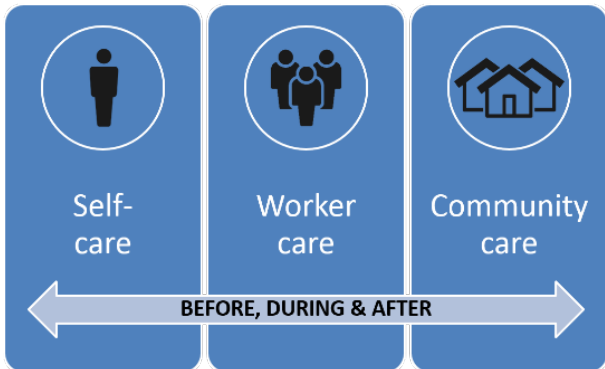


APPROACH TO PSYCHOSOCIAL RESILIENCE



PSYCHOSOCIAL IMPACTS OF DISASTERS

Psychological:

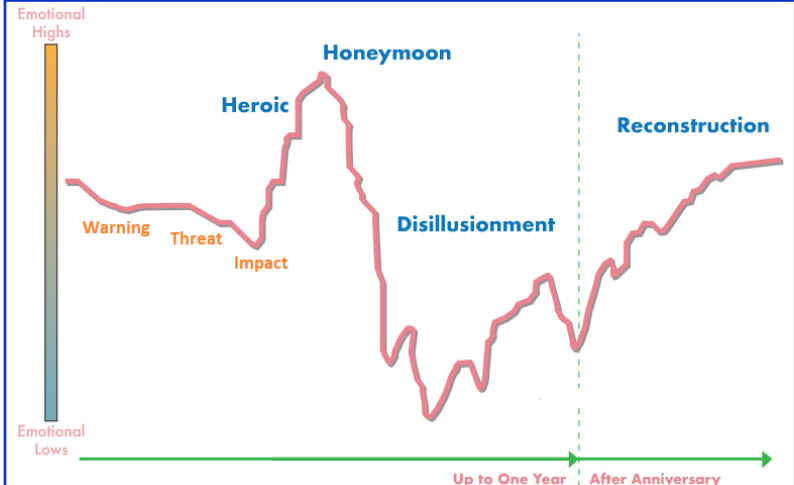
- Stress/maladjustment
- Worries/fear
- Uncertainty
- Grief/loss
- Depression, anxiety, PTSD
- Substance abuse
- Worsened pre-existing mental illnesses
- Increased suicide rates
- Decreased faith

Social:

- Loss of homes, family, and friends
- Job disruption/loss
- Separation/loss of pets
- Intimate partner/family violence
- Separations and divorces
- Disorganized health services
- Disrupted transportation
- Interrupted school
- Economic loss (e.g., tourism)
- Crime and violence
- Political breakdown

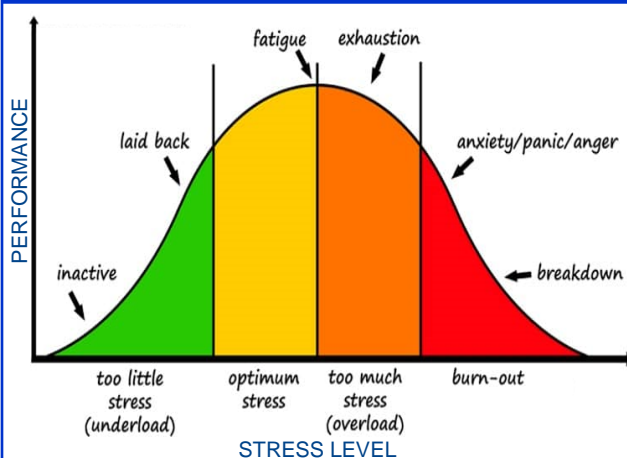
(British Columbia Ministry of Health, 2007).

PSYCHOSOCIAL PHASES OF DISASTERS



Theory: Rao, 2006. Image: Substance Abuse and Mental Health Services Administration, 2017.

STRESS AND PERFORMANCE



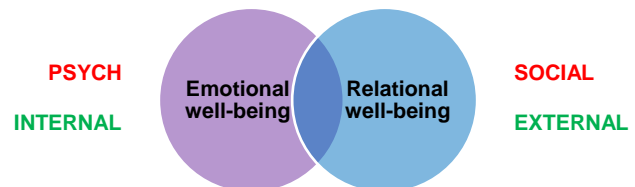
Theory: Yerkes & Dodson, 1908. Image: Babson College, 2018.

DIMENSIONS OF STRESS RESPONSES

- Behavioural
- Emotional
- Physical
- Cognitive
- Interpersonal
- Spiritual

(Shubert et al., 2007.)

PSYCHOSOCIAL RESILIENCE



RESOURCES

International

100 Resilient Cities
www.100resilientcities.org

American Psychological Association – Disasters section
www.apa.org/topics/disasters

Inter-Agency Standing Committee (humanitarian assistance)
www.interagencystandingcommittee.org

World Health Organization – Emergencies section
www.who.int/emergencies

Canadian

Canadian Mental Health Association
www.cmha.ca

Centre for Counselling & Community Safety (JIBC)
www.jibc.ca/cccs

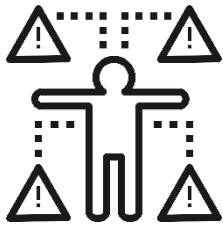
Disability Alliance BC
www.disabilityalliancebc.org

Disaster Psychosocial Services
www.phsa.ca/our-services/programs-services/health-emergency-management-bc/disaster-psychosocial-program

The Working Mind First Responders
www.theworkingmind.ca/working-mind-first-responders

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STRESS RISK FACTORS IN DISASTERS



Individual:

- Recent stress
- Previous trauma
- Limited social support

Specific to EM Personnel:

- Perfectionism
- Difficulty giving up control
- Obsessive/worrying thoughts

Setting:

- Lack of preparedness
- Lack of community solidarity



Specific to EM Personnel:

- Negative attitude of leadership
- Insufficient training
- Unclear/limited communication
- Overwhelming workload



Disaster-Related:

- Type and severity
- Closer physical proximity
- Time of day
- Media involvement

Specific to EM Personnel:

- Personal loss
- Exposure to casualties

(British Columbia Disaster Worker Care Committee, 2005).

C-MIST: FUNCTIONAL NEEDS FRAMEWORK



Individuals with limited/no ability to speak, see, or hear, or those that have limitations in learning and understanding.

Examples of what they may need in a disaster:

- Communication boards in reception centres and group lodging
- Translators



Individuals with chronic or contagious health conditions, or those who use medication or medical equipment/supplies.

Examples of what they may need in a disaster:

- Phone numbers of their family doctor and pharmacist
- Medication in their "Grab and Go" kit
- Details about medication including expiry date and storage requirements (e.g., refrigeration)



Individuals who use assistive equipment to be independent.

Examples of what they may need in a disaster:

- Wheelchair or walker
- Copy of service animal certificate
- Extra pet food in "Grab and Go" kit



Individuals who need the accompaniment of a family member, friend, care provider, or home support worker (e.g., dementia).

Examples of what they may need in a disaster:

- Phone number of caregiver
- Emergency plan that includes the caretaker



Individuals who cannot drive or have limited/no access to a vehicle.

Examples of what they may need in a disaster:

- A list of available transportation options
- Identified meeting places close to home and work

(Disability Alliance BC, 2017).

VULNERABLE POPULATIONS

Trauma: past trauma, current trauma (due to the disaster), intimate partner/family violence

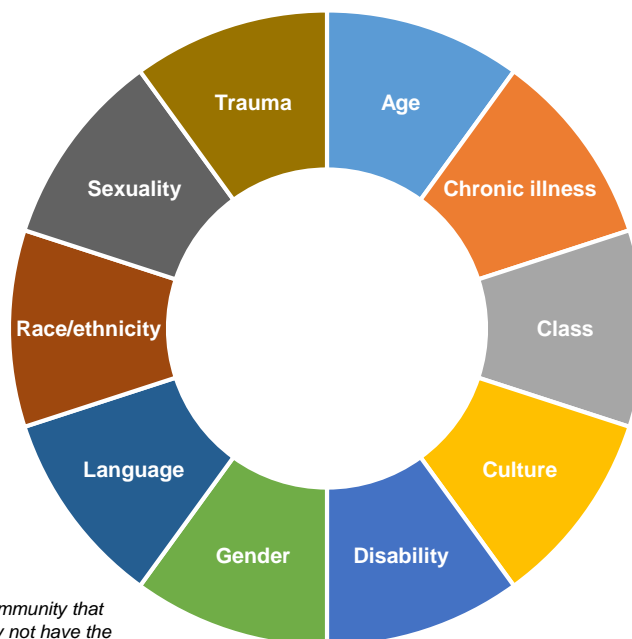
Sexuality: minority in the community, LGBT2Q+

Race/ethnicity: minority in the community, recent immigrants

Language: minority in the community

Gender: pregnant women, trans individuals

Note: "Minority" refers to a small group in a community that is outnumbered by other groups and thus, may not have the same level of services as larger groups in the community.



Age: children, adolescents, seniors

Chronic illness: physical illness, mental illness, addictions, immunocompromised individuals

Class: economically disadvantaged, the uninsured, homeless individuals

Culture: minority in the community

Disability: physical, intellectual/learning

SELF-CARE: PERSONAL RESILIENCY TIMELINE



BEFORE

PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Healthy lifestyle	Maintain a balanced lifestyle – physical, emotional, social, and spiritual. Get regular medical check-ups for your physical and emotional health.
Planning	Develop and test a family disaster plan. Create a resiliency toolkit. Consider what actions you need to take prior to activation/deployment.
Training	Complete disaster/emergency training and exercises.

DURING

PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Autonomy, empowerment & sense of control	Seek out credible information to assist with your decision-making.
Healthy lifestyle	Eat healthy foods and drink water. Limit the use of alcohol and drugs. Get rest. Exercise (e.g., outdoor walks).
Physical security	Have a buddy to prevent working alone.
Short-term psych support	Actively participate in psychosocial strategies implemented for your team.
Social support	Check in with family and friends.
Stress management	Engage in deep breathing exercises. Use appropriate humour. Take extra breaks if you notice psychosocial "red flags."

AFTER

PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Connection	Rekindle relationships.
Expression	Write or talk about the disaster.
Grieving & closure	Acknowledge losses. Attend commemorative events (e.g., vigils).
Long-term psych support	Seek out supports and resources when you notice psychosocial "red flags."
Recognition	Accept and give gratitude.
Review & evaluation	Reflect upon your own personal experience. Consider lessons learned.
Sense of normalcy	Re-establish your usual routine, as soon as possible. Be attentive to any changes to your physical or mental health.

Adapted from: Disaster Epidemiology Emergency Preparedness, 2007.

PSYCHOSOCIAL FACTORS TO CONSIDER PRIOR TO ACTIVATION/DEPLOYMENT

- **Personal Life:** recent trauma, religious observances, no recent time off
- **Family Life:** recent separation/divorce, recently married, recent move, upcoming family occasions/vacations, taking care of children/parents
- **Health:** particular health hazards associated with the disaster (e.g., poor air quality in forest fires), recent surgery, difficulty working long hours or walking a fair distance, complexity of taking medications, dependence on tobacco or alcohol, no recent medical or dental check-ups
- **Employment:** recently lost/changed jobs, currently job hunting, job offers or recent promotion, may affect eligibility for Employment Insurance if unemployed, disruptions to vacation plans if you have to use vacation time
- **Finances:** significant financial stresses, difficulty in paying bills or making bank deposits during your absence

(British Columbia Disaster Worker Care Committee, n.d.).

WORKER CARE: TEAM RESILIENCY TIMELINE



BEFORE

PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Healthy lifestyle	Promote the importance of a balanced lifestyle.
Planning	Develop and implement a psychosocial wellness policy. Hire competent, caring, and empathetic team leaders.
Training	Provide disaster-related training and conduct exercises to build confidence. Offer resiliency training. Offer psychological first aid training.

DURING

PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Autonomy, empowerment & sense of control	Assign clear roles and give clear directions. Conduct Rest/Information/Transition Services or Critical Incident Stress Debriefings.
Healthy lifestyle	Model and encourage healthy behaviours (e.g., take breaks). Have healthy foods and water available in breakrooms.
Physical security	Provide personal protective equipment (PPE; e.g., gloves, masks) when needed. Provide security services.
Short-term psych support	Make psychological first aid available to your team. Conduct walk-and-talks.
Social support	Set up a buddy system to encourage team members to check in on each other. Encourage your team to connect with family and friends.
Stress management	Rotate job responsibilities. Schedule days off and a maximum of 12 hour per shift for your team members.

AFTER

PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Connection	Create cohorts or encourage your team to create informal networks.
Expression	Model open expression of your thoughts and feelings.
Grieving & closure	Give your team post-event information via debriefings. Encourage your team to attend commemorative events (e.g., vigils).
Long-term psych support	Provide referrals for ongoing assessments/follow-ups, as needed.
Recognition	Give certificates of appreciation to all your team members. Host a social event to thank your team for their efforts.
Review & evaluation	Conduct exit interviews. Distribute post-deployment surveys.
Sense of normalcy	Offer organizational support and guidance, as needed.

Adapted from: Disaster Epidemiology Emergency Preparedness, 2007.

PSYCHOSOCIAL “RED FLAGS” FOR EMERGENCY MANAGEMENT PERSONNEL

Feelings:

- Exhaustion
- Depression, guilt, or shame
- Anxiety, hypervigilance, or PTSD
- Irritability, frustration, or anger
- Cynicism, hopelessness, or despair
- Loss of ideals or not caring
- Blaming yourself or others
- Unrealistic expectations of what you can or should do

Actions:

- Tunnel vision
- Withdrawal or isolation
- Flashbacks or intrusive thoughts
- Questioning colleagues/supervisors
- Inability to care for yourself
- Thoughts and/or plans to harm yourself or others → call 911!
- Associated physical symptoms: e.g., rapid heart rate, muscle tensions, headaches, colds/flu

- Inability to concentrate, disorientation, or confusion
- Memory loss; difficulty making decisions, completing tasks, or problem-solving
- Frequent clock-watching, wanting to leave early, or not wanting to leave
- Risk-taking, aggressive, or reckless behaviour
- Intimate partner/family violence
- Changes in eating and sleeping (e.g., less or more)
- Self-medicating with alcohol, drugs, or food

(British Columbia Ministry of Health, 2007; Substance Abuse and Mental Health Services Administration, 2016; University of Minnesota, 2015).

COMMUNITY CARE: COMMUNITY RESILIENCY TIMELINE



PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Education	Inform community members about potential hazards & preparedness strategies.
Planning	Complete community psychosocial wellness planning. Identify and collaborate with community agencies and support networks. Identify host communities for potential evacuations.
Training	Train practitioners.



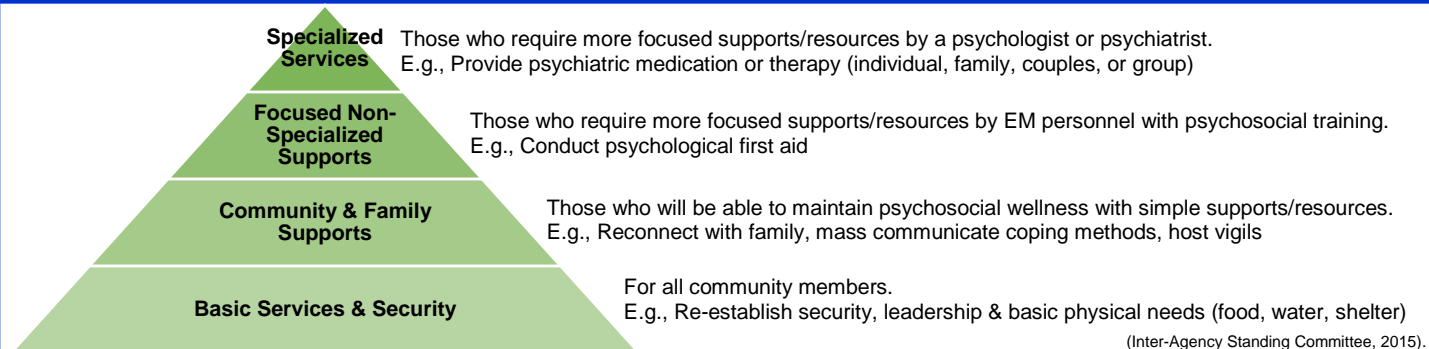
PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Emotional security	Keep family members together, as much as possible.
Physical security	Use available supports and resources to attend to basic needs.
Practical assistance	Use available supports and resources for pet services. Use available supports and resources for transportation.
Autonomy & sense of control	Encourage community members to help each other. Host information sessions to provide credible facts, strategies, and resources.
Reassurance & validation	Provide psychological first aid. Invite Disaster Psychosocial Services (DPS) to provide support.
Spiritual support	Invite spiritual care providers (e.g., pastors) to provide religious/spiritual care. Meet with Elders to provide traditional healing ceremonies and practices.



PSYCHOSOCIAL NEED	STRATEGY EXAMPLES
Connection	Reconnect family and friends through events such as community BBQs.
Autonomy & empowerment	Encourage community to take an active role in their recovery (e.g., advocacy). Provide choices when suggesting supports and resources.
Expression	Provide support groups, group storytelling, or talking circles.
Finding meaning & hope	Encourage personal reflection.
Grieving & closure	Host commemorative events (e.g., vigils) around anniversaries.
Long-term psych support	Provide referrals for ongoing assessments/follow-ups, as needed. Set up hotlines or refer community members to existing resources (e.g., bc211).
Sense of normalcy	Reopen schools, rec/community centres & shopping malls, as soon as possible. Organize tasks into manageable portions.

Adapted from: Disaster Epidemiology Emergency Preparedness, 2007.

DEGREES OF PSYCHOSOCIAL SUPPORT



GLOSSARY

STRESS AND TRAUMA

Burnout: working under demanding conditions over a long period of time, which results in excessive exhaustion, pessimism, detachment, and ineffectiveness (American Psychological Association, 2018).

Compassion Fatigue: emotional and physical exhaustion from working in a helping profession over time, leading to reduced empathy and compassion (Figley Institute, 2012).

Disaster: an event that causes great and often sudden damage, losses, and/or distress, that exceeds the community's capacity to cope using their own resources (International Federation of Red Cross and Red Crescent Societies, 2018).

Disillusionment Phase: a period of rehabilitation occurring 1-2 years post-disaster, where fatigue sets in, losses are realistically assessed, hope diminishes, and resentment builds (Rao, 2006).

Heroic Phase: a period of rescue occurring in the first 2 weeks post-disaster, where community members help each other through adrenaline-induced rescue behaviour (Rao, 2006).

Honeymoon Phase: a period of relief occurring in the first 6 months post-disaster, where disaster assistance becomes available, community solidarity increases, and it is believed that life will rapidly return to normal (Rao, 2006).

Intergenerational Trauma: the responses and effects of trauma that a community experiences and that is transmitted across generations (Evan-Campbell, 2008).

Reconstruction Phase: a period of rebuilding occurring over several years post-disaster, where a new normal is accepted and the community works through grief (Rao, 2006).

Secondary Traumatic Stress: trauma from indirectly experiencing a traumatic event, such as hearing or reading about a disaster (Bride, 2012).

Stress: the body's normal response to a real or perceived threat or change (Canadian Mental Health Association, 2014).

Trauma: an emotional response when exposed to a frightening, overwhelming, or distressing event (Canadian Mental Health Association, 2014).

Vicarious Trauma: a profound shift in one's beliefs about the world after being repeatedly exposed to traumatized people (TEND Academy, 2018).

PSYCHOSOCIAL RESILIENCE

Psychosocial Resilience: adapting well emotionally and relationally ("bouncing back") in the face of adversity, trauma, tragedy, threats, or significant sources of stress (American Psychological Association, 2018).

Resilience (Holistic): the capacity to adapt to disturbances from hazards in four ways: psychosocially, physically, environmentally, and economically.

SELF-CARE & WORKER CARE

Anxiety: an emotion characterized by feelings of tension, worried thoughts, and physical changes such as increased blood pressure (American Psychological Association, 2018).

Critical Incident Stress Debriefing (CISD): a seven-phase, small group process where participants discuss their thoughts and reactions, brainstorm coping strategies, and are referred to community resources, if needed; should be completed within 24-72 hours of the disaster/trauma.

Defusing: a small-group method where emergency management personnel discuss and normalize current stress responses; should be completed immediately after a disaster/trauma (Mitchell & Everly, 1997).

Depression: a sad, empty, or irritable mood, accompanied by physical and cognitive changes that affect one's capacity to function (American Psychological Association, 2013).

Emergency Management Personnel: first responders, first receivers, and those involved in disaster management – either paid or volunteer.

Exit Interview: a meeting between leadership and emergency management personnel at the end of an assignment to discuss lessons learned, with the goal of continuous improvement.

Post-Deployment Survey: a mailed or online survey distributed at the end of an assignment that gathers information on lessons learned, with the goal of continuous improvement; an alternate method of obtaining feedback when an exit interview is not feasible.

Post-traumatic Stress Disorder: significant distress (often with anxiety, flashbacks, and nightmares) that develops after experiencing or witnessing extreme trauma (American Psychological Association, 2018).

Psychosocial Need: something that is required or desired for one's emotional wellness and/or relational wellness.

Psychosocial Strategy: a support or resource used with the aim to enhance one's emotional wellness or relational wellness, which in turn enhances psychosocial resilience.

Resiliency Toolkit: a plan of how psychosocial needs will be attended to before, during, and after a disaster; can be written for an individual, team/workplace, or community with self-care, worker care, and community care components, respectively.

Rest/Information/Transition Services (RITS): after the first shift, where 10 minutes is spent reminding the team about stress management techniques and informally assessing the need for debriefing and referrals, and 20 minutes for rest and food.

Self-Care: strategies used to attend to one's own psychosocial needs.

Walk-and-Talk: peer-based, one-on-one defusing, that occurs shortly after a disaster.

Worker Care: strategies used to attend to team members' psychosocial needs.

COMMUNITY CARE

Community: a group of people who have a shared location and culture, and often shared values and interests (Thomas, Phillips, Lovekamp, & Fothergill, 2013).

Community Care: strategies used to attend to community members' psychosocial needs.

Post-Traumatic Growth: positive changes that occur after adversity, such as a greater appreciation for life and strengthened relationships (Tedeschi & Calhoun, 1995).


Psychological First Aid: strategies to address immediate stress reactions and psychosocial needs following a disaster (Canadian Red Cross, 2018).


VULNERABLE POPULATIONS


Functional Needs Framework: a plan of how practical needs of vulnerable populations will be attended to before, during, and after a disaster.

Vulnerable Populations: individuals or groups who are at an increased risk of being unable to anticipate, cope with, and recover from a disaster, as a result of personal limitations or societal barriers.

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