Disaster and Global Disaster Behavioral Health Response

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Abstract
Disaster and disaster behavioral health are global issues which warrant international awareness and collaboration. Even given the differences in beliefs and behaviors of people across the globe, there are common human responses to disaster that can be effectively addressed through the use of formalized disaster behavioral health response. The author presents Psychological First Aid (PFA), an evidence-informed response to disaster which has been shown to support both short and long adaptive functioning in disaster victims in the early aftermath of a disaster as a good model for disaster behavioral health response across the entire globe.

Keywords: Psychological First Aid, disaster, disaster behavioral health

Introduction:

Disasters and therefore disaster behavioral health are global issues which warrant international awareness and collaboration. Disasters can happen anywhere at any time to anybody. Disasters do not discriminate against international boarders, international commerce, or communities and cities around the world. As a result, at any given time somewhere in the world there are likely to be individuals and or communities that have been affected by disaster and are in need of a disaster behavioral health response.

While disaster behavioral health usually focuses on the area of impact it is known that areas outside the direct impact zone can be dramatically influenced by the physical and/or human implications of a disaster.

Areas close to the impact zone may be flooded by refugees fleeing the disaster. Large numbers of refugees swarming to safety can tax an area's resources. Refugees with nowhere to go except refugee camps need shelter, food, water, medicine, and the list goes on. Eventually the host community or country will feel the strain of this densely populated temporary, but seemingly permanent, community. If these areas do not get the international support and understanding needed, they may to become victims of the disaster.

Disaster behavioral health response is more practical than psychological. It is meant to stabilize the people during the recovery phase of disaster as opposed to helping the victim work through emotional issues existing prior to or resulting from the disaster experience. It is less for those

individuals seriously emotionally disturbed by the disaster but rather for all victims of disaster as an effort to help them stabilize and adjust to what will inevitably be the new normal for some time. Those individuals with severe emotional issues may be identified through a disaster behavioral health response and linked to more appropriate professional mental health services for specific clinical mental health interventions. Beyond some basic crisis and supportive counseling, a disaster behavioral health responder's focus is more of stabilizing the victim and linking them to formal mental health services if needed as opposed to directly providing mental health services.

Discussion

What is a Disaster?

Disasters occur when patterns of human behavior are interrupted by powerful physical forces (Shultz, Russell, &Espinel, 2005). That is when an event, man-made or natural, negatively impacts people on a scale to require outside resources and supports to help stabilize the situation and to help the populace affected recover. While there may be loss of human life it is not a requirement for a situation to defined as a disaster. It is recognized that there are some variations of this general definition such as when the disaster has a long "ramp- up" time such as with some floods and drought versus relatively short term notice as often with hurricanes and winter storms as well as no notice events such as earthquakes and explosions.

The human element plays a big role in defining a situation as a disaster or not. Large scale mudslides and rock slides that happen in the remote wilderness may cause destruction to large portions of the wilderness but are not considered disasters because they don't directly impact people. If the same destructive slides occurred in a populated area, the level of negative impact on the people would most certainly be considered a disaster. The remote areas may not need outside resources to aid in stabilization and recovery, while the people and communities may have to rely heavily on them.

The disaster impact could be experienced significantly different for individuals that are even close by each other. Some may have had direct impact while some may have somehow been "missed" as in instances where tornadoes devastate homes while leaving the houses on each side untouched. Additionally, individuals suffered losses that are different than others. That is the individual that loses their belongings out of a hotel room while on vacation versus the elderly couple who lived in the home, which was destroyed, all their lives and now truly has nowhere else to go. One thing is for certain, disaster taxes all resources and we need to make sure we conserve clinical resources (Norris, Friedman & Watson, 2002). This is a significant factor in being able to meet the post-disaster behavioral health needs of those affected.

Once such circumstance is pandemic flu, which potentially has significant global implications, especially in the area of utilization of medical and behavioral health clinical resources. This is very problematic in that there is the likely possibility that many people will start to believe that they have the infectious disease themselves, even if they're not infected. What will occur is the public will surge into hospitals, which appear in general to not be adequately prepared (Osofsky,

H. 2007) to address a large scale infectious disease outbreak (Terhakopian&Benedek, 2007). This type of surge could overwhelm and decimate those resources and services that are necessary and better used for individuals that truly are infected by the infectious disease or are in need of other medical or behavioral health services.

Types of disaster

1) Disasters come in many forms however they are typically described as one of two types, man-made or natural. More specific categories are indicated within the given type: Man-made

    a) Accidents: Plane, train and auto crashes; structural or building collapses; explosions; man- made fires and chemicals.

    b) Criminal or Terrorist actions: Bombings; chemical and biological weapons

    c) War: People have a variety of views on war as conceptualized as a disaster. In this context, war is framed as a situation of significant impact on a community or large group of people which has the potential for having widespread damage and destruction and a scale that has individuals requiring outside resources.

2) Natural

    a) Meteorological: Hurricanes, tornadoes, blizzards, ice storms, and drought

    b) Topological: Floods, landslides and avalanches

    c) Geological: Tsunamis, earth quakes

    d) Biological: Infectious diseases and epidemics

Differential reaction and response

The take-home message in disaster behavioral health relative to the human experience is that most of what will occur is *a normal reaction to an abnormal situation*. When we think of direct exposure to disaster, we tend to put situations and expected responses in the categories that fit within the medical model of behavioral health. It is almost as if we have to believe that anyone who experiences significant trauma must have some related emotional disability or disorder as a result. We are in error, in that what might be considered trauma to someone may not really be considered traumatic to the individual that experience it. We also neglect to recognize the

significant factors related to resiliency and human capacity to effectively withstand and cope with circumstances and situations that to some would be totally debilitating.

A discussion of the human response to disaster would not be complete without at least a mention of resiliency. There are many different opinions of what resiliency is so the author chooses to use the widely used and globally available resource Dictionary.com (2012) as it defines resilience as recovering readily from illness, depression, adversity, or the like. This definition fits well with the concept of disaster survivor resiliency. An individual's level of resiliency clearly has implications on their ability to effectively cope with the disaster experience. Most people have a level of resiliency which will help them effectively cope with the disaster experience. It is helpful to note here that communities can successfully adapt to disaster (Norris et al., 2008).

Phases of human reaction and response

Different individuals have different capacities to cope with traumatic situations such as disasters. However, there are some commonalities in the human response to disaster. There appears to be general phases of emotional response to disasters. While some disasters happen very rapidly, there are disasters which may have prolonged warning and pre disaster phases. Even though there may be some differences during the pre- event response, the during-event and post-event emotional responses are generally similar among disaster survivors.

During the warning and pre-disaster period the active conscious thought of pending disaster just starts to rise into people's awareness, admittedly at different rates and degrees. Once this awareness of the inevitability of the event is present people become more active in their preparation for the event. People will be responding in different manners. Reaction and response is often related to previous experiences relative to the one that they are currently confronted with. Sometimes previous exposure to trauma or disaster can act as a protective factor and actually promote resiliency. An example being some people on the coast will continue to throw hurricane parties even in the eye of the storm whereas others will have rapidly packed and driven far inward at the first indications of a possible hurricane landfall near them.

Preparation continues with in the time afforded prior to the actual event. People prepare and respond in different specific ways. Some may start to actively mobilize while others start to isolate. Some may become overly concerned while others ignore the possible negative realities. The list of preparation possibilities goes on, but eventually the event occurs. Is no longer the human experience of "what if"? Individual awareness shifts to figuring out how to react to the event. This is truly where the concept of a normal reaction to an abnormal situation comes into play when dealing with concepts around disaster and disaster response. The reality is that some people have difficulties in effectively reacting or responding to negative situations when they are experiencing "normal" let alone "abnormal" circumstances. These individuals are likely to display the same maladaptive coping and functioning they displayed prior to the event. The good news is that this applies to everyone one, including those individuals who historically effectively react and respond to normal negative situations. They are likely to effectively react and respond to abnormal situations.

What appears to be consistent is that after impact most people become very active but not highly productive, including behaviors which are not well directed but nonetheless intended to try to help or to ameliorate the problems of the impact of the disaster. People worked tirelessly to get certain things done during the initial aftermath of a disaster. They usually give things of themselves which they might not ordinarily give. Generally speaking, immediately following the disaster impact, people seem to try to work together for the common good. Unfortunately, as the individual recognizes the trials and tribulations that come with disaster recovery continue they start to become disillusioned.

Eventually people start adjusting to all the changes in circumstances and in many ways come to terms with the effects of the event. The individuals are not necessarily satisfied or accepting of the situation, but rather just coming to terms with the issues. For most there is a resurgence of self from those difficult times and each time the individual comes to terms with "one little piece" they are progressing to a better state of adaptive functioning. However, as is often the case, negative experiences have triggers or anniversary dates and the associated reactions which are often problematic. Circumstances may remind the individual the trauma, or pieces of it. Many individuals will go into a slight regression as they reprocess the experience but based on their level of resiliency, they effectively cope with those triggers and anniversary dates. They reconstruct their lives within the realities of their experience of the disaster. Most people will reconstruct in a manner that will actually develop another level of resiliency for coping under such adverse situations.

Prior mental health diagnosis is strongly related to post terrorist incident Post-traumatic Stress Disorder (DiMaggio &Galea, 2006). It is clear that significant stress reactions occur to people who have been exposed to disasters and that the nature, intensity, physical closeness to the event, and other factors affect how an individual responds to the disaster. People adjust and cope differently to exposure to disaster but the reality is that while anybody who is exposed to disaster will be impacted, the vast majority recover quickly.

Routines

Disaster turns an individual's world upside down. It can dramatically disrupt someone's social supports.

In that social supports are protective factors (Bartone, Ursano, Wright & Ingraham, 1989). It follows that inhibiting or losing them would be detrimental to the individual's coping capacity. It is not always that they are physically injured or saw something so graphic their coping capacity has been overwhelmed it is that they feel like they have "lost control" over their environment and ultimately themselves. This erosion of sense of self- mastery causes the individual to feel unsafe. This is not a good state to be in but it appears common in disaster victims. Routines have a way of giving a sense of self-mastery and control over oneself and environment. Routine invokes a sense of self-control that is necessary for people to feel safe and secure. When you remove one's daily routines you have basically taken away the infrastructure of that individual's life. They have lost the structure in their lives which promotes a sense of security.

Given that this is more of a normal reaction than a mental health disorder, the response needs to be more practical than psychological. Practical meaning meeting the basic immediate needs of the survivor to help them cope with the current situation rather being psychological, defined here as being treatment and disorder oriented. Normal human suffering is not a disorder and what occurs in most disaster situations is that of normal human suffering relative to the stresses and losses inherent in the disaster experience.

The good thing is that most reactions to experiencing a disaster are normal and usually transitory. While not meeting the clinical criteria to be classified as a severe mental disorder, it is understood that some of the reactions would meet the level of disruption to be considered an adjustment disorder. Thusly by definition, most individuals will return to pre-disaster level of functioning within approximately 6 months without clinical intervention. Recognizing that most people will adjust accordingly, it is most appropriate to use a compassionate presence while focusing on meeting basic needs relative food, water, security and such.

Human reactions

Psychological reactions are inherent in the disaster experience. It is just the difference between adaptive and maladaptive coping that makes the reaction problematic. The phases of psychological reactions are similar to the grief cycle. People are shocked and in denial as a normal defense. The mind refuses to let the information into conscious awareness because it is to overwhelming so it "buys time" by "numbing" the individual.

Eventually we come out of it and are confronted with the negative realities and we often become angry. In seeking to come to terms we often blame others as we seek to make sense out of the all the confusion.

This path of numbing, denial, rage, anger, blame and confusion can take its toll on the individual and manifest as sadness and depression. Most people realize they cannot and do not want to avoid living and therefore start to recognize a need to start to go back to living. While this thought and resultant actions are productive, a side effect of this growth is that the individual can experience anxiety and maybe intrusive thoughts. These experiences may make the victim want to once again retreat from the psychological stressors. Some may become depressed but most start to come to an understanding that they must come to terms with the new realities and as a result start reconstructing their new life.

Effective disaster behavioral health response: Psychological First Aid

So how does one effectively respond? While the specifics may vary, the hallmark of effective behavioral health disaster response is interfacing with survivors with a compassionate presence. Given the disruption or perhaps complete devastation of the structures of their daily lives, compassionate presence allows the individual to feel a structure and thusly a sense of safety that in many ways does not exist within their disaster experience.

Responders and victims can be greatly affected by being exposed to disaster aftermath (Stellman et al., 2008) suggests that disaster affects both the victims and the disaster responders. The Red

Cross has also recognized the strain disaster work has on responders and has worked to help both victims and responders (North et al., (2000).It is suggested that Psychological First Aid might be able to help both the disaster victim as well as the disaster responder.

Psychological First Aid (PFA) is a preferred evidence-informed response to disasters (Uhernik&Husson, 2009) which supports both short and long adaptive functioning (Ruzek, et al., 2007). PFA in and of itself is basic and seemingly simplistic. While in its general presentation it may appear unsophisticated, it truly does have the potential of be very helpful to disaster victims in the early aftermath of a disaster.

The author finds that a commonly used resource for understanding PFAis *Psychological First Aid*: *Field Operations Guide*, *2nd Edition*. (2006) According to the PFA field operations guide, it is an evidence informed modular approach to help individuals immediately after disaster or terrorism. This purpose is to mediate and decrease the negative implications caused by exposure to the event. Its intent is to promote adaptive functioning and coping not only in the immediate situations and aftermath of the disaster or terrorism event, but even for long-term adaptive capacity. PFA has four basic standards, which include: a) being evidence-based relative to implications of trauma on risk and resilience; b) is applicable and practical in the field; c) is developmentally appropriate across all ages; d) is delivered in a flexible and culturally informed manner.

PFA will be delivered during difficult times and under difficult circumstances, disasters. However, if applied in the appropriate manner there is good potential for positive outcomes. The delivery of PFA should only occur if it doesn't cause more harm than good and is not disruptive or intrusive. PFA is not about the psychological aspects of the situation, but rather it is practical and action-orientation. It takes into account human variations and differences based on cultural, age, and developmental status of victims of disaster. There is focus on delivering 8 identified core actions.

PFA core actions:

1. Contact and Engagement
   Goal: To respond to contacts initiated by survivors, or to initiate contacts in a nonintrusive, compassionate, and helpful manner.
2. Safety and Comfort
   Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.
3. Stabilization
   Goal: To calm and orient emotionally overwhelmed or disk oriented survivors.
4. Information Gathering: Current needs and concerns
   Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.
5. Practical Assistance

Goal: To offer practical help to survivors in addressing immediate needs and concerns.

6. Connection with Social Supports

   Goal: To help establish brief or ongoing contacts with primary support persons, and other sources of support, including family members, friends, and community helping resources.

7. Information on Coping

   Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

8. Linkage with Collaborative Services

   Goal: To link survivors with available services needed at the time or in the future. (p. 19)

Conclusion

It is understood that while all individuals who are exposed to disaster will be affected by the experience, not all of them will be traumatized by the event. However all victims may need some assistance and guidance in stabilizing in the aftermath of the disaster.

PFA is a preferred modality for disaster behavioral health response and includes information gathering to make rapid assessments of immediate needs as well as to implement supportive activities in a flexible way. The basic objectives of PFA is make a human connection in a compassionate manner; provide physical and emotional comfort; enhancing safety; offering practical assistance and accurate information focused on directly helping survivors address their immediate needs and concerns; making attempts to connect survivors as rapidly as possible to their support systems; focusing on adaptive coping; empowering survivors and encouraging all to take an active role in their recovery; and helping survivors develop a sense of mastery over their environment.

By having a general knowledge about disasters and the human response to them one can use the concepts and actions presented in the PFA manual to effectively meet the behavioral health needs of disaster survivors almost anywhere in the world.

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