

Facilitating Resilience and Recovery in People impacted by NorCal Wildfires.

Brief Introduction to: Disaster Mental Health





Danger

Opportunity

Crisis

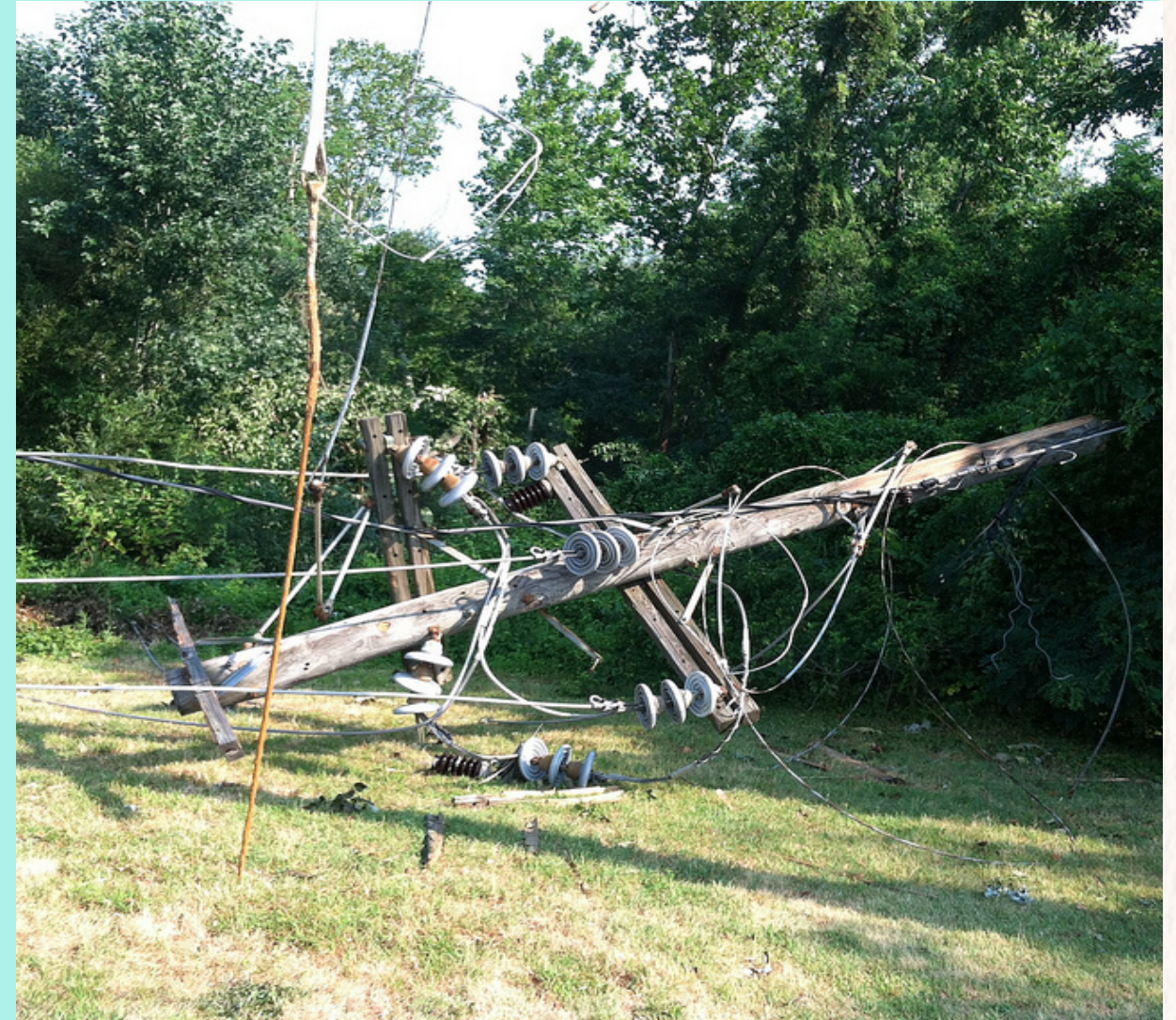
The Unique Role of Psychological First Aid in Disaster Response

TRAUMATIC EVENTS

- Deaths
- Serious Injuries
- Hostage Situations
- Social Unrests
- Shootings
- Man-made Disasters
- Natural Disasters



INFRASTRUCTURE OBLITERATED



SHOCK



CHAOS



Disaster, Disruptive Event(s), Critical Incident(s)

- ~Sudden disturbing or unusually challenging event(s) that generate a strong emotional and cognitive reaction.
- ~Unusually challenging events that have the potential to create significant human distress, that *can* and often do overwhelm one's usual coping mechanisms.

Critical Incident “Stress”

-Critical incident stress is a state of intensified arousal accompanied by strong cognitive, physical, emotional, behavioral, and spiritual reactions as a result of the exposure to the incident(s).

Objectives

- Describe Common Reactions to A Critical Incident
- Understanding Psychological First Aid – What to Do
- Tips for Talking With and Helping Children and Youth
- Fostering Resilience and Recovery: Suggestions
- Crisis intervention: What Is *Not* Helpful

Common Signs of Trauma –First Stage

- Shock
- Denial & Disbelief
- Anxiety and fear
- Paralysis
- Persistent, intrusive thoughts, feelings and images of the event
- Feeling helpless, loss of control
- Crying and/or feelings of panic
- Feeling unsafe or vulnerable
- Vision problems

Common Signs of Trauma – First Stage

- Shallow, rapid breathing; difficulty breathing
- Dizziness
- Increased Heart Rate, Increased Blood Pressure
- Stomach upset or nausea, Vomiting
- Pain, Muscle tension, Chest pain
- Shaking or trembling
- Clammy hands and feet
- Feeling weak all over
- Numbness
- Loss of bladder or bowel control

Common Signs of Trauma – Second Stage

- Difficulty sleeping
- Distressing Dreams
- Cascade of emotions, including sadness, anger and despair
- Feelings of exhaustion
- Profound feelings of grief and loss
- Confusion , amnesia about part of the event(s)
- Impaired judgment, memory and short-term problem solving abilities

Common Signs of Trauma – Second Stage

- Feelings of overwhelm
- Shame
- Flashbacks
- Difficulty making decisions
- Shortened attention span
- Poor concentration
- Disruption of work habits
- Headaches

Common Signs of Trauma – Second Stage

- Change in Appetite
- Irritability
- Feeling inadequate
- Wanting to isolate
- Guilt – “I should have done something different.”
- Self-blame: “I should have remembered to...”
- Not wanting to be left alone

Common Signs of Trauma –Second & Third Stages

- Remembering and reliving prior traumas
- Survivor guilt
- Hypervigilance
- Difficulty returning to normal activity level
- Feeling easily distracted
- Feeling unmotivated
- “Waiting for the other shoe to drop” syndrome
- Increased use of alcohol, marijuana, illegal and/or prescription drugs
- Increase in marital/relationship conflict

Other Signs of Trauma

- Gallows humor
- Loss of trust
- Regressive behaviors
- Suicidal thoughts
- Excessive use of sick leave
- Low resistance to illness
- Increased risk of accidents
- Religious confusion
- Anniversary setbacks
- Depression
- Loss of sexual interest

Common reactions in children

- Clinging and shadowing caregivers, wanting to be held and reassured more
- Regression – soiling in the daytime or at night, acting more baby-like, reverting to thumb-sucking, wanting pacifier, or wanting bottle
- Sleep difficulties: not wanting to go to bed, not wanting to sleep alone, nightmares, screaming in sleep
- Increased agitation or fussiness, especially if parent is agitated or tense
- Becomes upset when parent leaves
- Persistent fears related to the catastrophe

Lily Joy



Common reactions in children

- Jumpiness or startling easily
- Physical complaints – stomach aches, headaches, dizziness
- Refusal to go to school, or misbehaving in school
- Misbehaving at home in ways that are not typical for the child
- Withdrawal from family & friends, listlessness, decreased activity, and preoccupation with events of the disaster
- Increased arguing between siblings

Don't pathologize; Normalize!

- *Normal people experiencing
- *distressing, unfamiliar, *but*
- *common, universal and natural reactions
- *to uncommon, abnormal and distressful event(s)

How long do symptoms last?

- Many symptoms decrease or disappear in *four to six weeks*
- Most families *will recover over time*
- However, the more protracted and difficult the recovery period, the longer certain symptoms may linger or even be exacerbated
- Risk factors can prolong recovery, while resilience factors can promote it
- Layering effect of disasters: infrastructure has to be rebuilt; value of policies may prove inadequate to rebuild; retrofitting and new building codes may create obstacles; loss of vegetation might result in mudslides or flooding during rainy season

Risk vs. Resilience Factors

- Age
- Chronic Illness
- Sense of community
- Disability
- Economic stability
- Educational level
- Family Support
- Gender: females have larger hippocampus
- Housing
- Other recent stressful events
- Part of a religious community
- **Preparedness and practice**
- Prior trauma



**MAYBE IF WE TELL PEOPLE THE
BRAIN IS AN APP**

THEY WILL START USING IT

Disaster Mental Health Core Competencies

1. Understand and describe key terms and concepts
2. Communicate effectively
3. Assess the need for, and type of, intervention , if any
4. Formulate and implement an action plan
5. Demonstrate knowledge of responder peer-care and self-care techniques

The 3 Key Foci of Disaster Mental Health

- A short-term helping process
- An acute set of interventions designed to mitigate the stress reactions
- Emotional first-aid, instead of psychotherapy

Purpose of Disaster Mental Health Intervention

- Mitigate the individual's adverse reactions
- Facilitate the individual's coping and planning
- Assist the individual in identifying and accessing available supports
- Normalize reactions to the crisis
- Assess the individual's capacities and need for further support or referral

Disaster Mental Health Goals

- Stabilize
- Reduce Symptoms
- Increase Resiliency
- Facilitate return to adaptive functioning, or
- Facilitate access to continued care

Crisis Intervention vs. Psychotherapy

| | Crisis Intervention | Psychotherapy |
|--|----------------------------------|---|
| | Immediate or very Short Term | Longer Term |
| | Prevention | Treatment |
| | Reinforce Defenses | Change Defenses |
| | Here and Now | Past and Present |
| | Referral | Treatment |
| | Facilitator is Active and Direct | Therapist Collaborates, Consults and Guides |

REMEMBER:

Disaster Mental Health is not a *substitute* for therapy. Rather, these are elements within the system designed to precede and potentially complement psychotherapy as part of the full continuum of care.

Essential Intervention Skills

Know how to:

Initiate and terminate contact

Be a compassionate presence

Listen and acknowledge

Speak authentically from your heart

Manage counter-transference (don't absorb their pain)

Facilitate group process

Assess function (including suicidality or homicidality)

Refer for care and provide resources

Psychological First Aid

1. Make a Connection.
2. Be Kind, Calm and Compassionate.
3. Meet People's Basic Needs.
4. Listen attentively and Be Available.
5. Give Realistic Reassurance
6. Encourage Good Coping Skills.
7. Help People Connect.
8. End the Conversation.

**COMMUNICATE:
REACH-U**

- **Reassurance**
- **Empathy**
- **Acceptance**
- **Confidence**
- **Hope**
- **Understanding**

Individual Interventions

- SEA-3 Assessment
- SAFER Method
- American Red Cross: 3 Rs
- Relaxing Breath
- Attention Refocusing

SEA-3 Method

Assessing
Functioning

- Speech
- Emotion
- Apppearance
- Alertness
- Activity

3-Rs

American Red Cross'
assessment guide

ASSESS:

- **Reactions**
- **Risk Factors**
- **Resilience Factors**

SAFER method

- Stabilize (Reduce stressors, build alliance)
- Acknowledge (cognitive questions)
- Facilitate (understanding of symptoms)
- Encourage (amplify exceptions)
- Restore (functioning) or Refer

Relaxing Breath

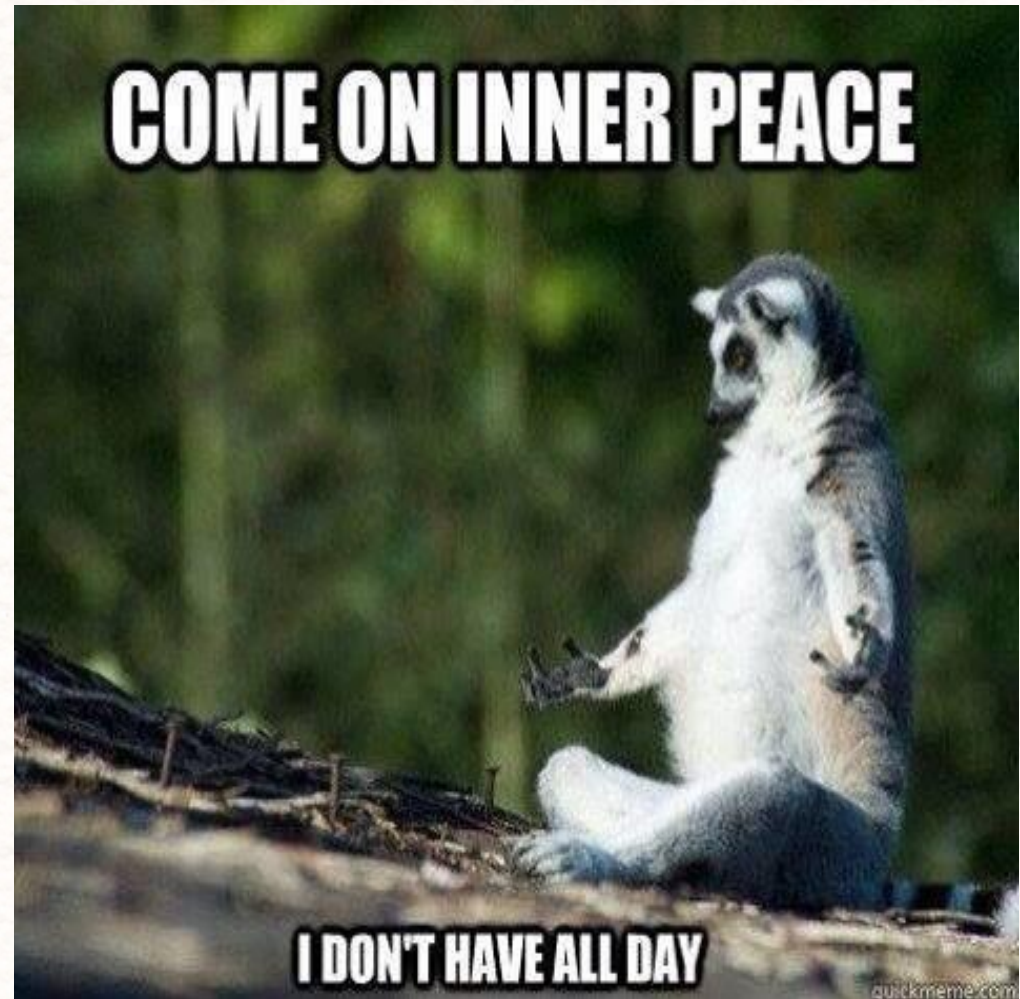
1. Close your mouth and inhale through your nose to the count of 4
2. Hold your breath for a count of 7
3. Exhale through your mouth, making a whooshh sound, to a count of 8
4. Repeat steps 1-3 three more times

Attention Refocusing

Refocus attention from inside emotional distress to outside benign reality!

- What are you aware of right now?
- Ask questions requiring the use of the five senses
- If practical or helpful, draw attention to the outdoor natural environment

Comic Relief



Fostering Resilience & Recovery

- Self Care: Hydrate, Eat healthy snacks or meals, Exercise, Rest
- Seek out Comforting People and Comfortable Surroundings
- Share thoughts and feelings with supportive, helpful people
- Accept the reactions to past events that are re-surfacing
- Realize that these unpleasant signs and symptoms are common & will diminish
- Avoid personalizing or taking responsibility for how others respond
- Communicate your needs clearly
- Recognize that anniversary dates/holidays may trigger a spike in distress
- Find help if symptoms persist or worsen

What is *NOT* helpful...

1. INUNDATING THEM WITH INFORMATION
2. GIVING THEM TASKS THEY ARE NOT READY FOR
3. SAYING, "I KNOW HOW YOU FEEL" or "I UNDERSTAND"
WHEN YOU MAY NOT REALLY KNOW HOW THEY FEEL
4. INTERRUPTING
5. SPECULATING ABOUT THINGS YOU ARE NOT SURE ABOUT
6. PROLONGING DEPENDENCE ON YOU
7. DISCOURAGING ANY EMOTIONS, ESPECIALLY IF THEY ARE
UNUSUAL OR FRIGHTENING TO YOU
8. INSISTING THAT THEY TALK TO YOU

Team Support

An Incident Team should have its own defusing before demobilizing or ending activities for the day. An assessment as to the degree of impact on the Team needs to be made and debriefing scheduled if warranted.

- ✓ Assign a “buddy” for mutual support
- ✓ Check on each other
- ✓ Meet as a team during the day if possible
- ✓ Change duties or responsibilities
- ✓ Deploy a relief team

Self Care

Team members are susceptible to direct traumatization when responding to a crisis event and to vicarious traumatization when attending to those impacted. **It is critical that team members care for each other and themselves!**

- ✓ Take breaks
- ✓ Remember to Breathe!
- ✓ Eat nourishing snacks and meals
- ✓ Drink lots of water
- ✓ Check on family and loved ones
- ✓ Ask a teammate for some attention
- ✓ Discharge emotional distress
- ✓ Ask to be relieved
- ✓ Attend information and planning meetings
- ✓ Attend Team Defusing and Debriefing

National Incident Management System (NIMS)

- Comprehensive national approach to incident management
- Applicable across all incidents and hazards
- Improves public and private coordination and cooperation for domestic incidents
- Flexible framework for all incidents, small and large
- Standardized organizational structures & processes

Components of NIMS

- Command and management
- Preparedness
- Resource Management
- Communications and information management
- Supporting technologies
- Ongoing management and maintenance

California Disaster Mental Health Coalition

- CDMHC is a statewide collaborative, multidisciplinary organization benefitting when disasters strike through networking, coordination, consultation, and information sharing.
- The Coalition collaborates with the State of California, most recently assisting in developing core competencies for Disaster Mental Health professionals.
- CAMFT is a founding member.
- CAMFT is represented by members of the Crisis Response Education and Resource Committee.

California Disaster Mental Health Coalition

Members

- American Psychiatric Nurses Association
- American Red Cross
- California Association of Marriage and Family Therapists
- California Psychological Association
- National Association of Social Workers, California Chapter
- State of California
- Consulting Affiliates

CAMFT Ethical Standards

1. RESPONSIBILITY TO PATIENTS

Marriage and family therapists advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used properly.

1.56 NON-THERAPIST ROLES

When marriage and family therapists engage in professional roles other than treatment or supervision (including, but not limited to managed care utilization review, consultation, coaching, adoption serve or behavior analysis) they act solely within that role and clarify, when necessary to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.

CAMFT Ethical Standards

7. RESPONSIBILITY TO PROFESSION

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

7.50 PRO BONO SERVICES

Marriage and family therapists are encouraged to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

NEXT STEPS

for Disaster Response
Professional Development

1. Develop a personal and family disaster plan.
2. Prepare for work absence.
3. If you are a CAMFT member, register on CAMFT's Crisis Response Listserv.
4. Join American Red Cross and get DMH training.
5. Enroll in other DMH/crisis response training.
6. Attend other DMH/crisis response conferences.
7. Enlist on DMH/crisis response teams.

Crisis Response Organizations

- American Red Cross (ARC)
- Association of Traumatic Stress Specialists
- International Critical Incident Stress Foundation (ICISF)
- Green Cross Academy of Traumatology
- The National Center for Crisis Management (NCCS)
- The National Incident Management System (NIMS)

Training and Literature Resources

- CAMFT Crisis Response Education and Resources (www.camft.org)
- FEMA Emergency Management Institute (<http://training.fema.gov/is>)
- American Red Cross (www.redcross.org)
- International Critical Incident Stress Foundation (www.icisf.org)
- Chevron Publishing (www.chevronpublishing.com)
- David Baldwin's Trauma Information Pages (www.trauma-pages.com)
- R3Continuum (<https://r3continuum.com>)

Volunteer Service

- Red Cross Chapter Disaster Mental Health Volunteer
- Community Emergency Response Team (CERT)
- Police Department Crisis Intervention Volunteer
- Psychiatric Emergency Response Team (PERT)
- Help Hotline Volunteer

Paid Service

- Disaster Medical Assistance Team:
<https://www.phe.gov/Preparedness/responders/ndms/Pages/join-ndms.aspx>
- Employee Assistance Programs (EAP)
- Private Companies
 - R3 Continuum: <https://r3continuum.com/>
 - The Counseling Team International: <http://thecounselingteam.com/>
 - The Workplace Trauma Center: <http://www.workplacetraumacenter.com/>
 - The Riverside Trauma Center: <http://riversidetraumacenter.org/>
 - International Critical Incident Stress Foundation, INC: <https://www.icisf.org/>

“We need to get to know our oldest personality, the one that takes over in a crisis, and even makes fleeting appearances in our daily lives. It is at the core of who we are.”

“Without too much trouble we can teach our brains to work more quickly, maybe even more wisely, under great stress. We have more control over our fates than we think. But we need to stop underestimating ourselves. “

-Amanda Ripley, author
The Unthinkable: Who Survives When Disaster Strikes

Recommended Books

- The Bounce Back Book Karen Salmansohn Workman Publishing, NY: 2007
- The Wild Edge of Sorrow Francis Weller North Atlantic Books, Berkeley: 2015
- Grief's Courageous Journey: A Workbook Sandi Caplan & Gordon Lang New Harbinger Publications, Inc: 1995
- Colors of Loss & Healing: An Adult Coloring Book Deborah S. Derman & Lisa Powell Braun Self-published: 2016
- My Fire Story Edward Oklan & Gilbert Kliman The Children's Psychological Health Center, San Francisco: 1993
- The Unthinkable: Who Survives When Disaster Strikes Amanda Ripley, Harmony: 2009

That's
All
Folks!



