



# Disaster Mental Health

Presentation prepared for  
Berkeley CERT

April 28, 2019

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# Disaster Mental Health

## Learning Objectives:

1. Traumatic Events & Mental Health Overview
2. Personal Preparedness
3. Stages of Disaster Response
4. Common Responses to Trauma
5. Responding to Mental Health Issues

# Traumatic Events

A traumatic event is one that where experience overwhelms an individual's (or a community's) ability to cope.

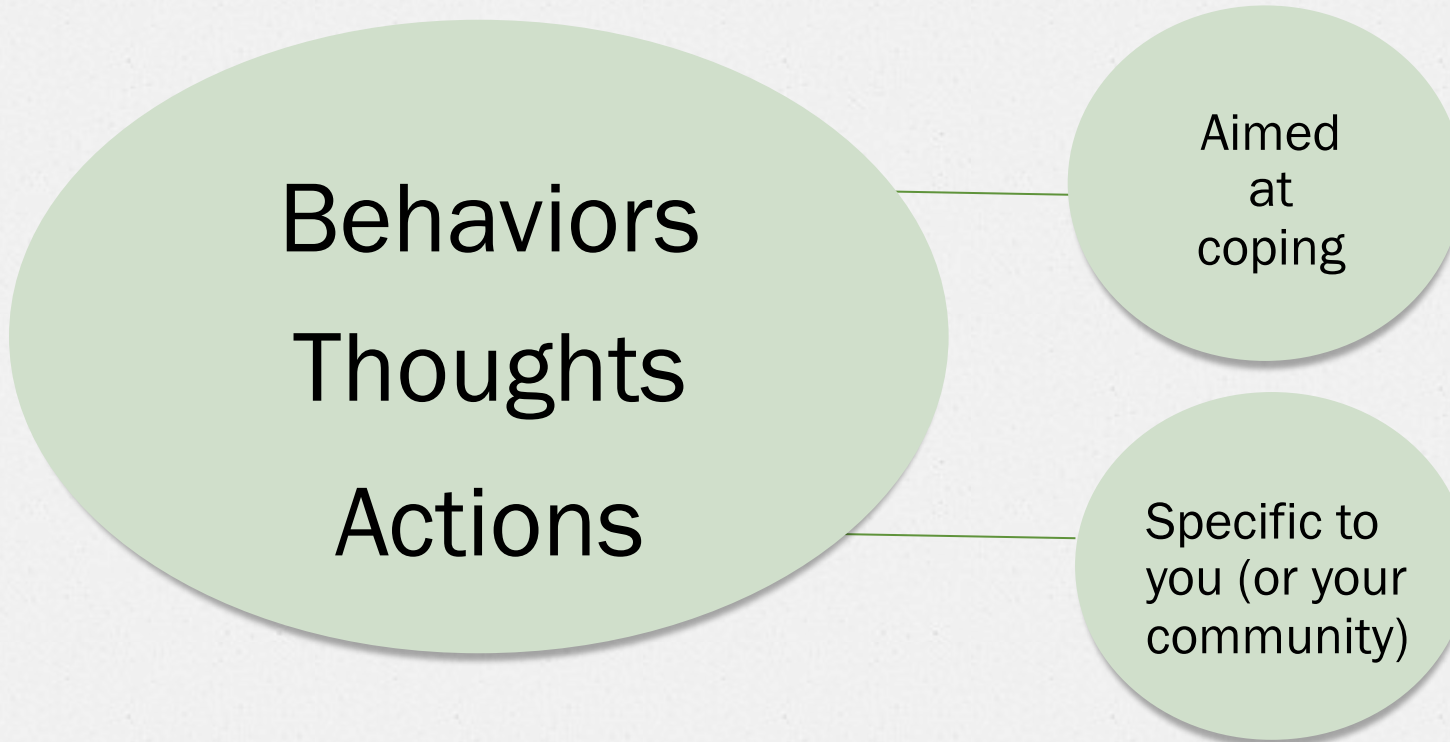
**Personal and community preparedness builds resilience for coping with and recovering from traumatic events.**

# Resiliency is...

The ability to become strong, healthy, or successful again after something bad happens.

It means “bouncing back from difficult experiences”.

# Resiliency is...



# Trauma Response

People respond to trauma in a highly individualized way – there is a wide range of “normal” responses.

Factors that influence response include:

- Previous traumatic incidence
- Intensity of the event
- Duration of the event
- Personal circumstances during the event

GOAL:  
Create a sense of:

**Safety**

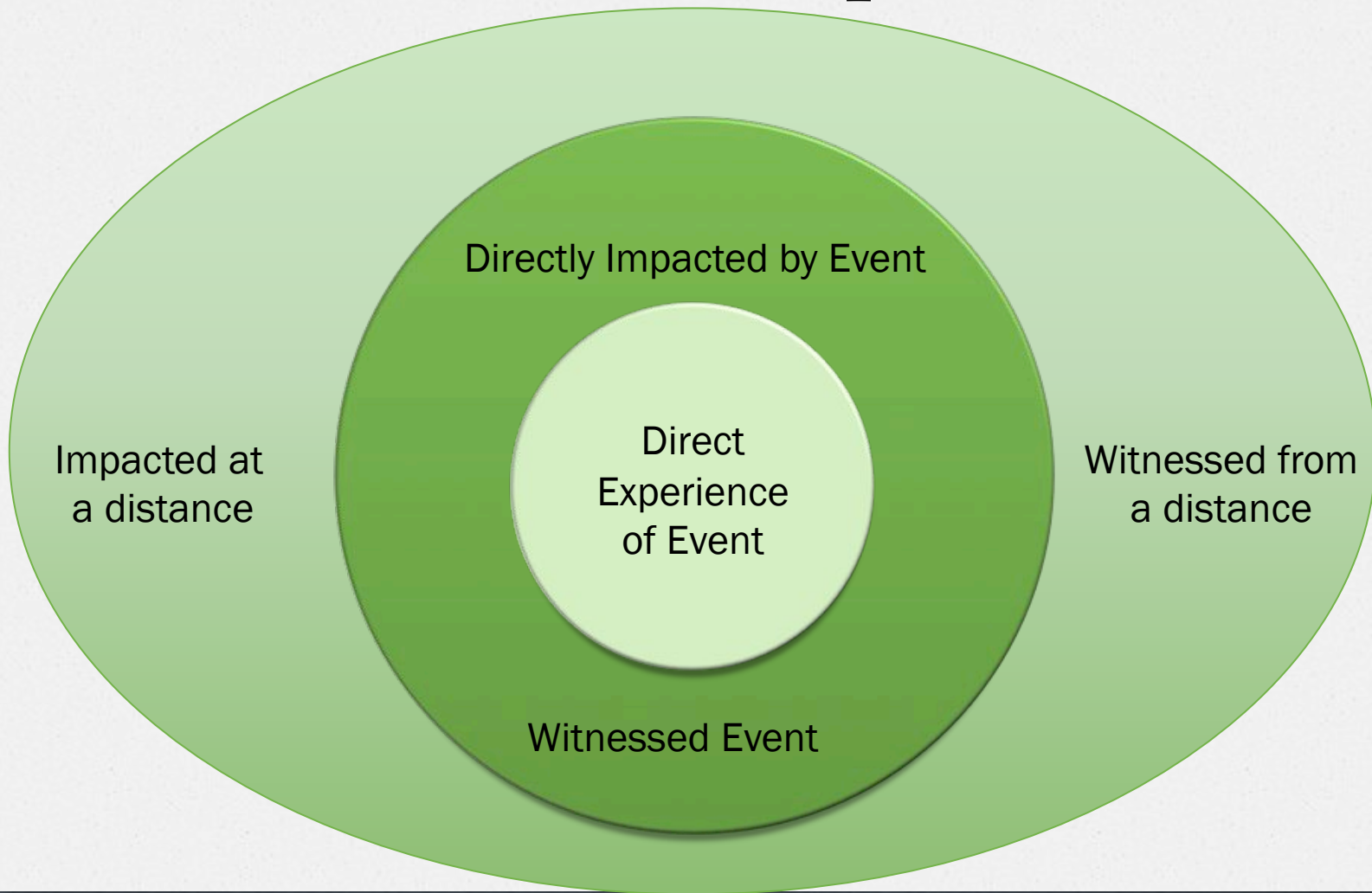
**Calmness**

**Connectedness**

**Self & Community Efficacy**

**Hope**

# Circles of Impact 1



# Circles of Impact 2



# Personal Preparedness

It's more than a grab and go bag!



# Personal Mental Health Preparedness

Who do you need to know about?

Who needs to know about you?

How will you connect?

- Phone/text
- Out-of-area contact
- Network of support
- Know other school/facility plans



# Personal Preparedness

## Mental Health “Grab & Go”

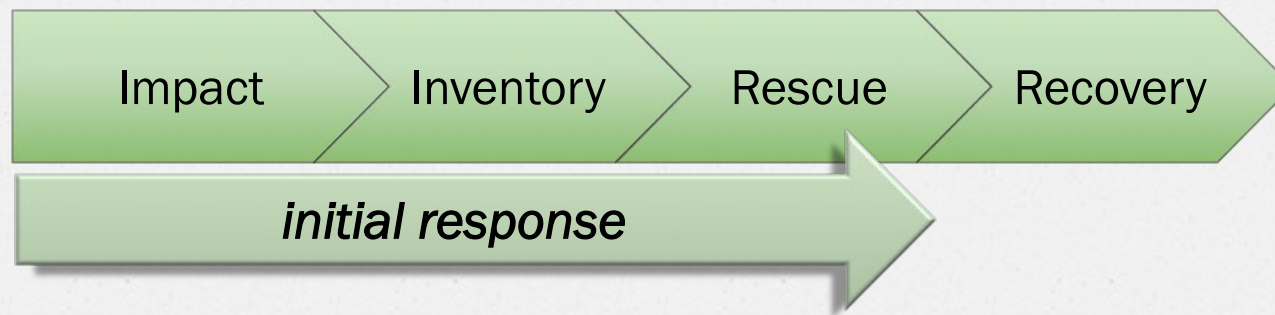
- *What helps you in high stress situations?*
- *How can you have this available to you during disaster response?*

# Personal Preparedness

## ACTIVITY: Mental Health “Grab & Go” Kit

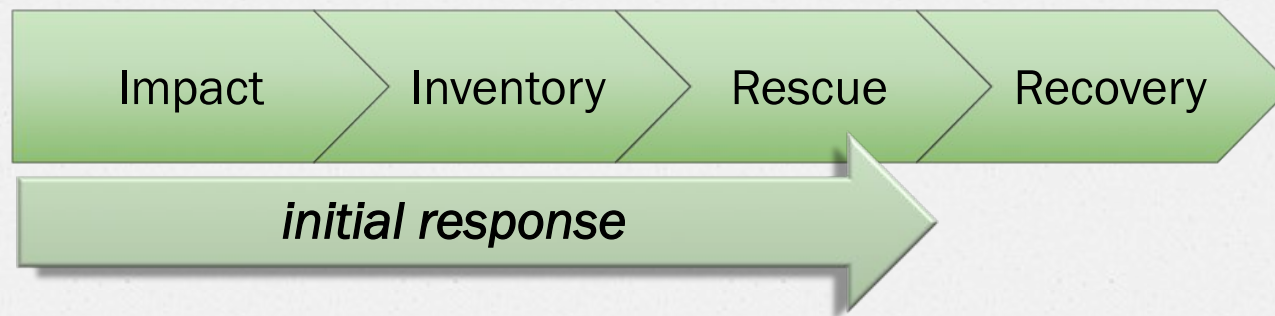
1. Each group has a large sheet of paper and markers
2. Draw an outline for the container (bag/box/etc)
3. Brainstorm and record in words or pictures all ideas
4. **Remember** items can be anything: physical, breathing techniques, mantras, images, etc. Include all the ideas

# Stages of Disaster



We can respond to mental health needs in all the stages.

# Stages of Disaster



CERT Responders can bring a mental health POV to all aspects of response.

# Mental Health in Initial Stages of Disaster Response

- Use your mental health knowledge to support your CERT Team
- Holistic approach
- Role of adrenaline
- Needs assessment → *rule out physical causes*
- Who shows up? How can we engage them to help?
- Protection (plan to minimize witnessing)
- Debriefing

The short and long term mental health impacts of disaster can be:

Emotional

Physical

Cognitive

Behavioral

Existential

# Video: Bonnie & Chip



## Video: Desiree & Family



Let's take a closer look:

The short and long term mental health impacts of disaster can be:

**Emotional**

**Physical**

**Cognitive**

**Behavioral**

**Existential**

## Emotional – Immediate Reactions

- Numbness and detachment
- Anxiety or severe fear
- Guilt (including survivor guilt)
- Exhilaration as a result of surviving
- Anger
- Sadness
- Helplessness
- Feeling unreal; depersonalization (as if you are watching yourself)
- Disorientation
- Feeling out of control
- Denial
- Constriction of feelings
- Feeling overwhelmed

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Emotional – Delayed Reactions

- Irritability and/or hostility
- Depression
- Mood swings, instability
- Anxiety (e.g., phobia, generalized anxiety)
- Fear of trauma recurrence
- Grief reactions
- Shame
- Feelings of fragility and/or vulnerability
- Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them)

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Physical – Immediate Reactions

- Nausea and/or gastrointestinal distress
- Sweating or shivering
- Faintness
- Muscle tremors or uncontrollable shaking
- Elevated heartbeat, respiration, and blood pressure
- Extreme fatigue or exhaustion
- Greater startle responses
- Depersonalization

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Physical – Delayed Reactions

- Sleep disturbances, nightmares
- Somatization (e.g., increased focus on and worry about body aches and pains)
- Appetite and digestive changes
- Lowered resistance to colds and infection
- Persistent fatigue
- Elevated cortisol levels
- Hyperarousal
- Long-term health effects, including heart, liver, autoimmune, and chronic obstructive pulmonary disease

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Cognitive – Immediate Reactions

- Difficulty concentrating
- Rumination or racing thoughts (e.g., replaying the traumatic event over and over again)
- Distortion of time and space (e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes)
- Memory problems (e.g., not being able to recall important aspects of the trauma)
- Strong identification with victims

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Cognitive – Delayed Reactions

- Intrusive memories or flashbacks
- Reactivation of previous traumatic events
- Self-blame
- Preoccupation with event
- Difficulty making decisions
- Magical thinking; belief that certain behaviors will protect against future trauma
- Belief that feelings or memories are dangerous
- Generalization of triggers (e.g., a person who experiences a home invasion during the daytime may avoid being alone during the day)
- Suicidal thinking

## Behavioral – Immediate Reactions

- Startled reaction
- Restlessness
- Sleep and appetite disturbances
- Difficulty expressing oneself
- Argumentative behavior
- Increased use of alcohol, drugs, and tobacco
- Withdrawal and apathy
- Avoidant behaviors

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Behavioral – Delayed Reactions

- Avoidance of event reminders
- Social relationship disturbances
- Sleep and appetite disturbances
- Decreased activity level
- Engagement in high-risk behaviors
- Increased use of alcohol and drugs
- Withdrawal

Source: SAMHSA *Trauma Informed Care in Behavioral Health*

## Existential – Immediate Reactions

- Intense use of prayer
- Restoration of faith in the goodness of others (e.g., receiving help from others)
- Loss of self-efficacy
- Despair about humanity, particularly if the event was intentional
- Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life)

## Existential – Delayed Reactions

- Questioning (e.g., “Why me?”)
- Increased cynicism, disillusionment
- Increased self-confidence (e.g., “If I can survive this, I can survive anything”)
- Loss of purpose
- Renewed faith
- Hopelessness
- Reestablishing priorities
- Redefining meaning and important of life
- Reworking life’s assumptions to accommodate the trauma (e.g., taking a self-defense class to reestablish a sense of safety)

Source: SAMHSA *Trauma Informed Care in Behavioral Health*



Listen  
Protect  
Connect

Psychological  
First Aid  
[ready.gov](https://www.ready.gov)

# Listen

convey interest, empathy & reassurance

- o Hear what someone is saying and how they say it
- o Notice what is not said
- o Observe nonverbal cues & behaviors
- o Note about their needs & concerns

# Listen

## How to do it:

- o Make the first move
- o The role of silence
- o Nonjudgmental stance
- o Normalize responses
- o Listen for what is working for them
- o Be honest & trustworthy
- o Check-in again (if this is realistic)

# Protect

**reestablish feelings of safety  
(physical & emotional )**

- Share honest information
- Offer ideas & connect to resources
- Maintain structure
- Reduce exposure (esp. media)
- Support through action & appreciation
- Share what is working
- Encourage positive coping

# Connect

## restore & build connections

- o Emotional & social isolation is a common trauma response
- o Support community connections
- o Assist with connections through social media & other resources
- o Encourage reaching out (circles of impact)

# Listen, Protect, Connect

- o In crisis, children, in particular, watch adult reactions
- o With anyone, acknowledge your own distress AND demonstrate a positive, optimistic approach.
- o Be overt about actions you are taking
- o Encourage a growth (and problem-solving) mindset
- o Share age-appropriate information to normalize stress reactions
- o Teach (or bring in support to teach) specific coping skills (meditation, different ways to express feelings)
- o Find ways for people to be involved.

# Trauma Response Review

People (of all ages) respond to trauma in a highly individualized way – there is a wide range of “normal” responses.

Factors that influence response include:

- o Previous traumatic incidence
- o Intensity of the event
- o Duration of the event
- o Personal circumstances during the event

## Psychological First Aid

### Need Assessment: Signs of Acute Distress

- Disoriented or confused
- Unresponsive to verbal directions/questions
- Uncontrolled crying or hyperventilating
- Experiencing uncontrolled physical reaction (shaking, trembling)
- Reports “flashback” or believes the event is happening again
- Frantic, agitated or panicky
- Extremely withdrawn, apathetic, or “shutdown”
- Extremely irritable or angry
- Exceedingly worried

## Psychological First Aid

# Respond to Acute Distress

- o Rule out physical cause
- o Orientation

*“Can you look at me?”*

*“What color are my eyes?”*

*“I want to ask you a couple questions so I can help you.”*

*Do they know who they are/who you are?*

*Do they know where they are?*

*Do they know what happened?*

*Ask them to describe the surroundings.*

*Hold their hand (always ask first!)*

## Psychological First Aid

# Respond to Acute Distress

### o Grounding

*“After a scary experience, people sometimes feel overwhelmed by emotions. Your body might have strong feelings that come and go like ocean waves. If we do this exercise together, it can help lessen that overwhelmed feeling.”*

1. Sit comfortably, arms & legs uncrossed
2. Breath slowly (4 count in, 6 count out, deep belly breathing)
3. Practice naming (5 colors you see or 5 things that are green)

REVIEW: A goal of mental health response is to create a sense of:

**Safety**

**Calmness**

**Connectedness**

**Self & Community Efficacy**

**Hope**

# Review

## Learning Objectives:

1. Traumatic Events & Mental Health Overview
2. Personal Preparedness
  - Communication Plan*
  - Mental Health “Grab & Go” Kit*
3. Stages of Disaster Response
4. Common Responses to Trauma
5. Responding to Mental Health Issues
  - Listen, Protect, Connect*
  - Psychological First Aid (PFA)*



# Disaster Mental Health

Thank you.

**Listen, Protect and Connect:** family to family, neighbor to neighbor was customized by Merritt Schreiber, Ph.D. and Robin Gurwitch, Ph.D. for the County of Los Angeles Department of Public Health Emergency Preparedness and Response Program.

**Psychological First Aid (PFA)** was developed by the National Child Traumatic Stress Network and the National Center for PTSD, with contributions from individuals involved in disaster research and response.