

Disaster Mental Health Training

Session 8 (CERT)

- Washington Disasters
- City Plan and Volunteer Organization
- Disaster Mental Health Training



Emergency Preparedness Website
www.mercergov.org/emergencyprep

Disasters that can effect our area.

- Disasters are relatively unexpected, emergency personnel may be overwhelmed, lives, health, and the environment are endangered.
- Disasters consist of Natural, Manmade, Technological.

Natural: Earthquakes, winter storms, landslides, Seiche, volcanoes, flooding, (pandemics), power outages.

Manmade: Terrorist attacks, hazardous material spills, large scale accidents, etc.

Technological



Summary of Mercer Island Preparedness

- No hospital on the Island, medical clinics only.
- No airport, only way off the Island if boats are compromised is helicopter, kayaks, rafts.
- After business hours 3 police officers and 8 fire fighters are the only public safety employees on duty.
- 6 City staff live on the Island.
- Interruption to the flow of needed supplies due to bridge closure
- Victims unable to call for help due to lack of phone service / power.
- Loss of utilities
- Increased risk of fire or electrical shock
- Loss of contact between victims and service providers
- Most preschools do not have generators or supplies for 7 days.
- We do not have the resources for reunification of individuals that want to leave the Island or individuals that want to get back on the Island.

Summary of Mercer Island Preparedness

- Operational Emergency Well located at Rotary Park 4320 88th Ave SE
- Currently one shelter site at the Community Center at Mercer View, 8236 SE 24th St.
- Plan in place for a south end shelter at Islander Middle School
- Faith Community willing to assist with warming / cooling centers
- Adult Care Facilities organized to assist each other in a disaster
- Partnership with Garner Industries to assist with resources in a declared disaster.
- Mercer Island High School Radio Station to be used as an emergency broadcast station for Mercer Island in the event of a emergency/ disaster
 - 88.9 FM and 94.5 FM
- Working on MOU's with businesses / medical clinics to assist in a disaster
- Our greatest asset for Mercer Island Emergency Preparedness is our amazing volunteer network.....

15 Volunteer Teams



- Medical
- Search & Rescue
- Child Care
- Animal Shelter
- Damage Assessment
- Transportation
- Administration
- Faith Community
- Sheltering
- Mental Health
- Senior Care
- Well Operations
- Ham Radio/
Communications
- Resources
- Business Liaison

Good Samaritan Law

- Legal protection with conditions:
 - Work within scope of assigned duties
 - Not under the influence of drugs/alcohol
 - Valid drivers license and insurance
 - Follow laws (traffic, etc.)



Mercer Island Volunteer Training

Community Emergency Response Teams

CERT Training

with Mercer Island Additions

206-275-7905 or jennifer.franklin@mercergov.org

www.mercergov.org/emergencyprep

2011 Volunteer Training

Saturday November 12, 2011
Saturday December 10, 2011

- *Disaster Mental Health 0900-1200 Council Chambers
- *Terrorism Response Training 0900-1200 Council Chambers

2012 Volunteer Training

Saturday January 21, 2012
February 2012
Saturday March 17, 2012
Saturday April 14, 2012
Saturday May 19, 2012
Saturday June 16, 2012
Saturday July 21, 2012
Saturday August 18, 2012
Saturday October 20, 2012
Saturday November 17, 2012
Saturday December 15, 2012

- *Final Test / Graduation 0900-1200 Council Chambers
- Shelter Training Red Cross (TBA)
- *Basic Disaster Prep 0900-1200 Council Chambers
- Well operation 0900-1200 Well site 4320 88th
- Communications 0900-1200 Council Chambers
- *Disaster First Aid 0900-1200 Council Chambers
- Damage Assessment 0900-1200 Council Chambers
- *Search & Rescue 0900-1200 North Fire Station
- *Fire Suppression Training 0900-1200 Council Chambers
- *Disaster Mental Health 0900-1200 Council Chambers
- *Terrorism Response Training 0900-1200 Council Chambers

*** Denotes Class needed for CERT Certification, other classes are optional and specific to MI.**

DISASTER MENTAL HEALTH

Mercer Island Disaster Mental Health
Team

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Clinical Psychologist, Mercer Island

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The Role of the MI Disaster MH Team

1. Respond to YFS when the scope of the disaster exceeds their staffing ability
2. Assess the needs and develop a plan to meet the MH needs of the affected population and responders
3. Coordinate with EOC, YFS, Red Cross and other responders
4. Organize the resources of the MH team to implement the plan
5. Make recommendations to the shelter manager for strategies that would reduce the stress for the shelter residents and workers
6. Confer with the shelter manager at least daily to assess current MH needs
7. Coordinate with the Medical Team, Faith Team, Senior Care Team, Child Care Team, and others as needed
8. Provide emergency interventions to those in immediate distress
9. Provide brief counseling to those requesting it and to make appropriate referrals to local agencies and providers as indicated

Operation Sites for the MH Team

- City Hall – team leader location
- Community Center shelter – team center
- Islander MS shelter, if operational
- Morgue at Luther Burbank boat house
- South fire station
- North fire station

Psychological First Aid

- Support emotional resilience
 - Maintain a sense of organization, calm – utilize media
 - Help reduce physiological arousal; DON'T ask people to talk about what happened to them
 - Engage EVERYONE in helping with all that will need to be done during a disaster
 - **TURN PASSIVE INTO ACTIVE**
 - Create a sense of community in the shelter sites: assign jobs, resp.
 - Engage youngest children, the frail and very elderly in games and activities
 - Enlist help with sanitation, food service, housekeeping, damage assessment, road clearing, foot messengers, etc.
 - Direct adults to agencies, contractors, medical services, etc. as needed
- Help locate family, friends, if possible
- Identify those in need, connect them with MH team member

Vicarious Trauma

Page 8-1 in the Student Manual

The process of changes in the rescuer resulting from empathic engagement with survivors

Possible Psychological Symptoms

Page 8-2 in the Student Manual

- Irritability, anger
- Self-blame, blaming others
- Isolation, withdrawal
- Fear of recurrence
- Feeling stunned, numb, or overwhelmed
- Feeling helpless
- Mood swings
- Sadness, depression, grief
- Denial
- Concentration, memory problems
- Relationship conflicts/marital discord

Possible Physiological Symptoms

Page 8-2 in the Student Manual

- Loss of appetite
- Headaches, chest pain
- Diarrhea, stomach pain, nausea
- Hyperactivity
- Increase in alcohol or drug consumption
- Nightmares
- Inability to sleep
- Fatigue, low energy

Team Well-Being

Page 8-3 in the Student Manual

CERT team leaders should:

- Provide pre-disaster stress management training.
- Brief personnel before response.
- Emphasize teamwork.
- Encourage breaks.
- Provide for proper nutrition.
- Rotate.
- Phase out workers gradually.
- Conduct a brief discussion.
- Arrange for a post-event debriefing.

Reducing Stress

Page 8-4 in the Student Manual

- Get enough sleep.
- Exercise.
- Eat a balanced diet.
- Balance work, play, and rest.
- Allow yourself to receive as well as give.
Remember that your identity is broader than that of a helper.
- Connect with others.
- Use spiritual resources.

Phases of a Crisis

Page 8-5 in the Student Manual

- Impact
- Inventory
- Rescue
- Recovery



Traumatic Crisis

Page 8-5 in the Student Manual

An event in which people experience or witness:

- Actual or potential death or injury to self or others.
- Serious injury.
- Destruction of homes, neighborhood, or valued possessions.
- Loss of contact with family/close relationships.

Traumatic Stress

Page 8-6 in the Student Manual

Traumatic stress may affect:

- Cognitive functioning.
- Physical health.
- Interpersonal reactions.



Mediating Factors

Page 8-6 in the Student Manual

- Prior experience with a similar event
- The intensity of the disruption in the survivors' lives
- Individual feelings that there is no escape, which sets the stage for panic
- The emotional strength of the individual
- The length of time that has elapsed between the event occurrence and the present

Stabilizing Individual

Page 8-7 in the Student Manual

- Assess the survivors for injury and shock.
- Get uninjured people involved in helping.
- Provide support by:
 - Listening.
 - Empathizing.
- Help survivors connect with natural support systems.



Anxiety Reduction Strategies

- Distraction
 - Doing something to help others
 - Engaging in pleasurable activities
- Relaxation – slow breathing and muscle relaxation
- Cognitive coping – ways of thinking that assist coping

Stages of Disaster

- Crisis – can be abrupt (terrorist attack) or prolonged (deadly epidemic)- aka Heroic
- Immediate aftermath – establish safety, security and triage; damage assessment and planning; restoring order; comm. cohesion
- Disillusionment – loss of faith in others, esp. govt., to fix the problems
- Recovery – may take years, depending on scope of disaster

Lessons Learned

- Peruvian earthquake
- Chowchilla bus kidnapping
- Buffalo Creek flood
- Hyatt Regency skybridge collapse
- Mexico City earthquake
- Dallas Airport airplane crash
- Mount St. Helens eruption, 9-11, others
- Hurricane Katrina

Comparison of Two Earthquakes

Port au Prince, Haiti

- Weak central govt.
- Poor with few resources
- Poor and makeshift construction
- Inadequate infrastructure and communication
- Dense population
- >250,000 dead
- Poorly coordinated response
- Inadequate food, clean water and sanitation
- Very slow recovery, widespread outbreak of disease, deaths

Maule region, Chile

- Strong central govt.
- Strong, emerging economy, many internal resources
- Good construction standards
- Good infrastructure and communication
- Moderately dispersed pop.
- 800 dead
- Rapid, well coordinated response
- Adequate food, clean water, sanitation
- Rapid recovery, no outbreaks of communicable disease

Risk-Resilience Model

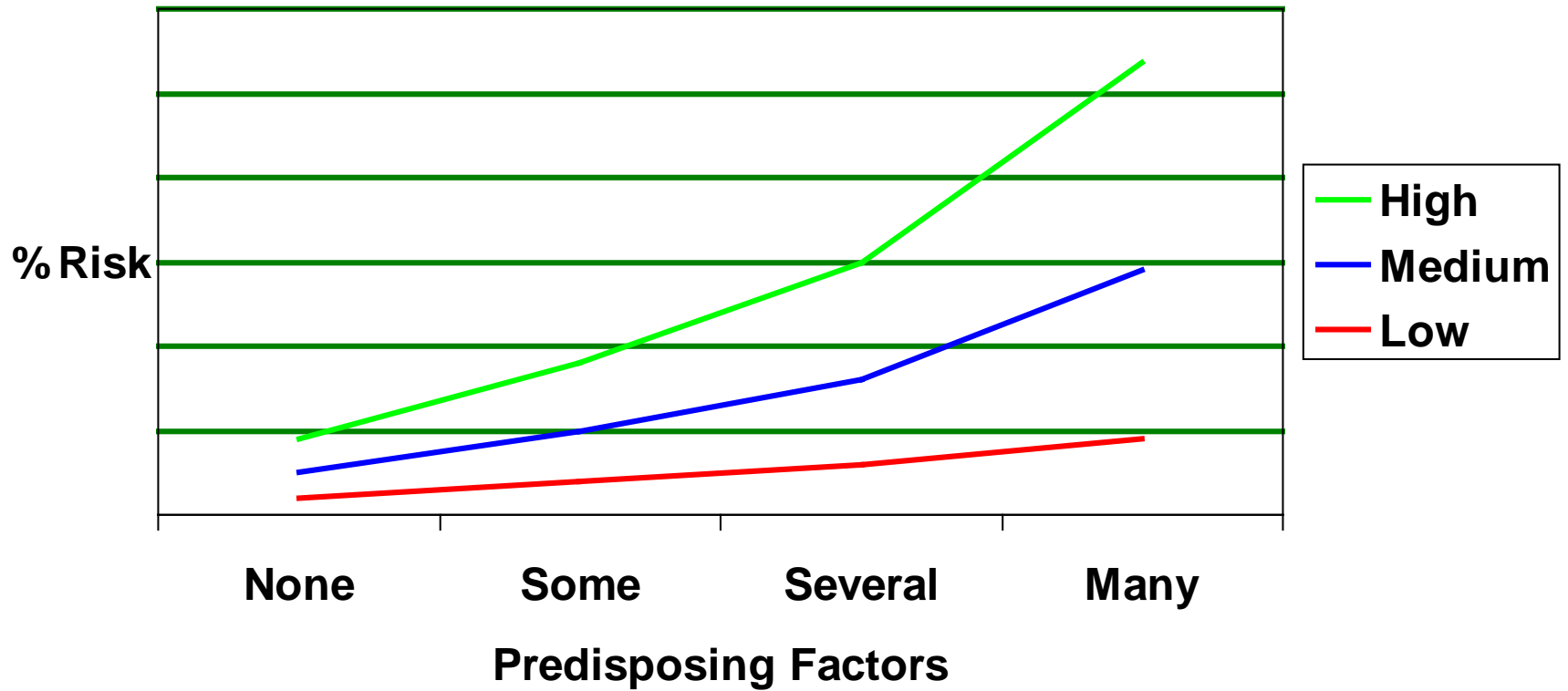
Risk

- Degree of risk to self or loved ones
- Pre-existing mental health problems
- Developmental delays, physical disabilities
- Children and elderly
- Prior trauma
- Weak or dysfunctional social supports
- Genetic susceptibility

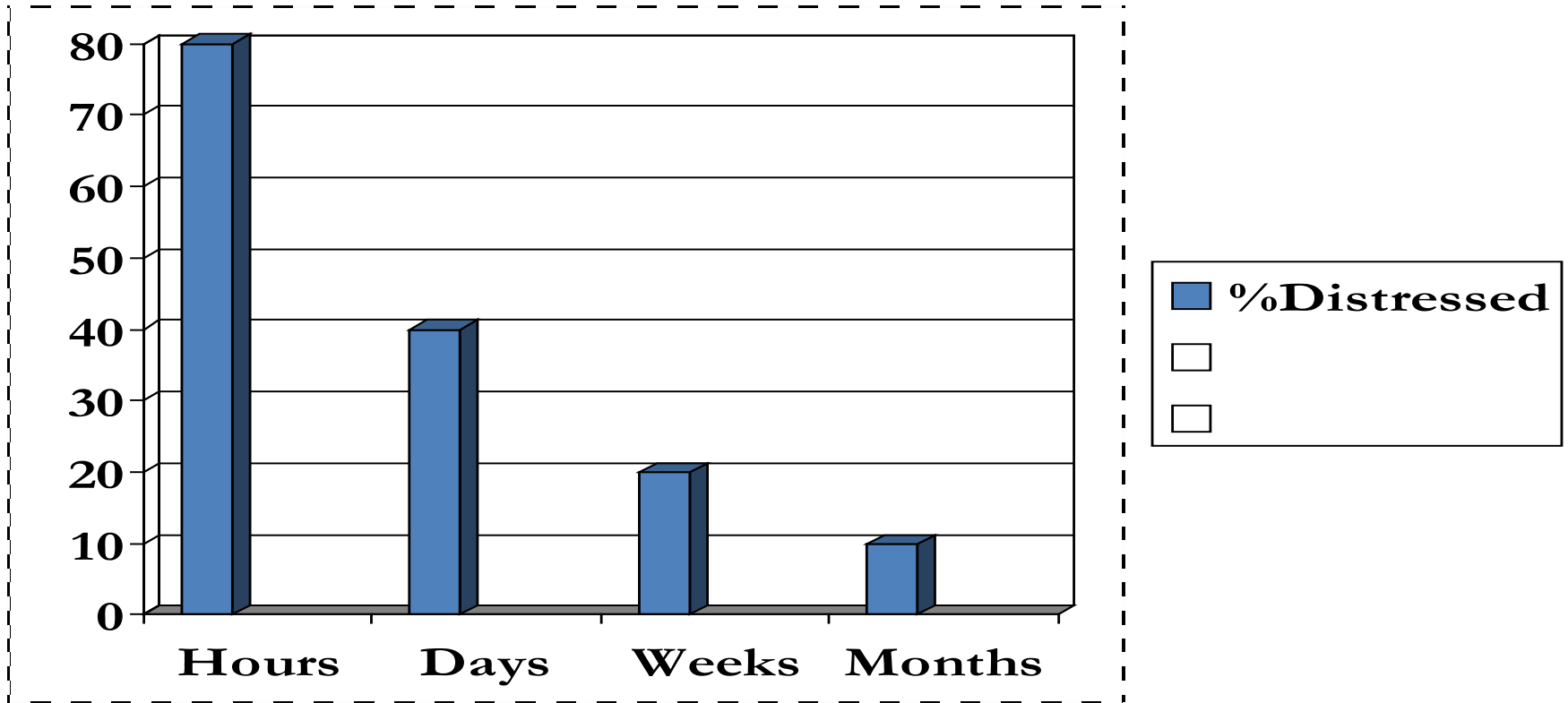
Resilience

- Acceptance of fate
- Maintaining sense of control, remaining calm
- Positive outlook on life
- Confidence in authority
- Absence of prior trauma
- Strong family and community ties
- “Good protoplasm”

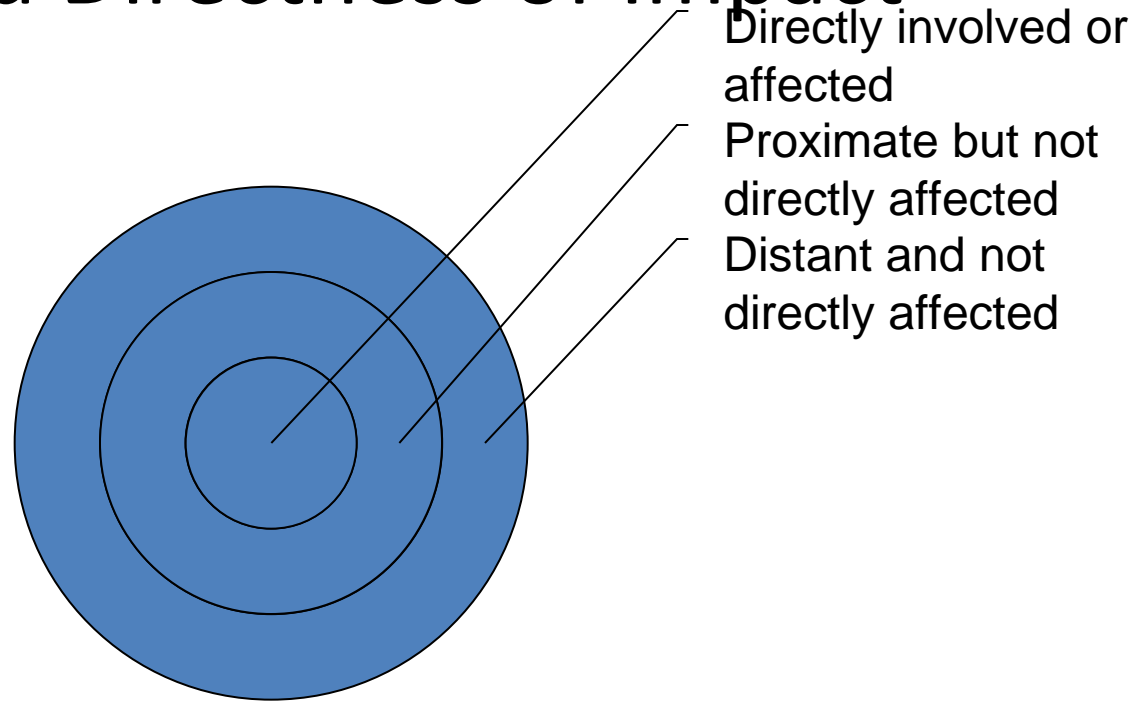
Relative Risk of Post-Disaster Distress



Decay of Distress over Time



Trauma “Dose”: A Function of Distance and Directness of Impact



“The disaster we prepare for
will not be the one that occurs”

Scenario #1

- A large agitated man arrives at the morgue, demanding to see the body of his 10 y/o daughter whom he was told was in the morgue. He seems out of control.

Scenario #2

- A woman is sitting outside the entrance to the community shelter. She is sobbing uncontrollably. She is unwilling to go inside, even though it is getting cold. She says that her husband said he would meet her here and he has not arrived. Her obvious distress is disturbing to others.

Scenario #3

- A teenaged girl is sitting slumped against a wall in the community center. She is unresponsive to attempts to get her involved with a group activity or to help with a task. She was brought to the shelter by a family friend and you learn that both her parents and her younger brother have been seriously hurt and are in the medical treatment room.

Critical Incident Stress Debriefing

Page 8-4 in the Student Manual

Six phases:

- Introduction and a description
- Review of the factual material
- Sharing of initial thoughts/feelings
- Sharing of emotional reactions to the incident
- Instruction about normal stress reactions
- Review of the symptoms
- Closing and further needs assessment

Avoid Saying . . .

Page 8-7 in the Student Manual

- “I understand.”
- “Don’t feel bad.”
- “You’re strong/You’ll get through this.”
- “Don’t cry.”
- “It’s God’s will.”
- “It could be worse” or “At least you still have . . .”

Managing the Death Scene

Page 8-8 in the Student Manual

- Cover the body; treat it with respect.
- Have one family member look at the body and decide if the rest of the family should see it.
- Allow family members to hold or spend time with the deceased.
- Let the family grieve.

Informing Family of a Death

- Separate the family members from others in a quiet, private place.
- Have the person(s) sit down, if possible.
- Make eye contact and use a calm, kind voice.
- Use the following words to tell the family members about the death: “I’m sorry, but your family member has died. I am so sorry.”

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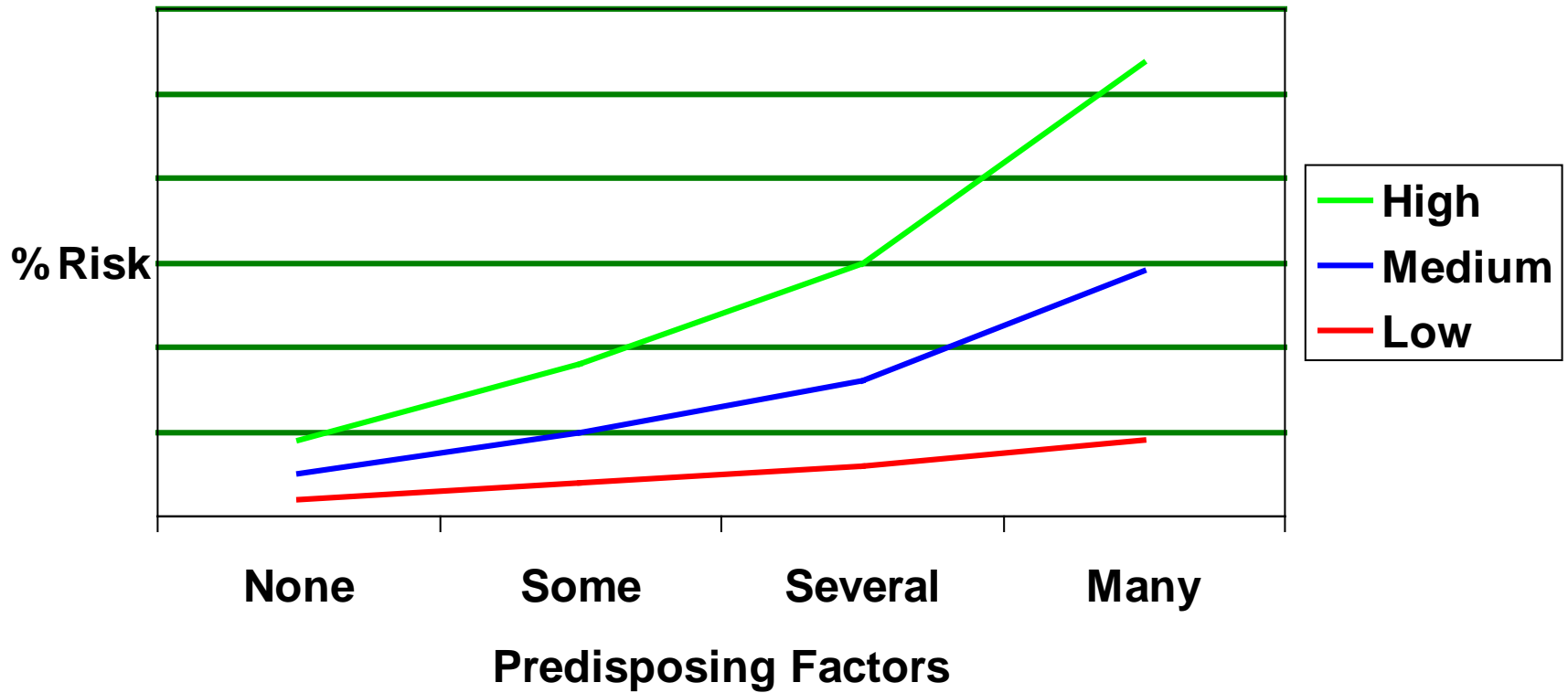
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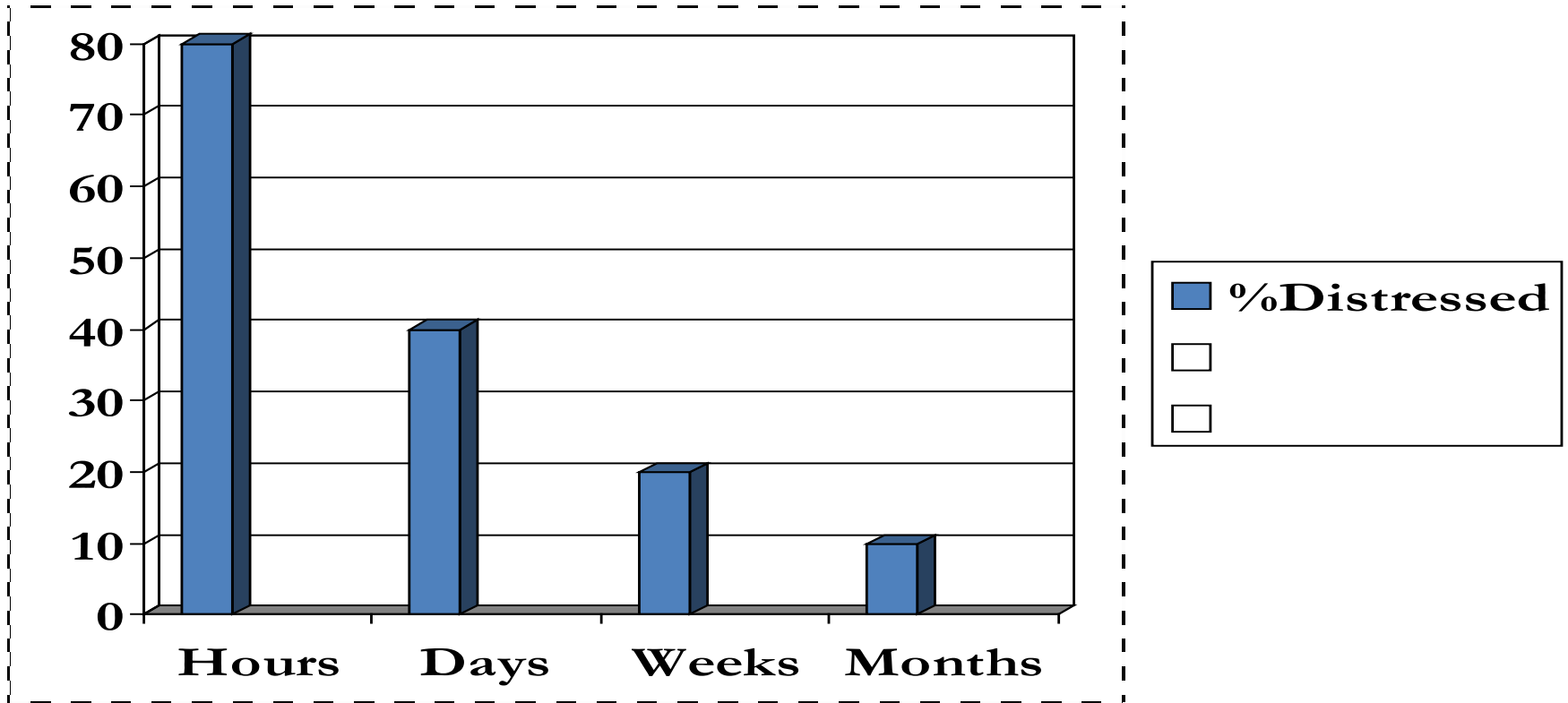
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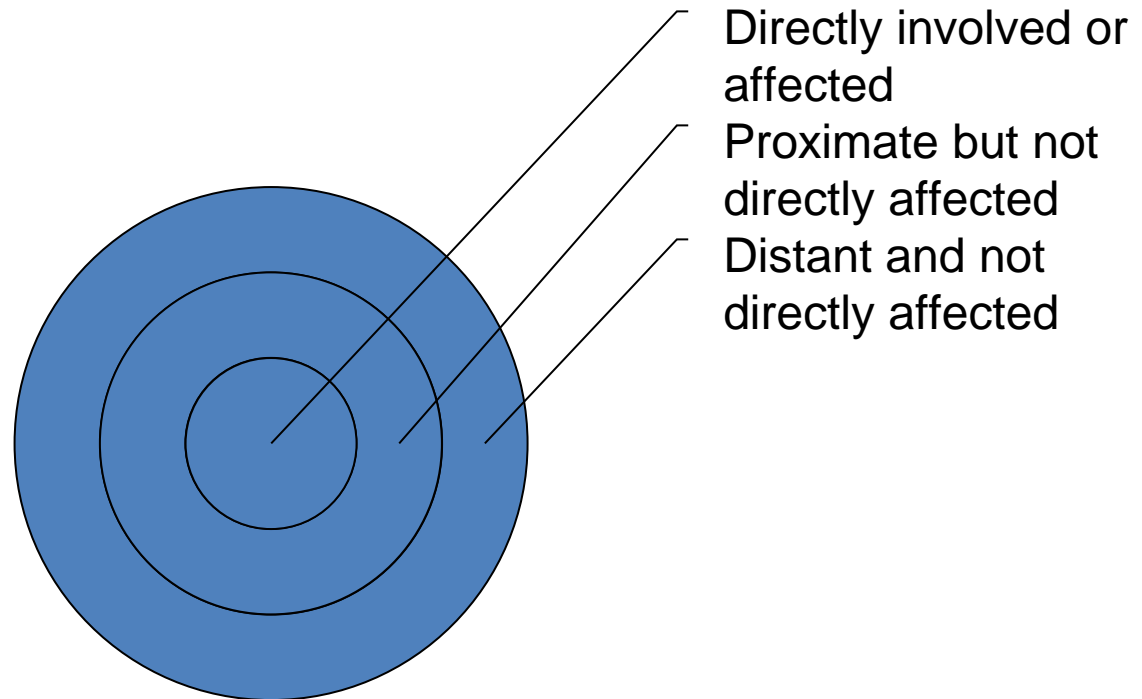
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