Behavioral Health Factors in Preparedness, Response, and Recovery

Local Emergency Planning Meeting
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Disclaimer

Ideas, attitudes, and opinions expressed herein are my own and do not necessarily reflect those of the USUHS, DoD, or other branches of the US government.
Overview of Today Discussion…

• Part I-What is behavioral health in disasters?
• Part II-Factors impacting behavioral health consequences
• Part III-Silver bullets to reduce/prevent trauma
Part I

What is behavioral health in disasters?
Definition

“A severe disruption, ecological and psychosocial, which greatly exceeds the coping capacity of the affected community.”

World Health Organization, 2002
Behavioral Health Responses to Disasters & Emergencies

- Anxiety
- PTSD
- Depression
- Resilience
- Complex Grief

Distress Responses
- Change in Sleep
- Decreased Sense of Safety
- Irritability, distraction
- Isolation (staying at home)

Psychiatric Illness

Health Risk Behaviors
- Smoking
- Alcohol
- Over dedication
- Change in Travel
- Separation Anxiety

“Textbook of Disaster Psychiatry”, 2007 (Ursano)
Who Are We Talking About?

• Individual, family, community consequences, visitors/transients
• Primary victims and survivors
• Responders and workers
• Leadership (formal/informal)
Context of Consequences

- Home & family
- Workplace
- School
- Healthcare
- Social service
- Care locations (daycare, nursing homes, assisted living, etc.)
Psychosocial Consequences

Natural Disasters

- Weather-Related
  - Seismic
  - Drought
  - Pandemic

Human-Generated Disasters

- Non-intentional
  - Technological
- Intentional
  - Mass Violence
  - Terrorism

Adapted from James M. Shultz, Ph.D., DEEP PREP training
Disaster Ecology Model

Psychological First Aid (PFA)

A major article: 
Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence
*Psychiatry, 70*(4), 2007
Authors: Steven Hobfoll plus 19 others
Very diverse/credible authors

The Five Elements:
Sense of safety
Calming
Sense of Self- and Community Efficacy
Connectedness
Hope
What Conditions Indicate Need For Professional Intervention

• PTSD (psychotherapy, pharmacology)
• Major depression (psychotherapy, pharmacology)
• Traumatic grief (psychotherapy, pharmacology)
• Psychological distress (psychotherapy, pharmacology)
• Anxiety disorders (psychotherapy, pharmacology)
Part II

Factors impacting behavioral health consequences
Event Characteristics

- Warning
- Duration
- Novelty
- Cause
Adverse Psychosocial Consequences

Norris et al, 2000
Rates of ASD/PTSD by Classification

Figure 1. Median prevalence of PTSD in DSM-5-Experiencing categories of intentional and non-intentional trauma (N=14, median prevalence in red).

Santiago, Ursano, Gray et al PLoS One 2013

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Impact Characteristics

- Death and Injury
- Impact on fabric of the community
- Location
Demographic Characteristics

- Age
- Gender
- Education
- SES
- Marital status
- Cultural perspective
Part III

Silver bullets to reduce/prevent trauma
Silver Bullet #1 For Reducing Trauma:

PROMOTING PREVENTION
Preventing The Disaster…

- Death & Physical Trauma
- Psychological Trauma (4-500:1 Larger Than Medical)
- Social/Community Disruption
- Public Health Effects
- Adverse Economic Impact
East Africa Embassy Bombings: Same Time/Same Bomb

Nairobi:
• Many deaths
• Many injuries
• Many psychological casualties
East Africa Embassy Bombings: Same Time/Same Bomb

Dar Es Salaam:
- Few deaths
- Few injuries
- Minimal psychological casualties

The Difference? Architecture!

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Silver Bullet #2 For Reducing Trauma: Leadership
Leadership: Type & When

- Leadership
  - Personal
  - Organizational
  - Stakeholder
- Leadership
  - Prevention/mitigation
  - Response
  - Recovery
Leadership Matters

- Preparation, response, and recovery can be successful or fail as a function of leadership
- Leadership can be studied
- Different leadership characteristics can be utilized for different tasks in different phases
- Leadership can be developed
- Brian’s bias—Successorship of leaders is a seriously overlooked priority/factor
Leadership In Practice…

• Meta-Leadership In Practice (Dimensions of Preparation and Response)
  • **The Person**— Personal characteristics/attributes
  • **The Situation**— Constantly adjusting picture of the event
  • **Lead the Silo**— Support your staff so they will support you
  • **Lead Up**— Know your boss’s priorities and deliver
  • **Lead Across**— Exert leverage by building links

*Source: Presentation December 19-20, 2007, At the IOM by Leonard J. Marcus, Ph.D., Co-Director National Preparedness Leadership Initiative, A Joint Program of the Harvard School of Public Health and the John F. Kennedy School of Government at Harvard University*
“Creating reasons for those who work for you to establish their own culture of preparedness is part of being a good leader.”

“I believe in creating a culture that values preparedness and in passing that ethic from top down.”

-Rudolph Giuliani
Silver Bullet #3 For Reducing Trauma: Preparedness
“Prepare Relentlessly”

- Rudolph Giuliani  
  (In Leadership)
The Stove Pipes... Still Far Too Parallel
Why Should We Integrate?

• The problems are too large and complex to manage alone (e.g., IOM Crisis Standards of Care: A Toolkit for Indicators & Triggers)
Preparation Starts At The Individual/Family Level...
Silver Bullet #4 For Reducing Trauma:
Inclusiveness & Integration
Integration: Enhance Understanding

Know History and Context

Know professional/organizational culture

Ride-along equivalents

Spend time together (in person)
Integration: Preparing Together

- Share planning efforts
- Design & share training/education efforts
- Design/conduct Joint exercises
- Include health elements in BH instruments
- Include BH in health epi/instruments
Integration: Respond Together

Integrate deployment strategies

Integrate work force activities where appropriate

Integrate command/control

Integrate force protection efforts

Integrate screening/monitoring tools стратегий
Integration: Advocate Together (all event phases)

- Jointly promote integrated preparedness
- Collaborate on post-event force monitoring policies/practices
- Jointly promote force protection
- Collaborate on healthy deployment policies/practices
- Collaborate on post-event force monitoring policies/practices
- Jointly promote integrated response

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Integration: Advocate Together (conditions effecting all health)

“If you want to reduce mental health problems after disasters, reduce poverty.”
- Craig Fugate, then FL Director of Emergency Management at The Carter Center

Joint advocacy to reduce injury/trauma

Joint advocacy for social justice

Joint advocacy for education

Joint advocacy to reduce violence

Joint advocacy for environmental issues
Special Opportunities: Public/Private Linkage

GOVERNMENT
- International
- Federal
- State
- Local
- Tribal

International Business
- Large Corporations
- Small Business
- E-Commerce
- Sole Proprietors
- Agro-Business

Educational Institutions
- Nonprofits
- Health Care Organizations
- Gov’t Contractors
- Faith Community
- ARC

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Think About Organizations

- Public/private; multinational, mom & pop; franchises; service organizations; major community employers
- Establish partnerships
- Think beyond EAPs and health care
- Address organizational culture and how that culture deals with extreme challenges and how people at all levels view the organizational culture (it may well make or break effective preparedness, response, and recovery)
Special Opportunities: Public/Academic Linkage

- Psychology
- Social Work
- Law
- Economics
- Theology/Pastoral Counseling
- Sociology
- Anthropology
- Homeland Security
- Communications
- Emergency Management
- Political science
- Business
- Journalism
- Public health
- Education
- Engineering
- Medicine
Silver Bullet #5 For Reducing Trauma:

Communications
“Better than any medication we know, information treats anxiety in a crisis.”

Source: Saathoff, 2002

Communication is a behavioral health intervention
Why Is Integrating Behavioral Science Expertise And Effective Risk/Crisis Communication Essential?
The behavioral choices people make to stay in place, evacuate, seek/not seek medical care, search for loved ones, etc. are very real life and death decisions.
IMPORTANCE OF COMMUNICATION IN RESPONSE TO THREAT

THREAT OR PERCEPTION OF THREAT

FEAR AND DISTRESS

BEHAVIOR CHANGE

COMMUNICATIONS!

COMMUNICATIONS!

COMMUNICATIONS!

COMMUNICATIONS!

COMMUNICATIONS!

COMMUNICATIONS!

COMMUNICATIONS!

COMMUNICATIONS!

POSITIVE/ADAPTIVE

NEGATIVE/MALADAPTIVE

?
Communication By Leaders

• Multiple purposes:
  – Promote healthy pro-social behavior
  – Risk/status/education/anticipatory guidance to population
  – Inter-/Intra-organization support/direction/integration
  – Manage expectations
  – Maintain political support
Communication Up And Down
The Organizational Chart
Communication Across The Stovepipes
Communication With Populations

- General Population
- Disenfranchised Groups
- Bereaved
- Leadership
- Highly Exposed
- Other At-Risk Groups

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Silver Bullet #6 For Reducing Trauma:
Taking care of workers/responders
This Means:

- Promote a caring organizational culture
- Select/preparing people for what they are to do
- Match peoples skills/temperament/availability to the task
- Promote stress management as a job skill
- Establish healthy and supportive policies and SOPs
- Reject one-size-fits-all approaches
A Few Closing Thoughts…
What Is At Stake Here?
Potential Of Success:

• Reduced death, loss, suffering
• Reduced socioeconomic adverse impact
• Economic growth
• Stronger individuals and communities
• Restoration in confidence in leadership
• Promote pro-social/positively adaptive behavioral choices leading to enhancing the public’s health
The Cost of Failure

- Increased fear, pain, suffering and loss
- Potentially severe social and economic decline or collapse
- Continued/accelerated loss of confidence in government
The Cost of Failure

- **Fear based behavior/choices could kill more people, and do more socioeconomic damage, than the event itself.**
Brian’s Final Reminders:

• Everybody who experiences a disaster is impacted by it
• All disasters are different but share important characteristics
• All disasters are political events
• Never have a catastrophic event in a Presidential election year
• Take care of yourselves and your people
CSTS Website: http://www.cstsonline.org/

• Disaster fact sheets, current research citations, newsletters and conference reports, a “What’s New” section highlights recent disaster fact sheets, research initiatives, conference summaries, and announcements of key upcoming events.

• Social Media:
  • Facebook: www.facebook.com/USU.CSTS
  • Twitter: www.twitter.com/CSTS_USU
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