



**Indian Health Service
2012 NATIONAL BEHAVIORAL
HEALTH CONFERENCE**

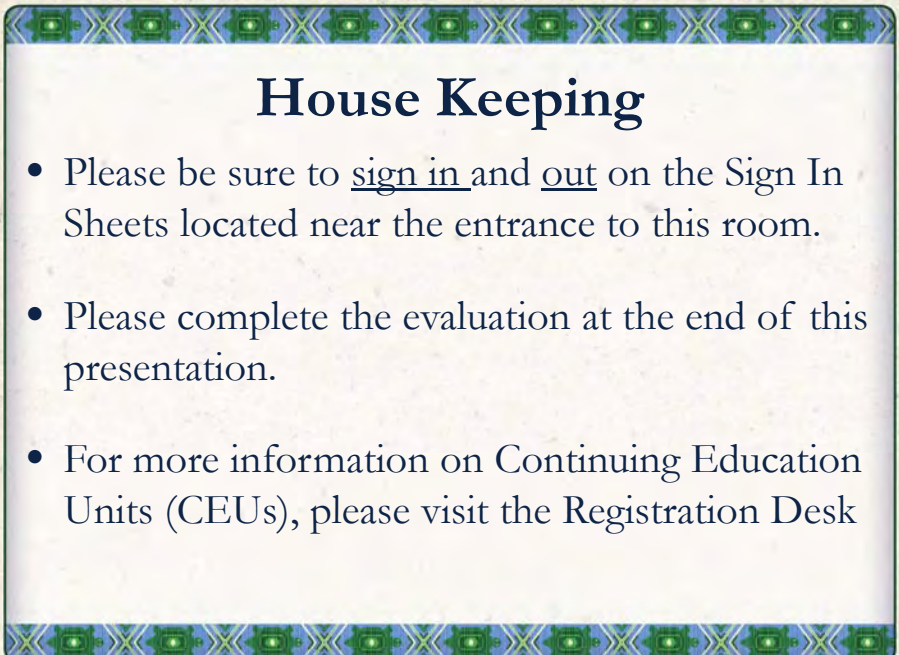
Welcome!

**Mobilizing Partnerships to Prevent Post-Disaster Mental
Health Trauma**

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Mobilizing Partnerships to Promote Wellness



House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

Presented at the request of IHS

Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

Presented at the request of IHS



Workshop Objectives

- Discuss culturally relevant strategies in disaster preparedness
- Discuss post-disaster mental health service, quality and utilization models
- Participate in role-play activity on community level mental health disaster response

Workshop Agenda

- Review of disaster mental health literature & community engagement best practices - 30 mins.
- Stretch – 5 minutes
- Explain Activity - 10 minutes
- Participate in Activity - 20 minutes
- Discussion - 20 minutes

Disaster Responder Race Disparity

Table 1: Disaster Responder Categories by Race

	Total U.S. Population	Health Social Workers	Military Officers*	Red Cross	EMS
American Indian	1.5%	<1.0%	<1.0%	<1.0%	1.1%
Asian/PI	4.3%	3.0%	4.2%	4.0%	2.4%
Black	12.2%	7.0%	8.1%	5.0%	3.4%
Hispanic	13.5%	4.0%	5.3%	2.0%	4.5%
White	67.9%	86.0%	78.2%	89.0%	86.1%

* Army, Navy, Marine Corps, & Air Force

Office of Minority Health, HHS website: <https://cccdpcr.thinkculturalhealth.hhs.gov>

Disaster Nomenclature

- Survivor, Internally Displaced Person (IDP) or Disaster-affected person
- Resilience
- Adaptation

Office of Minority Health, HHS website: <https://cccdpcr.thinkculturalhealth.hhs.gov>

Post-Disaster Mental Health

Disaster mental health focuses on interventions to help survivors cope with the aftermath of disaster, mitigate additional stressors or psychological harm, develop coping strategies, and restore survivors to an acceptable level of daily living.

(Norris, Galea, Friedman, & Watson, 2006 p.9)

Distinctions

Disaster

- Acute-onset
- Time-delimited event
- Demand exceeds capacity
- Natural
 - hurricanes
 - Floods
 - Earthquakes
 - Volcanos
- Human-Caused
 - Technological accidents
 - Mass violence

Humanitarian Crises

- Ongoing environmental hazards & climate change
 - Water scarcity
 - Drought
- War
- Infectious disease outbreaks

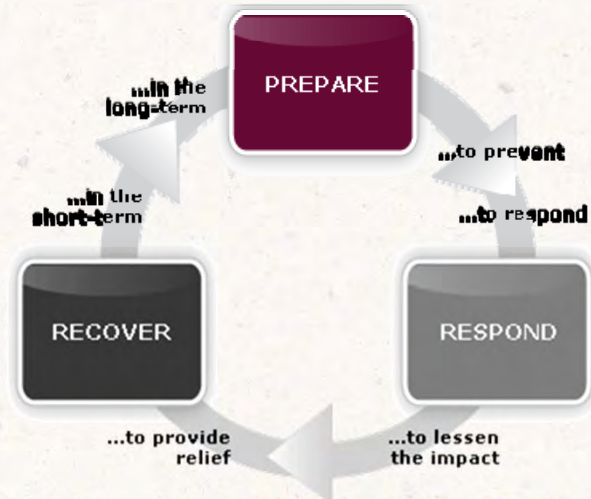
(Norris, Galea, Friedman, & Watson, 2006 p.9)

Exposure

- National Comorbidity Survey * 2003
 - disaster exposure: 19% men, 15% women
 - lifetime *p* of PTSD: 4% men, 5% women
 - Caregivers have higher *p* of PTSD

(Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995)

Phases of Disaster



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Community Services Assessment

- Three parts: Needs Assessment, Resource Assessment, & Gap Analysis
- Identify members special needs
- Can establish partnerships within community
- Improved implementation of culturally competent policies, structures and practices

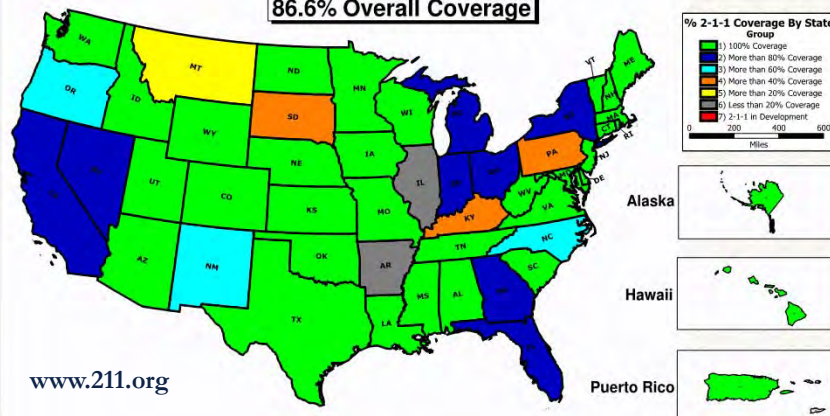
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% of Population Covered*
by 2-1-1 in Each State

2-1-1



86.6% Overall Coverage



211.org, 2012

Communicating Risks

- Accessible Language Services
- Work with community and governmental leaders, churches, NGOs, and media to disseminate information
- Consult community members for appropriate visual and written communication

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Community Outreach

Community

Government

Eliminate barriers
 Know the agency
 Norms, rules
 Flexibility

Increase access
 Have a clear purpose
 Know culture, history
 Understand self-determination
 Commit to long-term

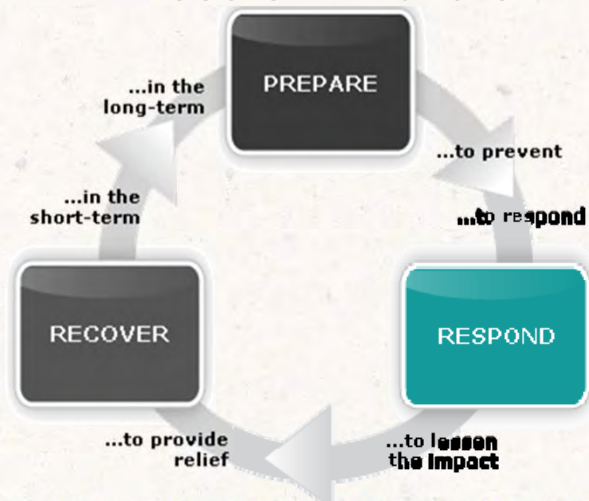
Note: Modified from online training of Office of Minority Health, HHS

Avoid Cultural Missteps

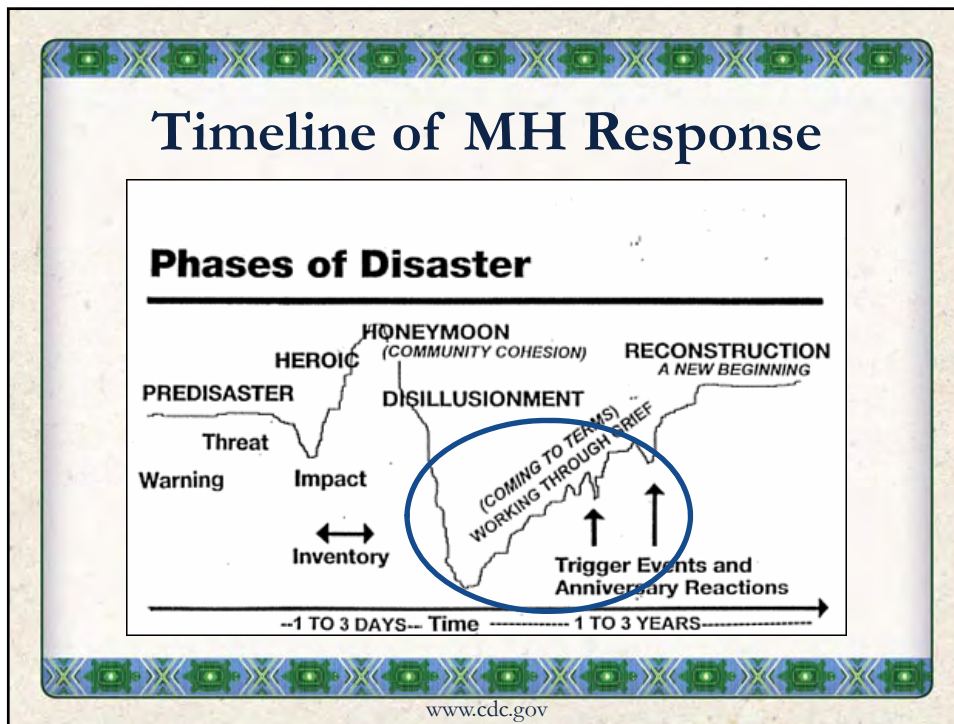
- Be Proactive!
 - Provide Just in Time training to outside responders
- When cultural missteps do occur:
 - apologize/accept apology
 - ask questions in appropriate context, learn from missteps

Note: Modified from online training of Office of Minority Health, HHS

Phases of Disaster



Office of Minority Health, HHS



Impact: 0 – 48 hours

Goals	<ul style="list-style-type: none"> Survival Communication
Behavior	<ul style="list-style-type: none"> Flight, fight, freeze, surrender Rescue, Protect
Role of Mental Health Provider	<ul style="list-style-type: none"> Meet Basic Needs Provide Psychological First Aid Monitor Environment

Note. Summarized from National Institute of Mental Health (2002, Appendix B).

Rescue: 0 – 1 week

Goals	• Adjustment
Behavior	• Resilience versus exhaustion
Role of Mental Health Provider	<ul style="list-style-type: none"> • Needs Assessment • Triage • Outreach • Foster Resilience

Note. Summarized from National Institute of Mental Health (2002, Appendix B).

Cultural Post-Disaster Mental Health

- Symptoms, presentation, and meaning
- Causation and prevalence
- Family factors
- Coping styles
- Treatment seeking
- Stigma
- Immigration
- Overall health status
- Don't forget Care for disaster personnel!

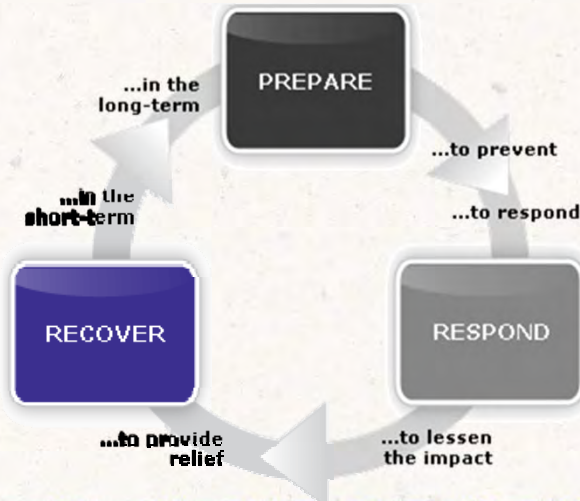
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Care for Disaster Personnel

- Anyone who sees a disaster is affected by it
- Same cultural & linguistic barriers
- Be aware of colleagues who may avoid seeking help for cultural or linguistic reasons

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Phases of Disaster



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Recovery 1 – 4 weeks

Goals	<ul style="list-style-type: none"> • Appraisal Planning
Behavior	<ul style="list-style-type: none"> • Grief, reappraisal, intrusive memories, narrative formation
Role of Mental Health Provider	<ul style="list-style-type: none"> • Monitor recovery environment • Observe, listen for toxins, past and ongoing threats • Deploy Crisis Counseling Program

Note. Summarized from National Institute of Mental Health (2002, Appendix B).

Disparities in Recovery

- Minority communities recover more slowly
 - lower incomes
 - fewer savings
 - greater unemployment
 - less insurance
 - poorer access to information
 - the existence of bias in the search for long-term housing
 - less adept at maneuvering and negotiating the government and relief system
 - less likely to know how to fill out standard forms

Note: Modified from online training of Office of Minority Health, HHS

Reconstruction 2wks – 36 mths

Goals

- Reintegration

Behavior

- Adjustment versus phobias, PTSD, avoidance, depression

Role of Mental Health Provider

- Cognitive Based Therapy
- Psychotherapy
- Pharmacotherapy
- Prolonged Exposure Therapy

Note. Summarized from National Institute of Mental Health (2002, Appendix B).

Methodological challenges

- Sampling
 - Individual or social level
 - Exposure assessment
 - Researcher / Provider Bias
 - Perceived vs Factual experience
- Vulnerable populations
- What are the *intended* outcomes?
- Temporal dimension
- Ethical considerations

Note: Modified from online training of Office of Minority Health, HHS

Gaps

- Long-term follow up
- Intensity & duration disaster exposure
- Community level measurements on collective loss
- Vulnerable populations or American Indian specific interventions

Implications

- Disaster Mental Health Field:
 - Policy Call for funding longitudinal post-disaster intervention/research
 - standardizing and the operationalization of constructs
- Open field for AI/AN research
- Type III trauma is important to further understanding longer term MH impacts of coastal erosion and other forms of land loss

Activity

- Logistics:
 - Divided into groups
 - You will each be given a role
 - You have 20 minutes to discuss your scenarios
- Objective:
 - Demonstrate how:
Private sector + Public sector + Tribal communities =
Resilient Communities & Trusting Relationships
 - To discuss immediate plan of action with your group on
mental health response as a community

Discussion

- How did you feel as a community member?
- How did you feel as a service provider, community leader or elected official?
- What would you have done differently?
- Questions?

Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)
- www.crisischat.org

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800

Contact Information

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References

- Becker, S. (2009). Psychosocial Care for Women's Survivors of the Tsunami Disaster in India. *American Journal of Public Health* 99(4) 654-658.
- CATS Consortium (2010). Implementation of CBT for Youth Affected by the World Trade Center Disaster: Matching Need to Treatment Intensity and Reducing Trauma Symptoms. *Journal of Traumatic Stress* (23) 6, 699-707.
- Elhai, J., Jacobs, G., Kashdan, J., DeJong, G., Meyer, D., Frueh, B. (2005). Mental health service use among American Red Cross disaster workers responding to the September 11, 2001 U.S. terrorist attacks. *Psychiatry Research* 143(2006) 29-34.
- Forbes, D., Lewis, V., Varker, T., Phelps, A., O'Donnell, M., Wade, D., Ruzek, J., Watson, P. Bryant, R., & Cramer, M. (2011). Psychological First Aid Following Trauma: Implementation and Evaluation Framework for High-Risk Organizations. *Psychiatry* 74(3) 234-239
- Galea, S., Maxwell, A., & Norris, S. (2008). Sampling and Design Challenges in Studying the Mental Health Consequences in Disasters. *International Journal of Methods in Psychiatric Research* 17(S2) S21-S28.
- Gone, J. (2004). Mental Health Services for Native Americans in the 21st Century. *Professional Psychology: Research and Practice* 35(1) 10-18.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic Stress Disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

References

- National Institute of Mental Health (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.
- Norris, F. & Bellamy, N. (2009). Evaluation of a National Effort to Reach Hurricane Katrina Survivors and Evacuees: The Crisis Counseling Assistance and Training Program. *Administration Policy Mental Health* 36(special issue) 165-175.
- Norris, F., Galea, S., Friedman, M. & Watson, P. (Eds.) (2006). *Methods for Disaster Mental Health Research*. New York, New York: Guilford Press.
- Norris, F., Hamblen, J., & Rosen, C. (2009). Service Characteristics and Counseling Outcomes: Lessons from a Cross-Site Evaluation of Crisis Counseling After Hurricanes Katrina, Rita and Wilma. *Administration Policy Mental Health* 36(special issue) 176-185.
- Office of Minority Health, HHS (2011). *Culturally Competency Curriculum for Disaster Preparedness and Crisis Response*. Retrieved from: <https://cccdper.thinkculturalhealth.hhs.gov/>
- Quarantelli, E. (1986). What is disaster? The need for clarification in definition and conceptualization in research. In B. Souder & M. Lystad (Eds.) *Disasters and mental health: Selected contemporary perspectives* (pp. 49-81). Rockville, MD: National Institute of Mental Health.
- Saunders, J. (2007). Vulnerable Populations in an American Red Cross Shelter After Hurricane Katrina. *Perspectives in Psychiatric Care* 43(1) 30-37.
- Shownbaum, M., Butler, B., Kataoka, S., Norquist, G., Springgate, B., Sullivan, G., Duan, N., Keessler, R., & Wells, K. (2009). "Promoting Mental Health Recovery After Hurricanes Katrina and Rita: What Could We Have Done At What Cost?" *Archives of General Psychiatry* 66(8) 906-914.
- Thomas, K., Hyer, K., Brown, L., Polivka-West, L., and Branch, L. (2010). Florida's Model of Nursing Home Medicaid Reimbursement for Disaster-Related Expenses. *The Gerontologist* 50(2) 263-270.

Resources

- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (HHS/Office of Minority Health): <https://cccdpcr.thinkculturalhealth.hhs.gov/default.asp>
- Health Disparities toolkit: <http://www.hretdisparities.org/>
- National Center for Cultural Competence: <http://www11.georgetown.edu/research/gucchd/nccc/>
- National Consensus “Mental Health & Mass Violence” 2001
 - Key research principles
 - Key disaster mental health interventions
 - Policy and program implications

Key Researchers & Agencies

- Fran Norris: Dartmouth Medical School
- Matthew Friedman former director of the VA Center for PTSD
- Craig Rosen affiliate of the Department of Veterans Affairs and Department of Psychiatry at Stanford University School of Medicine
- U.S. Departments of Health and Human Service, Veterans Affairs, Federal Emergency Management Agency
- United Nations, World Health Organization, Red Cross

Evidence Based Treatments

- Immediate intervention (pending disaster-6 months post disaster)
 - Psychological first aid
 - Crisis Counseling Program
 - Cognitive Based Therapy
- Recovery (6 months to 5 years post-disaster)
 - Prolonged exposure therapy
 - Psychotherapy
 - pharmacological

(Keesler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B., 1995; NIH, 2002).

Elements of Cultural Competence

- Awareness and Acceptance of Difference
- Awareness of Own Cultural Values
- Understanding and Managing the "Dynamics of Difference"
- Development of Cultural Knowledge
- Ability to Adapt Activities to Fit Into Different Cultural Contexts

(Office of Minority Health, HHS website)

