Disaster Psychiatry

Psychological First Aid and Ethical Considerations

Cheryl Person, MD
Assistant Professor of Psychiatry
UT Health

UTHealth™
The University of Texas
Health Science Center at Houston

Learning objectives

- Identify basic epidemiology research related to disaster mental health
- Understand the controversies regarding early mental health interventions
- Familiarity with Psychological First Aid
- Identify the ICS structure and where psychiatrists fit
- Understand reason for limited utility of SNS
- Develop personal plan for resilience: professionally, personally

Basic epidemiology of mental health sequelae after disasters

- Population Based Sampling
- 1-3 months after Madrid Bombing
  - 2.3% PTSD 8%MDD Gabriel R et.al 2007 Eur Psych
- 6-11 months after Great East Japan Earthquake, Tsunami and Fukushima nuclear plant disaster
  - *42% moderate or severe Mental Health problems Yokohoma et.al 2014 PLOSone
- 1-2 months after 9/11/01
  - 7.5% PTSD 9.7% MDD Galea S et.al 2002 NEJM
- 5-8 months after Katrina
  - 30.3% PTSD 17% Severe mood disorder Galea S et.al 2007 Arch Gen Psych
- Direct Victims, First Responders, Community Disruption, prior psychiatric illness, female, low social support, neuroticism, prior trauma, additional post-disaster stressors (economic, etc.)

Research related to early interventions

- Goals of early intervention after disaster are two-fold
  - Mitigate the effect of incident on mental health acutely
  - Prevent long-term sequelae of incident (MDD, PTSD) Fetter JC 2005 J Clin Psychiatry
- Literature is conflicting regarding effectiveness of early psychosocial intervention Critical Incident Stress Debriefing.
  - Some harm attached to single session critical incident stress debriefing Rose et. al Cochrane Review 2003
  - Recent Group Debriefing Trial found no benefit of CISD for firefighters with critical incidents Tuckey et.al 2013 Anxiety, Stress and Coping

Emerging literature

- Brief Prolonged Exposure Therapy
- Dr. Rothbaum and colleagues have demonstrated that brief prolonged exposure therapy is useful in preventing PTSD after trauma.
  - 137 patients randomized to 3-session modified PET or control within 12 hours of trauma.
  - Those in PET had less PTS symptoms and less depressive symptoms than the control group (Rothbaum 2012)

Psychological First Aid

PFA

- Institute of Medicine in 2003 published “Preparing for the Psychological Consequences of Terrorism” in which they recommend **Psychological First Aid** as first line support after disaster
- Although no empirical evidence to support its use it is deemed “evidence informed”.

There are 4 Primary Goals of PFA:

- Educate the individual in normal psychological response to trauma
- Active listening to needs of individual
- Understand the importance of maintaining healthy sleep, activity patterns
- Understand when to seek help from mental health professionals

PFA from NCPTSD/NCTSN

- **Basics of Psychological First Aid**

What is Psychological First Aid?

- **An evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism**

Principle Actions

- **Establish safety and security**
- **Connect to restorative resources**
- **Reduce stress-related reactions**
- **Foster adaptive short- and long-term coping**
- **Enhance natural resilience rather than preventing long-term pathology**

Psychological First Aid Core Actions

- **Contact and Engagement**
- **Safety and Comfort**
- **Stabilization (if needed)**
- **Information Gathering: current needs and concerns**
- **Practical Assistance— *you need to understand the local resources before you do PFA***
- **Connection with Social Supports**
- **Information on Coping**
- **Linkage with Collaborative Services**

Delivering PFA

Some Behaviors to Avoid

- **Do not make assumptions about experiences**
- **Do not assume everyone will be traumatized**
- **Do not label reactions as "symptoms," or speak in terms of "diagnoses"**
- **Do not talk down to or patronize the survivor**
- **Do not highlight helplessness, weaknesses, mistakes, or disability**
- **Do not assume that all survivors want to talk or need to talk to you**
- **Do not "debrief" by asking for details of what happened**
- **Do not speculate or offer unsubstantiated information**

Initial Contact: The hardest part

- **The Initial Contact**
- **Treat the survivor with respect, sensitivity, empathy, and warmth, in ways that encourage mutual trust.**

- **“Hi, my name is_____. I’m with Project Hope. I’m checking in with people to how they are doing, and to see if I can help in any way. Is it okay if I talk to you for a few minutes? May I ask your name? Mrs. Williams, before we talk, is there something right now that you need, like some water?”**

Safety and Comfort

- **Ensure immediate physical safety**
- **Provide information about disaster response activities/services**
- **Offer physical comforts**
- **Offer social comforts**
  - **Link with other survivors**
- **Protect from additional trauma and potential trauma reminders**
  - **Discuss media viewing**

Goals of Information Gathering --Triage--

- **Form and maintain an alliance with the survivor**
- **Remain sensitive to survivor needs and perceptions**
- ***Identify individuals in need of immediate referral***
- ***Identify need for additional services***
- ***Identify those who might benefit from referral or need follow-up visit***
- **Identify components of PFA that may be especially helpful**
- **Integrate survivor education with informal assessment**

Practical Assistance

- **<u>Assisting individuals in setting achievable goals may:</u>**
  - **Reverse feelings of failure and inability to cope**
  - **Help individuals to have repeated success experiences**
  - **Help to reestablish a sense of environmental control**
- **Focus on one need at a time**
- **Take action to solve needs with immediate solutions**
- **If needs cannot be solved rapidly, take concrete action steps that address the problem**

Connection with Social Support

- Enhance access to primary support persons (family and significant others)
- Encourage use of immediately-available support persons
- Discuss support-seeking, if appropriate
  - Identify possible support persons
  - Discuss what to do/talk about
  - Explore reluctance to seek support
- Address extreme social isolation or withdrawal

Coping Strategies

Response to Trauma	First Aid
1) High Anxiety/arousal	1) Consider teaching breathing and/or relaxation skills
2) Ongoing triggering by stimuli/reminders	2) Teach coping with trauma and loss reminders
3) Cognitive distortions or disruptive negative beliefs	3) Assist in recognizing and challenging negative self-talk
4) Low social support or negative social reactions	4) Problem-solve improving social support
5) Extreme social isolation or withdrawal	5) Discuss importance and ways of increasing positive social contact
6) Self-medication of reactions	6) Provide alcohol/drug/medication intervention
7) Anger Problems	7) Teach anger management skills

Linkage with Collaborative Services

Links survivors with available services needed at the time or in the future.

- **Provide direct link to additional needed services**
- **Referrals for children and adolescents**
- **Referrals for older adults**
- **Promote continuity in helping relationships**

Psychotropics to Prevent PTSD/MDD?

- Literature is virtually non-existent
- Small trial with propranolol for adults: encouraging (vaiva et al, pittman et al)
- Small trial with propranolol for children: not encouraging
- Large trial with propranolol-→no benefit (pittman et al)
- Small trials with benzodiazepines: increased PTSD/MDD
- There is a biological rationale to **not** treat anxiety in acute aftermath: No benzodiazepines
  - Some evidence suggests that anxiety symptoms may be brains way of coping with traumatic memory and trying to recode from amygdala to cortex. There is evidence that amygdala encoded memories are more biologically activating and more likely to be PTSD type memories
- There is no biological rationale to not address insomnia in aftermath

Strategic National Stockpile

- Designed to be available within 12 hours of a Governor's request once local supplies have been depleted.
- Launched in 2003 partnership of CDC and Dept. of Homeland Security
- Contents include: antibiotics, antitoxins, antidotes, life-saving medical supplies
- The only psychotropics currently included are diazepam and/or lorazepam.
- Included because of their ability to interrupt status epilepticus but are often used by physicians for anxiety control in disasters.
- Although psychiatrists would like to have psychotropics included, thus far it has not happened

Professional Resilience

Make every effort to:

- **Self-monitor and pace your efforts: Maximum 12 hour shift. If nothing but counseling- 8 hours.**
- **Rotate from high engagement to low engagement sites**
- **Maintain your boundaries**
- **Regularly check-ins with colleagues, family, and friends**
- **Work with partners or in teams**
- **Take brief relaxation/stress management breaks**
- **Use regular peer consultation and supervision**
- **Take time-out for basic bodily care and refreshment**
- **Accept that you cannot change everything**
- **Try to be flexible, patient, and tolerant**

Provider Care : During Disaster Response

- **Make every effort to avoid engaging in:**
  - **Working too long by yourself**
  - **Working "round the clock" with few breaks**
  - **Feeling like you are not doing enough**
  - **Excessive intake of sweets and caffeine**
  - **Not resting in evening**

- **Common attitudinal obstacles to self-care:**
  - **"It would be selfish to take time to rest."**
  - **"Others are working around the clock, so should I."**
  - **"The needs of survivors are more important than the needs of helpers."**
  - **"I can contribute the most by working all the time."**
  - **"Only I can do x, y, z."**

Resilience

- If you are a victim of a disaster, it can be difficult to be an effective responder. Especially as our response involves processing highly emotional information.
- You should have a personal disaster plan: where your family evacuates, documents to take, and when check-ins occur.
- www.texasprepares.org

iPhone/Android Apps

- SAMHSA has a PFA app.
- Univ. of Minnesota has a Psychological First Aid app
- US Department of Veterans affairs has an app: PFA Mobile

More information?

- For PFA for children/adolescents
  - http://learn.nctsn.org/
- PFA for adults:
  - http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_2ndEditionwithappendices.pdf