Modernizing Disaster Mental Health Response and Recovery

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Disaster Behavioral Health Planning

- **Continuum of Services** that are scalable and integrated into health, public health, social services, and education systems
- **Routine Training** for all professionals in interventions that are based on accepted professional standards and founded on empirical knowledge
- **Anticipate** and plan for all-hazards
- **Create effective partnerships** and determine roles and responsibilities
- Response organizations/partners need to **use common protocols, practices, and procedures**
- **Identify individuals/populations who may be at higher risk** for more severe reactions or needing specialized resources
At-Risk Populations

Individuals who have additional needs in one or more functional areas:

• Communication
• Medical Care
• Independence
• Supervision
• Transportation
An Effective Public Disaster Mental Health Program

• Should be part of a system of care
• Conduct seamless progression of data collection at the planning, response, and recovery
• Goal is to enhance existing strengths and resources, as well as reducing distress in those who need it
• Has to be practical, achievable, and implementable
• Ensure local, regional, and national disaster mental health planning
• Adopt modern training platforms – distance learning, apps, and learning communities
Five Empirically-Supported Early Intervention Principles

Hobfoll et. al, 2007
Safety: Public Health Interventions

- Bring people to a safe place and make it clear that it is safe
- Educate about how to make environment safe
- Provide an accurate, organized voice to help circumscribe threat and reduce rumors
- Inform the media to convey safety and resilience messages rather than only imminent threat
- Educate child caring providers ways they can keep children safe
Calming: Public Health Interventions

• Help people directly solve concerns
• Give information on how families can support and care for each other
• Conduct large-scale education about:
  – Post-trauma and grief reactions
  – Anxiety management techniques
  – Signs of more severe problems
  – When and how to seek help
Self-Efficacy: Public Health Interventions

- Identify resources currently available
- As much as possible involve survivors in decision-making policy and efforts
- Promote policies / activities that are developed by the community, such as:
  - “Town Hall” Meetings
  - The use of collective healing and mourning rituals
  - Outreach by faith, school, and community leaders
Self-Efficacy: Public Health Interventions

• Foster “competent communities,” who:
  – Encourage the well-being of their citizens
  – Make material resources available for rebuilding and restoring order
  – Share hope for the future
  – Support families, who are often the main provider of mental health care after disasters
  – Foster the perception that others are available to provide support
Connectedness: Public Health Interventions

- Identify those who:
  - Lack strong support
  - Are likely to be more socially isolated
  - Have a support system providing undermining messages

- Help individuals to link with loved ones and community resources

- Increase the quantity, quality, and frequency of support

- Address potential negative social influences
Hope: Public Health Interventions

- Support rebuilding of local economies
- Help people:
  - See progress in recovery
  - Share their experience and hope
  - Memorialize and make meaning
  - Accept that their lives and their environment have changed
Multi-Level Intervention Options

**Tier 1 – General Population-based Interventions**
- Psychoeducation, resiliency-based
- Psychological First Aid (PFA)

**Tier 2 – Specialized Interventions**
- Trauma / Grief - Focused
- Short-Term, Solution-focused
- Skills For Psychological Recovery (SPR)

**Tier 3 – Specialized Community-Based Interventions**
- Psychiatric services, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and other treatments
What is Psychological First Aid?

PFA is

An evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a disaster, terrorism, or other emergency.
Who Delivers PFA?

• PFA is delivered by individuals who provide early assistance, including:
  - First responders
  - Mental health professionals
  - School personnel
  - Religious professionals
  - Disaster volunteers
  - Health and public health officials
Where Can PFA be Delivered?

• PFA can be delivered in a broad range of emergency settings, such as:
  – Shelters
  – Schools
  – Hospitals or medical triage areas
  – Family assistance centers
  – Public health emergency settings
  – Hotlines
PFA Core Actions

- Contact & Engage
- Provide Safety & Comfort
- Link to Other Services
- Give Practical Assistance
- Discuss Coping Strategies
- Stabilize
- Connect with Supports
- Gather Information
PFA Translations & Adaptations

- Spanish
- Mandarin
- Simplified Chinese
- Japanese
- Italian
- Homeless Youth
- Homeless Families
- Community Religious Professionals
- Schools
**Psychological First Aid**

Module: Core Actions of PFA Name / Lesson: Safety & Comfort

**Introduction**

- Primary goal of Core Action #2 is to enhance immediate and ongoing safety of survivors and provide them with physical and emotional comfort.
- PFA providers must restore a sense of safety in order to reduce distress in both the immediate aftermath of a traumatic event and during the ongoing recovery process.

Helping families, communities, and professionals respond to and recover from disaster or terrorism.
In Action – Ensure Physical Safety

Using your mouse, identify individual survivors or groups of survivors who appear to need your help to make them feel safe.

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Click the NEXT button to Continue
PFA Mobile™ Overview

PFA Mobile™, is a fully 508 compliant smartphone application for mobile Apple and Android products. The app is designed to assist responders in the field.

PFA Mobile™ allows you to:

• Review the 8 core actions
• Match PFA interventions to specific stress reactions of survivors
• Hear mentor tips
• Self-assess to determine readiness
• Assess and track survivor needs
Home Screen

- From the **Home** screen, users can choose from the six main sections of the application.
Skills for Psychological Recovery
Field Operations Guide

National Center for PTSD
National Child Traumatic Stress Network

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS).
Skills For Psychological Recovery

Information Gathering
- Identify pressing concerns
- Simplifies tasks & challenges
- Increases sense of control
  - Focuses on action

Problem-Solving
- Generates more and better ideas
- Have a more thoughtful selection
- Follows through to implementing solution

Positive Activities
- Increasing meaningful activities reduces sadness and despair
  - Improves health/well-being

Managing Reactions
- Calms upsetting physical and emotional reactions
- Put difficult experiences into words
- Anticipate & address reminders

Helpful Thinking
- Connects how our thoughts affect our mood
- Changing thoughts can mobilize and energize

Rebuilding Social Connections
- Reduces isolation
  - Helps to meet our emotional and practical needs
  - Encourages prosocial actions
The Courage to Remember

CHILDHOOD TRAUMATIC GRIEF CURRICULUM GUIDE WITH CD-ROM

From the NCTSN Childhood Traumatic Grief Working Group, Educational Materials Subcommittee

This project was funded by the Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services

TF-CBT Web

A web-based learning course for

TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY

www.musc.edu/tfcbt
### Trauma Specific Evidence-Based Practices

**Available at NCTSN.org**

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#### Intervention Fact Sheets

**NCTSN Empirically Supported Treatments and Promising Practices**

#### Level-of-Evidence Criteria

**NCTSN The National Child Traumatic Stress Network**

**Abuse-Focused Cognitive Behavioral Therapy for Child Physical Abuse (AF-CBT)**

AF-CBT is appropriate for use with physically abusive/aggressive par school age children. Although it has been used primarily in outpatient settings, the treatment can be delivered on an individual basis in alternative residential settings, especially if there is some ongoing contact between caregiver and child. This approach is designed for caregivers who exhibit, for example, negative child perceptions, heightened anger or hostility, and/or harsh/punitive/defensive parenting practices, or for families involved in verbally or physically coercive interactions. Related methods are designed for use with physically abused children who present with externalizing behavior problems, notably aggressive behavior, coping skills, adjustment problems, poor social competence, internalizing symptoms, and developmental deficits in relationship skills. Parents with serious psychiatric or personality impairments (e.g., substance use disorders, major...

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Amaya-Jackson, 06
Resources

• Trauma/Grief resources: www.NCTSN.org

• Web resources
  PFA Online: http://learn.nctsn.org
  CBITS: www.cbits.org
  TFCBT: www.tfcbt.musc.edu
  Helping Heroes: www.helping-heroes.org

• Mobile apps (Apple & Android versions)
  PFA Mobile
  Sesame Street
  PTSD Coach
Ben’s Bells

 unexpectedly KINDNESS is the 
most powerful, least costly, and 
most underrated agent of 
human change. KINDNESS 
that catches us by surprise 
brings out the best 
in our natures.

Bob Kerrey