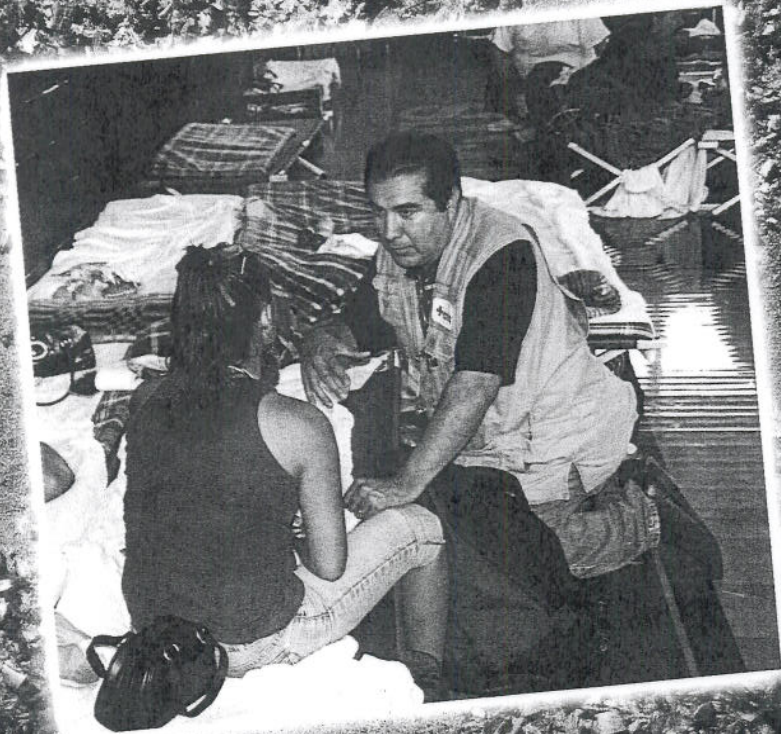
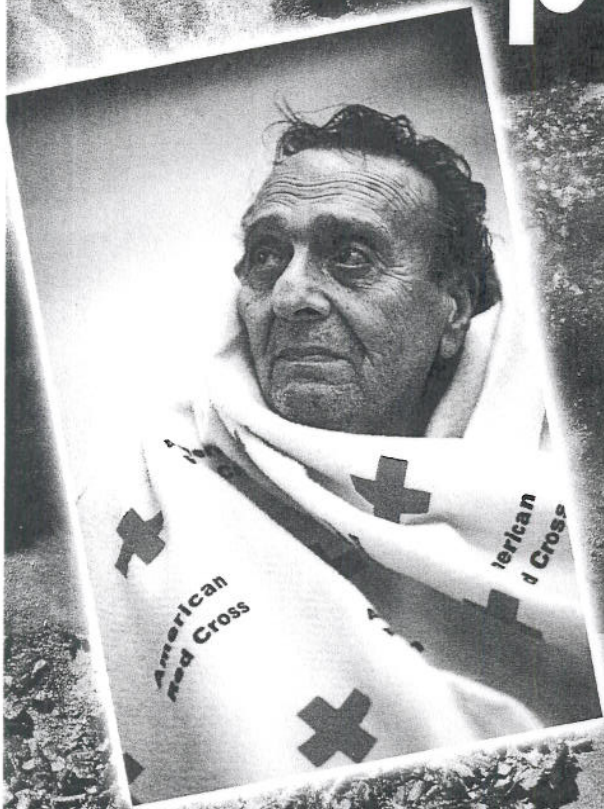


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**DISASTER  
RESPONSE**  
Psychologists Are  
Playing a Key Role

## DISASTER RESPONSE

# Preparing Hospitals and Clinics in Los Angeles County for Psychological Casualties Following Disasters

Sandra Stark Shields, LMFT, ATR-BC, CTS



*“Hospital emergency personnel envision themselves saving the lives of seriously injured trauma victims in a disaster. What they don’t include in that vision is the equal (or larger) number of psychological casualties that will inundate their emergency department. We have worked diligently on a systematic approach to the trauma victim, and it is time to start developing strategies to treat the psychological casualties also.” William Koenig, M.D., Los Angeles County Emergency Medical Services Agency Medical Director*

A terrorist incident, a large disaster or other public health emergency such as severe acute respiratory syndrome (SARS), or pandemic flu has the potential to create huge numbers of psychological casualties. Research on past disasters, such as the radioactive cesium isotope incident in Brazil (1987), the Sarin gas attack in Tokyo (1995), and the anthrax attack in Washington, D.C. (2001) suggests an average surge to hospitals of *four times the number of people with mental health effects than with medical effects resulting from exposure*. Due to the critical role of community health clinics and tendency of clinic patients to view clinics as their primary source of medical care, a surge to clinics also is anticipated. Psychological casualties will include those who were directly impacted by the disaster, those who were injured, those who were not injured but are concerned they were exposed, those with ill or missing family members, people with pre-existing mental health issues, as well as staff experiencing the emotional impact of working under extreme stress.

Existing disaster plans typically address medical consequences, yet few plans offer guidance to hospitals and clinics about responding to the psychological consequences (emotional, behavioral, cognitive, and physical/somatic) of disasters. In addition, existing “disaster mental health” training is not geared specifically for hospitals and health clinics and may require lengthy training that most facilities can not accommodate during work hours. Knowing that the psychological impact of such events on hospitals and health clinics in Los Angeles County would be extensive, three County departments--the Department of Health Services, Emergency Medical Services

Agency, and the departments of Mental Health and Public Health--spearheaded a unique project with RAND Corporation to develop the training: *Preparing Hospitals and Clinics for the Psychological Consequences of a Terrorist Incident or Other Public Health Emergency*. The training materials were the result of data collected from interviews with selected area hospitals and clinic staff, literature reviews, government documents, input from experts, and extensive pilot testing of the course materials. The project was funded by the Hospital Preparedness Program and took two years of collaborative effort to complete. This training is posted and available for download from the EMS Agency’s Website at <http://ems.dhs.lacounty.gov/Disaster/DisasterTrainingIndex.htm>.

The course contains two one-hour modules (Module 1 and Module 2) that can be given in traditional lecture format or as a self-study guide. A third two-hour training (Module 3), developed specifically for County Department of Mental Health staff that may assist affected health care facilities during disasters, is also available on the Website. Module 1, specifically developed for hospital and clinic administrative and disaster planning and response staff, contains basic information on the psychological consequences of large-scale emergencies; triggers of psychological reactions for patients, families, and staff; disaster planning strategies to prepare staff and facilities; and tools and resources that can be used to improve facility disaster plans to manage psychological casualties. Module 2, developed for clinical, mental health, and non-clinical hospital and clinic staff, provides information on integrating mental health into facility disaster response; planning a “mental health” response; psychological reactions to expect; psychological first aid; vulnerable populations; self care in disasters; and other materials and tools to help with facility disaster planning and response. Module 3 is tailored for County Mental Health and provides more detailed information on expected psychological reactions and treatment methods.

All three modules are designed to maximize the user’s learning experience. This includes practice scenarios, which give health workers the chance to feel closer to the real event by training in “as if” disaster situations. Additionally, one key tool developed by the project team is the Readiness for Events with Psychological Emergencies Assessment Tool (REPEAT). According to Lisa Meredith, Ph.D., Senior Behavioral Health Scientist at RAND; “The REPEAT tool is a practical quality improvement tool. It can be used to increase facility

*See “Psychological Casualties” continued on page 11*

# DISASTER RESPONSE

*"Psychological Casualties," continued from page 12*

awareness of which components of disaster preparedness and response need to be addressed through existing quality improvement programs. It can also provide information for periodic assessment and evaluation of progress over time." The training modules, which combine experiential learning through practice scenarios and the use of the powerful REPEAT assessment tool, allow health workers to gain essential skills and optimize their disaster preparedness and response.

So what can psychologists who already work at hospital and health clinics do to ensure that their facility is prepared to respond effectively to a surge of psychological casualties?

- Ask to be included in the facility disaster planning committee.
- Download the training and tools, including the REPEAT, and use those to facilitate disaster-planning discussions.
- Assist with forming the facility "disaster mental health response team."
- Offer to train staff in "psychological first aid."
- Work to include mental health staff in the facility disaster "incident command" structure.
- Ask that a "surge of psychological casualties" scenario be added to your facilities annual disaster exercise program. ▲

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## In Private Practice

*"Psychologists represent a significant resource for Los Angeles County. As professionals and citizens we have a responsibility to be as prepared as possible to take care of our families, clients, and neighbors when the time comes. We urge psychologists to get involved in any number of ways. One is to develop a safety plan for their immediate and extended family and neighborhood. Another is to consider joining the APA, LACPA, American Red Cross, or other reputable service agencies as (pre-registered) volunteers for disaster response. We are particularly in need of bilingual/bicultural professionals." Tony Beliz, Ph.D., Deputy Director, Los Angeles County Department of Mental Health, Emergency Outreach Bureau*

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