

5th Annual

2007 Medical Reserve Corps National Leadership and Training Conference



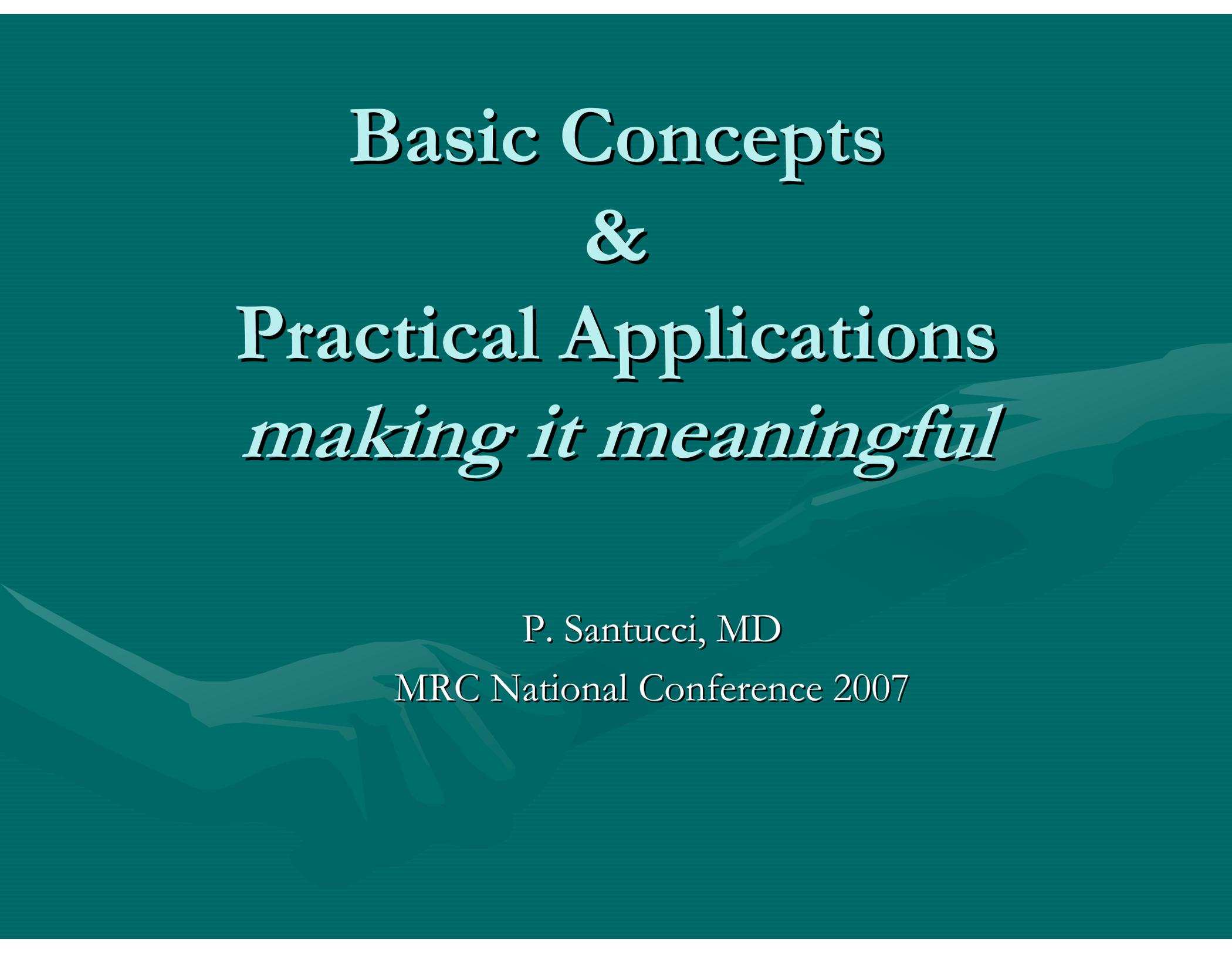
FORGING POWERFUL PARTNERSHIPS



April 17–20, 2007

Providence, Rhode Island





Basic Concepts
&
Practical Applications
making it meaningful

P. Santucci, MD

MRC National Conference 2007

- **GOALS**

- **HELP MRC VOLUNTEERS BECOME AWARE OF DISASTER MENTAL HEALTH**

- **WHY IT IS IMPORTANT**

- **WHAT THEY NEED TO KNOW**

- **HOW IT EFFECTS THEIR WORK**

- **HOW IT EFFECTS THEM PERSONALLY**

Disaster Mental (Behavioral) Health vs. Traditional Mental Health

- **Disaster Behavioral Health**
 - Outreach
 - Restores functioning
 - Adaptation of coping skills
 - Accepts content at face value
 - Validates and normalizes
 - Psycho-ed focus
 - No mental health jargon
- **Traditional Mental Health**
 - Office/ hospital based
 - Impacts personality and functioning
 - Probes content/how past influences present
 - Diagnosis and treatment
 - Psychotherapy focus

Disaster Behavioral Health

- PIE
 - P- proximity
 - support on scene/close to
 - I- immediacy
 - support right away
 - E- expected
 - expect to return to full function



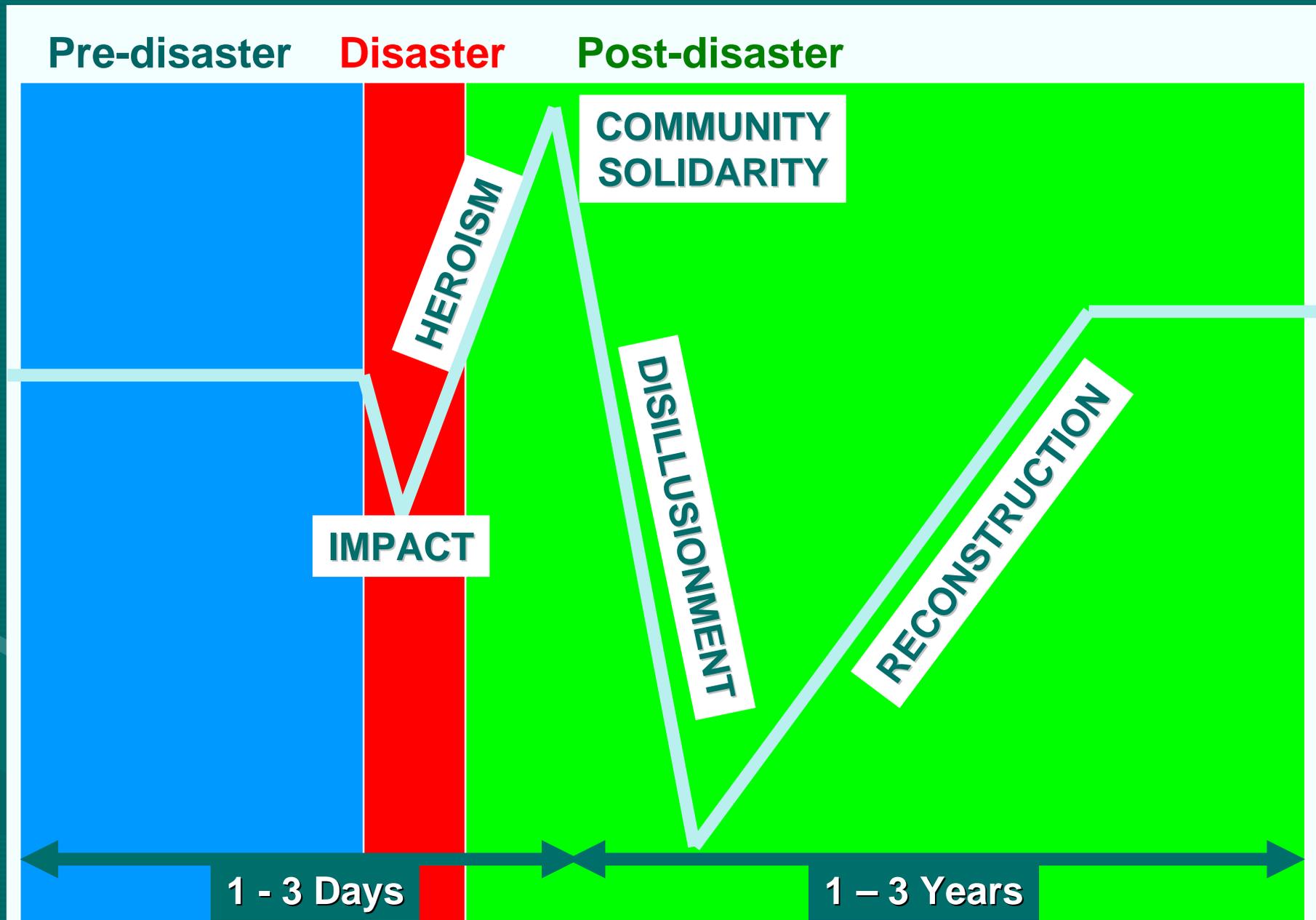
- *You are experiencing a normal and expected response to an abnormal event*

Key point: Know your role

Disaster mental health is more practical than psychological

- Non-medical providers:
- Medical providers:
 - Simultaneously provide medical care and PFA
- Mental health providers:
 - Many are not trained in disaster mental health
 - Most will need to be updated
 - “Traditional mental health ”expertise may be needed at a later phase or for consultation

Community Behavioral Health by Disaster Phase



Source: Zunin LM, Myers D. Training Manual for Human Service Workers in Major Disasters 2nd Edition: Washington DC: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, DHHS Pub. No. ADM 90-538, 2000.

Key Points

- MRC volunteers may be responding at **ANY** phase of a disaster
- Understand the various phases of disaster
- Match phase with individual and intervention
- What is “normal and expected” in one phase may be of concern in another

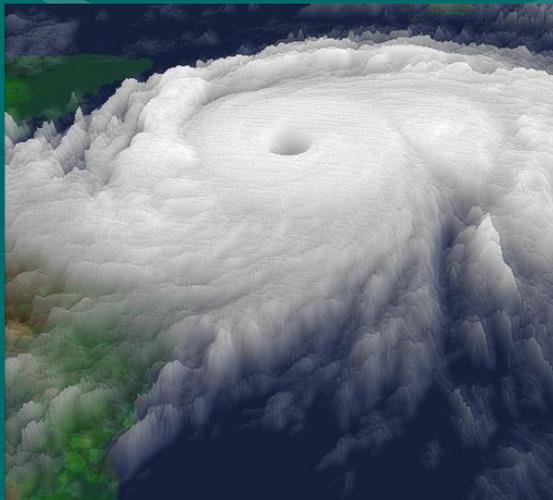


The **NATURE**, magnitude, timing, frequency, duration , perception and response determines the **PSYCHOLOGICAL IMPACT**

Terrorism

Accidental

Natural



I bambini di Chernobyl

1986
2001

dopo 15 anni dal disastro nucleare con i bambini di Chernobyl per ricominciare a vivere

sostieni un bambino di Chernobyl

A black and white photograph of two children. The child in the foreground is covering their eyes with their hands, while the child behind them looks towards the camera with a somber expression.

- No two disasters are alike.....

John Hickey



Key points

- Be flexible-be creative
- PFA is a good basic foundation document
- Need to expand –MRC supplements
- Add DMH to disaster specific training:
 - Hurricanes
 - Pandemic
 - Terrorism-
 - Specific WMD

Psychological Goals of Terrorism

- Fear
- Disrupt normal function
- Undermine sense of security
- To destroy
 - moral
 - community cohesion
 - social values
- Create chaos

Ursano,2003



Psychological Goals of Terrorism

- FLU, 2001
 - 20,000 died
- ANTHRAX, 2001
 - 23 people diagnosed
 - 11 had inhalation form
 - 5 died



- What was the impact of a “small” event?
- How do we plan and respond?

Terrorism is psychological by design

- Injure and kill
- Broader goal is to shock, stun or intimidate a target group much wider than the immediate victim
- The Impact Pyramid

WIDESPREAD IMPACT

Individual survivors

Families and social network

First responders/healthcare workers

VOLUNTEERS / their families and loved ones

Vulnerable populations/ Important businesses

Ordinary Citizens/Communities/Nation



Psychological vs Medical Footprint

- The psychological footprint > than the “medical” footprint
- Estimated 4x or >

**psychological
“footprint”**

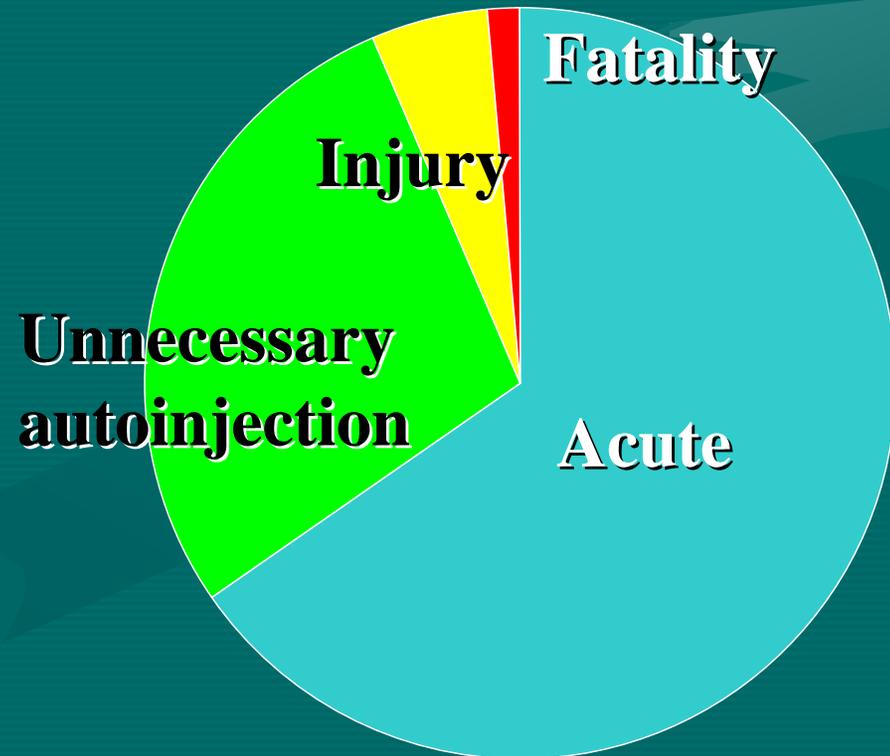
**medical
“footprint”**



Scud Missile Attack, Israel, 1991

Lessons learned:

- *More fatalities from fear behaviors than from missile impact.*
- *More hospitalizations for psychological responses than for medical injury.*



Source: Karsenty et al.
1991

Israel in the Gulf War

(Karsenty et al. 1991)

- 51% Suffered acute anxiety: #544
- 22% Auto injected atropine without exposure to the agent: #230
- 4% Injured while running to sealed rooms: # 40
-
- 1% Died: #11
 - 7 suffocated in their gas masks
 - 4 fatal heart attacks

Key points

- Expect the psychological and behavioral health issues
- Prepare for a widespread impact, including our disaster responders
- Incorporate behavior during disasters into our training, exercises and drills
- Plan for the “real world”
- Surge-Sort-Support (J. Shultz-DEEP)

MCI

How will we prepare for this **SURGE?**

EMS Processed
Medical Casualties

Self Evacuated Med Casualties
By-standers and Family Transporting self evacuees

Psychological Casualties

Family Members and Friends of MCI
Citizens Searching

Surge-SORT-Support

- Mix of physical and psychological symptoms may be difficult to differentiate
 - Medical with psychiatric overlay
 - Physical hyperarousal symptoms
 - Mass Psychogenic Illness (MPI)
 - Chronic illness made worse by disaster
 - Medically Unexplained Physical Symptoms (MUPS)
 - Symptoms unrelated to disaster
 - Fearful and distressed

Surge-SORT-Support

- One role of mental health
 - Remove individuals who do not required emergency care from patient flow
 - Psychiatric signs and symptoms may confuse or coexists with medical injuries and conditions
- Where will they be moved?
 - Alternative Care Site
 - Support Centers (psychological casualties & Green /psych)
 - Family Resource Centers (searching family members)
- Who will continue to triage, observe and staff?
 - Potential role for MRC?

Surge-SORT-Support

- Survivors do not easily divide into those who have medical complications and physical injuries vs those who have psychiatric sequelae
- With an average of 30 seconds per disaster survivor, field triage will be a challenge
- Points of engagement where behavioral triage may be performed will need to be identified
- Develop and implement a systematic behavioral triage and level of care

Psy-START Disaster Mental Health

Rapid Triage Tag

Psy-START Copyright, Merritt Schreiber

- Identify individuals at high risk in a specific location who may need further screening or referral so they can be matched to resources quickly
- After number of tags completed, faxed or e-mailed to a given number
- Move clinicians with specialized skills to that area

Psy-START Triage Tag

Psy-START Copyright, Merritt Schreiber

- Name
- Current location
- Home Address
- Rater

- _____
- Describe Event

- _____
- Witnessed death or serious injury to other
- Felt direct threat to their lives or loved ones
- Received physical injury or illness to self or family
- Death of parent, sib, family, peer, pet or other significant
- Separation of parent/child during event
- Decontaminated
- _____
- Confirmed exposure
- _____
- Received medical treatment for exposure
- Health concerns tie to exposure

Trapped or
Delayed Evac
Evac or shelter in
place
Home not livable
Individual with
disabilities

Treating Victims of Mass Disaster and Terrorism

Housley, Beutler

Stage 1: Assessment

begin to identify those at highest risk

- During the first 5 days: engage in conversation whether any of the following 5 have characteristics emerge
 - Pre-existing psychiatric disorder
 - Severity of symptoms
 - Social support deficits
 - Interpersonal difficulties
 - Prior exposure to trauma
 - If one or more are present, consider follow up

Treating Victims of Mass Disaster and Terrorism

Housley, Beutler

- **Stage 2**

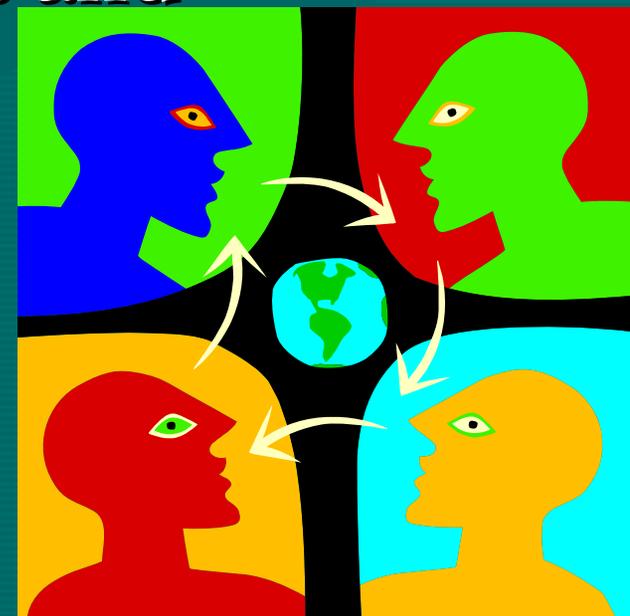
- After the first week of disaster, assess the strengths of symptoms of Acute Stress Disorder (ASD)
- Done informally
- Avoid resensitization

- **Stage 3**

- Formal assessment
- “One to two weeks after the events can it be established for whom a diagnostic evaluation will be helpful”

Surge-SORT-Support

- When gathering information and triage, more knowledge and guidance will be needed to make use of available systems
- We will all need to be consistent and speak the same language



Surge-Sort-SUPPORT

- *The most positive results are usually those that mobilize community support and help survivors connect with family, friends, social support rather than interventions that focus on individual psychological reactions*



Surge-Sort-SUPPORT

- Everyone will NOT need or want any intervention
- Support tools
 - PFA
 - FEMA Peer Crisis Intervention
- Fearful and distressed (former “Worried Well”)
 - Do not avoid or minimize
 - Identify as:
 - High risk
 - Moderate risk
 - Low risk

Psychosocial Consequences of Disasters

**Fear and Distress
Response**

**Impact of
Disaster
Event**

**Behavior
Change**

**Psychiatric
Illness**

Source: Butler AS, Panzer AM, Goldfrank LR, Institute of Medicine Committee on Responding to the Psychological Consequences of Terrorism Board of on Neuroscience and Behavioral Health. *Preparing for the psychological consequences of terrorism: A public health approach*. Washington, D.C.: National Academies Press, 2003.

Some Basics

- *Majority of people after a trauma will experience FEAR AND DISTRESS, a normal and expected response to an abnormal situation*
- *Wide range of responses:*
 - *physical, emotional, behavioral, cognitive and spiritual*
- *Not everyone*
 - *will be traumatized*
 - *will need intervention*
 - *will want intervention*

Time Course of Post-Trauma Symptoms

Number of people

Many

Mild reactions:
• Insomnia
• Worry
• Feeling upset

Moderate reactions:
• Persistent insomnia
• Anxiety

Severe reactions:
• Depression

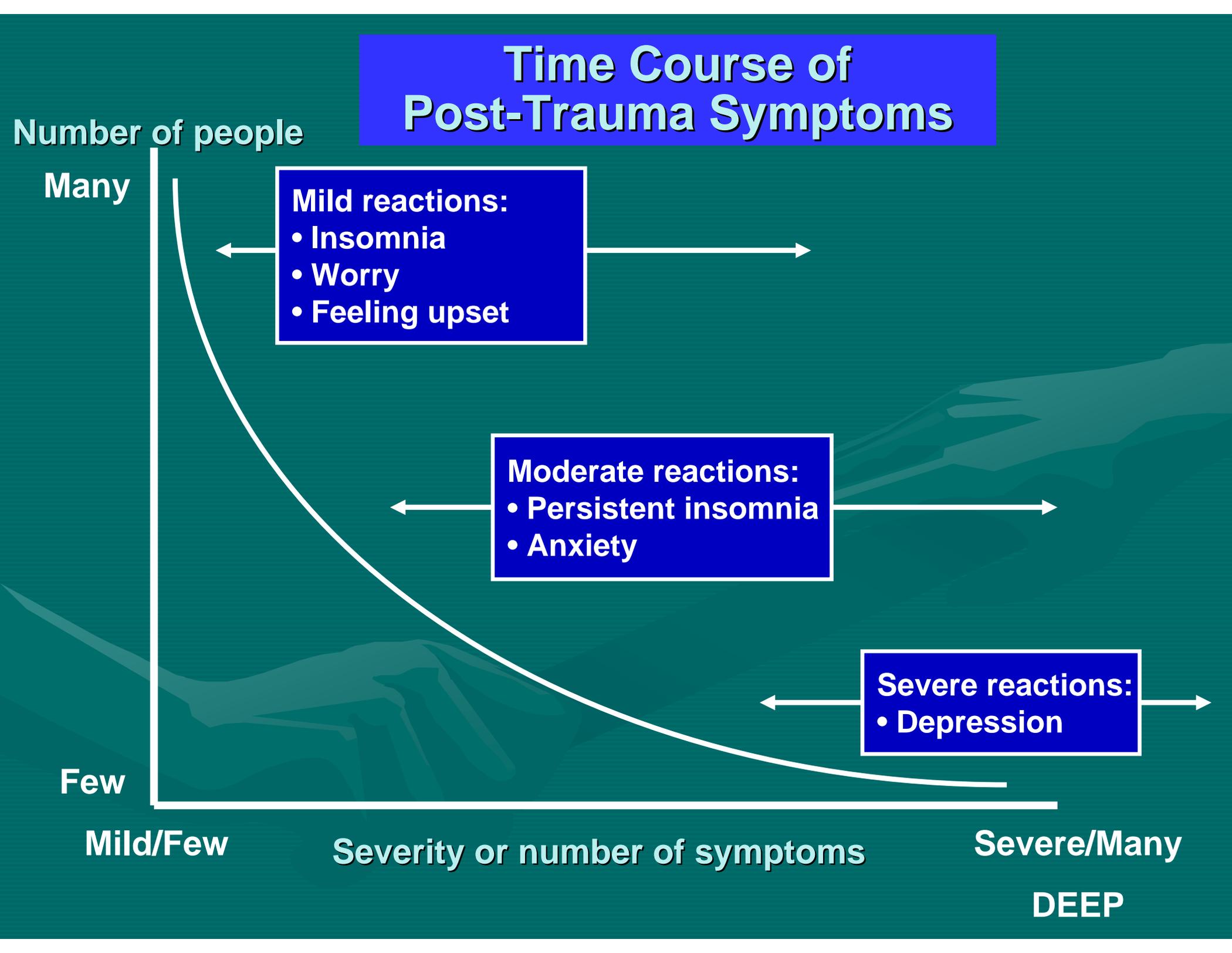
Few

Mild/Few

Severity or number of symptoms

Severe/Many

DEEP



**The majority of
persons exposed to a
disaster return to
normal functioning
and recover without
any intervention**

MRC Volunteers must be aware of Common Psychiatric Responses to Disaster

- **Organic mental disorders-**
head injury, toxic exposure, illness, dehydration, effects of disaster meds
- *Dissociation*
- *Acute Stress Disorder*
- *Masochism, Somatic Illness*
- Depression
- Substance Abuse
- PTSD
- GAD
- Grief
- Family Violence
- MUPS
- Chronic illness made worse by disaster

ABC's

- **A- DECREASE AROUSAL**
 - Self
 - Survivor
 - Protect
 - Respect
 - Select
 - Connect to responder, family, information, social support, resources
 - Direct to practical and action oriented responses
- **B- DECREASE BEHAVIORAL DISORDERS**
 - Resume normal activity
 - Stabilize, if necessary
 - Functional Behavior
- **C- DECREASE COGNITIVE IMPAIRMENT-FACILITATE COPING**
 - Orient, reality, decision making, problem solving, rational thinking
 - Coping information and skills

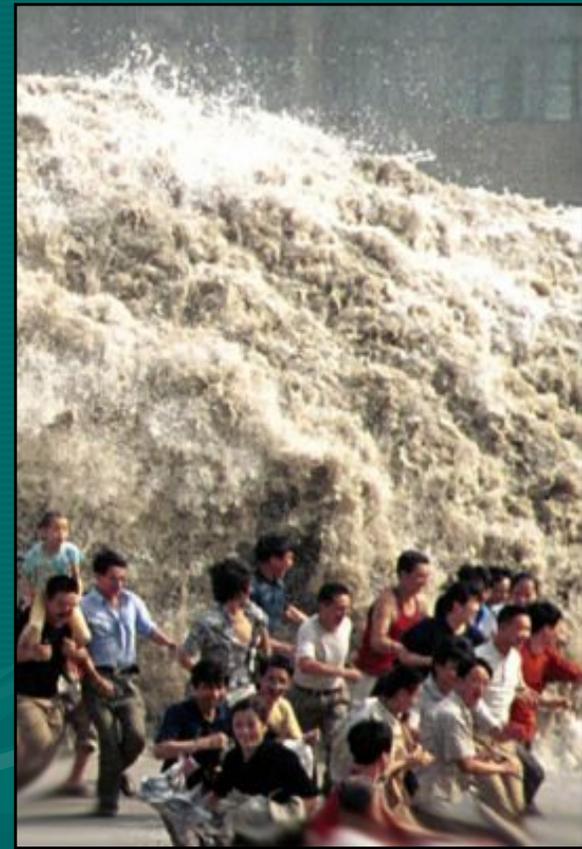
.....DEF

- ***D-DISTRESS -DATA-DECISIONS NO DEBRIEFING***
 - Informal information gathering
 - Stage 1- (first 5 days) Assess high risk, consider follow up if
 - Pre-existing psychiatric disorder
 - Severity of symptoms
 - Lack social support
 - Interpersonal difficulties
 - Prior trauma
 - Stage 2(after first week)
 - Assess severity of Acute Stress Disorder symptoms
 - Stage 3 (formal assessment may be recommended if severity persistent beyond 6 weeks)
- ***E-EDUCATE-EMPOWER***
- ***F-FOLLOW UP***
 - Self
 - Survivor

Disaster Work



Wonderful!
Rewarding!
Challenging!
Satisfying!



Stressful!
Frustrating!
Exhausting!
Dangerous!

Pre-event Responder Stress Management

- Pre-event mental health interventions are often overlooked
- Messages:
 - Resiliency is the rule, not the exception
 - Take care of yourself if you want to take care of others
 - Taking care of yourself is not a luxury, it is an obligation
 - Don't get caught by the “myth of immunity”
 - Take the advice you are giving to others

Pre-event

Identify Individual Stressors

- **Self**
 - Health
 - Family
 - Work
 - Professional
 - Personal
 - **Self Evaluation**
 - Inventory
 - Exercise
- 

Pre-event

Identify Event Related Stressors

- Fears related to WMD, pandemic
- New challenges
- Mass violence
- Mass casualties
- Targeting of healthcare workers
- Demanding Survivors
- Identification with victims
- Environmental
- Work related
- Organizational



Pre-event

Identify signs of stress in responders



Tom Lea/Army Art Collection, U.S. Army Center of Military History

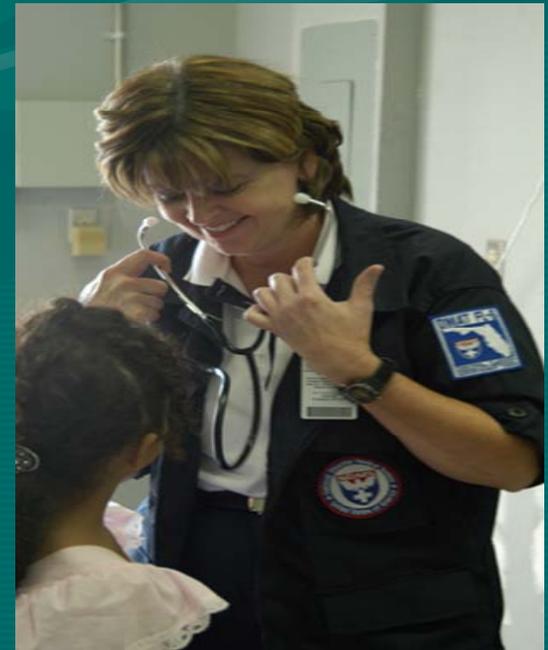


Photo © by Anton Oparin, CastWeb.com

Event

On the job stress management

- Strategies for the volunteer
- Strategies for the organization
- How to:
 - Cope during an assignment
 - Disengage from a disaster
end of shift
end of assignment



HALT

Hungry

Angry

Lonely

Tired

Post-event

- Expectations
- Returning to work and family
- Self-care
- Resiliency
- Recognize warning signs
- If you need help...

