

Responding to Disasters: Principles and Considerations for Behavioral Health

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Agenda

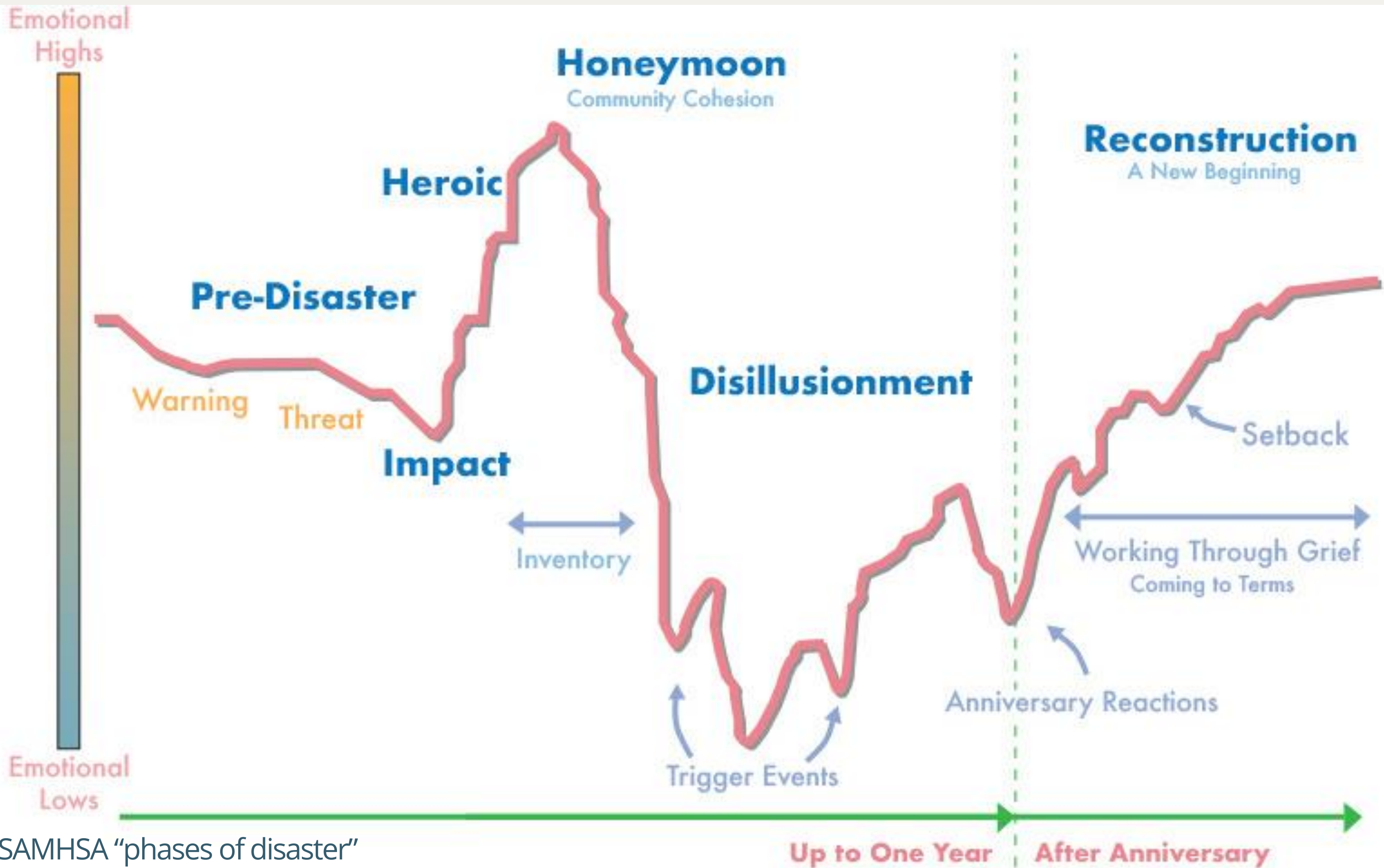
Disaster phases and timelines

Population Exposure Model

Common Symptoms and Experiences

Effective Interventions

Resilience Building



SAMHSA "phases of disaster"

Phases of Disaster

Impact Phase

◦0-48 hours post-event. Focus is on safety, communication, assessment of ongoing threat.

Rescue Phase

◦0-1 week post-event. Primary goal is to adjust. Psychological issues: resiliency vs. exhaustion and orientation around what has happened.

Honeymoon Phase

◦1-4 weeks post-event. Community leaders are promising support, bonding and support is high. Sense of relief for survivors, Unrealistic expectations of recovery and denial of the impact.

Disillusionment Phase

◦1 month to 9 months post-event (usually about 6-9 months post impact). Limits of disaster assistance become clearer; reality of the extent and impact of the disaster become evident.

Reconstruction & Recovery

◦3 months to ongoing; Community on the way to healing, may continue for years; survivors begin to realize they will need to solve the rebuilding issues themselves, may develop sense of empowerment.

Impact Phase – 0-48 hours post event

Areas of Focus

- **Focus on psychological and physical safety**
- **Immediate threat / risk reduction or mitigation**
- **Acute survival and triage needs**
- **Assessment of potential for future (ongoing) threat**

Interventions

- **Psychological First aid**
- **Shock recovery (heat, water, medical triage)**

RESCUE PHASE: 0-1 week post event

Areas of Focus

- Adjustment to current circumstances
- Resilience vs. Exhaustion
- Processing reality of what occurred

Interventions

- Present focus (here and now)
- No mandatory debriefing participation
- Space and time allowed (structurally) for processing experiences of those who want to do so.
- Communication and processing (not trauma therapy)



Honeymoon phase: 1-4 weeks post event

Areas of Focus

- High community bonding
- External supports are high / strong
- Expectations about recovery or denial of impact may be strong



Interventions

- Appropriately harnessing motivation to increase long-term resilience
 - Establishing med to long term behavioral health supports within the community or structure
 - Training volunteers on psychological supports
- Re-prioritizing focus away from “waiting until things get back to normal” and on to empowerment for intentional cultural shifts / change

Disillusionment phase:
1-9 months post event
(usually about 6 mos)

Areas of Focus

- Limits of external assistance become clear
- Hopelessness around reality of event can set in
- Coming to term with losses



Interventions

- Active coping skills
- Sensory interventions
- Harm reduction related to impulsive or high-risk behaviors
- Suicide intervention training & support for survivors

Reconstruction and Recovery

Areas of Focus

- **Active coping to internalize long term**
- **Post-traumatic growth**

Interventions

- **Active resilience building (Purpose, Connection, Adaptability & Hope)**
- **Meaning-making activities**
- **Connection to things larger than self (social interest)**

Factors that influence the reconstruction / recovery pathway

OR may result in the experience of a “disaster cascade” depending on the nature of the secondary impact

- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves (such as with COVID) infection / illness / restrictions that result

Disaster cascades

Defined as : more than one large-scale impact that occurs during the recovery window (18-24 months) from the original impact.

Disaster cascades:

- Tax already depleted mental, emotional and physical resources
- Re-start the disaster recovery cycle, but at a lower baseline
- Extend the recovery cycle
- Increase acuity of symptoms

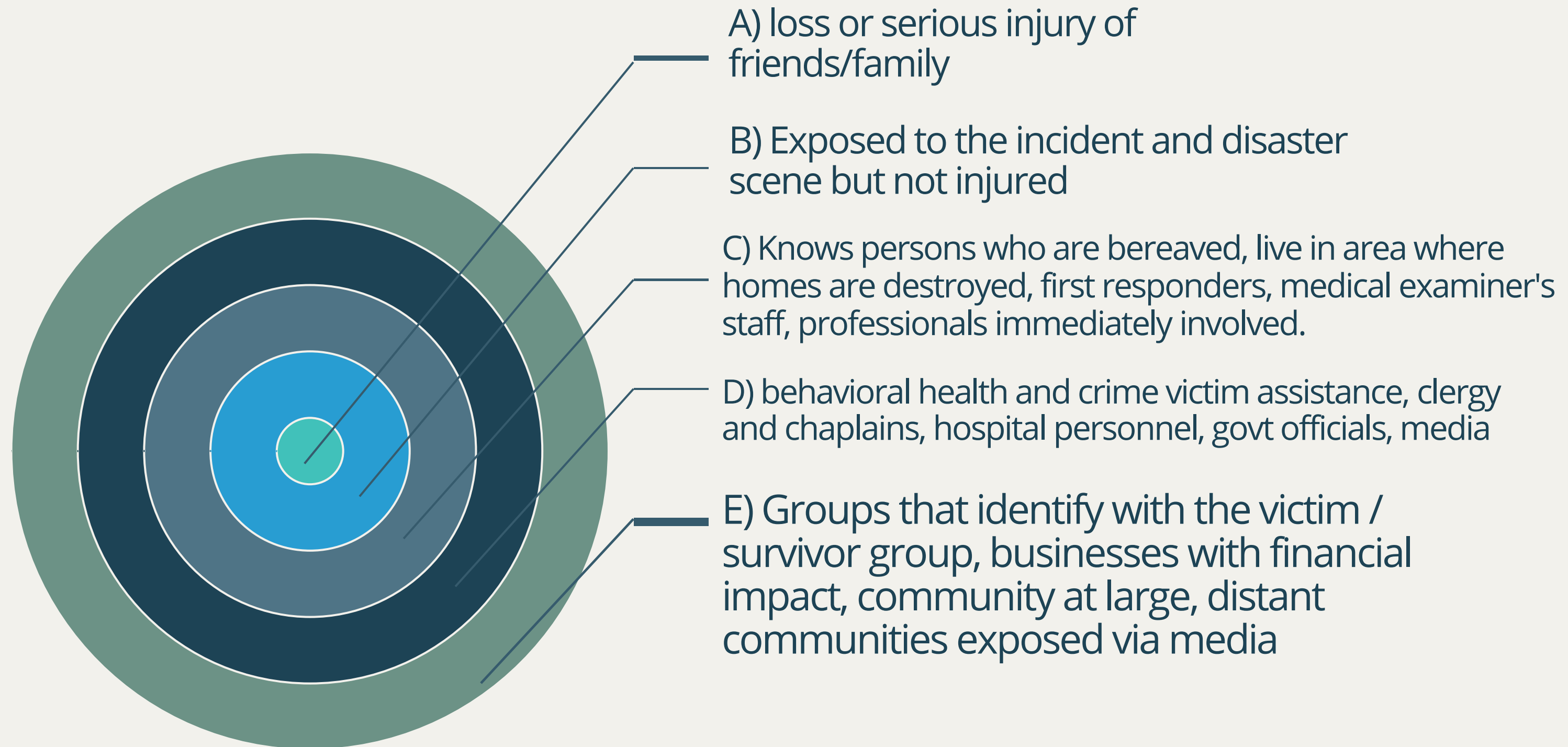


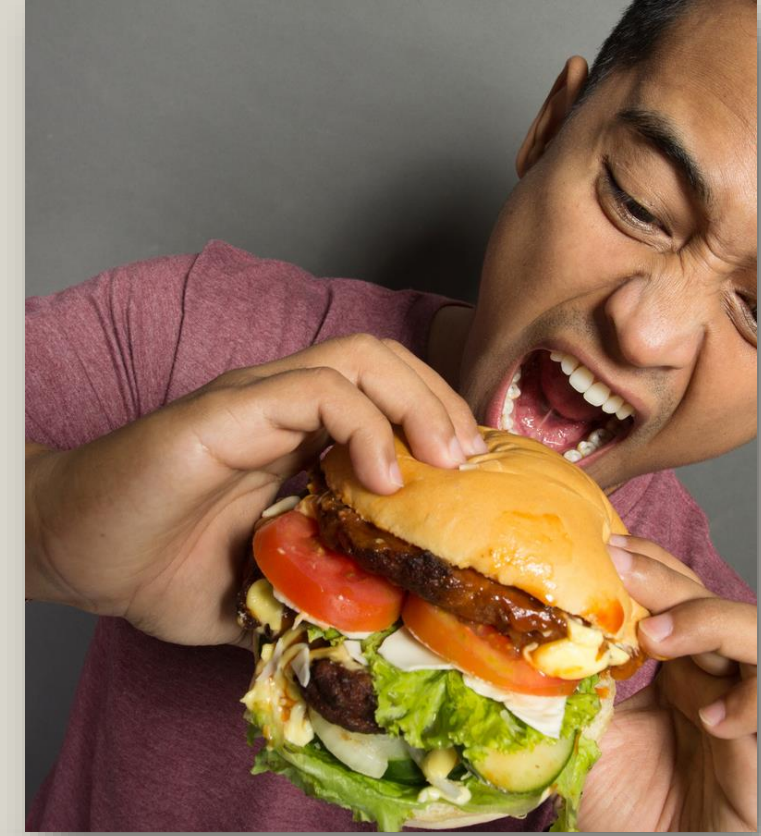
Trauma, Stress and Resilience

- **All trauma is stressful, but all stress isn't necessarily traumatic**
 - (ducks and birds)
 - Stress can build up over time
- **The ability to function effectively CAN be compromised by either one**
 - Emotionally, Cognitively, Behaviorally, Physically, Socially, Spiritually
- **Long term moderate to severe stress affects the brain in ways similarly to traumatic events**
 - Large-scale disasters as well as smaller-scale critical incidents
- **Resilience can be developed intentionally, or can come about as a result of adverse experiences**

Population Exposure Model

Those closest to the “epicenter” of the disaster in terms of immediate and severe impact are most likely to be affected psychologically.





COMMON EXPERIENCES AND CHALLENGES

Cognitive,
Physical,
Behavioral,
Social,
Emotional,
Spiritual



Structures of Note:

Prefrontal cortex:

higher-level functioning, planning, organization, details, filtering

Limbic system:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze).

Includes the amygdala & hippocampus

We are all still (at least slightly more) limbicly activated.



Best Practices in Disaster Behavioral Health



In general:



1

Don't self-deploy!

2

Be prepared at home - walk the talk

3

Have a family communication plan

4

Include your workplace in your planning

5

Educate yourself about local resources - CERT, Trainings, etc.

In a response / activation / deployment:

1

Be willing to do anything that needs doing within your skill set and competence

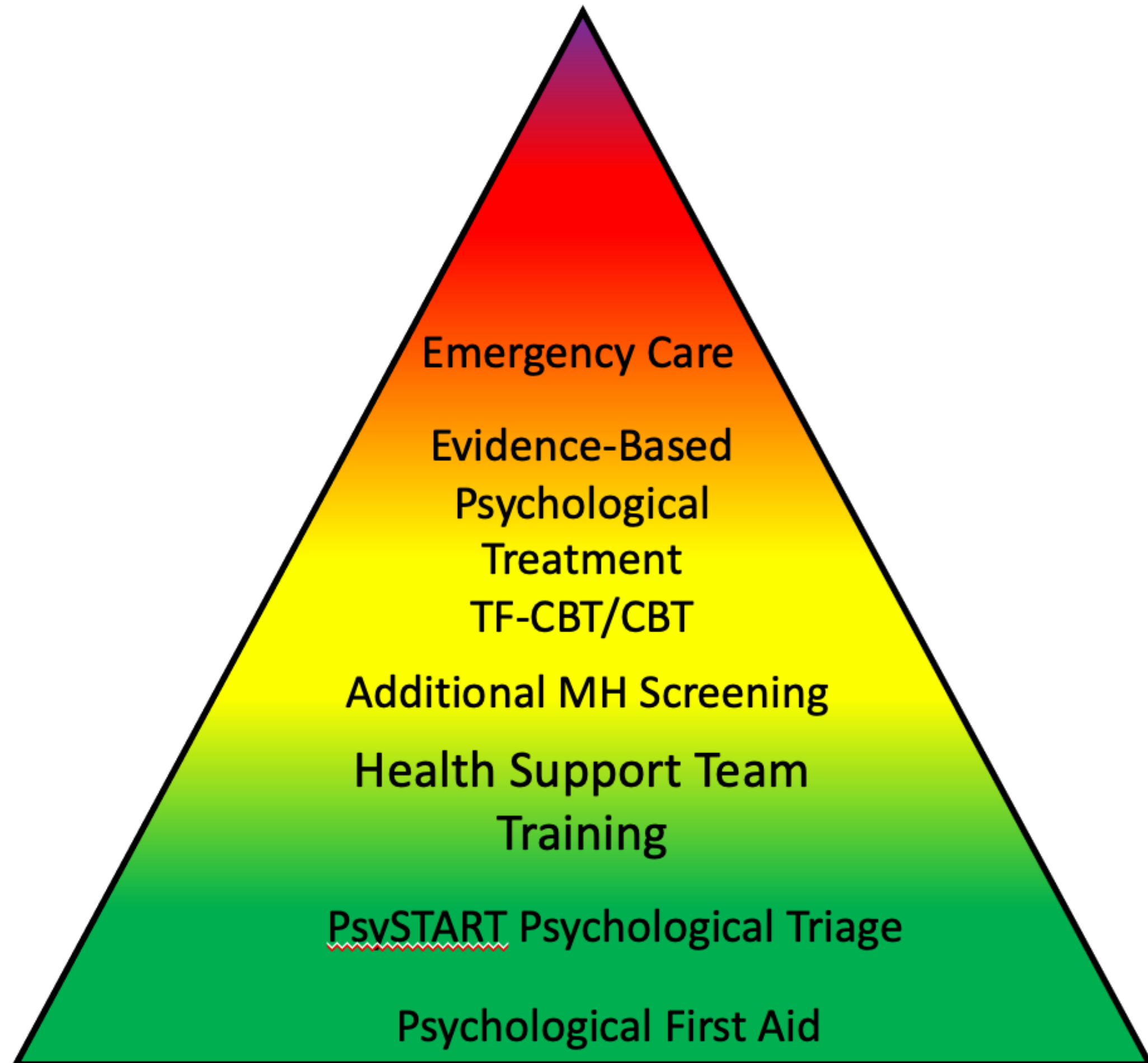
2

Let go of traditional ways of providing services or reaching goals

3

Be willing to connect - with your colleagues / coworkers / team members and with survivors

Continuum of care options for disasters and critical incidents





Health Support Team

Disaster Behavioral Health Training and Response

The HST training program is based on educational models for teaching behavioral health information and skills.

Designed for the purpose of training community members in how to provide basic evidence-based behavioral health support to their families, friends, and community organizations in an ongoing, sustainable way.

This minimizes reliance on outside support, allows for the training materials to be adapted for a variety of cultures and languages, and creates an embedded behavioral health support network within the community.



Prioritizing flexibility, mutual learning, and cultural adaptation

Cultural norms:

- Respect (gender / education)
 - Identification is important
- Social cues
 - Feedback from ‘students’ / learners & translators
 - Reception of ideas
 - Stoicism
- Pathology, customs, rituals, categories / labels
- Communication
 - High and Low context cultures
 - Working with translators
 - Translation v. transliteration
 - Establishing relationships

The Health Support Team[©] Program

Module 1: Introduction to Health Support Team,
Disaster Response & Recovery

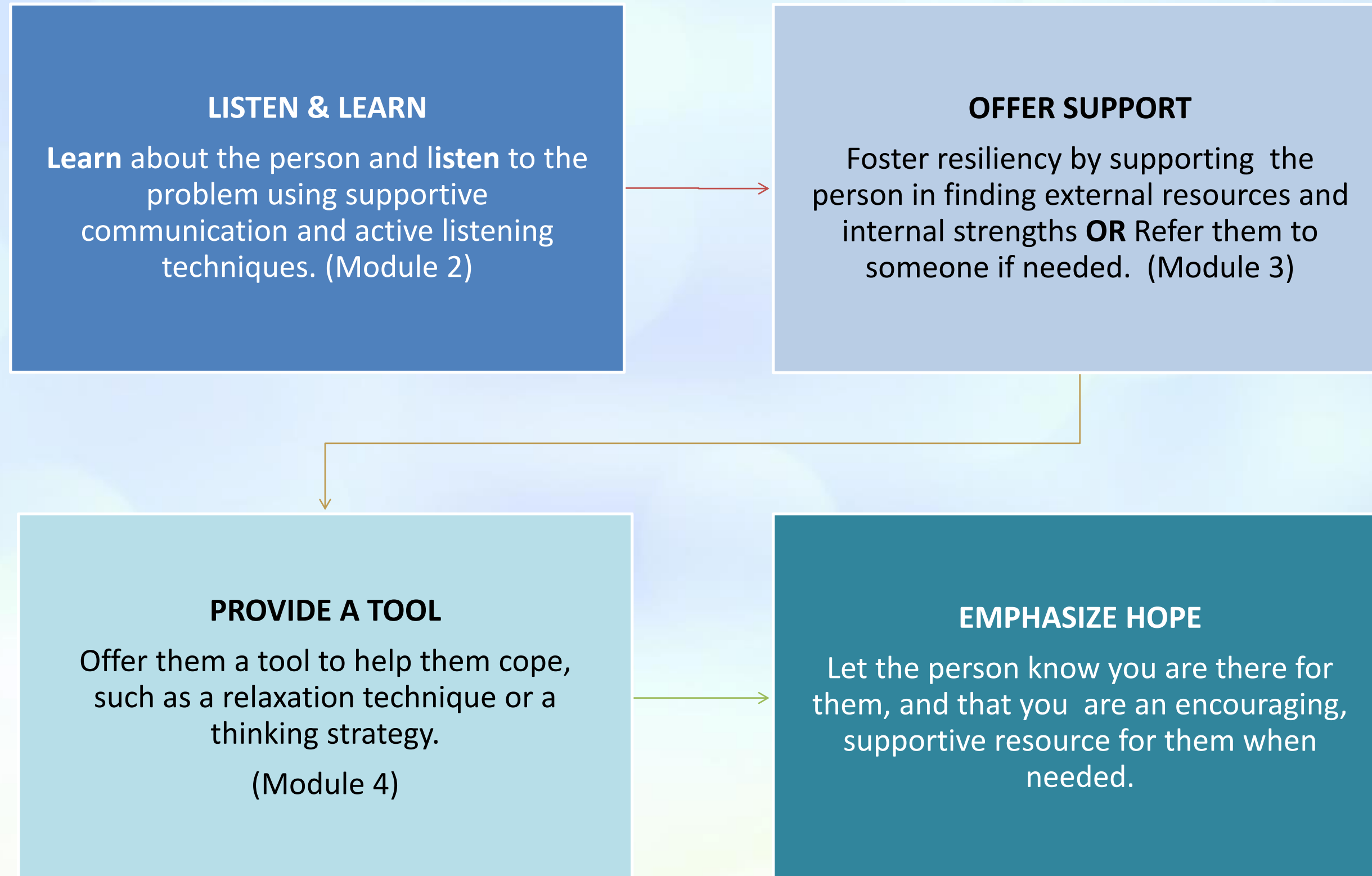
Module 2: HST Skills and Techniques: The Supportive
Relationship, Communication and Listening

Module 3: HST Goals: Engaging with Key Issues from
Listening to Referral

Module 4: HST Toolbox: Relaxation, Stress Reduction,
and Thinking Strategies

Module 5: Health Support Team Member Boundaries
and Resilience

The HST process includes four steps:



HST APPLIED



- 400+ trained in Haiti (75 as trainers)
- 200+ trained in Jordan (Jordanians, Palestinians, Iraqis & Syrians, including group of all female trainers)
- 200 + trained in Poland (Polish relief workers, educators, Ukrainian refugees)
- 400+ First Responders and community members (CERT, MRC and others) in the US
- 500+ trained through WA Dept of Health as part of COVID response

Effective Interventions

Active Coping

- Sensory engagement (sight, touch, taste, smell or sound)
- Movement
- Structure / schedule
- Goals that are the right scale / scope
- Culturally relevant and appropriate suggestions!!!!
 - Do your homework if you are working in an area where you are unfamiliar with norms.

Active Listening - be aware of high and low context cultures



Non-Verbal
Communication



Open Ended
questions



Clarifying
Questions



Seek to deeply
UNDERSTAND
(not to fix or
problem solve)



Express
Empathy

More please: *in a healthy way*

Serotonin

- Movement / exercise
- Sun exposure
- Massage
- Hot / cold showers
- What makes you feel ***comfortable and secure?***

Dopamine

- Movement / exercise
- Task achievement (to-do lists, long term goals as well)
- Creating something – music, art, writing
- What is ***fun or rewarding*** for you personally?



Resilience Development



Purpose

What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability

How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope

How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?

Connection

To whom or what are you connected? Connection can be anything that prevents isolation.

BOTTOM LINE:

- Prepare yourself, your family and your business at home.
 - Start by “walking the preparedness talk”
- If you are interested in doing disaster relief, get training, get certified.
 - CPR, CERT, MRC, FEMA, etc.
- Do some personal inventory about your level of comfort with ambiguity, difficult physical conditions, roles, and tasks
- Educate yourself on best practices in disaster response behavioral health support.
 - Learn more about Psychological First Aid (PFA), Health Support Team (HST) and other programs that specifically are aimed at providing direct service or training to those affected by disasters and critical incidents.