temporary home!
Integration, Inclusion – What’s It Mean?

Integration:
- Incorporating access and functional needs support into all disaster services, with an end goal of...

Inclusion:
- Being a part of the whole community by being welcomed, and feeling that you belong
Framework for Identifying Needs

C-MIST:

• Communication
• Maintaining Health
• Independence
• Safety Support Services, Self-Determination
• Transportation.

FEMA: IS-0368 - Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations
Framework for Identifying Needs

The CMIST model

• Used for gathering and organizing information about a client’s self-identified access and functional needs

• Supports independence and self-determination of all

• Discourages the medical model approach which tends to view them as patients

FEMA: IS-0368 - Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations
<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to auxiliary</td>
<td>Provide written materials in alternative format (Braille, large and</td>
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<tr>
<td>communication service</td>
<td>high contrast print, audio recording, or readers)</td>
</tr>
<tr>
<td>Access to auxiliary</td>
<td>Provide visual public announcements</td>
</tr>
<tr>
<td>communication device</td>
<td>Provide qualified sign language or oral interpreter</td>
</tr>
<tr>
<td>Replacement of auxiliary</td>
<td>Provide qualified foreign language interpreter</td>
</tr>
<tr>
<td>communication equipment</td>
<td>Provide access to teletypewriter [TTY, TDD, or CapTel] or cell</td>
</tr>
<tr>
<td></td>
<td>phone with texting capabilities, pen and paper</td>
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<td></td>
<td>Provide replacement eyeglasses</td>
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<td></td>
<td>Provide replacement hearing aid and/or batteries</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MAINTAINING HEALTH</th>
<th>ACTION</th>
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</thead>
<tbody>
<tr>
<td>Special diet</td>
<td>Provide alternative (low sugar, low sodium, pureed, gluten-free,</td>
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<tr>
<td></td>
<td>dairy-free, peanut-free) food and beverages;</td>
</tr>
<tr>
<td>Food Allergies (type)</td>
<td>Refer to Disaster Health Services to provide or procure one or more</td>
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<tr>
<td></td>
<td>of the following:</td>
</tr>
<tr>
<td>Medical supplies and/or</td>
<td>Replacement medication</td>
</tr>
<tr>
<td>equipment for every day care</td>
<td>Wound management/dressing supplies</td>
</tr>
<tr>
<td>(including medications)</td>
<td>Diabetes management supplies (e.g., test strips, lances, syringes)</td>
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<tr>
<td>not related to mobility</td>
<td>Bowel or bladder management supplies (e.g., colostomy supplies,</td>
</tr>
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<td></td>
<td>catheters)</td>
</tr>
<tr>
<td></td>
<td>Oxygen supplies and/or equipment</td>
</tr>
<tr>
<td>*For replacement eyeglasses</td>
<td>Refer to Disaster Health Services to assist with one or more of the</td>
</tr>
<tr>
<td>or hearing aid, see</td>
<td>following:</td>
</tr>
<tr>
<td>Communication</td>
<td>Administration of medication</td>
</tr>
<tr>
<td>*For assistive mobility</td>
<td>Storage of medication (e.g., refrigeration)</td>
</tr>
<tr>
<td>equipment (e.g., wheelchair),</td>
<td>Wound management</td>
</tr>
<tr>
<td>see Independence</td>
<td>Bowel or bladder management</td>
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<tr>
<td></td>
<td>Use of medical equipment</td>
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<td></td>
<td>Universal precautions / infection prevention and control (e.g.,</td>
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<td></td>
<td>disposal of bio-hazard materials, such as needles in sharps</td>
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<td></td>
<td>containers)</td>
</tr>
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<td></td>
<td>Refer to Disaster Mental Health Services</td>
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<td></td>
<td>Support for pregnant women</td>
</tr>
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<td></td>
<td>Support for nursing mothers;</td>
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<td></td>
<td>Infant care availability</td>
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<tr>
<td></td>
<td>Access to a quiet area</td>
</tr>
<tr>
<td></td>
<td>Access to a temperature-controlled area</td>
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<tr>
<td></td>
<td>Mental health care (e.g., anxiety and stress management)</td>
</tr>
<tr>
<td></td>
<td>Refer to Disaster Mental Health Services</td>
</tr>
</tbody>
</table>
## Independence

<table>
<thead>
<tr>
<th>Need</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable medical equipment for individuals with conditions</td>
<td>Provide assistive mobility equipment (e.g., wheelchair, walker, cane,</td>
</tr>
<tr>
<td>that affect mobility</td>
<td>crutches)</td>
</tr>
<tr>
<td></td>
<td>Provide assistive equipment for bathing and/or toileting (e.g., raised</td>
</tr>
<tr>
<td></td>
<td>toilet seat with grab bars, handied shower, bath bench)</td>
</tr>
<tr>
<td></td>
<td>Provide accessible cot (may be a crib, inclined head or other bed type)</td>
</tr>
<tr>
<td>Power source to charge battery-powered assistive devices</td>
<td>Provide power source to charge battery-powered assistive devices</td>
</tr>
<tr>
<td>Bariatric accommodations</td>
<td>Provide bariatric cot or bed</td>
</tr>
<tr>
<td>Service animal accommodations</td>
<td>Provide area where service animal can be housed, exercised, and</td>
</tr>
<tr>
<td></td>
<td>toileted</td>
</tr>
<tr>
<td></td>
<td>Provide food and supplies for service animal</td>
</tr>
<tr>
<td></td>
<td>Provide infant supplies (e.g., formula, baby food, diapers, crib)</td>
</tr>
</tbody>
</table>

## Services, Support and Self-Determination

<table>
<thead>
<tr>
<th>Need</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult personal assistance services</td>
<td>Identify family member or friend caregiver</td>
</tr>
<tr>
<td>Child personal assistance services</td>
<td>Assign qualified shelter volunteer to provide personal assistance</td>
</tr>
<tr>
<td>*incl, general observation and/or assistance with</td>
<td>services</td>
</tr>
<tr>
<td>non-medical activities of daily living, such as grooming,</td>
<td>Contact local agency to provide personal assistance services</td>
</tr>
<tr>
<td>eating, bathing, toileting, dressing and undressing,</td>
<td>Coordinate childcare support such as play areas, age-appropriate</td>
</tr>
<tr>
<td>walking, etc.</td>
<td>activities, equal access to resources</td>
</tr>
</tbody>
</table>

## Transportation

<table>
<thead>
<tr>
<th>Need</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation to designated facility for medical care /</td>
<td>Coordinate provision of accessible shelter vehicle and driver for</td>
</tr>
<tr>
<td>treatment</td>
<td>transportation</td>
</tr>
<tr>
<td>Transportation for non-medical appointment</td>
<td>Contact local transit service to provide accessible transportation</td>
</tr>
</tbody>
</table>

### Housing Challenges

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-disaster homeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Disaster Precariously housed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pre-Disaster HUD housing occupant</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pre-Disaster HUD housing occupant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Actions:

- No needs identified
- Contact Shelter Manager
- Contact Disaster Mental Health Services
- Agency, please provide agency name
- Other

Followup/Resolution Date

Disaster Health Services (name/signature/date)
Pharmacotherapy in Disaster Mental Health
Role of Pharmacotherapy

• Groups at high risk
  – preexisting psychiatric disorder
  – current or past substance abuse disorders
  – family history of mood disorders

• Methadone and buprenorphine: frequently sought by those in opiate treatment programs.

• Clonidine: Used to moderate withdrawal symptoms
  (drug of choice in disaster situations)

• Children without pre-existing pharmacotherapy: Initiate medication only with extreme caution.
Pharmacotherapy

Goals

• Decrease:
  – intrusive thoughts and images
  – Phobic avoidance,
  – Pathological hyperarousal
  – Hypervigilance
  – Irritability and anger
  – Depression.

Response

• Much variation in response to pharmacologic treatment

• Few robust individual predictors of response available

• Ancillary symptoms of PTSD, e.g., sleep disturbance, can be particularly difficult to treat
Insomnia

• If insomnia causes functional daytime impairment:
  – Consider a short-term trial of a low-dose benzodiazepine, such as lorazepam

• If insomnia associated with symptoms of acute stress disorder or PTSD and follow-up is possible as recommended
  - Antidepressant such as sertraline may be considered
Acute Stress Disorder

- **ASD**: Stress reactions in the initial month after exposure to traumatic event

- **Symptoms**: Intrusion, Dissociation, Negative mood, Avoidance, Arousal

- **First-line treatment for acute stress disorder:**
  - Trauma-focused Cognitive-behavioral Therapy (CBT)
  - Reduces the likelihood of subsequent PTSD

- **Short-term use of a benzodiazepine may be useful for reducing acute arousal and sleep disturbance.**
Ethical Challenges in Disaster Mental Health

Lack of familiar rules & structures:

- Disaster sites are chaotic, stressful
- Working under unfamiliar organization
- Full commitment to work as a professional volunteer
Ethical Standards

• Practicing in a manner that is in the best interest of the public

• Providing only those services deemed necessary

• Practicing only within the competency areas of the practitioner’s education and/or experience, and maintaining the limitations established by licensure or certification
Ethics

- Maintaining a confidential client-provider relationship
- Disclosing client information to others on a strict business-need-to-know basis
- Avoiding dual relationships with clients
- Refraining from personal gain
  - (e.g., refraining from referring Red Cross clients to his/her private practice/agency of employment)
Values

- Dignity and worth of the person
- Competence
- Importance of human relationships
- Privacy and confidentiality
- Integrity
- Fundamental Principles: Impartiality & Neutrality
Confidentiality

- The primary ethical concern of all Disaster Mental Health workers is the need to maintain the client’s privacy and treat all client information as confidential.
- Disaster Mental Health workers may discuss the case amongst the Disaster Mental Health team as necessary, but should never disclose information outside the team unless absolutely necessary.

- **Health Insurance Portability and Accountability Act (HIPAA)**
  - Use and disclosures for disaster relief purposes.
    - A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section.
Abuse and Neglect Reporting

• Mental health professionals are mandated reporters under laws in each state and U.S. territory. Each Disaster Mental Health worker has the responsibility to report suspected child or elder abuse or neglect to the appropriate authority in the jurisdiction of the disaster operation.
Informed Consent in Disaster Mental Health Settings

- Informed consent requirements in the Disaster Mental Health setting are different from requirements in traditional mental health settings.
- In non-disaster settings, mental health professionals are required to obtain informed consent before working with clients.
- However, in a disaster setting, Red Cross Disaster Mental Health workers are not expected to present a formal written informed consent policy before providing short-term support.
- Disaster Mental Health workers should identify themselves as a Disaster Mental Health worker when working with a client. Workers may identify themselves generically as a Disaster Mental Health worker or disaster counselor, or may reference their professional discipline as a licensed psychologist, school counselor, etc.
Participant Activity: Scenarios

- Divide the class into groups of 3.
- Hand out three scenarios to each group.
- Include:
  - DMH support to client DMH support to staff (E.g. Scenarios 2 and
Scenario 1:

- This is day 4 after a series of rains caused flooding and an entire community has been evacuated.

- You approach a middle-aged, Caucasian man, sitting by himself quietly in a shelter. He does not give you eye contact and appears to be tired. You see him frequently rubbing one of his elbows; it also appears he may not have taken a shower in the last several days.

- Engage the client in a DMH interaction.
Scenario 2:

- This is day 17 after a major hurricane has passed through the area.

- You arrive at a shelter at 4 pm and observe a shelter worker loudly tell another worker, “No, I’ve already told you 3 times, I don’t know where the granola bar boxes are, and I have no freaking idea when dinner will be here! Leave me alone!”

- Engage the worker(s) in a DMH interaction.
Scenario 3:

• This is 4 hours after a fire impacted the safety of a 100 resident building and all have been evacuated into a local municipal building. The fire is still not under control.

• You enter a totally full “waiting room” for client casework and encounter a small child sitting on the ground near parents crying and repeatedly saying, “I’m scared, mommy. I want to go home.” There are 3 adult women with the child and they all look stressed.

• Engage the family in a DMH interaction, including the child.
Bibliography

Disaster Mental Health Standards and Procedures Disaster Cycle Services *DCS SP Respond*
2016 The American National Red Cross


Resources

• AACAP Disaster Resource Center
  • http://www.aacap.org/AACAP/AACAP/Families_and_Youth/Resource_Centers/Disaster_Resource_Center/Home.aspx

• NC Disaster Response Network
  • https://ncpsychology.org/foundation/disaster-resources/

• National Child Traumatic Stress Network
  • http://www.nctsn.org/trauma-types/natural-disasters

• Substance Abuse and Mental Health Services Administration
  • http://store.samhsa.gov/product/SAMHSA-s-Disaster-Kit/SMA11-DISASTER

• APA Disaster Response Network

• Coping with Disasters
  • http://apa.org/topics/disasters/index.aspx

Disasters & Terrorism
Who is Eligible to be a DMH Worker?

Mental Health Professionals with:
- A Master’s Degree AND
- A Current License or Certification in any US State or Territory as a:
  - Social worker
  - Psychologist
  - Professional counselor
  - Marriage and family therapist
  - Psychiatrist
  - School psychologist
  - School counselor

Current Psychiatric Nurses with:
- A state license as a registered nurse
- A minimum of 2 years of experience working in a psychiatric setting

Retired Mental Health Professionals
- Eligible for participation if previously licensed within 5 years
NC Contact Information

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• Andy Short, Ph.D.
  – abshort4@gmail.com

• Tatyana Kholodkov, Ph.D.
  – therapymindfully@gmail.com