



Best Practices For Early Intervention to Crisis

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Overview

- Basic principles and theories of early response to crisis and disaster
- Guidelines in providing early psychological intervention
- Overview: SACC model of crisis intervention
- Critical Incident Stress Management and Debriefing Issues
- Group protocol for dealing with prolonged distress
- Trauma Responder Self Care



DISASTER PSYCHIATRY: PRINCIPLES AND PRACTICE

Norwood, Ursano and Fullerton, 2000

“ Disaster Psychiatry entails a number of paradigm shifts for psychiatrists [and other clinicians] involved in clinical practice. The first major paradigm shift involves a focus on health rather than disease. ”



DISASTER PSYCHIATRY: PRINCIPLES AND PRACTICE

Norwood, Ursano and Fullerton, 2000

“In disaster situations, the vast majority of people will experience transient psychological and behavioral symptoms that represent normal responses to an abnormal event. In disaster settings, then, care is given to avoid the use of diagnostic labels prematurely. In the acute phase, the psychiatrist primarily educates and facilitates the natural recovery process rather than treating pathology”



DISASTER PSYCHIATRY: PRINCIPLES AND PRACTICE

Norwood, Ursano and Fullerton, 2000

“The final major departure from one’s usual practice in the acute phase of a disaster is that one leaves the office. In disaster psychiatry, outreach is key. The overarching goal is to facilitate normal recovery processes and prevent or diminish psychiatric morbidity”



The Relevance of Psychological Resilience

- What is it?
 - APA definition: The process of adapting well in the face of adversity ... It means bouncing back from difficult experiences. It is not a trait, it involves behaviors thoughts and actions that can be learned over time.
 - Nature or nurture?
- How can we enhance it?



Psychological Resilience

Changing Attitudes

- Avoid seeing crises as insurmountable problems
- Accept that change is a part of living
- Move toward your goals
- Take decisive actions
- Look for opportunities for self discovery
- Nurture a positive view of self
- Keep things in perspective
- Maintain a hopeful outlook
- Take care of yourself

APA Practice Directorate, 2003



Maslow's Hierarchy of Needs

**Self-
actualization**

personal growth and fulfillment

Ego/Esteem

achievement, status, responsibility, reputation

Social – Belonging

family, affection, relationships, work group, etc

Safety/Security

protection, security, order, law, limits, stability, etc

Physiological - Food, Shelter, etc.

basic life needs - air, food, drink, shelter, warmth, sleep, etc.

Crisis Intervention

Psychological first aid (not psychotherapy)
designed to:

- Stabilize
- Mitigate distress, meet basic needs
- Assist in problem-solving
- Assist in regaining control
- Facilitating access to other resources if desired, or if necessary



A Basic Assumption

- The majority of individuals exposed to a traumatic event will not need formal psychological intervention; However, that does not negate the obligation to respond to the needs of those who could benefit from acute psychological support



Early Psychological Intervention

Some Questions:

- Is early intervention worth the effort?
- Should we utilize our resources differently?
- What types of approaches should be used?
- What criteria should be followed in providing early intervention?



National Volunteer Organizations Active in Disaster

Answers the questions:

Early Psychological Intervention Subcommittee:

American Red Cross, International Critical Incident Stress Foundation, National Organization for Victim Assistance (NOVA), The Salvation Army, with representation from NVOAD Emotional and Spiritual Care Committee

Points of Consensus (2005):

- I. Early Psychological Intervention is valued
- II. EPI is a multi-component system to meet the needs of those impacted
- III. Specialized training in early psychological intervention is necessary
- IV. EPI is one point on a continuum of psychological care. This spectrum ranges from pre-incident preparedness to post-incident psychotherapy, when needed
- V. Cooperation, communication, coordination and collaboration are essential to the delivery of EPI



NVOAD Interventions (2005)

- Pre - incident preparation
- Incident assessment and strategic planning
- Risk and crisis communication
- Acute psychological assessment and triage
- Crisis intervention with large groups
- Crisis intervention with small groups
- Crisis intervention with individuals, face - to - face and hotlines



NVOAD Interventions (2005)

- Crisis planning and intervention with communities
- Crisis planning and intervention with organizations
- Psychological first aid (PFA)
- Facilitating access to appropriate levels of care when needed



NVOAD Interventions (2005)



- Assisting special and diverse populations
- Spiritual assessment and care
- Self care and family care including safety and security
- Post incident evaluation and training based on lessons learned





Acute Phase Psychological First Aid: The SACC Model

(George S. Everly, Jr., PhD & RADM (USPHS, Ret) Brian Flynn, EdD,
2004)

Adapted from:

NIMH. (2002). Mental Health and Mass Violence. Wash., DC: US Gov't
Printing Office.; WHO. (2003). Mental Health in Emergencies. Geneva:
Author Sphere Project. (2004). Sphere Handbook. Geneva.



SACC Model of Acute Psychological First Aid

(Everly & Flynn, 2004)

- Stabilize
- Assess and triage
- Communicate
- Connect



Stabilize

- The goal of this phase is to attempt to “keep things from getting worse,” thereby diminishing the likelihood of an escalating spiral of distress while potentiating a return to psychological homeostasis. This may be initially achieved by:
 - Meeting any basic physical needs (food, water, shelter, reduction of physical pain, referral for medical care)
 - Reducing acute situational stressors, if possible
 - Providing a sense of safety, security



Assessment And Triage

Triage criteria for possible need for more intense psychological support:

- Dissociation (depersonalization, derealization)
- Malignant sympathetic arousal, panic, or mania
- Psychotic process
- Suicidal/Homicidal/Violent inclinations
- Peritraumatic belief that one was going to die
- Negative appraisal of acute symptoms
- Severe depression
- Psyc Hx? Psyc meds?
- Lack of support system
- Inability to function



- The goal of this phase is to establish a “supportive and compassionate presence.” Specific interventions could include:
 - “empathic listening”
 - reassurance
 - provide or facilitate a credible information flow
 - provide psychoeducational material to aid in normalizing, self-assessment, and anticipatory guidance
 - apply appropriate stress management techniques
 - effective intervention is often based upon active “outreach”



- The goal of this phase is to assist the individual in connecting with an appropriate psychosocial support system, if desired or otherwise indicated.
 - Informal support systems include family, friends, and co-workers.
 - More formalized support systems include community mental health programs, employee assistance programs, student assistance programs, hospitals, and faith-based resources.



Critical Incident Stress Management



Multi-component approach to crisis intervention

1. Pre-crisis preparation
2. Demobilization
3. Crisis Management Briefing
4. Defusing
5. Debriefing
6. Individual crisis intervention
7. Family CISM
8. Organizational consultation
9. Pastoral crisis intervention
10. Follow-up, referral



Critical Incident Debriefings



Issues have been raised about appropriateness of debriefings:

- Can they be harmful
- Can they be effective
- When should they be done
- Who should participate
- What else should be done



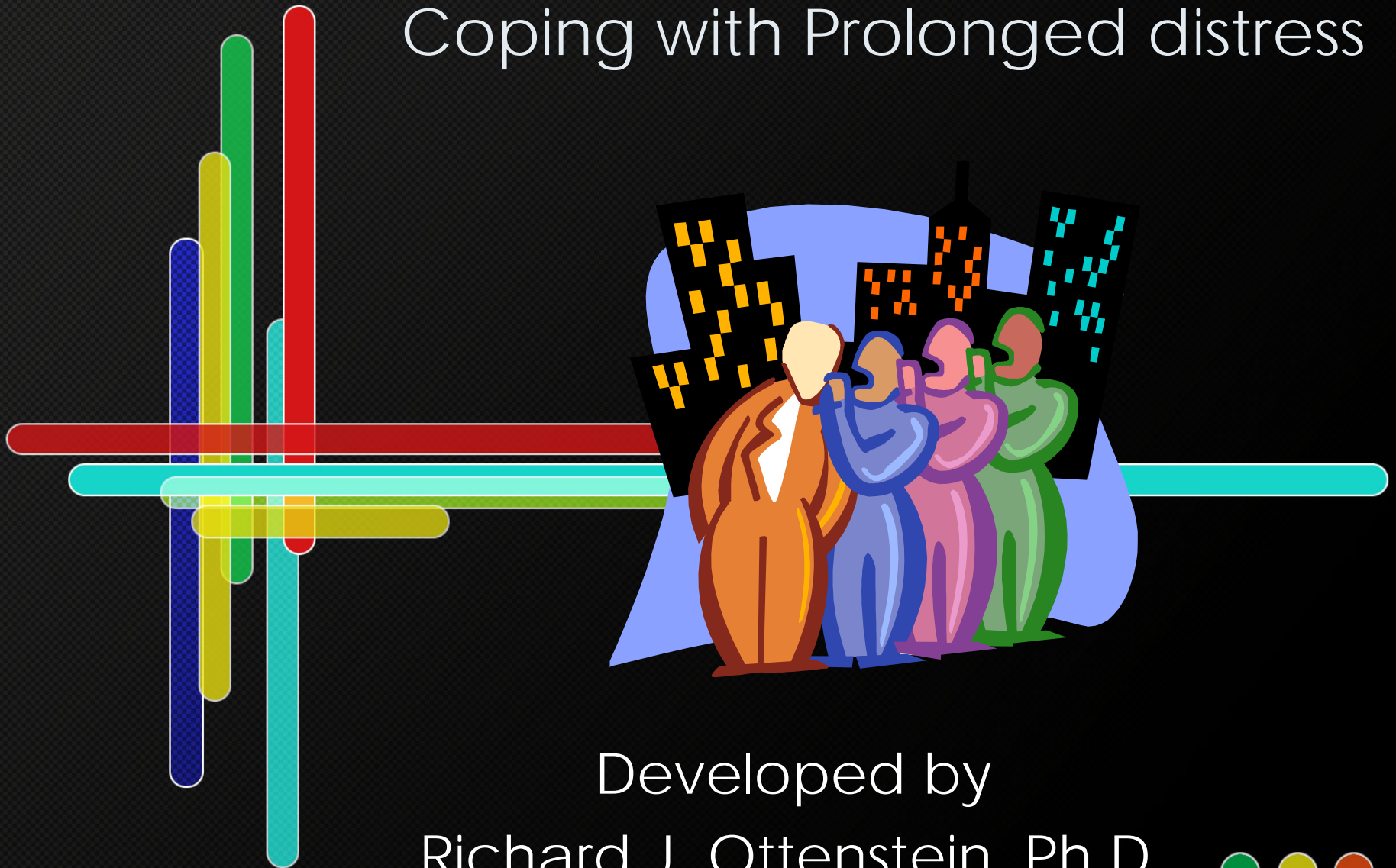
Critical Incident Debriefings

Safeguards:

- Carefully planned groups with trained specialists
- Participation must be voluntary
- Timing of intervention is critical
- Groups composed on basis of homogeneity of exposure
- Follow-up, referral (where appropriate) and other support is essential
- When appropriately used debriefings can be useful and valuable



Group Protocols for Coping with Prolonged distress



Developed by
Richard J. Ottenstein, Ph.D.



Applications

- Coping with Threats of Terror
 - Post 9/11/2001
 - Washington, D.C. sniper attacks
- Coping With Prolonged Displacement Due To Disaster
 - Hurricane Katrina
 - Hurricane Rita



Format

- Guided group discussion (participants take notes)
- Part educational, part sharing of ideas, part catharsis
- 1 ½ to 2 hours long
- Each discussion topic is presented by leader, then group members discuss the issues, leader summarizes each topic as introduction to next topic



Discussion Topics

- Attempts to gain control of the situation: Group focuses on possible actions to take, and how realistic these ideas are.
- Use of psychological coping strategies: Group discusses how participants are utilizing psychological defense mechanisms to deal with the disaster
- Resorting to unhealthy habits when under extreme stress: Discussion focuses on what each individual is doing that increases and/or reduces his or her stress.
- Turning to spiritual beliefs in times of distress: Participants discuss (without imposing their beliefs on others) how their spiritual beliefs help them get through difficult times.
- Coping with the frustrations of major life disruption: Participants discuss how some of these inconveniences may make them feel, and perhaps, be safer.
- Ventilating emotions about fears in safe and constructive ways: Participants share emotions that are most “bottled up” in them.
- Summarization: Summarize insights group members have shared regarding what they can do to cope more effectively.
- Teaching: Teach additional coping strategies based on what participants have presented.





Caring for ourselves



"Burnout"

- 3 key aspects
 - Emotional exhaustion
 - Depersonalization
 - Reduced personal accomplishment



Compassion Fatigue

- Secondary traumatic stress
- Results from empathic connection to trauma survivor
- PTSD symptoms develop in the helper



CAUTION!

1. The majority of individuals exposed to a traumatic event will not need formal psychological intervention, beyond being provided relevant information.
2. The focus should be upon the individual more so than the event; assessment is essential.
3. Unless the magnitude of impairment is such that the individual represents a threat to self or others, crisis intervention should be voluntary.
4. The interventionist must be careful not to interfere with natural recovery or adaptive compensatory mechanisms.
5. Individuals should not be encouraged to talk about or relive the event, unless they are comfortable doing so.



Parting wisdom for crisis responders



Don't overdo it! Simple, compassionate support is valued by many disaster victims

Provide information, connect people to their natural support systems and assist in getting basic needs met.

Be organized and plan your support strategies.

Crisis support does make a positive difference





Thank you for your time and interest!



References



- Ann E. Norwood, M.D., Robert J. Ursano, M.D., and Carol S. Fullerton, Ph.D. Psychiatric Disaster Psychiatry: Principles And Practice Psychiatric Quarterly, Vol. 71, No. 3, Fall 2000.
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- Early Psychological Intervention Subcommittee: American Red Cross, International Critical Incident Stress Foundation, National Organization for Victim Assistance (NOVA), The Salvation Army, with representation from NVOAD Emotional and Spiritual Care Committee.
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