

Disaster Mental Health Intervention

Description and Purpose:

There are a variety of models and strategies that disaster mental health professionals utilize during a crisis event. It is not necessarily the particular models and strategies that professionals use to affect a positive outcome. Rather, it is the quality or chemistry of the relationship that the responder facilitates through intense attending, listening, and empathic responding that creates opportunities to build coping and resiliency with the trauma survivor. The primary purpose of a disaster mental health intervention is to facilitate brief interventions in a highly dynamic and supportive environment that focuses on: (a) identifying the person's behavioral, affective, somatic, interpersonal, cognitive, and spiritual capacities that increase the individual's safety and security needs, (b) creating an empathic environment and opportunity for the individual to talk about the trauma experience for the purpose of psychological first-aid, and (c) offer an environment that can cultivate the seeds of hope to restore balance and normalcy by building resiliency.

Pre-Intervention Structure:

Assess and coordinate with others on the Disaster Team regarding the trauma survivors' psychological, spiritual, and medical/physical level of functioning. Depending upon the nature and timing of the traumatic event, will determine what mental health interventions will be required. Select individuals and/or groups that may be closest to the epicenter of the critical event or those that are most at-risk psychologically. Begin by establishing a rapport with the individual in a private area if possible. The disaster mental health professional should: (a) make sure they introduce themselves and begin to establish a rapport with the survivor (b) ask for permission to talk with the survivor, (c) discuss issues of confidentiality, (d) encourage disclosure at the level that the survivor feels most comfortable discussing their traumatic experience, and (e) emphasize your role as the mental health specialist and that you are there for emotional/psychological support and to empower them with resources that will help build coping abilities and resiliency.

Suggested Crisis Intervention Approach

Establishing Safety & Security: Being With the Person

Respond and provide opportunities for individual to receive positive human contact to reaffirm needs for physical and psychological safety and security. Use the skills of listening, attending, and empathic responding to validate the survivor's experience. Mental health professional must be aware of the behavioral, affective, somatic, interpersonal, cognitive, and spiritual response to acute stress and post-trauma. Create an environment that reinforces the survivors safety and security needs.

Ventilation, Validation, and Reaching-out

Encourage individual to talk about the stressful and traumatic event. Reassure the person that their sadness and grief are a very normal response to a non-ordinary or traumatic event. Assure them that they will not always feel this sense of overwhelming grief. They may never

forget the traumatic event, however, with time, the intensity of emotion will ease or diminish. Facilitator may use the following questions:

1. Where were you when this incident happened?
2. Try and remember back to this event. What were some of the things that you saw, heard, felt, smelled, and experienced?
3. What other memories stood-out for you?
4. Since the time of this incident, how have you been affected? Can you describe how this has significantly impacted your life right now?
5. How did your family and friends react to this incident?

Prediction, Preparation, and Making Meaning of Event

Encourage person to try and think about how things can get back to normal again and how to reconnect with their lives (e.g., job, school, friends, family, regular routines). As a crisis responder, you may feel the need to provide all the answers. However, your most effective strategies are those that: (a) educate the person about psychosocial reaction to trauma, loss, and grief, and (b) facilitate meaning and brainstorm ideas for healing, support, and building capacity for coping and resiliency. Facilitators may ask the following

1. After all that you have been through, what do you expect to face in the next few days, weeks, months?
2. What helps you to continue-on after all that you've been through?
2. How do you think that your family, friends, or community will continue to be affected?
3. What other concerns do you have about your future?
4. What are some of the things (coping strategies) that you can do (today) to help you prepare for getting back to normal at (school, work, home, parenting)?
5. Are there any specific things that you could share with others that might help them through this event, to help them cope right now?
6. If I came in contact with you a few weeks or months from now- what might I see that would be different about you? What will you be doing when you are no longer having these feelings of being overwhelmed?

Disaster Mental Health Resources

American Counseling Association (ACA) www.counseling.org
American Red Cross (ARC) www.redcross.org
American Academy of Child and Adolescent Psychiatry (AACAP) www.aacap.org
American Psychiatric Association (APA) www.psych.org
American Psychological Association (APA) www.apa.org
Center for Disease Control and Prevention (CDCP) www.cdc.gov
National Association of School Psychologists (NASP) www.nasponline.org/
National Association of Social Workers (NASW) www.naswdc.org/
National Institute on Mental Health (NIMH) www.nimh.nih.gov/
National Mental Health Association (NMHA) www.nmha.org/
Substance Abuse Mental Health Services Administration (SAMHSA) www.samhsa.gov/
The American Academy of Experts in Traumatic Stress (AAETS) www.aaets.org/

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Davis, M., Robbins Eshelman, E., & McKay, M. (1995). *The relaxation and stress reduction workbook* (4th ed.). Oakland, CA: New Harbinger Publications.

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Johnson, K. (2000). *School crisis management: A hands-on guide to training crisis response teams*. Alameda, CA: Hunter House, Inc., Publishers.

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