

Considerations after Hurricane Matthew

Mental Health in Disaster: Issues and Intervention

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Thank you,

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*Note: Flooding materials are courtesy of the
National Child Traumatic Stress Network*

NC Disaster Response Task Force

- NC Psychological Foundation
- Collaboration with American Red Cross, NC Division of Mental Health, NC Managed Care Organizations
- Members include:
 - Licensed Clinical Addiction Specialists
 - Licensed Marriage & Family Therapists
 - Licensed Professional Counselors
 - Licensed Psychologists
 - Licensed Social Workers
 - Psychiatric Nurse Specialists and Practitioners
 - Psychiatrists

Objectives

- Understand the impact of flooding on families
- Consider issues for mental health professionals working with clients after Hurricane Matthew
- Describe the components of mental health interventions in disaster settings
- Discuss PFA and SPR
- Discuss next steps to becoming a disaster mental health volunteer
- *NOTE: This webinar does not take the place of Disaster Mental Health training.*

Community Effects of Mass Trauma 1

- Destruction of infrastructure
- Disruption of emergency services
- Permanent effects on community
- Loss of jobs
- Community Trauma May Change Sense of Safety



Community Effects of Mass Trauma 2

- Parental distraction/preoccupation/unavailability
- Disruption in schedule & routines
- Separation of families
- Induction of fear and erosion of safety



Hurricane Matthew in NC



Flooding

- Flooding is the most frequent type of major disaster
- Floods are more deadly than tornadoes or hurricanes.
 - Many of these fatalities occur after the floodwaters have subsided
 - Almost half of fatalities are car-related incidents
- Lengthy recovery period afterwards, which increases the risks of secondary stressors arising and the impact of worry about recurrence
- Cleaning up one's home after a flood can result in electrocution, infected skin wounds, and injuries by wild animals.
- The clean-up process is full of health risks due to the poor quality of water, food, and indoor air following a flood.
- The emotional and physical exhaustion from the cleaning can lead to increased accidents.

Response: Immediately after a flood

- Small children, pregnant women, or people who have health problems should avoid the flooded area until the clean up is complete
- Turn off the electricity in your home until it is dry enough to be safe
- Keep children from playing around drainage ditches, storm drains, or flooded areas
- Discard any food or baby toys soaked by flood waters
- Be sensitive to the feelings children will express about lost pets or toys that must be discarded

Response: Immediately after a flood

- Have all family members wash their hands frequently
- Watch for reptiles, rodents, and other wildlife; use a stick to turn over fallen items
- Keep pets on leashes or in crates/cages to prevent them from running away or causing injury
- Dilute bleach before using it to clean, and do not mix it with other household cleaners
- Freeze soaked photographs, documents, and books until you have the time and emotional strength to deal with them

Key Concepts of Disaster Mental Health

- No one who sees a disaster is untouched by it.
- Stress, trauma and grief: Normal reactions to abnormal situations created by disasters
- Most people pull together and function adequately during and after a disaster, but their effectiveness is diminished by the impact of the event.
- Many emotional reactions of disaster survivors stem from problems of daily living brought about by the disaster.

Key Concepts for Disaster Mental Health?

- Disasters impact individuals as well as communities
- Disasters touch individuals directly as well as indirectly
- Disasters are not “one size fits all” and require varying responses at different times
- Disaster stress reactions are “normal responses to abnormal situations”
- Practical assistance vs. traditional psychotherapy
- Services must keep in mind the community and its recovery
- Recognition of support systems available
- Understanding of impact on responders

Why Training in Mental Health for Health Care Providers after Disasters?

- Often the first to respond to the needs of children after a disaster, especially emergency care providers
- Often asked to address the physical and mental health needs of children (and their families)
- Often assist in assessment of needs (physical and mental health triage)
- Health care providers are seen as “trusted resources”
- After disaster, greatest need (short and long-term) will be mental health issues

Considerations and Timing

- Warning and Threat of Disaster
- Impact of the Disaster
- Look for the Heroes...How people help
- Interactions with helpers can influence perceptions of relief efforts
- Survivors consider losses and assess future
 - Stressors and protective factors
- Times of frustration, anger, stress, tension
- Recovery can last years (community, families, and individuals)
- Anniversaries and other triggers, including similar events

High-Risk Groups for Mental Health Concerns after Trauma or Disaster

- Individuals with direct exposure
- Individuals who experienced loss due to event
- Children
- Women with young children
- Pregnant women
- Individuals with disabilities
- Individuals with previous trauma history*
- Individuals with psychiatric history*

**May currently be in mental health treatment*

Immediate Adult Reactions to: Trauma, Victimization & Sudden Bereavement

Physical

- Faintness, dizziness
- Hot or cold sensations
- Tightness: throat, stomach, chest
- Agitation, hyper-arousal
- Fatigue, exhaustion
- Appetite loss or increase
- Gastrointestinal distress
- Headaches
- Exacerbation of preexisting health conditions

Behavioral

- Sleep disturbance
- Jumpiness, quick to startle
- Hyper-vigilance, alert for danger
- Crying and tearfulness (with no apparent reason)
- Isolation or withdrawal
- Unable to express feelings
- Avoidance of reminders of trauma
- Conflicts with family, coworkers
- Increased use of alcohol or drugs

Immediate Adult Reactions to: Trauma, Victimization & Sudden Bereavement

Emotional

- Shock, disbelief
- Anxiety, Worry about safety
- Numbness
- Sadness, grief, loss
- Helplessness, vulnerability
- Dissociation
- Anger, Irritability
- Hopelessness & despair
- Survivor guilt, Self-Blame
- Mood swings
- Retraumatization

Cognitive

- Confusion, disorientation
- Concentration & memory problems
- Impaired thinking, decision-making
- Amnesia, complete or partial
- Flashbacks
- Preoccupation with protecting loved ones
- Questioning spiritual/religious beliefs

Risk & Resilience Factors

Risk Factors

- Pre-existing mental health or substance abuse problems
- Prior traumatization
- Unresolved losses
- Female gender
- Low socioeconomic status, low educational level
- Single-parent household
- Family instability, conflict
- Lack of social support

Resilience Factors

- Relative mental health, absence of psychiatric problems
- Able to tolerate emotions
- Flexible coping with trauma/bereavement
- Self-perception of ability to cope and control outcomes
- Immediate/extended family support: practical, emotional, & financial
- Effective use of social support systems

Child Acute Reactions to Disasters

Young Children 1-5 y/o

- Helplessness, passivity
- Heightened arousal, agitation
- Generalized fears & anxieties
- Inability to comprehend/talk about event, feelings
- Sleep disturbances, nightmares
- Anxious attachment, clinging
- Unable to understand death
- Grief at separation from caregiver
- Regressive symptoms
- Somatic symptoms

School-aged Children 6-11y/o

- Sleep disturbances, nightmares
- Angry outbursts, aggression
- Safety concerns, irrational fears
- Reminders trigger anxiety
- Trauma evident in play
- Feel responsible, guilty
- Focus on parent anxieties & coping
- Concentration & learning problems
- School avoidance

Pre-Adolescent and Adolescent Acute Reactions to Disasters

- Depression, social withdrawal
- Detachment from feelings
- Anger, acting out
- Radical change in attitude
- Focus on revenge
- Rebellion at home or school
- Shame, guilt, humiliation
- Self-consciousness
- Abrupt shift in relationships
- Decline in school performance
- Premature entrance into adulthood

Risk & Resilience

Children and Adolescents

Risk Factors

- Experience or witness of destruction
- Death of family members, friends
- Loss of family home, school, pets
- Experience of second hand trauma (television, internet)
- Belief about cause of disaster
- Premorbid mental health

Resilience Factors

- Presence of parent during event
- Support of parents and other significant adults
- Developmental level
- Emotional Strength
- Reactions of significant adults
- Community's ability to offer support
- Return to school

Range of reactions to disaster

- Wide range of reactions and concerns
 - Not just PTSD
 - Acute stress reaction
 - Anxiety and/or depression
- Bereavement and Complicated Grief
- Secondary losses and stressors:
 - Relocations
 - Loss of peer network
 - Loss of network of supportive adults
 - Loss of community
 - Academic failure
 - Integrating into new social network (bullying)
 - Financial stresses
 - Parental stress

Impact on Children

- Psychological as well as physical health
- Children may experience intrusive memories, loss of a sense of safety, and symptoms of anxiety and depression.
- Children's flood-related symptoms may be minimized by family members or school staff.
- Because children may hide their symptoms in an effort to avoid worrying adults, it is important for parents to ask their children directly about their concerns or difficulties.
- The severe disruption and stress in a household that floods can cause may lead to an increase in family dysfunction or abuse.
- The good news is that preparation for floods can reduce psychological difficulties afterwards, and interventions are available to help children and families recover.

Pets & Disasters

- Pets hold a special place in the family
- Unconditional love and “secret keepers”
- Loss may be intense, with reactions similar to grief
- Routine related to pet is gone, underscoring change due to the disaster
- Pets can be a source of connection
- Pets can be important to healing and recovery



LIVE

Impact of the media

EARLIER TODAY

11:17 43°
NEWS 8

BREAKING NEWS
Police investigate apparent shooting
at Sandv Hook Elementary in Newtown

CBS NEWS SPECIAL REPORT
EXPLOSION NEAR BOSTON MARATHON FINISH LINE

2013

LIVE

TRACKING SANDY
Delaware Avenue

HURRICANE ALERT (LITE 811) IN PHILA. IN ADVANCE OF PREDICTED FLOODING

SPECIAL REPORT



DEADLY OKLAHOMA TORNADO
MOORE, OK

OKLAHOMA TORNADOES | P WATER - MOORE MAYOR GLENN LEWIS: "WHO

WEATHER CENTER LIVE

LAS VEGAS
LOS ANGELES
LOUISVILLE

Tuesday 95 72 P Cloudy

Wednesday 93 68 Sunny

LIVE

kxan FERTILIZER EXPLOSION

10:13 76° DPS: MULTIPLE PEOPLE HURT

WEST

Intervention

in

Disaster Mental Health

Important Considerations

- Cultural and ethnic sensitivity
 - Validation
 - Messages
 - Language used
- Disaster Mental Health can compliment on-going treatment
 - Reinforce treatments already being provided
 - Encourage continuation of treatment goals

Basic Principles for Intervention

- Expect normal recovery (*most people recover fully*)
- Assume survivors are competent (*communicate confidence & respect*)
- Collaborative relationship in intervention (*core practice in trauma care*)
- Engage survivor strengths (*helps them rediscover & build strengths*)
- Provide hope (*in a realistic & genuine way*)
- Promote resilience (*resilience overcomes adversity*)

Compassion Fatigue

Can affect *anyone* helping in the aftermath of traumatic event
or disaster

Causes of compassion fatigue:

- *Isolation*
- *Exposure*
- *Continuous empathy*
- *Ambiguous success*
- *History of trauma*
- *Continuous vulnerability*
- *Identification of survivors
with family members*
- *Personal identification
with survivors*

Self-Care Considerations

- Those you help may be family, friends, and neighbors
- Clients bring additional concerns
- Stories of disaster trauma may be different from those you which are part of your daily practice
- You may not see “outcome” of your contact
- Reduced consistency or predictability
- You may be helper as well as survivor

Evidence-Informed Interventions in Disaster Mental Health

- Psychological First Aid (PFA) (*universal*)
- Skills for Psychological Recovery (SPR) (*targeted*)

What is Psychological First Aid?

- Psychological First Aid is a set of supportive actions that help people cope more effectively during times of stress.
- The practice of recognizing and responding to people who need help because they are feeling stress, resulting from the disaster or crisis situations within which they find themselves.



Why is PFA Important?

- Knowing how to provide Psychological First Aid can help you to:
 - Create a compassionate environment for disaster survivors and workers.
 - Assess what a person might need at a particular time.
 - Provide immediate support to those in stressful situations.
 - Help others cope in the face of stressful events.

Psychological First Aid Actions

- Emotional support
- Information and education
 - Answer frequently asked questions
 - Encourage practical & adaptive ways of coping
- Early recognition of core mental health problems & referral

Multiple models of PFA

- American Red Cross
- Listen, Protect, & Connect
- NCPTSD/NCTSN
 - 10 CE available on line at www.nctsn.org
- All have similar components

Psychological First Aid

Target: General population (all ages) impacted by disaster and responders to disasters

When: In the immediate aftermath of a disaster and the few weeks after impact

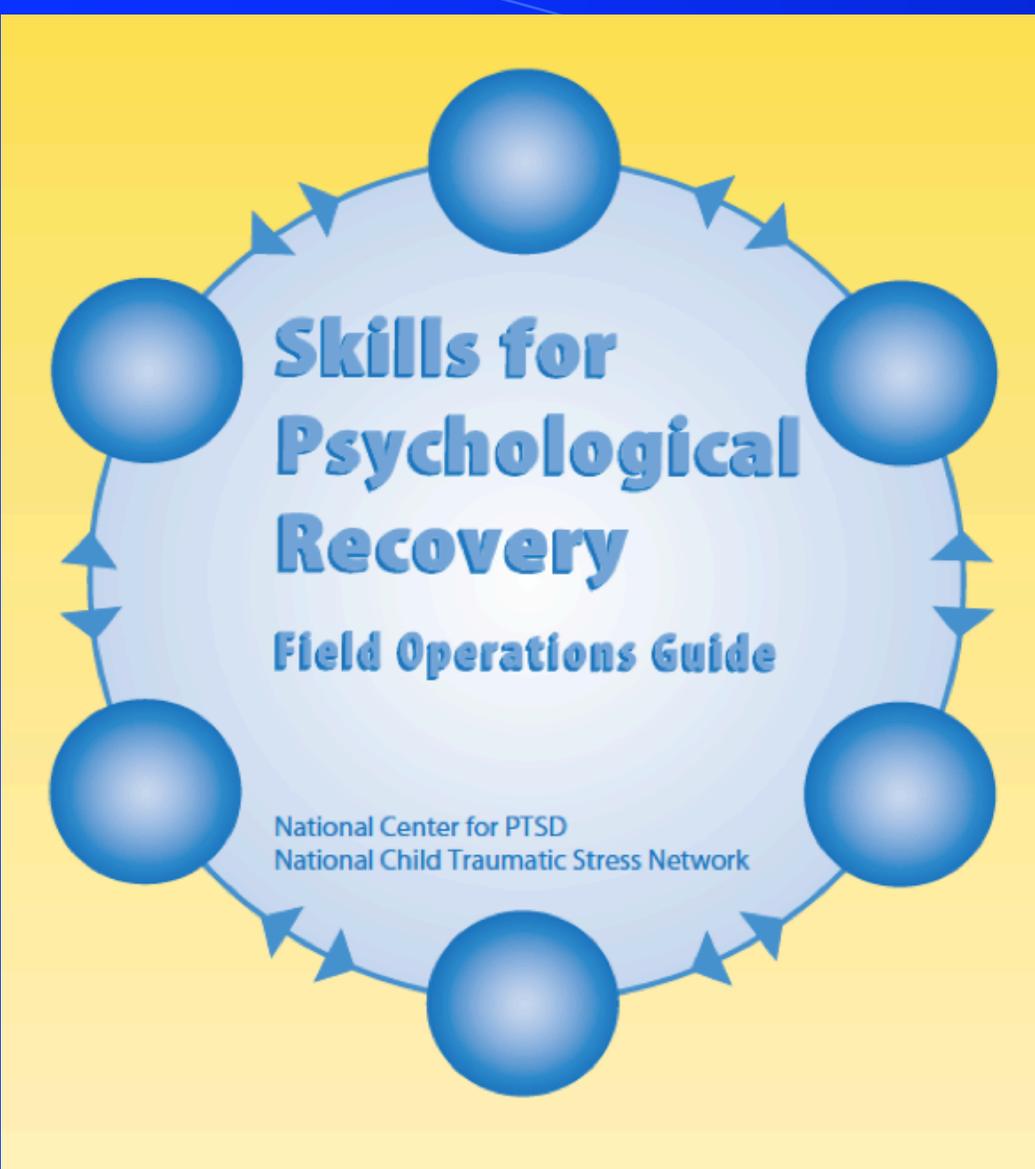
Used by: Mental health professionals and all responders

Where: Disaster sites, shelters, field hospitals, etc

Organizations: American Red Cross, Medical Reserve Corps, Emergency Management, National Child Traumatic Stress Network, Department of Education, and others

Psychological First Aid

- Contact & Engagement
- Safety & Comfort
- Stabilization
- Information Gathering (needs and concerns)
- Practical Assistance
- Connection with Social Supports
- Information about reactions & coping
- Linkage with Collaborative Services



Skills for Psychological Recovery

Field Operations Guide

National Center for PTSD
National Child Traumatic Stress Network

SPR

Manual

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).



NCTSN

The National Child
Traumatic Stress Network



Skills for Psychological Recovery (SPR)

Target: Disaster survivors showing moderate levels of distress

When: Generally at 1-6 months after the disaster

Where: Disaster sites & professional offices

Organizations: Hospitals, provider organizations, independent providers

Skills for Psychological Recovery

- Gathering information/prioritizing assistance
- Building problem-solving skills
- Promoting positive activities
- Managing reactions
- Promoting helpful thinking
- Rebuilding healthy social connections

Children's Recovery: After a Flood

- Children's functioning will be influenced by how they witnessed their parents' coping during and after the flood. If there are ongoing disruptions to the family, such as financial hardship, recovery may be delayed. To help children's recovery, parents should:
 - Monitor and limit children's exposure to graphic media coverage of the flood damage
 - Temporarily lower expectations for their child's performance in school and compliance with household chores
 - Try to replace toys that were lost or had to be discarded
 - Gradually resume the family's normal routines and activities

Therapy for Children

- Cognitive-behavioral therapy (CBT) has the strongest evidence for helping children recover from the impact of a natural disaster. Psychological debriefing may have negative effects and should not be used with children.
- Therapy for children should include:
 - Family involvement
 - Awareness of developmental level and cultural/religious differences
 - Assessment of preexisting mental health problems and prior traumas
 - Normalization of the child's psychological reactions to the flood
 - Gradual exposure to reminders of the flood, while reprocessing the event in a positive way
 - Teaching coping and anger management skills as needed

Interventions

- Psychological First Aid
 - www.nctsn.org
 - www.ready.gov
 - www.redcross.org
- Skills for Psychological Recovery
 - www.nctsn.org
- Healing After Trauma Skills (HATS) (*for children*)
 - www.nctsn.org
- Cognitive Behavioral Interventions for Trauma in Schools (CBITS) (*for children*)
 - www.nctsn.org
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (*for children*)
 - www.musc.edu

Critical Incident Stress Management

- Concerns about effectiveness
(based on outcome research)
- Possible negative impacts
- Concern: Forcing survivor to discuss trauma
vs giving survivor control

Next Steps

- Contact NC Disaster Response Network
- Contact your local chapter of the American Red Cross (must be a licensed mental health provider)
- Enroll in required courses, including Psychological First Aid and Disaster Mental Health
- *Become a volunteer*

Resources

- AACAP Disaster Resource Center
- http://www.aacap.org/AACAP/AACAP/Families_and_Youth/Resource_Centers/Disaster_Resource_Center/Home.aspx
- NC Disaster Response Network
- <https://ncpsychology.org/foundation/disaster-resources/>
- National Child Traumatic Stress Network
- <http://www.nctsn.org/trauma-types/natural-disasters>
- Substance Abuse and Mental Health Services Administration
- <http://store.samhsa.gov/product/SAMHSA-s-Disaster-Kit/SMA11-DISASTER>
- APA Disaster Response Network
- <http://apa.org/practice/programs/drm/index.aspx>
- Coping with Disasters
- <http://apa.org/topics/disasters/index.aspx> Disasters & Terrorism
- www.ready.gov
- www.cdc.gov

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