



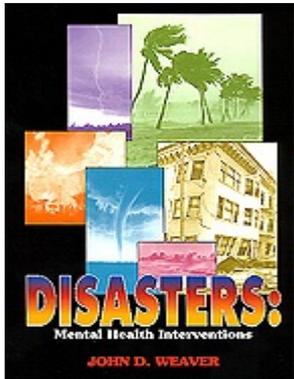
Trauma-Informed Care in Disaster Cycle Services

John
N3PFA

American Red Cross

Instructor Introduction

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- Founding partner - EYE OF THE STORM, Inc.
- Former Casework Supervisor and DCORT Coordinator for Northampton County Mental Health
- Author of several articles, chapters, and books including *Disasters: Mental Health Interventions* (1995, Professional Resource Press)
- American Red Cross DMH Volunteer since 1992 including service at the 1994 USAir crash in Pittsburgh, the 1996 ValuJet crash in the Everglades, the 2001 crash of United Flight 93 in Shanksville, and the World Trade Center relief operation in NY
- Amateur (ham) radio operator - call sign **N3PFA**
- Friendly on many social media platforms

To view/download a copy of this presentation, please visit:

<http://eyeofthestorminc.com>

(and click on the + near the bottom of the page)



American Red Cross

Our Mission:

To prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

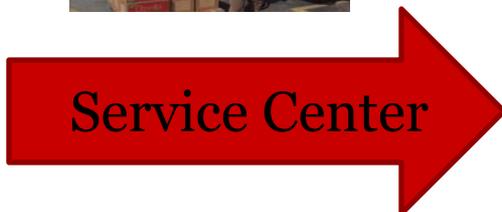




Types of Disasters

- Home fire (most common Red Cross disaster response)
- Earthquake
- Wildfire
- Tornado
- Hurricane
- Flooding
- Transportation Disasters (i.e., plane, train)
- Mass Shootings/Terrorist Incidents (i.e., Pittsburgh, Orlando, San Bernardino, Boston Marathon, Sandy Hook, 9/11)







Respite Center

Food / Drink	Computers
Showers	E-mail
Supplies	TV
Massages	Games
Place to Rest	AA Meetings
Phones	MH, PH & SC

Family Assistance Center

Similar in terms of services and supports plus briefings (e.g., NTSB , coroner, FBI, ...), childcare, and possible DMORT involvement.





FEMA DRC



Drills, Special Events and Memorial Services

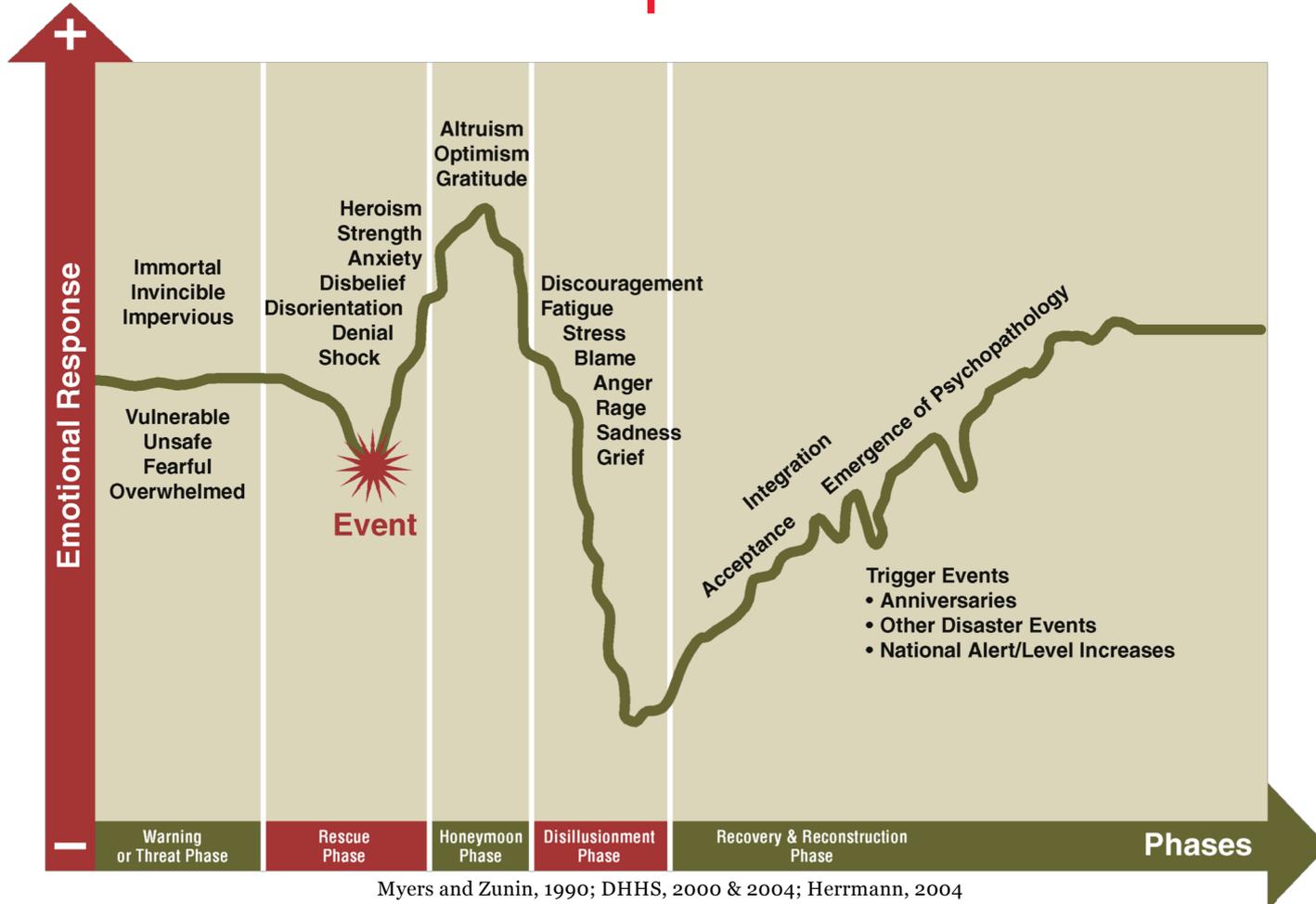
Corporal Bryon Keith Dickson, II - Pennsylvania State Police
End of Watch: Friday, September 12, 2014





Thank you
for being here
& for providing
the sleeves that
we all needed.
The Red Cross is
always there in
times of tragedy
& we are so
thankful that
you are.
May God bless
you!

Disaster Response Phases



Myers and Zunin, 1990; DHHS, 2000 & 2004; Herrmann, 2004

Psychological Impacts of Disaster

- Vary widely
- Dependent on individual factors, such as age, culture, previous functioning, etc.
- Occur in all domains of functioning
 - Emotional
 - Cognitive
 - Physical
 - Behavioral
 - Spiritual



Psychological Impacts of Disaster

- Many people are resilient and will naturally return to their pre-disaster level of functioning
 - This is the most common outcome
 - Over 50% of population resilient after 9/11
- *On average*, 30-40% of *direct* victims of disaster will experience one or more disorders such as PTSD, depression or anxiety
 - Children emerge with greater risk
 - 5-10% of people in the community-at-large
 - 10-20% of responders are at risk
- Early intervention reduces risk



Galea, S., Nandi, A., & Vlahov, D. (2005) *The epidemiology of post-traumatic stress disorder after disaster. Epidemiologic Reviews*, 27, 78-91.

Trauma-informed Care (SAMHSA)

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*.

SAMHSA's Six Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

Trauma-Specific Interventions (SAMHSA)

- Survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.
- Helpers recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety.
- Helpers work collaboratively with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

American Red Cross Disaster Services

- Food and Water
- Shelter
- Direct Client Assistance (CACs)
- Disaster Health Services
- Disaster Mental Health Services
- Disaster Spiritual Care Services
- Reunification Services
- Distribution of Relief Supplies
- Information and Referrals
- Recovery Casework



Integrated Disaster Care

Integrated Care and Condolence Teams (ICCT) draw members from these four areas of specialization. An ICCT can provide an array of services to families whose loved one is missing, injured or deceased.

- Client Casework
- Disaster Health Services
- Disaster Mental Health Services
- Disaster Spiritual Care Services

American Red Cross Disaster Mental Health Mission

To provide mental health support to **disaster survivors** and **responders** across the disaster continuum of preparedness, response and recovery.

History of Disaster Mental Health

- Disaster Mental Health was established in 1992 at the American Red Cross
- Originally established to support disaster responders, later expanded to serve disaster survivors
- Has evolved into a broad range of activities across the continuum of disaster preparedness, response and recovery

Disaster Mental Health Workforce

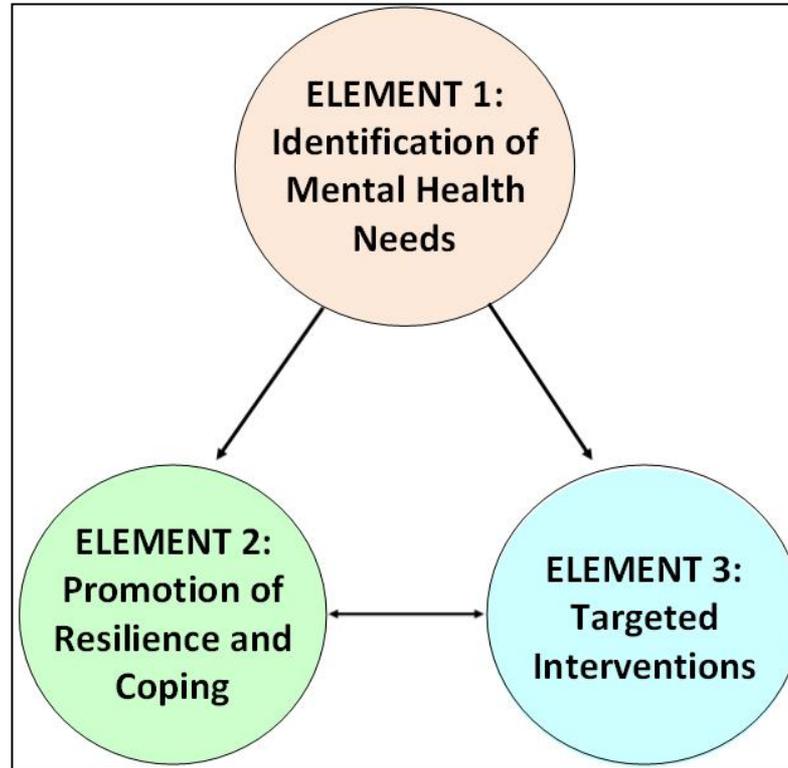
- 3,500 independently-licensed, master's level (or higher) mental health professionals, including:
 - Psychologists
 - Clinical Social Workers
 - Marriage and Family Therapists
 - Licensed Professional Counselors
 - School Psychologists
 - School Counselors
 - Psychiatric Nurses
 - Psychiatrists



Assumptions of Disaster Mental Health

- Most reactions to disaster are common and expected.
- Most people are resilient and will recover on their own.
- Disaster Mental Health interventions can help facilitate recovery and mitigate long-term psychological challenges (i.e., depression, anxiety, PTSD).
- Some clients require more significant emotional support during and after a disaster.

Disaster Mental Health Response



Three-Element Intervention Strategy

Element 1: Identification of Mental Health Needs

- Environmental Assessment
- Individual Assessment
 - Reactions/Presentation
 - Risk Factors (Exposure-based)
 - Resilience Factors



Element 2: Promote Resilience and Coping

Psychological First Aid

- Take care of yourself
- Make a connection
- Help people be safe
- Be kind, calm and compassionate
- Meet basic needs
- Listen
- Give realistic reassurance
- Encourage good coping
- Help people connect
- Give accurate and timely information
- Make a referral to a Disaster Mental Health worker
- End the conversation

Element 2: (cont.)

Promote Resilience and Coping

- Psychoeducation
- Public health messaging and consultation (to help communities normalize stress reactions after a disaster)
- Support state and local mental health agencies/professionals through training and consultation

Element 3: Targeted Disaster Mental Health Interventions

- Secondary assessment
- Referrals to community resources
- Crisis Intervention
- Casualty support
- Advocacy



Disaster Mental Health Responders

Do NOT Do:

- Psychotherapy
- Formal mental health evaluations or diagnosis
- Individual psychological debriefings (e.g., CISD/CISM)
- Long-term trauma therapies

Why Not?

- Focus is short term
- Building strong therapeutic alliance is not appropriate
- Some interventions have concerns about efficacy or secondary trauma (re-traumatization)
- Best time to talk is...when you feel like it, not necessarily when a group debriefing is scheduled
- Lack of pre-screening can be problematic for groups (contagion)

Where are Disaster Mental Health Services Provided?

- Wherever disaster clients are:
 - Driveways or hotel lobbies
 - Shelters
 - Service Centers (established temporarily in community settings)
 - Door-to-door outreach in communities
 - Over the phone during follow-up
- Wherever Red Cross disaster responders are:
 - Shelters
 - Service Centers
 - Disaster Relief Operation Headquarters Offices



How is Disaster Mental Health different from traditional mental health roles?

- Worksites
- Duration
- Client relationship
- Initiation of DMH support
- Scheduling
- Access to clients
- Nature of Interventions



When Are Disaster Mental Health Responders Utilized?

- All size disasters – house fires to hurricanes
- Large number of displaced survivors
- One or more fatalities
- High-risk populations involved:
 - Children
 - Elderly
 - Survivors with Access and Functional Needs
- High levels of responder stress
- Transportation/Aviation Incidents



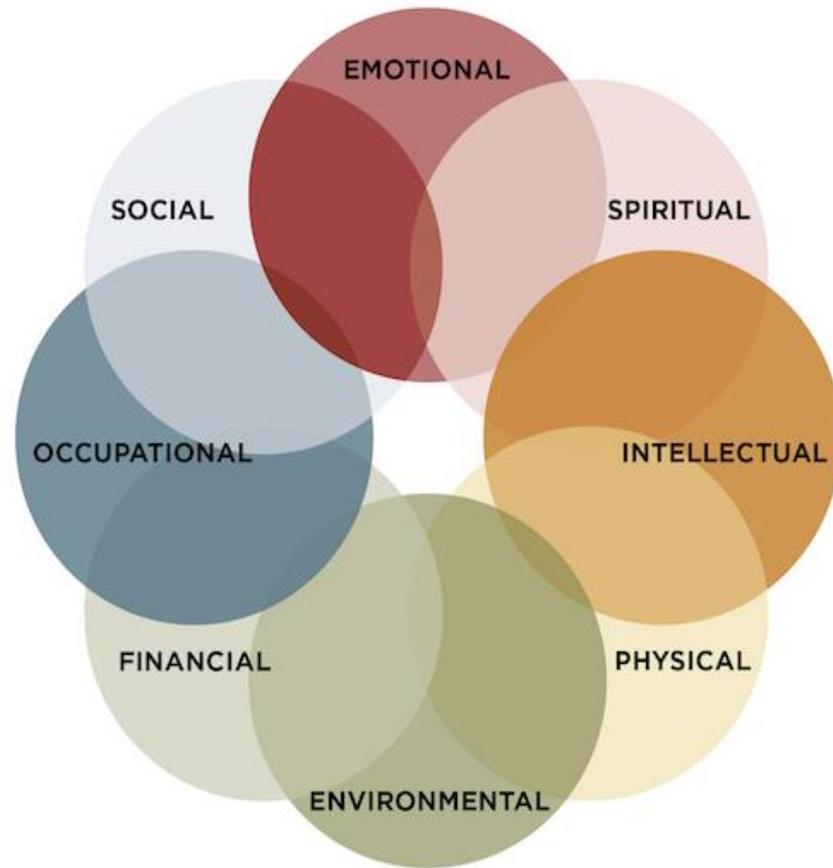
Factors that Affect Disaster Responders

- Working in unfamiliar and challenging settings
- Encountering unfamiliar cultural or ethnic populations
- Listening to survivors' stories
- Seeing disturbing sights



And, for responders who travel to a distant disaster:

- Leaving family members and loved ones to go on assignment
- Returning home



WELLNESS

SAMHSA

The Eight Dimensions of Wellness

<https://youtu.be/tDzQdRvLAfM>

The Eight Dimensions of Wellness:

- **Emotional** — Coping effectively with life and creating satisfying relationships. Understanding your feelings and being able to express them.
- **Environmental** — Occupying pleasant, safe, stimulating, and respectful environments that support well-being.
- **Financial** — Satisfaction with current and future financial situations.
- **Intellectual** — Practice being an intellectually-curious lifelong learner, recognizing creative abilities and finding ways to expand knowledge, skills, and abilities.

The Eight Dimensions of Wellness (cont.):

- **Occupational** — Personal satisfaction and enrichment from work (employment, pursuing education, and volunteering), doing things that you are passionate about.
- **Physical** — Recognizing the need for physical activity, healthy foods, and sleep.
- **Social** — Developing a sense of connection, belonging, and a well-developed support system.
- **Spiritual** — Expanding a sense of purpose and meaning in life. Being more mindful and more connected to the world around you (other people, nature, etc.). Explore personal values and beliefs.

Implications for recruiting, training, and retaining our paid and volunteer workforce? (upsides and downsides)

Emotional

Satisfaction of helping others (compassion satisfaction) and, in some cases, satisfaction from paying it forward (as happens with disaster survivors who want to give back).

Exposure to secondary traumatic stress is common especially for our disaster volunteers and staff.

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Environmental

We strive to assure the safety and security of our workers and of the victims/survivors.

Our workplaces are often very high-stress (with too much noise, commotion, volume of work, perceived risk, and vicarious traumatization).

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Financial

For many people, the compassion satisfaction we earn from our work is worth far more than money.

Many people need to work extra hours and/or two jobs to support their families, leaving less time to volunteer and/or less money to donate to support our work.

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Intellectual

Constant exposure to new information and daily chances to enhance knowledge, skills, and abilities fit nicely with the need “to use it or lose it” (mental fitness).

We are constantly turning over people, revising our policies, updating our processes, and even rewriting our vocabulary (and continuous change triggers distress).

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Occupational

We believe in the Red Cross mission and we get to work for an organization that routinely does awesome things.

The demands of the job may be more than many can tolerate and, even for those who have the tolerance, juggling work life and personal life is often difficult.

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Physical

For adventure seekers (adrenaline junkies), workaholics, retired military personnel and government workers (people who have survived an extended experience with a large bureaucratic organization), and folks who think sleep is overrated, we're a perfect match.

People who need stable routines and lots of sleep are easily frustrated and disillusioned by the pace, by things that seem more rigid than necessary, by turnover and constant, change, and whenever they do not feel valued.

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Social

We form tight bonds and do so very quickly, especially in disaster services. This is ideal for peer support.

New people (especially shy, introverted people) sometimes see us as being cliquish and then they have a hard time getting connected and feeling welcome.

Implications for recruiting, training, and retaining our paid and volunteer workforce?

Spiritual

We get to connect with others and experience the diversity of our world, as we live out our values and beliefs working in concert and fellowship with many other great people.

We get to see the best and the worst in people. Sadly, the world is not a just place, it's just a place. That can be hard to accept, especially when bad things happen and we cannot do as much as we'd like to fix whatever has gone wrong.

What are some of the broader implications for all of us?

- Seek balance
- Accept change
- Pursue growth
- Be healthy
- Stay safe
- Manage stress
- Practice self-care

4 Types of Stress

- **Anticipatory Stress** - Concerns over the future
 - “What if...?”
 - “Am I ready for this?”
 - “Here we go!”
- **Situational Stress** - The concerns of the moment (newness, uniqueness and magnitude)
- **Chronic Stress** - Worry over time
 - “I thought this would end sooner!”
 - “I miss my family.”
- **Residual Stress** - Unresolved issues from previous incidents

Physical Reactions to Stress

- High blood pressure
- Appetite disturbances
- Headaches
- Stomach aches
- Joint pain
- Bowel problems
- Stress-related illnesses
- Trouble sleeping

Psychological Reactions

- Irritable, anxious or depressed moods
- Helplessness
- Trouble concentrating
- Intellectualizing
- Loss of faith in human nature
- Paranoia
- More pessimistic
- Over generalizing
- Taking on problems of others
- Loss of empathy
- Increased focus on self

Social Reactions

- Isolation
- Defensiveness
- Tardiness /
Absenteeism
- Leaving the
scene of a
trauma
- Leaving the
profession
- Aggression
- Poor work
performance
- Theft

Behavioral Reactions

- Clingy
- Impatient
- Irritable
- Withdrawn
- Moody
- Regression
- Appetite changes
- Nightmares/Sleep disturbances
- Hypervigilance
- Losing things
- Accident proneness
- Self-harm behaviors
- Elevated startle response
- Overuse of negative coping (smoking, alcohol, drugs,...)

Modifiers of Stress

- **Exposure** – Ground zero and beyond
- **Duration** - Longer exposure to any stressful event usually makes it more severe
- **Multiplicity** - The more stressful events there are, the greater the potential reaction
- **Situational Importance** - Greater importance of the event means greater reaction

Modifiers of Stress (cont.)

- **Individual's Perception of the Stress** -
 - “How threatening is the situation?”
 - “How prepared am I to cope with the consequences?”
- **Reminders that Trigger Vivid Memories** - Press coverage, trials, lawsuits, etc.
- **Stress Tolerance** - General ability to tolerate plus benefits of stress inoculation

Stressed Out Feelings =

- Helplessness
- Sadness
- Depression
- Hypersensitivity
- Emotional roller coaster
- Overwhelmed
- Depleted
- Powerlessness
- Anxiety
- Guilt
- Anger/Rage
- Survivor guilt
- Shutdown
- Numbness
- Fear

Stress Triggers

Associations/Similarities to our lives

- Sights, sounds, smells, etc. (someone with familiar features, habits, clothing, perfume, ...)
- Recent life events
- Personal sensitivities and fears (e.g., bugs, animals, heights, water, smoke, fire,...) that get our heart pounding

Stress Triggers (cont.)

Types and lengths of exposure

- Graphic nature of some events
- Longer events are more potentially damaging
- Repeated assaults / recurring events and constant crises (*Here we go again...*)
- Frequent reminders

We all have our own
“Psychological Achilles Heel”
and we all have our own “Tell”

- Learn what pushes your buttons & triggers your personal reactions to trauma (thoughts, reactions, and memories that are associated with various sights, sounds, smells, and traumatic life events).
- Learn your “tell” (e.g., eye twitch, neck pain, sore joint, upset stomach, bowel problems, tears, etc.) that indicates when you need to step back for a while.

Special Demands on Emergency / Disaster Responders

- We are forced to face the reality of some of the worst aspects of life (e.g., accidental deaths, natural and human caused disasters, etc.).
- We are made painfully aware of trauma potential in our own lives (and our own mortality).
- We are constantly reminded of our own trauma history (through the pain of others).

Who is At Greatest Risk?

- Newest among us
- Most caring / empathetic
- Least well defended
- Those who tend to become overly involved
- Those with unresolved personal issues (e.g., rescue fantasies)

We will all have
reactions to the stressful
situations we face.

This is perfectly normal.

Coping

- When our homes, cars and offices become cluttered with garbage, we take out the trash.
- When our bodies are feeling pressured with liquid and/or solid waste, we go to the bathroom.
- But when our minds and our hearts are filled with painful thoughts and memories, many people try to hold things inside.
- **That doesn't help.**

Getting it out helps...

- Work it out, play it out, and talk it out with someone prepared to listen and offer the support you need.
- **Caution:** Talking it out works best when you share the pain with someone outside your family because what you need to share may overwhelm and traumatize your loved ones.

Disaster Distress Helpline

The *Disaster Distress Helpline* offers free, 24/7 support resource for disaster victims/survivors, disaster responders, and our partners:

- <https://www.samhsa.gov/find-help/disaster-distress-helpline>
- Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor.

Disaster Spiritual Care and Disaster Mental Health

Similarities	Differences
Both provide emotional support and comfort using principles of PFA (e.g., importance of meeting basic needs)	DMH are licensed providers; DSC are certified by professional associations or are paraprofessionals
Both refer to community resources for longer-term services	DMH trained in psychopathology; DSC not required to have such training
Both are trained to deliver multi-cultural services	Different language of engagement with client: DMH focuses on coping and stress; DSC focuses on meaning and faith
Both work with individuals and families in crisis and grieving	Different skill sets – DSC may participate in religious or spiritual rituals; DMH uses crisis intervention

Disaster Spiritual Care versus Disaster Mental Health Handout

V.1.0_2015_07_09

Owner: Disaster Cycle Services

Author: Disaster Spiritual Care

SAMHSA

**Disaster Technical Assistance Center
Supplemental Research Bulletin**

**First Responders: Behavioral Health
Concerns, Emergency Response, and
Trauma**

May 2018

<https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>



NASW Code of Ethics – section 6.03 Public Emergencies

*Social workers should provide
appropriate professional services
in public emergencies
to the greatest extent possible.*

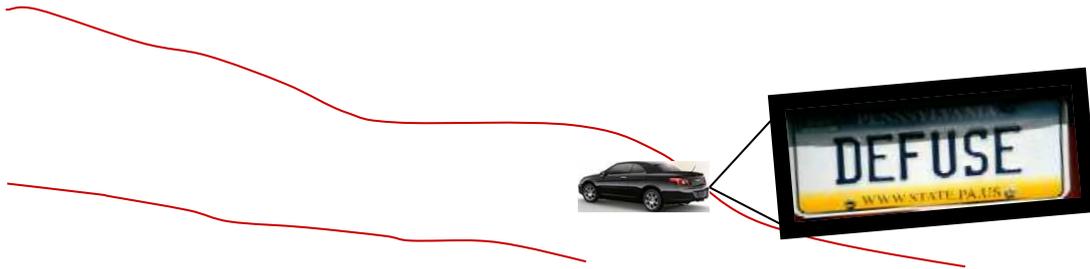
Next Steps if you want to join us...

- Visit <http://www.redcross.org/volunteer/>
- Be flexible and willing to help where help is needed



Thanks for participating in
this session ...

See you down the road!





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