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Foundations of Disaster Mental Health Training

Version 2013.1
Revised January 15, 2013

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Course Objective

- **To prepare first time, independently-licensed Disaster Mental Health (DMH) workers to deploy to a disaster relief operation.**

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Mental Health Association Partners

- American Counseling Association (ACA)
- American Association of Marriage and Family Therapy (AAMFT)
- American Psychiatric Association (APA)
- American Psychiatric Nurses Association (APNA)
- American Psychological Association (APA)
- National Association of Social Workers (NASW)
- National Association of School Psychologists (NASP)
- American School Counselors Association (ASCA)

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DMH Mission

- **DMH has a dual mission to provide mental health support to disaster survivors and workers across the disaster continuum of preparedness, mitigation, response and recovery.**

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Red Cross DMH

- **5,000 independently-licensed, master's level (or higher) DMH volunteers, based out of 600 chapters**
- **Respond to 70,000 disasters/year**

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- **Humanitarian organization with a Congressional charter that is guided by seven fundamental principles:**
  - **Humanity**
  - **Impartiality**
  - **Neutrality**
  - **Independence**
  - **Voluntary service**
  - **Unity**
  - **Universality**

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Readiness to Deploy

- **Disaster relief operations are stressful.**
- **Assess:**
  - **You and your family's readiness to deploy**
  - **Personal support for doing volunteer disaster work**
  - **Job-related support for doing volunteer disaster relief work**
  - **Personal history of trauma or mental health issues**
  - **Comfort levels in stressful environments**

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Disaster Relief Services

- **Sheltering,**
- **Feeding**
- **Distribution of bulk supplies**
- **Emergency aid stations**
- **Outreach**
- **Safe and Well Web Site** http://www.redcross.org/safeandwell

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Disaster Relief Services (cont.)

- **Client Casework - information and referral**
- **Disaster Health Services (HS)**
- **Integrated Care Teams**
- **Disaster Spiritual Care**

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Disaster Mental Health Activities

- Deployed throughout operation
- Intervene with both staff and survivors
- Staff involvement
  - **Workers trained in PFA enhance ability of DMH to provide support to survivors**
  - **DMH works with staff to reduce stress on operation and mitigate adverse outcomes**
- Two supervisors: Site and Technical

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Psychological Impact of Disaster

- **Can range widely**
- **Dependent on individual factors, such as age, culture, previous functioning, etc.**
- **Occur in all domains of functioning**
  - **Emotional**
  - **Cognitive**
  - **Physical**
  - **Behavioral**
  - **Spiritual**

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Psychological Impact of Disaster

- **Many people are resilient**
  - **The most common outcome**
  - **Over 50% of population resilient after 9/11**
- ***On average*, 30-40% of *direct* victims of disaster will experience one or more disorders such as PTSD, depression or anxiety**
  - **Children emerge with greater risk**
  - **5-10% of people in the community-at-large**
  - **10-20% of responders are at risk**
- **Early intervention reduces risk**

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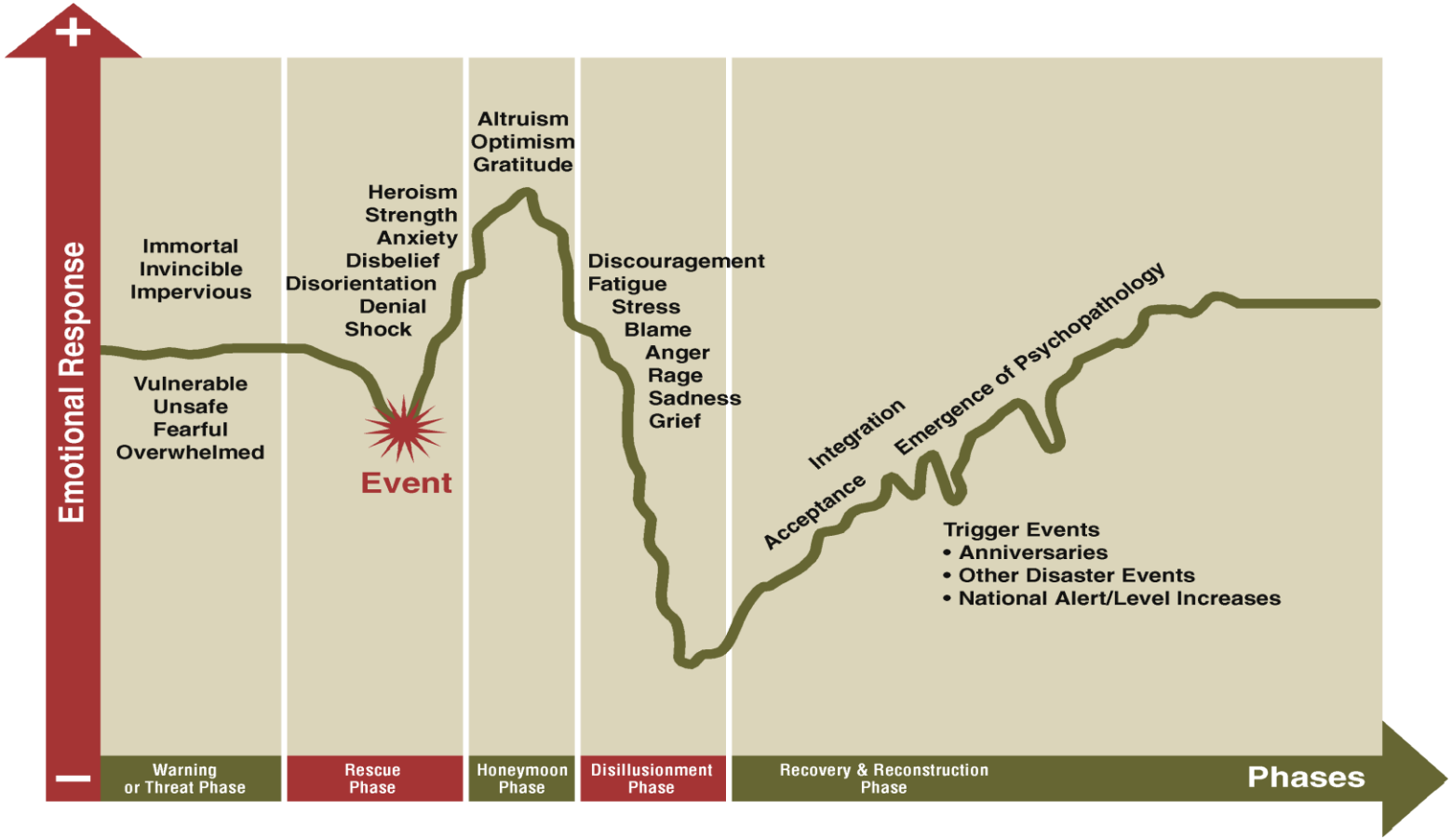
Disaster Response Phases



Myers and Zunin, 1990; DHHS, 2000 & 2004; Herrmann, 2004

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Red Cross Three-Element Intervention Strategy

- **Identification of mental health needs**
- **Promotion of resilience & coping skills**
- **Targeted interventions to mitigate psychological complications of disaster**

California Wildfires 2009

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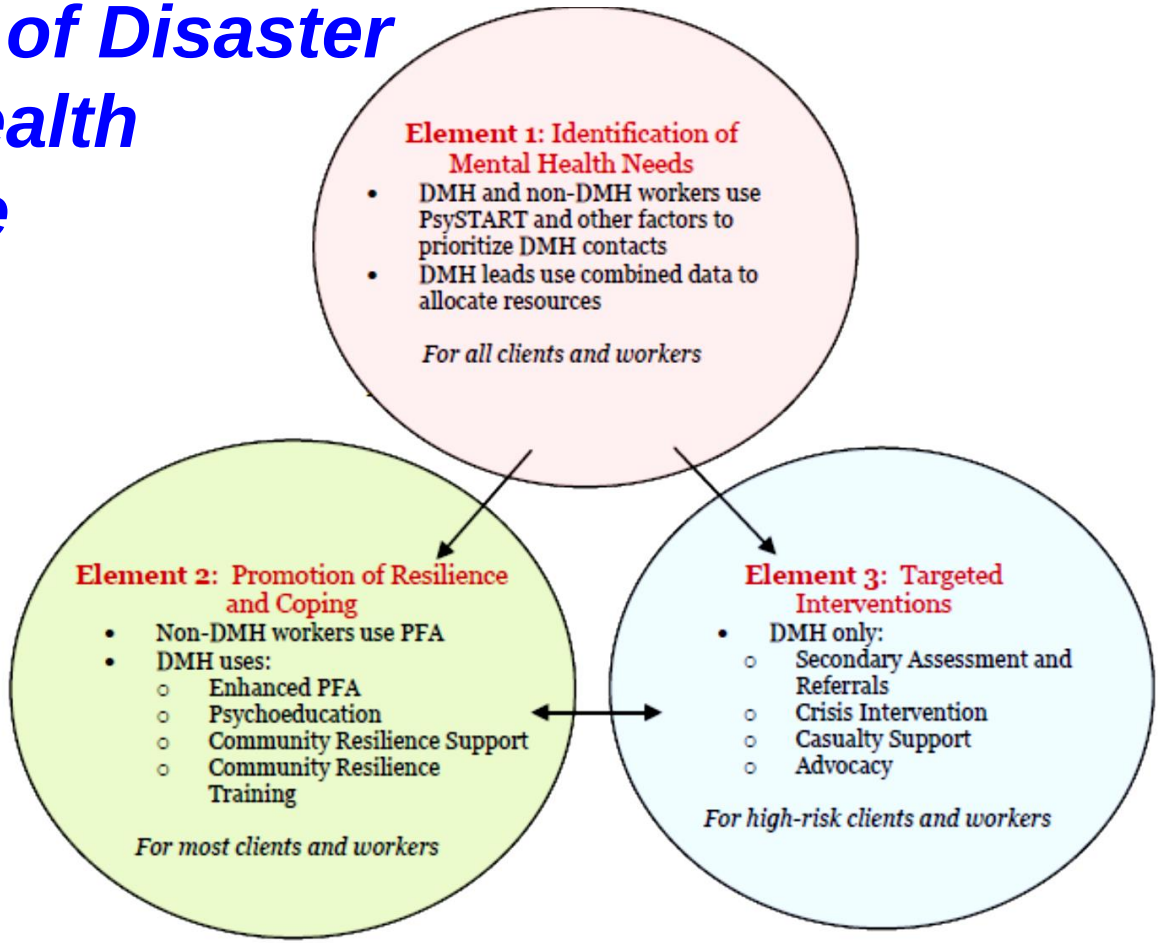
Elements of Disaster Mental Health Response



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Element 1: Identification of Mental Health Needs

- ***Individual Psychological Triage*:**
  - **To identify high risk clients**
  - **To prioritize interventions**
  - **To make rapid referrals**
- **PsySTART system risk factors based on:**
  - **Exposure to disaster**
  - **Previous history of mental illness**
  - **Previous disaster experience**

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Element 1: Individual Psychological Triage (continued)

- **Other situations requiring prompt DMH attention:**
  - **A person is crying uncontrollably, withdraws over an extended period, or otherwise exhibits significant distress;**
  - **A client is so distressed or has extreme limitations that require advocacy to get through the interview with the caseworker or access other critical disaster services;**
  - **A client or worker behaves in such a way that makes it difficult for the service provider to provide services;**
  - **A distressed worker or client asks for coping support, or has it requested for them by someone else.**

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PsySTART wallet card

PsySTART™ Mental Health Triage System

DANGER TO SELF OR OTHERS?	STOP	Y ☐
FELT/EXPRESSED EXTREME PANIC or FEAR?	⚠	Y ☐
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?	⚠	Y ☐
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?	⚠	Y ☐
DEATH OF PARENT, CHILD or FAMILY MEMBER?	⚠	Y ☐
DEATH OF PET?	⚠	Y ☐
SIGNIFICANT DISASTER-RELATED ILLNESS or PHYSICAL INJURY TO SELF or FAMILY MEMBER?	⚠	Y ☐
TRAPPED or DELAYED EVACUATION?	⚠	Y ☐
FAMILY MEMBER CURRENTLY MISSING or UNACCOUNTED FOR?	⚠	Y ☐
UNACCOMPANIED CHILD?	⚠	Y ☐
HOME NOT LIVABLE?		Y ☐
SEPARATED FROM IMMEDIATE FAMILY DURING EVENT?		Y ☐
PRIOR HISTORY OF MENTAL HEALTH CARE?		Y ☐
PRIOR HISTORY OF DISASTER EXPERIENCE?		Y ☐
NO TRIAGE FACTORS IDENTIFIED		

STOP If yes, immediately contact site supervisor and DMH or call 911.

⚠ If yes, contact DMH as soon as possible.

Contact DMH at the end of your shift for all other risk factors.

2012-04-08

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PsySTART Risk Factors

- The risk factors are used as a first step in a continuum of triage, screening, secondary clinical assessment, and referral
- Based on multiple research studies on children and adults:
  - Direct research using PsySTART itself (Theinkurta, et. al. 2006, Marshal et. al. 2008)
  - Large scale reviews of DMH literature: (Norris, et al, 2001, Galea, 2005, Neuria, 2008, Digrande, 2011)
  - Meta-analytic reviews of PTSD risk following traumatic events (Ozer, 2003, Brewin, 2000)

PsySTART Risk Factors (cont.)

- Final PsySTART factors were based on:
  - evidence base
  - ease of identification by non-MH PFA providers
  - cross cultural relevance
  - national disaster policy (e.g., child separated from caretakers)

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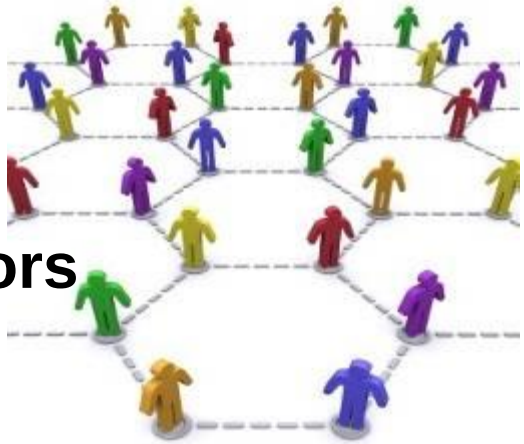
Psychological First Aid: Triage/Force Multiplier



- All volunteers trained in PFA
- 4-hour curriculum
- Be aware of PsySTART triage risk factors
  - "saw/heard death or serious injury"
  - highly predictive, especially in contrast to transient post-disaster Sx
- Provide emotional support to survivors and other workers
- DMH works with
  - higher risk survivors
  - more difficult tasks

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Element 1: Mental Health Surveillance

- **Purpose:**
  - To deploy to areas with higher ratios of high risk clients
  - To focus on exposure in addition to symptoms
  - To inform state and local MH agencies of client needs
  - To monitor worker exposure
- **Process:** Supervisor/manager collects data from DMH workers and aggregates to determine areas with higher risk

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PsySTART™ Aggregated Worksheet

If stats called in: Time ___ : ___ to _____ (supervisor / manager)

DRO# _____ DRO District / Site: _____

Date: _____ Person completing form: _____

DMH contact with staff *tally box*	Total numbers of DMH contacts with staff:	Total numbers of DMH exit interviews with staff:
	_____	_____

Sheet _____ of _____

	Client 1	Client 2	Client 3	Client 4	Client 5	Client 6	Client 7	Client 8	Client 9	Client 10	Client 11	Client 12	Client 13	Client 14	Client 15	Client 16	Client 17	Client 18	Client 19	Client 20	Total	Triage Level
EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	1	PURPLE
FELT OR EXPRESSED EXTREME PANIC?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	RED
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	3	
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	4	
DEATH OF PARENT, CHILD OR FAMILY MEMBER?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	5	
DEATH OF PET?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	6	
SIGNIFICANT DISASTER RELATED ILLNESS or PHYSICAL INJURY of SELF or FAMILY MEMBER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	7	
TRAPPED or DELAYED EVACUATION?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	8	
HOME NOT LIVABLE?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	9	
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	10	
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	11	
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION / STATUS DURING AN EVENT	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	12	YELLOW
PRIOR HISTORY OF MENTAL HEALTH CARE?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	13	
PRIOR HISTORY OF DISASTER EXPERIENCE?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	14	
NO TRIAGE FACTORS IDENTIFIED?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	15	GREEN
Adult Client 18 years or over	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	**Total Adults: _____**	
Child Client under 18 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	**Total Minors: _____**	

www.psystart.org

7/23/2009

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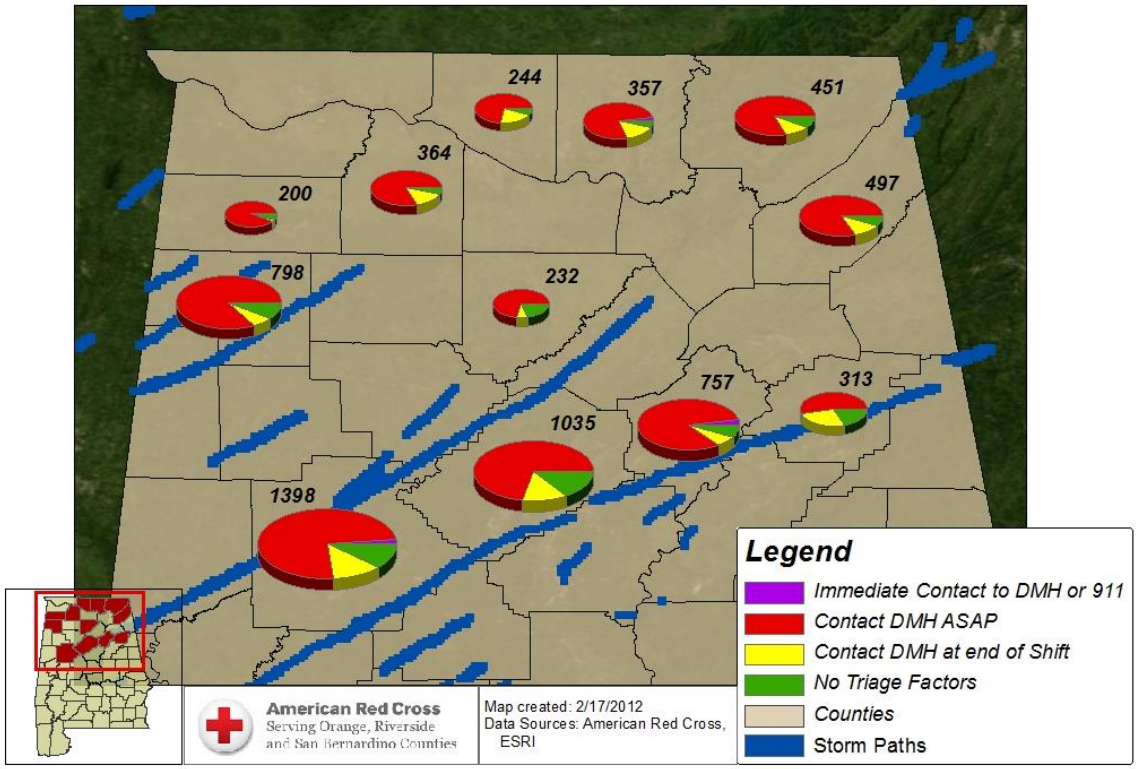
Element 1: Example of MH Surveillance

PsySTART Triage: Spring Storms - Distribution of Risk Across the State of Alabama by County



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Element 2: Promote Resilience and Coping

Enhanced Psychological First Aid

- Make a connection
- Help people be safe
- Be kind, calm and compassionate
- Meet people's basic needs
- Listen
- Give realistic reassurance
- 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

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Element 2 (cont.) Promotion of Resilience and Coping Skills

- **Individual psychoeducation**
- **Public health messaging and consultation**
- **Community resilience training**
  - **Includes *Coping in Today's World: Psychological First Aid and Resilience for Families, Friends and Neighbors***
  - **May also involve working with schools to support children**

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Element 3: Disaster Mental Health Interventions

- Secondary assessment
- Referrals to community resources
- Crisis Intervention
- Casualty support
- Advocacy

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What We Don't Do

- **Psychotherapy**
  - **Individual**
  - **Child**
  - **Group**
- **Formal evaluations or diagnosis**
- **Critical Incident Stress Debriefings**
- **Long-term trauma therapies, such as**
  - **EMDR**
  - **Cognitive Processing Therapy**

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Why not?

- Work is short term
- Building strong therapeutic alliance is not appropriate
- Some interventions have concerns about efficacy or secondary trauma
- Best time to talk is…when you feel like it, not necessarily when a group debriefing is scheduled
- Lack of pre-screening can be problematic for groups

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Tips for Working with Disaster Survivors

- Remember Maslow's hierarchy
- Your services won't always be welcome.
- Be mindful of individual and cultural context (clients and workers)
- Help clients help themselves
- Volunteers are relatively homogenous group
- Focus first on connecting people to existing supports, including religious and faith-based systems

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Tips for Working with Disaster Survivors (cont.)

- Utilize the Initial Intake & Assessment Tool (shelters only)
- Offer realistic reassurances (fast-changing environment)
- Remember that people are resilient
- Be aware of disaster phases (threat, heroic, honeymoon, disillusionment and reconstruction)
- When possible, check w/ parents before helping children
- Support children by supporting their parents. Help them help others, need schedules, support to school system

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DMH Support for Clients with Functional Needs Support Services (FNSS)

- **Individuals with disabilities, access and functional needs are accommodated in general population shelters (as part of community)**
- **The term "functional and access needs" replaces "special needs"**
- **Applies to individuals who, under usual circumstances, are able to function on their own *with support* in the areas of:**
  - ***Communication***
  - ***Medical, health or mental health needs***
  - ***Maintaining independence***
  - ***Supervision***
  - ***Transportation***

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DMH responsibilities related to FNSS

- **Plan and coordinate services with local community partners, e.g.**
  - *State & local agencies focusing on disabilities*
  - *Public health agencies*
  - *Faith and community-based organizations*
  - *National Alliance for the Mentally Ill (NAMI)*

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DMH FNSS Responsibilities (continued)

- Assess and refer the seriously ill/injured to an appropriate level of care
- Advocate for the appropriate resources to assist people in maintaining their usual level of independence
- Coordinate with and support shelter staff in addressing clients' functional and access needs

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Staff Mental Health (Your most important role)

- On large DROs there will be DMH teams designated to focus solely on staff mental health; on small DROs you will frequently change staff and client mental health hats
- Make yourself available throughout the DRO
- Participate in DRO orientations—stress & coping skills

Staff Mental Health (continued)

- Get to know the Staff Relations team immediately upon arrival and review roles and contact information
- Work with the Staffing Lead to get worker “out-processing” dates
- Offer post deployment support
- Be familiar w/ Red Cross “Zero Tolerance” policy

Obstacles to Self-Care: Every Task Appears Urgent!

- Every task can be seen as an emergency
- Worker needs appear to “pale” in comparison to survivor needs
- Self care and other critical tasks are lost amidst the homogeneity of all things being urgent
- Chaotic environment begets micro-management or too little involvement

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Mission Critical vs. Non Mission Critical

- **Divide work into mission critical vs. non-mission critical (*easier said than done*)**
- **Put worker self care at the top of the mission critical list**
- **Supervisors need to resist the urge to either micro-manage or spend too little time with their workers**
- **Avoid making *everything* mission critical – then *nothing* is!**

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So, What's Mission Critical in DMH?

- Take care of yourself first
- Triage and work first with clients w/ acute symptoms
- Set achievable goals as you utilize the PsySTART risk factors to prioritize those w/ greater exposure-based risk
- Stay in contact with your team
- Stay within the DMH intervention standards
- Don't do anything unprofessional or unethical

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DMH Self Care Strategies

- Be a flexible worker
- Do an end of day/shift review
- Provide your own structure daily
- Acknowledge your limits, set boundaries, assert yourself and get help if needed
- Accept what belongs to you and tolerate what does not
- Contribute to a collaborative work environment
- Be attentive to stress symptoms in yourself & coworkers
- Stay connected to family and friends

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Disaster Relief Operation (DRO) Challenges

- Infrastructure and basic services impaired
- Hardship working conditions and staff shelters
- Work along side of strangers, staff conflicts
- Inexperienced workers and supervisors
- Workers constantly transitioning in and out
- Personality differences become exaggerated
- Local chapters/service providers transitioning to national responders
- DRO structure is complex and regimented

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DRO Challenges (cont.)

- Inexperienced volunteers can struggle to navigate assigned “levels”—service associate, supervisor, manager, administrator, etc. (One lead DMH manager)
- DMH Interventions occur in context of integrated service delivery plan which is specific to each disaster
- Service provided today will change tomorrow
- Can’t do our work without partners (Gov, NGO), but this brings planning and coordination challenges
- Mentoring and teaching opportunities are infrequent
- What happens in any community, happens on a DRO

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Challenges Unique to DMH

- Informed Consent
- Multiple Roles
- Confidentiality
- HIPAA
- Ethics
- Mandatory Reporting

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REFERRAL AND RELEASE FORMS

- Referral Form (1475) used to make client referrals across ARC activities (i.e., health services to DMH)
  - No confidential information on 1475 (use Client Health Record)
  - Client Release of Information form used prior to passing information on to other agencies
- ARC Referrals to DMH also come electronically via Client Assistance System (CAS)
- Set up notebook or protocol for tracking and following up on paper referrals (1475) and computer (CAS) referrals
- Casual in-person referral from co-worker doesn't require a referral form

DMH Contacts (stats) & Client Health Record

- DMH contact defined as a significant assessment or intervention
- All stats recorded on PsySTART sheets
- PsySTART aggregate contact worksheets tally total client contacts by risk level and site
- Client Health Record (previously Form 2077) is completed if an acute mental health condition is assessed requiring immediate intervention or follow-up
  - Consult w/ supervisor
  - Sign, date and time every entry
  - Keep this confidential form secure

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DMH Involvement at the Local Chapter

- Join your local Red Cross Chapter
- Take chapter's core courses and fulfill requirements
- Complete background check online
- Be flexible and willing to help where help is needed

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DMH Involvement at the Local Chapter

- Disaster action teams (DAT)
- DMH committees
- Trainings/disaster course instruction
- Support for returning workers
- Local mental health agency relationship-building
- Chapter disaster planning and drill participation

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National Disaster Relief Operation Assignments

- Volunteer inputs availability dates into online national database
- Disaster event takes place
- Disaster Staffing Center recruits from database starting first with volunteers in closest proximity to event (minimum of 10 day deployment)
- If recruited, chapter contacts member regarding recruitment status and next steps (e.g., receiving travel debit card)
- Chapter provides post-deployment support.

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To Help You Get Connected

- **Contact info for Webinar attendees sent to state DMH Advisors and National Professional Orgs**
- **Want to opt out? Send email by tomorrow to:**

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