

2016

Psychological First Aid for Veteran Disaster Survivors and Their Families

Center for Leadership in Public Health Practice
USF, clphp@health.usf.edu

Follow this and additional works at: http://scholarcommons.usf.edu/clphp_perlc



Part of the [Public Health Education and Promotion Commons](#)

Scholar Commons Citation

Center for Leadership in Public Health Practice, "Psychological First Aid for Veteran Disaster Survivors and Their Families" (2016).
Preparedness and Emergency Response Learning Center. Paper 9.
http://scholarcommons.usf.edu/clphp_perlc/9

This Presentation is brought to you for free and open access by the Center for Leadership in Public Health Practice at Scholar Commons. It has been accepted for inclusion in Preparedness and Emergency Response Learning Center by an authorized administrator of Scholar Commons. For more information, please contact scholarcommons@usf.edu.

Psychological First Aid for Veteran Disaster Survivors and Their Families

V-FAST



Disaster Behavioral Health
First Aid Specialist Training
for Veteran Disaster Survivors
and Their Families

V-FAST
Course Overview



Prerequisite: FAST Foundations

The FAST Foundations course is a prerequisite for V-FAST.

This course will build on the concepts taught in FAST Foundations.

About This Course

- Fundamentals of Psychological First Aid
- Practical model for administering psychological first aid Veteran disaster survivors and their families
- Psychological First Aid: Field Operations Guide (2nd Edition)



Course Manual & Author's Permission to Use

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., & Watson, P. (2006). Psychological first aid: Field operations guide (2nd ed.). National Child Traumatic Stress Network and National Center for Post Traumatic Stress Disorder.

The Psychological first aid: Field operations guide (2nd ed.) is used with the authors' permission.



Target Audience

- **Primary:**
 - Florida Department of Health employees
 - Federally Qualified Health Center staff
- **Secondary:**
 - Disaster response workers and volunteers
 - First responders
 - Health care and mental health professionals



Core Competencies Addressed in this Course

- **Public Health Professionals**
 - Communication Skills
 - Cultural Competency Skills
 - Leadership and Systems Thinking Skills
- **Public Health Preparedness and Response Core Competencies**



Learning Objectives

- Objective 1.** Define characteristics and factors for Veterans that may put them at risk after a disaster event.
- Objective 2.** List the Essential Elements for each of the Action Steps in the C³ARE Protocol, and recognize the related Key Activities, associated Key Tasks, Things to Consider, and sample Questions to Ask for the Action Steps.
- Objective 3.** Identify appropriate behaviors for effectively interacting with Veteran survivors.
- Objective 4.** Recognize distress reactions in Veteran survivors.
- Objective 5.** Determine the need for Disaster Behavioral Health First Aid with Veteran Disaster Survivors.
- Objective 6.** Formulate and implement a Behavioral Health First Aid action plan with Veteran disaster survivors.
- Objective 7.** Identify resources to provide Veteran Disaster Survivors and their family members.



Agenda

Characteristics of Veterans at the State and National Level, and Factors that may Influence Risk and Coping After a Disaster

The Protocol of the C³ARE Model of Behavioral Health First Aid With Veteran Survivors of Disaster:
Action Step 1 – Check

The Protocol of the C³ARE Model of Behavioral Health First Aid With Veteran Survivors of Disaster:
Action Step 2 - Connect

The Protocol of the C³ARE Model of Behavioral Health First Aid With Veteran Survivors of Disaster:
Action Step 3 - C·A·R·E

Program Wrap-Up and Next Steps

Activity:

**Veterans
in Your
Community**

- Time: 5 minutes
- Tasks:
 - Think about Veterans you know; family, friends, community members.
 - Identify any special needs Veteran you know might have after a disaster event.
 - Identify ways disaster relief workers should respond to Veterans you know after a disaster event, that may be different from other survivors.

Veterans in Florida



Visually Identifying Veterans

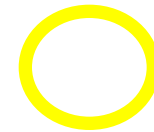
- Military Swag
- Non-Disability Service Dog
- Military Tattoos



Veterans As Special Needs Survivors

- Some Florida Counties
Consider Veterans Special
Needs Survivors....

.....Does Yours?



National Veteran Population Estimates

- Veterans often experience complex comorbid conditions
- Veterans experience high rates of chronic conditions
 - Pain (81.5%)
 - Post-traumatic stress disorder (68.2%)
 - Traumatic brain injury (TBI; 66.8%)
 - Substance use disorder
- 30% of Veterans have mental health issues requiring treatment
 - 22 veterans die by suicide each day

Veteran Population Estimates

- **1 in 10** veterans is disabled, oftentimes by injuries sustained in combat.
- **45% of the 1.6 million** veterans from Iraq and Afghanistan wars are seeking service-related injury compensation.
- Nearly **44,000** veterans are eligible for Spinal Cord Injury care in VA



Identifying Veteran Survivors with Special Needs

Veterans with:

- Physical illness, injury, or medical care needs.
- Physical disabilities, impairments, or limitations that substantially limit one or more of the person's major life activities and who require assistance with activities of daily living or special accommodation.
- Serious or persistent mental illness needs.
- Assistance or accommodation needs beyond that provided at general population shelters.

Related Mental Health Conditions

- **Major depression**
- **Post Traumatic Stress Disorder (PTSD)**
- **Substance abuse**
- **Military Sexual Trauma**
- Sexual Trauma
- Acute Stress Disorder (ASD)
- Burnout
- Compassion Fatigue
- Panic disorder or attacks
- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Adjustment disorder
- Bereavement complications
- Eating disorders
- Sleep disorders
- Sexual dysfunction
- Hyperchondricism
- Erratic work-related behavior



Veterans with PTSD

Veteran Survivors may:

- Not want their back to the crowd and may prefer to sit with their back to the wall facing doors and windows
- Not respond well to loud noises, unexpected noises
- Feel more comfortable with other Veterans than non-Veterans
- Exhibit signs of hyper vigilance in perceived stressful situations
- Question Authority
- Have service dogs though they don't exhibit physical disabilities



Service Dog Etiquette

1. Speak to the person first.
2. Do not touch the service dog without asking for, and receiving, permission.
3. Do not aim distracting or rude noises at the dog.
4. Do not offer food to the service dog unless asked to by the dog owner.
5. Do not ask personal questions about the handler's disability, or otherwise intrude on his or her privacy.
6. Don't be offended if the handler does not wish to chat about the service dog.

**Remember owners are not required to provide documentation for their service animal.*



Veterans and Military Sexual Trauma



Veterans with MST & PTSD

- May not want to sleep in open environment with other disaster survivors
- May not be comfortable in isolated areas
- May not be comfortable in dark, unlit locations

*Remember to make arrangements based on INDIVIDUAL
PREFERENCES*



Veteran Homelessness

- **529,000 to 840,000 veterans** are homeless at some time during the year.
- On any given night, more than **300,000 veterans** are living on the streets or in shelters in the U.S.
- Veterans are **twice as likely** as other Americans to become chronically homeless.



Individual Determinants

- Age
- Gender
- Behavioral, mental, and physical health status
- Socioeconomic status
- Relationship status
- Personality characteristics and attitude
- World view, subjective interpretation, cognitive appraisal, perception
- Presence of pre-existing or secondary stress
- Military experience (# of tours, era of service, etc.)

(Sources: Centers for Disease Control and Prevention, 2005; Norris, 2005)



Individual Determinants (Contd.)

Degree of:

- Personal impact and exposure to the event
- Personal injury, illness, life threat
- Personal loss
- Resources (personal “toolbox”)
- Social support
- Stress resistance and resilience
- Education and training
- Preparedness
- Previous disaster or trauma experience



Veteran Risk Factors

- **Severe exposure** to threat to life, extreme loss
 - Multiple tours of duty
- Living in a highly disrupted or traumatized community
- Ethnic minority group membership
- Poverty or low socioeconomic status
- Female gender
- Presence of dependent children in the home
- **Middle-aged** (40 to 60 years old)
- **Little previous experience** or training in coping with the disaster
- Psychiatric history
- **Secondary stress**
- Weak or deteriorating psychosocial resources
- Low self-esteem



Resilience/Protective Factors

- **Preparedness:** Prior experience, education, and training
- Limited or **reduced exposure** to trauma
- **Successful mastery** of previous trauma experience
- **Realistic expectations**
- **Stress management education**
- High degree of **social support** and resources
- Ability to tell **trauma narrative** or disaster story
- **Optimistic or positive** attitude, beliefs, behaviors, world-view
- Active and problem-focused **adaptive coping**
- Sense of mastery or **perceived control**
- Sense of **humor**
- Self-monitoring and **self-awareness**
- **Self-caring**
- High self-esteem

(Sources: Centers for Disease Control and Prevention, 2005; Norris, 2005)

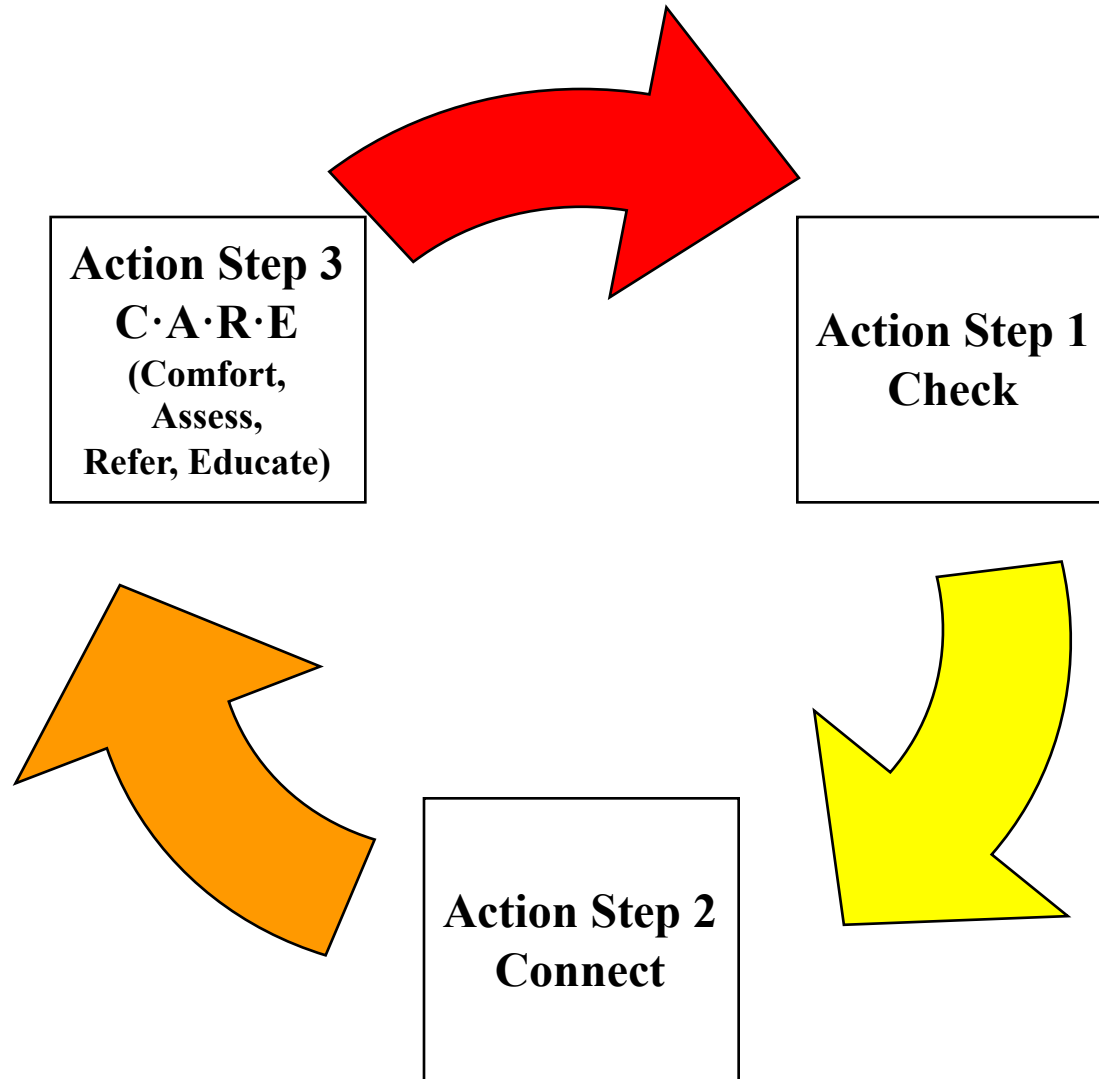


Activity:

Identify Stressors, Protective and Risk Factors for Veteran Survivors

- Time: 20 minutes
- Tasks:
 - List the stressors that Veterans may experience.
 - Identify Risk Factors that may hinder a Veteran's resilience to stress
 - Identify protective factors that promote a Veteran's resilience to stress.

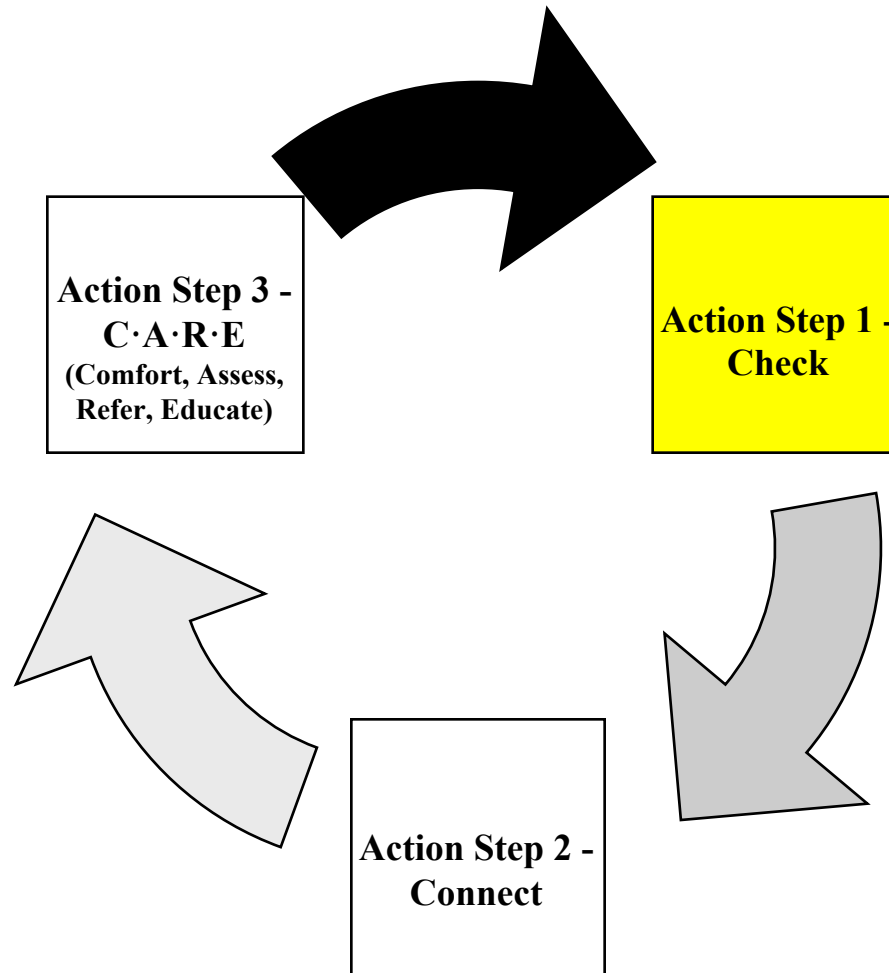
The C³ARE Model: Action Steps



Action Step 1 - Check



Action Step 1: Check



PFA Core Action, Basic Objective, Key Task

- Core Action: **Safety**
- Basic Objective: Enhance immediate and ongoing physical **safety** of yourself and the survivor(s).
- Key Task: Ensure immediate physical **safety** of yourself and the survivor(s).

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006, p. 27)



Essential Elements

- ✓ Self
- ✓ Structure: Command and Control
- ✓ Scene: Site or Shelter
- ✓ Survivor(s): Veterans and their family members with special needs



Essential Element: Self

(Photo by Andrea Booher/FEMA)



Essential Element: Self

Key Activity / Key Tasks

- **Key Activity:**
 - Perform self-awareness and readiness checks.
- **Key Tasks:**
 - Assess your personal and professional readiness and “fitness for duty.”
 - Identify limits to your knowledge, skill, abilities, and scope of practice.
 - Identify your personal values, biases, and prejudices.
 - Assure your personal safety and wellness.



Essential Element: Self Things to Consider

- Level of individual preparedness
- Professional and personal limitations
- Necessary requisites (e.g., knowledge, skill, abilities)
- Personal biases, values, and prejudices
- Safety and wellness



Essential Element: Self

Sample Questions to Ask Yourself

- Am I prepared, ready, and fit for my functional role in disaster response?
- What are my professional and personal limitations?
- Do I have the necessary requisites (e.g., knowledge, skill, abilities) to assist survivors who have special needs?
- Do I have any biases or prejudices that will interfere with my ability to help survivors who have special needs?
- Am I safe?
- Am I feeling well?



Essential Element: Structure

(Photo by Liz Roll / FEMA)



Essential Element: Structure

Key Activities

- Determine the formal response command and control structure (NIMS, ICS).
- Clarify your professional role and responsibilities.



Essential Element: Structure

Key Tasks

- Check-in with team leader or commander.
- Adhere to the formal command and control structure.
- Review and follow the response or deployment protocol/plan.
- Operate within the command and control structure and system.
- Clarify roles, responsibilities, and expectations.
- Function within scope of practice and comfort.



Essential Element: Structure

Things to Consider

- Reporting for duty
- Formal command and control structure
- Leadership (incident commander, on-site team leader, person in charge)
- Team mates
- Roles and responsibilities
- Expectations
- Scope of practice



Essential Element: Structure

Sample Questions to Ask Yourself

- What is the formal command and control structure?
- Who is the Incident Commander, on-site team leader, or person in charge?
- Who are my team members?
- What are my assigned roles and responsibilities?
- What are the expectations?
- Am I operating within my scope of practice?



Essential Element: Scene

(Photo by Robert Kaufmann / FEMA)



Essential Element: Scene

Key Activity / Key Tasks

- **Key Activity:**
 - Survey and monitor the scene for safety, accessibility, and on-site resources and services.
- **Key Tasks:**
 - Identify hazards, danger, obstacles, and barriers to safety for self, team members, and survivors.
 - Direct concerns for safety and accessibility to the appropriate officials/personnel.
 - Identify key system resources and services on-site.



Essential Element: Scene

Things to Consider

- Safety and security
- Hazards, dangers, obstacles, and barriers
- Accessibility
- Resources and services



Essential Element: Scene

Sample Questions to Ask Yourself

- Is the scene secure, safe, and free from hazards, danger, obstacles, and barriers?
- Is the scene accessible to survivors who have special needs?
- Are there any physical barriers or obstacles that prevent or impede access?
- What resources and services are available on-site?
- Are the survivors/clients registered?
- Have the survivors/clients been cleared by medical services?



Essential Element: Key Activities

- Identify Veteran survivors and their family members who have special needs.
- Ensure the immediate safety of survivors.



Essential Element: Key Tasks

- Protect and direct survivors from harm and danger.
- Identify survivors who have special needs and who are in need of immediate assistance or special accommodation.
- Identify survivors who are experiencing physical or emotional distress.
- Identify any urgent medical or physiological needs.
- Determine the need for immediate intervention.
- Triage survivors to specialized services and resources, as appropriate.



Essential Element: Sample Questions to Ask: Yourself

- Are there Veteran survivors and their family members who have special needs?
- Are there Veteran survivors and their family members who are in physical or emotional distress?
- Are there Veteran survivors and their family members who need immediate assistance or accommodation?



Severe Distress Reactions

- Extreme anxiety resulting in basic functional impairment
- Functional impairment
- Dissociative symptoms
- Cognitive impairment
- Prolonged, intense, and uncontrollable distressful emotions
- Harm to oneself or others
- Physical distress

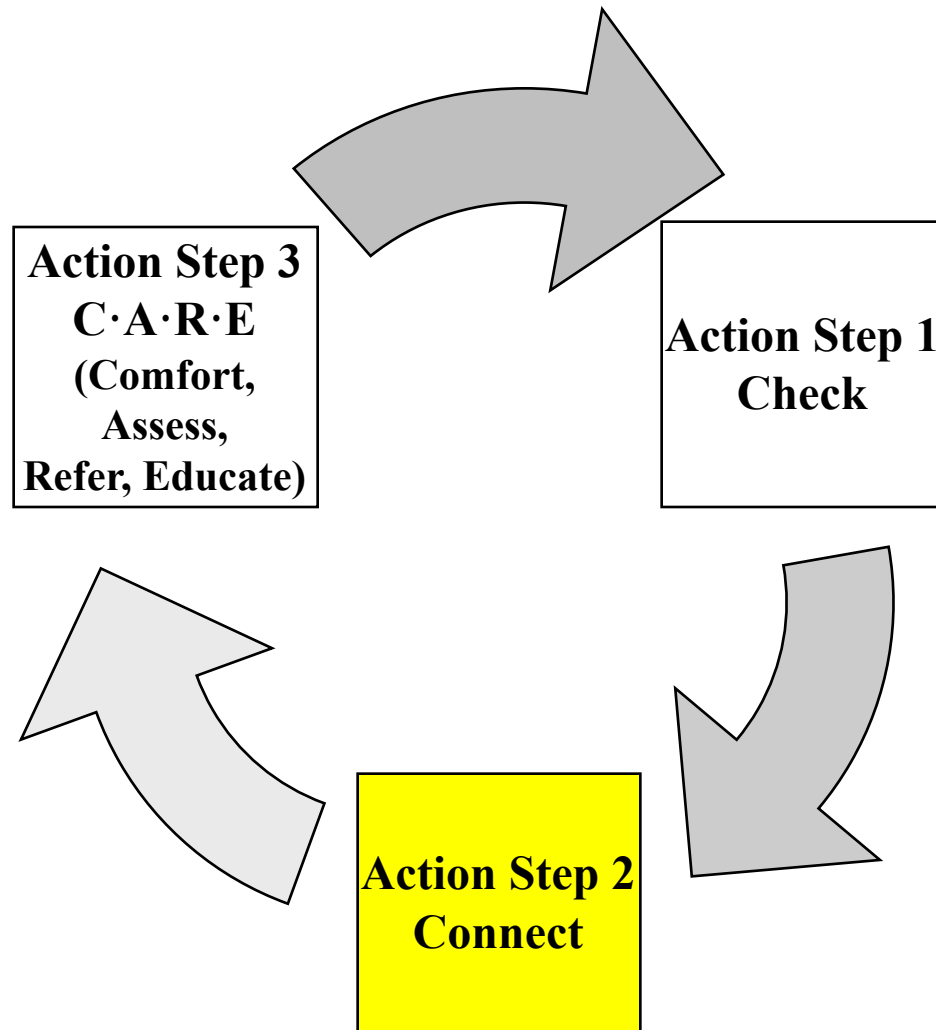


Action Step 2: Connect

(Source: FEMA News Photo)



Action Step 2: Connect



PFA Core Actions

- Contact and Engagement
- Connection with Social Supports
 - Informal (Primary or Natural)
 - Formal

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



PFA Basic Objectives

- “To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.” (p. 23)
- “To help establish brief or ongoing contacts [of the survivor] with primary support persons and other sources of support, including family members, friends, and community helping resources.” (p. 69)

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



PFA Key Tasks

- Introduce yourself and describe your role.
- Ask about immediate needs.
- Find out if there are any pressing problems that need immediate attention.
- Enhance access to primary support persons.
- Encourage use of immediately available support persons.
- Take practical steps to assist survivor to reach primary support.
- Discuss support-seeking and giving.
- Model positive supportive responses.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



Essential Element: Connect

(Photo by Leif Skoogfors / FEMA)



Essential Element: Key Activity

- Respond to contacts initiated by the Veteran survivor and/or initiate contact with the survivor in a non-intrusive, compassionate, and helpful manner.



Essential Element: Key Tasks

- Introduce yourself.
- Ask for the survivor's permission to talk.
- Explain that you are there to help.
- Ask the survivor's name.
- Invite the survivor to sit down.
- Ensure privacy for the conversation.
- Give the survivor your full attention.
- Identify any communication barriers or limitations.
- Employ effective communication behaviors.
- Inquire about the survivor's immediate needs.
- Determine if there are any pressing problems that need immediate attention.



Essential Element: Sample Questions to Ask Yourself

- Are there any barriers or limitations that will affect my ability to effectively communicate with the survivor?
- If so, what can I do or use to reduce or overcome them?
- What are the survivor's immediate needs, current concerns, or pressing problems?
- How can I help the survivor address them?



Essential Element: Sample Questions to Ask the Survivor

- Is there anything that I should know about that may interfere with our ability to communicate?
- Do you have any immediate needs, current concerns, or pressing problems that I can assist you in addressing?
- Is there anything you need right now?
- Is there anything that you would like to address before we begin?



Essential Element: Social Support



(Photo by Leif Skoogfors / FEMA)

Essential Element: Social Support – Informal Key Activity

- Help the survivor establish brief or ongoing contacts with his or her informal support persons and other sources of support.



Essential Element: Social Support – Informal

Key Tasks

- Enhance access to the survivor's informal support persons.
- Determine whether the survivor has a family member, guardian, or caretaker with him or her, and if so, help the survivor locate them immediately.
- Assist the survivor in reaching his or her available primary support persons.
- Veterans may want support from other Veteran disaster survivors, but make sure to ask and not make assumptions.



Essential Element: Social Support – Informal

Key Tasks Cont.

- Facilitate group and social interactions with other survivors.
- Reinforce the importance of receiving and giving support.
- Connect Veterans survivors who have special needs with someone who can provide him or her assistance with daily activities.



Essential Element: Social Support – Informal

Sample Questions to Ask: Yourself

- Who are the survivor's informal social supports?
- Is the survivor alone or did someone accompany him or her to the shelter?
- Does the survivor have family or close friends?



Essential Element: Social Support – Informal

Sample Questions to Ask: Survivor

- Are you at the shelter alone or is someone with you?
- Is there someone you can call to come be with you?
- Is there someone that you can call and talk to right now who may be of help or comfort to you?



Essential Element: Social Support – Formal Key Activity

- Help establish brief or ongoing contacts with other sources of support.



Essential Element: Social Support – Formal Key Tasks

- Identify and inventory on-site support services and resources.
- Inform the survivor of the on-site support services and resources.
- Connect the survivor to formal social support networks and specialized services and resources.
- Facilitate access to appropriate and more sophisticated levels of care.
- Triage or refer the survivor when indicated or requested by the survivor.



Essential Element: Social Support – Formal

Sample Questions to Ask: Yourself

- What does the survivor need?
- Does the survivor need immediate assistance and/or more sophisticated and specialized services than I am able to provide right now?
- And, what services and resources are needed by, appropriate for, and immediately accessible to the survivor?



Essential Element: Social Support – Formal

Sample Questions to Ask: Survivor

- Would you like me to tell you about the available resources and services?
- Do you think that these services and resources would be helpful to you?
- Is it okay if I introduce you to someone who will be better able to assist you?



Effective Communication Behaviors: “CARE”

“C-A-R-E”

- Make non-intrusive, ordinary social Contact.
- Practice Active listening and responding.
- Build Rapport and trust.
- Create a safe and supportive Environment.



C: Making Contact with the Survivor

- Check your attitude.
- Establish and maintain a non-anxious presence.
- Make non-intrusive and ordinary social contact.
- Always approach the survivor from the front.
- Introduce yourself.
- Ask the survivor's name and permission.
- Speak directly to the survivor.



A: Active Listening and Responding

- Maintain direct eye contact. (“60/40” rule)
- Use a calm and normal tone of voice.
- Use people-first language.
- Use words that are both age- and culturally-appropriate.
- Keep communications simple, brief, and focused.
- Provide timely, factual, objective, and accurate information.



A: Active Listening and Responding Cont.

- Be specific.
- Exercise patience.
- Take frequent breaks, if necessary.
- Ask one question at time.
- Ask open-ended questions first.
- Use clarifying questions or statements.



R: Building Rapport and Trust

- Ask the survivor for permission.
- Respect the survivor's decision.
- Identify any challenges or barriers.
- Establish and maintain culturally-appropriate eye contact.
- Get on the survivor's eye level. "Match holes."
- Maintain an open posture.
- Establish realistic expectations and goals.
- Normalize the survivor's experience and reactions.



R: Building Rapport and Trust Cont.

Survivors who are Blind or Visually Impaired

- Identify the person(s) to whom you are speaking.
- Explain what you are doing.
- Inform the survivor when you are silent and when there is a long lapse in communication.
- Use large print or audiotape materials.
- Offer to fill-out forms and read aloud written information.
- Remember that service animals are not pets.



R: Building Rapport and Trust Cont.

Survivors who are Deaf or Hearing Impaired

- Use an interpreter.
- Employ many methods of non-verbal and written communication.



R: Building Rapport and Trust Cont.

Survivors who are Speech Impaired

- Exercise patience.
- Use written materials.
- Encourage the survivor to write the word.
- Use gestures or pointing to objects.
- Use a pictogram grid to "fill in" answers.



E: Establishing a Safe / Supportive Environment

- Respect personal space and distance. (~1.5 feet - 4 feet).
- Avoid physical contact.
- Limit distractions.
- Protect the survivor's privacy.



E: Establishing a Safe / Supportive Environment Cont. Survivors who are Blind or Visually Impaired

- Orient the survivor to the surroundings.
- When guiding the survivor, allow him or her to take your arm and provide verbal cues.
- Alert the survivor to posted or written information.



E: Establishing a Safe / Supportive Environment Cont. Survivors who are Deaf or Hearing Impaired

- Assure a clear visual field.
- Keep the direct light out of the survivor's eyes.



E: Establishing a Safe / Supportive Environment Cont.

Survivors who have a Mobility Impairment

- Ask the survivor's permission before assisting them.
- Do not touch, push, pull, or physically interact with a survivor's body or equipment without the survivor's permission.
- Do not lean on a wheelchair or other mobility aid or assistive device.



Supporting Veterans Family Members



Veteran Family Members

- Family members of Veterans sometimes experience vicarious trauma related to Veteran's trauma
- Spouses of Veterans experience higher levels of domestic violence and divorce than the general population



Vicarious Traumatization

- Vicarious traumatization is “The transmission of traumatic stress to other by observing and/or listening to the stories of traumatic events.”
- Family members of Veterans sometimes experience trauma vicariously through Veteran experiences

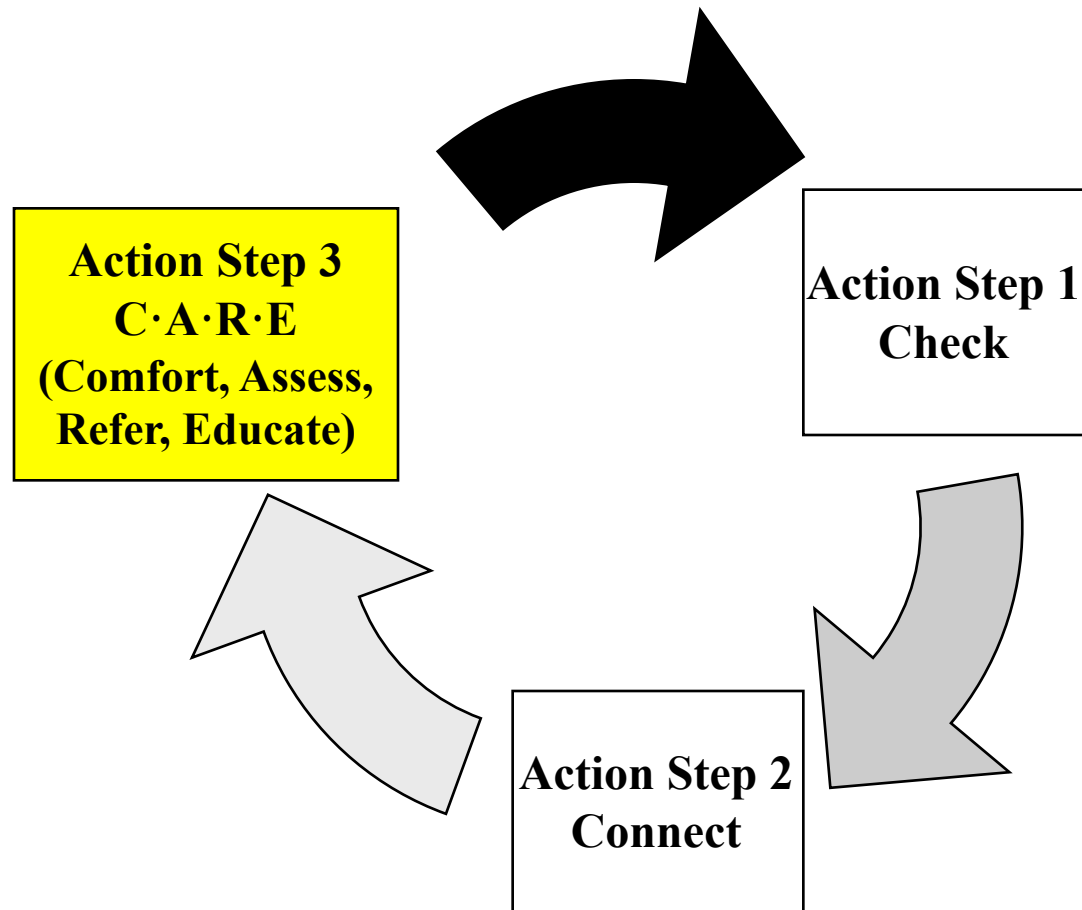


When supporting Veterans' Family Members

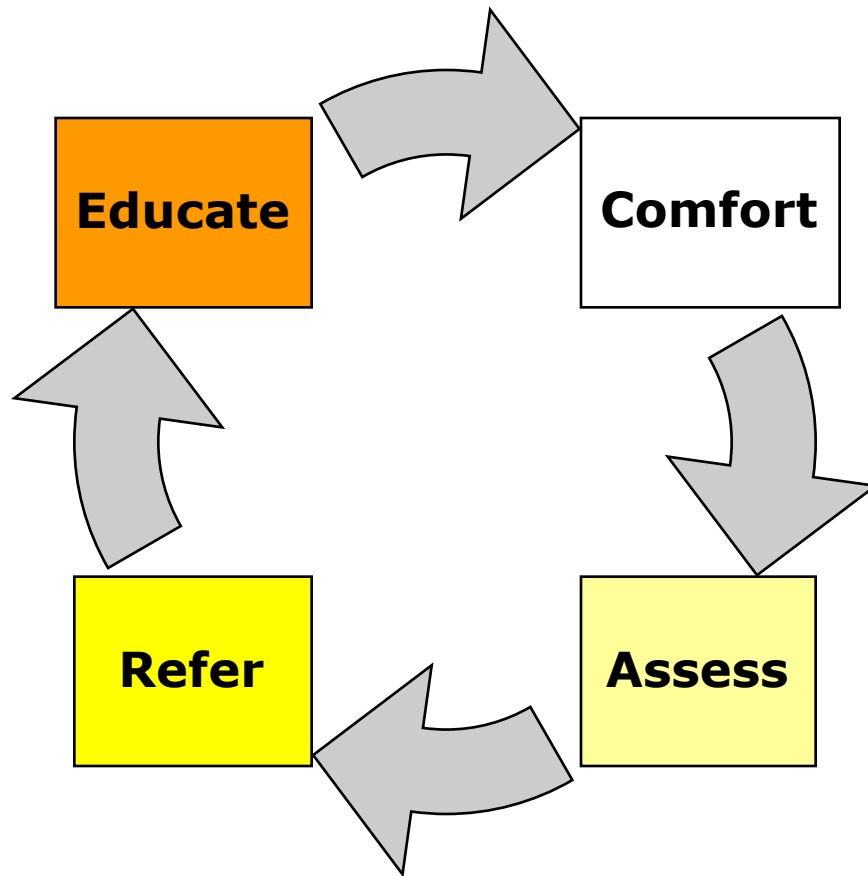
- Do not make assumptions about the Veteran or their family status
- Offer support and observe interactions
- If family members exhibit signs of acute stress response or PTSD, respond accordingly
- Offer services available to family AND the Veteran



Action Step 3: C-A-R-E



Action Step 3: C-A-R-E



Effective Communication Behaviors: “CARE”

“C-A-R-E”

- Make non-intrusive, ordinary social Contact.
- Practice Active listening and responding.
- Build Rapport and trust.
- Create a safe and supportive Environment.



C: Making Contact with the Survivor

- Check your attitude.
- Establish and maintain a non-anxious presence.
- Make non-intrusive and ordinary social contact.
- Always approach the survivor from the front.
- Introduce yourself.
- Ask the survivor's name and permission.
- Speak directly to the survivor.



A: Active Listening and Responding

- Maintain direct eye contact. (“60/40” rule)
- Use a calm and normal tone of voice.
- Use people-first language.
- Use words that are both age- and culturally-appropriate.
- Keep communications simple, brief, and focused.
- Provide timely, factual, objective, and accurate information.



A: Active Listening and Responding Cont.

- Be specific.
- Exercise patience.
- Take frequent breaks, if necessary.
- Ask one question at time.
- Ask open-ended questions first.
- Use clarifying questions or statements.



R: Building Rapport and Trust

- Ask the survivor for permission.
- Respect the survivor's decision.
- Identify any challenges or barriers.
- Establish and maintain culturally-appropriate eye contact.
- Get on the survivor's eye level. "Match holes."
- Maintain an open posture.
- Establish realistic expectations and goals.
- Normalize the survivor's experience and reactions.



E: Establishing a Safe / Supportive Environment

- Respect personal space and distance. (~1.5 feet - 4 feet).
- Avoid physical contact.
- Limit distractions.
- Protect the survivor's privacy.

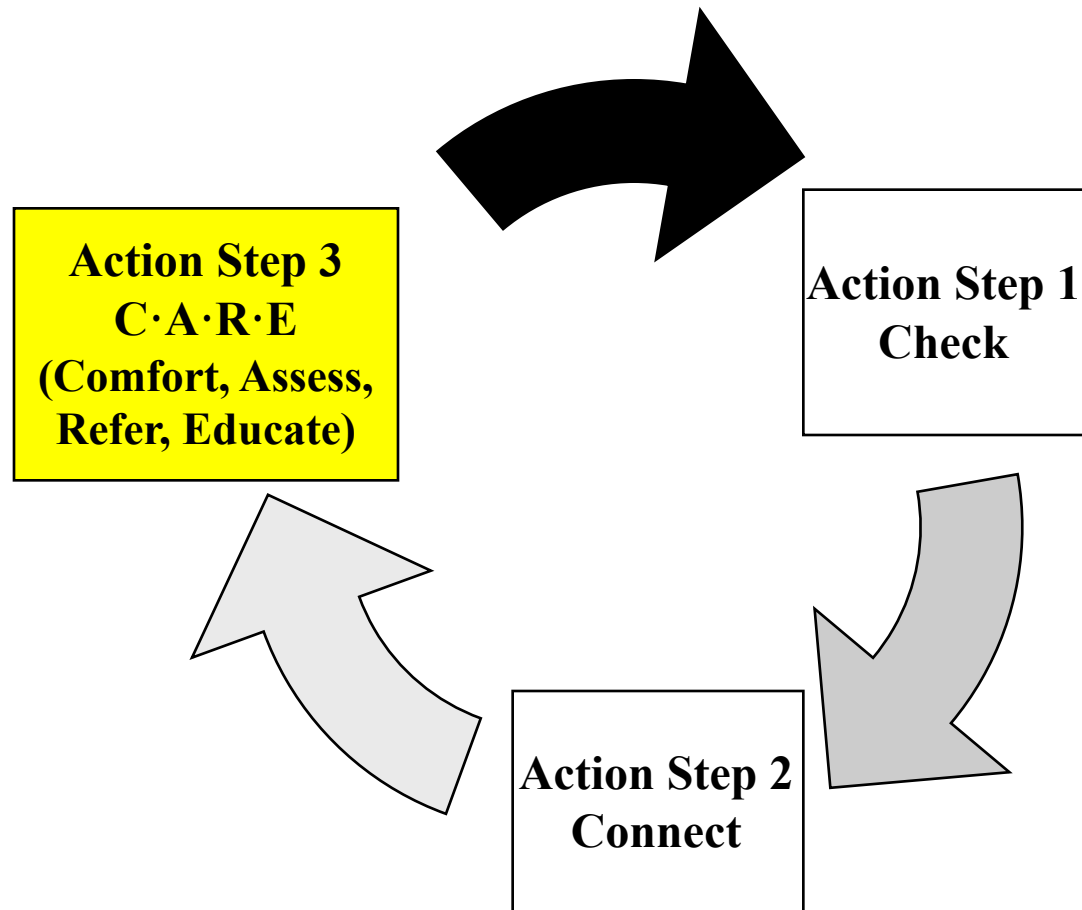


Action Step 3: C-A-R-E

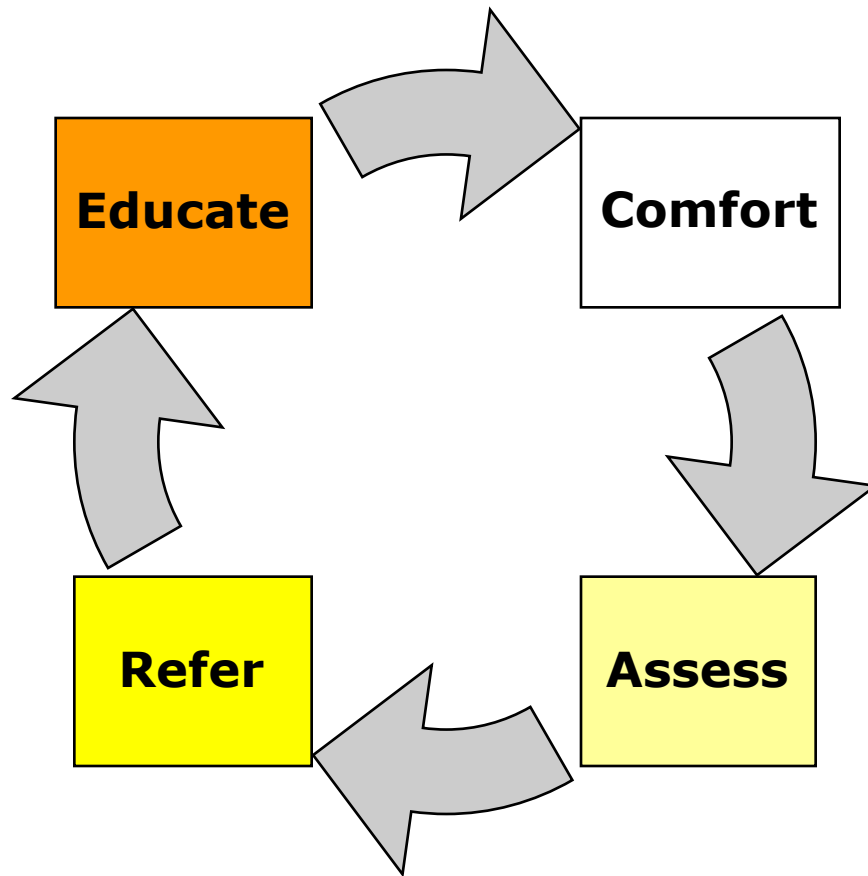
Photo courtesy of FEMA News Photo



Action Step 3: C-A-R-E



Action Step 3: C-A-R-E



PFA Core Actions

- Stabilization (if needed)
- Comfort
- Practical Assistance
- Information Gathering: Needs and Current Concerns
- Information on Coping
- Linkage With Collaborative Services

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



PFA Basic Objectives

- **Calm** and **orient** emotionally overwhelmed or disoriented survivors.
- Provide physical and emotional **comfort**.
- Offer **practical help** to survivors in addressing immediate needs and concerns.
- Identify immediate **needs and concerns**, gather additional information, and tailor Psychological First Aid interventions.
- **Link** survivors with available services needed at the time or in the future.
- Provide **information** about **stress reactions** and **coping** to reduce distress and promote adaptive functioning.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



PFA Key Tasks

- Stabilize emotionally overwhelmed survivors.
- Orient emotionally overwhelmed survivors.
- Attend to physical comfort.
- Protect from additional traumatic experiences and trauma reminders.
- Promote social engagement.
- Offer practical assistance.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



PFA Key Tasks Cont.

- Identify the most immediate needs.
- Clarify the need.
- Discuss an action plan.
- Act to address the need.
- Provide a direct link to additional needed services.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



PFA Key Tasks Cont.

- Provide information about disaster response activities and services.
- Provide basic information about stress reactions.
- Review common psychological reactions to traumatic experiences and losses.
- Provide basic information on ways of coping.
- Teach simple relaxation techniques.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006)



Essential Element: **C**omfort

(Photo courtesy of FEMA News Photo)



Essential Element: **C**omfort

Key Activities

- Calm and orient the emotionally overwhelmed or disoriented survivor, if needed.
- Provide physical and emotional comfort to the survivor.
- Offer practical help to the survivor in addressing immediate needs and current concerns.



Key Activity: Calm and Orient

Key Tasks

- Observe survivor for signs of being disoriented or overwhelmed.
- Offer support to the distressed survivor.
- Help the survivor focus on specific and manageable feelings, thoughts, and goals.
- Give information that orients the survivor to the surroundings.
- Perform stabilization or stress reduction techniques.



Key Activity: Provide Comfort

Key Tasks

- Make the physical environment more comfortable.
- Encourage the survivor to participate in getting things needed.
- Help the survivor soothe and comfort.
- Pay attention to factors that may increase the survivor's vulnerability to stress or worsen medical conditions.
- Reassure the survivor that what he or she is experiencing is understandable and expected.



Key Activity: Offer Practical Help to Address Needs

Key Tasks

- Address and provide for the survivor's immediate needs and concerns.



Essential Element: **C**omfort

Things to Consider

- Stress reactions and responses
- Stress reduction and stabilization techniques



Acute Distress Reactions

- Looking glassy-eyed or vacant
- Unresponsive
- Disoriented
- Exhibiting strong emotional responses (e.g., hyperventilating, uncontrollable crying)
- Experiencing uncontrollable physical reactions (e.g., shaking, trembling)
- Feeling incapacitated by worry, fear, or anxiety
- Dissociation or withdrawal
- Inability to perform simple problem-solving tasks, follow instructions or directions
- Inappropriate anger, violence



Acute Distress Reactions Cont.

- Argumentativeness
- Cognitive distortions
- Panic or flight reaction
- An expressed sense of futility, hopelessness
- Severe depression
- Lack of functional capacity
- Over- or under-active reactions or emotions
- Severe nausea, vomiting, or numbness in limbs
- Preoccupation with the traumatic incident
- Distressing, recurring, or intrusive thoughts, images, sights, smells, and/or sounds



Recognizing Severe Distress Reactions in Veteran Survivors

- **Extreme anxiety** resulting in basic functional impairment
- **Functional impairment** - disoriented to time, person, place, situation
- **Dissociative symptoms** - detachment, withdrawal, de-realization, depersonalization
- **Cognitive impairment** - confusion, poor concentration, poor decision-making, disorientation
- **Prolonged, intense, and uncontrollable distressful emotions** - agitation, extreme irritability, anger
- **Harm to self or others** - suicidal or homicidal thoughts or behaviors, violent
- **Physical distress** - chest pain, heart palpitations, rapid pulse, irregular heart beat, rapid or difficulty breathing, convulsing, vomiting, shock



Essential Element: **C**omfort

Sample Questions to Ask: Yourself

- What stress reaction(s) is/are the survivor experiencing?
- What can I do to help stabilize or orient the survivor?
- What can I do to provide physical and/or emotional comfort?
- What interventions are within my scope of practice?
- What are the survivor's most immediate needs and concerns?



Essential Element: **C**omfort

Sample Questions to Ask: Survivor

- This may sound silly, but do you know your name?
Where we are? Why we are here?
- What has helped you before when you have experienced tremendous stress?
- What do you usually do to relax?
- What do you think you need in order for you to get through this?
- There are some things that I do to help me relax.
Would you like me to show you or tell you?



Essential Element: Comfort

Sample Questions to Ask: Survivor Cont.

- Is there anything that I can do right now to assist you in meeting any of your immediate needs, current concerns, pressing problems, or challenges?
- For Example:
 - Are you thirsty? If so, would you like a bottle of water?
 - Are you hungry? If so, would you like something to eat?
 - Are you tired? If so, would you like to sit down?
 - Are you cold? If so, would you like a blanket?



Some Behaviors to Avoid with Survivors

- **Assuming** that all Veteran survivors who have special needs are distressed, need your help, and will want to talk to you.
- **Over-generalizing** and failing to consider the Veteran survivor's individual and unique needs.
- Assuming that you know what the Veteran survivor who has special needs feels or has been through.
- **Labeling** the Veteran survivor who has special needs by his or her limitation, disability, or condition.
- **Pathologizing** and labeling the Veteran's reactions as symptoms, diagnoses, conditions, or disorders.
- Talking down to or **patronizing** the Veteran who has special needs.



Some Behaviors to Avoid (Cont.)

- Performing counseling or psychological debriefing services.
- Assuming that the survivor, who is unresponsive to your questions or instructions, cannot hear or understand you.
- Failing to refer the survivor with an altered cognitive status or impairment for a timely medical evaluation.
- Assuming that a survivor's atypical behavior is a result of the disaster, as opposed to a pre-existing medical or mental health condition.
- Failing to refer a survivor with aberrant behavior to appropriate mental health or medical professionals.
- Failing to seek a second opinion when in doubt or unsure of how to help the survivor.



The Veteran As a First Responder

Not all Veterans experience adverse affects as a result of their service!!

Some Veterans may want to assist in emergency efforts based on their military expertise

Team Rubicon unites the skills and experiences of military veterans with first responders to rapidly deploy emergency response teams.

Stress Reduction / Stabilization Techniques: Examples

- Diaphragmatic deep breathing
- Progressive muscle relaxation
- Guided visualization
- Sensory grounding



Essential Element: **A**ssess

(Photo by MARVIN NAUMAN/FEMA)



Essential Element: **A**ssess Key Activities

- Identify the survivor's immediate needs and current concerns, and gather additional information.
- Determine the survivor's level of functioning.
- Determine the survivor's coping skills.
- Tailor Psychological First Aid interventions to the survivor's specific needs.



Key Activity: Identify Survivor's Needs / Concerns

Key Tasks

- Conduct an interview to identify the survivor's immediate needs and current concerns.
- Gather information to tailor and prioritize interventions to meet the survivor's needs.
- Determine the survivor's need for further intervention.
- Articulate a clear, concise, specific statement of the need.



Key Activity: Determine Survivor's Functioning

Key Tasks

- Observe the survivor's behavior, responses, and reactions.
- Assess the survivor's behavioral and physical health.
- Determine the survivor's functioning by assessing the survivor's ability to care for himself/herself; his/her ability to follow directions; and his/her functional orientation.
- Identify any behavioral health or physical health needs or challenges that need immediate attention and possible triage/referral.



Key Activity: Tailor PFA Interventions

Key Tasks

- Develop and implement a behavioral health action plan.



Essential Element: **A**ssess Things to Consider

- Immediate needs, current concerns, pressing problems, or issues
- Physical or behavioral health needs
- Functional impairment
- Need for further intervention



Essential Element: **A**ssess

Sample Questions to Ask: Yourself

- What are the survivor's immediate and primary needs, current concerns, pressing problems, or issues?
- Does the survivor appear to have any immediate physical or behavioral health needs?
- Is the survivor displaying signs of functional impairment?
- Is the survivor a harm to self or others?
- Is there a need for further intervention?
- If so, what intervention is appropriate?



Essential Element: **A**ssess

Sample Questions to Ask: Survivor

- How are things going for you?
- Are you doing okay?
- What are your immediate needs and current concerns?
- Do you have any special needs, accommodations, or medical concerns that you would like to tell me about?
- I know this may sound silly, but do you know what day and time it is? Where we are? Who I am? Why we are here?
- Have you experienced a disaster or trauma before?
- If so, what did you do to cope?
- How did that work for you?



Essential Element: **A**ssess

Steps in Formulating a Behavioral Health Action Plan

1. Identify and prioritize the survivor's most immediate and primary needs or concerns.
2. Clarify the survivor's need, problem, or concern.
3. Discuss and formulate an action plan.
4. Act to address the survivor's need or concern.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006, p. 66)



Essential Element: **R**refer

(Photo by Marvin Nauman/FEMA)



Essential Element: **R**efer Key Activities

- Link the survivor with available services.
- Triage the survivor to immediate specialized behavioral health or health care services.



Essential Element: Refer

Key Tasks

- Identify follow-up and referral services and resources.
- Ensure effective linkage of the survivor with specialized services and resources.
- Adhere to your team or agency protocol for follow-up, referral, and/or triage.



Essential Element: **R**efer Things to Consider

- Available services and resources
- Barriers to these services and/or resources
- Formal team or agency protocol for follow-up, referral, or triage services



Essential Element: **R**efer

Sample Questions to Ask: Yourself

- Does the survivor need more specialized and sophisticated services?
- What services and/or resources are appropriate and available to the survivor on-site and in the community?
- Are there any barriers or limitations to the survivor receiving these services and/or resources?
- Is there a formal team or agency protocol for arranging follow-up, referral, or triage services?



Essential Element: **R**efer

Sample Questions to Ask: Survivor

- Would you like me to tell you about services and resources that are available to you?
- Is it okay if I introduce you to someone who is better able to assist you?



Essential Element: Refer

When to Refer

- Problem or need is beyond your scope of practice
- Difficulty maintaining contact and/or communicating
- Medical or mental health problem that needs immediate attention
- Worsening of a pre-existing health problem
- Disoriented
- Threat of harm
- Substance abuse

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006, p. 93)



Essential Element: Refer

When to Refer Cont.

- Abuse or neglect or criminal activity
- Medication is needed for stabilization.
- Pastoral or mental health counseling is needed or desired.
- Ongoing difficulties with coping
- Concern over the survivor's ability to maintain functional independence.
- The survivor is experiencing severe stress reactions that are not decreasing in intensity following stabilization or relaxation techniques.
- The survivor requests a referral.

(Source: National Child Traumatic Stress Network and National Center for PTSD, 2006, p. 93)



Services for Veterans and their Families

- Florida Veterans Benefit Guide
- Department of Veterans Affairs
- Vet Centers
- Mobile App Services
 - PTSD Coach
 - PTSD Family Coach App
 - TBI Coach



Vet Centers

- Provide a range of counseling, outreach, and referral services to combat Veterans and their families.
- Services include individual and group counseling in areas such as PTSD, alcohol and drug assessment, and suicide prevention referrals.
- All services are free of cost and are strictly confidential.



Disabled American Veterans

Disaster relief grants may be issued for the purpose of providing food, clothing, temporary shelter or to obtain relief from injury, illness or personal loss not covered by insurance or other disaster relief agencies.



The *Veterans Crisis Line* is staffed by trained professionals 24 hours a day to help Veterans in an immediate crisis.



Essential Element: **E**ducate



(Photo courtesy of FEMA)



Essential Element: **E**ducate

Key Activity / Key Tasks

- **Key Activity:**
 - Provide information about stress reactions and coping.
- **Key Tasks:**
 - Review common responses and reactions to traumatic experiences and losses.
 - Provide basic information on self-care, managing stress, and adaptive ways to effectively cope with post-disaster stress.
 - Demonstrate simple stress reduction and relaxation techniques.
 - Give educational and informational materials.



Essential Element: **E**ducate

Sample Questions to Ask: Yourself

- What can I tell the survivor about common stress responses and reactions?
- What stress reduction and relaxation techniques can I teach the survivor?
- What information can I give the survivor to facilitate coping and promote self-care?



Essential Element: **E**ducate

Sample Questions to Ask: Survivor

- Would you like for me to describe common reactions that disaster survivors often experience?
- What things have you done in the past to help you cope and deal with stress?
- Would you like to learn some things that you can do to help you manage your stress?



Essential Element: **E**ducate

Talking Points / Topics

- Timely and factual information about the disaster and activities
- Common stress reactions
- Self-care and family strategies
- Stress management and relaxation techniques
- Adaptive coping approaches
- Expectation of normal recovery
- Potentially incapacitating stress reactions
- Information about available resources and services



Responding To Veteran Needs in Summary

Before

- Meet with Veteran Service Organizations
- Identify Veteran Resources
- Identify Veteran Specific Shelters

During

- Identify Veterans in Need
- Identify Individual Veteran Needs
- Connect Veteran with Resources
- Provide Support
- Based on Veteran Preference, Connect Veterans with other Veterans with Commonalities

After

- Follow up on services



Activity:

**Identify
Actions to
Support
Veteran
Survivors**

- Time: 10 minutes
- Tasks:
 1. Identify actions local disaster team can take before a disaster to meet Veterans needs.
 2. Read the case scenario of Veteran.
 3. Identify actions to meet the individual needs of that Veteran.
 4. Identify actions to follow up after the disaster relief encounter.

Scenario:

Alexa is a 25-year old female who presented at the shelter with her service dog Roxy during a hurricane. She is wearing an army swag ball cap. Though Alexa presents no physical disabilities she seems agitated and nervous. She does not wish to interact with others at the shelter and has rejected assistance from a male disaster relief worker who offered to help her. She does appear to have a phone, and has only a few personal items in a camouflage duffel bag,



Program Wrap-Up and Questions



Course Summary

Upon course completion learners should be able to:

- Define characteristics and factors for Veterans that may put them at risk after a disaster event.
- List the Essential Elements for each of the Action Steps in the C³ARE Protocol, and recognize the related Key Activities, associated Key Tasks, Things to Consider, and sample Questions to Ask for the Action Steps.
- Identify appropriate behaviors for effectively interacting with Veteran survivors.
- Recognize distress reactions in Veteran survivors.
- Determine the need for Disaster Behavioral Health First Aid with Veteran Disaster Survivors.
- Formulate and implement a Behavioral Health First Aid action plan with Veteran disaster survivors.
- Identify resources to provide Veteran Disaster Survivors and their family members.



The University of South Florida, the Florida Center for Public Health Preparedness (FCPHP), and the FCPHP facilitator do not have any significant relationships with commercial entities.

DISCLAIMER

THANK YOU FOR YOUR TIME AND ATTENTION!



Course Completion and Next Steps



Course Completion Activities

1. Learner Post-Assessment – Please complete and submit the learner post-assessment. You will need a minimum grade of 75% to pass.
2. Course Evaluation – Upon successfully completing the learner post-assessment, please complete and submit the course evaluation.
3. Course Completion Certificate - Upon successfully completing the learner post-assessment and submitting the course evaluation, please download and print your course completion certificate. Save this certificate to document that you have successfully met all course requirements.





R-FAST



B-FAST



C-FAST



V-FAST

Have you heard about our available
Disaster Behavioral Health First Aid Specialist
Training Courses ?



Thank you for your participation!

For additional CLPHP training courses and programs, please visit:

<http://health.usf.edu/publichealth/clphp/index.htm>



REFERENCES

- Bosco MA, Murphy JL, Clark ME. Chronic Pain and Traumatic Brain Injury in OEF/OIF Service Members and Veterans. *Headache J Head Face Pain*. 2013.
- Brown, L. M. et al. Use of outpatient mental health services by homeless veterans after hurricanes. *Psychol. Serv.* 2013;10:250–256.
- Calhoun PS, Beckham JC, Bosworth HB. Caregiver burden and psychological distress in partners of veterans with chronic posttraumatic stress disorder. *J Trauma Stress*. 2002;15(3):205-212.
- Capehart B, Bass D. Review: Managing posttraumatic stress disorder in combat veterans with comorbid traumatic brain injury. *J Rehabil Res Dev*. 2012;49(5):789.
- Claver, M., Dobalian, A., Fickel, J. J., Ricci, K. A. & Mallers, M. H. Comprehensive care for vulnerable elderly veterans during disasters. *Arch. Gerontol. Geriatr.* 2013;56:205–213.
- Der-Martirosian, C. et al. General household emergency preparedness: a comparison between veterans and nonveterans. *Prehospital Disaster Med.* 2014;29:134–140.
- De Burgh HT, White CJ, Fear NT, Iversen AC. The impact of deployment to Iraq or Afghanistan on partners and wives of military personnel. *Int Rev Psychiatry Abingdon Engl.* 2011;23(2):192-200.
- Eaton KM, Hoge CW, Messer SC, et al. Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Mil Med.* 2008;173(11):1051-1056.
- Florida Department of Veterans Affairs. Annual Report: Fiscal Year 2012-2013. 2013. Retrieved at <<http://floridavets.org/wp-content/uploads/2013/12/Annual-Report-2012-13-Final.pdf>>
- Frahm, K. A. et al. Posttraumatic stress disorder and use of psychiatric and alcohol related services: the effect of the 2004-2005 Florida hurricane seasons on veterans. *Community Ment. Health J.* 2013;49:636–642.
- Heslin, K. C. et al. Confidence in the fairness of local public health systems' response to disasters: the US Veterans' perspective. *Disaster Med. Public Health Prep.* 2013;7, 75–81.
- Hogan, T. P. et al. Disaster preparedness and response practices among providers from the Veterans Health Administration and Veterans with spinal cord injuries and/or disorders. *J. Spinal Cord Med.* 2011;34:353–361.
- Kemp, J. & Bossarte, R. Suicide Data Report, 2012. Department of Veterans Affairs. Retrieved at <<http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>>

REFERENCES CONTD.

- Kupersmith J, Lew HL, Ommaya AK, Jaffee M, Koroshetz WJ. Traumatic brain injury research opportunities: results of Department of Veterans Affairs Consensus Conference. *J Rehabil Res Dev*. 2009;46(6):vii-xvi.
- Lew HL, Otis JD, Tun C, Kerns RD, Clark ME, Cifu DX. Prevalence of chronic pain, posttraumatic stress disorder, and persistent postconcussive symptoms in OIF/OEF veterans: polytrauma clinical triad. *J Rehabil Res Dev*. 2009;46(6):697-702.
- Mansfield AJ, Kaufman JS, Marshall SW, Gaynes BN, Morrissey JP, Engel CC. Deployment and the Use of Mental Health Services among U.S. Army Wives. *N Engl J Med*. 2010;362(2):101-109.
- Nelson BS, Wright DW. Understanding and Treating Post-Traumatic Stress Disorder Symptoms in Female Partners of Veterans with Ptsd. *J Marital Fam Ther*. 1996;22(4):455-467.
- Otis JD, McGlinchey R, Vasterling JJ, Kerns RD. Complicating Factors Associated with Mild Traumatic Brain Injury: Impact on Pain and Posttraumatic Stress Disorder Treatment. *J Clin Psychol Med Settings*. 2011;18(2):145-154.
- Our Mission | Disaster Response Veterans Service Organization | Team Rubicon. Retrieved at <<http://www.teamrubiconusa.org/our-mission/>>
- PTSD: National Center for PTSD Home. Retrieved at <http://www.ptsd.va.gov/>.
- Seal KH, Cohen G, Waldrop A, Cohen BE, Maguen S, Ren L. Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010: Implications for screening, diagnosis and treatment. *Drug Alcohol Depend*. 2011;116(1-3):93-101.
- Walker RL, Clark ME, Sanders SH. The "Postdeployment multi-symptom disorder": An emerging syndrome in need of a new treatment paradigm. *Psychol Serv*. 2010;7(3):136-147.
- Verdeli H, Baily C, Vousoura E, Belser A, Singla D, Manos G. The case for treating depression in military spouses. *J Fam Psychol JFP J Div Fam Psychol Am Psychol Assoc Div 43*. 2011;25(4):488-496.
- Veteran Population - National Center for Veterans Analysis and Statistics. Retrieved at http://www.va.gov/vetdata/Veteran_Population.asp.
- Verbosky SJ, Ryan DA. Female partners of Vietnam veterans: stress by proximity. *Issues Ment Health Nurs*. 1988;9(1):95-104.
- Young, B. H., Ford, J. D., Ruzek, J. I., Friedman, M. J. & Gusman, F. D. Disaster mental health services: a guidebook for clinicians and administrators. National Center for Post-Traumatic Stress Disorder. 1998.

The Center for Leadership in Public Health Practice

