

KCCRB Just in Time Training

Event: NLE

This Training Module Meets KCCRB Core Competency Requirements



Just-in-Time Training (JTT)

Kentucky Community Crisis Response Board

JTT will be provided to all deployed personnel at the time of activation. JTT at a minimum will provide field assignments, accountability procedures, orientation to the incident, field intervention tools, safety messages and reporting forms.



Purpose of this course....

- To provide orientation to DBHOP volunteers for their roles and responsibilities, overall incident command structure, and ESF-8.
- To prepare DBHOP to triage and provide psychological first aid during and following a disaster or catastrophic event.
- To provide tools to enhance self-care and prevent vicarious traumatization.



Learning Objectives

- Participants will be able to define Kentucky's Disaster Behavioral Health Statewide Response System of credentialed professional volunteers ready to respond following catastrophic events and possible medical/public health surge that follows.
- Participants will become familiar with disaster behavioral health volunteer's roles and responsibilities.
- Participants will gain knowledge and understanding of the National Incident Management System (NIMS), incident command structure and Emergency Support Function ESF-8, public health and medical asset provisions.
- Participants will receive an overview of Disaster Behavioral Health triage and Psychological First Aid application in the field during and following a catastrophic event.
- Participants will gain knowledge of resiliency, peer-care and self-care during and following response to a catastrophic event.

Authority

- The Kentucky Community Crisis Response Board (KCCRB) created under KRS Chapter 36 is recognized as the lead disaster behavioral health agency by the state mental health authority, the Division of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Kentucky Division of Emergency Management (KyEM) and the American Red Cross (ARC), and has the primary responsibility to ensure provision of disaster behavioral health services for the Commonwealth through the Kentucky Community Crisis Response Team (KCCRT) and other available behavioral health resources.



Purpose of Disaster Behavioral Health Services

- Is to mitigate the adverse effects of disaster-related trauma by promoting and restoring psychological well-being and daily life functioning to individuals and the community.



Evidence Informed Research

- Research suggests that the majority of people, following a disaster, will return to pre-event psychological functioning within a relatively short time and will not require behavioral health treatment.



Assumptions

- All people involved in a disaster are affected by it in some way, from its most immediate victims (including their family members and friends), to emergency response workers (fire fighters, police officers, emergency medical personnel, emergency management, etc.), and the public at large.
- Each person's response to a disaster is unique, based on his/her trauma history, health status, culture, beliefs, social support systems, and personal resiliency.
- Reactions to the event can be cognitive, emotional, physical, behavioral and spiritual, and may not manifest for several weeks and months following the incident.

Assumptions

- People with special needs, especially those with pre-existing behavioral health and substance abuse illnesses, older individuals, or people with disabilities, may be more prone to experience severe stress reactions.
- Outreach, psychological first aid and referrals (for daily living needs) can assist survivors to meet new challenges and offer support in their recovery process to return to pre-disaster performance and functioning levels.



Organization & Assignment of Responsibilities

- The local Emergency Operations Center (EOC) has primary responsibility for requesting assessment and provision of coordinated disaster behavioral health services during locally designated emergencies or disasters.
- In the event that local behavioral health centers become overwhelmed or can no longer maintain the level of response required by the event; the local EOC will request additional disaster behavioral health resources through KCCRB at the SEOC.
- The KCCRT State representative will be responsible for activating disaster behavioral health response teams.
- In the event of a federal declaration, it is the responsibility of KCCRB to evaluate the need for and pursue funding for a FEMA Crisis Counseling Program (CCP) Grant.

Responding

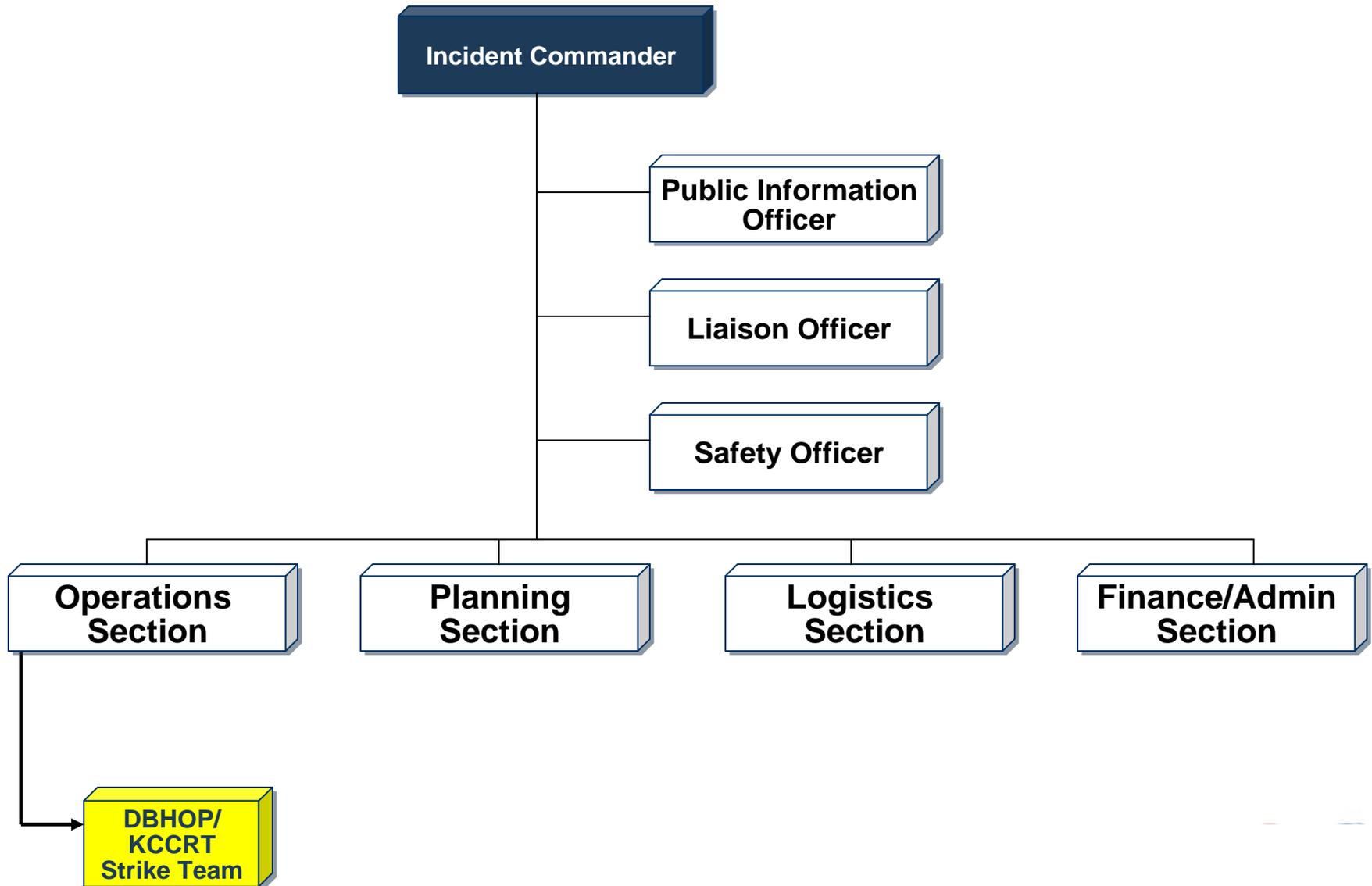
National Incident Management System (NIMS)

Standardizes incident management processes, protocols, and procedures for use by all responders.

Purpose

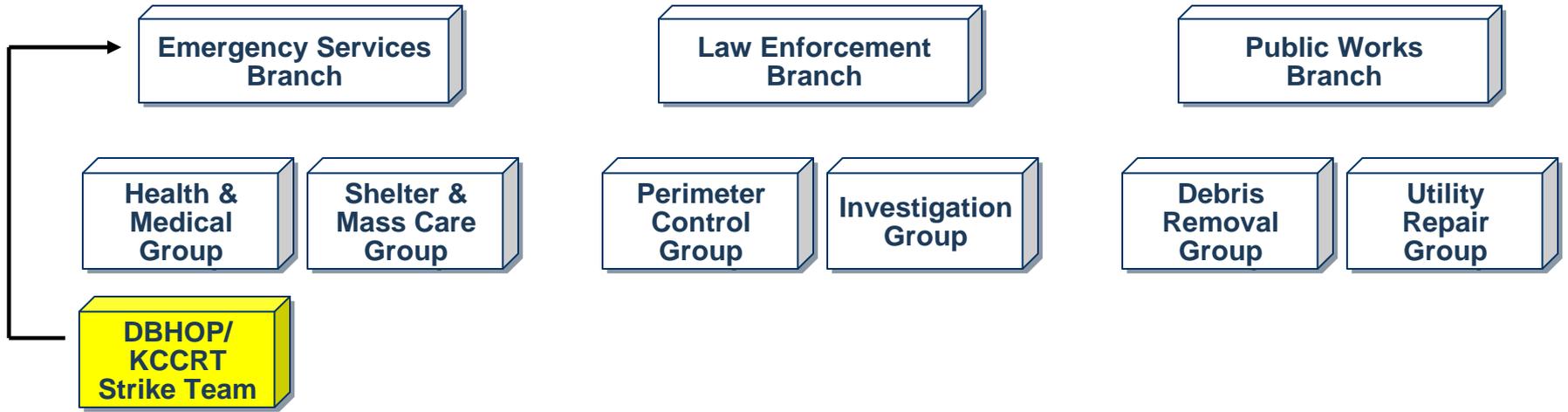
- Ensure safety of responders and others
- Ensures the achievement of tactical objectives
- Ensures the efficient use of resources

Organizational Structure



Branches

Operations Section



Strike Team Leaders

When Disaster Behavioral Health Strike Teams are deployed to the field, **Strike Team Leaders** with experience will be appointed to provide direction and control.



Chain of Command

Disaster Behavioral Health Outreach Personnel (DBHOP) will report to:

- KCCRT Disaster Behavioral Health Coordinator, or
- KCCRT Disaster Behavioral Health Strike Team Leader (STL)
- Span of Control: STL will be responsible for a total of 5-7 KCCRT members. Ideal is 5.

Note: DBHOP will be deployed to outreach locations only when their safety can be assured through the local/State EOC or the Incident Command.



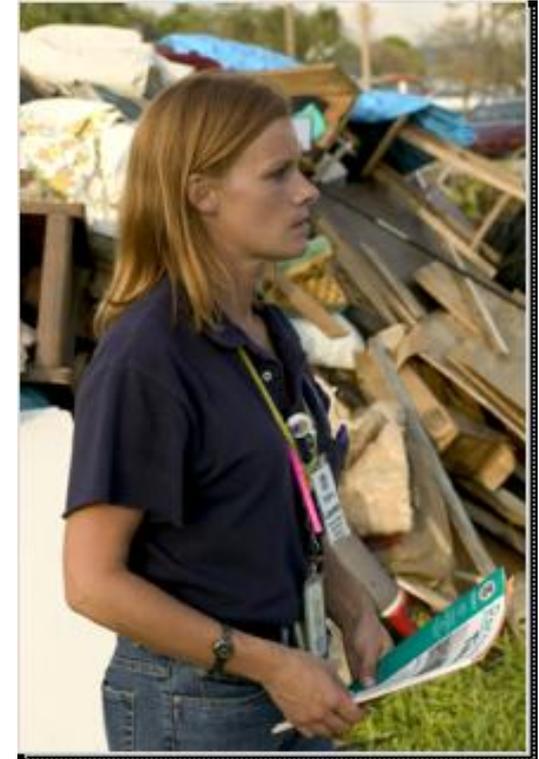


Disaster Behavioral Health Strike Teams

- **DPHOP will be assigned to Strike Teams based upon specialty and need.**
- **Strike Teams will be utilized to support:**
 - shelters; meal sites; respite centers; disaster recovery centers and service centers; family assistance centers; lines, roadblocks; first aid stations, hospitals; schools; community centers; places of worship; memorials; police and fire departments; emergency operation centers, incident command centers; and neighborhoods as indicated)
- **These assignments are** coordinated through ESF-8 Desk
LEOC/SEOC
- **Usual and customary work shifts are 12 hours.**

Your Role & Responsibilities

- DBHOP will triage, assess, provide psychological first aid, and make referrals, consistent with the level of individual need.
- Current standards of care, including the individual's right to confidentiality and individual's right to refuse services, will be observed and practiced.



Your Role & Responsibilities

- DBHOP will adhere to the requirements of Kentucky Statutes regarding mandatory reporting of suspected abuse of children, disabled and the frail elderly and duty to warn of intentions to harm self or others.
- DBHOP shall maintain and abide by the standards of their profession, including licensure, certification and/or training requirements.
- DBHOP will maintain strict confidentiality regarding statements or information acquired during activation except under those circumstances as required by Kentucky Revised Statute (KRS 209, KRS 620) i.e., duty to warn and abuse or neglect.

Roles & Responsibilities

- DBHOP shall not present themselves at any given site without prior official authorization/ deployment.
- DBHOP shall not solicit future clients or conduct other personal business while acting in this capacity.
- DBHOP will report with K Helps issued identification.
- In compliance with applicable federal and state laws and regulations, K HELPS prohibits any discrimination on the basis of race, color, sex, age, religion, national origin, or disability. DBHOP agree to comply with all applicable federal and state laws and regulations pertaining to the recognition and protection of the civil rights of persons to whom services are rendered.

It Happened!



Situation

- A 7.7 magnitude earthquake struck the southwest extension of the New Madrid Seismic Zone (NMSZ), creating disastrous conditions in an area that encompasses approximately 30,000 square miles and affects a population of approximately 12 million people.
- Due to the magnitude and dimensions of the disaster, it is difficult to get an accurate picture of the extensive casualties and damage in the affected areas.
- Critical Infrastructure and Key Resources (CI/KR) in most of the affected areas have sustained irreparable damage. (This includes State and urban area response command, control, coordination, and communications.)
- The majority of all landline, cellular, and radio-repeater communication are inoperable in the affected areas.

Situation

- Federal response is expected to take up to 14 days to fully ramp up
- The Governor has immediately declared a State of Emergency
- Local First Responders, city, county, and regional officials are executing the initial response consisting mainly of life-saving and rescue efforts

Situation

1. Injuries-6,700
2. Deaths-325
3. Citizens without water-79,000
4. Citizens without power- 328,000
5. Citizens seeking Shelter- 67,000



Response Plan

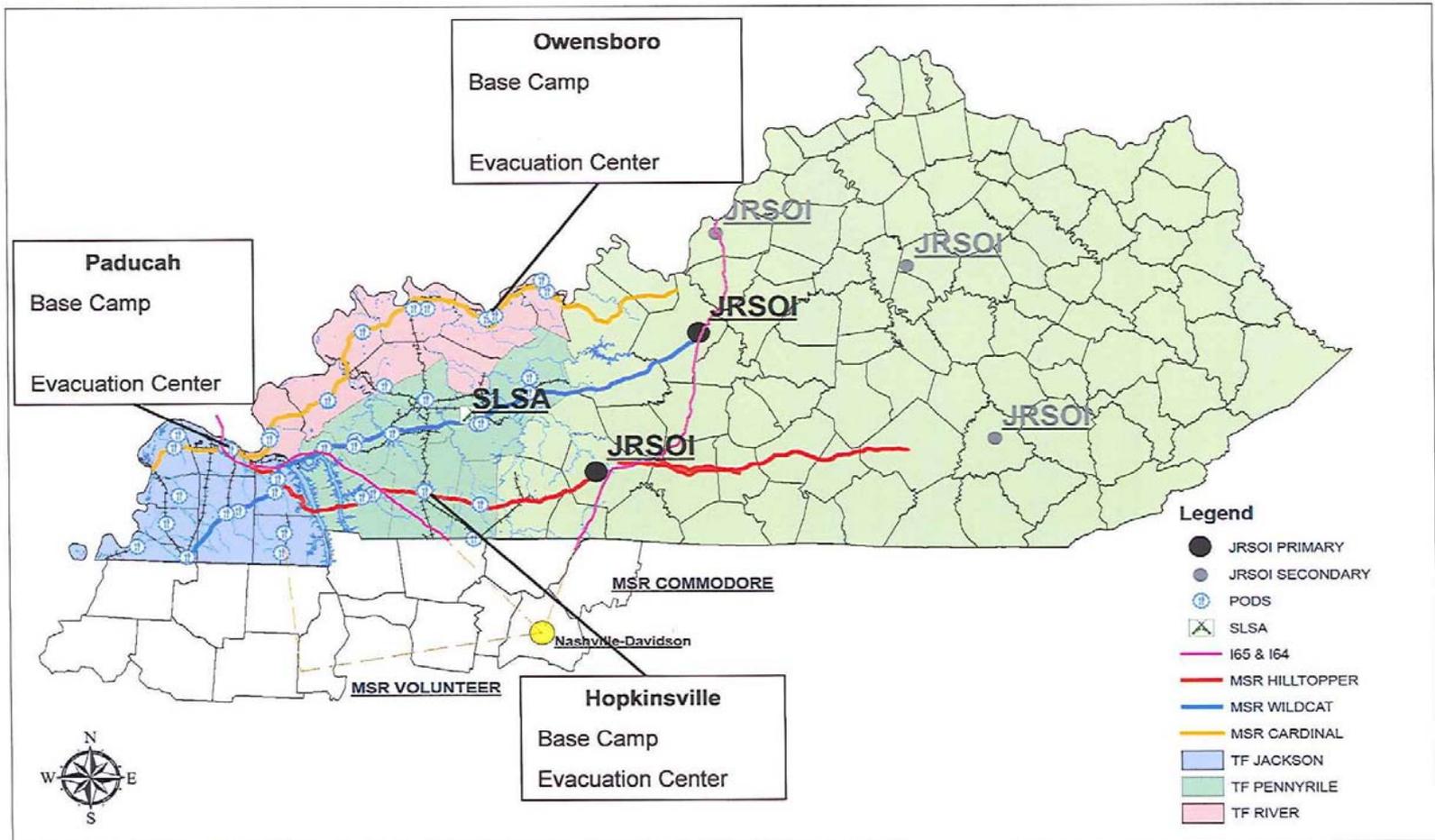
Prior to leaving, your Regional Coordinators will forward deploying team members a link to an electronic application where you will log in your name, vehicle make, model, vin number, number of individuals traveling with you.



Response



Kentucky Logistics Plan



KCCRT Response Plan

Paducah Base Camp: KCCRT Regions 4,11,12 &13		
Ballard	Calloway	Carlisle
Fulton	Graves	Hickman
Marshall	McCracken	
Hopkinsville Base Camp: KCCRT Regions 5 & 6		
Caldwell	Christian	Trigg
Hopkins	Lyon	Muhlenberg
Ohio	Todd	
Owensboro Base Camp: KCCRT Regions 7,8,9,10,14		
Crittenden	Daviess	Hancock
Henderson	Livingston	McLean
Union	Webster	



Field Assignments – Owensboro BC

- Owensboro Base Camp
 - **Strike Team** Crittenden County:
 - **Strike Team Leader** – Shift 1: **Kay Evans**
 - **Team:** Michael Flaherty
Chris Reynolds
Vande Slonecker
Tara Brooks
Harvey Henderson
Lura McElhearn
 - **Strike Team** Hopkins:
 - Strike Team Leader – Shift 1
 - Team:
 - **Strike Team:** Ohio:
 - Strike Team Leader – Shift 1
 - Team:

Accountability Procedures

- KCCRB Issued I.D. must be worn at all times.
- KCCRT Vests to be worn while on duty in field.
- Report to assigned Staging Area – KCCRB or ESF-8 Desk.
- Accountability Tag to be given to KCCRB Safety Officer or Designee.



Safety Messages

Incident:	2011- 0000	Date: 5/16/2011	Time: 0700
Operational Period:	0800 – 1600 (12-hour shift)		

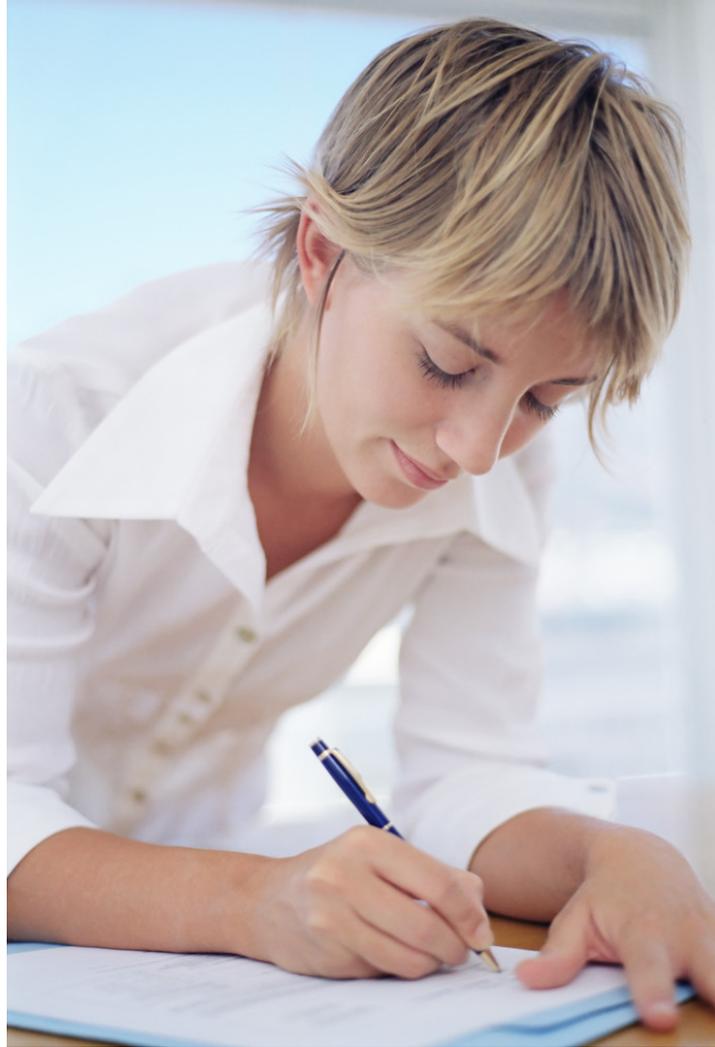
Major Hazard and Risks:	
	Widespread debris & broken glass
➤	Blocked roadways
➤	Looting
➤	
➤	
➤	
Narrative:	
3-4 person teams for safety	
Each team to have 2-way radio	
Safety boots, socks, long pants (jeans ok), team shirt or polo shirt	
and vest.	
Sunglasses and sunscreen suggested.	
Recommended: take food and bottled water for team. Limited resources.	



Logistics

- Team Leader
- Assignment
- Location
- Length of Time
- Handouts
- Contact List
- Community List
- Individual Contact Sheets

Documentation



Reporting Forms

- **ICS FORMS** – to be completed by KCCRB IC
- **Daily Team Report** – to be completed by Strike Team Leaders
- **SAMHSA Individual Contact Sheets** – to be completed by each team member on each person talked with in the field.



SAMHSA Data Collection

Why?

- Provides information in an organized document that will be used to perform continuous needs assessment
- Information will be used to develop effective outreach strategies to serve the impacted communities
- Will be instrumental in all planning processes of the response period



SAMHSA Data Collection

Substance Abuse & Mental Health Services Administration

Purpose:

- ✓ Documents interactions with individuals or families, last at least 15 minutes, and involve participant disclosure.
- ✓ Captures encounter characteristics, risk categories, participant characteristics, and referrals.
- ✓ Are completed by the crisis counselor after the encounter ends but before moving to the next activity.

Individual contact sheets will be completed at the onset of disaster behavioral health services and continue throughout the response

Contact sheets will be submitted daily at the end of each shift to the Strike Team Leader



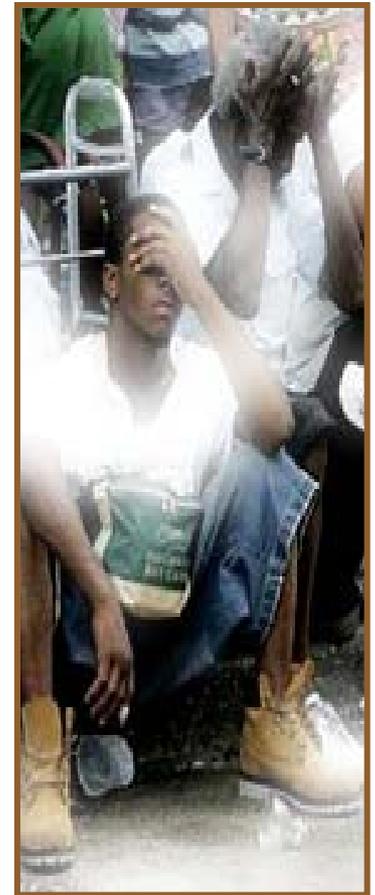
Psychological First Aid:

PFA Techniques With Individuals

Psychological Crisis

Is an acute response to a trauma, disaster, or other critical incident in which:

- Psychological balance is disrupted
- One's usual coping mechanisms have failed
- Evidence of significant distress, impairment, dysfunction





Mediating Factors

- The victim's prior experience with the same or a similar event. The emotional effect of multiple events can be cumulative, leading to greater stress reactions.
- The intensity of the disruption in the survivors' lives. The more the survivors' lives are disrupted, the greater their psychological and physiological reactions may become.
- The meaning of the event to the individual. The more catastrophic the victim perceives the event to be to him or her personally, the more intense will be his or her stress reaction.
- The emotional well-being of the individual and the resources (especially social) that he or she has to cope. People who have had other recent traumas may not cope well with additional stressors.
- The length of time that has elapsed between the event's occurrence and the present. The reality of the event takes time to "sink in."

Influencing Factors

- **Subjective experience**
 - **Life threat**
 - **Separation from family and community**
 - **Loss of irreplaceable property**
 - **Anger & blame toward those responsible for prevention, mitigation, and disaster relief**
- **World View/basic assumptions challenged**
 - **Spiritual beliefs challenged**
 - **Loss of security in “terra firma” that the earth is “solid” and dependable**
 - **Loss of illusion of invulnerability**

Impact Intensified By Pre-existing Conditions

- People with fewer economic resources
- Living in lower cost, structurally vulnerable residences in higher risk areas
- Cultural, racial and ethnic groups
- Elderly on fixed income
- Lack of home ownership or insurance
- Single-parent
- People with disabilities
- Behavioral health issues



Greater Barriers to Recovery & Potential Stigma —

Impact: Recognizing the Ripple Effect



Population Exposure Model

DeWolfe, D.J. (Ed.). (In press). Mental health response to mass violence and terrorism: A training manual. Rockville, MD: Center for mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.



Stabilizing The Individual

The goal of psychological first aid is to stabilize the incident scene by stabilizing individuals.

- Assess the disaster victims for injury and shock.
- Provide support by:
 - Listening.
 - Empathizing.
- Help disaster survivors connect with natural support systems.

Psychological First Aid

- **Preparing to Deliver Psychological First Aid**
 - Maintain a calm presence
 - Be sensitive to culture & diversity
 - Be aware of at-risk populations



Psychological First Aid

Psychological First Aid is the application of three basic concepts:

+ Protect

+ Direct

+ Connect

PFA: Providing Services

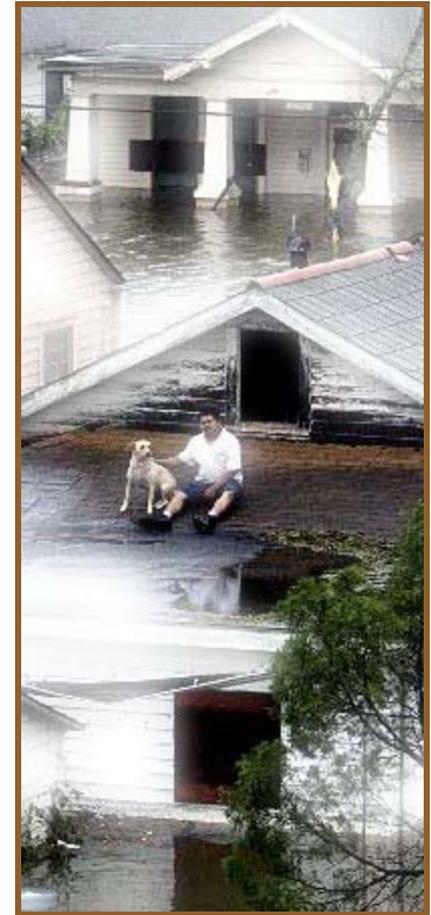
Assess for signs of acute distress:

- Disoriented
- Confused
- Frantic or agitated
- Panicky
- Extremely withdrawn, apathetic or “shut down”
- Extremely irritable or angry
- Exceedingly worried



Immediate Needs

- **Physical needs**
 - Warmth, safety, rest, fluids, & food.
- **Emotional needs**
 - Protection, comfort, control, reassurance, and a “listening ear”
- **Address fear & anxiety**
 - Safety & well-being of family, friends, coworkers
- **Need for connection**
 - With loved ones & support services



Psychological First Aid Includes

- ✓ addressing immediate physical needs;
- ✓ comforting and consoling survivors, victims, first responders and others;
- ✓ providing concrete information about what will happen next;
- ✓ listening to and validating feelings;
- ✓ linking survivors to support systems;
- ✓ normalizing stress reactions to trauma and sudden loss;
- ✓ reinforcing positive coping skills;
- ✓ facilitating telling their story and supporting reality-based practical tasks.



Avoid Saying . . .

- “**I understand.**” In most situations we cannot understand unless we have had the same experience.
- “**Don’t feel bad.**” The disaster victim has a right to feel bad and will need time to feel differently.
- “**You’re strong/You’ll get through this.**” Many disaster victims do not feel strong and question if they will recover from the loss.
- “**Don’t cry.**” It is ok to cry.
- “**It’s God’s will.**” Giving religious meaning to an event to a person you do not know may insult or anger the person.
- “**It could be worse**” or “**At least you still have ...**” It is up to the individual to decide whether things could be worse.



Cultural Sensitivity

- **Ethnicity: racial, national, cultural groups**
- **Country of origin**
- **Immigration experience and status**
- **Level of acculturation**
- **Language, fluency, literacy**
- **Education**
- **Urban vs. rural setting**
- **Social class**
- **Family constellation**
- **Family values, roles**
- **Gender**
- **Spiritual beliefs and practices**
- **Beliefs about loss**
- **Beliefs about disaster**
- **Medical beliefs and practices**

Overview of Psychological First Aid

- **Contact & Engagement**
 - Establish rapport
 - Ask about immediate needs
- **Safety & Comfort**
 - Ensure immediate physical safety
 - Provide information about disaster response activities & services
 - Promote social engagement
 - Protect from additional traumatic experiences and trauma reminders
 - Give special consideration for acutely bereaved individuals
- **Stabilization**
 - Stabilize emotionally-overwhelmed survivors

Overview of Psychological First Aid

- **Information Gathering: Current Needs & Concerns**
 - Nature & severity of experiences during disaster
 - Death of family member or friend
 - Concerns about immediate post-disaster circumstances
 - Physical illness/need for medications
 - Losses incurred
 - Feelings of guilt/shame
 - Thoughts of harming self/others
 - Lack of supportive social network
 - Prior alcohol/drug use
 - Prior exposure to trauma & loss
 - Prior psychological problems



Overview of Psychological First Aid

- **Practical assistance**
 - Identify immediate needs
 - Discuss an action plan
- **Connection with Social Supports**
 - Enhance access to primary support persons
 - Encourage use of immediately available support persons-Disaster Behavioral Health Worker

Overview of Psychological First Aid

- **Information on Coping**
 - Provide information on stress reactions
 - Provide information on ways of coping
 - Demonstrate simple relaxation techniques

- **Linkage with Collaborative Services**
 - Provide direct link to needed services
 - Disaster Behavioral Health Workers

Reminder: Main Goals of Psychological First Aid

- **Protect**
- **Direct**
- **Connect**



National Center for PTSD: National Center for Child Traumatic Stress, Terrorism & Disaster Branch

Impact Intensified by Post-Trauma Events

- Evacuation, relocation & need for permanent housing
- Loss of community
- Disconnected from:
 - emotional support
 - financial support
 - medical support
 - faith communities
- Red Tape: The Second Disaster
- Property loss and damage still present



Vicarious Trauma

A DBHOP can experience vicarious trauma which is the process of changes in the responder, resulting from empathic/ sympathetic engagement with disaster victims.



Responders can and do experience vicarious trauma

Self-Care And Stress Management

WHY IS THIS IMPORTANT?

- Adrenaline and the desire to help can lead to over-involvement, exhaustion, and regrettable decisions and practices.
- Normal mechanisms of self-care can be hard to remember and access.
- Self-care often gets overlooked by workers.



Compassion Fatigue

Normal DBHOP Reactions to Tragic Events:

- No one who responds to a tragic event is untouched by it.
- Profound sadness, anger, and sometimes grief are normal reactions.
- You may not want to leave the scene until the work is finished.
- You may likely try to override stress and fatigue with dedication and commitment.
- You may deny the need for rest and recovery time.
- Emotional exhaustion
- Reduced personal accomplishment

Deployment Stress

Why?

Unfamiliar or highly disorganized work environments such as disaster response sites create higher levels of stress even for experienced responders

What Do We Do?

Organizational strategies must be combined with personal strategies to ensure the health and well being of all responders

Organizational Strategies

During The Disaster

- ✓ Orientation to the disaster
- ✓ Boundaries: length of shift, type of duty, rotation of duty, breaks, limit exposure to traumatic stimuli and over-involvement with survivors
- ✓ Buddy system
- ✓ Use stress management resources and brochures



Self-Care

Even the most experienced Responders need to be attentive to their own stress responses and that of their peers.

Continual self-monitoring is an Important component in managing stress.



Self-Monitoring Checklist

Handout

1. Behavioral
2. Physical
3. Psychological/Emotional
4. Cognitive
5. Social/Spiritual

Personal Strategies

- **Be patient with yourself.**
- **Get enough sleep.**
- **Exercise.**
- **Eat a well-balanced diet.**
- **Find a good balance between work, play and rest.**
- **Remember, it is ok to receive as well as give. Your identity is more extensive than that of a helper.**
- **Connect with others.**
- **Use spiritual resources.**
- **Get a friend to partner with you for stress monitoring and reduction.**
- **Meditate.**
- **Get back to your routines as quickly as possible. Re-establishing routine support return to adaptive functioning.**
- **Practice self-awareness. Learn to recognize and heed early warning signs of stress reactions.**
- **Know when you need additional support. One-on-ones and referrals available at 888-522-7228.**

Post Action Team Support (PATs)

Post Operations Team Care

- Designed to prevent negative reactions such as vicarious trauma
- Designed to reinforce positive self care in DBHOP volunteers following assignment
- Conducted by a trained disaster behavioral health worker (KCCRT-1-888-522-7228)



Post Action Team Support (PATs)

Post Operations — Team Care

Fresh eyes, fresh ears, experienced team leader provides neutral, safe, private place to conduct PATs

Stage 1: REVIEW

- How did it go? How do you think you did? What themes emerged? What was participation level of group? Is there anything that concerns you?

Stage 2: RESPONSE

- What did you say or do that you wish you hadn't? Wish you had said? How has this affected you? What was the hardest part of this for you?

Stage 3: REMIND

- Is there any follow up to be done? What are you going to do to take care of yourself? What will it take to “let go” of this?

Report to ESF-8 PATs was provided. Assign follow-up as needed.

Personal Strategies

After The Disaster

- Use stress management resources and services.
- Talk to family and friends.
- Maintain a healthy life-style.
- Practice stress management.
- Find meaning in the experience.
- Use referral if needed.
- Provide recognition of workers.



Handouts:

- Resiliency Toolkit: Center of Disaster & Extreme Event Preparedness
- Self-Monitoring Check List

Resources:

- Post Action Team Support

Forms:

- SAMHSA Individual Crisis Counseling Services Encounter Log



Why Be A Member of KCCRT?

- Assist in mitigating negative effects of acute stress reactions
- Provide support to you fellow Kentuckians
- Work with a recognized team of trained Crisis Counselors



Disaster Behavioral Health Outreach Personnel CORE COMPETENCIES FOR CREDENTIALS

- On-line Application
- KCCRB Official receipt of:
 - Signed Background Check
 - Signed KyEM Form #50 - Workers Comp.
 - Signed KHELPS DBHOP Agreement
 - Verification of License/Certification
 - JPEG emailed photo for Badge
- On-Line Orientation
- Verification of Completing NIMS 100, 200 and 700

Completion of "**Just-in-Time Training**" (JTT). JTT will be provided to all deployed personnel at the time of activation. JTT at a minimum will provide field assignments, accountability procedures, orientation to the incident, field intervention tools, safety messages and reporting forms.

KCCRB Partners with KHELPS

*Kentucky Community Crisis Response Board
Kentucky Health Emergency Listing of Professionals for Surge*

KHELPS is used to register, notify, and inform individuals who are interested in volunteering in the event of an accidental or intentional emergency, or other public or health care disaster.

To help meet the behavioral health surge capacity needs, KCCRB and KHELPS have partnered to allow psychologists, counselors, therapists and a broad array of trained disaster behavioral health outreach personnel to become involved.



For more information:

- **KCCRB:** <http://kccrb.ky.gov>
- **KHELPS:** <http://chfs.ky.gov/dph/epi/preparedness/KHELPS.htm>
- **KHELPS REGISTRATION:**
<https://khelps.chfs.ky.gov/VolunteerMobilizer/>
- **National Center for PTSD**
- **U.S. Department of Health and Human Services. *Mental Health Response to Mass Violence and Terrorism: A Training Manual.***



Thank You

