
V!brant
Emotional Health

About

This Model for Adaptive Response to Complex Cyclical Disasters (© 2022) was developed out of a three-way collaboration between Vibrant Emotional Health's Crisis Emotional Care Team, the Group for the Advancement of Psychiatry's Committee on Disasters, Trauma and Global Health, and Decision Point Systems.

Precipitated by the chronic, recurring disaster of the COVID19 pandemic, and superimposed natural disasters, forest fires and mass casualty events, we saw a pressing need to develop a framework for key stakeholders to make sense of and stage responses to the increasingly frequent and complex array of disaster events we face in contemporary society, superimposed atop chronic psychosocial and socioeconomic stressors.

Meet Your Trainers

Amy Carol Dominguez, MPA

Director, Disaster Services, Vibrant Emotional Health

Amy leads strategic oversight of disaster behavioral health responses, engagements, and advocacy efforts. With a distinguished career spanning nearly two decades, Amy has been at the forefront of disaster behavioral health since 2007, serving as a program director and volunteer leader. She plays an integral role in strategic program development for youth initiatives in Latin America and serves on the Board of Directors for the Hands Offering Hope Foundation, as well as the Advisory Board for the SAMHSA-funded Refugee and Migrant Technical Assistance Center for Behavioral Health.

Dr. Marcie Beigel

Family Culture Expert, CECT Volunteer

For more than 20 years, Dr. Marcie has been creating culture change with families, schools, and organizations; sharing her tools and strategies with thousands. She helps families shift from breakdown and disconnection to happy dances and memorable moments. She helps organizations build the bridge between mental health and business. Dr. Marcie believes the best way to create change is through inspiration and experience. This means her work, with both organizations and families is experiential, engaging, and practical because change only matters if it lasts. Dr. Marcie earned her doctorate from Teachers College, Columbia University and is a Board Certified Behavior Analyst-Doctorate Level. She is the best selling author of Love Your Family Again and Love Your Classroom Again. She is based in New York City, though loves to travel to her clients around the world. She has been a guest behavioral expert on national media, including FOX, ABC, and NBC. Sharing her passion for behavior has led her to speak at organizations ranging from individual school districts to the Royal Australian Navy to TEDxNaperville. For more information about her programs and training visit DrMarcie.com.

Learning Objectives

1. Participants will be able to understand at least 2 ways constant, overlapping disasters affect individuals and communities.
2. Participants will be able to identify and frame the potential and actual impact of disasters within the reality of a community’s chronic stressors and foundational issues to develop an effective recovery plan for individuals affected by a disaster.
3. Participants will be able to use 2-3 tools to help define organizational expectations in “disaster time” and “every day” workflows to help define roles and establish healthy mechanisms for rest, support and long-term resilience.

Creators

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Model for Adaptive Response to Complex Cyclical Disasters


Understanding the Cycle of Disasters (Part I)
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Model for Adaptive Response to Complex Cyclical Disasters

Chronic, cyclical disasters push a community through exhausting, recurring phases of anticipation, impact, and adaptation before a final recovery phase can begin.

We can more accurately assess the cumulative stress load for any community or country after a disaster if we have identified the foundational issues, chronic and acute stressors already present.

We can help communities to enhance their capacity to adapt their skills and strategies to mitigate those expected stressors.

We can help all ‘faces’ and cultures to understand where they are in the cycle, what is coming next, and what they can change or adapt to manage the stress by viewing each phase from their cultural and role perspective.

Higher risk groups include those in low and middle income countries, and underrepresented communities such as racial, ethnic and religious minorities (Communities of color, Indigenous groups, Asian, Pacific Islander and Latinx populations), people with disabilities, the LGBTQ+ community, people with low incomes, people residing in rural and remote areas, refugees/displaced communities, and others. Higher risk groups, are likely to experience the impacts of disasters differently than the general population as they are likely to be both disproportionately negatively impacted and experience inequity in response aid and activities. Community leaders and responders must identify and assess these higher risk groups within their culture to ensure a more equitable response.

Recent Relevant Case Review

- Increased disasters and lengthened disaster seasons
- Exposure to disasters on a global, national, and local scale
- Areas experiencing new natural disasters
- Communities that get hit worst are often low-income and low on resources

Phases of Disaster

Anticipation

- Occurs immediately before the Impact Phase; the threat of a disaster or emergency creates anxiety.
- Anticipation and anxiety may be high depending on the type and size of disaster and the public messaging.
- In sudden onset events, this phase is very brief.
- If there are breaks in between disasters that allow for preparation, this phase may be calm.
- Create space for recuperation, triage, and integrating lessons learned in preparing for the next event.

Impact

- Intense phase that activates fight, flight or fear responses.
- Extreme focus on survival.
- Limited ability to assess impact beyond immediate needs.
- Can cause lasting psychological distress due to fear of death or serious injury.
- Social isolation, lack of information of status of loved ones significantly increases the negative emotional impacts.

Adaptation

- Immediately after Impact Phase (24-48 hrs.).
- Usually brings a sense of relative safety and stability; the start of recovery.
- Initially, a sense of gratitude at surviving, high levels of energy, willingness to work hard and help each other.
- After this initial sense of altruism, reality of losses can cause anger, disappointment, resentment and infighting.
- Delays, inequity in limitations in aid along with short public attention can create a sense of abandonment.

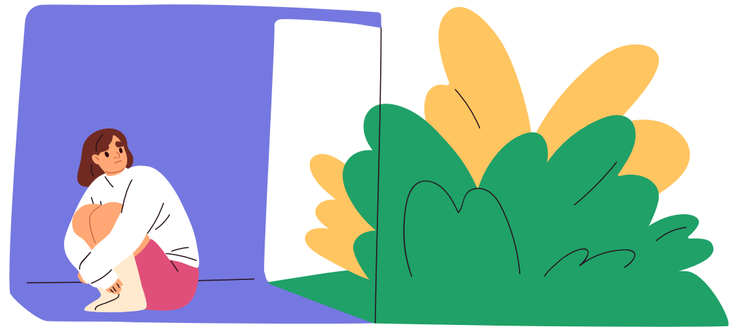
Growth & Recovery

- Occurs immediately before the Impact Phase; the threat of a disaster or emergency creates anxiety.
- Anticipation and anxiety may be high depending on the type and size of disaster and the public messaging.
- In sudden onset events, this phase is very brief.
- If there are breaks in between disasters that allow for preparation, this phase may be calm.
- Create space for recuperation, triage, and integrating lessons learned in preparing for the next event.

THE DURATION AND INTENSITY OF EACH PHASE IS HIGHLY DEPENDENT ON THE NATURE OF THE DISASTER

Recent Relevant Case Review

- April 17th Florida State University shooting
- One student, Stephanie Horowitz, is a survivor of the 2018 Parkland school shooting.
    - “I’ve gotten to a place over these last couple of years where I didn’t fear for my life anymore and I was able to walk around campus and feel safe... that was taken away from me for a second time.”




Understanding Stress and Recovery (Part II)
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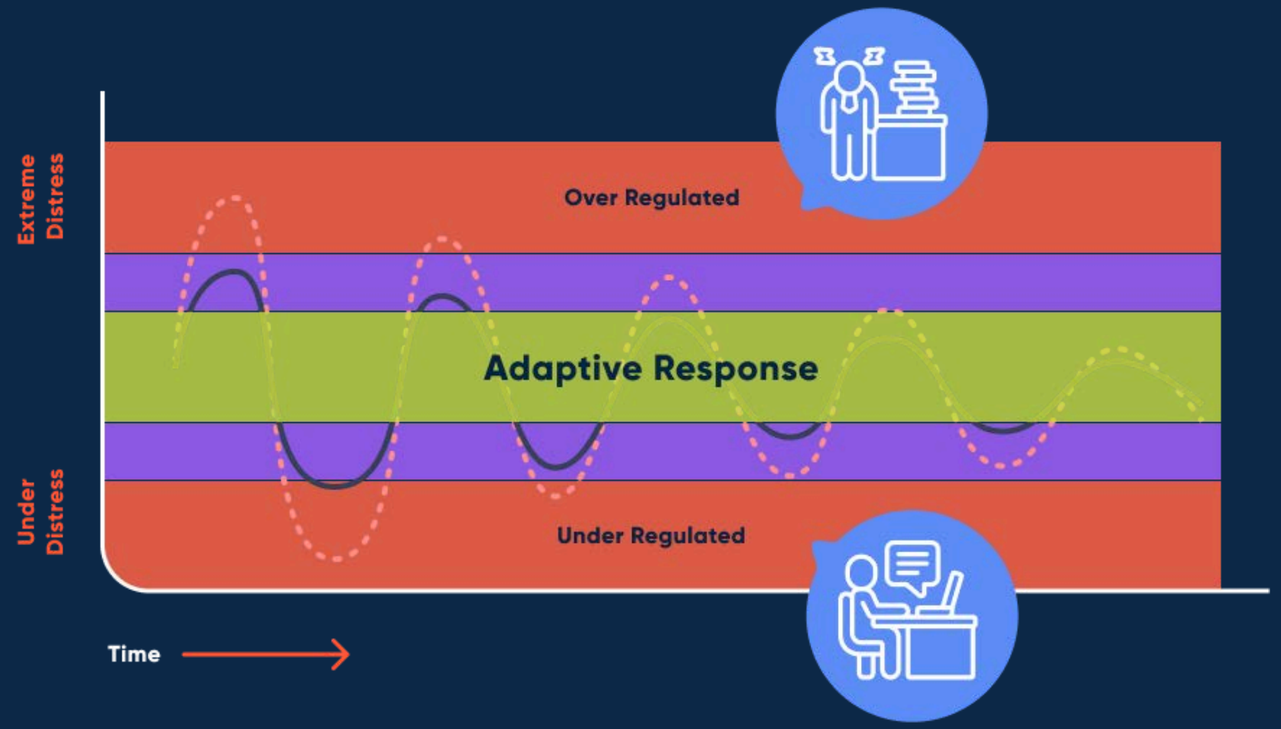
Healthy Stress Regulation

The phases of a chronic, cyclic disaster can cause varying level of stress and distress. In response, there is a range of adaptive (healthy) to maladaptive (unhealthy) responses that survivors, the community and responders may experience. Achieving healthy stress regulation in each phase requires different actions by each group. Examples that will help each group remain in the zone of healthy stress regulation are provided below.



If left unmitigated, survivors, the community, and responders will find themselves in the **Purple** and **Red** zones of extreme distress. More adaptive actions by individuals and leadership will keep these groups in the **Zone of Healthy Stress Regulation.**

Recent Relevant Case Review

- In September 2024, North Carolina was hit by Hurricane Helene
  - Caused massive landslides and flooding in the mountains
  - Thousands of people displaced
  - Followed by Hurricane Milton (Oct) & Rafael (Nov)

Faces of Disasters

Each “face,” group or culture experiencing a disaster is composed of various subgroups. Higher-risk communities may be more directly and severely impacted by the disaster and may also experience inequity in response efforts, especially in middle and low income countries.

Survivors

Survivors represent members of the impacted community.

Community Leaders

Community Leaders represents leadership and institutions of power and/or influence in the community. Examples include government officials, religious leaders, tribal and other civic and social network leaders.

Responders

Responders represents the group of workers and community volunteers called upon in the face of a disaster or emergency to protect the lives, property, and overall safety of community members.

Key Actions to Adaptive Mitigation of Stress

	Anticipation	Impact	Adaptation	Growth & Recovery
Survivors	Identify and promote survivors that have adapted well in prior similar experiences to work within their community. Engage in actions to help channel anxious energy, such as calming thoughts, exercise, meditation and other spiritual practices.	Give survivors with experience room to share memories, experiences and coping skills. Share access to correct and credible information.	Participate in culturally attuned memorials for collective remembering and grieving. Get involved in local projects that are planning for the post-disaster future.	Integrate disaster experience. Seek treatment for persistent mental health concerns.
Community Leaders	Clearly message quality information on risk communication. Provision of anticipated needed resources.	Leverage just in time partnerships to address the most immediate needs. Promote actionable information from trusted resources.	Evaluate and restore basic functions (e.g., schools) with appropriate modifications. Build resources and resilience for middle and low income areas and high-risk subgroups and conduct planning to avoid returning to pre-disaster neglect.	Encourage restoration of productive relationships between subgroups. Address competition and resentment between subgroups that has persisted or evolved.
Responders	In planning, capture lessons learned from other communities (if initial onset) or from earlier cycles (if this is a new cycle). Address existing or anticipated compassion fatigue and burnout.	Focus on training and community building to increase capacity for locals to respond and provide sustainable longer term supports. Address responders' needs to keep own families safe by offering co-sheltering and shared resources.	Advise and support responders to feel empowered to continue the work without the influx of outside help. Enlist disaster mental health experts to support responders at risk of burnout.	Integrate lessons learned into future preparation, training, and response. Monitor and seek help for consistent and severe stress/distress.

Recent Relevant Case Review

- How might these multiple hurricanes impact their experience of the disaster phases?
- In what ways can we prepare for the next hurricane while cleaning up from the previous?
- What sorts of adaptation and growth can we expect from our communities?


Community Disaster Preparedness (Part III)
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Community Stress Load Threshold

A country or community's capacity to absorb the shock of a chronic disaster, such as a pandemic or war, depends on the foundational issues and stressors already present. It can be difficult to recover on its own when a community accumulates stressors that bring it to a tolerance limit.

Measure the Cumulative Stress Load in a Community

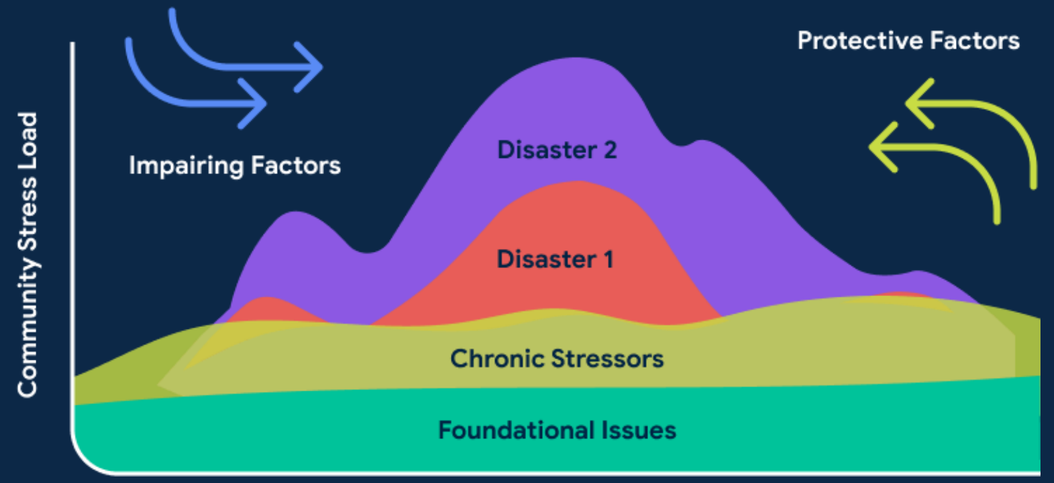
Acute Stressors
Health, economic, and environmental crises; police-community conflicts **(Disaster 1 & 2)**

Chronic Stressors
Community violence, war, low income/resources, poor population health, housing instability, lack of political representation, and population loss

Foundational Issues
Unemployment, low trust in institutions, intergenerational poverty, racism and discrimination as examples

Mitigating the Cumulative Stress Load in a Community

Stakeholders can strengthen **Protective Factors** and address **Impairing Factors** to stay below the load threshold.

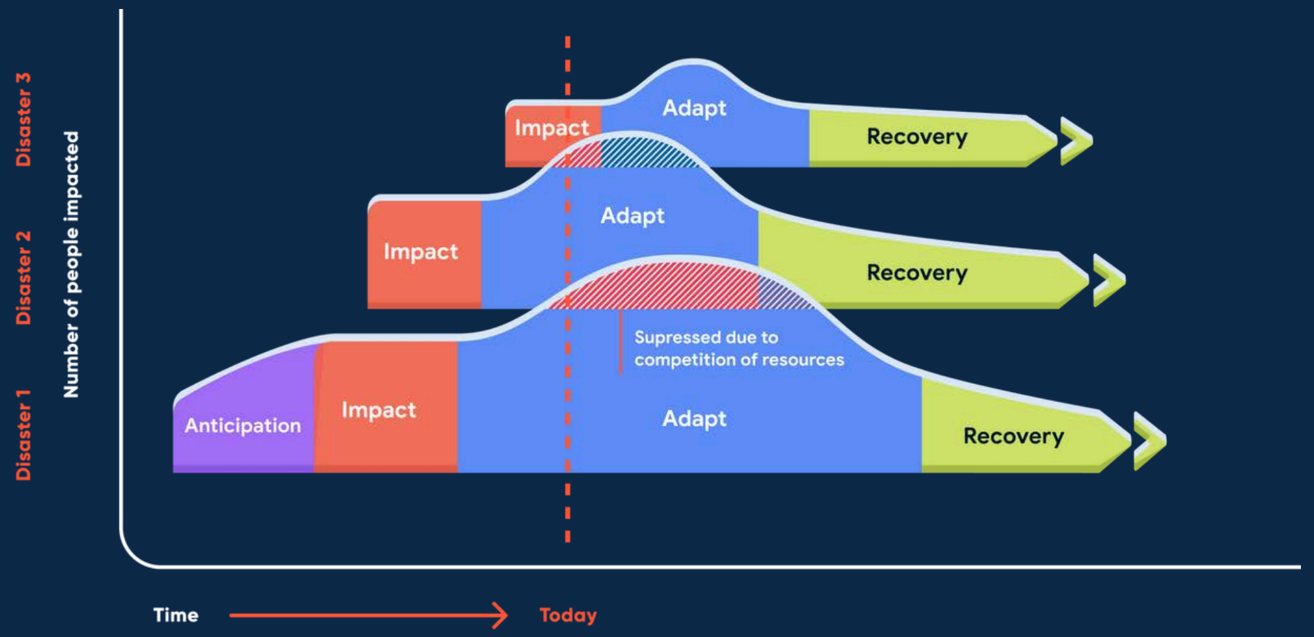


Recent Relevant Case Review

- Cuts to FEMA, SAMHSA, and other disaster resources
- Blocked funding to states experiencing a disaster
- Heightened stress from uncertainty of getting aide
- Need to find other spaces for assistance

Community Balance Sheet

Communities may have ongoing disasters that can result in decreased resources. When survivors, responders and other community members work together, within each phase, these overlaid crises can be decreased to improve the community's ability to problem solve and recover.



Recent Relevant Case Review

- Community-centered initiatives helps alleviate individual stress
- Communities know best what they need
- More important than ever to prepare as a community

The potential negative effects of Stressors are more threatening if substantial Foundational Issues are already present in the community or country. Higher-risk subgroups have at baseline, higher levels of accumulated stress, which is worsened by an already thick layer of Foundational Issues. Higher-risk communities, cultures and subgroups may benefit from extra support from external resources to reinforce their response capacity. Communities that can address impairing factors and strengthen protective factors can decrease their cumulative stress load and may find their community ultimately strengthened.

Developed by

decisionpoint

V!brant Emotional Health
Crisis Emotional Care Team

GROUP for the ADVANCEMENT of PSYCHIATRY

Questions?

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