The National Council for Community Behavioral Healthcare

Mitigating Disaster Trauma: Hurricane Sandy

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Presenters

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Overview

- Impact of Disasters
- Current Survivor Needs
- Role of Behavioral Health Organizations
- Importance of Communication
- Key Partnerships
- Knowing the Resources
- Planning and Prevention
Impact of Disasters
Hurricane Sandy Impact

13 States (CT, DE, MA, MD, ME, NC, NH, NJ, NY, PA, RI, VA, VT)

120+ US Deaths

More than 8 ml without power

Estimated 50 billion in damages

2000% increase in calls to Disaster Helpline
Almost two weeks after they evacuated as Hurricane Sandy approached New Jersey, residents and property owners returned to their homes in Seaside Heights, NJ to view the devastation from the storm. In one house, tenants have lost all their belongings, their home and their jobs.
Phases of a Disaster

- **Honeymoon (Community Cohesion)**
- **Pre-Disaster**
- **Warning**
- **Threat**
- **Impact**
- **“Heroic”**
- **Disillusionment**
- **Reconstruction (A New Beginning)**
- **Inventory**
- **Working Through Grief (Coming to Terms)**
- **Trigger Events and Anniversary Reactions**
Key Concepts of Disasters

Definition:
A disaster is “… a sudden event that has the potential to terrify, horrify, or engender substantial losses for many people simultaneously.”

Fran Norris, Ph.D., NCPTSD

Causes human suffering
Creates collective need
Overwhelms local resources
Key Concepts of Disasters

- No one who sees a disaster is untouched by it
- Affects individuals and communities
- People pull together during and after
- Stress and grief are normal reactions
- Must consider cultural factors
- Every disaster is different and affects each person differently
- People who have experienced prior traumatic events, including other disasters are more vulnerable to stress
- A disaster causes disruptions and changes
High Risk Events

- Evacuation
- Ending Search & Rescue
- Death Notification
- Return to Impacted Area
- Funerals and Memorials
- Reopening of Public Facilities
- Anniversary & Trigger Events
Risk Factors

- Exposure/proximity to traumatic event
- Multiple losses and re-traumatization
- Injured or family of injured/deceased
- Rescue or recovery workers
- Pre-existing mental or physical challenges
- Low socioeconomic, minority status
- Few or no supports
Typical Reactions: Four Domains

- Emotional
- Behavioral
- Physical
- Cognitive

These reactions are expected after experiencing an abnormal event
Traumatic Stress

> ACE Study exposed high rates of trauma in general population and alarming correlation between trauma and mental health, substance use and physical conditions

> Prevention and mitigation of traumatic stress is possible

> Best Practice approaches promote resilience and recovery
Post-Traumatic Stress Disorder (PTSD)

Trauma
- Actual or threatened death or serious injury
- Threat to physical integrity of self or others

Reactions
- Intense fear, helplessness, horror
- Nightmares, flashbacks, avoidance, dissociation

Most people will **not** develop PTSD
Psychological Tasks of Recovery

• Regaining a sense of mastery and control

• Resumption of age-appropriate roles and activities in children and teens

• Development of new normal routine
Five Core Principles of Promoting Individual Resilience

- Safety
- Calmness
- Connectedness
- Self and Community Efficacy
- Hope

Hobfall et al
Building Community Resilience

- Strong, calm, consistent community leadership
- Planned and spontaneous gatherings of community members
- Creation of rituals and memorials
- Volunteerism
- Organizations working together to share resources and address gaps in services
- Spreading TIC throughout the community
- Teaching various community groups about MHFA
Current Survivor Needs
Disaster Distress Helpline (DDH)

Christian Burgess, Director – Disaster Distress Helpline

- DDH is a program of SAMHSA
- Administered by Link2Health Solutions / MHA-NYC
- After 9/11, disaster behavioral health experts began discussing the need for a permanent crisis hotline national in scope that would be available, with immediacy, before/during/after disasters
- DDH is a sub-network of the National Suicide Prevention Lifeline, with calls and texts answered 24/7 by trained counselors via four crisis call centers
Disaster Distress Helpline

> DDH offers services accessible to under-served or hard-to-reach populations:
  - Multi-lingual crisis counseling via interpretation services
  - Direct counseling available in Spanish via calls & text
  - TTY (1-800-846-8517) & texting for individuals who are deaf / hearing impaired

> The Disaster Distress Helpline experienced a 2000% increase in calls from the week of 10/14-10/20 to the week Hurricane Sandy hit, 10/28-11/3
Disaster Distress Helpline: Trends from Hurricanes Isaac and Sandy

Before disaster (forecast):
> Confused, overwhelmed at evacuation orders & other public information being issued
> Triggers from past disasters

During disaster:
> Being cut off from loved ones in impacted areas; isolation
> Feeling isolated & scared

After disaster:
> Assistance with meeting basic needs; stress of caregiver role
> Trouble sleeping, difficulty performing daily tasks
> Feelings of anger at service providers, other
Disaster Distress Helpline: Identifying Current Needs

> 10.29 - I'm scared!... It's so dark I don't know what's going on... I am alone and yes my power is out... I'm 17... I live with my dad and he's stuck at work ...

> 11.1 - Family & I lost everything in Katrina I'm '05. Sandy news coverage is causing emotional roller coaster... I feel really lucky cause I didn't lose power, some friends & family did though. And other times I feel really sad as if it is happening to me
Disaster Distress Helpline: When Someone Calls or Texts ...

All crisis call center staff and volunteers answering calls and texts for the Disaster Distress Helpline are trained in Psychological First Aid and “Just In Time: Disaster Crisis Counseling for Call Centers”.

Disaster Crisis Counseling includes:

1. **Active Listening** ("I hear that you are confused and feeling overwhelmed about the evacuation orders ...")
2. **Validation** ("It’s scary not being able to reach your loved ones after the storm ...")
3. **Normalization** ("Feeling angry and abandoned, even months after a disaster, is a common reaction...")
4. **Psycho-education** ("The thoughts you’re having after volunteering may be what is called ‘vicarious trauma’ ..")
5. **Coping Skills Enhancement** ("And so in past tough times you have turned to your faith to help you get through?")
6. **Connection to Social Supports** ("The last time you felt this stressed, to whom did you turn for support?")
7. **Resources and Referrals** ("Have you ever heard of 2-1-1 call centers? These are local call centers that ... ")
8. **Planning** ("After we hang up, you’re going to call your local Red Cross chapter to find out about shelters ...")

*Crisis Assessment, Intervention and Referral*: if a caller to the Disaster Distress Helpline indicates that they are or may be in crisis, our call center staff, interns and volunteers are trained and equipped to assess, intervene & refer.

**Guiding Principles**: The Disaster Distress Helpline treats every caller and texter with respect, empathy, cultural sensitivity, and empowerment. DDH services are open and affirming to all regardless of race, ethnicity, country of origin, immigration status, sex, gender identity, ability, age, sexual orientation, economic status, faith or creed.
Disaster Distress Helpline: Literature

**Disaster Distress Helpline**

**PHONE:** 1-800-985-5990  
**TEXT** “TalkWithUs” to 66746

**Visit:** disasterdistress.samhsa.gov

**Like us on:** Facebook.com/disasterhelpline

**Follow us on:** Twitter (@distressline): twitter.com/distressline

**Call us:** 1-800-985-5990

or text “TalkWithUs” to 66746  

to get help and support  
for any disaster that you or someone you care about, may be feeling  
related to any disaster.

The Helpline and Text Service are:

- Available 24 hours a day, 7 days a week, year-round  
- Free (standard data/text messaging rates may apply for the texting service)  
- Answered by trained crisis counselors  

TTY for Deaf / Hearing impaired: 1-800-846-8517

Spanish speakers: Text “Hispanos” to 66746

If you or someone you know is struggling after a disaster, you are not alone.

**Having Trouble Coping?**

- Eating or sleeping too much or too little  
- Pulling away from people and things  
- Feeling numb or like nothing matters  
- Feeling helpless or hopeless  
- Feeling unusually confused or forgetting things or not being able to concentrate  
- Thinking or talking about death or killing yourself or someone else  

Feeling unusually confused or forgetful, on edge, angry, upset, or worried and scared  

Talking or fighting with family and friends  

Having thoughts and memories you can't get out of your head  

Thinking of hurting or killing yourself or someone else  

Unable to perform daily tasks like taking care of your kids or getting to work or school  

Making it hard to get things done  

If you or someone you know is having trouble coping, please call the Disaster Distress Helpline.

**Línea de Ayuda**

Para los Nuevos Para Pueblerinos

**TELEFONO:** 1-800-985-5990  
**MENSAJE:** "Hable con nosotros" a 66746

http://disasterdistress.samhsa.gov

**¿Tiene dificultad para hacer frente a la situación después de un desastre?**  
**Hable con nosotros.**

National Council
The Role of Behavioral Health Organizations
Lessons from Joplin, MO

Vicky Mieseler – Vice-President of Ozark Center

> On May 22, 2011, Joplin, MO was affected by one of the most devastating tornadoes in US history
> Ozark was at the epicenter of the devastation, the BH response efforts, and the continued recovery of the community
> Behavioral health providers manage the response and a wide range of activities
Mental Health Disaster Response

- Planning and Preparation
- Workforce Development
- Resource Development
- Basic Needs
- Triage
- Monitor the Recovery Environment
- Foster Resilience and Recovery
- Public Education
- Community Development
- Technical Assistance, consultation and training
- Advocacy Services
- Mental Health Services
Role of Behavioral Health in Disasters

> Disasters:
  • Are local events
  • Cause traumatic stress

> Responses require:
  • Caring for clients and public
  • Building individual and community resilience
Planning for the Response

- Assessing the Need
- Preparing Consumers
- Preparing Staff
- Staff Stress Management
Assessing the Need

> Identify those at risk inside and outside your organization
> Consider cultural factors
> Connect with emergency management, first responders, cultural brokers, others to gain access
> Reach out to neighborhoods, shelters, Disaster Recovery Centers, businesses, nursing homes, schools, group homes
Preparing Consumers

- Preventing adverse reactions by building individual resilience through Trauma Informed Care, trauma focused practices

- Assisting with personal preparedness plans

- Providing education, information and drills about disasters and alternate procedures regarding access to programs, services and medications in times of disasters
Preparing Staff

> Training (PFA, MHFA, TIC)

> Debriefings and Supervision (Re-enforces skills/reduces stress)

> Staff Stress Management
Promoting Individual Resilience: Psychological First Aid (PFA)

Definition

Developed jointly by the National Center for Post Traumatic Stress Disorder (NCPTSD) and the National Child Traumatic Stress Network (NCTSN), PFA is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning.
Psychological First Aid (PFA): Core Components

- Contact and engagement
- Safety and comfort
- Stabilization (if needed)
- Information gathering: needs and current concerns
- Practical assistance
- Connection with social supports
- Information on coping
- Linkage with local services
Role of Psychological First Aid

> Provides compassionate support and presence
> Allows individuals to tell their story while normalizing their feelings and experience
> Assists in educating and clarifying what happened
> Assists with reframing the disaster and making meaning of the event
> Educates about what to expect
Role of Psychological First Aid

- Assists with reconnecting
- Encourages connection with available resources
- Assists with problem solving and plan of action
- Assists with developing preparedness plan
- Helps build individual and community resilience
- Empowers survivors to move forward by building a legacy of knowledge and skills
Promoting Community Resilience: Mental Health First Aid

- Public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders

- **Interactive 12-hour course** is a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care

Managed, operated, and disseminated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health
Promoting Individual and Community Resilience: Trauma Informed Care (TIC)

> Understanding of trauma, its impact, prevalence and skills to promote healing and recovery from trauma

> Not just about provision of trauma specific therapies but about culture change

> Principles of TIC include: safety, trust, choice, collaboration, empowerment

Roger D. Fallot, PhD
Promoting Resiliency through Trauma Informed Care (TIC)

- Identify program “Champions”
- Identify essential learning tasks
- Initiate program awareness campaign
  - Intrigue and interest
  - Mission statement/letterhead statement
  - Huddle scripts
  - Weekly updates from CEO
  - Staffing information
  - Tips of the week
- Measure pre-learning
Community-wide TIC Plans

- Piggyback on disaster prevention plan
- Utilize mailings and posters whenever possible
- Focus efforts on specialized populations:
  - Landlords
  - Service organizations
  - Convenience/grocery stores
  - Sunday school teachers, preschool providers and school systems
  - Colleges and Universities
- Utilize media opportunities
- Town Hall meetings
Staff Stress Management

Organizational Approaches:

- Communicating clearly
- Ensuring staff competencies
- Preventing staff from working long hours
- Providing ongoing supervision, support and access to EAP
Staff Stress Management

Personal Approaches: connecting with others

• Connect with others at work - utilize meetings, supervision, co-workers to “debrief” - talk about how your day/week went, what was difficult and why, how you managed. Allow them to provide advice and support

• Connect with others at home – reach out to spouse, family, friends, a spiritual advisor to talk about your work, your feelings and accept their listening ear and emotional support
Staff Stress Management

Personal Approaches: Adopting a Healthy Lifestyle

• Strive to eat right, drink lots of water, exercise, engage in relaxation activities such as yoga, do fun things—laugh, give yourself the opportunity to experience joy, and avoid excessive alcohol and illicit drugs.
Communication
Communication

- Identify methods of communication among BH organization key sites such as the BH and psychiatric facilities, residential programs, outpatient services
- Check in with local emergency management to learn about hard hit areas
- Maintain contact with State Mental Health Authority
- Connect with shelter providers and other disaster service providers
- Advise Public Officials about need for information
- Use variety of media options to inform and educate
When communication isn’t a priority

“Rather than getting information out to people, we thought it was much more important to clear the roads”, Mirabelli said.

“I understand the frustration. We’re focusing on making sure the power is restored. We realize people aren’t happy but we’re doing the best we can”.

News Report NJ. Com
Communication as a Priority

> Just one town over, in Westfield, residents had a completely different experience. "I wanted to make sure people were aware of our concerns," he said. "We wanted to tell people how to avoid carbon monoxide poisoning. We asked people to check on elderly neighbors.".... councilmen took to the streets and handed out fliers at supermarkets and coffee shops. High school students were drafted to hand fliers out in sections of town.

> "We are trying our best to get as much information to our residents as possible," Skibitsky said.

News Report NJ. Com
Key Partnerships
Behavioral Healthcare Organizations Can’t Do It Alone

• Examples of Partner Organizations:
  - State Mental Health Authority
  - American Red Cross and other VOAD’s
  - Local/State Emergency Management (EOC)
  - FEMA Disaster Recovery Centers (DRC’s)
  - Long Term Recovery Committee
  - Disaster Case Management
  - City Officials
  - Faith Groups
  - Schools System
  - Dept. of Public Health and Social Service Agencies
Know Your Resources
Resources - Local

- VOAD’s – Voluntary Agencies Active in Disasters
- Faith Based Organizations
- FEMA Disaster Recovery Centers
- Disaster Case Management
- Long Term Recovery Meetings
Resources - State

> State Mental Health Authority – Receives funding for Crisis Counseling Program

> State Emergency Management – Information and resources related to disaster and planning

> State Public Health Department – information and resources related to disaster
Resources: Federal

> Federal Emergency Management Agency (FEMA)
> Substance Abuse and Mental Health Services Administration (SAMHSA)
> Assistant Secretary’s Office for Preparedness and Response (ASPR)
> Centers for Disease Control (CDC)
> National Institute of Mental Health (NIMH)
Federal Funding Sources

- SAMHSA Emergency Response Grant (SERG)
- FEMA/ACF Disaster Case Management (DCM)
- CDC Preparedness and Planning
- HRSA Supplemental Grants to CHC’s
- FEMA Crisis Counseling Program (CCP)
SAMHSA Emergency Response Grant (SERG)

- Public entities in partnership with non-profits
- Funding of last resort for mental health and addictions
- Precipitating event; sudden, rapid, concluded
- Immediate – apply within 10 days (up to 50K)
- Intermediate – apply within 90 days (no limit)

SAMHSA Emergency Response Coordinator
240-276-2230
Crisis Counseling Program (CCP) Grants

> Stafford Act – CCP Established in 1970
> Federally Declared Disasters
> FEMA Funded / SAMHSA Oversight
> Individual and Community Resilience Building
> Consists of two grant types:
  • Immediate Services Program (ISP): 60 days
  • Regular Services Program (RSP): up to 9 months
FEMA Crisis Counseling Program

Crisis Counseling and Resource Assistance
417.347.7070 or 800.247.0661
Planning and Prevention
Missouri Department of Mental Health
All Hazards Emergency Operations Plan

Changes post-tornado

> Significant departure from past practice by recognizing and integrating prevention and public education efforts as essential
> Emphasis on cultural competence of services offered
> Reflects significantly higher expectations in terms of interagency coordination and collaboration
> Addition of Missouri’s Special Needs Annex
Missouri Department of Mental Health
All Hazards Emergency Operations Plan

> Significant progress and recognition for the value of mental health in the emergency management cycle
> Emphasis on the unique contribution of mental health to risk management
> Improved communication for boots-on-the-ground responders from DMH
> Added protocol to State Operating Guidelines for reporting early
> Developed protocols between DMH, SEMA, DPS, and DHSS regarding need for mental health support to DMORT
PREVENTION

DID YOU KNOW?

If you use a mind-altering substance to the point it's affecting your life - at home, work or with others - you may have an alcohol or drug abuse problem.

Ozark Center offers confidential assessments and resources.

Ozark Center 347-7730

Every child deserves respect.
No child deserves to be bullied.
For confidential help, call:

Ozark Center 347-7580

Myth: A little alcohol won't hurt my child.
Fact: Alcohol kills more teens than illegal drugs.

Preferred Family Healthcare
623-1990

Domestic partner abuse increases after a disaster. But it is NEVER okay to be abused.

Know the signs. Know the number.

Lafayette House 782-1772

Teens don't talk about dating violence but it's more common than you think.

Don't let your teen suffer in silence.

Know the signs. Know the number.

Lafayette House 782-1772
The National Council for Community Behavioral Health Resources

- Disaster Trauma Technical Assistance and Training

- Trauma Informed Care Consulting, Training and Learning Communities

- Mental Health First Aid

- Trauma Related Information: www.thenationalcouncil.org
Speakers

Adam Bryant
Business journalist. Author of *The Corner Office.*

Atul Gawande
Surgeon. Top healthcare reform leader. Author and columnist.

Doris Kearns Goodwin
Renowned historian. Pulitzer Prize winner.

Nadine Burke Harris
Physician and thought leader on poverty and race in healthcare.

Patrick Kennedy
Staunch behavioral health advocate. Political legacy.

Jeremy A. Lazarus
President of the American Medical Association.

Judge Steven Leifman
Criminal justice and mental health expert.

Charles P. O’Brien
Neurologist, psychiatrist, and substance abuse treatment innovator.

Bruce Perry
World-famous trauma researcher and treatment visionary.

Linda Rosenberg
Leader in health policy and practice reform. Mental Health First Aid USA pioneer.
Web Resources

Disaster Distress Helpline
http://disasterdistress.samhsa.gov

SAMHSA Disaster Technical Assistance Center
www.samhsa.gov/dtac/resources.asp

SAMHSA Tip Sheets
www.samhsa.gov

Federal Emergency Management Agency
www.fema.gov
Web Resources

National Center for Post Traumatic Stress Disorder

The National Child Traumatic Stress Network
www.nctsn.org

Psychological First Aid On-Line Training
http://learn.nctsn.org/course/category.php?id=11

United Way 211
www.211us.org
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