

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Introduction to Disaster Behavioral Health Webinar

July 14, 2011

Presented by Amy Mack, April Naturale,  
Curt Drennen, and Anthony Barone





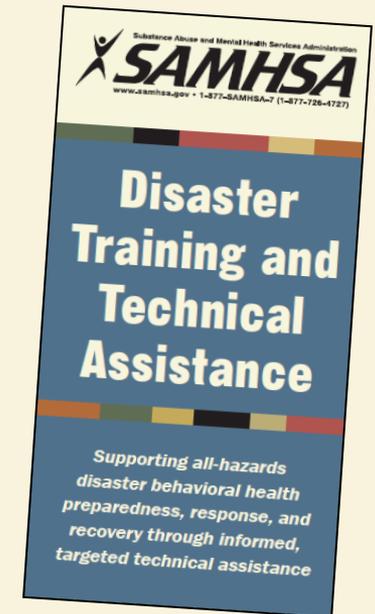
# Welcome to the Webinar

Amy R. Mack, Psy.D., Project Director



# About SAMHSA DTAC

Established by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Disaster Technical Assistance Center (DTAC) supports SAMHSA's efforts to prepare States, Territories, and Tribes to deliver an effective behavioral health (mental health and substance abuse) response to disasters.

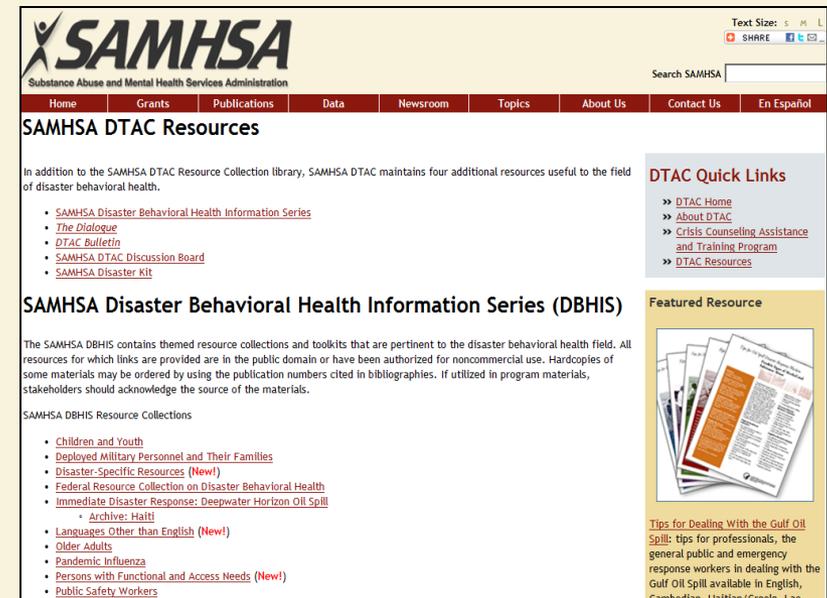


# SAMHSA DTAC Services Include...

- ***Consultation and trainings*** on disaster behavioral health (DBH) topics including disaster preparedness and response, acute interventions, promising practices, and special populations.
- ***Dedicated training and technical assistance*** for DBH response grants such as the Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program.
- ***Identification and promotion of promising practices*** in disaster preparedness and planning, as well as integration of DBH into the emergency management and public health fields.

# SAMHSA DTAC Resources Include...

- The Disaster Behavioral Health Information Series, or DBHIS, which contains themed resources and toolkits about:
  - DBH preparedness and/or response
  - Specific disasters
  - Specific populations



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## SAMHSA DTAC Resources

In addition to the SAMHSA DTAC Resource Collection library, SAMHSA DTAC maintains four additional resources useful to the field of disaster behavioral health.

- [SAMHSA Disaster Behavioral Health Information Series](#)
- [The Dialogue](#)
- [DTAC Bulletin](#)
- [SAMHSA DTAC Discussion Board](#)
- [SAMHSA Disaster Kit](#)

### SAMHSA Disaster Behavioral Health Information Series (DBHIS)

The SAMHSA DBHIS contains themed resource collections and toolkits that are pertinent to the disaster behavioral health field. All resources for which links are provided are in the public domain or have been authorized for noncommercial use. Hardcopies of some materials may be ordered by using the publication numbers cited in bibliographies. If utilized in program materials, stakeholders should acknowledge the source of the materials.

SAMHSA DBHIS Resource Collections

- [Children and Youth](#)
- [Deployed Military Personnel and Their Families](#)
- [Disaster-Specific Resources \(New!\)](#)
- [Federal Resource Collection on Disaster Behavioral Health](#)
- [Immediate Disaster Response: Deepwater Horizon Oil Spill](#)
  - [Archive: Haiti](#)
- [Languages Other than English \(New!\)](#)
- [Older Adults](#)
- [Pandemic Influenza](#)
- [Persons with Functional and Access Needs \(New!\)](#)
- [Public Safety Workers](#)

#### DTAC Quick Links

- » [DTAC Home](#)
- » [About DTAC](#)
- » [Crisis Counseling Assistance and Training Program](#)
- » [DTAC Resources](#)

#### Featured Resource



**Tips for Dealing With the Gulf Oil Spill:** tips for professionals, the general public and emergency response workers in dealing with the Gulf Oil Spill available in English, Spanish, Haitian Creole, and Vietnamese.

# SAMHSA DTAC E-Communications

- SAMHSA *DTAC Bulletin*, a monthly newsletter of resources and events. To subscribe, email [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).
- *The Dialogue*, a quarterly journal of articles written by DBH professionals in the field. To subscribe, visit <http://www.samhsa.gov>, enter your email address in the “Mailing List” box on the right, and select the box for “SAMHSA’s Disaster Technical Assistance newsletter, The Dialogue.”
- SAMHSA DTAC Discussion Board, a place to post resources and ask questions of the field. To subscribe, register at <http://dtac-discussion.samhsa.gov/register.aspx>.

# Contact SAMHSA DTAC

For Training and Technical Assistance Inquiries:

- Toll-Free Phone: 1-800-308-3515
- Email: [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)
- Website: <http://www.samhsa.gov/dtac>

Dr. Amy Mack, Project Director  
SAMHSA DTAC  
Phone (direct): 240-744-7090  
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# Webinar Overview

- Address mental health, substance abuse, and stress management needs of people who have been exposed to human-caused, natural, or technological disasters.
  - What is DBH and why should it matter to me? (Dr. April Naturale)
  - What can I do to support the DBH of disaster survivors? (Dr. Curt Drennen)
  - Applying DBH from the perspective of a first responder. (Mr. Anthony Barone)

# Webinar Learning Objectives

- To provide a basic overview of core DBH concepts.
- To provide information on basic actions disaster response personnel can incorporate in their interactions with disaster survivors without the need for extensive training.
- To provide information on recognizing severe reactions to disasters and how to make a referral for behavioral health assessment.



# What is Disaster Behavioral Health and Why Should it Matter to Me?

April Naturale, Ph.D.

Director, Oil Spill Distress Helpline

MHA of NYC/Link2Health Solutions, Inc.



# Disaster Behavioral Health is:

- A set of supportive mental health actions that address survivors' emotional responses to a natural or human-caused traumatic event.
- These actions include providing a supportive presence as well as monitoring and assessing mental health and substance abuse needs.
- DBH also provides information and referrals as an integral service to the affected community.

# Key Concepts of Disaster Behavioral Health

- Strengths based
- Anonymous
- Outreach oriented
- Culturally competent
- Conducted in nontraditional settings



# Key Concepts of Disaster Behavioral Health (continued)

- Designed to strengthen existing community support systems
- Assumes natural resilience and competence



# Purpose of Disaster Behavioral Health Services

- Assist survivors in doing all of the following:
  - Understanding their situations and reactions
  - Regaining a sense of mastery and control
  - Identifying, labeling, and expressing emotions
  - Adjusting to the disaster and losses
  - Managing stress
  - Making decisions and taking action
  - Developing coping strategies
  - Using community resources

# Types of Disaster Reactions

- Individual trauma
  - May cause stress and grief
  - May cause fatigue, irritability, hopelessness, and relationship conflicts
- Collective trauma
  - May damage community support
  - May affect individual coping



# Types of Disaster Reactions (continued)

- Individual reactions
  - Physical
  - Emotional
  - Cognitive
  - Behavioral



# Posttraumatic 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

# Resilience

What is resilience?

- Resilience is an ability to recover from or adjust easily to misfortune or change.

*Merriam-Webster Online Dictionary*



# FEMA Disaster Assistance

- Types of assistance available from FEMA:
  - Hazard Mitigation
  - Public Assistance
  - Individual Assistance
    - Temporary housing
    - Loans
    - Grants
    - Unemployment assistance
    - Crisis counseling
    - Tax relief

Questions for Dr. April Naturale?



# What Can I Do to Support the Disaster Behavioral Health of Survivors?

**Curt Drennen, Psy.D., RN**

**Colorado Department of Public Health and Environment  
Emergency Preparedness and Response Division**

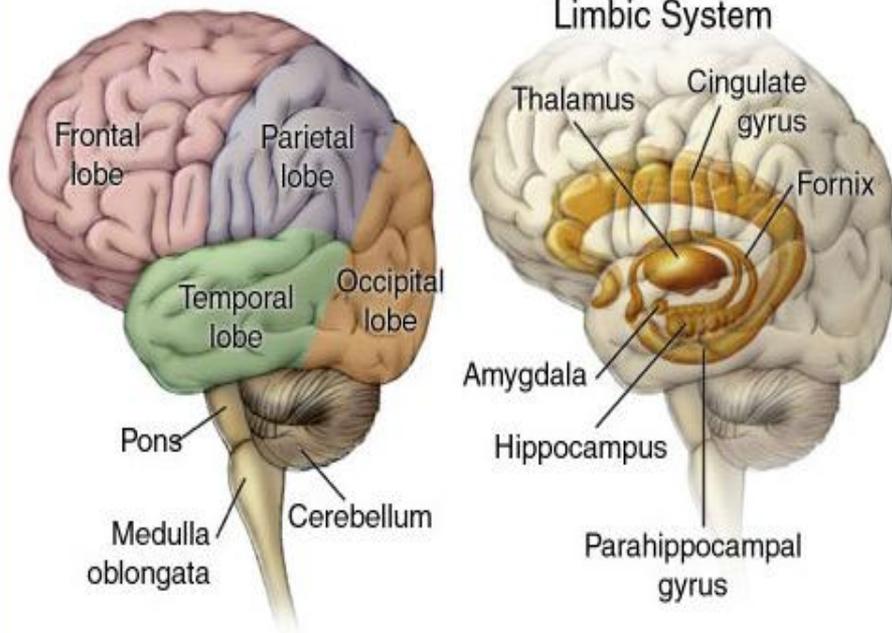


# Section Objectives

- Provide you with *basic* tips on how to interact with and support survivors and identify what they need the most—what you can DO.
- Provide you with basic tips on when to get other help.
- Help you identify the characteristics of people who may need more help or special attention.

# Fundamentals

Anatomy of the Brain

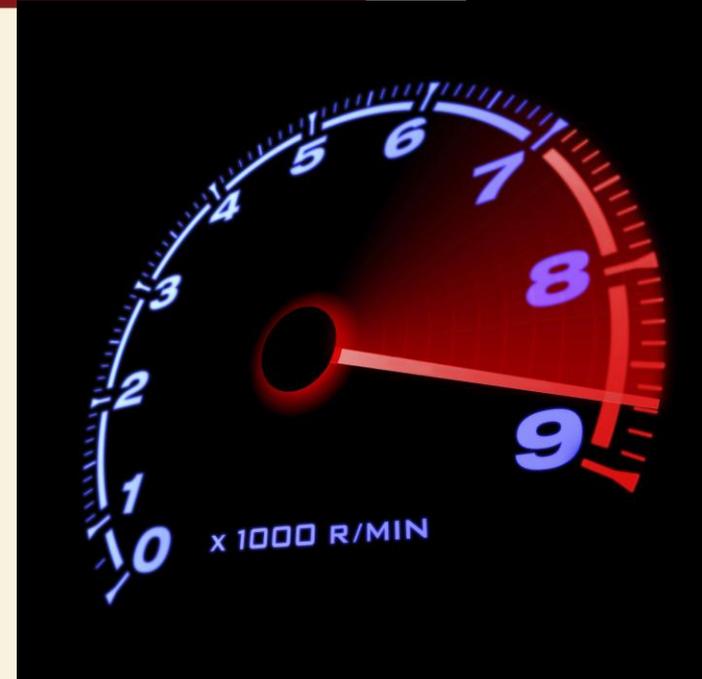


- Disaster = Chaos = Fear = Stress
- Purpose of DBH— Improve adaptive functioning by decreasing stress

# Fundamentals (continued)

Stress and fear decrease a person's ability to engage in the following tasks:

- Problem solving
- Focusing
- Planning
- Communicating
- Following directions



# What You Can DO

(The Do's and Don'ts of Disaster Behavioral Health)

## Connect and engage

1. Introduce yourself.
2. Engage in general conversation.
3. Take your cues as to their needs from them.

# What You Can DO

(The Do's and Don'ts of Disaster Behavioral Health) (continued)

## Safety

1. Personal physical safety
2. Limited exposure to other threats
3. Reduced exposure to the media
4. Safety of others, especially family and friends

# What You Can DO

(The Do's and Don'ts of Disaster Behavioral Health) (continued)

## Calming Down

1. Help the person through conversation to get grounded.
2. How do you like to be comforted?
3. Basic steps for calming down:
  - a. Orient.
  - b. Take deep breaths.
  - c. Identify environment.

# What You Can DO

(The Do's and Don'ts of Disaster Behavioral Health) (continued)

## Connection

1. Who's important to connect to?
2. Who's the person worried about?
3. Who does the person need?

# What You Can DO

(The Do's and Don'ts of Disaster Behavioral Health) (continued)

## Action

Give people something to do



## Hope

Speak of the future



# What Not to Do

- Reassure
- Fix the situation
- Tell the person to calm down
- Assume the person is trying to get attention or is needy

# When to Get Help for Survivors

- Get help when you notice a survivor is:
  - Disoriented/confused
  - Frantic/panicky
  - Extremely withdrawn, apathetic, or shut down
  - Extremely irritable or angry/aggressive
  - Exceedingly worried

# High-Risk Populations

- Children and youth
- Parents or caregivers of children
- Older adults
- People with prior trauma history
- People with serious mental illnesses
- People with disabilities
- People with a history of substance abuse

# High-Risk Populations (continued)

- Low-income groups
- Public safety workers
- Additional high-risk populations

Questions for Dr. Curt Drennen?



# Applying DBH: A First Responder's Perspective

Anthony A. Barone, M.P.H., CHMM,  
CHS-IV, FF/EMT-B



# A First Responder's Perspective

Anthony A. Barone, M.P.H., CHMM, CHS-IV, FF/EMT-B

- Twelve years in fire, emergency medical services (EMS), and law enforcement
- Safety officer, Federal medical team
- Political appointee, EMS council
- Consultant
  - Homeland security
  - Emergency management
  - Public health preparedness

# A First Responder's Perspective

(continued)

- Disasters impact individuals and populations.
- DBH consequences can be
  - Rapid or delayed, and
  - Subtle or severe.
- First responders focus on *lifesaving* efforts.
  - Triage example: Green, Yellow, Red, and Black.
- Result
  - Survivors in need of DBH support are often overlooked.

# A First Responder's Perspective

(continued)

- First responders are not DBH specialists, nor are they expected to be.
- DBH concepts are not fully integrated into first responder training and education requirements.
  - Consequence: Responders are not fully aware of the psychological risks associated with disasters.
- DBH practices are not a function of daily emergency response functions.
  - Consequence: Responders are less likely to utilize basic DBH skills during a disaster.

# A First Responder's Perspective

(continued)

- A taste of DBH...applying concepts in the field.
- You can focus on both life-threatening and psychological emergencies simultaneously!
  - Ensuring safety: By first ensuring scene safety, you enable a survivor's personal tachometer to slow.
  - Connecting: By keeping family units united, survivors can maintain existing support systems.
  - Calming: By maintaining a measured and controlled response, you enable a survivor to calm as well.

# A First Responder's Perspective

(continued)

- Survivors respond to support provided by first responders and DBH practitioners.
- Maintain professionalism, compassion, empathy, and control of your scene/incident.
  - If you lose control of yourself or your scene, you can exacerbate a survivor's disaster experience.
  - The quicker safety and normalcy can be established, the quicker a survivor can begin to recover.
  - Remember, while a speedy response is desired, **safety always comes first!**

# A First Responder's Perspective

(continued)

- Effective DBH concepts are achieved through pre-disaster preparation.
- Exercising DBH concepts pre-disaster, or during routine daily emergencies, enables responders to effectively apply DBH concepts during a disaster.
  - Practice doesn't make perfect...perfect practice does!

# A First Responder's Perspective

(continued)

- In the heat of response... be human.
- Survivors appreciate:
  - Encouragement,
  - Professionalism, and
  - Smiles.
- Survivors also appreciate:
  - Empathy,
  - Compassion, and
  - Honesty.

# A First Responder's Perspective

(continued)

- Examples of applying DBH in the field:
  - Tornado recovery
    - Blue Ash, OH
  - Hurricane Charlie recovery
    - Lee County, FL
  - Hurricane Katrina response and recovery
    - Tampa, FL and New Orleans, LA

Questions for Mr. Anthony Barone?

Questions for the other speakers?

# Upcoming Webinar

- The next webinar will focus on issues and best practices for mental health professionals and professionals in other fields who are responding to the needs of culturally diverse communities in the aftermath of a disaster.
- It will be held on **August 24, 2011, at 2 p.m. ET.** Monitor the SAMHSA DTAC website at <http://www.samhsa.gov/dtac/education> for registration information.

# Contact Speakers

For follow up questions, please contact:

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Thank You