

Disaster Impacts

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So what have I done with my life?

- school psychologist (4 yrs)
- clinical private practice (20 yrs)
- manager of Critical Incident Response Program for Washington State Parks (8 yrs)
- volunteer (same work, no pay)
 - Red Cross (responder and instructor) (17 yrs)
 - King County Public Health (SKCC)
 - FEMA (taught in CERT program, responded to Oso)
 - City of Issaquah Emergency Management team



What we'll do today, maybe.

- describe typical disasters (emphasis on Harvey)
- summarize disaster responses
- overview of Red Cross response (emphasize MH)
- discuss impact on the community
- discuss self care strategies
- find some hope

Disaster Examples	Local	Regional/National
Man made	shooting	shooting
“	explosion	explosion
“		terrorism
Natural	fire	fire
“	flood	flood
“	mudslide	mudslide
“	earthquake	earthquake
“		hurricane
“		tornado
“		tsunami

Disasters becoming more frequent

- Natural - climate change, more extreme weather events
- Human Made - nationalist trends work wide, us vs them, more and more polarized
- Hybrid - fracking

Agency Response

- determined by it's mission
- Red Cross mission is to provide for the immediate and short-term needs of disaster victims
- FEMA and HUD = housing
- Southern Baptists = feeding

Local RC Response - Examples

Number of persons	Situation	What might they do?
1 2-3 (DAT Team) 12+	death, personal or family crisis	debriefing, crisis counseling
	house fire, dwelling uninhabitable	assess, offer them. housing, CAC
	multi unit apartment fire	set up a shelter

So what's involved in a shelter?

- communities already have shelter locales chosen
- areas - kitchen, dining, sleeping, smoking, pets, services, children's play, misc.
- some services "float" - DMH, chaplain
- some don't - HS, Client Casework, HUD

National RC Response (Harvey)

- many many moving parts
- HQ is admin. but often local chapter is lead (in Texas it was the local municipality)
- IT, logistics, transportation, housing, mass care, casework, HS, DMH, language bank, etc
- might have 5+ shelters in one town

Many aspects to the Red
Cross response.

Health Services

(mostly nurses)



Harvey



Probably unloading
cots for a shelter



ERV (Emergency Response Vehicle)

can serve as mobile feeding unit or deliver cleaning supplies



Damage Varies

- Beaumont - leveled
- Houston - maybe 10,000 rendered homeless
- Austin - unaffected (until Houston shipped them 5,000 flood victims)
- Even within Houston, one street with flooded homes next to another one untouched









The Austin Experience

- 3 weeks late, so second wave
- I worked one week here
- 5 shelters down to 2
- Admin. was city of Austin; RC provided services
- 3 groups remained in the end- truly desperate, significantly mentally ill, previously homeless

The Houston Experience

- I worked one week, supervised the evening DMH shift
- 2,000 population was down to 450 when I arrived and 400 when I left
- Helpers (numbers approx) at any given time in shelter
 - Red Cross 60
 - Southern Baptists 12
 - Police 20
 - Misc. other agencies (FEMA, HUD, cell phone, etc)

Greenpoint Mall Shelter - Components

- abandoned Macy's store
- secure entry
- sleeping areas (men, women, family, flu, sex offenders)
- Southern Baptists cooked outside and mass care served inside, snacks always present
- portable toilets (handicap) & showers imported
- children's play area
- Resource area (HS, DMH, casework, housing, etc.)

The “Regular” Problems

- language
- illiteracy
- mistrust (Hi, I’m from the government and I’m here to help.)
- pre-existing MH problems
- entitlement
- “fairness” issues
- motivation
- lost meds
- bereavement

The “Extra” Problems

- theft
- drug deals
- prostitution
- sexual predation
- child and elder abuse
- alcohol and drug abuse
- threats of violence, violence, bullying, gangs

DMH Role in Shelter

- listen (while assessing for significant MH issues)
- educate about stress and trauma
- help client put together a plan
- help motivate client to implement plan
- assess suitability for shelter life
- advocate for clients inside and those about to be expelled
- facilitate involuntary commitment
- AND monitor staff for burn out or trauma if also victims



Disaster Characteristics Affecting Response

- natural vs man made
- night vs day
- winter vs summer
- rain vs dry
- injury/loss vs none
- pets vs none

Indiv. Responses Mediated by:

- amount of preparation
- prior psychological strength
- prior trauma experience
- strength of support system
- similarity of this trauma to past personal trauma

Stress Reactions

Stress Reactions In Adults: Feelings

- ◆ Rage, anger, irritability
- ◆ Resentment
- ◆ Anxiety, fear
- ◆ Despair, hopelessness
- ◆ Numb
- ◆ Terrified



Stress Reactions In Adults: Thoughts

- ◆ Difficulty concentrating and thinking
- ◆ Difficulty making decisions
- ◆ Forgetful
- ◆ Confused
- ◆ Distortion of sense of time
- ◆ Lowered self-esteem
- ◆ Self-blame
- ◆ Intrusive thoughts, memories, flashbacks
- ◆ Worry
- ◆ A sense of being cut off from reality
- ◆ Self-harm

Stress Reactions In Adults: Physical Effects

- ◆ Fatigue, difficulty sleeping
- ◆ Agitation
- ◆ Physical complaints (e.g., headaches, stomach problems)
- ◆ Decreased or increased appetite
- ◆ Decreased or increased sex drive
- ◆ Easily startled
- ◆ Increased cravings for and use of caffeine, nicotine, sweets, alcohol, illicit substances
- ◆ Lightheaded
- ◆ Weak



Stress Reactions In Adults: Behaviors

- ◆ Crying spells
- ◆ Angry outbursts
- ◆ Avoiding people, places, and situations
- ◆ Argumentative
- ◆ School and work problems
- ◆ Risky behaviors (driving erratically, multiple sexual partners, unsafe sex)
- ◆ Inattention to appearance, personal hygiene, self-care



Stress Reactions In Adults: Spiritual

- ◆ Change in relationship with or belief about God/Higher Power
- ◆ Abandonment of prayer, ritual, scripture, devotions, sacraments
- ◆ Questioning the beliefs of their faith
- ◆ Rejection of spiritual care providers
- ◆ Struggle with questions about the meaning of life, justice, fairness, afterlife
- ◆ Loss of familiar spiritual supports
- ◆ Loss of faith



Stress Reactions of Children

- ◆ Stress reactions in children can vary by child and age.
- ◆ Children are particularly sensitive to:
 - Separation from familiar surroundings, people, and possessions
 - Disruption of routines



Stress Reactions In Children: Feelings

- ◆ Fear, terrified
- ◆ Anxious
- ◆ Sad
- ◆ Guilty
- ◆ Rage, anger, irritability
helpless
- ◆ Loss of interest
- ◆ Changing mood



Stress Reactions In Children: Thinking

- ◆ Difficulty concentrating and thinking
- ◆ Difficulty making decisions
- ◆ Forgetful
- ◆ Confused
- ◆ Distortion of sense of time
- ◆ Lowered self-esteem
- ◆ Self-blame
- ◆ Intrusive thoughts, memories, flashbacks
- ◆ Worry
- ◆ A sense of being cut off from reality
- ◆ Self-harm



Stress Reactions In Children: Physical

- ◆ Fatigue, difficulty sleeping
- ◆ Agitation
- ◆ Increased activity level/hyperactive
- ◆ Physical complaints (e.g., headaches, stomach aches)
- ◆ Decreased or increased appetite
- ◆ Easily startled
- ◆ Bed wetting



Stress Reactions In Children: Behaviors

- ◆ Crying, whining, screaming
- ◆ Trembling
- ◆ Clinging to parents and caregivers
- ◆ Aggressive or disruptive behavior, temper tantrums
- ◆ Withdrawn
- ◆ Avoiding people, places, situations
- ◆ Regressive behaviors (thumb sucking, bedwetting, not wanting to sleep alone)
- ◆ Refusal to attend school or day care
- ◆ Difficulty getting along with siblings and parents
- ◆ Using drugs and alcohol
- ◆ Re-living events through play (young children)
- ◆ Asking a lot of questions or telling stories related to event
- ◆ Argumentative, defiant

In other words, almost any reaction you see could be a normal stress reaction.

Almost easier to talk
about what's NOT a
normal stress reaction

Examples of NOT normal stress reactions

- laughing at loss
- threats of violence, violence, cruelty
- hallucinations and/or delusions
- word salad
- exploitation
- self harm (cutting)

Group living complicates things

- hope spreads individually and slowly
- rumors spread like wildfire (as do discontent, anger, worry, fear)
- shelter living is intense, “on guard” all the time
- to some extent, people will follow a strong leader (this can be good or bad)

Disaster Response Phases



For most people, most of the time, stress reactions gradually dissipate over time.

For DMH, the trick is to figure out if the person in front of you is in that group

However, the longer a client stays in a shelter, the more likely s/he is:

- truly desperate (no resources or hope)
- significantly mentally ill
- previously homeless

Closing Austin Shelters: what
really happened.

Effects on the Community

- Schools - shelter kids are either in or out of school, possible overcrowding, state and classroom shortages
- Jails - violence quite possible (shelter expulsion), involuntary commitment
- Public Transportation - possibly overcrowded

- Local homeless shelters - possibly overcrowded
- Law Enforcement - we had about 25 - 30 officers in the shelter at any given time (special MH teams helped considerably)
- Hospital ERs - demand for uncompensated care
- Pharmacies - scripts for lost meds

Reducing negative community effects

- Schools - school official confers w/ shelter manager to discuss options for shelter kids
- Jails -
- Public Transportation - add busses, give free vouchers
- Local homeless shelters - add spaces for families, add spaces for pets

- Law Enforcement - really have to have them, so you are pulling them from other duties (possible budget deficit, other areas underserved)
- Hospital ERs - prepares (?) for demand for uncompensated care
- Pharmacies - possibly a dedicated phone line for shelter staff (HS), additional staff to research records ?

Taking care of yourself

- don't volunteer to help if not in a stable place
- stay away if trauma is similar to your past trauma
- take breaks even if you don't feel a need
- use your support system
- maintain boundaries (don't get too close)
- use proven stress reduction strategies
- consider taking "Psychological First Aid" class

Pay attention to your staff

- how long have they been working?
- how are they doing?
- encourage or mandate breaks and days off
- ask intermediate level supervisor
- if some one reports stress, make time to listen

Single best thing you can do is
to have your personal
preparedness kit ready (5+days)

When the O2 masks drop in the airplane, you put yours
on first....

After that, you can be helpful to others. At that point, the single best thing you can do: be fully present and
LISTEN



Dos and Don'ts

	Do	Do Not
Behavior (your actions and body language)	<ul style="list-style-type: none">■ Sit facing or directly beside the client or worker.■ Make eye contact as appropriate, depending upon cultural expectations.	<ul style="list-style-type: none">■ Sit back with your arms folded in front of you.■ Look around the room or appear distracted while the client/worker is talking to you.■ Walk away from the client or worker while he or she is talking to you.
Expression (what you say and how you say it)	<ul style="list-style-type: none">■ "It sounds like that may have been a very difficult (frustrating/frightening/stressful) situation?"■ "Is there anything I can do for you right now?"	<ul style="list-style-type: none">■ "You should be thankful that you and your family got out alive."■ "Look, I really don't have time to listen to this..."■ "That doesn't sound so bad...you should hear what this other guy went through."■ "It must have been God's will."■ "You really shouldn't feel that way."

Finish with 2 stories.

Sharing story

Barbershop story