

ADDRESSING THE PSYCHOSOCIAL ELEMENTS OF SLOW MOTION TECHNOLOGICAL DISASTERS

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CHAPTER #1

Purpose and Overview of Training Manual

- ❖ This training manual has been specifically created to assist in the development of psychosocial disaster relief services for Slow Motion Technological Disasters (SMTD). Because they are experienced quite differently than other disasters, **SMTDs**—with their unique characteristics and consequences—require alterations and adaptations to the previously established psychosocial disaster responses methods.

Important Terms

- ❖ **Technological Disaster**—Results from a failure of technology
- ❖ **Human Causation**—Encompasses deliberate or accidental error, malfunctioning equipment and safeguards, poor decision making, intentional deception or “looking the other way,” and carelessness or other human failings
- ❖ **Natural Disaster**—Caused by forces beyond human control
- ❖ **Responsible Party**—A corporate or business entity, a government agency or an individual who is found to be—or is widely perceived to be responsible for the technological disaster



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Two Types of Technological Disaster

- ❖ **Sudden Onset TD**—Onset is event focused and occurs suddenly, such as with an oil spill or radiation leak. The response is more likely to be similar to an event focused natural disaster.
- ❖ **Slow Motion TD**—Onset is diluted and marked by varying degrees of awareness of problem, denial of problem and/or impacts, and conflicting information over time.

Most psychosocial response materials to date have focused on sudden onset technological disasters.

Overview of the Manual

- ❖ This training manual includes a mix of narrative, case examples from The Libby Experience, slides, handouts, and a video that illustrates—via the Libby Experience—some of the unique psychosocial characteristics of an SMTD. This manual is comprised of 2 parts and 11 chapters.

Part One—Understanding SMTDs

1. Purpose and Overview
2. Introduction: The Libby Experience
3. Characteristics and Phases of SMTDs
4. Psychosocial Impacts of SMTDs
5. Psychological Reactions and Processes in SMTDs



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Overview of the Manual (continued)

Part Two—Responding to SMTDs

6. Key Events in SMTDs with Mental Health Implications
7. Preparation—Assessment of the Community, the Disaster, and the Response
8. Addressing Target Populations and Special Populations
9. Models for Intervention in SMTD
10. Barriers to Effective Psychosocial Responses in SMTDs
11. Conclusions and Resources

Goals of this Training Manual

❖ *Participants completing this training should be able to:*

1. Identify the characteristics of technological disasters, slow motion, and event focused
2. Make a contrast/comparison between slow motion technological disasters (SMTDs) and other event focused technological or natural disasters
3. Identify characteristics of psycho-social responses to both event focused and slow motion technological disasters
4. Conduct an assessment of a community impacted by a technological disaster

Goals of this Training Manual (continued)

5. Identify both primary and secondary psychosocial impacts and reactions to a technological disaster
6. Describe key events in a technological disaster with mental health implications
7. Describe components of intervention strategies in terms of populations and methodology
8. Identify barriers to healthy, adaptive responses in SMTDs

How to Use this Training Manual

- ❖ This training can be utilized with a variety of audiences, using some or all of the chapters. All the materials have been designed to meet the variables of time available, type of audience, and information needed.
- ❖ Following are a variety of scenarios in which you could utilize this module.

Training Scenario #1

**Training for a program developer/director, i.e.,
an agency coordinator or key mental/
social services entity**

Goal: To develop a community-wide psychosocial disaster remediation plan for an SMTD.

Format: Independently read material

Materials: Entire module that incorporates all mediums in an integrated format plus video

Time Frame: Variable and ongoing



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Training Scenario #2

Psychosocial disaster responders from a mental health perspective

Goal: Educate responders about SMTD impacts and reactions.

Format: Part or all of Chapters 3, 4, and 5; and appropriate sections and handouts from Chapters 6, 7, and 8

Materials: Narrative, handouts, slides, and introductory video

Time Frame: 2 to 3 days of training and/or independent study



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Training Scenario #3

Disaster response workers, i.e., medical providers, EPA , and others from a non-mental health perspective

Goal: Educate response workers about unique features of SMTD.

Format: Introductory video and slide show presentation of appropriate chapters with discussion

Materials: Introductory video, handouts, slides

Time Frame: 1 to 2 hours, depending on desired depth of information and discussion



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Training Scenario #4

Community based mental health providers, i.e., counselors, chaplains, substance abuse workers

Goal: Educate local mental health providers about possible SMTD impacts and reactions.

Format: Introductory video, slide show presentation of all or parts of Chapters 3, 4, and 5, with discussion

Materials: Introductory video, handouts, slides

Time Frame: 1 to 3 hours, depending on desired depth of information and discussion



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Training Scenario #5

Community gatekeepers, i.e., public assistance, case management, senior centers, and other social services

Goal: Provide basic information on SMTDs and build awareness of possible psychosocial impacts.

Format: Introductory video, slide show presentation of Chapter 3, slides from Chapters 4 and 5 describing stressors, and discussion

Materials: Introductory video, handouts/slides of chapter sections used

Time Frame: 1 to 2 hours, depending on desired depth of information and discussion



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CHAPTER #2

Introduction: The Libby Experience

- ❖ Issues in SMTD are different from in event focused disasters. A primary difference is the failure of a therapeutic community to form: conflict is often more prevalent than teamwork following an SMTD.
- ❖ The long term and intergenerational nature of SMTD significantly increases the incidence of chronic stress.

The Libby Experience

- ❖ Six decades of tremolite asbestos exposure from Vermiculite mining constituted an extreme example of an SMTD in Libby.
- ❖ Because of the severity of the disaster, including many fatalities, the various components of an SMTD have been illustrated “in NEON” in the Libby experience.
- ❖ This highly rural, frontier community in Northwest Montana thus offers us a clear example of the general principles and issues to be aware of in addressing the impacts of an SMTD.

What Happened in Libby Montana?

- ❖ Vermiculite mineral ore contained toxic tremolite asbestos
- ❖ Mine was located just six miles from town, operated for six decades
- ❖ Mine produced over 300,000 pounds of ore per day
- ❖ Tremolite fibers can cause asbestosis, trigger the development of lung cancer, and can cause a rare, fatal cancer called mesothelioma
- ❖ Exposure to the fibers in Libby was extremely widespread, including in the ambient air in town and surrounding areas



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Characteristics of a “Company Town”

- 1 to 2 Employers will dominate local economy
- Boom/Bust cycles are common, as market factor impacts are exaggerated in local economy
- Company may fill role of charitable, community benefactor
- Paternalistic relationship between company, employees, and their families
- Loyalty to company may be very high, and remain evident years after company ceases to be source of employment

Breaking News

- ❖ Company loyalty encourages silence, but gradually subgroups of people who are experiencing health impacts take on an “activist” role
- ❖ In Libby, the story attracted the attention of a prominent reporter for a large regional newspaper—the *Seattle Post-Intelligencer*—and the comprehensive series brought attention to the disaster
- ❖ Response from both federal agencies—EPA, ATSDR, and Public Health Service—and media was swift and overwhelming to the community



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Health Consequences in Libby

- ❖ Tremolite fibers penetrate lungs and are not easily coughed up or dissolved
- ❖ Unsuccessful attempts by the body to remove fibers result in development of scar tissue, restricting function of the lungs
- ❖ Disease can be progressive, eventually causing death by suffocation
- ❖ Incidence of lung cancer increases with tremolite exposure to lungs, especially for those who smoke
- ❖ Exposure to tremolite can trigger the deadly cancer, mesothelioma
- ❖ Latency periods after exposure are extensive: 10 to 40 years



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What's Happening Today in Libby?

- ❖ Over 225 people have been documented as Asbestos Related Disease (ARD) fatalities. The health impacts are expected to continue for the next 10 to 20 years.
- ❖ The EPA has documented that exposure has continued in public places and private homes due to widespread use of contaminated mine material in many areas.
- ❖ A health screening of 7,000 former and present residents indicated that close to 30 percent had lung abnormalities requiring follow up medical attention.
- ❖ In 2003, clean up activities under EPA's Superfund program are widespread in the community.



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CHAPTER #3

Background Information: Slow Motion Technological Disasters

Disaster Characteristics: Natural versus Technological Disasters

Reasons Why We Are Becoming More Aware of SMTDs in Recent Years

- ❖ Development and use of new chemical compounds
- ❖ New techniques and products associated with mining, agriculture, and manufacturing
- ❖ New problems associated with waste by products, and air, soil and water pollution
- ❖ A heightened awareness, by scientists and the general public, of the potential of substances to cause toxic reactions in humans



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Course of a Disaster

- Warning time
- Length of onset
- Length of the disaster
- Length/degree of the recovery

There are many possible variations in these elements when considering the course of a technological disaster.

Warning Time

- ❖ Warning is often non-existent for a technological disaster
- ❖ Sub-groups of the population may be aware of a potential threat, or there might be rumors in the community about the possibility of a threat
- ❖ Ambiguity typically surrounds a technological disaster
- ❖ Disagreements regarding the genuineness of the threat may persist, even after information confirming the threat has been released by some officiating agency

Length of Onset

In the past, most disasters, natural and technological, have had a sudden onset, focused on some specific event.

However, we are now starting to see SMTDs in which the onset and disaster occur subtly over many years, without anyone being aware that they are occurring.

The Process: Proving the Existence of an SMTD

1. It can take years to become aware that something out of the ordinary is happening to the health of a local population
 2. Usually, anecdotal evidence accumulates before official evidence
 3. Measures and methodology must be developed to study the problem
 4. Hard evidence must be documented before SMTD is proved to be occurring
- ❖ And, for most of the above to happen requires a political climate that has the willingness and allocated resources to confirm and address the fact that an SMTD is actually occurring

Length of the Disaster

- ❖ Not only can the length of onset vary, so can the length of the disaster itself.
- ❖ Most natural disasters have a relatively short life span, with the flood or forest fire lasting a few weeks, after which the recovery process can begin.
- ❖ There are a number of reasons why we are seeing longer durations of technological disasters.
- ❖ The longer duration of the disaster makes defining and working towards recovery much more difficult.

Why We Are Seeing Longer Durations of Technological Disasters

- ❖ Many toxic chemicals themselves are persistent in the environment.
- ❖ The long 'shelf life' of many toxic substances can lead to extended exposures, the cumulative effects of which may precipitate the disaster.
- ❖ Long disease latency periods associated with some types of toxic exposures further lengthens the disaster timeline.

Length/Degree of the Recovery

- ❖ As with natural disasters, the recovery time can vary greatly and may include repairing and re-building homes or cleaning up a toxic substance in a community.
- ❖ A unique component of technological disasters is that, even after the community's structures have been repaired, the disaster persists as potential health, social, and psychological impacts are faced.
- ❖ Therefore, what we can hope for, and how we define a complete recovery, varies greatly in different types of disasters.

Visible or Invisible Destruction

- ❖ As opposed to the vivid images we are used to seeing associated with natural disasters, a key characteristic of technological disasters is that they are often invisible.
- ❖ Technological disasters cannot generally be perceived by any of the five senses: sight, touch, sound, smell, or taste.
- ❖ Often, the only evidence that a disaster is occurring is information from some source that it has occurred.
- ❖ Information becomes the primary stressor for individuals, families, and the community as the attempt is made to regain control by defining what is actually occurring.

Scope of Individual Trauma

The scope of individual trauma includes *how many* individuals and families have been impacted, and to *what extent* they have been impacted.

It is important to assess the impacts holistically:

- Basic need impacts (housing, food, clothing, etc.)
- Economic impacts
- Physical health impacts
- Mental health impacts
- Relationship impacts

Scope of Collective Trauma

One component of the scope of damage is the extent to which community structures—such as schools, hospitals, and fire departments—are required to utilize, and stretch, their existing resources to respond to an overwhelming situation.

Another component of the collective trauma is how inter-relationships within the community are affected.

Level of Continued Threat

Any continued threat—or perception of continued threat—of a possible recurrence of the disaster heightens the distress level.

A continued threat can consist of:

- ❖ A measurable, immediate/future danger
 - Such as an aftershock with earthquakes or future accidental leakages at a nuclear energy plant.
- ❖ A lingering, low level, 'potential' threat
 - Uncertain health complications at some point in the future.

Perception

With all of the above disaster characteristics, in all types of disasters, it is important to remember that the *perceptions* people hold relative to these factors is as significant as the *actual* factors themselves. The significance of perception, especially in dealing with continued threats, is appreciably intertwined with the psychological response to SMTDs.

Phases of Disaster

There are seven main phases of a disaster that are discussed throughout the literature on disaster response. Based on the world's experience with disasters thus far, it has been presumed and stated that these phases apply to all types of disasters regardless of variables of intensity or origin (National Institute of Mental Health, 1983). It has also been acknowledged that these phases often overlap and at times do not necessarily follow in a smooth orderly fashion.

The Seven Phases of a Disaster

1. Warning/Threat
2. Impact
3. Rescue/Heroic
4. Remedy or honeymoon
5. Inventory
6. Disillusionment
7. Recovery

Comparison of Disaster Phases in Slow Motion Technological Disasters

Phases that are similar

1. Warning/Threat: May or may not be present in any type of disaster
2. Impact: Can be short or long, mild or severe in any type of disaster
5. Inventory: Individuals and organizations focus on details of the event, what occurred, what was lost, etc.
6. Disillusionment: Individuals can feel alone and isolated as unmet needs and problems continue

Comparison of Disaster Phases in Slow Motion Technological Disasters (continued)

Phases that are different

3. Rescue/Heroic: Not really present, factions develop in efforts to define the problem and what remediation actions do or do not need to be taken
4. Remedy or honeymoon: Not really present, as people feel alone, divided, and frustrated. They are not hopeful for the future at this point as they can't envision things ever returning to "normal"
7. Recovery: Not really present, as recovery can be difficult to define in such a pervasive disaster. People often can't return to "normal" and recovery for them means learning to successfully adapt to the chronic impacts of the disaster

Similarities and Differences in Disaster Characteristics

In summary, SMTDs have many characteristics that are similar to other types of disasters, especially the influence of perception on the person's experience and responses.

Common also to all technological disasters is that the length of the actual disaster and the length of the recovery process can be very long term. Additionally, the type of recovery can be difficult to define, as the after effects are present for many decades, and possibly for multiple generations.

Unique Characteristics of Slow Motion Technological Disasters

The primary characteristic that is unique to **SMTD** is the type of onset.

A diluted and/or subtle onset that occurs over many years, or decades, greatly changes the disaster experience.

The Missing Disaster Phases in Slow Motion Technological Disasters

The disaster phases that individuals, and the community as a whole, progress through are dramatically different in an SMTD.

When it is difficult to define to what intensity, or if the disaster is actually occurring, there is a lot of potential for disagreements.

It is not uncommon with this type of onset for divisions and conflicts to emerge within families, work places, and the entire community.

The Missing Disaster Phases in Slow Motion Technological Disasters (continued)

Because of the ambiguous onset and the social divisions, the “rescue/heroic phase,” the “remedy/honeymoon phase,” and the “recovery phase” do not recognizably occur in an SMTD.

Unfortunately, these phases are the ones that illicit mutual support, energy, and hope for the future. The lack of these phases increases the level of difficulty in coping with the disaster.

Because of these unique and complex components of SMTDs, it is especially important to develop and provide effective psychosocial assistance programs.

CHAPTER #4

Slow Motion Technological Disasters: Psychosocial Impacts

As you begin to develop a plan for psychosocial remediation, it is important to make an initial assessment of:

- ❖ Disaster characteristics
- ❖ Community characteristics

These characteristics significantly influence the psychological and social responses encountered.

Stressors

There are many stressors associated with Slow Motion Technological Disasters (SMTDs).

What are Stressors?

- ❖ Any type of stimulus or situation that causes mental distress, which then requires the individual to use some type of coping skills.

What are Coping Skills?

Coping skills are behaviors, emotional responses, and/or thoughts that allow a person to adapt to a distressing situation.

People can cope with a stressor in two ways:

- ❖ Make an *external* adjustment:
 - Change the actual situation

- ❖ Make an *internal* adjustment:
 - Adjust their own thinking, behavior, or attitude about the event

There are Two Types of Stressors

- ❖ **Primary stressors:**
 - Directly related to the disaster

- ❖ **Secondary stressors:**
 - Result from the impacts of the disaster or result from the primary stressors

SMTD Primary Stressors

- ❖ Information as the initial—and ongoing—stressor
- ❖ The invisible nature of the disaster
- ❖ Unpredictable consequences and impacts
- ❖ Long term nature of consequences
- ❖ Confusion and frustration from trying to understand very technical information
- ❖ Feelings of loss of control over the present and future
- ❖ Anger over loss of security and safety in the community

SMTD Secondary Stressors

- ❖ Media siege
- ❖ Community conflict
- ❖ Mistrust of officials and media
- ❖ Cultural pressure
- ❖ Political and legal controversies
- ❖ Multiple frustrations
- ❖ Social alienation and social stigmas
- ❖ Economic and family stresses
- ❖ Destruction of cultural traditions

The Importance of Perception

Since **SMTDs** lack concrete definable characteristics, the individual's *perception* is at the core of defining the situation in their mind.

Perception of the disaster and the world can be influenced by

- ❖ Community culture
- ❖ Past individual experiences with:
 - Government agencies
 - Disasters
 - Other life events

Becoming Aware that an SMTD is Occurring

- ❖ Occurs gradually
- ❖ Different rates for different people depending on:
 - Different disaster related experiences
 - Exposed to different amounts of evidence
 - More or less receptive to the idea that an SMTD is possible

Excessively Focused Attention Could Develop if:

- ❖ Disaster impacts are causing persistent intrusive thoughts
- ❖ They experience serious negative disaster impacts

The Process of Developing Excessively Focused Attention:

1. Because they lack control and many facets are ambiguous
2. Finding information becomes a logical coping effort
 - If information does not increase sense of control or diminish the intrusive thoughts
3. Obsession with trying to find a way to master the situation may occur

CHAPTER #5

Psychological Reactions and Processes in Slow Motion Technological Disasters



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Initial Psychological Responses

After the initial information released

- ❖ People are suddenly aware of the disaster and threat
- ❖ Immediate emotional reactions are very obvious and dramatic

Initial Psychological Responses (continued)

- ❖ Post disaster distress
- ❖ Disillusionment/shock/denial
- ❖ Anxiety/dread
- ❖ Blame/anger/betrayal
- ❖ Depression
- ❖ Belligerence
- ❖ Somatic concerns

Long-Term Impacts of an SMTD

- ❖ Unable to return to their pre-disaster way of being
- ❖ Health, psychological, and social problems become chronic
- ❖ Often, the threat of latent negative health impacts in the future, yield sub-clinical (yet significantly distressing) symptoms including: depression, anxiety, somatic concerns, obsessive thoughts, social isolation and suspiciousness
- ❖ In some technological disasters, the above psychological states have remained for up to 6 years after the disaster was over, and it may take many years or decades for an SMTD to be "over"

Long-Term Psychological Responses

- ❖ Chronic anxiety
- ❖ Adaptation dilemmas
- ❖ Chronic stress

Chronic Anxiety in SMTDs

- ❖ Intrusive thoughts about past exposures and future impacts are difficult to escape
- ❖ Feelings of fear and dread result
- ❖ Obsessive thoughts can result

Chronic Anxiety and Unsuccessful Adaptation

1. Person struggles with the tendency to worry
2. Person utilizes denial techniques
3. Energy is used on denial so less energy is available to engage in pleasurable activities which results in mild agitation and depression
4. New stressors catalyze the worry
5. Person is no longer able to cope through denying and minimizing
6. Person becomes action-oriented, personally and for the community

Steps 1 to 6 are “normal” psychological stages of adaptation to gain control and alleviate distressing thoughts. In **SMTDs** this is often not effective and intrusive thoughts actually increases.

7. As coping strategies become less effective, people become more anxious, depressed, hopeless, angry, and frustrated



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Adaptation Dilemmas in a SMTD

- ❖ Multiple stressors require multiple and frequent adaptations.
- ❖ The ability to adapt to a new situation can be hindered by:
 - Ambiguity and uncertainty
 - Frustration of being at the whim of external forces
 - Exhaustion of repeatedly having to adapt to new information and new situations
- ❖ A new permanent state of equilibrium is difficult to finally establish.

Chronic Stress in an SMTD

A normal response to an abnormal situation

Results from a prolonged period of attempting to cope with multiple stressors

The body's stress response

- ❖ Designed to assist in short-term stress responses
- ❖ Fight or flight
- ❖ Unprepared to handle a prolonged stress response
- ❖ Many physical, cognitive, emotional, and behavioral symptoms can result

Physical Symptoms

- ❖ High blood pressure
- ❖ Tension, aches, and pains
- ❖ Digestive upsets
- ❖ Impaired immune system
- ❖ Fatigue, lack of energy
- ❖ Breathing difficulties

Behavioral Symptoms:

- ❖ Impulsiveness
- ❖ Repetitive movements/behaviors
- ❖ Inactivity and/or withdrawn
- ❖ Dependency(alcohol, food, etc.)
- ❖ Arguing and/or fighting
- ❖ Reduced productivity
- ❖ Compulsive behavior
- ❖ Appetite changes
- ❖ Sleep disturbance

Cognitive Symptoms

- ❖ Short attention span
- ❖ Poor concentration
- ❖ Memory problems
- ❖ Confusion
- ❖ Difficulties making decisions
- ❖ Slow thinking
- ❖ Cannot see alternatives

Emotional Symptoms

- ❖ Mood swings
- ❖ Agitation and irritability
- ❖ Frustration, anger, and/or aggression
- ❖ Frequent worrying or obsessing
- ❖ Uneasiness and/or insecurity
- ❖ Anxiety
- ❖ Depression
- ❖ Grief

The Overlay of Multiple Psychological Processes in an SMTD

- ❖ Many processes can occur at the same time in one individual
- ❖ People can be at various points in various processes at the same time
- ❖ Individuals and smaller family groups will be on their own timelines
 - Based on their unique experiences they will progress in their own way and time
- ❖ The community does not progress together as a whole
- ❖ People may feel isolated and alone on their independent journeys
- ❖ This lack of a “therapeutic community” can be a barrier to healing

Four Primary Psychological Processes That can occur Individually or Together as Overlays in SMTDs

1. Responding to a Disaster
2. The Grief Process
3. The Change Process
4. Adapting to Chronic Illness

The Psychological Response to Disaster

- ❖ Feelings of shock and numbness
- ❖ The energy of rescue and heroism
- ❖ Honeymoon of common support and hope for the future
- ❖ Feelings of disillusionment and frustration
- ❖ Coming to terms with realities and losses
- ❖ Reconstructing and investing in the new normal

The Grief Process

- ❖ Feeling of shock and denial
- ❖ Expressing anger
- ❖ Bargaining for an alternative reality
- ❖ Feeling depressed and sad
- ❖ Accepting that loss has occurred and reinvesting in life

The Change Process

- ❖ **Pre-contemplation:** Denying, rationalizing, and attempting to minimize the need to change
- ❖ **Contemplation:** Assessing the new information and situation, weighing pros and cons
- ❖ **Preparation:** Preparing to adapt physically (environmental changes) and mentally
- ❖ **Action Plan:** Taking the steps to adapt, monitor environment, substitutions, rewards
- ❖ **Maintenance:** Continuing to use action plan skills, adjusting to and accepting the new “normal”



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Adaptation to Chronic Illness

- ❖ Initial diagnosis and receiving information
- ❖ Anxiety about future: health, social and economics impacts
- ❖ Making lifestyle changes and adaptations
- ❖ Progressive physical deterioration, and resultant adaptations
- ❖ Acceptance and contentment with:
 1. New way of being
 2. Inevitability of end of life

The psychological and social impacts, responses, and processes illustrate the importance of having a psychosocial response to SMTDs.

It is essential to support people in utilizing their strengths and resource to enhance their resiliency and ability to cope and adapt.



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CHAPTER #6

Key Events With Mental Health Implications

Identify:

- ❖ Possible key events
- ❖ Potential mental health implications

Suspicious Information Mounting

- ❖ May take many years to surface
- ❖ A community group emerges
 - More aware of the suspicious information
 - Group unites around the issue
 - Provide mutual support and encouragement to one other
 - Diminish feeling of alienation and self doubt
 - Group draws more attention to the issue
- ❖ Community conflict and division can result

Information Exposing the Situation

People must trust the source of information to believe an unperceivable SMTD is occurring

- ❖ **If you do not trust the information source:**
 - May deny that it is even occurring

- ❖ **If you trust the information source:**
 - May feel overwhelmed and vulnerable
 - May have feeling of intense anxiety and dread
 - May struggle with a chronic state of stress and/or anxiety into the future

Decision Making

- ❖ Many decisions to be made
- ❖ Opposing community factions
- ❖ Slow level of progress
- ❖ A lot of debating involved
- ❖ Increased frustration and agitation
- ❖ Typically both parties do not walk away happy

Displacement

- ❖ Must adjust to being out of home
- ❖ Disruption of daily routines of life
- ❖ Must deal with disaster related stresses
- ❖ Must deal with stresses of daily life
- ❖ Must make readjustment to being back in home

- ❖ The multiple adjustments associated with displacement
 - Can be taxing on a persons ability to adapt
 - Can result in chronic stress

Superfund Designation

Factors to Consider:

- ❖ Size of the impacted area
- ❖ Toxicity of the substance
- ❖ Negative economic impacts and stigma for the community
- ❖ Length of the process to secure superfund designation
- ❖ Length of the clean up process
- ❖ Financial resources secured versus needed to clean up the area
- ❖ Community debate and conflict that may emerge

Clean Up

Clean up is not an easy task; if it is even completely possible

Mental health implications:

- ❖ Chronic anxiety and fear that the invisible threat is still present
- ❖ Remaining risk are not acceptable, 0.00 percent risk is not statistically possible
- ❖ Frustration and feelings of betrayal about danger or risk being left
- ❖ A feeling of loss of control and helplessness
 - If people disagree with the official decisions being made
 - Have no power to change them.
- ❖ This can lead to anger and belligerence
- ❖ Chronic stress levels are escalated

Personal Medical Assessments

Possibly from medical screening, or a check-up from a primary care physician

- ❖ May explain previously unexplained symptoms
- ❖ May provide reassurance that they have a clean bill of health
- ❖ May escalate somatic concerns
- ❖ If latency periods are a factor, fear and chronic anxiety can result regardless of current status, I.E. "Was I or wasn't I exposed, do I or don't I have it, and what about my kids?"

Diagnosis

- ❖ The process of adapting to illness must begin physically and mentally
- ❖ Struggles with anger about having the illness
- ❖ Many other emotions are also experienced
- ❖ The psychological processes of adapting to illness
- ❖ Dealing with attempting to make lifestyle changes
- ❖ Struggles with the grief process the losses they currently, and in the future, will experience.

Justice

- ❖ Enforcing justice may or may not be possible
- ❖ The “responsible party” may or may not accept the responsibility
- ❖ If justice is not attained, it could result in:
 - Frustration
 - Anger
 - A defeated state of apathy
 - A sense of injustice
 - Loss of faith in the world

Financial Benchmarks

- ❖ Receiving or failing to receive financial compensation
 - Monetary judgment in a civil suit
 - Filing for disability for a SMTD related illness
 - Loss of home equity
 - Declaring bankruptcy
- ❖ Even the positive news of financial compensation may:
 - Trigger conflict with others who did not receive that amount
 - Trigger conflict with others who did not get any compensation
 - Trigger conflict with those who believe compensation is not warranted

Mental Health Implications Associated With Thinking About the Future after SMTD

- ❖ A pervasive feeling of loss of control
- ❖ Fear for the future for both their current generation and their children's generation
- ❖ Chronic anxiety
- ❖ Chronic stress
- ❖ Many other mental health implications as people deal with the continuing and multifaceted impacts

Chapter #7

Preparation: Assessment of the Community, the Disaster, and the Response



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This Chapter will cover the assessment of:

- ❖ The history of the disaster and the community
- ❖ The characteristics and dynamics of players in the community and in the disaster response
- ❖ Any factions that are present in the community
- ❖ The available resources and unmet needs relative to the disaster's psychosocial issues

Methodologies for Community Assessment

- ❖ Can be formal, such as questionnaires and surveys
- ❖ Can be informal, such as interviews, focus group feedback and anecdotal story sharing
- ❖ Should include a wide segment of community for 360 degree viewpoint
- ❖ Information from official records, newspaper files and meeting transcripts will be useful in establishing community and disaster history

Understanding the Disaster–Health Impacts

- ❖ Health Impacts = source of stress and anxiety
- ❖ Information that will be useful includes:
 - The nature of the toxic substance
 - The sources of information about the substance and its effect
 - The symptoms and health effects
 - The length of the latency period, if any

Understanding the Disaster–Health Impacts (continued)

- The progression and outcomes of exposure linked disease
- The degree of contagion and/or spread, if any
- How exposure related disease is screened for and/or diagnosed
- What popular conceptions are held about all of the above that may vary from the expert opinion

Understanding the Disaster: Community History

- ❖ Community history factors to consider
 - What are the demographic characteristics?
 - What were the community groups—and what were their relationships like—prior to the disaster?
 - Are there a lot of older family groups that have lived here for some time?

Understanding the Disaster: Community History (continued)

- Are there a lot of newcomers in the community?
- How do newcomers/old times get along?
- What characterized the community's economy? Stable? Boom/Bust? High Tech? Rural?
- What are the cultural, religious and value based characteristics of the community?

Understanding the Disaster: Community History (continued)

- What was the (actual or perceived) responsible party's role in the community?
- Were they an integral part of the community?
- Did they contribute to local charity and causes?
- How did the community feel about and perceive the responsible party before the disaster?
- What about after the disaster?

Understanding the History of the Disaster

- ❖ How it happened will significantly shape the psychological and social issues your response will hope to remediate
- ❖ Becoming a reliable source of information is critical to successful intervention efforts
- ❖ Cultural and inter-relational history of disaster will be as important to understand as the “fact” history

Disaster History: Factors to Consider

- How long has the SMTD been occurring?
- What actually happened? What do the official agencies believe happened and what do other factions believe happened?
- How did it happen?
- Is there a “responsible party?” Who? Is there controversy over this issue?
- Has the responsible party admitted responsibility?

Disaster History: Factors to Consider (continued)

- What toxic substances are involved and what is known about them?
- Were there individuals or groups who knew the disaster was occurring earlier than others?
- Was anyone trying to get the issue exposed? Who? For how long?
- Was anyone trying to hide the disaster? Who? For how long?

Disaster History: Factors to Consider (continued)

- How was the SMTD fully exposed or discovered?
- Who, if anyone, could have stopped it or prevented it from occurring?
- What health effects are suspected or established?
- Are there community divisions? What types or groups?
- What controversies are there in the community?

Understanding Key Players and their Dynamics

- ❖ Groups involved in disaster response may be from outside or inside the community
- ❖ Different group players will bring with them their own protocols, agendas and internal/external relationship dynamics
- ❖ Understanding the roles, agendas and relationships of these players is necessary to formulating effective disaster response

Agency Players in Disaster Response

- Environmental Protection Agency (EPA)
- Department of Public Health (Federal or State level)
- Agency for Toxic Substance Disease Registry (ATSDR)
- Department of Environmental Quality (DEQ)
- OSHA, NIOSH (Occupational Safety Regulations)
- Local Board of Health, Department of Sanitation
- City and County Government, Tribal Governments
- State and Federal Legislators and their Field Reps

Additional agencies may be involved, depending on the circumstances



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Considerations: Agencies

- ❖ What are the roles of the various agencies involved?
- ❖ Is there a hierarchy or responsibility/accountability?
- ❖ Are there agencies that are believed to hold a degree of responsibility for the disaster?
- ❖ What are the relationships between agencies? Are they cooperative? Competitive?
- ❖ How are the agencies perceived by the community?
- ❖ Are there political motivations for being involved—or failing to be involve—in the response?

Dynamics of the Response

- ❖ Understand what the established agency protocols for response are
- ❖ Seek to understand how the community perceives these protocols

The Spokesperson

- ❖ The official spokesperson may become the main source of information in the community
- ❖ The skills and characteristics of the official spokesperson can have considerable impact on the community's reaction to the response

The Role of the Media

- ❖ Media coverage plays a critical role, influencing the mood of the community
- ❖ As source of information, media can contribute to or reduce community stress
- ❖ Media also influences community perception of players and factions involved in the SMTD and its response

Identifying Factions

- ❖ Factions represent conflicting opinions and perceptions about the SMTD
- ❖ SMTDs tend to breed conflict, so the ability to identify, understand and work with different factions will increase your effectiveness
- ❖ Avoid becoming “identified” with factions, remain a neutral but interested observer of the community’s issues

Types of Factions

- **Community factions**—Are usually defined by their pro and/or con opinions about the disaster, the causation of the disaster, and the disaster response actions
- **Inter-agency factions**—May advocate for different models or protocols in the disaster response. There may be inter-agency rivalries or conflicts that pre-exist
- **People or organizations being blamed**—In the SMTDs atmosphere of uncertainty and distrust, people and/or organizations being blamed may become defensive and highly reactive, increasing divisions and conflicts

Assessing Community Needs and Resources

- ❖ The psychosocial sphere of intervention encompasses the individual's emotional, physical, spiritual, financial, environmental, and interpersonal worlds
- ❖ Psychosocial needs relative to an SMTD can range from the need for emotional outlets, to stress management education, and can include such concrete needs as financial assistance and transportation to disaster related services
- ❖ Both community needs and resources should be thoroughly assessed



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Assessing Community Needs

- What psychosocial education is needed for those impacted and those assisting in the response?
- What unmet needs do those impacted by the disaster have? What are the priority needs?
- What types of services need to be established?
- What will be needed to expand the existing structures response capacity?
- What will meeting the needs cost?
- What are the financial barriers?

Assessing Community Resources

- What financial and social resources are available to meet basic needs?
- What resources are there to meet mental health needs?
- What formal and informal structures are already established and serving social needs?
- Do existing resources have the capacity to meet new demands?
- Do existing resources have the information and/or expertise to address issues specific to the disaster?
- What additional training and resources will be needed?

Determining Optimal Service Venues

- ❖ Mental Health issues in SMTD are usually sub-clinical and people don't typically perceive themselves as needing mental health services in response to a disaster
- ❖ Careful placement of services is vital to effective utilization
- ❖ It is usually recommended that—whenever possible—the psychosocial services be placed along side other disaster relief services

Factors to Consider: Service Venues

- **Accessibility**—Service location should be accessible and convenient to those who will use them. Consider factors such as physical limitations and public transportation.
- **Stigma**—The optimal placement of services will avoid stigmatizing clientele. Normalize the use of psychosocial services by placing them when practicable alongside other relief services, such as medical screening programs or relocation relief programs.

Factors to Consider: Service Venues (continued)

- **Time Frames**—The long duration of SMTD related needs dictates that services be developed and located where they can be sustained for the duration of the disaster impacts.
- **Factions**—Services should be provided in a neutral location that avoids alignment with any particular group or faction. This will ensure maximum utilization by a broad range of impacted individuals.

Conclusions

- ❖ In order to develop effective psychosocial disaster response services, a complete assessment of the community is essential.
- ❖ Educating yourself about the history of the community and the history of the disaster provides the foundation on which to build your assessment.
- ❖ Educating yourself about the various players leads to identifying and understanding any factions and conflicts.
- ❖ Assess the specific disaster related needs and the community resources available to address these needs.



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Conclusions (continued)

- ❖ Make an informed choice about where to most effectively locate psychosocial disaster response services.
- ❖ In SMTDs, it is especially critical to avoid stigmatization or alignment with any conflicting factions, and to find a location that will be convenient and accessible for the long-term duration of the disaster response.

CHAPTER #8

Addressing Target and Special Populations

- ❖ No one who “sees” a disaster is untouched
- ❖ Each population, group, family, and individual has unique responses, impacts, and needs
- ❖ Format your intervention strategies to meet the specific needs of the population you intend to assist

Target Populations

Primary Victims

- Invisible nature of an SMTD makes impacts less obvious or clear
- Carefully assess who could potentially have been directly impacted

Secondary victims of an SMTD may be impacted by:

- Family members or close friends directly impacted
- SMTD primary and secondary stressors
- Community conflict
- Community stigma
- Impacts on tourism, real estate, businesses, and jobs increase family stress

The extensive duration of SMTD impacts, can possibly last for generations

Risks for Children in an SMTD

- ❖ Disrupts the daily life of children for a very long period of time
- ❖ Children lack experience in coping with chronic stress
- ❖ Can create physical, behavioral, mental, and emotional symptoms
- ❖ Lack vocabulary or appropriate skills to express themselves
- ❖ Lack life experience and cognitive skills to understand an uncertain, invisible, and confusing SMTD
- ❖ Experience secondary stressors
- ❖ Community conflict increases confusion and stress

Responding to Children in an SMTD

- ❖ Parental adjustment directly impacts the recovery of children
- ❖ Providing psychosocial services to children through already existing services for children (schools, church groups, etc.)
- ❖ Different levels of services, at different points in time of the SMTD
- ❖ Utilize age appropriate and interactive services
- ❖ Promote discussion and an avenue for expression of feelings and concerns to communicate accurate and comprehensible information

Older Adults

- ❖ Already facing many changes and multiple losses
- ❖ Retirement, declining health, widowhood, and the loss of friends, mobility, and independence
- ❖ Fixed incomes makes health care expenses and daily living stressful
- ❖ Problems and difficulties may be under reported by older adults

Services should be provided:

- ❖ At convenient locations
- ❖ In an easy and casual manner
- ❖ To establish relationships with other agencies serving older adults, such as Meals on Wheels program, local churches, senior citizen centers, and senior residential facilities



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Ethnic and Cultural Groups in an SMTD

- ❖ Respond sensitively and specifically to the various cultural groups
- ❖ Be aware of the cultural norms, traditions, and spiritual practices
- ❖ Learn their beliefs about family, helping, mental health, and losses
- ❖ Value diversity and differences
- ❖ Ask about cultural difference when you are not sure

Providing information and services:

- ❖ Use culturally appropriate language and behavior and establish rapport
- ❖ Develop and adapt intervention approaches to fit cultural norms
- ❖ Establish working relationships with trusted organizations and leaders
- ❖ If possible, hire workers from within each local cultural community



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People with Low Socioeconomic Status

- ❖ Economically disadvantaged people have fewer resources and more daily living stressors
- ❖ Long-term SMTD impacts can be devastating
- ❖ People may be so focused on addressing the daily stressors of living, they might deny that the SMTD is occurring due to the invisible, confusing, and often highly ambiguous nature of a SMTD

It is important to find effective ways to provide psychosocial interventions to this population, as chronic stress levels will be much higher, and they have fewer personal resources to utilize.

People with Serious Mentally Illnesses

- ❖ If essential services and support networks are not interrupted:
 - Many will continue to function at their baseline level
 - People with mental illnesses have lots of experience in learning to adapt
- ❖ If support systems are negatively impacted or stressed:
 - Risk level is higher
 - Additional support, medications, or hospitalization may be needed
- ❖ People with anxiety disorders will need additional support as SMTDs alone cause excessive anxiety for all people

People with Disabilities

- ❖ Physical, cognitive, and developmental disabilities
- ❖ Provide information and services in an adaptive format to meet the specific group's needs
- ❖ People with disabilities may have unique concerns that the general public does not
- ❖ Identify long-term solutions to long-term problems resulting from the SMTD

Disaster Response Workers

- ❖ High risk due to the very long duration of an SMTD
- ❖ Impacts are often pervasive, and they may have personal connections and impacts associated with the SMTD
- ❖ Workers may show the physical and psychological signs of work/stress overload, yet might not be willing to slow down or ask for support
- ❖ Build psychosocial services and support into the work routines of disaster response workers



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CHAPTER #9

Models for Intervention in Slow Motion Technological Disasters

- ❖ The best psychosocial response plans utilize a multi-level response that consists of multiple, simultaneously occurring, interventions on a community, group, and individual level
- ❖ Not all people will be experiencing the same response to the revelation that an SMTD has been, and is currently, occurring in their community
- ❖ It is important to have intervention strategies that are flexible, and can be adapted over time to meet changing needs



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Key Concepts of Intervention

- ❖ Mental illness is not a general response to a disaster, and it is not appropriate to categorize or label people with chronic stress and other disaster impacts as mentally ill
- ❖ The psychological responses and stress reactions that people experience are normal reactions to an abnormal situation
- ❖ Validating the psychological response processes individuals are experiencing is a vital component of SMTD interventions

Key Concepts of Intervention (continued)

- ❖ Providing psychosocial education at all levels of intervention, across a range of contact points, will help normalize the experience, and enhance the development and utilization of natural coping skills
- ❖ Education should be offered on:
 - Post-trauma/stress reactions
 - Chronic stress
 - Grief and bereavement
 - Emotional coping
 - Adaptation strategies
 - Cognitive re-framing

Key Concepts of Intervention (continued)

- ❖ Effective psychosocial response workers will help people cope with a range of emotions, identify and solve problems, and assess their resources, natural support systems, strengths, and potential options
- ❖ Assume that all who use your services will have the competence to address their needs, once they are provided with the support, information, and resources they need to address the challenges they face as a result of the disaster

Multi-level Intervention Themes in SMTDs

- ❖ **Empowerment and Control**—SMTDs lack a galvanizing beginning point, leaving people with little they can do to *actively* respond to the crisis
 - Proactive responses—such as stacking sandbags or staffing a food distribution point, lead to a sense of empowerment and control
 - Responses for SMTD victims may be limited to attendance at meetings and processing—and discussing—information as it is given

Multi-level Intervention Themes in SMTDs

- ❖ **Time Frames—Multiple Phases and Timelines**—The elongated time frame of an SMTD, and the long-term effects of both health risks and clean up, lead to a complexity of phases and timelines
 - Different groups and individuals will be at differing phases of discovery, crisis and recovery at different points in time
 - Response programs must be prepared to work with a variety of groups, with varying levels of awareness of—and intensity of—response to the SMTD

Multi-level Intervention Themes in SMTDs

- ❖ **Integration With the Community and Other Disaster Services**—Because of the long-term nature of SMTDs, response services should be integrated into other service systems, where they can provide a coordinated set of services to a broad range of primary and secondary victims
 - Addresses wider range of needs
 - Minimizes stigmatization of those needing services

Using Community Outreach

- ❖ Most effective at reaching people who will not tend to seek out psychosocial services
 - Search out gathering points, such as formal and informal meetings of victims and responders
 - Ask about other venues where victims can be accessed including senior centers, Bingo halls, churches
 - Develop mobility of response services, especially with rural populations who may lack public transportation

Using Community Outreach (continued)

- ❖ **Timing**—Timing of response efforts must be appropriate to the phase of reactions being experienced
 - In initial stages of your program, some individuals and groups will be experiencing a state of crisis, while others are still denying the existence of the SMTD
 - As disaster information accumulates, greater numbers of people will be entering crisis phase, while others begin seeking support for coping and adaptation

Using Gatekeepers

- ❖ **Using Gatekeepers**—Gatekeepers are those who work in agencies or organizations which have a lot of contact with the impacted community and include:
 - Clergy, substance abuse, and mental health counselors
 - Social and human service workers
 - Senior centers, Meals on Wheels, volunteer groups
 - Health care clinics and providers

Using Gatekeepers (continued)

- ❖ Educate gatekeepers about the psychosocial stressors and normal impacts of the SMTD
- ❖ Enlist gatekeepers to assist you in assessing areas of concern and unmet needs among their clientele
- ❖ Offer written materials to gatekeepers for their own use and to pass along information to the people they contact or meet
- ❖ Network with gatekeepers to engage and coordinate with existing local resources in collaborative processes

Designing Community Wide Interventions

- ❖ **Public Meetings**—May be the primary format for the dissemination of official information about the disaster
 - People with questions will probably attend
 - This forum will provide information on psychosocial stress and coping
 - Attendance and participation at meetings may be therapeutic for those seeking to regain a sense of control

Designing Community Wide Interventions (continued)

- ❖ **Public Education**—Having accurate information, and a sense of understanding about what is occurring, leads to regaining a sense of control over the situation
- ❖ **Two main categories of disaster information:**
 - Information about the disaster
 - Information about stress responses and coping
- ❖ Information must be credible and presented in a respectful and non-threatening manner

Designing Community Wide Interventions (continued)

- ❖ Effective formats for public education include:
 - Written media such as flyers, handouts, brochures, and articles
 - Web sites dedicated to disaster and community information
 - Radio ads, Public Service Announcements (PSAs), and interviews
 - Public presentations, slide shows, art exhibits, and videos

Designing Community Wide Interventions (continued)

- ❖ **Community Healing Events**—These have been used with success in event focused disasters such as Oklahoma City and 9/11. Examples that might be used in an SMTD include:
 - Wearing of colored ribbons or other symbols of support for victims
 - Memorial event, if there have been fatalities agreed to be a result of the disaster
 - Ceremonial planting of trees, flowers or other symbols of life in locations that have been recovered

Group Interventions in an SMTD

- ❖ **Support Groups**—Offer social support from peers under the guidance of knowledgeable facilitators
 - Offer validation and normalization of thoughts and feelings through process of sharing with others having similar experiences
 - Structure the intervention to create an accessible, safe and comfortable atmosphere

Group Interventions in an SMTD (continued)

- ❖ **Work Groups**—A therapeutic means of regaining sense of control and self-sufficiency by bringing people together to work on a common goal. Common goals may include:
 - Establishing influence through group input into some aspect of SMTD, such as clean up priorities or procedures
 - Meeting a visible need in the community, such as transportation to disaster related services
 - Facilitating work groups by persons informed about psychosocial stressors and impacts of SMTD

Group Interventions in an SMTD (continued)

- ❖ **Shared Meals**—Informal setting in which information can be both gathered and offered
- ❖ **Focus Groups**—A more formal approach that turns the tables on the “come and let us help you model” by asking specific individuals or groups to provide input to your program. Focus groups can be:
 - More or less formal, depending on your objectives and the characteristics of your target group
 - Empowering, as they open up discussions about experiences and challenges being faced
 - An opportunity to deepen understanding for your program and for those you hope to serve

Individual and Family Interventions

- ❖ Designed to assist people in identifying and coping with their personal psychosocial disaster issues
- ❖ Over time, SMTDs challenge individual's ability to cope, as many of the stressors faced become chronic. This may necessitate counseling and emotional support.

Individual and Family Interventions (continued)

- ❖ Counseling interventions should be able to address chronic stressors such as:
 - Economic hardships secondary to the disaster
 - Illness and disability from toxic exposures
 - Caregiver stress for those caring for individuals who are ill secondary to toxic exposures
 - Loss and grief
 - Worry and anxiety about the future

Individual and Family Interventions (continued)

- ❖ Individual and family intervention services should avoid stigma and maximize function by:
 - Utilizing access points that are integrated into other disaster relief services, especially—when possible—medical or screening services
 - Addressing concrete—health resources, information, and transportation—as well as psychosocial needs

Disaster Mental Health Services

- ❖ Disaster mental health services differ from the broader field of psychosocial response services
- ❖ The services are primarily focused on mental status and people's ability to psychologically cope
- ❖ They can include:
 - Crisis counseling
 - Informal assessment and, when appropriate, referrals

Disaster Mental Health Services (continued)

- ❖ **Crisis Counseling**—May be needed when:
 - Initial information about the disaster is released
 - Personal crisis is precipitated by a positive health finding IE diagnosis of toxic related disease

Disaster Mental Health Services (continued)

- ❖ **Informal consultations and assessments**—Can be accomplished by integrating counseling services into other venues such as screening and medical follow up activities. Other possibilities might be:
 - Setting up space at larger public meetings where you can meet with and talk with people
 - Participating in events such as health fairs and workshops
 - Accompanying visiting nurses as part of a county health program of outreach

Disaster Mental Health Services (continued)

- ❖ **Individual empowerment**—Because SMTDs leave people feeling confused, frustrated, and angry over their lack of control, regaining a sense of mastery and control over their lives is an essential component of healthy recovery
- ❖ Since many of the impacts of SMTD cannot be influenced by the individual's actions, empowerment may require that the person learn to regulate their reactions
- ❖ Emotional regulation, strengths perspective, and cognitive re-framing are all helpful tools to teach in this context

Disaster Mental Health Services (continued)

- ❖ **Brief Therapy**—May be necessary for those who are having significant difficulty coping with issues related to an SMTD
 - Provided by mental health professional with background in SMTD issues
 - May be indicated when chronic anxiety, substance abuse, and/or depression are evident
 - Should be offered as part of continuum of disaster response services

Conclusion

One of the most challenging elements of psychosocial response to SMTDs is that the response needs to keep going as long as the SMTD impacts continue.

Effective response models will be comprehensive, accessible and flexible.

Finding creative ways to sustain these vital disaster services must always be a component of your multi-level psychosocial response plan.

CHAPTER #10

Barriers to Effective Psychosocial Responses in SMTDS

Barriers to any psychosocial interventions can be anticipated

General barriers could include:

- A lack of awareness about available services
- A negative community perception of services, organization, or personnel
- A social stigma associated with receiving services

This chapter focuses on barriers specifically seen in SMTDs

Streams Of Funding

- No sudden onset –a lack of focus and mobilization of community members to begin process of securing funds for psychosocial response
- Most emergency services funds are designed for short course disasters such as: an earthquake, forest fire, or flood
- In SMTDs disaster impacts and associated costs are long term or chronic
- Funding is not typically available for a comprehensive, holistic response
- Response programs may be structured to fit “fundable” parameters
- A patchwork system of service provisions results



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Community Integration of SMTD Services

- Community lacks resources and infrastructure for long term response
- Community not know how to respond or through what channels
- Integrate created disaster services into existing structures for the long-term disaster response
- Cooperation and unity may not be the natural response but they are essential to providing integrated effective services



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Integration Into Health Care Settings

- The logical locations due to potential negative health impacts
- Provides access to all impacted people
- Typically self-contained entities, may be difficult to gain access to
- Build collaborative relationships
 - Establish good professional relationships
 - Diplomatically educate about importance of psychosocial response and overall impact on well being

Not Utilizing Available Services

- People do not seek out psychosocial disaster services
- Don't recognize or minimize their own needs
 - But often will recognize the "symptoms" in others
- A belief and value in self reliance may outweigh need or desire for assistance
- Might believe other people need it more the services more
- To address this barrier, offer psychosocial services as an intrinsic component of disaster response service

The Chronic And Pervasive Nature of a SMTD

- Can develop a fatalistic attitude, believe all is doomed
- More intense if:
 - The entire community has been impacted
 - There is no “cure” or end to the negative impacts
- It can lead to a paralyzing feeling of defeat
- People may lack the ongoing energy to try to effectively deal with the problems

The Uncertain Onset in a SMTD

- Results in a lack of galvanizing energy
- There is no “excitement” and/or sudden motivation to conquer the adversities
- May not be aware of any personal needs related to the disaster
 - May not realize their struggles are disaster related
- Not aware that they are eligible for responses services

The Invisible Factor and Denial

- Invisible and illusive nature of a SMTD facilitates denial
- Denial maintains a sense of safety
- Is a barrier if it leads to avoidance of issues resulting in higher risks to physical or mental health safety issues for self or others

Maslow's Hierarchy

- A person will not be concerned about emotional issues or chronic stress issues until basic needs are met.
- Basic needs include: food, clothing, shelter, and health.
- This is not actually a barrier
 - It is a logical prioritization of needs

Focused Attention in a SMTD

- People might focus their attention on one disaster element
- It is a healthy coping mechanism when used to break down an overwhelming situation into bite size pieces
- It can be a barrier:
 - When over utilized (as often occurs in SMTDs)
 - Utilized in efforts to exert some control over an SMTD element but other may distance themselves from the individual and the issue
 - Results in increased isolation, agitation, and frustration

Over Simplification in a SMTD

- A natural response when trying to take in the confusing and uncertain information related to a SMTD
- Simplifying can be an effective way to cope initially
- It can be a barrier:
 - If the person becomes stuck in a simplified perspective
 - It prevents a complete understanding of situation
 - It can increase frustration and anger

Issues of Trust and Betrayal in a SMTD

- Trust and Betrayal issues emerge from human causation
- Ability to trust people, their past assumptions, and the world has been damaged.
- Trusting someone “new” or “related to the issue” is difficult
- Build extra time into psychosocial response timeline, to develop rapport and trust with disaster victims

Cultural Barriers Can Be:

- Race and ethnicity issues
 - Blue versus white collared populations
 - City versus rural populations
 - Specific to values, beliefs, and/or education
- ❖ Discussions about cultural issues and addressing barriers are thoroughly discussed in chapter #8 Target and Special Populations

Illiteracy can be a barrier to:

- To outreach activities
- Wide spread psychosocial education

To address literacy barriers:

- Find new and creative ways to provide services
- If cultural groups are present in your community, provide materials in the appropriate languages.

Concluding Thoughts on SMTD Barriers

- ❖ The discussed barriers are not an all-inclusive list, but rather they are specific to SMTDs
- ❖ Each disaster and community will present unique barriers
- ❖ Be proactive in identifying, addressing, and overcoming barriers
- ❖ Flexibility and creativity are essential



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Chapter #11

Conclusions and Resources

- ❖ The disaster, community members' experiences, and reactions are unique in each situation.
- ❖ Use this manual as a starting point for understanding the basic principles of SMTDs.
- ❖ Develop a unique psychosocial disaster response plan that best meets the needs of your disaster situation.



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Part I Provided an Understanding of SMTDs

- Characteristics and phases
- Frequently experienced primary and secondary stressors
- Common psychological responses and processes
- Key events that typically have specific mental health implications



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Part II Discussed Responding to a SMTD

- Assessing the community
- Preparing to reach target and special populations
- Developing intervention strategies
- Preparing to address barriers



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Concluding Thoughts

**This manual focused on special considerations
for SMTDs**

**Utilize in conjunction with other resources
that teach general principles and skills of
psychosocial disaster response.**