501 (c)(3)

The most important basic human need . . .

Types of Disasters

Technological
- **Nuclear Accidents**
- **Chemical Spills**
- **Air Crashes**

Natural
- **Hurricanes**
- **Tornadoes**
- **Floods**
- **Forest Fires**

Health
- **Epidemics**
- **Contaminated Water**
- **Disinterred Bodies**

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

Impact of Disasters

Social Factors

- **Effectiveness of disaster response**
- **Characteristics of healing environment**

Considerations for: Pre-disaster Conditions

- **Health care needs or pre-existing mental health conditions**
- **Homeless or the marginally housed**
- **Single parent households**
- **Geographically isolated people**
- **People living in poverty**
- **People lacking the support of family or friends**

Considerations for: Older Adults

- **Coping skills enhanced from life experiences**
- **Diminished physical and cognitive abilities**
- **Fear of loss of independence**
- **Limited income**
- **Reluctance to accept perceived "handouts"**
- **Intense grief over irreplaceable possessions**

Considerations for: Cultural Groups

- **Immigration status**
- **Pride in self-reliance**
- **Literacy**
- **Communication styles**
- **Family and gender roles**

Shattered Assumptions

- **The assumption of invulnerability**
- **The world as meaningful and just**
- **Positive self-perceptions**

Disaster Losses

- **Sense of safety**
- **Sense of predictability**
- **Sense of control**
- **Sense of history, future**
- **Relationship to environment**
- **Basic assumptions about the world**

Emotional Phases of Disaster Recovery

- Heroic Phase
- Honeymoon Phase
- Disillusionment Phase
- Reconstruction Phase

Heroic Phase

- Shock
- Fear
- Confusion
- Adrenaline rush
- Heroic acts
- Coming together

Heroic Phase

Workers (all above plus)

- Stress of check-in and orientation
- Frustration & anxiety to get started
- Once in action, inability to "let down" or rest
- Identification with victims
- Loyalty to fellow responders-Living/Dead

Honeymoon Phase

- Attendance to basic needs in a chaotic environment
- Concerns about safety, food and shelter
- Unrealistic optimism about recovery
- Community cohesion, sharing of resources, cooperation
- Denial of needs and emotional impact

Honeymoon Phase

Workers (all above plus)

- Long hours for many days
- Constant exposure to clients and their losses
- But . . . "I'm OK!"

Disillusionment Phase

- Reality of impact
- Realization of losses & work to be done
- Procedures to get assistance are frustrating
- Community politics emerge
- Grieving
- Health problems
- Family stress, domestic violence, substance abuse issues

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.

Crisis:
A temporary disruption of psychological balance wherein usual coping mechanisms fail.

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**

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	
Loss or death of loved one	

Psychological Response to Aspects of Trauma

Aspects	***Response***
Horror	
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

- **NYPD suicide rate averaged 4-8 per year for 12 years prior to 2001**
- **September 11, 2001 to September 11, 2002 was the first year without one suicide in NYPD history**
- **Results are attributed to increased support to police officers and decreased stigma about obtaining assistance**

Peter Volkmann, MSW

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)**

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)**

Perrin et al., *A.J. Psychiatry*, Nov. 2007

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**

Perrin et al., *A.J. Psychiatry*, Nov. 2007

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

Crisis Related Symptoms

- Difficulty Concentrating
- Headaches, Nausea
- Memory Problems
- Trigger Reactions

Common Forms of Self-Medication

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

Crisis Intervention

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

Goals of Crisis Intervention

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

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**
- **Family Support**
- **Pastoral Crisis Intervention**
- **Follow-up/ Education/ Referral**

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**

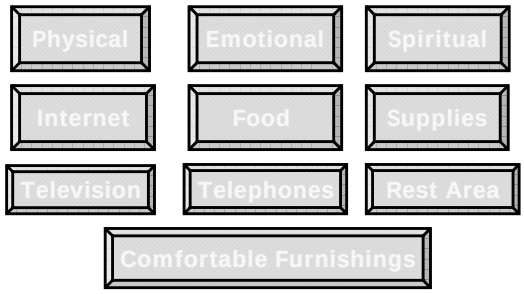
RESPITE / REHAB CENTERS

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



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.**

CISD GOALS

- **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**

Self-Care

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**

Self-Care

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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