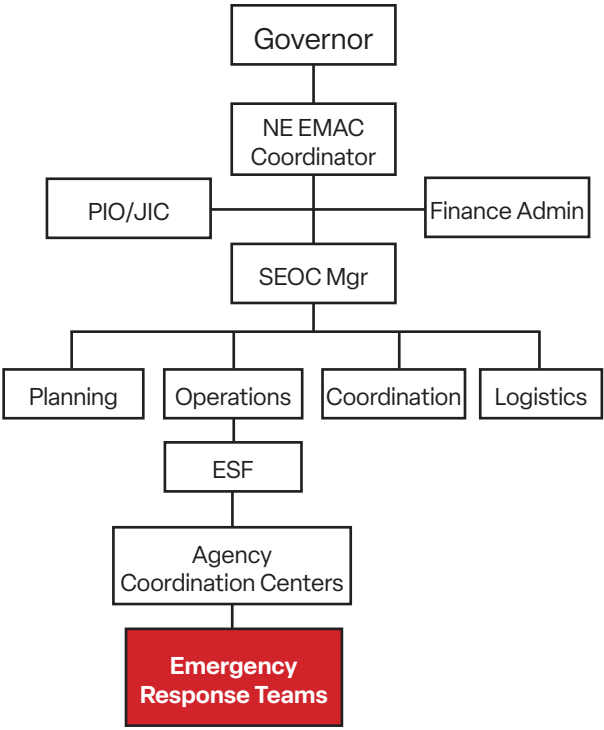
Disaster Behavioral Health Intervention Field Guide

Nebraska

Emergency Response Teams in the Nebraska Emergency Management Structure

Below is a simplified organizational chart representing placement of deployed emergency response teams in the Nebraska emergency management structure.



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I. Key Concepts

- No one who sees a disaster is untouched by it.
- Disaster stress and grief reactions are normal responses to an abnormal situation.
- Many emotional reactions of disaster survivors stem from new and/or existing problems of everyday living brought about or exacerbated by the disaster.
- Following a disaster, many people do not see the need for and will not seek behavioral health services.
- Survivors may reject disaster assistance of all types.
- Disaster behavioral health assistance is often more practical than psychological in nature.
- Disaster behavioral health services must be uniquely tailored to the communities they serve.
- Behavioral health workers need to set aside traditional methods, avoid the use of behavioral health labels, and use an active outreach approach to intervene successfully after a disaster.
- People impacted by the disaster respond to active, genuine interest, and concern.
- Interventions must be appropriate to the phase of the disaster.
- Social support systems are crucial to recovery.
- Self-care for responders is essential.

II. Psychological First Aid

Objectives

- Establish a connection with survivors in a non-intrusive, compassionate manner.
- Provide physical and emotional support.
- Address immediate needs.
- Answer pressing questions and current concerns.
- Gather additional information.
- Offer practical assistance and information.
- Connect survivors to social support.
- Support and acknowledge coping efforts and strengths.
- Encourage people to take an active role in their own recovery.

Core Actions

- Contact and engagement
- Safety and comfort
- Stabilization
- Information gathering: needs/concerns
- Practical assistance
- Connections and social supports
- Information on coping
- Linkage with collaborative services

II. Psychological First Aid *cont'd*

Guidelines

- Be present…respect person's privacy…give alone time if needed.
- Assign staff to areas so multiple staff are not approaching the same survivors over and over.
- Use active listening skills when interacting with people.
- Be sensitive to people's differences.
- Be aware of your own values and biases and how these may coincide or differ with those of the community served.
- Be aware of possible mistrust, fear, and lack of knowledge about relief services.
- Do not make assumptions about what a person is experiencing or assume that everyone exposed will be "traumatized."
- Do not assume that everyone needs to talk with you.
- Look for threat of harm to self or others.
- Be aware if you need to connect person with someone else.
- Speak to adolescents in an adult-like manner, so not to sound condescending.

Remember Disaster/Trauma Can:

- Reduce ability to concentrate
- Disrupt attention span
- Disrupt cognitive skills
- Lead to regression in individuals and to less effective ways of coping
- Result in anger issues

III. Disaster Intervention Skills

Key Skills

- Listen
- Offer acceptance of what is said
- Be accessible

Active Listening

- Allow silence
- Attend non verbally
- Paraphrase
- Reflect feelings
- Allow expression of emotions
- Clarify what is said to you

Problem-Solving

Workers can guide survivors through the problem-solving steps to assist with prioritizing and focusing action.

1. Define the problem / decide ownership
2. Set the goal
3. Brainstorm
4. Evaluate and choose the best solution

De-escalation

- Maintain an L-shaped stance
- Be congruent, make sure your non-verbals match your verbal communication
- Speak with respect and warmth
- Use active listening to find a point of agreement
- Give positive directions (e.g., "please lower your voice") instead of negative ("stop shouting")
- Repeat your request to gain compliance with directions
- Intervene only during the lulls
- Maintain your own safety

IV. Referrals

When to Refer

The following reactions, behaviors, and symptoms signal a need for the responder to consult with the appropriate professional, and in most cases, to sensitively refer the person for further assistance.

- Disorientation
- Any emotional or psychological reaction that interferes with daily functioning
- Anxiety
- Mental Illness
- Inability to care for self
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse, or elder abuse

How to Refer

1. Let the person know you care and explain why you are making a referral.
2. Present several options.
3. Assure that you will support until the referral is complete.
4. Arrange a follow-up call or visit.

V. Disaster Reaction/Intervention Suggestions

Ages 1 through 5

Behavioral Symptoms

- Resumption of bed-wetting, thumb sucking, clinging to parents
- Fears of the dark
- Avoidance of sleeping alone
- Increased crying

Physical Symptoms

- Loss of appetite
- Stomachaches
- Nausea
- Sleep problems, nightmares
- Speech difficulties
- Tics

Emotional Symptoms

- Anxiety
- Fear
- Irritability
- Angry outbursts
- Sadness
- Withdrawal

Intervention Suggestions

- Give verbal assurance and physical comfort
- Provide comforting bedtime routines
- Permit the child to sleep in parents' room temporarily
- Encourage expression regarding losses (i.e. deaths, pets, toys)
- Monitor media exposure to disaster trauma
- Encourage expression through play activities

V. Disaster Reaction/Intervention Suggestions *cont'd*

Ages 6 through 11

Behavioral Symptoms
- Decline in school performance
- Aggressive behavioral at home and/or school
- Hyperactivity or silly behavior
- Whining, clinging, acting like a younger child
- Increased competition with younger siblings for parents' attention

Physical Symptoms
- Change in appetite
- Stomachaches
- Headaches
- Sleep disturbances, nightmares

Emotional Symptoms
- School avoidance
- Withdrawal from friends, familiar activities
- Angry outbursts
- Obsessive preoccupation with disaster, safety

Intervention Suggestions
- Give attention and consideration
- Relax expectations of performance at home/school temporarily
- Set gentle/firm limits on acting out
- Encourage expression (verbal & play) of thoughts and feelings
- Provide structure but undemanding/routine home chores and rehabilitation activities
- Listen to the child's repeated retelling of a disaster event
- Involve the child in preparation of family emergency kit, home drills; rehearse safety measures
- Coordinate school disaster program; peer support, expressive activities, disaster education and planning, identify at-risk children

V. Disaster Reaction/Intervention Suggestions *cont'd*

Ages 12 through 18

Behavioral Symptoms
- Decline in academic performance
- Rebellion at home and/or school
- Decline in previous responsible behavior
- Agitation or decrease in energy level, apathy
- Delinquent behavior
- Social withdrawal

Physical Symptoms
- Appetite changes
- Gastrointestinal problems
- Headaches
- Skin eruptions
- Complaints of vague aches and pains
- Sleep disorders

Emotional Symptoms
- Loss of interest in peer social activities, hobbies, recreation
- Sadness or depression
- Resistance to authority
- Feelings of inadequacy and helplessness

Intervention Suggestions
- Give attention and consideration
- Relax expectations of performance at home/school temporarily
- Encourage discussion of disaster with peers, significant adults
- Avoid insistence on discussion of feelings with parents
- Encourage physical activity
- Rehearse safety measures
- Encourage resumption of social activities, athletics, clubs, etc.
- Encourage participation in community rehabilitation and reclamation work
- Coordinate school disaster program; peer support, expressive activites, disaster education and planning, identify at-risk children

V. Disaster Reaction/Intervention Suggestions *cont'd*

Adults

Behavioral Symptoms
- Sleep problems
- Avoidance of reminders
- Excessive activity level
- Crying easily
- Increased conflicts with family
- Hypervigilance
- Isolation, withdrawal

Physical Symptoms
- Appetite changes
- Gastrointestinal distress
- Fatigue, exhaustion
- Somatic complaints
- Worsening of chronic conditions

Emotional Symptoms
- Sadness
- Irritability, anger
- Anxiety, fear
- Despair, hopelessness
- Guilt, self doubt
- Mood swings

Intervention Suggestions
- Provide supportive listening and opportunity to talk in detail about disaster experience
- Assist with prioritizing and problem solving
- Offer assistance for family members to facilitate communication and effective functioning
- Assess and refer when indicated
- Provide information on disaster stress and coping, children's reactions and families
- Provide information on referral resources

V. Disaster Reaction/Intervention Suggestions *cont'd*

Older Adults

Behavioral Symptoms
- Withdrawal and isolation
- Reluctance to leave home
- Mobility limitations
- Relocation adjustment problems
- Symptoms resulting from loss of medications

Physical Symptoms
- Worsening of chronic conditions
- Sleep disorders
- Memory problems
- More susceptible to hypo/hyperthermia
- Physical and sensory limitations (sight, hearing interfere with recovery
- Symptoms resulting from loss of medications

Emotional Symptoms
- Despair about losses
- Apathy
- Confusion, disorientation
- Suspicion
- Agitation, anger
- Anxiety with unfamiliar surroundings
- Embarrassment about receiving "handouts"
- Symptoms resulting from loss of medications

Intervention Suggestions
- Provide strong and persistent verbal reassurance
- Provide orienting information
- Use multiple assessment methods as problems may be under reported - especially medications
- Obtain medical / financial assistance
- Reestablish family / social contacts
- Pay attention to suitable residential relocation
- Encourage discussion of disaster losses and expression of emotions
- Provide and facilitate referrals for disaster assistance
- Engage service providers of transportation, meals, home chore, health and visits as needed

VI. Communicating in Crisis

ALWAYS refer media to the Public Information Officer (PIO) FIRST.

When making a statement to the public or press, build trust and credibility with these guidelines:

Introduction

A statement of:

- personal concern
- organizational commitment/intent
- what crisis response team is doing

Key Messages

- A maximum of three talking points
- Information to support the key messages

Conclusion

- A summarizing statement

TIPS

- Do no harm. Your words have consequences – select them carefully.
- Use empathy and care — focus more on informing than impressing them. Use everyday language.
- Do not over-reassure.
- Say only those things you would be comfortable reading on the front page.
- Don't use "No Comment." It will look like you have something to hide.
- Don't get angry. When you argue with the media, you always lose…publicly.
- Acknowledge people's fears.
- Don't speculate, guess or assume. If you don't know something, say so.
- Advise survivors on media interaction.

VII. Population Exposure Model Hierarchy

Level I.

- Seriously injured victims
- Bereaved family members

Level II.

- Victims with high exposure to trauma
- Victims evacuated from disaster zone

Level III.

- Bereaved extended family members and friends
- Rescue and recovery workers with prolonged exposure
- Medical examiner's office staff
- Service providers directly involved with death notification and bereaved families
- Media personnel with direct or prolonged exposure

Level IV.

- People who lost their homes, jobs, pets, valued possessions
- Behavioral health providers
- Clergy, chaplains, spiritual leaders
- Emergency health care providers
- School personnel involved with survivors, families or victims
- Media personnel

Level V.

- Government officials
- Groups that identify with target victim group
- Businesses with financial impacts

Level VI.

- Community-at-large

VIII. Immediate Reactions

Cognitive

- Memory impairment
- Slowed thought process
- Difficulty:
  - making decisions
  - solving problems
  - concentrating
  - calculating
- Limited attention span
- Surreal
- Recurring/intrusive images or dreams

Behavioral

- Changes in behavior:
  - Withdrawal
  - Silence or talkativeness
  - Under/over eating
  - Under/over sleeping
  - Improper humor
- Lack of interest in usual satisfying activities
- Over interest in anything that distracts
- Relapse in chemically dependent person

Emotional

- Flood of emotions – anxiety, fear, joy, loneliness, anger, confusion, guilt
- Irritability
- Depression
  - Helplessness
  - Hopelessness
  - Haplessness
- Overwhelmed…numb

VIII. Immediate Reactions *cont'd*

Physical

- Fatigue that sleep does not alleviate
- Flare-ups of old medical problems
- Headaches
- Muscle and/or joint discomfort
- Digestive problems
- Sleep disturbances
- Hyperventilation

Spiritual

- Changes in relationships with:
  - Family members
  - Friends
  - Co-workers
  - Self
  - Higher Power
- Questioning beliefs and values
- Re-evaluation of life structure

IX. Delayed Reactions

Cognitive

- Slowed thought processes
- Disorientation
- Cynicism
- Flashbacks or re-experiencing the event

Behavioral

- Change in behavior
  - Withdrawal
  - Silence / talkativeness
  - Under/over eating
  - Under/over sleeping
- Lack of interest in usual satisfying activities
- Over interest in anything that distracts
- Drug and/or alcohol abuse – possible relapse of previous addiction
- Sexual acting out
- Poor school/work performance, absences

Emotional

- Denial
- Irratiability and/or hostility
- Anxiety
- Grief
- Mood swings
- Feeling detached

IX. Delayed Reactions *cont'd*

Physical

- Chronic low energy
- Stress related to medical problems
- Migraines
- Muscle and/or joint problems
- Frequent injuries
- Ulcers, colitis, high blood pressure, high cholesterol
- Heart irregularities

Spiritual

- Questioning faith
- Loss of purpose
- Renewed faith
- Redefining meaning and importance of life
- Reworking assumptions to incorporate new reality

X. Behaviors to Monitor

Immediate

- Denial or inability to acknowledge the situation occurred
- Shock, numbness
- Appearing dazed and apathetic
- Confusion
- Very emotional
- Disorganized
- Difficulty making decisions

Delayed (weeks or months)

- Increased
  - Fears or anxiety
  - Aggression and oppositional behavior
  - Irritability and emotional liability
- Decreased
  - Work or school performance
  - Concentration
  - Frustration tolerance
- Regression in behavior
- Denial
- Sleep or appetite changes
- Withdrawal, social isolation
- Attention-seeking behavior
- Risk-taking behavior
- Physical problems
- Peer, work, family problems
- Unwanted, intrusive recollections, dreams
- Loss of interest in activities once enjoyed

XI. At Risk Populations

- Children
- Elderly
- All responders
- New to America
- Poor
- Displaced or alienated individuals
- Persons living alone
- Single parents
- Developmentally / Physically challenged
- Special populations
- Individuals with:
    - Limited social support network
    - Previous disaster or trauma exposure (PTSD survivors)
    - History of poor coping skills
    - Pre-existing psychopathology or emotional concerns
    - Pre-existing physical health concerns (including addictions)

XII. Spiritual Perspective

Traumatic events challenge assumptions about:

- Relationships among people
- Spiritual beliefs
- Life, death and the afterlife
- How people and the world should be
- How everyday life should be lived

Faith — As a result of trauma or disaster:

- Faith is reinforced
- Faith is challenged
- Faith is rejected
- Faith is transformed

When responding to spiritual issues:

- **Do** affirm the right to question their creator, normalize their search for spiritual answers.
- **Do** assist in connecting survivors with their spiritual advisors and base.
- **Don't** try to explain or ignore answers to spiritual questions.
- **Don't** try to impose a spiritual answers on survivors.
- **Don't** validate or affirm a spiritual belief or interpretation – even if asked to do so.
- **Don't** give a spiritual response that you think the victim is looking for.

XIII. Community Response Phases

Pre-Event

- Pre-impact phase
- Warning
- Threat

Event

- Impact

Post-Event

- Inventory
- Rescue
- Heroic
- Honeymoon — community cohesion
- Disillusionment
- Reconstruction…Remedy…Mitigation
- Adjustment
- Anniversaries and trigger events

XIV. Definitions

ARC – American Red Cross

BHERT – Behavioral Health Emergency Response Team

CIRR – Critical Incidence Report Request

COOP – Continuity of Operations Plan

DHS – Department of Homeland Security

DNR – Department of Natural Resources

EAP – Employee Assistance Program

EMAC – Emergency Management Assistance Compact

EMS – Emergency Medical Services

EOC – Emergency Operations Center

ESF – Emergency Support Function

FEMA – Federal Emergency Management Administration

FSSA – Family & Social Services Administration

HCC – Healthcare Coalition

HMEP – Hazardous Materials Emergency Planning

IAP – Incident Action Plans

ICS – Incident Command System

LHD – Local Health Department

LEMA – Local Emergency Management

LEPC – Local Emergency Planning Committees

LEOP – Local Emergency Operations Plan

MARC – Multi-Agency Resource Center

MRC – Medical Reserve Corps

NDE – Nebraska Department of Education

NDHHS – Nebraska Department of Health & Human Svcs.

NCIA – Nebraska Commission on Indian Affairs

NDOT – Nebraska Department of Transportation

NeDNR – Nebraska Department of Natural Resources

NEMA – Nebraska Emergency Management Agency

NSP – Nebraska State Patrol

NEO – Nebraska Energy Office

XIV. Definitions *cont'd*

NIMS – National Incident Management System

PIO – Public Information Officer

PPE – Personal Protective Equipment

PPP – Personnel Processing Point

SAMHSA – Substance Abuse and Mental Health Services Administration

SEOP – State Emergency Operations Plan

SERC – State Emergency Response Commission

SOP – Standard Operating Procedures

TSA – Transportation Security Administration

VOAD – Voluntary NDI Organizations Active in Disaster

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XIV. Definitions *cont'd*

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Adapted with permission from:

Indiana Family & Social Services Administration: Division of Mental Health and Addiction (2006). Disaster Mental Health Intervention Field Guide: Indiana (State of Indiana Publication No. NN 151 (10-06): #4655). Indianapolis, Indiana.

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