



Disaster Behavioral Health Models and Interventions in a Public Health Response: Making Your Job Easier

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Disaster Behavioral Health

Disaster behavioral health (DBH) is the provision of mental health, substance abuse, and stress management to disaster survivors and responders.

- DBH is concerned with members of the public exposed to disaster, responders, as well as people at-risk due to pre-existing behavioral health conditions.
- DBH services can include basic supportive interventions (e.g. Psychological First Aid), clinical interventions, responder force protection, and public education and messaging.
- DBH needs span response to long term recovery.



Behavioral Health in the ESFs

ASPR is the HHS Secretary's principle advisor on bioterrorism and other public health emergencies. ASPR coordinates the ESF #8 response to disaster and runs the Secretary's Operations Center (SOC).

- **DBH is included in ESF #8:** *Public health and medical services include responding to medical needs associated with mental and behavioral health considerations of incident victims and response workers.*
 - Within HHS ASPR, the ABC Office provides technical assistance and facilitates coordination to address the behavioral health needs of disaster/emergency survivors as well as the needs of the response workforce (force protection) as these pertain to ESF #8.
- **DBH also touches ESF #6:** (e.g. providing BH support to shelters/mass care or through the Crisis Counseling Assistance and Training Program (CCP) grant).
- **ESF #14 / DBH needs span response through recovery.** BH issues often arise over time. DBH Behavioral health can play an important role in Long Term Recovery by participating in long-term recovery committees and facilitating access to services provided by behavioral health providers.

Behavioral Health Concerns

Behavioral Health Concerns Affecting Survivors and Responders:

Following an emergency event it is common for individuals and families to experience distress and anxiety about safety, health, and recovery. People may display symptoms and stress reactions such as:

- **Emotional symptoms** such as irritability or excessive sadness.
- **Cognitive dysfunction** such as difficulty making decisions or following directions.
- **Physical symptoms** such as headache, stomach pain, or difficulty breathing.
- **Behavioral reactions** such as consuming more alcohol or interpersonal conflict, over-dedication to mission or group
- **Difficulty adhering to public health directives**, medication regimens, or physical or psychiatric treatment needs.

Behavioral Health Risk Factors

Factors That Can Influence How People Behave in Response to Disaster:

- Previous exposure to large scale events, such as a severe hurricane or flood.
- Residents of disaster affected areas may be displaced, living in temporary shelters, and separated from their usual support systems.
- Circumstances may make it difficult to learn the status of recovery efforts or to find out the condition of friends, family members, and communities.
- The exposure of disaster responders and volunteers to widespread destruction, the injury or death of others, or to hazardous materials may result in distress or a need for support.



Gender and Age Issues

Issues Related to Gender and Age:

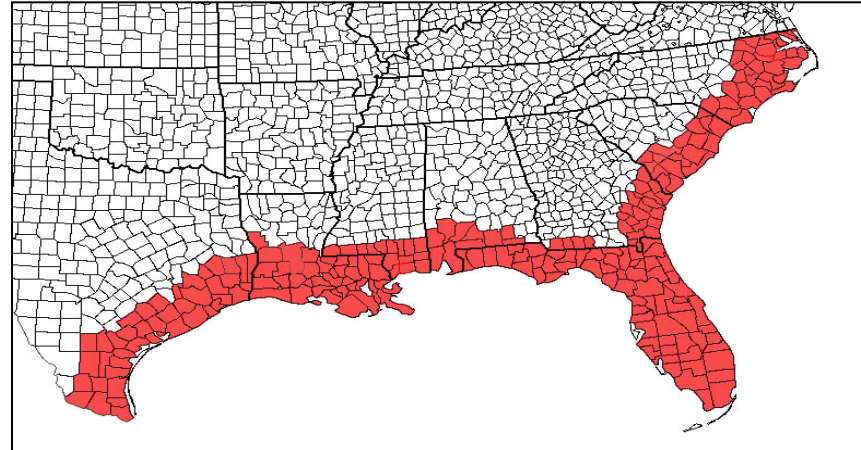
- Women experience different stressors than men following emergency events.
- Women and children are more prone to be affected by physical and sexual violence which have psychological implications.
- Children's reactions and their needs must be specifically considered in response plans.
 - Ensure services are made available in places where children and their parents can congregate.
 - Seek guidance and collaboration from medical and mental health professionals with specific expertise in children at every stage of the response.



Why Behavior Matters

Disaster Behavior

Survey on evacuation in high hurricane risk counties N=2029, June 2006



Community damaged by
hurricane last year



Left home because of
hurricane last year



Left home because
of hurricane in lifetime



33% of respondents state they would not evacuate if asked

Need for DBH Capabilities

The Need for Disaster Behavioral Health Capabilities:

- Research on natural disasters, terrorist attacks, and other emergencies highlight the need for behavioral health capabilities.
- Research shows a link between exposure to trauma and the onset of other health care needs immediately following an emergency event, and often for many years after.
- Studies correlate trauma with later cardiovascular, musculoskeletal, and neurological illness, as well as psychiatric diagnoses such as Post-Traumatic Stress Disorder (PTSD), anxiety, depression, and substance abuse disorders.
- Costs associated with the treatment of those problems also increase.

Mental Health Responses to Trauma & Disasters



Distress Responses

- Change in sleep
- Decrease in feeling safe
- Isolation (staying at home)

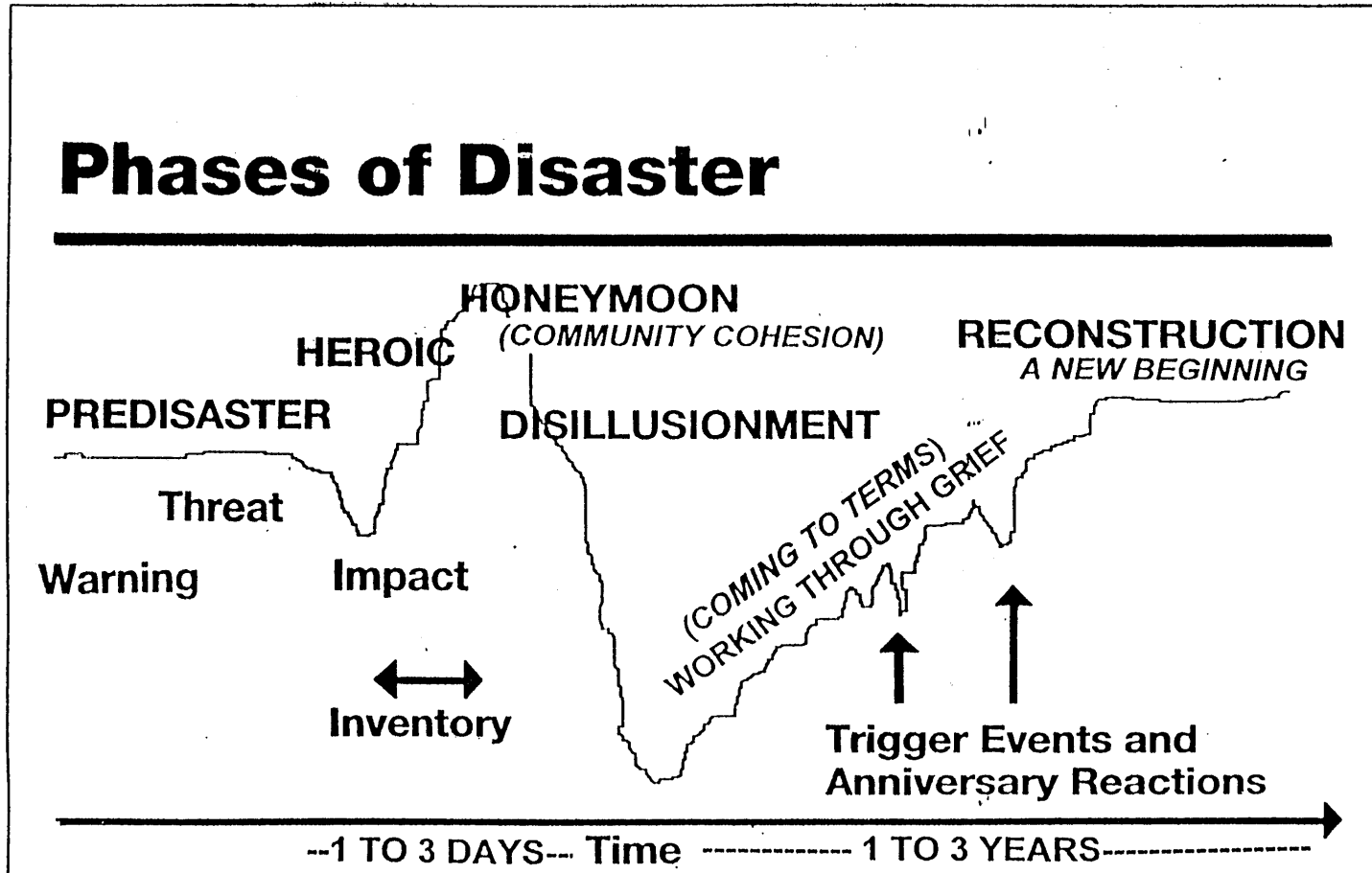
Mental Health/ Illness

- Anxiety
- PTSD
- Depression
- Resilience

Health Risk Behaviors (changed behavior)

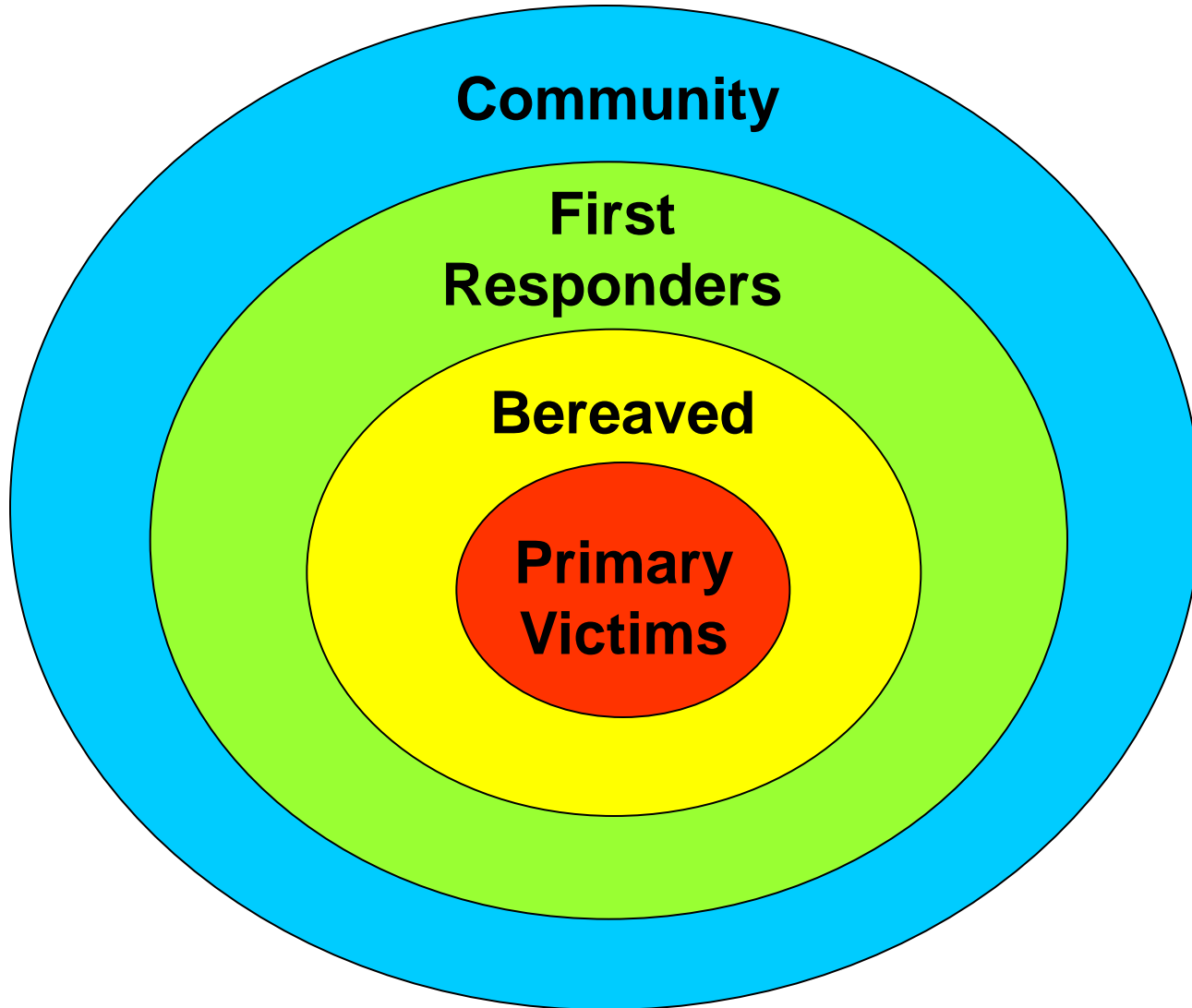
- Alcohol
- Smoking
- Over dedication
- Change in travel
- Separation anxiety

Phases of Disaster



Why Early Inclusion Matters

Levels of Behavioral Health Impact



Benefits of Early Inclusion

Early Inclusion of Behavioral Health During Response Provides:

- Continuity and ease of operations.
- Positive regard for response and responders.
- Swift resolution of events that could result in potentially harmful media.
- Promotion of individual and community resilience.
- Maximized responder capabilities.
- Timely mitigation of human suffering and distress.
- A better night's sleep for leadership?

DBH Response Activities

Disaster Behavioral Health Response:

Behavioral health professionals trained in disaster response often work in shelters, medical and psychiatric facilities, or may engage in outreach and educational activities in communities to facilitate the resiliency and recovery of survivors and responders by:

- Providing psycho-education and information on physical and environmental hazards.
- Engaging in supportive listening.
- Screening individuals who are at greater risk for longer-term adverse reactions.
- Ensuring referral to appropriate medical, psychological, or tangible services.



DBH Response Activities (cont.)

- Assure Basic Needs
- Psychological First Aid
- Needs Assessment
- Fostering Resiliency/Recovery
- Consultation/Technical Assistance
- Monitor the Recovery Environment
- Outreach/Information Dissemination
- Triage
- Treatment



**Center for the
Study of Traumatic Stress**

Psychological First Aid

Psychological First Aid (PFA) Seeks to Promote:

- **Safety** (be safe, feel safe)
- **Calming** (rest, relax, sleep)
- **Efficacy** (coping skills and confidence)
- **Connectedness** (social and emotional support)
- **Hope** (optimism)

Hobfoll et al Psychiatry 70

There are a number of PFA models; the National Child Traumatic Stress Network & the National Center for PTSD model is available for free download at:

http://ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_psyfirstaid.html

Long Term Consequences

Potential Long Term Psychological Consequences of Disaster:

- Depression
- Grief
- Substance Use/Abuse
- Anxiety
- Post Traumatic Stress Disorder (PTSD)



Long Term Consequences (cont.)

Responders:

Oklahoma City Responder Survey (N=176; 34 mos.)

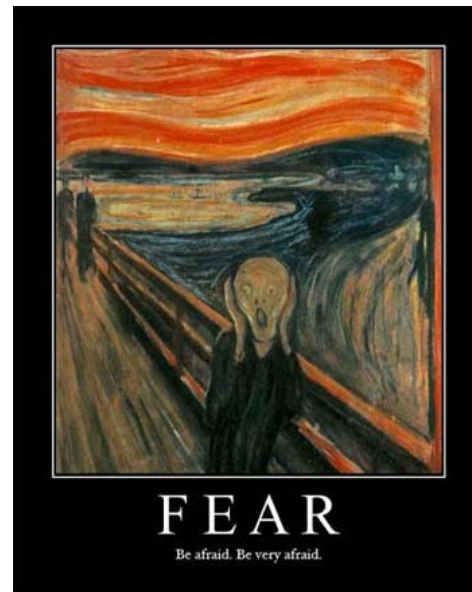
- 47% had lifetime alcohol abuse/dependence
- 54% with PTSD had another disorder



North et. al. 2002

Targets for Intervention

- Sleep
- Withdrawal, isolation
- Loneliness, alienation
- Hopelessness
- Helplessness
- Fear
- Cohesion



Interventions & Treatment

- **Psychological First Aid** (safety, calming, connectedness, efficacy, hope)
- **Restore Sleep and Rhythms**
- **Psychotherapy:** Cognitive Behavioral Therapy (CBT), particularly for Acute Stress Disorder
- **Selective Serotonin Reuptake Inhibitors**
- **Note:** Chronic disorders require complex, integrated treatments addressing sustaining factors

Factors that Foster Resiliency

- **Optimism**
- **“Recovery Skills”**
- **Self regulation of emotions**
- **Attachment/social support**
- **Altruism**
- **Active vs. passive responses (instrumental)**

Perspectives from the Field

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DBH & the HHS Haiti Earthquake Response

- Issues related to being outside the United States
 - Language
 - Culture
 - Resources
- Issues unique to an earthquake – the event is not necessarily over
- Multiple Roles
 - Force Protection
 - Survivor Counseling and Crisis Management
 - Resource Identification
- Team Issues
 - Before Departure
 - During Deployment
 - After Deployment

Issues: Outside of US

Issues Related To Being Outside The United States:

- **Language:** had to work through translators. Some of them had experienced their own traumas during the earthquake.
- **Culture:** 80% of population catholic, 50% practiced voodoo.
- **Resources:** Fortunately, we had some local resources that were identified by the first team and we were able to hook up with them to provide on-going support. This is especially important when you have suicidal patients and orphans.



Issues: Earthquake

Issues Unique To An Earthquake:

- When responding to a disaster such as an hurricane, it is most likely the aftermath that you're dealing with.
- The situation in Haiti involved almost daily aftershocks, some quite intense.
 - This affected the population: on-going fear and re-traumatization.
 - The responders: not used to earthquakes (except those from CA).
 - The response: can't say to people "it's ok, it's all over now".



Issues: Multiple Roles

Multiple Roles for Behavioral Health:

- **Force Protection:**
 - How not to act like a mental health professional.
 - Adrenaline junkies do not do well with boredom.
 - Get involved, do something.
- **Survivor Counseling and Crisis Management**
 - Don't patronize!
 - Don't lie.
 - Use cultural assets such as importance of faith, family, etc.
- **Identifying and Using Local Resources.**



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Team Issues: Before Departure

Team Issues:

- **Before Departure**

- Try to get to know the team members, especially if you have a blended team. Try to identify the strengths of your team and capitalize on them.
- Work closely with the commander.
- Try and let people get to know you as a resource.



Team Issues: During Deployment

Team Issues:

- **During Deployment**

- Find helpful things to do to help.
- Keep your ears and eyes open at all times.
- Be subtle, don't steam roll.
- Let everyone on the team know what to do if they are concerned about another team member.



Team Issues: After Deployment

Team Issues:

- **After Deployment**

- Let people know you are available.
- Normalize emotional reactions.
- Let people know what to expect when they return home.
- Be available.



Disaster Behavioral Health Assets and Capabilities

State Disaster Behavioral Health Response Assets and Capabilities

- Every State behavioral health agency has a Disaster Mental Health Coordinator and most have State Disaster Behavioral Health Plans.
- State behavioral health response may rely on a coalition of response groups including Medical Reserve Corps (MRC), Voluntary Organizations Active in Disaster (VOADs), behavioral health providers and crisis teams, behavioral health professional associations, and, in many cases State-trained behavioral health responders.
- States that are members of the Emergency Management Assistance Compact (EMAC) may use this mechanism to request State-to-State behavioral health assets.
- An unmet needs/long term recovery committee including behavioral health stakeholders often forms following the immediate disaster response continues to meet throughout the longer-term recovery effort.

Federal Disaster Behavioral Health Assets and Capabilities

Federal Grants

- FEMA's CCP, co-administered by HHS SAMHSA CMHS, provides individual and community crisis counseling and education. The CCP consists of two types of grants:
 - The Immediate Services Program (ISP) grants provide funds for up to 60 days of services immediately following a Presidential declaration of a disaster that includes FEMA Individual Assistance.
 - The Regular Services Program (RSP) grants provide funds for up to nine months of additional crisis counseling services.
- The HHS SAMHSA Emergency Response Grant (SERG) funding enables public entities to address mental health and substance abuse needs when existing resources are overwhelmed by an emergency and other resources are unavailable.

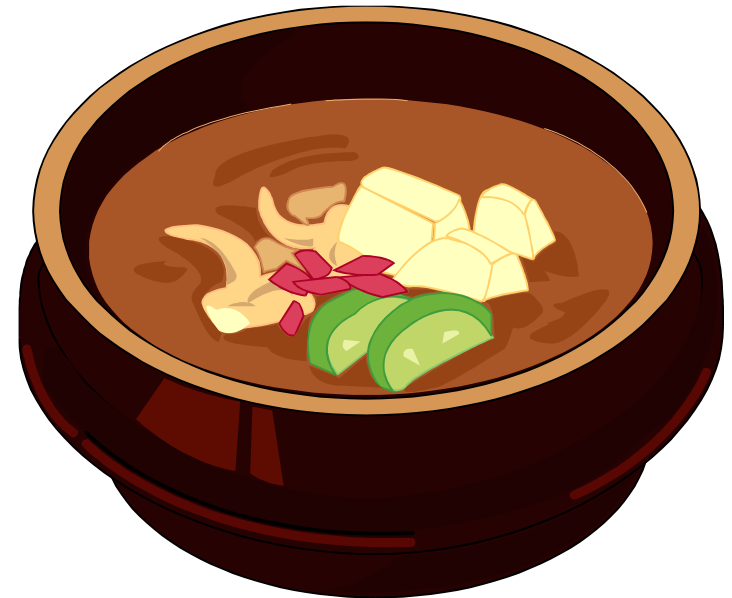
Additional Federal Resources

Additional Federal Disaster Behavioral Health Resources:

- HHS ASPR's ABC provides technical assistance on disaster behavioral health to HHS, Federal partners, States, and stakeholders.
- HHS CDC conducts post-disaster surveillance and needs assessments to estimate health burden and inform resource allocation decisions (e.g., services, personnel, medication).
- HHS SAMHSA's Disaster Technical Assistance Center (DTAC) provides technical assistance and educational materials. 800-308-3515, dtac@samhsa.hhs.gov, <http://mentalhealth.samhsa.gov/dtac/>
- HHS SAMHSA's National Mental Health Information Center is a web-based resource that provides training materials and publications on emergency mental health and traumatic stress. <http://mentalhealth.samhsa.gov>
- HHS NIMH has established a Disaster Mental Health Research Center.

Disaster Behavioral Health “Stew”

- **INGREDIENTS** – *Depending on the Disaster and Region, All Assets Are Not Created Equal:*
 - State Mental Health Assets
 - American Red Cross Disaster Mental Health Volunteers
 - ESAR-VHP
 - Medical Reserve Corps
 - FEMA Crisis Counseling Program
 - NDMS
 - OFRD
 - Community Faith Based Volunteers
 - Voluntary Organizations
 - Community Members
 - Military Assets
 - ❖ Chaplains
 - ❖ Mental Health Professionals
 - Materials and Guidance



HHS ASPR ABC Behavioral Health Contacts

U.S. Department of Health and Human Services (HHS)
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