Disaster Behavioral Health
First Aid Specialist Training

B-FAST

Florida Center for Public Health Preparedness

University of South Florida Health Sciences Center
Program Overview

- Competencies
- Overall Program Objectives
- Program Goals
- Continuing Education
- Program Developers
- Acknowledgements
- Instructional Methods
- Instructional Materials
- Agenda
- Program Facilitators
Competencies: Related Bioterrorism and Emergency Readiness Competencies

1. **Describe** the public health role in emergency response in a range of emergencies that might arise.

3. **Identify** and **locate** the agency emergency response plan.

4. **Describe** his/her functional role(s) in emergency response.

6. **Describe** communication role(s) in emergency response.

7. **Identify** limits to own knowledge/skill/authority and **identify** key system resources for referring matters that exceed these limits.

8. **Recognize** unusual events that might indicate an emergency and **describe** appropriate action.

9. **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities.
Overall Program Objectives

- Provide public health workers and other professionals on the front-lines of terrorism and disaster response with the necessary knowledge and skills to effectively:
  - Recognize and respond to the initial behavioral health needs of disaster survivors and rescuers.
  - Promote behavioral wellness through interventions for individual and community resilience and recovery.
Program Goals

- Provide an overview of disaster and terrorism
- Create an awareness of the behavioral health consequences of disasters and terrorism and the impact on individuals, communities, and public health
- Review traumatic stress, common and uncommon adult stress reactions, signs and symptoms of traumatic stress, stress disorders, and strategies for stress management, coping, and resiliency
- Promote the role and responsibilities of public health and public health professionals in disaster behavioral health
- Demonstrate the C³ARE Model of Disaster Behavioral Health First Aid protocol
- Increase the capacity of public health professionals and other front-line responders to perform their functional roles in emergency readiness, response, and recovery
Continuing Education

- Certified Health Education Specialists
- Licensed Mental Health Counselors
- Licensed Marriage and Family Therapists
- Licensed Clinical Social Workers
- Psychologists
- Pharmacists
- Physicians
- Nurses

* Program facilitators have no commercial relationship.
Program Developers: The Florida Center for Public Health Preparedness

- Located at the USF College of Public Health
- 1 of 27 National Centers for Public Health Preparedness
- Designated and funded in April 2001 by the CDC
- Mission: To ensure that front-line public health workers have the necessary knowledge, skills, and competencies required to effectively respond to bioterrorism, infectious diseases, and other current and emerging health threats.
- Focus areas: disaster behavioral health; crisis leadership; disaster field epidemiology
Acknowledgements

The design, development, and delivery of this program were supported by Grant No. U90/CCU424263-01-1 from a cooperative agreement between the Florida Center for Public Health Preparedness and the Centers for Disease Control and Prevention and the Association of Schools of Public Health.
Instructional Methods

- Didactic Presentation
- Co-Facilitation
- Group Activities
- Application Exercises
- Demonstration
- Role Play
- Reflection
- Assessment
- Evaluation
Instructional Materials

- Program Manual
- Activity Workbook
- Resource Folder
- Learner Assessments
- Program Evaluation
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am – 8:45 am</td>
<td>Program Overview</td>
</tr>
<tr>
<td>8:45 am – 9:30 am</td>
<td>Module One - Disaster Behavioral Health First Aid: Purpose, Principles, and Protocol</td>
</tr>
<tr>
<td>9:30 am – 9:45 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>9:45 am – 10:15 am</td>
<td>Module Two - The Disaster Behavioral Health First Aid Specialist: Roles, Responsibilities, Requisites, and Readiness</td>
</tr>
<tr>
<td>10:15 am – 12:30 pm</td>
<td>Module Three - Recognizing and Treating Behavioral Health Emergencies: A Public Health Clinical Model</td>
</tr>
<tr>
<td>12:30 pm – 1:00 pm</td>
<td>LUNCH (Networking)</td>
</tr>
<tr>
<td>1:00 pm – 3:30 pm</td>
<td>Module Four - Disaster Behavioral Health First Aid Protocol: The C³ARE Model</td>
</tr>
<tr>
<td>3:30 pm – 3:45 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>3:45 pm – 4:15 pm</td>
<td>Module Five - Disaster Behavioral Health and Public Health: Relationships, Roles, Responsibilities, and Results</td>
</tr>
<tr>
<td>4:15 pm – 4:30 pm</td>
<td>Wrap-Up: Summary; Lessons Learned; Next Steps</td>
</tr>
<tr>
<td>4:30 pm – 5:00 pm</td>
<td>Learner Assessment and Program Evaluation</td>
</tr>
</tbody>
</table>

Developed by the Florida Center for Public Health Preparedness at the University of South Florida
Program Facilitators

- Nadine D. Mescia, MHS, CFM, CFT
- Chip Weiner, MS, LMHC, CEAP, SAP
Activity O.1
Activity O.1: Participation Introductions - Who I Am and Why I Am Here

- **Activity:** Reflect – Record – Share
- **Objectives:** To introduce all participants and to address participant expectations of the program.
- **Purpose:** To get to know participants and to discover participant expectations of the program.
- **Time:** 25 minutes
- **Instructions:**
  - Reflect upon and record your answers to the following three questions. (3 minutes)
  - Share your individual responses to question 1 with the large group. (30 seconds each participant)
Module One

Disaster Behavioral Health First Aid: Purpose, Principles, and Protocol

Photo Courtesy of FEMA Photo Library/Gene Romano.

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Learning Objectives: Module One

✓ Define disaster behavioral health first aid.
✓ Identify disaster behavioral health first aid principles and protocol.
✓ Describe the relationship between disaster behavioral health first aid and behavioral health, public health, and first aid service delivery.
Behavioral Health

“An integrated, inter-disciplinary system of care that approaches individuals, families, and communities as a whole and addresses the interactions between psychological, biological, socio-cultural, and environmental factors”

(San Francisco Department of Public Health)
Disaster Behavioral Health First Aid: Definition – “What?”

“The provision of emergent psychological and/or behavioral intervention in response to the needs of an individual, or group of individuals, experiencing an acute state of psychological crisis” (Everly, 2004)
Disaster Behavioral Health First Aid:
Aim – “Why?”

■ “To limit emotional distress and negative health behaviors in disaster survivors”

(Institute of Medicine, 2003)
Disaster Behavioral Health First Aid: Goals – “Why?”

- To support disaster survivors in dealing with stress reactions
- To help disaster survivors prevent and control harmful behaviors and resume their normal functioning
- To stabilize disaster survivors through meeting basic physical needs, then by addressing the most basic behavioral health needs
- To mitigate behavioral distress and dysfunction in disaster survivors
- To promote active coping and resiliency
Disaster Behavioral Health First Aid: Objectives – “Why?”

- Protect survivor from further harm and adverse behavioral health outcomes
- Direct survivor to safety
- Connect survivor with support
- Triage survivor to specialized services
- Assess survivor’s behavioral health status
- Provide information and education
- Refer survivor to outreach / follow-up resources and services
Disaster Behavioral Health First Aid:
Outcomes – “Why?”

- Improve survivor’s short-term functioning
- Reduce long-term negative behavioral health effects
- Prevent and control disaster stress related injuries and disorders
- Promote individual and community resiliency and recovery
- Identify those at-risk for severe distress and impairment
- Accelerate recovery
Disaster Behavioral Health First Aid: Delivery - “Who?”

- Individuals of communities exposed to a recent disaster or other traumatic event

- “Individuals directly or indirectly exposed to physical injury or death, or to the threat of physical injury or death”

(Everly, 2004)
Disaster Behavioral Health First Aid: Delivery - “When?”

* Whenever there is a need for physical first aid.

- 0-48 hours post impact of event, or as indicated
- Mass disasters
- Medical emergencies
- Cases of loss and grief
Disaster Behavioral Health First Aid: Delivery - “Where?”

* Anywhere disaster survivors are.

- Disaster sites / scenes
- Staging areas
- Alongside emergency support
- Shelters
- Agencies / Organizations
- Hospitals
- Police / Fire stations
- Home
- Community / Religious centers
- Schools / Work sites
- Medical examiner / Coroners’ offices

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Disaster Behavioral Health First Aid: Principles – “How?”

- Practical, not treatment-oriented
- Emphasizes the “normal” not pathology
- Considers the hierarchy of a survivor’s needs
- Recognizes that support systems are crucial to recovery
- Assumes survivor competence
- Focuses on survivor’s strengths and potential, and encourages self-mastery
- Fosters and encourages survivor self-reliance
Disaster Behavioral Health First Aid: Protocol – “How?”

- Do no harm
- Assure safety of self and others
- Protect survivor from further harm and danger
- Help provide for survivor’s basic “survival” needs and comfort
- Reduce physiological arousal
- Help survivor achieve a restful and relaxed state
- Preserve an interpersonal safety zone and protect basic personal space (e.g., privacy, quiet)
Disaster Behavioral Health First Aid: Protocol – “How?” (Continued)

- Provide support and presence by non-intrusive ordinary social contact (e.g., small talk)
- Assess and address survivor’s immediate health needs, problems, and concerns
- Assist survivor in locating and verifying the personal safety of separated loved ones
- Connect survivor with loved one(s), friend(s), and/or trusted other person(s)
- Help survivor take practical steps to resume daily routines, rituals, and activities (new “normal” integration)
Disaster Behavioral Health First Aid: Protocol – “How?” (Continued)

- Help survivor take practical steps to resolve immediate problems and concerns caused by disaster.
- Facilitate the survivor’s resuming of normal family, community, school, and work roles.
- Provide opportunities for grieving for losses.
- Help survivor reduce problematic tension, anxiety, or despondency to manageable levels.
- Support survivor and his/her helpers by providing information and education about common stress reactions and stress management techniques.
Module Two

The Disaster Behavioral Health First Aid Specialist: Roles, Responsibilities, Requisites, and Readiness
Learning Objectives: Module Two

- Describe the functional roles and responsibilities of the disaster behavioral health first aid specialist in emergency response.
- Identify the essential knowledge, skills, attitudes, and abilities of disaster behavioral health first aid specialists.
Disaster Behavioral Health First Aid Specialist:

Roles and Responsibilities: CARES

- Checker
  - Check-in with ICS
- Connector
  - Check scene
- Comforter
  - Check survivor
- Communicator
  - Connect survivor with social supports
- Caregiver
  - Care for survivor
  - Comfort survivor
  - Calm survivor
  - Communicate
Disaster Behavioral Health First Aid Specialist:

Roles and Responsibilities: CARES

- Assuror
  - Assure safety
- Assessor
  - Assure Incident Command
- Assistor
  - Assess scene
  - Assess situation
  - Assess self
  - Assess survivor
  - Assess survivor’s needs
  - Assist survivor with needs
  - Assist team

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Disaster Behavioral Health First Aid Specialist:

**Roles and Responsibilities: CARES**

- Referrer
  - Refer to services
  - Refer to resources
  - Respond within ICS
  - Respond to survivor’s needs
  - Restore survivor’s pre-event functioning

- Responder

- Restorer
Disaster Behavioral Health First Aid Specialist:

Roles and Responsibilities: CARES

- Educator
  - Educate survivor

- Encourager
  - Encourage active survivorship
  - Encourage survivor resiliency and recovery
Disaster Behavioral Health First Aid Specialist:

Roles and Responsibilities: CARES

- Surveyor
  - Survey scene
- Supporter
  - Support survivor
  - Support team
- Stabilizer
  - Stabilize survivor
    (physical and emotional)
Disaster Behavioral Health First Aid Specialist: Knowledge

- Behavioral health consequences of disaster and terrorism
- Nature of traumatic stress reactions
- Common and uncommon stress reactions
- Risk factors / determinants / deterrents
- Vulnerable or at-risk populations
- Disaster stress related signs, symptoms, disorders, diseases, management
- Coping and resiliency strategies
- Behavioral health professional services and resources
- Principles, practices, and protocol of disaster behavioral health first aid
Disaster Behavioral Health First Aid Specialist:

**Skills**

- Supportive communication
- Cultural competence
- Assessment
- Triage
- Stabilization
- Education: Stress reactions / management
- Referral
Disaster Behavioral Health First Aid Specialist: 

**Attitude: CARES**

- Caring
- Compassionate
- Client-centered
- Calm
- Culturally competent
- Considerate
- Communicative
- Collaborative
- Casual
- Cooperative
- Confident
- Committed
- Concerned
Disaster Behavioral Health First Aid Specialist:

**Attitude: CARES**

- Assistive
- Aware
- Altruistic
- Adventurous
- Affirming
- Adaptive
- Acumen
- Alert
- Assuring
- Approachable
Disaster Behavioral Health First Aid Specialist:

**Attitude:** CARES

- Respectful
- Ready
- Resilient
- Responsive
- Regarding
- Real
- Responsible
- Rapport-builders
Disaster Behavioral Health First Aid Specialist:

**Attitude: CARES**

- Empathic
- Educated
- Energetic
- Empowering
- Enlightening
- Encouraging
Disaster Behavioral Health First Aid Specialist: 

**Attitude: CARES**

- Supportive
- Sincere
- Sympathetic
- Sociable
- Sensitive
- Safe
- Stable
- Systems Savvy
- Simplistic
- Self-validating

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## Disaster Behavioral Health First Aid Specialist: Readiness

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Training</td>
<td>Participate in disaster mental health related training and education programs.</td>
</tr>
<tr>
<td>Information</td>
<td>Seek psychoeducational and disaster behavioral health related information.</td>
</tr>
<tr>
<td>Practical Experience</td>
<td>Gain practical experience by participating in exercises, drills, and events.</td>
</tr>
<tr>
<td>Preparedness Planning</td>
<td>Develop personal, family, and agency contingency / preparedness plans and disaster supply kits.</td>
</tr>
<tr>
<td>Support Networks</td>
<td>Establish personal and professional support networks.</td>
</tr>
</tbody>
</table>
| Self-Awareness         | - Know one self.  
                         | - Know when and how to seek professional assistance.               |
| Professional Resources | Know where to seek professional assistance.                          |
| Resiliency             | - Practice good self-care, compassion fatigue resiliency, and stress reduction / management techniques.  
                         | - Establish and maintain a non-anxious presence (NAP).          |
Activity 2.1
Activity 2.1: Disaster Behavioral Health First Aid Specialist - **Helping Attributes and Behaviors**

- **Activity:** Group – Reflect - Identify – Record - Share
- **Related Learning Objective:** Identify the essential attributes (knowledge, skills, and attitudes) of disaster behavioral health first aid specialists.
- **Purpose:** To identify the essential attributes and behaviors (knowledge, skills, and attitudes) of disaster behavioral health first aid specialists.
- **Time:** 15 minutes
- **Instructions:**
  - Assemble into groups of five to six members.
  - Reflect upon, respond, and record your responses to the following questions: (10 minutes)
  - What helper attributes and behaviors (knowledge, skills, and attitudes) do you think are the most important for helping disaster survivors?
  - Describe these helper attributes and behaviors. (e.g., What do these helper behaviors look like, feel like, sound like?)
  - Select a group speaker.
  - Share your group’s unique responses with the large group. (1 minute per small group. 5 minutes total.)
Module Three

Recognizing and Treating Behavioral Health Emergencies: A Public Health Clinical Model
Learning Objectives: Module Three

✓ Define traumatic event, disaster, terrorism, and bioterrorism.
✓ Describe the characteristics of traumatic events, disaster, terrorism, and bioterrorism.
✓ List examples of potentially traumatic events.
✓ Describe the behavioral health consequences of disaster and terrorism and the impact on public health.
✓ Define stress and traumatic stress.
✓ Identify the signs and symptoms of traumatic stress exposure.
Learning Objectives: Module Three
(Continued)

- Identify risk and resiliency factors of individuals exposed to disaster and terrorism events and those most at risk for adverse outcomes.
- Describe the nature of traumatic stress reactions and common and severe stress reactions.
- Identify coping and resiliency strategies.
- Describe approaches for managing and reducing disaster related stress.
- Identify disaster stress related diseases and disorders.
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<tr>
<td><strong>Vector (Source)</strong></td>
<td>Terrorist or Injurious Agent / Weapon</td>
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<td>Physical / Social</td>
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<td><strong>Host</strong></td>
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<td>Stress Management, Coping / Resiliency Strategies</td>
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Agent

“A factor whose presence, excessive presence, or relative absence is essential for the occurrence of a disease.”

(Last, 1995)
AGENT: Examples

- Bioterrorism
- Terrorism (CBRN)
- Disaster
- Traumatic Event
Traumatic Event

- Any event outside the usual realm of human experience that is markedly distressing.
- An extraordinary circumstance that leaves one feeling terrified, powerless, and/or horrified in the face of threatened, potential, or actual injury or death.

(Everly, 2003)
Traumatic Event: Characteristics

- Triggers fear, helplessness, or horror in response to the perceived or actual threat of injury or death to the individual or to another.
- Perceived by the individual to be life-threatening, unexpected, and infrequent.
Traumatic Event: Factors / Determinants

- Disaster classification / type
- Severity of impact
- Rate of occurrence
- Numbers / Populations affected
- Individual v. Community
- Degree of damage / destruction
- Magnitude of loss
- Known or unknown hazards
- Recurring risk
- Degree of warning
- Degree of preparedness
- Life-threat
- Degree of exposure
- Proximity to event
Disaster

- A severe destruction which greatly exceeds the coping capacity of the affected community
Disaster: Characteristics

- Affects large segments of the population or entire communities of individuals
- Causes widespread destruction and distress
Disaster: Classifications

Human–Made

Natural

Terrorism

BT

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Disaster: Classifications

- Classification affects the way people react and the types of assistance needed.
- Human-made disasters are different from natural disasters.
- Human-made disasters are more traumatic to behavioral health.

(NSW Health, 2000)
Natural Disasters: Types

- Blizzard
- Cyclone
- Drought
- Earthquake
- Heat wave
- Typhoon
- Volcanic eruption

- Fire
- Flood
- Landslide
- Avalanche
- Tornado
- Hurricane
- Tsunami / Storm surge
Human-Made Disasters: Types

- Nuclear / Chemical accidents
- War
- Hazardous material release
- Fire
- Explosions
- Structural failure / collapse
- Transportation accidents

- Dam / Levee failure
- Major systems failure
- Technological
- Terrorism: (B-NICE)
  - Biological
  - Nuclear
  - Incendiary
  - Chemical
  - Explosive
## Disaster: Phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Preparation / Planning</strong></td>
<td>The time <strong>before a disaster</strong> when there is general recognition that a disaster <strong>could</strong> occur.</td>
</tr>
<tr>
<td><strong>Threat / Warning</strong></td>
<td>The time <strong>before a disaster</strong> when there is general recognition that a disaster <strong>may</strong> occur or a specific warning that a disaster is approaching</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td>The time when the disaster is <strong>occurring and immediately thereafter</strong>.</td>
</tr>
<tr>
<td><strong>Immediate Post-Disaster</strong></td>
<td>The time when there is <strong>recoil from the impact</strong> and the <strong>initial rescue activities</strong> begin.</td>
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<tr>
<td><strong>Recovery</strong></td>
<td>The <strong>prolonged period of return to community and individual adjustment</strong> or equilibrium.</td>
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</tbody>
</table>
Activity 3.1
Activity 3.1: Recognizing Potentially Traumatic Events

- **Activity:** View - Recognize - List - Share
- **Related Learning Objective:** List examples of potentially traumatic events (PTEs).
- **Purpose:** To recognize and list examples of potentially traumatic events for individuals and communities.
- **Time:** 20 minutes
- **Instructions:**
  - View the video of disasters. (10 minutes)
  - List examples of potentially traumatic events that have affected and/or could affect individuals and communities in your locality and share your individual unique responses with the large group. (10 minutes total)
Disasters’ Video

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Vector

- A carrier that transports a harmful agent to a susceptible individual, its food, or environment
  (Last, 1995)

  - Examples: Terrorist or injurious agent or weapon
Terrorism

- “The unlawful use of force against persons or property to intimidate or coerce a government, the civilian population, or segment thereof, in the furtherance of political or social objectives”  
  (FBI)

- “The attempt to cause destruction, casualties, and psychological mass-disintegration by the use of (mainly) non-conventional weapons”  
  (Gal, 2004)
## Terrorism: Characteristics

<table>
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<tr>
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<th>Random</th>
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</thead>
<tbody>
<tr>
<td>Unpredictable</td>
<td>Unprovoked</td>
</tr>
<tr>
<td>Uncontrollable</td>
<td>Rapid onset</td>
</tr>
<tr>
<td>Uncertain</td>
<td>Delayed detection</td>
</tr>
<tr>
<td>Unfamiliar</td>
<td>Severe and widespread</td>
</tr>
<tr>
<td>Lack of warning</td>
<td>Extreme psychological / social / behavioral consequences</td>
</tr>
</tbody>
</table>
Terrorism: **Motives**

- Terrorize and instill fear and panic in populations
- Paralyze systems and societies
- Exert a powerful *psychological* effect
- Cause mass harm and casualty
- Violate the belief of “safety from harm”
- Undermine a community’s sense of security
- Disrupt normal functioning in society
- Demoralize
- Create chaos
Terrorism: Psychosocial Factors / Determinants

- Lack of familiarity with event type
- Threat to safety
- Scope of destruction/affected persons
- Exposure to grotesque

- Defenseless / Degree of control
- Intensity of reactions
- Degree of uncertainty
- Symbolism of target
- Duration of event

(Myers, 2001)
Terrorism: Consequences

- Physical damage to Infrastructure
- Biological harm to people / animals / plants
- Environmental damage

- Psychological damage
- Social disruption
- Economic disruption
- Injury
- Illness
- Death

(Institute of Medicine, 2003)
Terrorism: Behavioral Health Consequences

- Anger
- Rage
- Hate crimes
- Racism
- Violence
- Distrust
- Substance abuse

- Stress
- Hyper-arousal
- Panic
- Mass hysteria
- Fear
- Anxiety

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Terrorism Agents: Types

- Chemical
- Biological
- Radiological
- Nuclear
Terrorism Weapons: Biological
Terrorism Weapons: Incendiary

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Terrorism Weapons: Chemical
Terrorism Weapons: Explosive
U.S. Terrorism Events

- 1993: World Trade Center Bombings; New York City
- 1995: Murrah Federal Building; Oklahoma City
- 1998: U.S. Embassies; Kenya and Tanzania
- 2000: U.S.S. Cole; Yemen
- 2001: World Trade Center and Pentagon Bombings; New York City and Washington, D.C.
Bioterrorism

- The use of living organisms as weapons or warfare agents to cause intentional harm, illness, or death in humans, animals, and/or plants.
Bioterrorism: **Motives**

- Cause **widespread** harm, illness, or death in humans
- Limit food supplies and/or agricultural resources
- Evoke **fear** in populations
- **Intimidate** governments or societies
Bioterrorism: Characteristics

- Difficult to detect
- Inexpensive to produce
- Widespread dissemination
- May cause mass harm, illness, death, panic, hysteria
Bioterrorism: Behavioral Health Consequences

- Fear of invisible biological agents
- Fear of explosively-spreading epidemic disease
- Fear of contagion
- Fear of stigma
- Fear of quarantine
- Fear of death
- Fear of isolation from loved ones
- Fear of being destroyed
- Stress disorders
- Exposure to grotesque and horrifying disease symptoms

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U.S. Bioterrorism Events

- 1984: Salmonella; the Dalles, Utah
- 2003: Anthrax; Washington, D.C.
- 2003: Ricin; Greenville, South Carolina
### Environment

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</table>
Environment

- All that is external to the individual host

(Last, 1995)
Environment: **Targets**

- Places of symbolic meaning
- Crowded places
- Critical infrastructure
- Places highly regarded
- Significant dates
- Peak times
- Vulnerable populations
- Highly regarded persons / Figureheads

Developed by the Florida Center for Public Health Preparedness at the University of South Florida
### Host

<table>
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Host

- An individual, population, or group who is affected by the injurious agent
Host: Affected / Exposed

**Individuals:**
- Survivors
- Survivors’ Families
- Witnesses
- Responders / Rescuers

**Populations:**
- Agencies / Organizations
- Communities
- Societies
- Groups
Host: Levels of Exposure

- **Primary Survivors**: Those persons who have experienced maximum and *direct* exposure to the event
- **Secondary Survivors**: Grieving *relatives* and *friends* of the primary survivors; *Witnesses*
- **Third Level Survivors**: *Rescue* and *recovery* personnel who assisted with the disaster
- **Fourth Level Survivors**: The *community* that is directly involved in the disaster
- **Fifth Level Survivors**: Individuals who are not directly involved with the disaster, but who may experience a state of distress or disturbance; *Society*

(NSW Health, 2000)
Primary
Direct Exposure: Survivors

Secondary
Family, Friends, Co-Workers of Primary Survivors

Third Level
Rescue and Recovery Personnel

Fourth Level
The Community

Fifth Level
Society

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Host: Vulnerable Groups

- Mentally ill
- Children
- Elderly
- Disadvantaged
- Disabled
- Perceived life-threat
- Sustained injury

- Women
- Minorities
- Non-English speaking / Non-native-born citizens
- Body handlers
- First responders / Rescuers
- Unresolved trauma survivors
Host: Factors

- Intrinsic characteristics that influence an individual’s susceptibility to disease
Host: **Determinants / Factors**

- Trauma experience / resolution
- History of mental illness
- Age
- Identification with injured/deceased
- Severity / Type of loss
- Injury
- Degree of resiliency
- Degree of preparedness
- Gender
- Socioeconomic status
- Relationship status
- Education
- Race / Ethnicity
- Social / Emotional support
- Personality characteristics
- Resources
Host: Aggravating Factors / Determinants

- High exposure to stressor
- Presence of other stressors
- Close proximity to event
- Difficulties at the disaster scene
- Poor treatment by response personnel
- Sustained injury

- Close relationship to injured or deceased
- High degree of media exposure
- Poor emotional support
- Poor follow-up support
- Lack of information
- Inability to self-manage / regulate / control
Resilience

- An interactive product of beliefs, attitudes, approaches, behaviors, and physiology that help people fare better during adversity and recover more quickly following it.
Host: **Protective Factors / Deterrents**

- High degree of social support / resources
- Higher income / education
- Successful resolution of previous trauma
- Mitigation of aggravating factors
- Regular risk communication
- Preparedness

- Provision of information
- Stress management education
- Rapid disaster relief
- Available recovery resources
- Supportive response care
- Optimistic / Positive attitude
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Stress

- A state of physical and/or psychological arousal
  (Hans Selye)
Stress Response

“The nonspecific response of the body to any demand placed upon it” (Mitchell and Everly, 2003)

- Examples: Flight, Fight, Freeze
Traumatic Stress

- “Arousal, subsequent to a traumatic stressor or any event outside the usual realm of human experience, that is markedly distressing and evokes reactions of intense fear, helplessness, and horror”

- “The result of the perception of threat to one’s physical integrity or to the physical integrity of someone in close proximity”

(Mitchell and Everly, 2003)
Traumatic Stress: Types

- **Primary**: Affects individuals who are **directly** exposed to the trauma (e.g., survivors)
- **Secondary**: Affects individuals who are exposed to the extreme events directly experienced by another and who becomes overwhelmed by this secondary exposure to trauma (e.g., *witnesses*, *family*, *friends*, *first responders*)
- **Tertiary**: Affects *first responders* and *rescuers*
- **Quaternary**: Affects concerned *community* members beyond the impact area
Traumatic Stress: Principles

- When an individual witnesses or experiences a traumatic event, s/he is usually affected and will experience some sort of emotional response.
- Most people will experience mild or infrequent symptoms.
- The majority of traumatic stress reactions occur in “normal people who are experiencing normal reactions to an abnormal situation.”
- Experiencing a traumatic event does not necessarily lead to serious psychological difficulties.
- Majority of trauma survivors are resilient and will recover.
Traumatic Stress: Principles (Continued)

- Psychological and physiological responses vary widely among individuals, populations, and cultures.

- Each survivor is unique. Personal history, unique psychological and relational strengths and deficits influence response.

- Individual, family, and community beliefs, values, and resources shape meaning of experience.

- People directly exposed to danger and life threat are at risk for the greatest impact and subsequent adverse outcomes.
### Nature of Stress Reactions: Phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Duration</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Minutes, Hours, Days</td>
<td>▪ Triggers fight, flight, or freeze response.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Reactions range from disbelief and shock to very intense.</td>
</tr>
<tr>
<td>Reaction</td>
<td>1 Week – 6 Weeks</td>
<td>▪ Delayed, repressed, and/or denied feelings surface.</td>
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<tr>
<td></td>
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<td>▪ Feelings may be very intense and overwhelming.</td>
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<td></td>
<td></td>
<td>▪ Common stress reactions include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Fear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Recurring dreams / nightmares / insomnia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Anxiety / Restlessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Muscle tension / tremors</td>
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<tr>
<td></td>
<td></td>
<td>▪ Exaggerated startle response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Increased irritability / isolation / depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Guilt / Grief</td>
</tr>
<tr>
<td>Repair</td>
<td>1 Month – 6 Months</td>
<td>▪ Responses are similar to the Reaction Phase but are less intense.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Healing, coping, and recovery begin.</td>
</tr>
<tr>
<td>Reorientation</td>
<td>&gt; 6 Months</td>
<td>▪ Reactions are diminished or nonexistent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ The survivor has recovered from event and is resilient to future events.</td>
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Symptoms: Categories by Occurrence

Distress Responses
- Insomnia
- Sense of vulnerability

Mental Illness
- PTSD
- Major depression
- Anxiety disorders

Behavioral Changes
- Change in sleep patterns
- Smoking
- Alcohol consumption
- Drug use
Activity 3.2
Activity 3.2: Recognizing Disaster Stress Reactions

- **Activity:** View - Identify - Record - List - Share
- **Related Learning Objective:** Describe common and severe stress reactions.
- **Purpose:** To recognize the common and severe stress reactions of disaster survivors.
- **Time:** 20 minutes
- **Instructions:**
  - View the video of disaster survivors and identify the stress reactions that were experienced by the survivors in the video. (10 minutes)
  - List other stress reactions that disaster survivors may experience. (5 minutes)
  - Share your individual unique responses with the large group. (5 minutes total)
Stress Reactions: Common

- Horror
- Anger
- Anxiety
- Arousal
- Panic
- Uncertainty
- Guilt
- Blame
- Irritability
- Impatience
- Grief
- Depression
- Substance use
- Feeling vulnerable

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Stress Reactions (Continued)

- Numbness
- Flashbacks
- Nightmares
- Avoidance
- Shame
- Negative image / world views
- Feeling unsafe
- Fear
- Rage
- Paranoia
- Social isolation
- Demoralization
- Loss of faith in social institutions
- Somatic complaints
Stress Reactions: Severe

- Memory disturbance
- Unable to perform daily activities
- Pre-occupation with event
- Repetitive ritualistic tasks
- Substance abuse

- Suicidal / Homicidal threats
- Uncontrolled emotions
- Lost sense of reality
- Psychotic symptoms
- Withdrawal
- Social isolation
- Flashbacks
Stress Reactions: **Severe** (Continued)

- Risk-taking
- Excessive sweating
- Dizzy spells
- Increased heart rate
- Elevated blood pressure
- Rapid breathing / pulse

- Nightmares
- Developmental regression
- Abusive / Violent
- Dissociation
- Inappropriate reaction to triggers
## Disorders and Syndromes

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Health

“The extent to which an individual or group is able to realize aspirations and satisfy own needs, and to change or cope with the environment”

(World Health Organization, 1984)
Disease

- The absence of health
- “A physiological or psychological dysfunction or disorder” (Last, 1995)
- One’s inability to change or cope with the environment
Disorders and Syndromes

- Major depression
- Post-Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Substance abuse
- Panic disorder
- Obsessive-Compulsive Disorder (OCD)

- Generalized Anxiety Disorder (GAD)
- Sleep disorders
- Adjustment disorder
- Bereavement complications
- Eating disorders
- Sexual dysfunction
- Physical distress
## Treatment

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### Treatment

- Stress Management, Coping / Resiliency Strategies
## Stress Management Mechanisms

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<th>Method</th>
<th>Task</th>
<th>Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change the Source of Stressor</td>
<td>Change the situation before stress occurs</td>
<td>- Prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mitigation</td>
</tr>
<tr>
<td>Change View of Stressor</td>
<td>Change one’s view, perspective, or attitude by redefining the stressor</td>
<td>- Reappraisal</td>
</tr>
<tr>
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<td>- Reintegration</td>
</tr>
<tr>
<td>Tolerate Stressor</td>
<td>Adjust to the stressor until it disappears or diminishes to an acceptable level</td>
<td>- Reduction</td>
</tr>
<tr>
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<td>- Removal</td>
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# Stress Management Techniques

## Prevention / Mitigation
- Self-Awareness
- Preparedness
- Self-Care
- Resistance / Coping / Resiliency

## Avoidance / Reduction
- Meditation
- Guided Imagery / Visualization
- Biofeedback
- Systematic Desensitization
- Problem-Solving
- Time Management
- Nutritional Techniques
- Avoidance
- Rest / Relaxation

## Reappraisal / Reinterpretation
- Cognitive Reframing
- Psychotherapy
- Transformational Coping
- Cognitive-Behavioral Therapy

## Removal
- Physical Exercise
- Catharsis
  - Narrative
  - Journaling
Activity 3.3
Activity 3.3: Identifying Coping and Resiliency Strategies

- **Activity**: Recall - Record - Review - Identify - Share
- **Related Learning Objective**: Identify coping and resiliency strategies.
- **Purpose**: To identify and discuss positive techniques for coping with disaster and for developing resistance and resiliency to stress.
- **Time**: 10 minutes
- **Instructions**:
  - Recall strategies or things that you do to help you cope with disaster and loss and to reduce, manage, and/or prevent stress. Record your responses in the table. (4 minutes)
  - Review the lists and identify positive or adaptive behavioral health coping and resiliency strategies. Place a check mark next to the positive or adaptive strategies. (1 minute)
  - Share your unique individual responses with the large group. (5 minutes total)
Activity 3.4
Activity 3.4: Behavioral Health Outcomes of Disaster and Terrorism and the Impact on Public Health

- **Activity**: Group – Identify – Discuss – Record – Share
- **Related Learning Objective**: Describe the behavioral health consequences of disaster and terrorism and the impact on public health.
- **Purpose**: To describe the behavioral health consequences of disaster and terrorism and the impact on public health at the individual and community levels.
- **Time**: 15 minutes
- **Instructions**:
  - Assemble into groups of five to six members.
  - Identify and discuss the behavioral health consequences of disaster (e.g., those resulting from the hurricanes of Summer 2004) at both the individual and community levels and describe the impact on public health. (5 minutes)
  - Identify, discuss, and record the behavioral health consequences of terrorism at both the individual and community levels (e.g., those resulting from the anthrax events of Fall 2001) and describe the impact on public health. (5 minutes)
  - Does the impact on public health differ by the type of disaster (natural or human-caused)? If so, how?
  - Record your group’s responses in the respective columns of the table below.
  - Select a group representative.
  - Share your group’s unique responses with the large group. (1 minute per small group. 5 minutes total.)
Module Four

Disaster Behavioral Health First Aid Protocol: The C³ARE Model
Learning Objectives: Module Four

- Identify the action steps of the C³ARE Model of Disaster Behavioral Health First Aid.
- Demonstrate and apply principles of the C³ARE Model of Disaster Behavioral Health First Aid protocol.
- Describe and demonstrate principles of supportive communication.
- Identify disaster behavioral health referral resources and services.
- Describe protocols and techniques for contacting, assessing, stabilizing, triaging, referring, and educating disaster survivors.
C³ARE: Principles

- **Protect** survivor from additional harm / injury.
- **Direct** survivor away from environmental hazards.
- **Connect** survivor to informal and formal support.
- **Promote** individual and community resistance, resiliency, and recovery.
- **Prevent** stress related disorders and adverse behavioral health outcomes in individuals and the community through effective intervention.
C³ARE: Action Steps

Step 1: CHECK

Step 2: CONNECT

Step 3: C-A-R-E

Comfort  Assess  Refer  Educate
C³ARE: Action Steps

Action Step 1: CHECK

Action Step 2: CONNECT

Action Step 3: C·A·R·E
(Comfort, Assess, Refer, Educate)
Step 1: CHECK

The C³ARE Model
Step 1: CHECK
Roles and Responsibilities

- Protect
- Direct
- Survey
- Assess

- Protect self as well as affected individuals from further harm
- Promote safety and security of self and survivors
- Identify distressed individuals and conduct initial assessment
- Identify limits to own knowledge, skill, authority and identify key system resources for referring matters that exceed these limits

Developed by the Florida Center for Public Health Preparedness at the University of South Florida
Step 1: CHECK

- Scene
- Structure
- Self
- Survivor
Step 1: CHECK

Scene

- Survey the scene.
  - Is scene safe for self and others?
  - Has scene been cleared as “safe” by incident command?
  - What is happening?
  - Is anyone in physical or emotional distress and in need of immediate assistance?
  - Who is available to help?
  - What resources are there?
  - Has EMS been contacted?
  - Have the survivors been evaluated by EMS?
Step 1: CHECK

Structure

- Determine formal response structure and get authorization to help - “Check-in.”
  - Is there an incident commander, team leader, or person in charge?
  - Who is the incident commander, team leader, or person in charge?
  - When and where do I check-in?
  - Who are my team members?
  - Do they need or want my help?
  - Have I received authorization to help?
  - If so, how may I help?
Step 1: CHECK

Self

- Perform self-awareness check.
  - Am I safe?
  - Am I prepared to help?
  - Do I have the necessary knowledge, skill, supplies?
  - Am I emotionally and psychologically ready to help?
  - Do I have a non-anxious presence?
  - How may I be most helpful?
Step 1: CHECK Survivor

Identify person(s) needing immediate assistance.

- Has the survivor been cleared by EMS?
- Does survivor have any immediate medical needs or concerns?
- Is survivor showing signs of physical / emotional / behavioral distress?
- Is survivor safe?
- Is survivor stable?
- Is survivor oriented to time, place, situation?
- Is survivor physically healthy?
- Is survivor bleeding, vomiting, or convulsing?
- Is immediate and more specialized help needed?
Step 2: CONNECT

The C³ARE Model
Step 2: CONNECT

Roles and Responsibilities

- Support
- Contact
- Communicate
- Assess
- Identify
- Triage

- Make contact with survivor and establish rapport
- Connect survivor with appropriate informal and formal support and services
- Practice supportive communication
- Identify limits to own knowledge, skill, and authority and identify key system resources for referring matters that exceed these limits
- Provide behavioral health support for disaster survivors and responders
Step 2: CONNECT

- Survivor
- Social Support
- Specialized Services
Step 2: CONNECT

**Survivor: Tasks**

- Make contact with affected person (e.g., warm voice, open posture)
- Ask for survivor’s permission to help
- Establish rapport with survivor
- Engage in non-threatening conversation with survivor
- Determine survivor’s level of functioning
- Practice supportive communication
- Demonstrate cultural competence
- Maintain a non-anxious presence

★ Hint: Offering a bottle of water may help with introduction.
Step 2: CONNECT

Survivor: Ask

- “Hello, my name is ___ , and I’m helping out here today. Can you tell me your name?”
- “How are you doing?”
- “Is it okay if I help you?”
- “How may I help you?”
- Is there evidence of functional impairment?
Step 2: CONNECT

Social Support

- Contact survivor’s loved one(s) to establish social support. (e.g., family, friends, coworkers, spiritual leader)
  - “Is someone coming to be with you?”
  - If so, who?
  - If not, “Who can you call to come be with you?”
Step 2: CONNECT
Specialized Services – “Triage”

- Survey survivor and determine the need for immediate specialized services.
- Triage, as indicated.
  - Does the survivor need immediate or more sophisticated and specialized services than I am able to provide right now?
  - If so, what services are needed? (e.g., medical, emergency, behavioral health)
Supportive Communication

Step 2: CONNECT (Continued)
Step 2: CONNECT
Supportive Communication

- **Definition:** A therapeutic communication style, used during times of crisis, to help trauma survivors develop active coping and resiliency.

- **Aim:** To facilitate normal recovery and the long-term emotional adaptation of trauma survivors by helping those affected actively cope and develop resiliency in times of crisis.

- **Intervention Goal:** To help the survivor transition from the survival mode to focusing on the practical steps necessary for restabilization and reintegration.
Step 2: CONNECT

Supportive Communication: BFAS Role

- To demonstrate values such as empathy, concern, respect, and confidence in the abilities of the survivor
- To provide support, reassurance, and practical information to the survivor
- To facilitate active survivorship by employing strategies to help the survivor shift from survival mode to focusing on the practical steps for restabilization and reintegration
- To encourage survivor resilience, resourcefulness, self-confidence, and self-help
Activity 4.1
Activity 4.1: Principles of Supportive Communication - Communicating Care

- **Activity:** Group - Recall - Identify - Record - Share
- **Related Learning Objective:** Describe principles of supportive communication.
- **Purpose:** To identify and describe principles of supportive communication.
- **Time:** 10 minutes
- **Instructions:**
  - Assemble into groups of five to six participants.
  - Recall experiences when you were giving or receiving care.
    - What communication behaviors made the experience positive?
    - What communication behaviors made the experience negative?
  - Identify, list, and describe effective (helpful) and ineffective (harmful) communication behaviors. (5 minutes)
  - Share your unique responses with the large group. (5 minutes total)
Step 2: CONNECT

Supportive Communication: Techniques

- Cultural competence
- Non-verbal communication
- Active and empathic listening and responding
- Feedback
- Non-anxious presence
Step 2: CONNECT

Supportive Communication: Values

- Cultural competency
- Empathy
- Respect
- Genuineness
- Positive regard
- Non-judgmental
- Empowerment
- Practical
- Confidentiality
- Ethics
Step 2: CONNECT

Supportive Communication: Non-Verbals

- Keep open posture
- Watch facial expressions
- Use appropriate body language
- Make eye contact / “match holes”
- Maintain comfortable personal space / distance
- Refrain from initiating touching
Step 2: CONNECT
Supportive Communication: Listening / Responding

- Seek to understand (not to be understood)
- Focus on the message (e.g., “What is being said”)
- Paraphrase and clarify
- Be aware of your own biases / values
- Practice silence
- Ask open-ended questions
- Be non-judgmental
- Reassure and reaffirm
- Avoid giving advice
- Avoid expressions of approval or disapproval
Activity 4.2
Activity 4.2: Supportive Communication Skills - Behavioral Health First Aid Specialist Role-Play

- **Activity:** Pair – Role Play – Assess – Feedback – Repeat – Group Debrief
- **Related Learning Objectives:**
  - Demonstrate and apply principles of the C³ARE Model of Disaster Behavioral Health First Aid protocol.
  - Demonstrate principles of supportive communication.
- **Purpose:** To give participants practice at applying the principles of supportive communication.
- **Time:** 30 minutes
- **Instructions:**
  - Assemble in pairs.
  - Each participant will take a turn at role-playing the following roles: (10 minutes each role)
    - Behavioral first aid specialist (BFAS)
    - Disaster survivor
  - Debrief the role-play activity as a large group. (10 minutes)
Step 3: **C-A-R-E**

The C³ARE Model
### Step 3: C-A-R-E

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<tbody>
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<td>Assess</td>
</tr>
<tr>
<td>R</td>
<td>Refer</td>
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<td>E</td>
<td>Educate</td>
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Step 3: C-A-R-E

Roles

- Support
- Stabilize
- Identify
- Assess
- Inform
- Educate
- Refer
Step 3: C-A-R-E

Responsibilities

- Stabilize and comfort distressed survivor
- Address immediate physical needs and provide practical assistance and emotional support
- Provide concrete information about disaster and what will happen next
- Listen to and validate survivor’s feelings
- Link survivor to systems of support
- Educate survivor about stress reactions and management
- Reinforce positive coping and resiliency
- Identify limits to own knowledge, skill, authority and identify key system resources for referring matters that exceed these limits
C³ARE Model Demonstration Video

Developed by the Florida Center for Public Health Preparedness at the University of South Florida
Step 3: C-A-R-E
Comfort
Step 3: C-A-R-E

**Comfort: Tasks**

- **Goals:** To stabilize distressed survivor and provide practical assistance and emotional support
- Calm and stabilize survivor
- Create a safe haven or comfortable environment
- Provide support, reassurance, and practical assistance
- Supply immediate and basic “survival” and security needs
- Practice supportive communication and cultural competence
- Engage in non-intrusive, ordinary, social contact (e.g., small talk, presence)
- Acknowledge and validate the survivor's experience
- Communicate positive expectations of a normal recovery
- Reassure and reinforce positive coping strengths
Step 3: C-A-R-E

Comfort: Ask

- How may I best assist the survivor?
- What are the survivor’s immediate needs?
- What can I do to help comfort and/or stabilize the survivor?
- Which interventions will be most helpful?
- “How may I help you while you are waiting for information?”
- “Are you comfortable?”
- “Do you feel safe here?”
- “May I get you something to drink or eat?”
- “Would you like to sit down?”
- “What has helped you before when you have experienced tremendous distress?”
- “I know some things that may help you relax or relieve your distress. Would you like me to show or tell you?”
Step 3: C-A-R-E

**Comfort: Interventions**

- Stabilization techniques:
  - Diaphragmatic “deep” breathing
  - Progressive relaxation
  - 3-2-1 Sensory grounding
- Supportive communication
- Emotional support
- Basic need provision (e.g., food, water, shelter, clothing)
Activity 4.3
Activity 4.3: Comfort: Stabilization Technique – *Diaphragmatic “Deep” Breathing*

- **Activity:** Practice
- **Related Learning Objectives:**
  - Demonstrate and apply principles of the C³ARE Model of Disaster Behavioral Health First Aid protocol.
  - Describe protocols and techniques for contacting, assessing, stabilizing, triaging, referring, and educating disaster survivors.
- **Purpose:** To practice using the deep breathing technique as an intervention to stabilize disaster survivors.
- **Time:** 5 minutes
- **Instructions:**
  - The facilitator will demonstrate and collectively guide the course participants through the deep breathing exercise. (5 minutes)
Activity 4.4

Developed by the Florida Center for Public Health Preparedness at the University of South Florida
Activity 4.4: Comfort: Stabilization Technique – Progressive Relaxation

- **Activity:** Practice
- **Related Learning Objectives:**
  - Demonstrate and apply principles of the C³ARE Model of Disaster Behavioral Health First Aid protocol.
  - Describe protocols and techniques for contacting, assessing, stabilizing, triaging, referring, and educating disaster survivors.
- **Purpose:** To practice using the progressive relaxation technique as an intervention to stabilize disaster survivors.
- **Time:** 5 minutes
- **Instructions:**
  - The facilitator will demonstrate and collectively guide the course participants through the progressive relaxation exercise. (5 minutes)
Step 3: C-A-R-E

Assess
Step 3: C-A-R-E

Assess: Tasks

- Goals: To monitor survivor’s physical and behavioral status and assess survivor’s coping and functioning.
- Monitor survivor’s physical and behavioral health status
- Assess survivor’s coping and functioning
- Identify survivor’s risk and resiliency factors
Step 3: C-A-R-E

Assess: Ask

- Is survivor experiencing signs of physical, behavioral, and/or emotional distress?
  - How is survivor’s physical and emotional health?
  - Does survivor have any immediate health or mental health needs?
- Does the survivor appear to be functionally impaired?
  - Is survivor oriented to time, place, and situation?
  - Is survivor experiencing severe post-traumatic stress reactions or distress symptoms?
  - Is survivor a harm to self and/or others?
- How is survivor coping?
  - Is survivor displaying self-mastery and control?
  - Does survivor have social support?
- What are survivor’s risk and resiliency factors?
  - Does survivor have any pre-existing conditions or factors which place him/her at increased risk for adverse outcomes?
Step 3: C-A-R-E

Assess: Interventions

- Physical assessment
- Behavioral health assessment
- Risk assessment
- Triage
Step 3: C-A-R-E

Assess: Checklist

- Medical and health conditions
- Trauma and loss exposure
- Psychological and physical distress
- Presence of risk and resiliency factors
- Current psychological distress
- Prior coping with major stressors
- Availability of social support
- Current pressing concerns
- Sensory, cognitive, behavioral abilities and needs
Step 3: C-A-R-E

Refer
Step 3: C-A-R-E

Refer: Tasks

- **Goals:** Identify and refer survivor to formal support, specialized services, and resources (e.g., behavioral health, disaster relief, outreach, follow-up)
- Identify appropriate services and resources
- Recommend system services and resources
  - **Triage**
  - Follow-up
  - Outreach
Step 3: C-A-R-E

Refer: Ask

- What are the survivor’s current and potential future needs?
- Triage:
  - Does survivor need more sophisticated and specialized services?
  - If so, which services and resources are appropriate?
- Outreach and Referral:
  - What services and resources are available to the survivor?
  - Does survivor have access to services and resources?
  - Any barriers to services?
- Follow-up:
  - Does the survivor need follow-up services?
  - Is survivor willing to allow my agency or other agencies to collect contact information for follow-up services?
Step 3: C-A-R-E

Refer: Interventions

- Needs assessment
- Triage
- Referral
- Provide resource and service information (e.g., handout of indigenous helpers, agencies, and services or service directory)
- Follow-up
Activity 4.5
Activity 4.5: REFER: Referral Resources – Where to Find Help

- **Activity:** List - Share
- **Related Learning Objective:** Identify disaster behavioral health referral resources and services.
- **Purpose:** To identify informal and formal services and resources for referring trauma survivors.
- **Time:** 10 minutes
- **Instructions:**
  - List informal and formal disaster behavioral health referral services and resources in your local community. (5 minutes)
  - Share your unique responses with the large group. (5 minutes total)
Step 3: C-A-R-E

Educate

Developed by the Florida Center for Public Health Preparedness at the University of South Florida
Step 3: C-A-R-E

**Educate: Tasks**

- **Goals:** To offer information and education to survivor on stress reactions, stress management, coping, and resiliency.
- Help survivor make sense of the symptoms s/he is experiencing or may experience as a result of the trauma.
- Help survivor understand that s/he is a “normal person having normal responses to an unusual event.”
- Help survivor normalize common reactions to trauma, improve coping, enhance self-care, facilitate recognition of significant problems, and increase knowledge of and access to services and resources.
- Help survivor develop skills for the management of potential traumatic stress following the event.
- Promote coping and resiliency strategies.
Step 3: C-A-R-E

**Educate: Ask**

- What are normal stress reactions?
- What information about managing stress and coping and resiliency may I offer the survivor?
- “Would you like to learn some techniques that might be helpful for lowering your stress?”
Step 3: C-A-R-E

Educate: Interventions

- Provide survivor with concrete information about what will happen next to increase a sense of control
- Educate survivor about normal stress reactions and stress management techniques
- Provide survivor with information to increase coping and resiliency
Step 3: C-A-R-E

**Educate: Guidelines**

- Inquire about previous and current coping and resiliency mechanisms
- Inquire about survivor’s desire / willingness to learn stress management / relaxation techniques and coping and resiliency strategies
- Assess and address survivor concerns about using stress management / relaxation techniques
- Ask survivor’s permission to educate
- Begin instruction and demonstration of stress management techniques and coping and resiliency strategies
- Give handouts to the survivor, which describe the stress management techniques and coping and resiliency strategies
Activity: 4.6  
C³ARE Model Role-Play

- **Activity:** Pair – Role Play – Assess – Feedback – Repeat
- **Related Learning Objective:** Demonstrate and apply principles of the C³ARE Model of Disaster Behavioral Health First Aid protocol.
- **Purpose:** To provide participants with the opportunity to apply and demonstrate the principles of the C³ARE Model of Disaster Behavioral Health First Aid protocol.
- **Time:** 30 minutes
- **Instructions:**
  - Assemble in pairs.
  - Each participant will take a turn at role-playing the following:
    - Behavioral first aid specialist (BFAS)
    - Disaster survivor
Module Five

Disaster Behavioral Health and Public Health: Relationships, Roles, Responsibilities, and Results
Learning Objectives: Module Five

✓ Define disaster behavioral health and public health.
✓ Describe the relationship between disaster behavioral health and public health.
✓ Locate your agency’s emergency response plan (or the pertinent portion of the plan relating to disaster mental health).
✓ Describe public health’s roles and responsibilities in disaster behavioral health.
✓ Describe the results of public health’s role in disaster behavioral health services on the behavioral health of individuals and communities.
Disaster Behavioral Health

- The maintenance of health and the prevention of illness and dysfunction by a variety of self-initiated individual or shared activities [in times of disaster]
Public Health

“The science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort”

(Turnock, 2001)
Public Health: Mission

- “Promote physical and mental health and prevent disease, injury, and disability”

(Public Health Functions Steering Committee, 1994)
Disaster Behavioral Health and Public Health: **Shared Characteristics**

- Health and wellness focus
- Injury, disorder, and disease prevention, reduction, and control
- Health promotion
- Encourages healthy behaviors and lifestyles
- Prevention and practical, not treatment oriented
- Population / Community focus

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Disaster Behavioral Health and Public Health’s **Roles and Responsibilities**

- **Monitor** behavioral health status to identify community health problems
- **Diagnose** and **investigate** behavioral health problems and health hazards in the community
- **Inform, educate, and empower** people about behavioral health issues
- **Mobilize** community partnerships to **identify** and **solve** behavioral health problems
- **Develop** policies and plans that support individual and community behavioral health efforts
Disaster Behavioral Health and Public Health’s **Roles and Responsibilities**

(Continued)

- **Enforce** laws and regulations that protect behavioral health and **ensure** safety
- **Link** people to needed personal behavioral health services and assure the provision of behavioral health care when otherwise unavailable
- **Assure** a competent public health and personal behavioral health care workforce
- **Evaluate** effectiveness, accessibility, and quality of personal and population-based behavioral health services
- **Research** for new insights and innovative solutions to behavioral health problems
Disaster Behavioral Health and Public Health: **Pre-Event Interventions**

- Identify at-risk groups and populations
- Identify behavioral health needs, risks, and hazards
- Identify and establish community partners
- Preparedness and response planning
- Contingency planning
- Prepare community educational and informational materials
- Behavioral health first aid training
- Deliver disaster mental health training
- Assure community resources / services
- Collaborate with community partners
Disaster Behavioral Health and Public Health: **Event Interventions**

- Surveillance
- Screening
- Assessment
- Diagnosis
- Mobilize community partners
- Coordinate / Support response efforts
- Deliver community education / information
- Implement response plan
- Implement behavioral health first aid
- Triage and treat injuries / disorders
- Referral to appropriate services / resources
Disaster Behavioral Health and Public Health: **Post-Event Interventions**

- Surveillance
- Screening
- Conduct assessments / analysis
- Promote community cohesion / resiliency
- Provide consultation
- Share expertise / information
- Continue behavioral first aid
- Triage and treat injuries / disorders
- Assure follow-up / outreach services
- Conduct evidence-based research / evaluation / consultation
Activity 5.1
Activity 5.1: Disaster Behavioral Health and Public Health: **Results**

- **Activity:** Recall - Identify – Discuss – Record - Share
- **Related Learning Objective:** To describe the results of public health’s role in disaster behavioral health services on the behavioral health of individuals and communities.
- **Purpose:** To identify and discuss the results of public health’s role in disaster behavioral health services on the behavioral health of individuals and communities.
- **Time:** 15 minutes
- **Instructions:**
  - Recall the behavioral health consequences of disasters and the outcomes of disaster behavioral health first aid on individuals and communities.
  - Use your recall to identify, record, and discuss the results (benefits) of public health’s role in disaster behavioral health services on the behavioral health of individuals and communities. (5 minutes)
  - Share your individual unique responses with the large group. (10 minutes total)
Were you able to…….

✓ Locate your agency’s disaster response plan?
✓ If so, does it address behavioral health?
After-Action Plan

Debriefing: Lessons Learned, Next Steps, Post-Assessment, Course Evaluation
Activity C.1: Summary Activity - Summing It Up

- **Activity:** Reflect - Record - Share
- **Objective:** To reflect upon the program content and to identify lessons learned and future application of knowledge and skills gained.
- **Time:** 10 minutes
- **Instructions:**
  - Reflect upon program content and activities. (5 minutes)
  - Identify things you learned and ways you may apply this new knowledge and skill.
  - Record your responses.
  - Share your individual unique responses with the large group. (5 minutes total)
Conclusion

“If there is light in the soul, there will be beauty in the person. – Individual
If there is beauty in the person, there will be harmony in the house. – Family
If there is harmony in the house, there will be order in the nation. – Community
If there is order in the nation, there will be peace in the world.” – Society

(Lao Tzu)
Next Steps

- FCPHP B-FAST Recommended Distance Learning Programs
  - Assuring Cultural Competence in Disaster Response
  - Understanding Compassion Fatigue
  - Critical Incident Stress Management and Emergency Readiness and Response
  - Disaster Stress: Resistance and Resilience
- Additional Disaster Behavioral Health First Aid Specialist Trainings:
  - C-FAST (Children)
  - R-FAST (Responder) – Spring 2006
  - S-FAST (Special Populations) – Fall 2006
- Post-Assessment; Course Evaluation; Continuing Education Credit Application
The Florida Center for Public Health Preparedness

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We thank you for participating in this program and look forward to seeing you at other FCPHP programs.
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Thank You
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