The Changing Face of Disaster Mental Health

Field evolves in the ten years after 9/11

Before the tragic events of 9/11, disaster mental health focused mostly on emergency response: gearing up volunteers to deploy quickly to disaster sites. Psychologists talking with survivors over a cup of coffee or handing out meals might have seemed indistinguishable from non-licensed volunteers.

Today, there have been significant advances in disaster training and preparedness, along with greater emphasis on longer-term recovery. The distinct contributions of psychologists and other mental health professionals are clearly recognized, and their efforts are an integral part of disaster services.

The American Psychological Association’s Disaster Response Network (DRN) has partnered with the American Red Cross (see photo below) since 1991 to assist disaster survivors and relief workers. The collaboration has evolved along with the field of disaster response.

Among the fundamental changes in disaster mental health over the past 10 years:

**Advancing Psychological Research**

Large-scale disasters have enabled researchers to look at human reactions in greater detail than before. Researchers have found that people by and large are resilient and able to bounce back from tragedy (Bonanno et al., 2010). Survivors frequently experience stress in the immediate aftermath of a disaster. But within a few months, they have begun to manage feelings of distress. Many survivors recover on their own or with support from friends and family and minimal or no professional assistance.

Research shows that a small percentage of the population will have a harder time bouncing back, perhaps as a result of greater exposure to trauma or because they have a harder time coping in general (Bonanno et al., 2010). According to the research, when these individuals are offered support and encouraged to actively address their distress, they are more likely to have better outcomes than those who disengage from coping and become more isolated (Silver et al., 2002).

**Developing Psychological First Aid and Promoting Resilience**

Greater recognition of the importance of resilience and ways people can build their resilience has fostered Psychological First Aid, which involves providing basic care, comfort and support to people who are experiencing disaster-related stress. Basic elements include: being kind, calm and compassionate; actively listening; providing accurate and timely information; giving realistic assurances; and helping people make connections to social supports and resources.

These small but significant forms of assistance can help people manage in the early aftermath of a disaster, and...
anyone can offer the assistance. Many organizations including the American Red Cross (ARC) now teach Psychological First Aid to all disaster volunteers. ARC’s Psychological First Aid training, which incorporates several components of APA’s “Road to Resilience” brochure (available online at www.apa.org/helpcenter/road-resilience.aspx), also includes tips for making referrals to disaster mental health professionals for additional assistance.

**Improving Disaster Mental Health Assistance**

The overarching goal of disaster mental health response is to make resources available so that individuals who may be at risk for difficulty with coping can receive support to actively employ their coping skills, connect with social supports and obtain information that facilitates healthy psychological responses.

The past decade has witnessed considerable research related to identifying how mental health professionals can best support disaster survivors. The research has resulted in greater clarity about disaster mental health triage and interventions.

A 2002 consensus report published by the National Institute for Mental Health titled “Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence” included input from leading disaster experts as well as a comprehensive research literature review. This report, supported by later research (Hobfoll et al., 2007), paved the way for current thinking regarding early disaster mental health intervention.

Red Cross training (American Red Cross, 2011) supports triage and behavioral health surveillance using the PsySTART™ risk factors measure. Created by psychologist Merritt (Chip) Schreiber, PhD, this measure facilitates individual triage by identifying those survivors at heightened risk for experiencing post-disaster stress reactions, with the goal of quickly connecting these individuals to disaster mental health services. PsySTART™ can also aggregate data from various disaster mental health volunteers and help depict where the greater numbers of survivors with risk factors are located. This capability in turn enables organizations coordinating relief efforts to allocate volunteers to locations where they are needed most. PsySTART™ has taken some of the guesswork out of identifying survivors who might benefit from disaster mental health support.

Interventions focus on mitigating psychological complications of disaster. The interventions can be psychoeducational in nature and can help survivors experiencing a number of challenges to manage difficult circumstances. They are inherently brief and are not psychotherapy. For example, a family member may be grieving the death of a loved one either prior to or as a result of the disaster. Psychologists and other mental health professionals who are familiar with grief and loss can help people struggling with intense emotions. Disaster mental health interventions can also include referrals to community resources for longer-term care.

**Incorporating Cultural Awareness**

APA’s Disaster Response Network (DRN) regularly includes cultural awareness in its training sessions to better prepare psychologist volunteers to work with diverse populations. For example, the federal government has changed its disaster sheltering procedures so persons with disabilities are being accommodated in general population shelters rather than in separate facilities. Disaster response volunteers are learning how to engage in outreach to individuals with disabilities.

In 2008, APA produced the Guide to Cultural Awareness for Public Education Campaign and Disaster Response Network Members as a handy pocket-size reference that responders could take to disaster sites to prepare themselves for working with diverse populations. A PDF version of the guide is available online at http://www.apapracticecentral.org/update/2008/12-17/cultural-awareness.pdf.

**Expanding the Focus Beyond Short-Term Response**

Psychologists often engage in long-term community outreach throughout the post-disaster recovery period.
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to share psycho-educational information about how individuals affected by disaster can take proactive steps to fortify and rebuild their lives as needed. For example, North Dakota DRN psychologists involved with the Red River Resilience Project have helped survivors of multiple floods over the years to restore and maintain hope. And psychologists who are active in the River of Hope Project continue to work with New Orleans communities and families to rebuild in the aftermath of Hurricane Katrina in 2005.

Managing Volunteer Expectations

Psychologists are better informed than ever before about what they can expect as disaster responders, and they learn ways to take care of their own stress reactions. Training is intent on deglamorizing disaster relief work by emphasizing hardship living conditions, long workdays often spent on foot and no guarantees that the volunteer will even see the disaster site. Volunteers are assigned where needed, which might mean teaching Psychological First Aid in the basement of staff headquarters nowhere near the destruction. Shaping realistic expectations about disaster service work can go a long way toward helping volunteers succeed. The Red Cross national headquarters training also encourages volunteers to think about self-care. Trainees are encouraged to prioritize their work and set limits, with the goal of promoting mind/body health.

In recognition of the 10th anniversary of 9/11, this article from the Disaster Response Network (DRN) reflects APA’s collaboration with the American Red Cross.

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REFERENCES AND RESOURCES


American Red Cross. (2011). Foundations of disaster mental health training. Washington, DC: Author. To learn more about Red Cross training, contact your local Red Cross chapter (www.redcross.org) or email APA’s DRN program: drn@apa.org.


