

Behavioral Health Factors in Preparedness, **Response**, and Recovery

Local Emergency Planning Meeting **Howard County, Maryland**

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Brian W. Flynn, Ed.D. (RADM/Assistant Surgeon General, USPHS, Ret.) **Adjunct Professor Of Psychiatry Associate Director Center for the Study of Traumatic Stress Department of Psychiatry**





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





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What is behavioral health in disasters?





Blizzard of "78-Massachusettes









Definition

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



World Health Organization, 2002



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"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

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- Workplace
- School
- Healthcare
- Social service
- Care locations (daycare, nursing homes, assisted living, etc.)





Phases



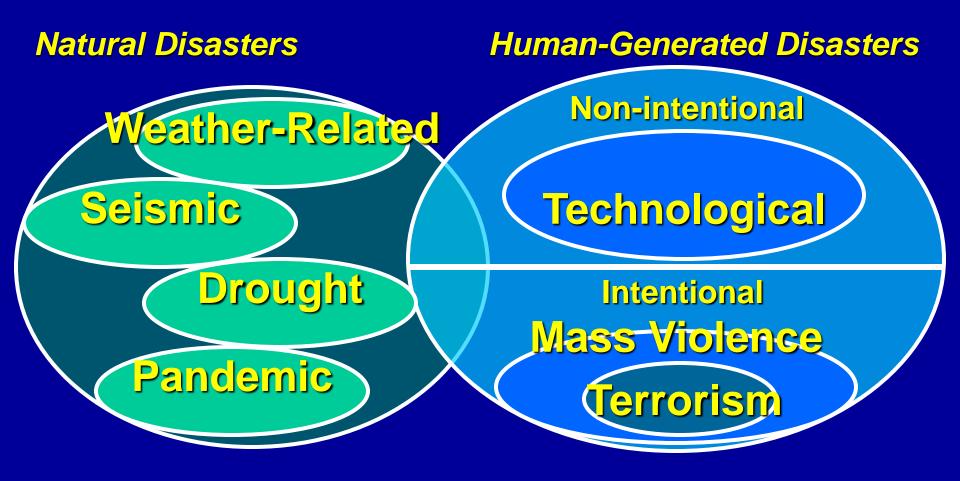


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Psychosocial Consequences

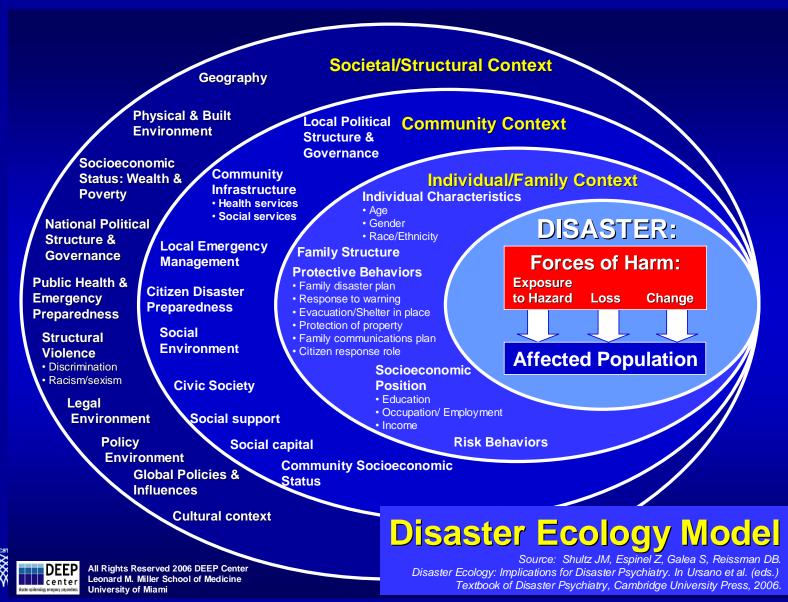


Adapted from James M. Shultz, Ph.D., DEEP PREP training





Disaster Ecology





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

<u>The Five Elements:</u> Sense of safety Calming Sense of Self- and Community Efficacy Connectedness Hope



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SPECIAL TOPIC:

VOLUME 70 NUMBER 4 WINTER 2007

THE GUILFORD PRESS NEW YORK LONDON Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence

Stevan E. Holfoll, PhD, Patricia Watson, PhD, Carl C. Bell, MD, Richard A. Bryant, PhD, Melissa J. Brymer, PsyD, Matthew J. Friedman, MD, Merle Friedman, PhD, Berthold P.B. Gersons, MD, PhD, Joop T.V.M. de Jong, MD, PhD, Christopher N. Layne, PhD, Shira Maguen, PhD, Yuval Neria, PhD, Ann E. Norwood, MD, Robert S. Pynoos, MD, MPH, Dori Reissman, MD, MPH, Josef I. Ruzek, PhD, Arich Y. Shalev, MD, Zahava Solomon, PhD, Alan M. Steinberg, PhD, and Robert J. Ursano, MD

With Commentary b

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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, Center for the Study of Traumatic Stress pharmacology)



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Part II

Factors impacting behavioral health consequences





Event Characteristics

- Warning
- Duration
- Novelty
- Cause





Adverse Psychosocial Consequences

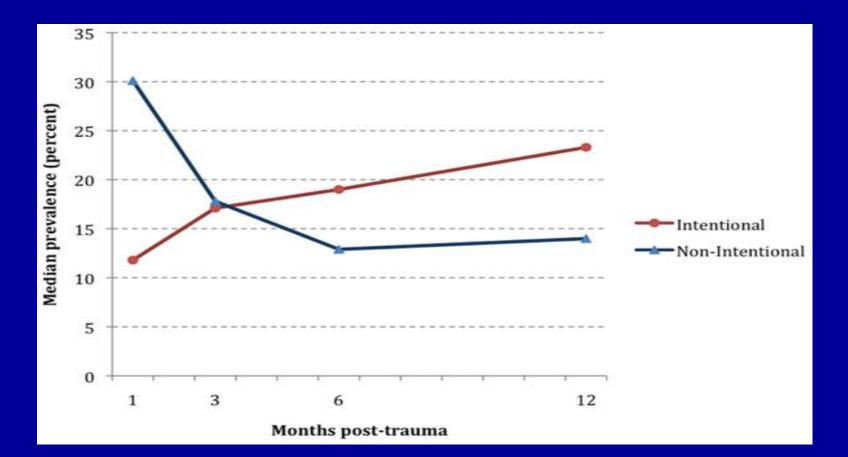




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Norris et al, 2000







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Santiago, Ursano, Gray et al PLoS One 2013



Impact Characteristics

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





Demographic Characteristics

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

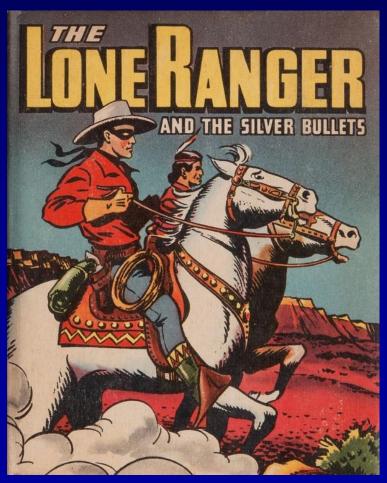




Part III

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



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East Africa Embassy Bombings: Same Time/Same Bomb



Nairobi:

- Many deaths
- Many injuries
- Many psychological casualties

UNIFORMED SERVICES UNIVERSITY of the Health Sciences East Africa Embassy Bombings: Same Time/Same Bomb



Dar Es Salaam:
Few deaths
Few injuries
Minimal psychological casualties

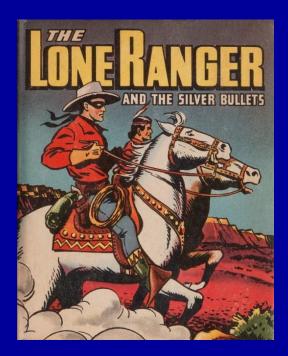
The Difference? Architecture!





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 by 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 Center for the Study of Traumatic Stress





"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."

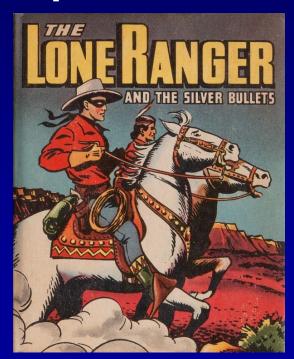
-Rudolph Giuliani





Silver Bullet #3 For Reducing Trauma:

Preparedness







"Prepare Relentlessly"

-Rudolph Giuliani (In <u>Leadership</u>)

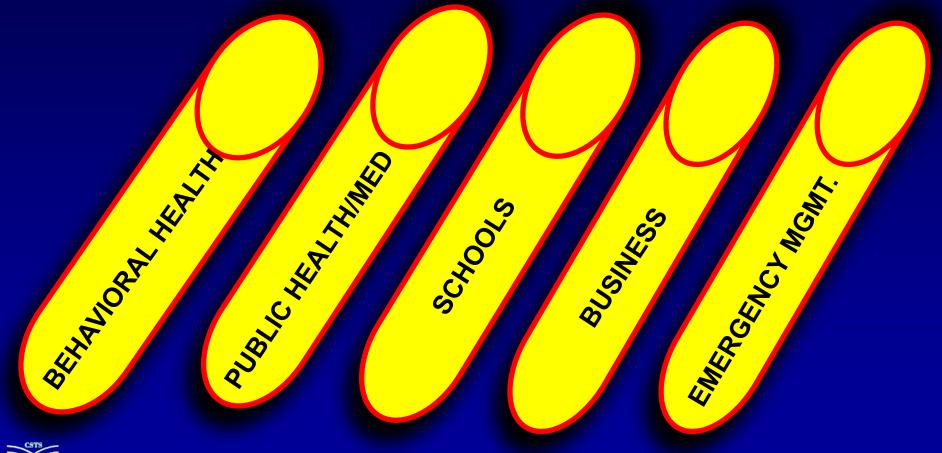






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of the Health Sciences The Stove Pipes... Still Far Too Parallel

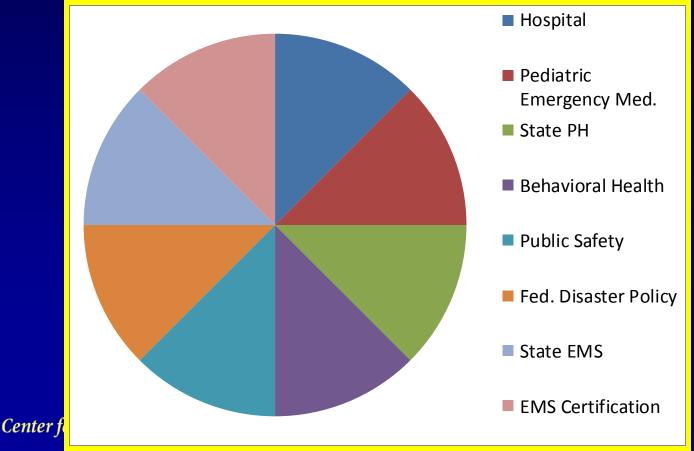






UNIFORMED SERVICES UNIVERSITY of the Health Sciences Why Should We Integrate?

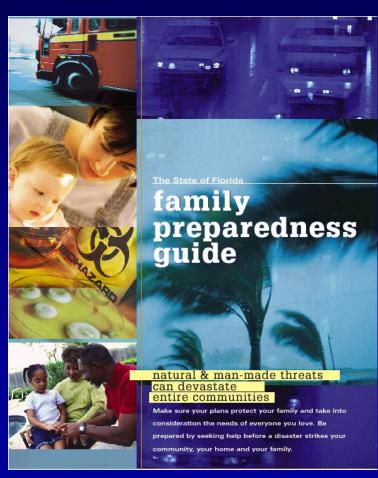
 The problems are too large and complex to manage alone (e.g., IOM Crisis Standards of Care: A Toolkit for Indicators & Triggers)





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Preparation Starts At The Individual/Family Level...



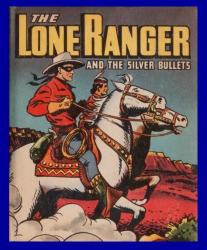




Silver Bullet #4 For Reducing Trauma:

Inclusiveness & Integration









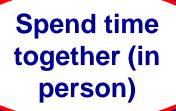
Integration: Enhance Understanding



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Ride-along equivalents







Integration: Preparing Together



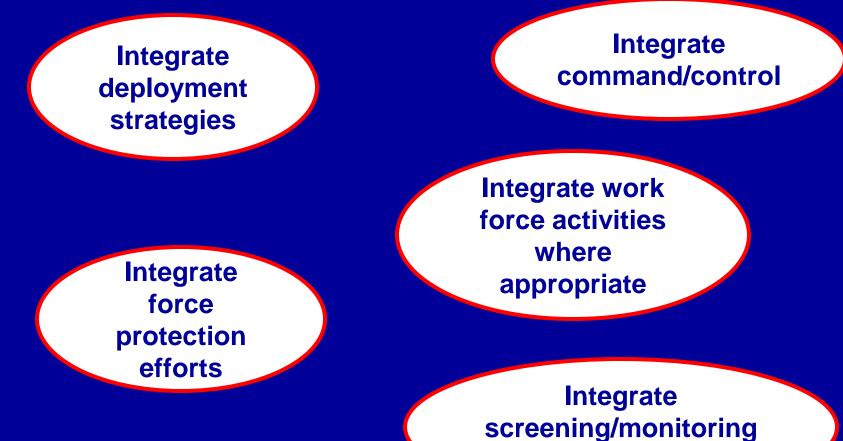


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Integration: Respond Together



tools/strategies



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Jointly promote integrated preparedness Collaborate on postevent force monitoring policies/practices

Jointly promote force protection Jointly promote integrated response

Collaborate on healthy deployment policies/practices





of the Health Sciences 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



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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





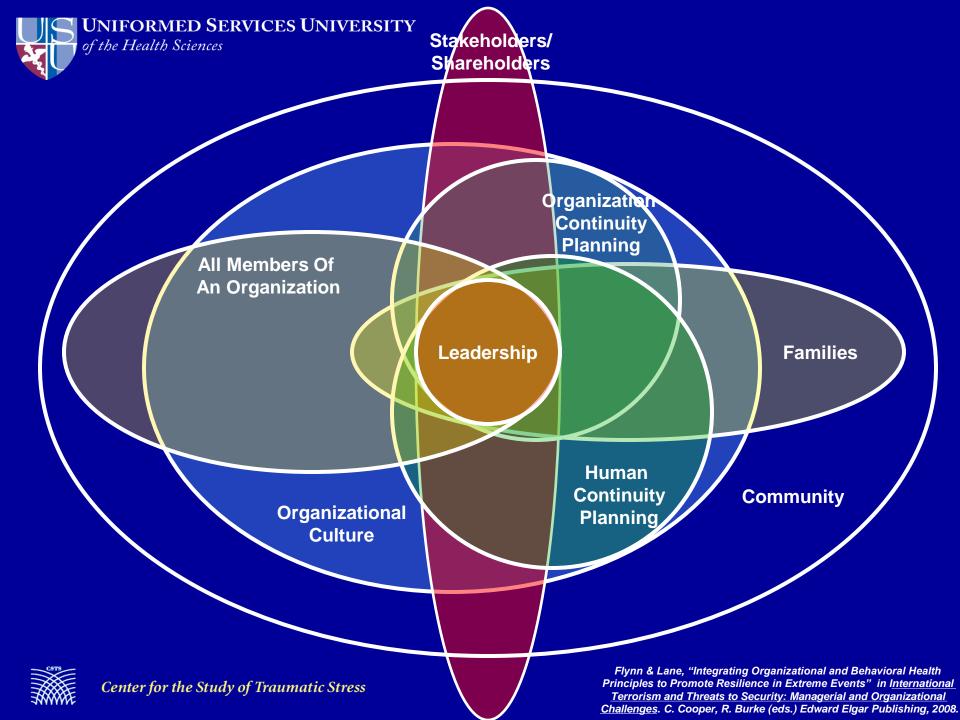
Think About Organizations

- Public/private; multinational, mom & pop; franchises; service organizations; major community employers
- Establish partnerships

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- 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

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- Sociology
- Anthropology
- Homeland Security

- Communications
- Emergency Management
- Political science
- Business
- Journalism
- Public health
- Education
- Engineering
- Medicine



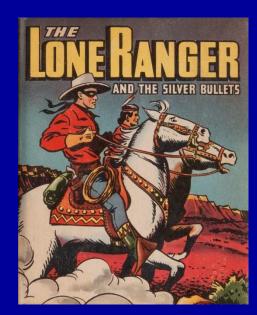


Silver Bullet #5 For Reducing Trauma:

Communications









"Better than any medication we know, information treats anxiety in a crisis." *Source: Saathoff, 2002*

Communication <u>is</u> a behavioral health intervention





Why Is Integrating Behavioral Science Expertise And Effective Risk/Crisis Communication Essential?





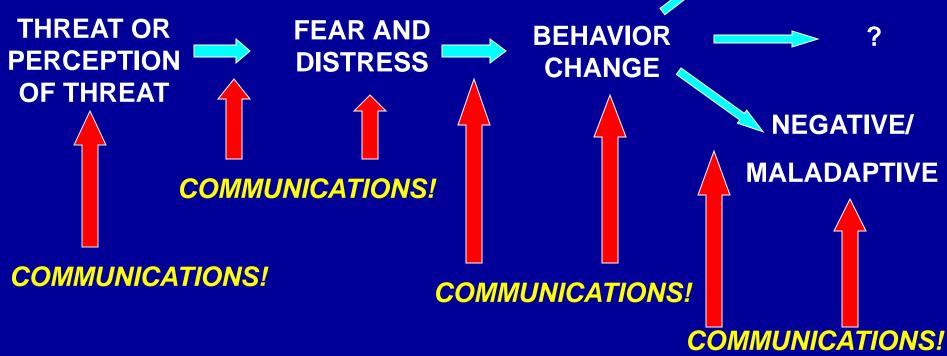


The behavioral choices people make to stay in place, evacuate, seek/not seek medical care, search for loved ones, etc. are very real life and <u>death</u> decisions.





IMPORTANCE OF COMMUNICATION IN RESPONSE TO THREAT POSITIVE/ ADAPTIVE







Communication By Leaders

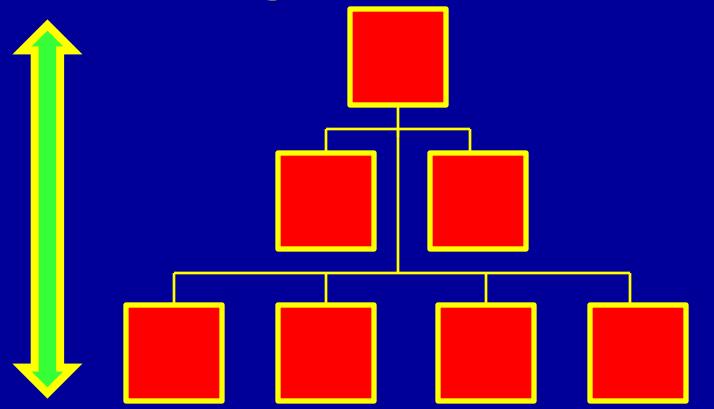
Multiple purposes:

- 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

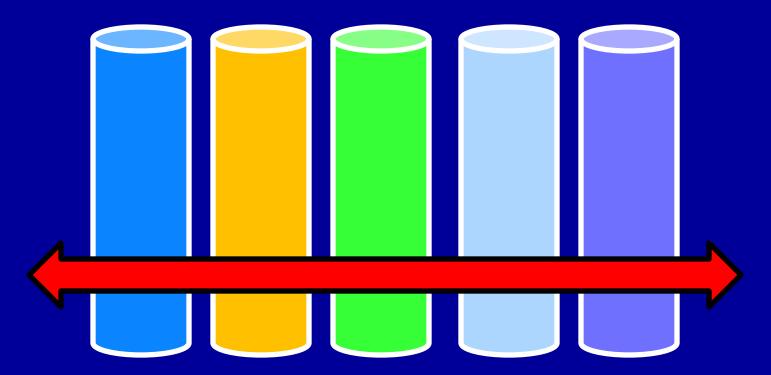




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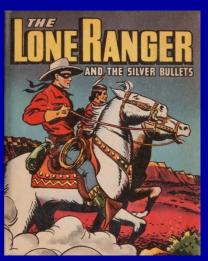






Silver Bullet #6 For Reducing Trauma: Taking care of workers/responders







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



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A Few Closing Thoughts...





What Is At Stake Here?







Potential Of Success:

Reduced death, loss, suffering

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- 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



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The Cost of Failure

Fear based

behavior/choices could kill more people, and do more socioeconomic damage, than the event itself.

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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

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- Never have a catastrophic event in a Presidential election year
- Take care of yourselves and your people





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- 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





Contact Information:

Brian W. Flynn, Ed.D. brian.flynn@usuhs.edu

