



The National Council for Community Behavioral Healthcare

Mitigating Disaster Trauma: Hurricane Sandy

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Presenters

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Overview

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



Impact of Disasters



Hurricane Sandy Impact

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

120+ US Deaths

More than 8 ml without power

Estimated 50 billion in damages

2000% increase in calls to
Disaster Helpline





Human Cost

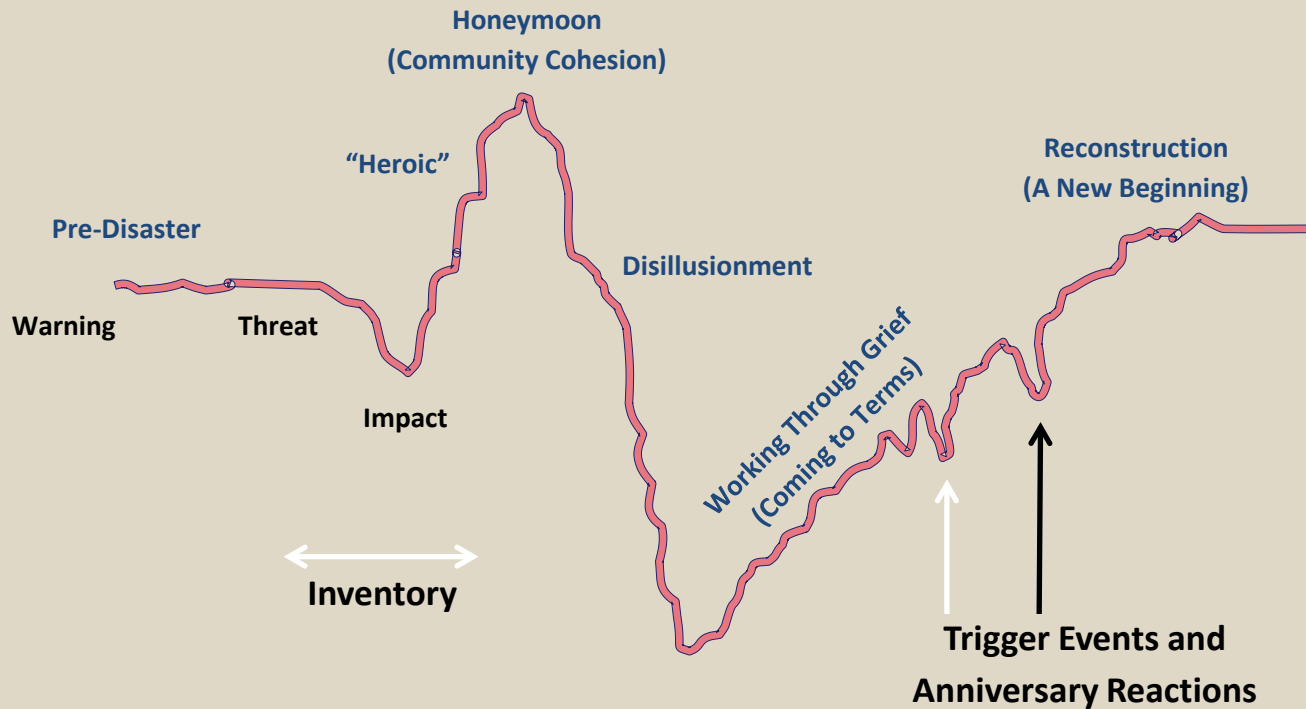
November 10, 2012, 12:06AM

- > Almost two weeks after they evacuated as Hurricane Sandy approached New Jersey, residents and property owners returned to their homes in Seaside Heights, NJ to view the devastation from the storm. In one house, tenants have lost all their belongings, their home and their jobs.



NJ Star Ledger

Phases of a Disaster





Key Concepts of Disasters

Definition:

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

Fran Norris, Ph.D., NCPTSD

- Causes human suffering
- Creates collective need
- Overwhelms local resources



Key Concepts of Disasters

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



High Risk Events

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



Risk Factors

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



Typical Reactions: Four Domains

- Emotional
- Behavioral
- Physical
- Cognitive

These reactions
are expected
after experiencing
an abnormal event



Traumatic Stress

- > ACE Study exposed high rates of trauma in general population and alarming correlation between trauma and mental health, substance use and physical conditions
- > Prevention and mitigation of traumatic stress is possible
- > Best Practice approaches promote resilience and recovery



Post-Traumatic Stress Disorder (PTSD)

Trauma

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

Reactions

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

Most people will **not** develop PTSD



Psychological Tasks of Recovery

- Regaining a sense of mastery and control
- Resumption of age-appropriate roles and activities in children and teens
- Development of new normal routine



Five Core Principles of Promoting Individual Resilience

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

Hobfall et al



Building Community Resilience

- > Strong, calm, consistent community leadership
- > Planned and spontaneous gatherings of community members
- > Creation of rituals and memorials
- > Volunteerism
- > Organizations working together to share resources and address gaps in services
- > Spreading TIC throughout the community
- > Teaching various community groups about MHFA



Current Survivor Needs



Disaster Distress Helpline (DDH)

Christian Burgess, Director – Disaster Distress Helpline

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



Disaster Distress Helpline

- > DDH offers services accessible to under-served or hard-to-reach populations:
 - Multi-lingual crisis counseling via interpretation services
 - Direct counseling available in Spanish via calls & text
 - TTY (1-800-846-8517) & texting for individuals who are deaf / hearing impaired
- > The Disaster Distress Helpline experienced a 2000% increase in calls from the week of 10/14-10/20 to the week Hurricane Sandy hit, 10/28-11/3



Disaster Distress Helpline: Trends from Hurricanes Isaac and Sandy

Before disaster (forecast):

- > Confused, overwhelmed at evacuation orders & other public information being issued
- > Triggers from past disasters

During disaster:

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

After disaster:

- > Assistance with meeting basic needs; stress of caregiver role
- > Trouble sleeping, difficulty performing daily tasks
- > Feelings of anger at service providers, other



Disaster Distress Helpline: Identifying Current Needs

- > 10.29 - *I'm scared!... It's so dark I don't know what's going on... I am alone and yes my power is out...I'm 17... I live with my dad and he's stuck at work ...*
- > 11.1 - *Family & I lost everything in Katrina I'm '05. Sandy news coverage is causing emotional roller coaster... I feel really lucky cause I didn't lose power, some friends & family did though. And other times I feel really sad as if it is happening to me*

Disaster Distress Helpline: When Someone Calls or Texts ...

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

Disaster Crisis Counseling includes:

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

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

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



Disaster Distress Helpline: Literature

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990 or text 'TalkWithUs' to 66746 to get help and support for any distress that you or someone you care about may be feeling related to any disaster.

The **Helpline** and **Text Service** are:

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

TTY for Deaf / Hearing Impaired: **1-800-846-8517**

Spanish-speakers: Text "**Hablanos**" to 66746

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

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



"Ever since the tornado, I haven't been able to get a night's sleep ..."

"I can't get the sound of the gunshots out of my head ..."

"Things haven't been the same since my shop was destroyed ..."

Talk With Us



SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA • 1-877-726-4737

Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Dept. of Health and Human Services (HHS).

Having Trouble Coping?

After a disaster, many survivors (including children and teens), loved ones of victims, or first responders are at risk for distress. It's important to know when to ask for help. Signs of stress related to disaster may include:

- Eating or sleeping too much or too little
- Pulling away from people and things
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Thinking, or using drugs
- Feeling unusually confused or forgetful; on edge, angry, or upset; or worried and scared
- Yelling or fighting with family and friends
- Having thoughts and memories you can't get out of your head
- Thinking of hurting or killing yourself or someone else
- Unable to perform daily tasks like taking care of your kids or getting to work or school

...are making it hard to get ... text:

Línea de Ayuda

Para Los Afectados Por Catástrofes

TELÉFONO: 1-800-985-5990
MENSAJE SMS: "Hablanos" al 66746

<http://disasterdistress.samhsa.gov>



SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA • 1-877-726-4737

¿Tiene dificultad para hacer frente a la situación después de un desastre?

Hable con nosotros.



The Role of Behavioral Health Organizations



Lessons from Joplin, MO

Vicky Mieseler – Vice-President of Ozark Center

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



Mental Health Disaster Response

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



Role of Behavioral Health in Disasters

> Disasters:

- Are local events
- Cause traumatic stress

> Responses require:

- Caring for clients and public
- Building individual and community resilience



Planning for the Response

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



Assessing the Need

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



Preparing Consumers

- > Preventing adverse reactions by building individual resilience through Trauma Informed Care, trauma focused practices
- > Assisting with personal preparedness plans
- > Providing education, information and drills about disasters and alternate procedures regarding access to programs, services and medications in times of disasters



Preparing Staff

- > Training (PFA, MHFA, TIC)
- > Debriefings and Supervision (Re-enforces skills/reduces stress)
- > Staff Stress Management



Promoting Individual Resilience: Psychological First Aid (PFA)

Definition

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



Psychological First Aid (PFA): Core Components

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



Role of Psychological First Aid

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



Role of Psychological First Aid

- > Assists with reconnecting
- > Encourages connection with available resources
- > Assists with problem solving and plan of action
- > Assists with developing preparedness plan
- > Helps build individual and community resilience
- > Empowers survivors to move forward by building a legacy of knowledge and skills



Promoting Community Resilience: Mental Health First Aid

- > Public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders
- > [Interactive 12-hour course](#) is a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care

Managed, operated, and disseminated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health



Promoting Individual and Community Resilience: Trauma Informed Care (TIC)

- > Understanding of trauma, it's impact, prevalence and skills to promote healing and recovery from trauma
- > Not just about provision of trauma specific therapies but about culture change
- > Principles of TIC include: safety, trust, choice, collaboration, empowerment

Roger D. Fallot, PhD



Promoting Resiliency through Trauma Informed Care (TIC)

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



Community-wide TIC Plans

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





Staff Stress Management

Organizational Approaches:

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



Staff Stress Management

Personal Approaches: connecting with others

- Connect with others at work - utilize meetings, supervision, co-workers to “debrief” - talk about how your day/week went, what was difficult and why, how you managed. Allow them to provide advice and support
- Connect with others at home – reach out to spouse, family, friends, a spiritual advisor to talk about your work, your feelings and accept their listening ear and emotional support



Staff Stress Management

Personal Approaches: Adopting a Healthy Lifestyle

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



Communication



Communication

- > Identify methods of communication among BH organization key sites such as the BH and psychiatric facilities, residential programs, outpatient services
- > Check in with local emergency management to learn about hard hit areas
- > Maintain contact with State Mental Health Authority
- > Connect with shelter providers and other disaster service providers
- > Advise Public Officials about need for information
- > Use variety of media options to inform and educate



When communication isn't a priority

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

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

News Report NJ. Com



Communication as a Priority

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

News Report NJ. Com



Key Partnerships



Behavioral Healthcare Organizations Can't Do It Alone

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



Know Your Resources



Resources - Local

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



Resources - State

- > State Mental Health Authority – Receives funding for Crisis Counseling Program
- > State Emergency Management – Information and resources related to disaster and planning
- > State Public Health Department – information and resources related to disaster



Resources: Federal

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



Federal Funding Sources

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



SAMHSA Emergency Response Grant (SERG)

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

SAMHSA Emergency Response Coordinator

240-276-2230



Crisis Counseling Program (CCP) Grants

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



FEMA Crisis Counseling Program

HEALING JOPLIN AFTER THE STORM

Crisis Counseling and Resource Assistance
417.347.7070 or 800.247.0661





Planning and Prevention



Missouri Department of Mental Health All Hazards Emergency Operations Plan

Changes post-tornado

- > Significant departure from past practice by recognizing and integrating prevention and public education efforts as essential
- > Emphasis on cultural competence of services offered
- > Reflects significantly higher expectations in terms of interagency coordination and collaboration
- > Addition of Missouri's Special Needs Annex



Missouri Department of Mental Health All Hazards Emergency Operations Plan

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

PREVENTION



→ DON'T LET ONE DISASTER LEAD TO ANOTHER ←

DID YOU KNOW?

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

Ozark Center offers confidential assessments and resources.

KNOW THE SIGNS. KNOW THE NUMBER.

Ozark Center 347-7730

COMMUNITY PARTNERSHIP
National Council on Alcoholism and Drug Dependence

ESPERANZA MENTAL HEALTH

→ DON'T LET ONE DISASTER LEAD TO ANOTHER ←

Every child deserves respect.

No child deserves to be bullied.

For confidential help, call:

Ozark Center

347-7580

COMMUNITY PARTNERSHIP

ESPERANZA MENTAL HEALTH

→ DON'T LET ONE DISASTER LEAD TO ANOTHER ←

Myth: A little alcohol won't hurt my child.

Fact: Alcohol kills more teens than illegal drugs.

Preferred Family Healthcare

KNOW THE SIGNS. KNOW THE NUMBER.

623-1990

COMMUNITY PARTNERSHIP

Ozark Center

ADA

→ DON'T LET ONE DISASTER LEAD TO ANOTHER ←

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

KNOW THE SIGNS. KNOW THE NUMBER.

Lafayette House 782-1772

COMMUNITY PARTNERSHIP

ESPERANZA MENTAL HEALTH

→ DON'T LET ONE DISASTER LEAD TO ANOTHER ←

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

Don't let your teen suffer in silence.

Lafayette House

KNOW THE SIGNS. KNOW THE NUMBER.

782-1772

COMMUNITY PARTNERSHIP

Ozark Center

ESPERANZA MENTAL HEALTH



The National Council for Community Behavioral Health Resources

- > Disaster Trauma Technical Assistance and Training
- > Trauma Informed Care Consulting, Training and Learning Communities
- > Mental Health First Aid
- > Trauma Related Information:
www.thenationalcouncil.org



Speakers

CONFERENCE '13

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

APRIL 8-10, 2013 | LAS VEGAS



Adam Bryant

Business journalist. Author of *The Corner Office*.



Jeremy A. Lazarus

President of the American Medical Association.



Atul Gawande

Surgeon. Top healthcare reform leader. Author and columnist.



Judge Steven Leifman

Criminal justice and mental health expert.



Doris Kearns Goodwin

Renowned historian. Pulitzer Prize winner.



Charles P. O'Brien

Neurologist, psychiatrist, and substance abuse treatment innovator.



Nadine Burke Harris

Physician and thought leader on poverty and race in healthcare.



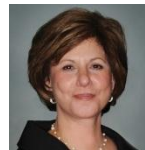
Bruce Perry

World-famous trauma researcher and treatment visionary.



Patrick Kennedy

Staunch behavioral health advocate. Political legacy.



Linda Rosenberg

Leader in health policy and practice reform. Mental Health First Aid USA pioneer.

300



SPEAKERS



Web Resources

Disaster Distress Helpline

<http://disasterdistress.samhsa.gov>

SAMHSA Disaster Technical Assistance Center

www.samhsa.gov/dtac/resources.asp

SAMHSA Tip Sheets

www.samhsa.gov

Federal Emergency Management Agency

www.fema.gov



Web Resources

National Center for Post Traumatic Stress Disorder

www.ptsd.va.gov/public/pages/fslist-natural-disasters.asp

The National Child Traumatic Stress Network

www.nctsnet.org

Psychological First Aid On-Line Training

<http://learn.nctsn.org/course/category.php?id=11>

United Way 211

www.211us.org



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