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# 2007 Medical Reserve Corps National Leadership and Training Conference



## FORGING POWERFUL PARTNERSHIPS



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# PREPARING MRC UNITS FOR THE MENTAL HEALTH IMPACT OF DISASTER

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# SESSION OBJECTIVES

- Identify the range of reactions survivors and workers will experience in the early aftermath of a disaster.
- Identify the range of interventions utilized in the early aftermath of disaster to enhance the coping mechanisms of survivors and workers.
- Identify the key training elements for mental health professionals and other members of an MRC unit.



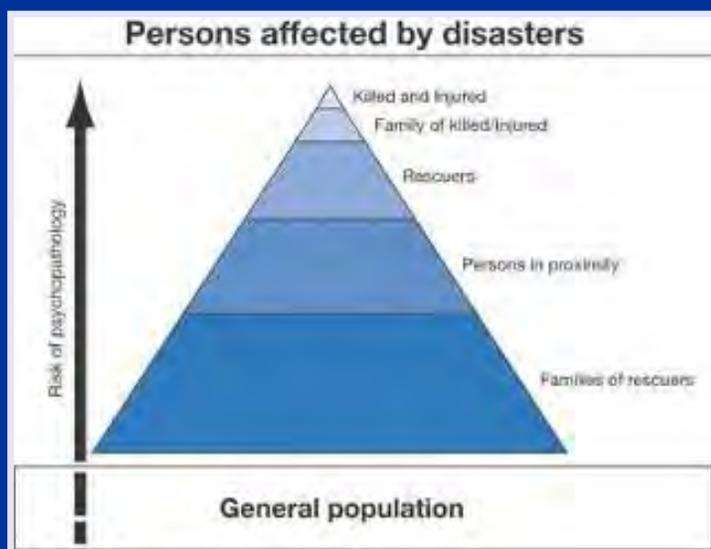
# DISASTER IMPACT

- Disasters large and small produce a range of reactions
- Disasters by nature are stressful
- Not all disaster stress looks the same



# KEY PRINCIPLES

- Most disaster survivors experience 'expectable' reactions and are generally capable of functioning effectively.
- The vast **majority** will not go on to develop long term psychological problems.



(Galea, 2006)



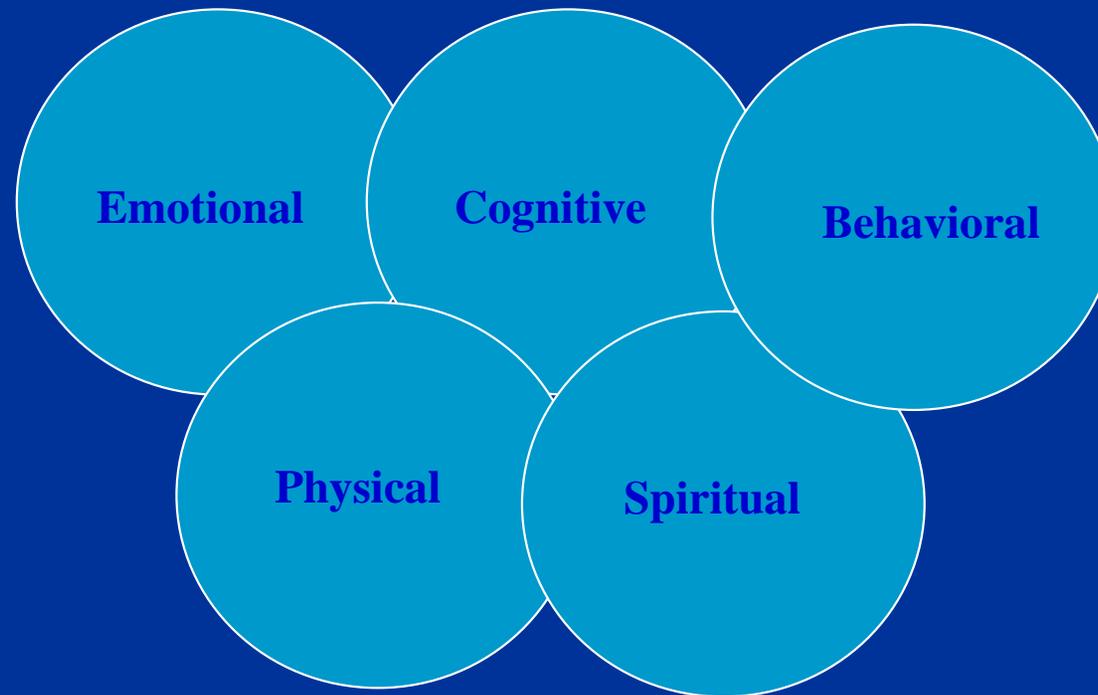
(Galea, 2006)

# WHAT DO WE KNOW ABOUT HOW DISASTER SURVIVORS RESPOND?

- Most disaster survivors will experience a range of reactions
- Across a time continuum
- Influenced by 3 key factors



# DISASTER SURVIVOR REACTIONS



# ANTICIPATED STRESS REACTIONS

## EMOTIONAL EFFECTS

Shock, rage, anxiety, fear, grief, guilt

## COGNITIVE EFFECTS

Difficulty concentrating, confusion, memory impairment, intrusive thoughts

## PHYSICAL EFFECTS

Fatigue, insomnia, headaches, weight gain/loss, lightheadedness

## BEHAVIORAL EFFECTS

Crying spells, relationship conflict, school/work impairment, acts of aggression

## SPIRITUAL EFFECTS

Questioning/abandoning faith, change in relationship with God/Higher Power

# DISASTER REACTIONS OVER TIME

- Individuals exposed to disasters experience psychological responses that are typically:
  - Immediate (onset within one month)
  - Mild (do not cause significant impairment in their person, family, and work life)
  - Transient (do not last more than 1 year)
- Majority recover **fully** from any psychological effects within 12-18 months
- Maybe longer for human-caused disasters



# FACTORS CONTRIBUTING TO PSYCHOLOGICAL AND PSYCHOSOCIAL RESPONSES

Disaster Characteristics



Individual Characteristics



Response Characteristics



# DISASTER CHARACTERISTICS

- **Natural Disaster**

- an ecological disruption or threat
- exceeds the adjustment capacity of the affected community.”

(World Health Organization)

- **Human-Caused Disasters**

- The direct causes are identifiable human actions, deliberate or otherwise

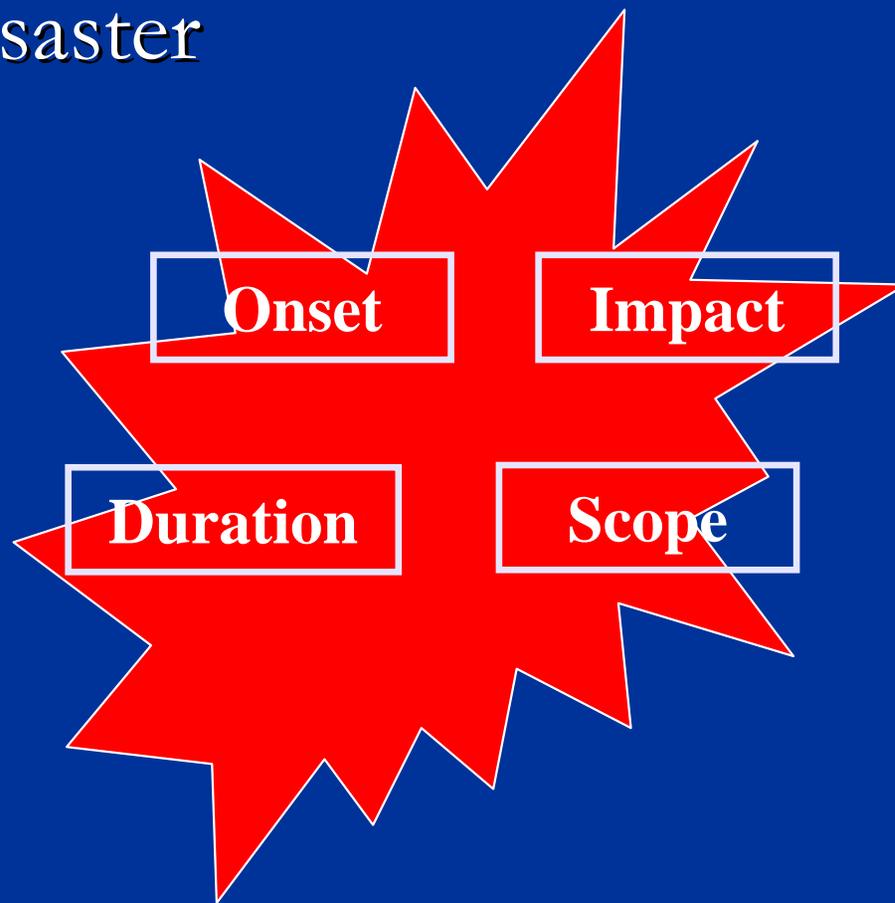
(Noji, 1996)

- Major natural disasters dwarf any terror attacks we have seen to date

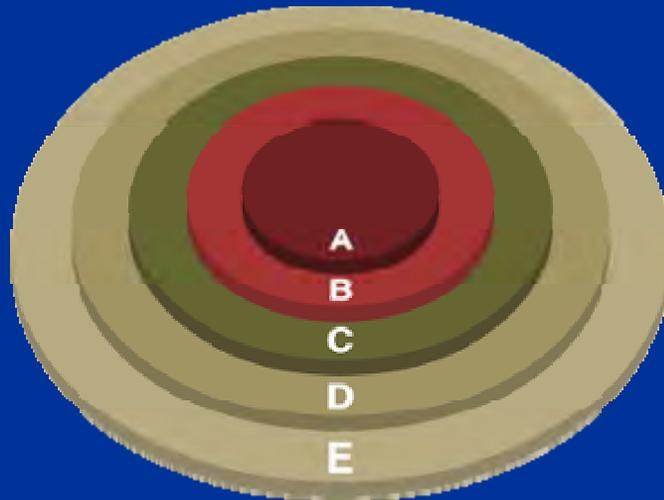


# DISASTER CHARACTERISTICS

- 4 Key Characteristics of Disaster



# INDIVIDUAL CHARACTERISTICS



- Personal Exposure
- Previous Disaster Functioning
- Personality Characteristics
- Disaster History
- Age



- Gender
- Socioeconomic Status
- Culture/Ethnicity
- Family Factors
- First Responders
- Persons with Disabilities

# RESPONSE CHARACTERISTICS



(Adapted from Zunin/Meyers)

# ***THE PROBLEMS: EXAMPLE OF HURRICANE KATRINA***

1. Lack of Efficient Communication
2. Poor Coordination Plans
3. Ambiguous Authority Relationships: Who is in Charge?
4. Who Should be in Charge: Federal or State Governments?
5. Counterterrorism Versus All-hazard Response
6. Ambiguous Training Standards and Lack of Preparation
7. Where is the Learning in “Lessons Learned”?
8. Performance Assessment Not Integrated Into Process
9. The Geography of Poverty: Are Race and SES Response Factors?
10. Rumor and Chaos
11. Personal and Community Preparedness
12. Lack of an Efficient Disaster Mental Health Response

# KEY CHALLENGES: AUTHORITY AND COORDINATION

- Local, state, and federal authorities
- NGOs
- Other groups and stakeholders (e.g. private business community)
- Coordination and Cooperation of all groups



# KEY CHALLENGES: EFFECTIVE AND EFFICIENT COMMUNICATION

- Good communication is critical, but *more* is not always *better*
- Rumor Control
- Coordinated communication between agencies/authorities
- Risk Communication



# KEY CHALLENGES: TRAINING STANDARDS AND PERSONNEL PREPAREDNESS

- Establish Qualification Standards
- Define Competencies
- Translate to usable knowledge, skills, and attitudes
- Assess/evaluate performance



# OTHER CHALLENGES

- Intervening at the right time with the right tools
  - Different interventions for different time periods
  - Avoid ‘pathologizing’-Not everyone will be psychologically traumatized
  - One size doesn’t fit all
  - Focus on meeting disaster-related needs



# OTHER CHALLENGES

- Adequately assessing the potential long-term mental health needs of a community.
  - While most disaster survivors will psychologically recover, others will develop long term mental health consequences that will significantly impact their personal, family and work life.

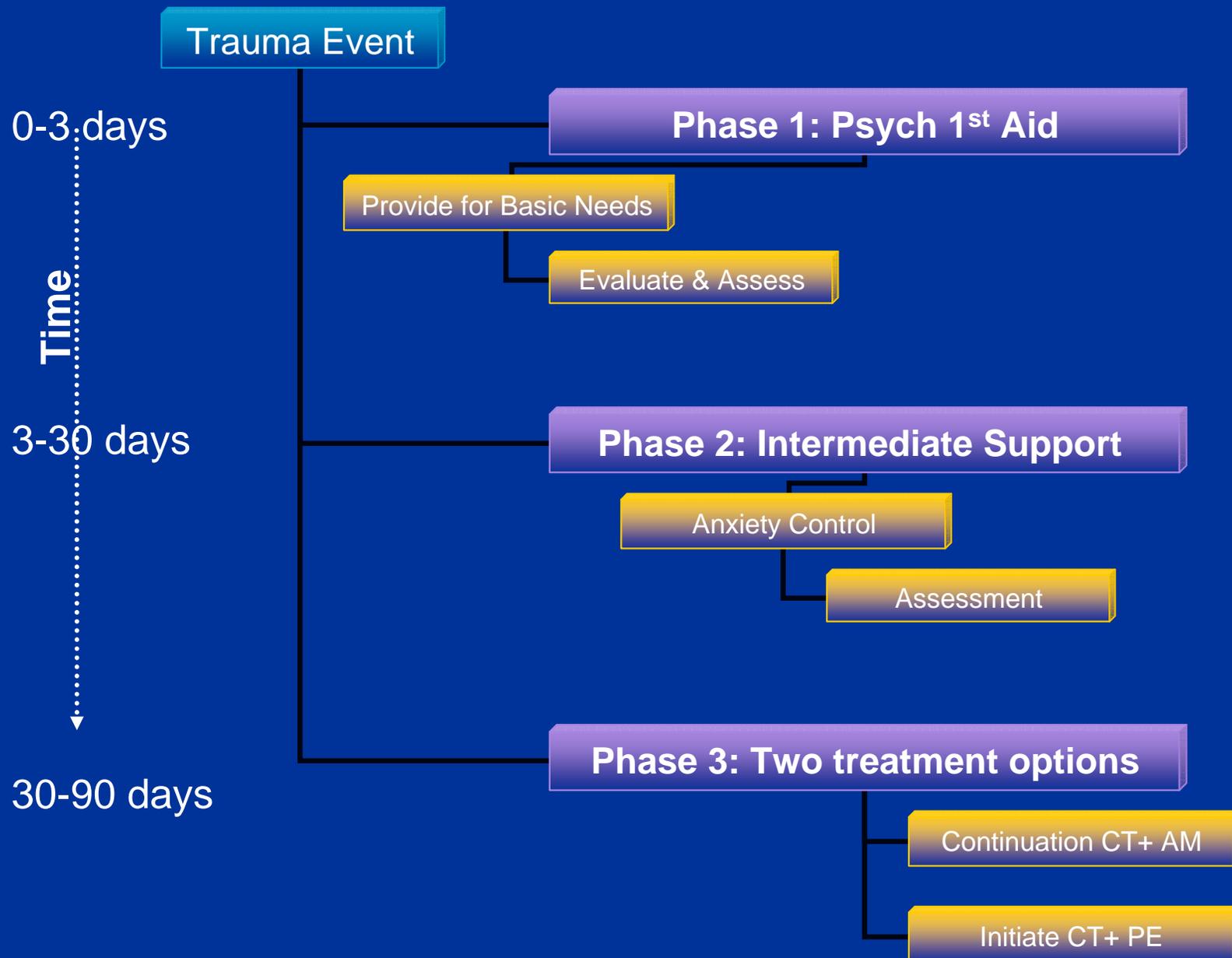


# PAMRC—MENTAL HEALTH TRIPARTITE TREATMENT MODEL

- Phase 1: Psychological First Aid
- Phase 2: Intermediate Support/Anxiety Control
- Phase 3: Continued Support/Control *OR* Support/Control plus Prolonged Exposure



# PAMRC—Mental Health Tripartite Treatment Model



# KEYS TO INCORPORATING A DMH COMPONENT IN YOUR MRC UNIT

- Understand the knowledge and skill sets of the range of mental health providers in your community (i.e. the difference between licensed and unlicensed professionals, those with advanced degrees in a mental health profession, etc.
- Identify and address any professional liability and risk management issues (i.e., what professionals can provide what services?)

# KEYS TO INCORPORATING A DMH COMPONENT IN YOUR MRC UNIT

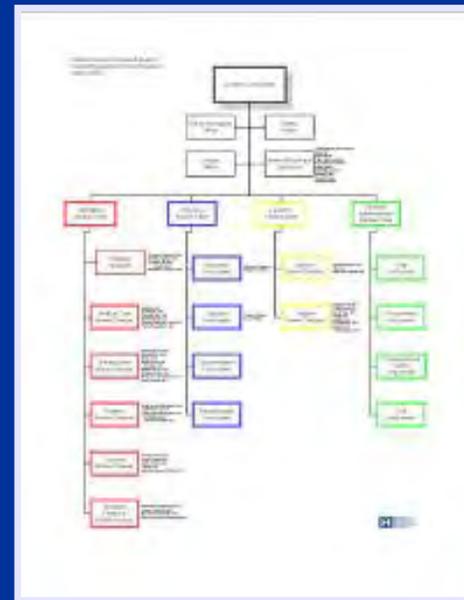
- Identify, Coordinate and Partner with Other Agencies
  - County mental health department
  - Healthcare facilities
  - American Red Cross Disaster Mental Health Team
  - Local crisis response teams
  - Community mental health centers and State Psychiatric Centers
  - Substance Abuse
  - Private practitioners

# KEYS TO INCORPORATING A DMH COMPONENT IN YOUR MRC UNIT

- Identify the baseline level of knowledge, skills, and attitudes you want your mental health team members to possess related to their role in disaster response and other public health initiatives.
- Identify a range of training opportunities to enhance this knowledge and skill set and include opportunities to practice and drill.

# KEY COMPONENTS OF DMH TRAINING

- Personal, family and work life challenges, including personal and family safety
- Local ↔ Federal Response
- ICS
- Roles of collaborating & partner relief agencies
- Disaster Characteristics and Classifications
- Range of Individual & Community Reactions
- Special Needs, Cultural, Ethnic, and Geographic Sensitivity
- Special Issues: Mass fatalities, terrorism, public health emergencies



# KEY COMPONENTS OF DMH TRAINING

- Roles of DMH personnel
- Setting Specific Training-Service sites and challenges
- Supervision, work expectations, scheduling
- Supportive and clinical interventions (e.g. psychological first aid vs. psychotherapeutic intervention)
- Self-care during and after assignment
- *All training must center on building knowledge and skills and promote the attitude of flexibility, collegiality, and good ethical practice.*

# KEY COMPONENTS OF DMH TRAINING

- Keep mental health team members engaged at all levels.
  - Invite them to all meetings
  - Invite them to all social events
  - Give them the option of participating in non-mental health related trainings, where appropriate
  - Try to integrate mental health related topics into other member training and utilize MH team members as instructors/facilitators.

**THANK YOU FOR YOUR  
PARTICIPATION!!**

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