

Responder Resilience and Health Diplomacy

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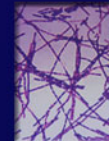
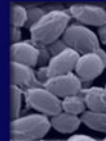
CDR, U.S. Public Health Service

**Senior Medical Advisor for Emergency Preparedness and
Disaster Mental Health**

CDC, National Center for Injury Prevention and Control

For

**United States Public Health Service
Commissioned Officers Association
Physician Category Day 2006**





Disaster Mental Health Guiding Principles

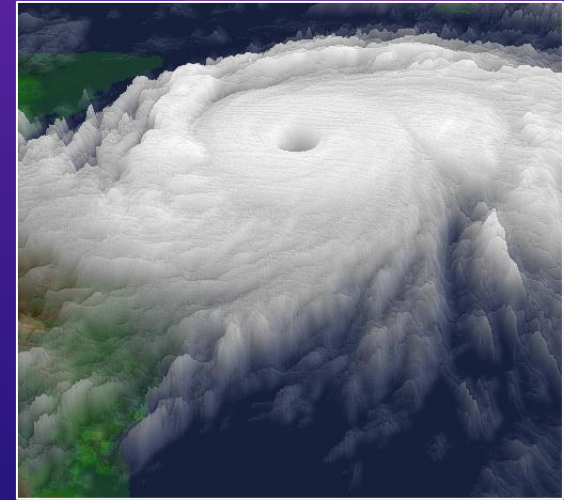
- No one who experiences a disaster is untouched by it.
- Most people pull together and function during and after a disaster, but their effectiveness is diminished.
- Mental health concerns exist in most aspects of preparedness, response and recovery.

Percentage of Citizens with Severe Psychological Impairment

Mass
Violence

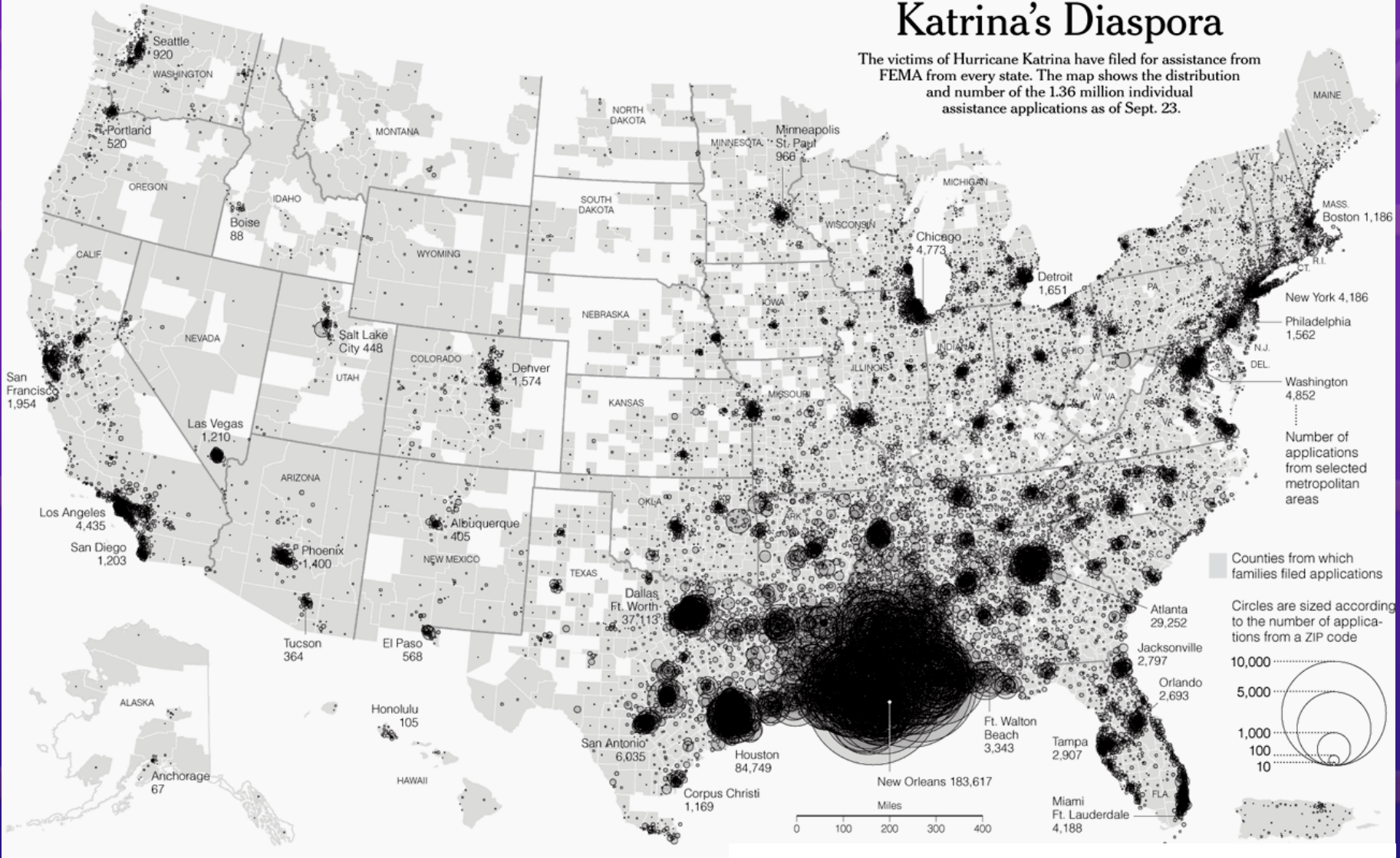
Technological
Disasters

Natural
Disasters



Katrina's Diaspora

The victims of Hurricane Katrina have filed for assistance from FEMA from every state. The map shows the distribution and number of the 1.36 million individual assistance applications as of Sept. 23.



Source: NY Times – October 2, 2005

Applications by state

| | | |
|-------------|---------|-------|
| Louisiana | 523,149 | 38.6% |
| Mississippi | 383,840 | 28.3% |
| Texas | 156,895 | 11.6% |
| Alabama | 109,469 | 8.1% |
| Georgia | 35,342 | 2.6% |
| Florida | 31,005 | 2.3% |
| Tennessee | 15,529 | 1.1% |
| Arkansas | 11,027 | 0.8% |
| California | 10,953 | 0.8% |
| Illinois | 6,430 | 0.5% |
| Others | 73,065 | 5.4% |

Applications by distance from New Orleans

| MILES | APPLICANTS | PCT. |
|-------------|------------|-------|
| 0-100 | 626,232 | 46.2% |
| 100-200 | 338,080 | 24.9% |
| 200-400 | 184,169 | 13.6% |
| 400-800 | 143,497 | 10.6% |
| 800-1,600 | 45,371 | 3.3% |
| 1,600-3,200 | 13,403 | 1.0% |
| 3,200+ | 232 | 0.0% |

Distances could not be calculated for 0.4 percent of applications.

Sources: FEMA; Census Bureau; Queens College Sociology Department
Matthew Ericson, Archie Tse and Jodi Wilgoren/The New York Times

Remember these disaster realities:

- **Environment:** Confused, chaotic, noisy
- **Decisions:** Fast, furious, minimal info available
- **Problem solving:** Think-on-your-feet; apply a common-sense, practical, flexible approach
- **Situations:** Constantly changing; role ambiguity, unclear lines of authority, little structure



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Pandemic Influenza: Impact on Health Care Personnel

- Balance demands of work and home
- Fear of transmission to family
- Ethical dilemmas for treatment decisions
- Grief and loss on large scale
- Helplessness of care-providers
- Loss of self-efficacy
- Exhaustion and resilience
- Compressed time (if rapid demise)



Psychological and Behavioral Countermeasures for Pandemic Influenza

Measures to shape adaptive behaviors

Guidance about maximizing public trust and effectiveness of communication

Guidance to maximize adaptive behavior change

Measures to reduce social and emotional deterioration and improve functioning

Public information, guidance, and support aimed at increasing hope, safety, calming, connectedness, and personal/community efficacy

Measures to support key personnel in critical infrastructure functions (e.g., healthcare, emergency responders, child-serving, utilities, food)

Maximizing performance and resilience (managing grief, exhaustion, anger, fear, family and self-care issues, and resolving ethical issues)



R. Gurwitch

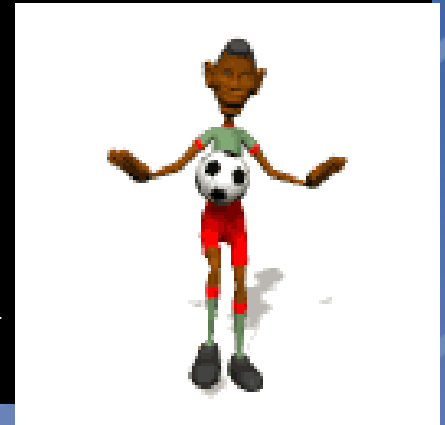


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What is Resilience?

- Ability to recover from or rapidly adjust to misfortune or change
- Ability to “bounce back” from difficult experiences in a healthy manner
- Resilience can be learned
- Resilience can be enhanced



*Expert panel on community resilience,
Univ OK, NCCTS/TDB & CDC 2003*

Why Resilience?

- Mission success tied to
 - ◆ Knowledge, skills, training & *resilience*
 - ◆ Team cohesion
 - ◆ Leadership
- Psychological preparedness improves response and recovery
 - ◆ Decreases “costs” of added stress
 - ◆ Effective re-integration to usual life



Sources of Deployment Stress

- Role ambiguity
- Mismatch of skills with assigned tasks
- Lack of team cohesion
- Poor leadership
- Sensory overload (loss, death, destruction)
- Social disarray (equity and order)
- Cultural “fit” (team, situation)



Factors Contributing to Burn-Out

- Demands for empathy
- Ambiguous success and reward
- Identifying with victims/survivors
- Unresolved past trauma, triggers
- Accumulated stress
- Professional isolation
- Loss of work - life balance

R. Gurwitch & M. Schreiber, 2003



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Staff Condition Over Time

- Adrenaline depletion
- Impaired immune system and cognitive functioning
- Exhaustion
- Decreased effectiveness
- Increased incidence of illness and accidents

S. Hamilton, 2005



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Coming Home...

- Family reactions to absence (e.g., anger)
- Routine work has piled up and is late
- Empathic failure of supervisor/coworkers
- Inability to function at usual speed or the “crash”
- Insufficient recovery and accumulated burdens

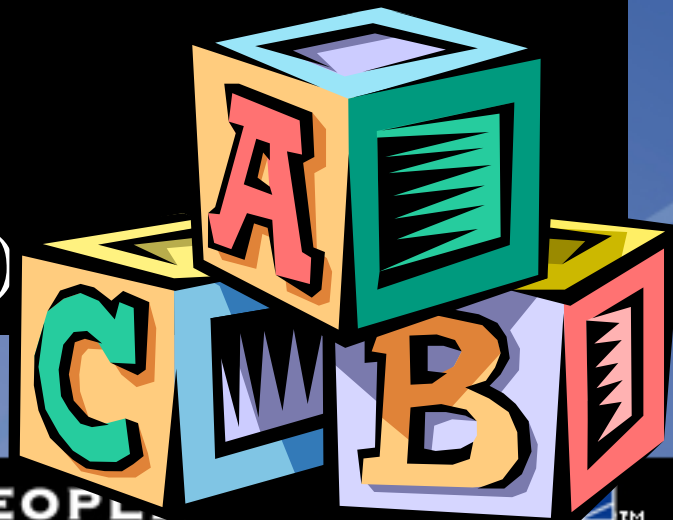


Personal Resilience Plan

- Monitor and limit unnecessary exposure
- Monitor general and personal risk factors
 - ◆ Coping style
 - ◆ Connectivity with others
 - ◆ Know your unique stressors and *Red Flags* for further assistance
- Re-establish work-life balance
- Advocate for changes (lessons)

“The Road to Resilience”

www.helping.apa.org (R. Gurwitch)



Building Team Resilience: Pre- or Between Events

- Learn about your leadership strengths and weaknesses
- Learn about rapid assessment of skills and limitations in team members
- Learn how to foster team cohesion
- Be familiar with expected roles and team functions
- Build social support systems



Building Team Resilience: During Response

- If possible, deploy as a team or use a “buddy system”
- Ensure regular communication bi-directional (especially problem-solving)
- Clarify tasks required of team, mission success
- Match tasks with team member skills
- Delegate as needed to keep scope manageable
- Monitor occupational safety, health, and psychological well-being



Building Team Resilience: Post-Event (*Encourage Recovery*)

- Monitor health and well-being
 - ◆ Exit interviews for closure
 - ◆ Delayed reactions with increased demand for services (onset >5 weeks)
 - ◆ Give yourself time to recover
 - ◆ Seek support when needed
- Create opportunities for team to reconnect
 - ◆ Internet listserve, conference follow-up, COA

Operational Evaluation

- Factual review of management strategies
- Ensure continuity for ongoing response
 - ◆ Implement lessons learned
- Needs to be a standard operating procedure with results broadly shared
 - ◆ Results need to be interpreted within the context of the emergency public health event lifecycle



Safety and Resilience Strategy



Florida's health

THE FLORIDA DEPARTMENT OF HEALTH • 1997



**Partners to help the Nation in
Present & Future Disaster
Response**

Partnerships:

Reach-Back Technical Assistance Network

- USUHS Department of Psychiatry, Center for the Study of Traumatic Stress (DOD)
- National Center for Post-Traumatic Stress Disorder (VA)
- Potomac Institute/National Defense University
- Disaster Mental Health Institute of South Dakota
- National Child Traumatic Stress Network
- IOM Committee on Psychological Consequences of Terrorism 2003
- Carter Center Mental Health Program
- RAND Corporation
- SAMHSA/CMHS (DTAC) & NIMH (HHS)
- Defense Threat Reduction Agency (DOD)
- Academic Centers for Public Health Preparedness
- American Psychiatric Association, American Psychological Association

Acknowledgements

2005 Operation Earthquake Mental Health and Resilience Team, CDC Emergency Ops
Uniformed Services University of the Health Sciences, Dept of Psychiatry, Center for the
Study of Traumatic Stress (Dept of Defense)

National Center for Post-Traumatic Stress Disorder (Dept of Veterans Affairs)

The National Child Traumatic Stress Network, Trauma and Disaster Branch

Potomac Institute

National Defense University

Disaster Mental Health Institute of South Dakota

American Psychological Association

American Psychiatric Association

Carter Center Mental Health Program

RAND Corporation

Defense Threat Reduction Agency (Dept of Defense)

US Dept of Health and Human Services

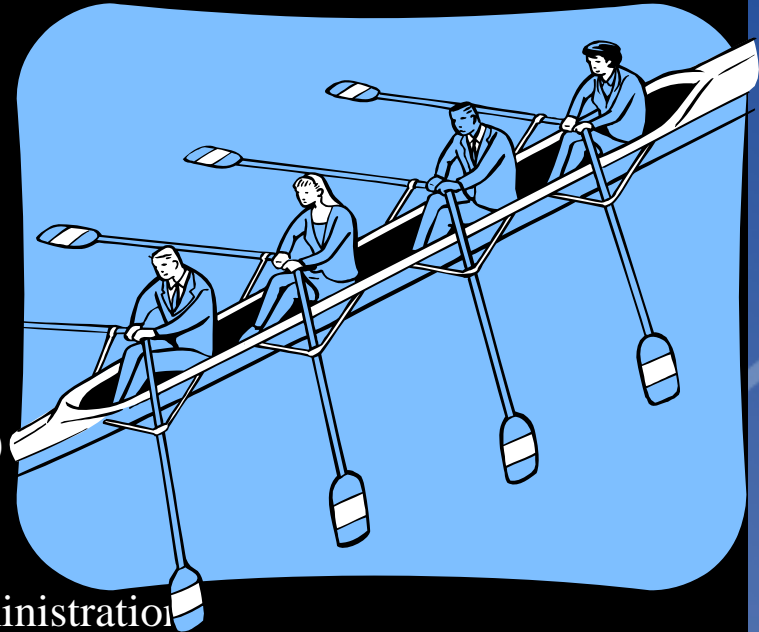
Centers of Disease Control and Prevention

Substance Abuse and Mental Health Services Administration

National Institute of Mental Health

Health Resources Service Administration

Office of Public Health Emergency Preparedness



Stay Resilient. Stop Stress!



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Police:

Fire:

Local Red Cross:

Hwy/Road Conditions:

Local Emergency Mgt:

Radio/TV Official Info Stations:

Key Phone #s

Schools:

District Hotline

Afterschool Care:

Child's Cell Phone:

Red Cross National #s:

1-866-GETINFO (866-438-4636)
1-800-526-1417

Important Web Sites:

www.ready.gov
www.nctsnet.org
www.bt.cdc.gov
www.disasterrelief.org
www.mentalhealth.org

Notes:

Family Work/Cell:

Relative/Friend:

Out of State Emergency Contact:

Doctor:



FAMILY PREPAREDNESS PLAN

(check when complete)

- Make a Family Emergency Plan**
 - Have a Family Communication Plan
 - Make an Emergency Supply Kit
 - Learn Your School's Plan
- Be Informed**
- Practice**

Hospital:

Mental Health Agency:

Pharmacy:

Veterinarian:

Insurance:



The 5 R's of Stress Control

- Reassure (of normality)
- Rest
- Replenish physiologic needs
- Restore confidence (work, talk)
- Return (reunite) to duty & team



Provide Psychological First Aid (ABCs)

- Arousal:** Provide safety, comfort, consolation to calm down
- Behavior:** Assist survivors to function effectively in disaster
- Cognition:** Provide reality testing and clear information



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Resilience and Situational Leadership

- Evaluate your strengths and weaknesses as pertains to leadership and situation
 - ◆ Don't forget to delegate
 - ◆ Keep your scope manageable
- Assess skills in subordinates and match tasks accordingly
- Align leadership approach to the situational context and the skills/maturity of team
- Evaluate actions and create continuity between deployment teams

