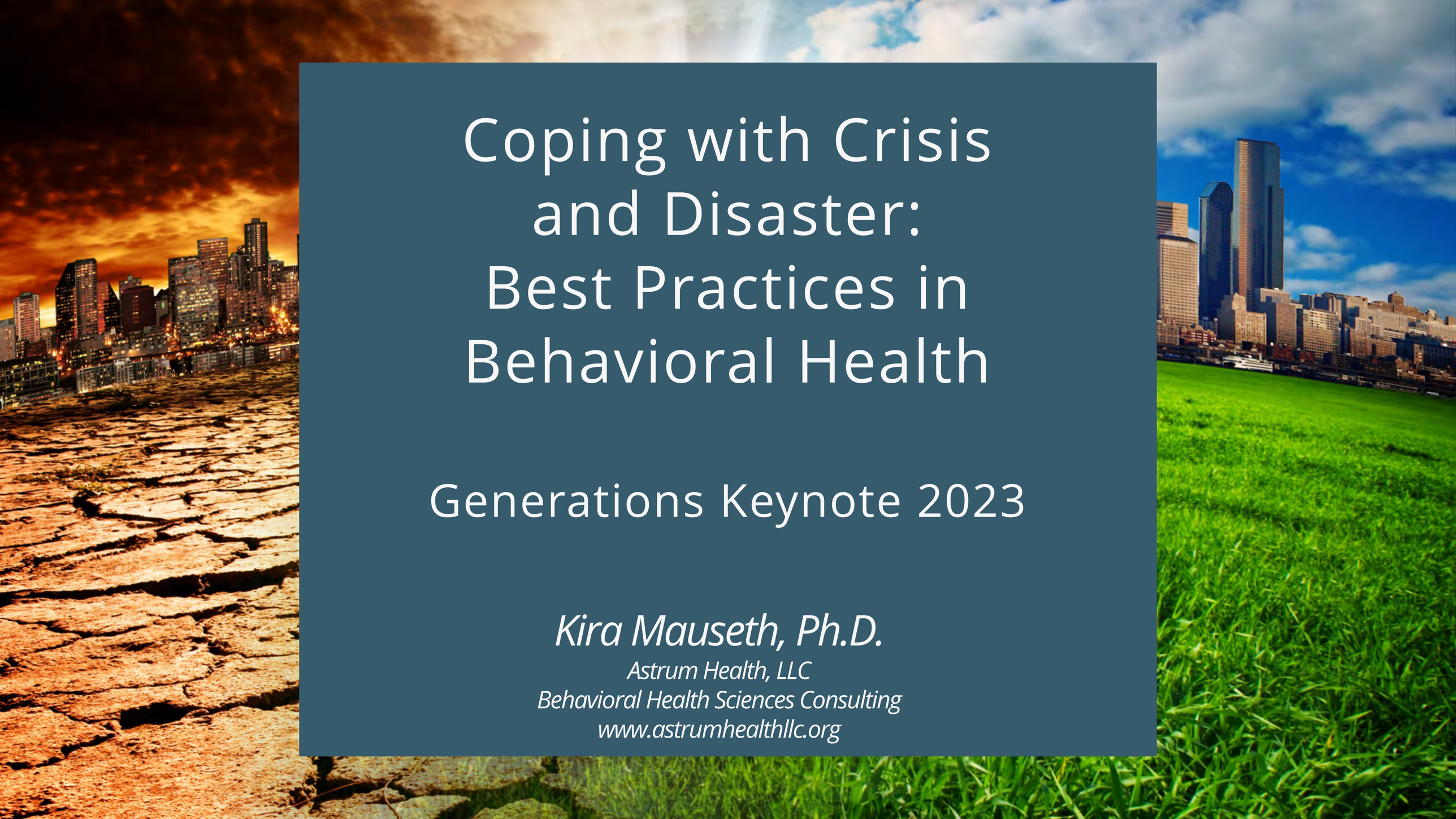


Coping with Crisis and Disaster: Best Practices in Behavioral Health

Generations Keynote 2023

Kira Mauseth, Ph.D.

Astrum Health, LLC

Behavioral Health Sciences Consulting

www.astrumhealthllc.org

Agenda

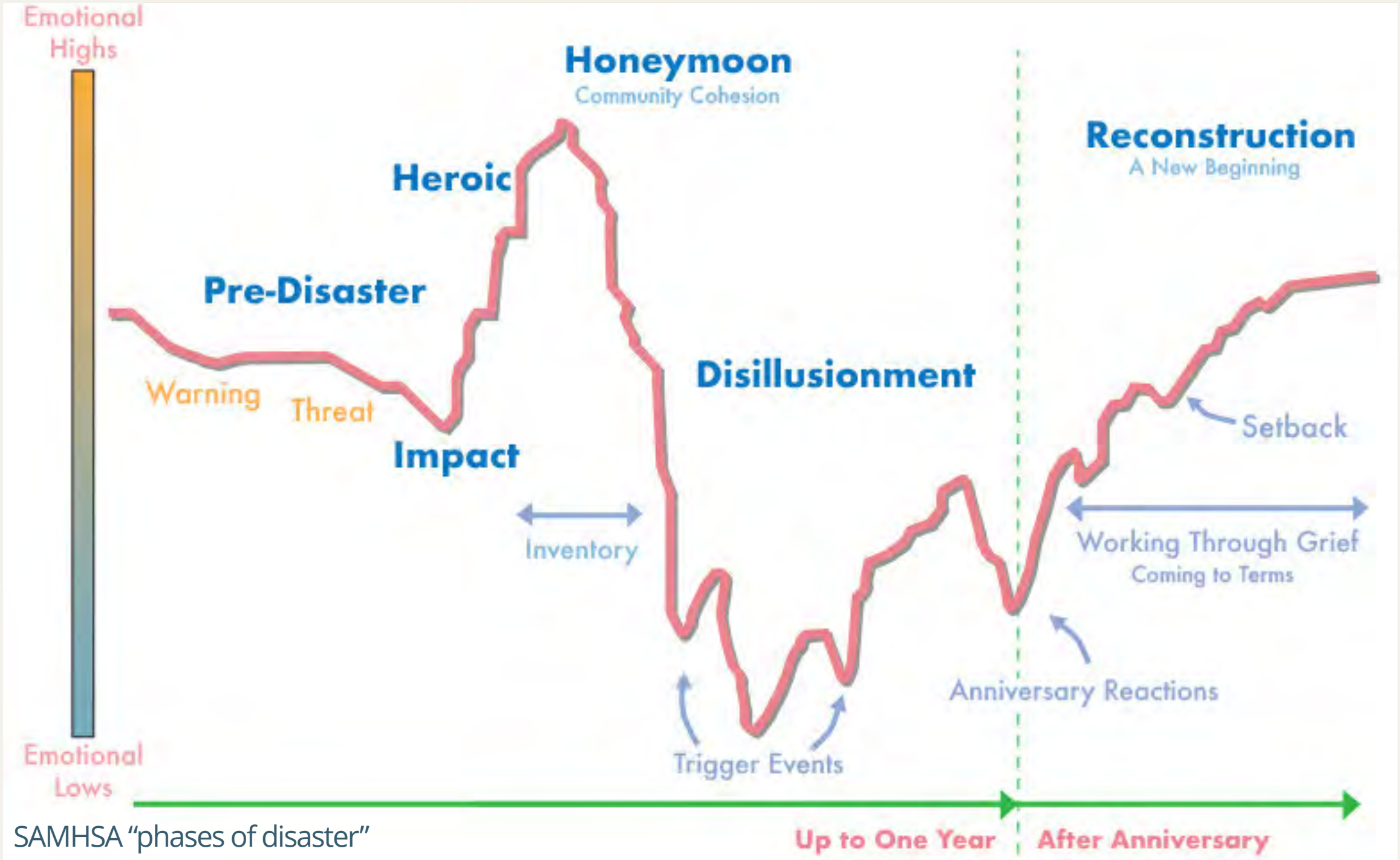
- Disaster phases and timelines
- Population Exposure Model
- Common Symptoms and Experiences
- Effective Interventions
- Resilience Building

My “why”


Honolulu


A.S.C.L.A.S
Association Sportive Cultu-
relle & Litteraire. Les Amis
du Savoir


ROAD RACING



SAMHSA "phases of disaster"

Phases of Disaster

Impact Phase
- 0-48 hours post-event. Focus is on safety, communication, assessment of ongoing threat.

Rescue Phase
- 0-1 week post – event. Primary goal is to adjust. Psychological issues: resiliency *vs.* exhaustion and orientation around what has happened.

Honeymoon Phase
- 1- 4 weeks post-event. Community leaders are promising support, bonding and support is high, Sense of relief for survivors, Unrealistic expectations of recovery and denial of the impact.

Disillusionment Phase
- 1 month to 9 months post-event (usually about 6-9 months post impact) Limits of disaster assistance become more clear; reality of the extent and impact of the disaster become evident.

Reconstruction & Recovery
- 3 months to ongoing; Community on the way to healing, May continue for years; survivors begin to realize they will need to solve the rebuilding issues themselves, May develop sense of empowerment.

Impact Phase – 0-48 hours post event

Areas of Focus

- Focus on psychological and physical safety
- Immediate threat / risk reduction or mitigation
- Acute survival and triage needs
- Assessment of potential for future (ongoing) threat

Interventions

- Psychological First Aid (PFA)
- Shock recovery (heat, water, medical triage)

RESCUE PHASE: 0-1 week post event

Areas of Focus

- Adjustment to current circumstances
- Resilience vs. Exhaustion
- Processing reality of what occurred

Interventions

- Present focus (here and now)
- No mandatory debriefing participation
- Space and time allowed (structurally) for processing experiences of those who want to do so.
- Communication and processing (not trauma therapy)

Honeymoon phase: 1-4 weeks post event

Areas of Focus

- High community bonding
- External supports are high / strong
- Expectations about recovery or denial of impact may be strong

Interventions

- Appropriately harnessing motivation to increase long-term resilience
- Re-prioritizing focus away from “waiting until things get back to normal” and on to empowerment for intentional cultural shifts / change

Disillusionment phase: 1-9 months post event (usually about 6 mos)

Areas of Focus

- Limits of external assistance become clear
- Hopelessness around reality of event can set in
- Coming to term with losses

Interventions

- Active coping skills
- Sensory interventions
- Harm reduction related to impulsive or high-risk behaviors
- Suicide intervention training & support for survivors

Reconstruction and Recovery

Areas of Focus

- Active coping to internalize long term
- Post-Traumatic Growth

Interventions

- Active resilience building (Purpose, Connection, Adaptability & Hope)
- Meaning-Making activities
- Connection to things larger than self (social interest)

Factors that influence the reconstruction pathway

OR may result in the experience of a “disaster cascade” depending on the nature of the secondary impact

- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves of infection / illness / restrictions that result

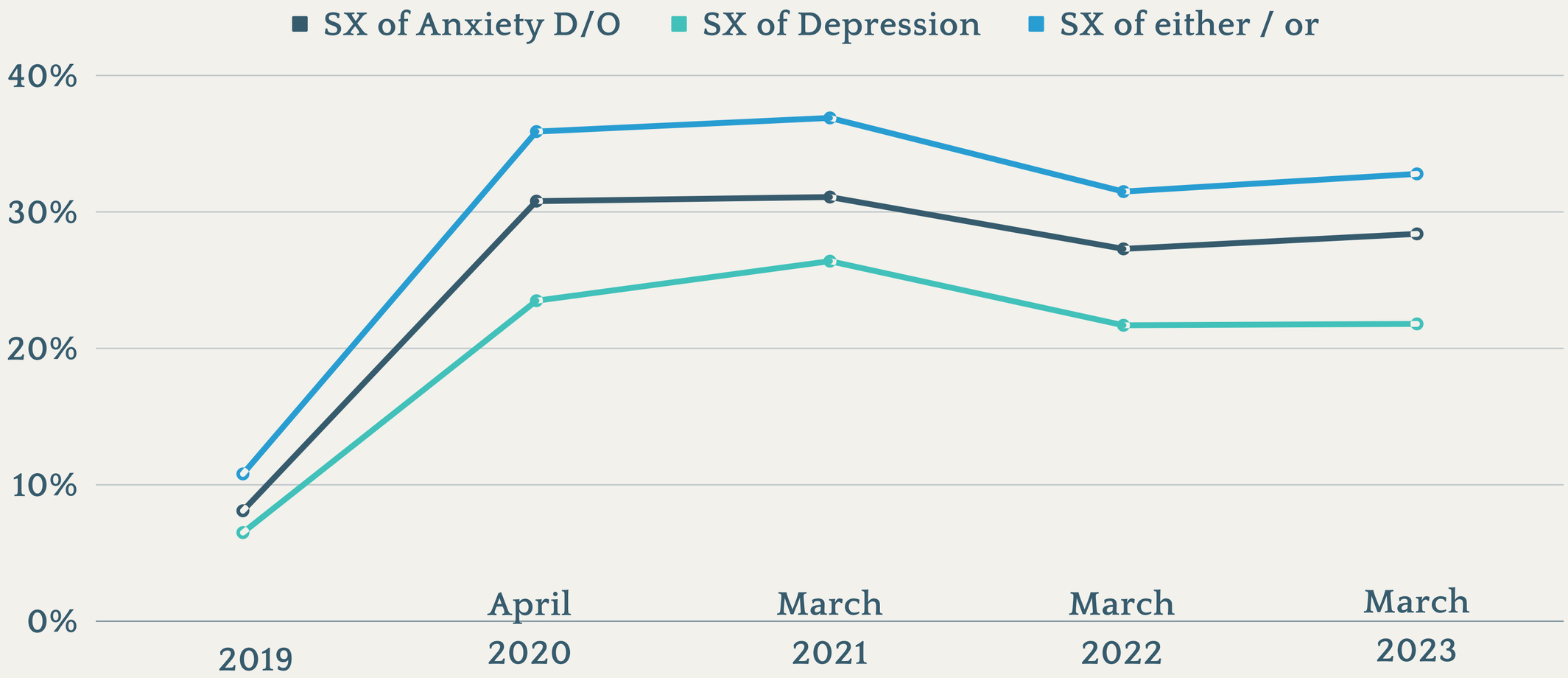
Disaster cascades:

Defined as : more than one large-scale impact that occurs during the recovery window (18-24 months) from the original impact.

- Tax already depleted mental, emotional and physical resources
- Re-start the disaster recovery cycle, but at a lower baseline
- Extend the recovery cycle
- Increase acuity of symptoms

https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

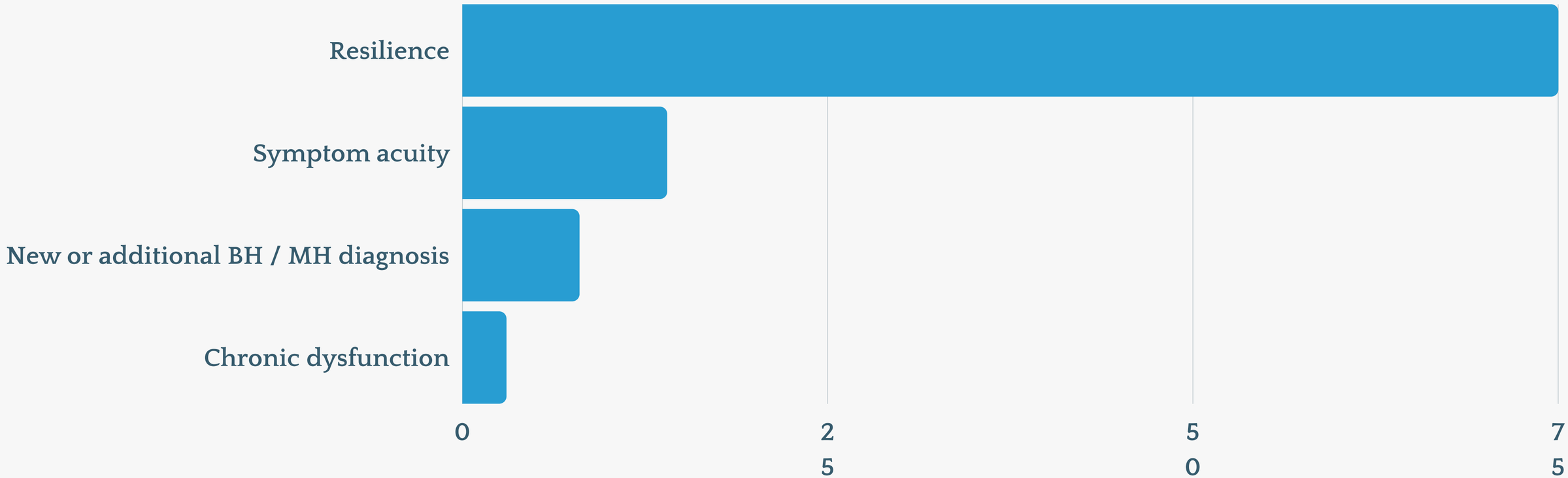
US Census Household Pulse Data: 18+
NATIONWIDE AVERAGES



LONG TERM (5+ YEAR) OUTCOMES IN DISASTER CASCADE CONTEXTS

Confidence intervals are several percentage points in either direction. This is best educated guess based on previously tracked disasters, current data in the US, and the complexity of the the pandemic recovery.

Resilience here: recovery to BASELINE level of functioning

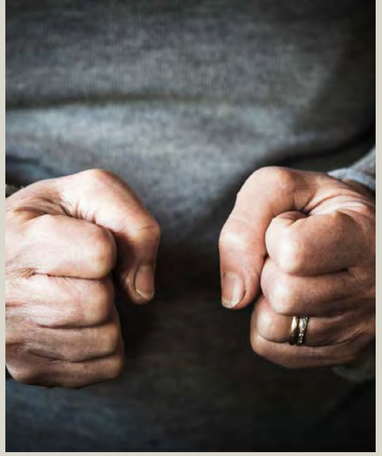


Trauma, Stress and Resilience

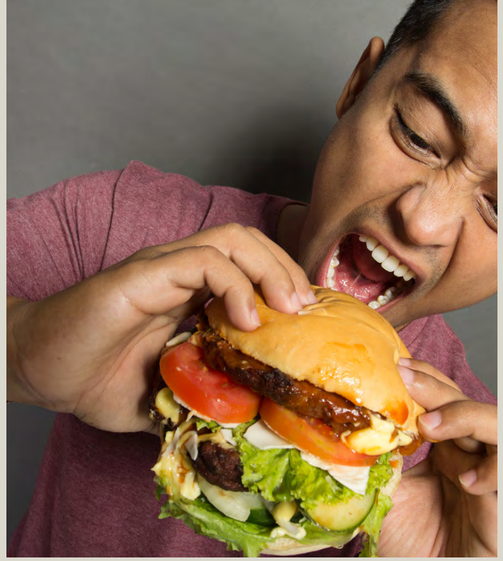
- All trauma is stressful, but all stress isn't necessarily traumatic
    - (ducks and birds)
    - Stress can build up over time

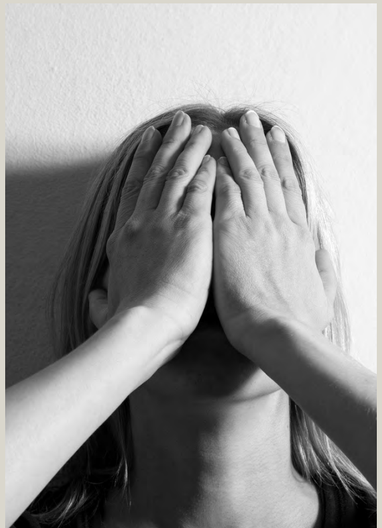
- The ability to function effectively CAN be compromised by either one.
- Long term moderate to severe stress affects the brain in ways similar to traumatic events

- Resilience can be developed intentionally, or can come about as a result of adverse experiences

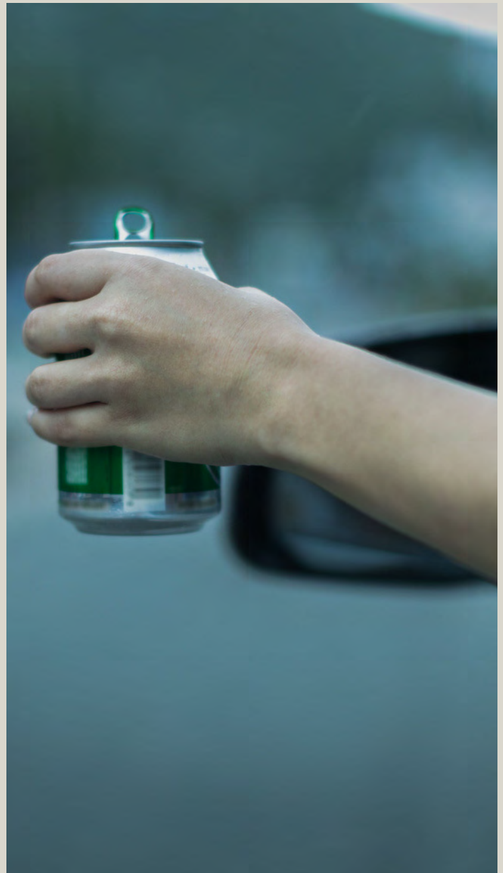


COMMON EXPERIENCES AND CHALLENGES





Cognitive,
Physical,
Behavioral,
Social,
Emotional,
Spiritual



Structures of Note:

Prefrontal cortex:

higher-level functioning, planning, organization, details, filtering.

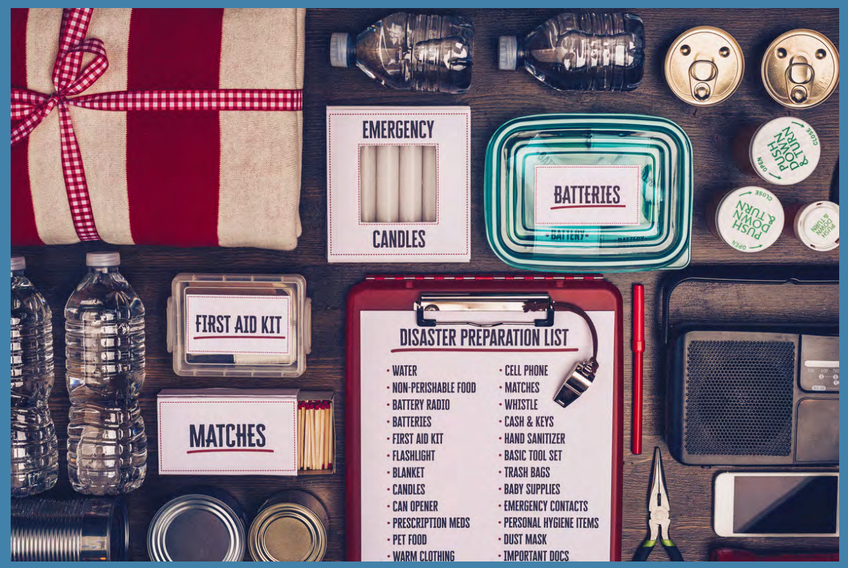
Limbic system:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze).
Includes the Amygdala & Hippocampus

There is plenty of evidence that many of us are more activated than usual in the Limbic system, resulting in miscommunication, aggression and impulsivity.

Best Practices in Disaster Recovery

In general:



1. Don't self-deploy
2. Be prepared at home - walk the talk
3. Have a family communication plan
4. Include your workplace in your planning
5. Educate yourself about local resources - CERT, MRC, Trainings, etc

In a response / activation / deployment:

1

Be willing to do anything that needs doing within your skill set and competence

2

Let go of traditional ways of providing services or reaching goals

3

Be willing to connect - with your colleagues / coworkers / team members and with survivors

Effective Interventions

Active Coping

- Sensory engagement (sight, touch, taste, smell or sound)
- Movement
- Structure / schedule
- Goals that are the right scale / scope
- Culturally relevant and appropriate suggestions!

Active Listening - be aware of high and low context cultures

Non-Verbal Communication

Open Ended questions

Clarifying Questions

Seek to deeply UNDERSTAND (not to fix or problem solve).

Express Empathy

More please: *in a healthy way*

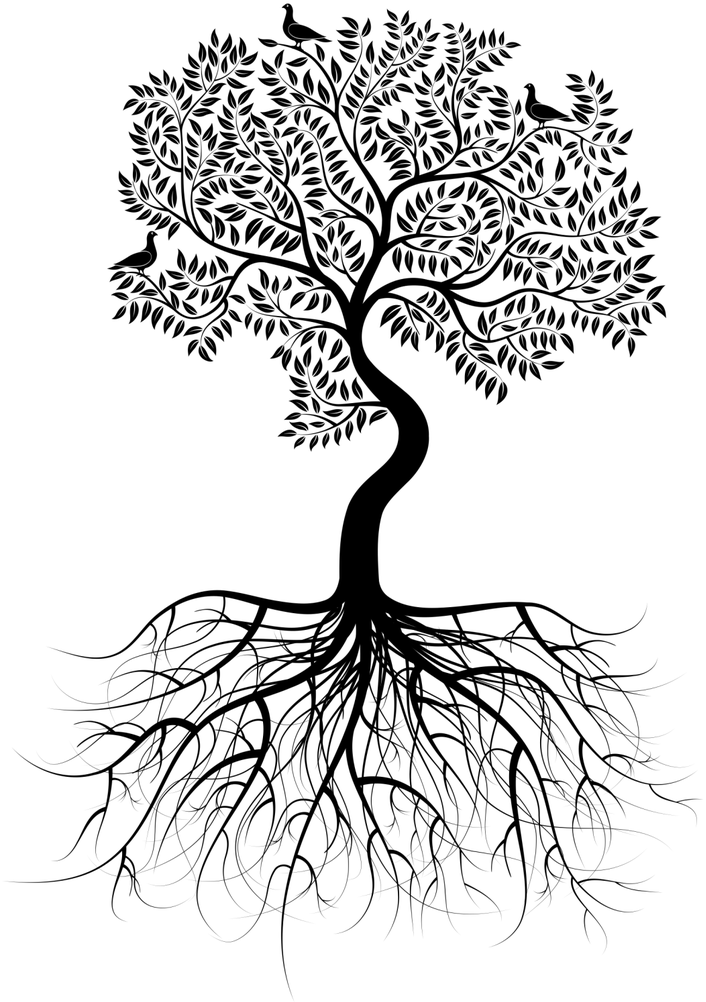
Serotonin

- Movement / exercise
- Sun exposure
- Massage
- Hot / Cold showers
- What makes you feel ***comfortable and secure***?

Dopamine

- Movement / exercise
- Task achievement (to-do lists, long term goals as well)
- Creating something – music, art, writing
- What is ***fun or rewarding*** for you personally?

Resilience Development



Purpose
What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability
How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope
What are the realistic opportunities you have, new options, or new ideas for how to approach an issue or address a problem?

Connection
To whom or what are you connected? Connection can be anything that prevents isolation.

BOTTOM LINE:

- Prepare yourself, your family and your business at home.
  - Start by "walking the preparedness talk"
- If you are interested in doing disaster relief, get training, get certified.
  - CPR, CERT, MRC, FEMA etc

- ***Do some personal inventory about your level of comfort with ambiguity, difficult physical conditions, roles, and tasks.***

- Educate yourself on best practices in disaster response behavioral health support.
  - Learn more about Psychological First Aid (PFA), Health Support Team (HST) and other programs that specifically are aimed at providing direct service or training to those affected by disasters and critical incidents.

THANK YOU!