The most important basic human need . . .

Types of Disasters

Technological
• Nuclear Accidents
• Chemical Spills
• Air Crashes

Health
• Epidemics
• Contaminated Water
• Disinterred Bodies

Natural
• Hurricanes
• Tornadoes
• Floods
• Forest Fires

Social
• Riots
• Terrorism
• Warfare

Two most important parts of a disaster:

Families of responders don’t search for victims or tend the wounded, but they are still very much a part of the team and affected by the trauma of the event.

Three aspects of a disaster:
People who experience disasters will find them to be stressful and even traumatic...

That is not to say they will necessarily be traumatized.

Factors Affecting the Impact of Disasters on the Population

Factors related to the disaster:
- Warning
- Type of disaster
- Scope
- Traumatic stimuli
- Duration
- Losses

Impact of Disasters

Factors related to the individual:
- Age
- Ethnicity and culture
- Economic status
- Health
- Pre-existing stresses
- Previous traumatic experiences

Impact of Disasters

Factors related to the individual:
- Coping skills
- Expectations of self and others
- Perception of threat
- Exposure to traumatic stimuli
- Interpretation of the event
- Social support system

Impact of Disasters

Factors related to the individual:
- Level of disaster preparedness
- Role in disaster

Impact of Disasters

Social Factors
- Primary groups intact or separated
- Social solidarity in community
- Social disruption from disaster
- Socio-cultural characteristics
- Attitude of community toward event
<table>
<thead>
<tr>
<th>Impact of Disasters</th>
<th>Considerations for: Pre-disaster Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Factors</td>
<td>• Health care needs or pre-existing mental health conditions</td>
</tr>
<tr>
<td>• Effectiveness of disaster response</td>
<td>• Homeless or the marginally housed</td>
</tr>
<tr>
<td>• Characteristics of healing environment</td>
<td>• Single parent households</td>
</tr>
<tr>
<td></td>
<td>• Geographically isolated people</td>
</tr>
<tr>
<td></td>
<td>• People living in poverty</td>
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<td></td>
<td>• People lacking the support of family or friends</td>
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<table>
<thead>
<tr>
<th>Considerations for: Older Adults</th>
<th>Considerations for: Cultural Groups</th>
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</thead>
<tbody>
<tr>
<td>• Coping skills enhanced from life experiences</td>
<td>• Immigration status</td>
</tr>
<tr>
<td>• Diminished physical and cognitive abilities</td>
<td>• Pride in self-reliance</td>
</tr>
<tr>
<td>• Fear of loss of independence</td>
<td>• Literacy</td>
</tr>
<tr>
<td>• Limited income</td>
<td>• Communication styles</td>
</tr>
<tr>
<td>• Reluctance to accept perceived “handouts”</td>
<td>• Family and gender roles</td>
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<tr>
<td>• Intense grief over irreplaceable possessions</td>
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<table>
<thead>
<tr>
<th>Shattered Assumptions</th>
<th>Disaster Losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The assumption of invulnerability</td>
<td>• Sense of safety</td>
</tr>
<tr>
<td>• The world as meaningful and just</td>
<td>• Sense of predictability</td>
</tr>
<tr>
<td>• Positive self-perceptions</td>
<td>• Sense of control</td>
</tr>
<tr>
<td></td>
<td>• Sense of history, future</td>
</tr>
<tr>
<td></td>
<td>• Relationship to environment</td>
</tr>
<tr>
<td></td>
<td>• Basic assumptions about the world</td>
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<tr>
<td>Emotional Phases of Disaster Recovery</td>
<td></td>
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<td>--------------------------------------</td>
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<tr>
<td>Heroic Phase</td>
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<tr>
<td>Honeymoon Phase</td>
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<tr>
<td>Disillusionment Phase</td>
<td></td>
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<tr>
<td>Reconstruction Phase</td>
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<table>
<thead>
<tr>
<th>Heroic Phase</th>
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<tbody>
<tr>
<td>Shock</td>
</tr>
<tr>
<td>Fear</td>
</tr>
<tr>
<td>Confusion</td>
</tr>
<tr>
<td>Adrenaline rush</td>
</tr>
<tr>
<td>Heroic acts</td>
</tr>
<tr>
<td>Coming together</td>
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<table>
<thead>
<tr>
<th>Heroic Phase</th>
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<tbody>
<tr>
<td>Workers (all above plus)</td>
</tr>
<tr>
<td>Stress of check-in and orientation</td>
</tr>
<tr>
<td>Frustration &amp; anxiety to get started</td>
</tr>
<tr>
<td>Once in action, inability to “let down” or rest</td>
</tr>
<tr>
<td>Identification with victims</td>
</tr>
<tr>
<td>Loyalty to fellow responders-Living/Dead</td>
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<th>Honeymoon Phase</th>
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<tbody>
<tr>
<td>Workers (all above plus)</td>
</tr>
<tr>
<td>Attendance to basic needs in a chaotic environment</td>
</tr>
<tr>
<td>Concerns about safety, food and shelter</td>
</tr>
<tr>
<td>Unrealistic optimism about recovery</td>
</tr>
<tr>
<td>Community cohesion, sharing of resources, cooperation</td>
</tr>
<tr>
<td>Denial of needs and emotional impact</td>
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<table>
<thead>
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<th>Honeymoon Phase</th>
</tr>
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<tbody>
<tr>
<td>Long hours for many days</td>
</tr>
<tr>
<td>Constant exposure to clients and their losses</td>
</tr>
<tr>
<td>But . . . “I’m OK!”</td>
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<thead>
<tr>
<th>Disillusionment Phase</th>
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<tbody>
<tr>
<td>Reality of impact</td>
</tr>
<tr>
<td>Realization of losses &amp; work to be done</td>
</tr>
<tr>
<td>Procedures to get assistance are frustrating</td>
</tr>
<tr>
<td>Community politics emerge</td>
</tr>
<tr>
<td>Grieving</td>
</tr>
<tr>
<td>Health problems</td>
</tr>
<tr>
<td>Family stress, domestic violence, substance abuse issues</td>
</tr>
</tbody>
</table>
Disillusionment Phase

Workers (all above plus)
- Overwhelmed by magnitude of losses
- Pressures of community expectations and self expectation
- Sleep deprivation and safety issues
- Interpersonal and organizational conflict
- Staff turnover

Reconstruction Phase

- Long phase of rebuilding, financially, psychologically, physically, spiritually
- Light at the end of the tunnel
- Begin to put disaster behind
- Renewed feeling of empowerment
- PTSD, depression, anxiety
- Return to pre-disaster activities

Reconstruction Phase

Workers (all above plus)
- Left with follow-up
- Out processing
- Feel good about contributions
- Reorient thoughts to home and regular job
- “Let down”, sense of loss, guilt of not doing enough

Critical Incidents

Events that have the potential to create significant human distress and can overwhelm one’s usual coping mechanisms.

Psychological Crisis

An acute response to trauma, disaster, or other critical incident wherein:
1. Psychological balance is disrupted
2. One’s usual coping mechanisms have failed
3. Evidence of significant distress, impairment, dysfunction

Crisis:
A temporary disruption of psychological balance wherein usual coping mechanisms fail.
Increased Risk Factors for Psychological Impact

- Rapid Events
- Intentional (Terrorism/Warfare)
- Children
- Number and Condition of Fatalities
- Media
- Social Interpretation

Increased Risk Factors for Psychological Impact

- Personalization
- Sensory Load
- Responder Issues
- Handling of Remains / Personal Effects
- Support System
- Hereditary Gene Factor

Psychological Response to Aspects of Trauma

Aspects                          Response

Threat to life

Horror

Loss or death of loved one

Bad outcome

The Need for Crisis Services

Post Oklahoma City

- 25-30% increase in divorce rate, OKC PD
- 300% increase divorce rate, OKC FD
- >5 suicides in personnel who worked on disaster response

FIRST RESPONDER STUDY

14% – 35% had PTSD, moderate to extreme

- Repeated memories, images
- Avoided thinking about it
- Upset when reminded, avoided reminders
- Disturbing dreams
- Irritable, angry
- Hyper-alert
- Difficulty concentrating
- Feel distant
- Feel numb
FIRST RESPONDER STUDY

10% - 30% had health symptoms new or worsened
- Sleep problems
- Fatigue
- Sudden mood changes
- Anxious/upset
- Depressed
- Coughing

FIRST RESPONDER STUDY

18% - 24% had problems functioning:
- Anger
- Problems with spouse/partner
- Difficulty relaxing
- Difficulty enjoying work
- Feeling upset at work

The Need for Crisis Services

New York City, September 11
- Retirement rate doubled for both firefighters and officers
- 4,000 years of FD experience lost

Psychological Impact of 9/11

Fire Department:
- 14,000 FDNY members have sought mental health services through FDNY Counseling Services Unit since 9/11
- Prior to 9/11, CSU treated 50 new cases per month
- Post 9/11, CSU treated 260 new cases per month

Dr. Kerry Kelly, FDNY, 2007

Psychological Impact of 9/11

WTC Health Registry

Prevalence of PTSD 2-3 years post-9/11:
- 12.4% all rescue and recovery workers
- 12.2% firefighters
- 6.2% police
- 21.2% unaffiliated volunteers and workers from non-emergency occupations (construction, engineering, sanitation)

Peter Volkman, MSW

Perrin et al., A.J. Psychiatry, Nov. 2007
Psychological Impact of 9/11
WTC Health Registry

Most vulnerable to PTSD equals
Most highly exposed:
• Those who started work on or soon after 9/11
• Those who worked longer periods of time
• Those who worked at the site for at least three months (except for police)

WTC Health Registry Recommendations

• Use shift rotations to reduce workers’ and volunteers’ duration of service at sites
• Limit exposure of those who have less prior training and exposure to disaster
• Establish mental health services to address needs of workers who have received less disaster training than police and fire staff

The Need for Crisis Services

• Up to 35% disaster victims develop PTSD

• Mass disasters and terrorism will create more psychological casualties than physical casualties

The Need for Crisis Services

Over 50% of disaster workers can be expected to develop significant post-traumatic distress

(Wee & Myers, 2001)

Categories of Stress

• General
• Cumulative
• Critical Incident (Traumatic Stress)
• Post-Traumatic Stress Disorder

Initially stress reactions are adaptive and helpful. As the stress reactions increase, however, there is a greater chance that they will be maladaptive and disruptive.
Crisis Related Symptoms

- Anxiety, Tension
- Anger
- Helplessness
- Depression
- Sadness
- Suicidal Ideation
- Violence
- Impulsivity
- Self-Medication
- Sleep Disruption
- Irritability
- Fatigue

Common Forms of Self-Medication

- Stimulants (caffeine, amphetamine, cocaine, chocolate, nicotine)
- Depressants (alcohol)
- Hallucinogens
- Antihistamines, Sleep
- Food, Sex, Shopping and Gambling

Goals of Crisis Intervention

- Stabilization
- Symptom reduction
- Return to adaptive functioning
- Facilitation of access to continued care

Crisis Intervention

- Emotional first aid.
- Focus on the immediate crisis, not past historical events.

Keys to Crisis Intervention

(Slaby, Lieb & Tancredi, 1975)

- Immediacy
- Innovation
- Pragmatism
- Proximity
- Brevity
- Expectancy
- Simplicity
CISM
Critical Incident Stress Management is a comprehensive, systematic, and multi-component approach to the management of traumatic stress.

Core CISM Mechanisms of Action
(Mitchell & Everly, 1997)
• Early Intervention
• Psychological Support
• Opportunity for Expression
• Crisis Education: Cognitive Processing; Behavioral Response

Core Elements of CISM Program
• Pre-incident Preparation / Education
• On-Scene Support Services
• One-on-One Crisis Intervention
• Demobilization
• Crisis Management Briefing
• Defusing
• Critical Incident Stress Debriefing (CISD)

Core Elements of CISM Program
• Organizational / Community Support
• Follow-up / Education / Referral Support
• Family Support
• Pastoral Crisis Intervention

Pre-Incident Preparation/Education
• Provides general information on stress and trauma
• Sets expectations for actual experience (physical and psychological)
• Teaches acute and long-term coping techniques

On-Scene Support Services
• Outreach to where people work, live, congregate
• One-on-one interactions
• No interference with operations
• “Over a cup of coffee” conversation, “curbside counseling,” “therapeutic schmoozing”, “Stealth Counseling”
One-on-One Individual Crisis Intervention

Most crisis intervention is done individually, one-on-one, either face-to-face or by telephone.

Organizational / Community Crisis Support

Consists of risk assessment, pre- and post-incident strategic planning, tactical training and intervention, and the development of a comprehensive crisis plan.

Demobilization

- A transition from a traumatic exposure to a return to home or new assignment
- Typically used in response to large scale events or major disasters
- Respite Centers are an innovative form of stress management and demobilization

RESPITE / REHAB CENTERS

These are important ongoing physical & psychosocial decompression areas constructed near the disaster site to provide support (beverages, light food, protection from weather, and provision of psychological support / stress management) to emergency personnel.

RESPITE / REHAB CENTERS

- On-going and less structured than demobilization
- Most commonly used for on-going events
- Provides areas for rest and / or diversion (e.g., TV, VCR) appropriate for use in ongoing event
- Provides food and fluids
- Provides first aid, stress management, spiritual care support

Respite Center

- Physical
- Emotional
- Spiritual
- Internet
- Food
- Supplies
- Television
- Telephones
- Rest Area
- Comfortable Furnishings
Crisis Management Briefings

• Structured large group community /organizational “town meetings”
• Designed to provide information about the incident, control rumors, educate about symptoms of distress, inform about basic stress management, and identify resources available for continued support.

Defusing

• Structured small group (less than 20) discussion of crisis event
• Provided on same day as event (up to 12 hours)
• 20-45 minutes in duration
• Homogeneous work groups

Critical Incident Stress Debriefing (CISD)

Used within the context of CISM, the term “debriefing” refers to a 7-phase structured small group crisis intervention more specifically named Critical Incident Stress Debriefing (CISD).

CISD GOALS

• Mitigate distress.
• Facilitate psychological normalization and reconstruction.
• Set appropriate expectations for psychological / behavioral reactions.
• Serve as a forum for stress management education.

• Identification of external coping resources.
• Serve as a platform for psychological triage and referral.
• Never mandatory.
• Not used doing ongoing disaster operations—it is used afterwards.
• Always conducted by a mental health professional with CISM training.

Family Support

• The person in crisis may spread intense feelings to family members
• Family support is an important aspect of CISM
• Family support is typically provided by those with special training
Pastoral Crisis Intervention

The functional integration of the principles and practices of psychological crisis intervention with the principles and practices of pastoral support.

(Everly, 2000)

Follow-up / Education / Referral

Assuring that those who need continued help are not lost in the aftermath.

Remember:

CISD / CISM are not substitutes for psychotherapy.

Rather, they are elements within the emergency mental health system designed to precede and complement psychotherapy; i.e., part of the full continuum of care.

Self-Care

Why is this important?

• Responding to disasters can be frustrating due to competing needs of agencies, clients and caregivers.

• Adrenaline and desire to help can lead to regrettable decisions and practices.

Self-Care

Why is this important?

• Normal mechanisms of self-care can be more difficult to access.

• Self-care often gets overlooked by responders and workers

Self-Care

How can we care for ourselves?

• Pre-incident training – classes, drills

• Pre-incident preparation – affiliations, operational plans and protocols
### Self-Care

**How can we care for ourselves?**

- Orientation to disaster/incident
- Boundaries – length of shift, type of duty, breaks, limit exposure to traumatic stimuli

**How can we care for ourselves?**

- Buddy system - connect with others
- Use formal mechanisms already in place, such as CISM services

**Self-Care**

**How can we care for ourselves?**

- Use stress management techniques (deep breathing, meditation, journaling, positive self-talk, relaxation techniques, visualization, music, humor)
- Ask for help - from family, friends and mental health professional

**How can we care for ourselves?**

- Pay attention to physical needs (food, fluids, rest, exercise – avoid overuse of alcohol, drugs, and stimulants)
- Participate in events that provide meaning and commemoration

### Staff-Care

**Mitigating the impact of a response**

- Pre-incident education
- Pairing experience with inexperienced
- Adjusting work shifts
- Rotation of duties
- Workers have permission to say Yes / No
- Staff orientation and daily briefing
- Staff recognition post event
- Follow support programs

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**International Critical Incident Stress Foundation**

[www.icisf.org](http://www.icisf.org)  
410-750-9600