

Just in Time Training

Prepared by the

North Carolina Disaster Behavioral Health Committee

(NCDBHC)



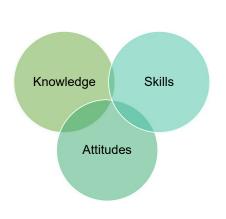




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Presenters and Discussants

Christina Bauman, M.Ed. Allan Chrisman, M.D. Therese Garrett, M.D. Andy Short, Ph.D. Erica H. Wise, Ph.D.



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Why this program?

Just in Time Training:

Designed to prepare mental health professionals to work effectively in disaster shelters and other disaster operations.

Intended outcomes for participants:

- 1.Learn to effectively coordinate with emergency response efforts.
- 2.Provide high quality behavioral health services to the public during times of high stress.
- 3.Manage the complexities of serving as a mental health professional in a disaster.

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Just In Time Training for Mental Health Professionals	
I. OVERVIEW OF DISASTER OPERATIONS Andy Short II. DISASTER BEHAVIORAL HEALTH BASICS Allan Chrisman	
III. DISASTER BEHAVIORAL HEALTH INTERVENTIONS Therese Garrett IV. PANEL DISCUSSION	
Erica Wise JUST IN TIME TRAINING NCDBHC 2023	5

Types of Disasters		
Natural	Human-Caused	
Hurricane	Mass Shooting	
Tornado	Terrorism	
Flood	Pandemic	
Wildfire	Transportation Accident	
Drought	Chemical/Biological	
Earthquake	Nuclear Event	
Volcano	War/Armed Conflict	
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Disaster Operations (Examples)

- Respite/Evacuation Shelter
- Family Assistance Center
- Community Food Distribution
- Reunification Center
- Staff Shelter

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Principles that Apply in Shelters

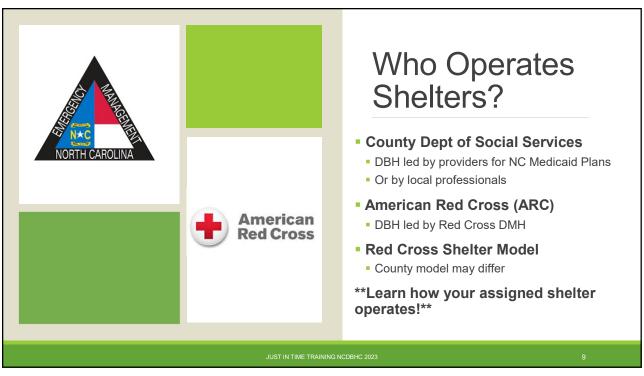
- ✓Safe, comforting refuge
- ✓A place to regroup/recover
- ✓ Recovery services
- ✓ Non-residents come for food, supplies, information
- ✓All people are welcome
- ✓ Accommodations for access & functional needs





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Key Shelter Staff

- Shelter Manager
- Mental Health
- Residential staff
- Health Services
- Other

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Structure and Function in a Shelter *Some functions/services may not be present in any given shelter

Sleeping/Living	Dining	DBH/Health Services
Cots Possessions Toilets/Showers	Meals Snacks	Health Behavioral Health FAST (on call) Spiritual Support*
Reception/	Recreation*/	Other Services*
Lobby	Outdoors	Other dervices

Entering a Disaster Operation



- Only go to a shelter when you have been formally deployed
- Early on, connect with:
 - Shelter Manager
 - DBH Lead and workers
 - Disaster Health Services
 - Residential staff
- Determine where to meet with clients
- Engage with shelter residents

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Key Concepts of Disaster Behavioral Health

- No one who sees a disaster is untouched
- Stress, trauma and grief:

 Normal reactions to abnormal situations
- Most people function adequately during and after a disaster
- Many emotional reactions stem from problems of daily living

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Common Reactions to Disaster

Dimension	Examples
Physical	Insomnia
Behavioral	Angry Outbursts
Cognitive	Disorientation
Emotional	Sad, Irritable
Spiritual	Loss of Faith



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Reactions Vary by Type of the Disaster

- Warning Period
 - Sudden (Shooting) vs Anticipated (Hurricane)
- Impact Period:
 - Shorter (Tornado) vs Extended (Covid-19)
- •Caused by:
 - Human (Arson) vs. Natural Disaster (Hurricane)





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Risk Factors for Clients

- Experience of disaster (e.g., threat to life)
- Relational losses (e.g., loved ones)
- Physical or economic losses and transitions
- Disruption of daily lifestyle



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Resilience Factors for Clients

- Capacity to make realistic plans and carry them out.
- Positive view of self & confidence in one's abilities.
- Communication skills & problemsolving.
- Ability to manage strong emotions and impulses.

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Disaster Behavioral Health Services

Disaster Behavioral Health is...

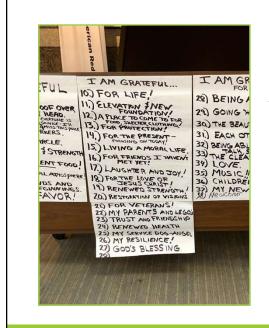
- For all survivors and disaster workers
- Free
- Accessible
- Culturally competent



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Basic Principles for Intervention

- Expect return to normal functioning
- Assume survivors are competent
- Collaborative relationship with clients
- Engage survivor strengths
- Hope is essential to resilience

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Who Benefits from DBH?

- Disaster Survivors
 - Mobilize survivor resilience
- Disaster Responders
 - Disaster response is stressful
 - Positive relationships set tone
- Mental Health Workers (yourself)
 - Self-care is essential

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Effective Interventions

Psychological First Aid

- National Center for PTSD
- National Child Traumatic Stress Network
- Use of Evidence-Informed Interventions

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Core Actions of PFA (1-4) Psychological First Aid (PFA) Manual Contact and Engagement Safety and Comfort Stabilization Information Gathering

Core Actions of PFA (5-8)



- 5 Practical Assistance
- 6 Connection with Social Supports
- 7 Information on Coping
- 8 Linkage with Collaborative Services

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Question for the Panel



•What is one thing you wish you had known before your first deployment that you would like to share with a colleague who is preparing to provide mental health services in a disaster?



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Presenters and Discussants

(All are members of the NC Disaster Behavioral Committee.)

Christina Bauman, M.Ed.
Disaster Integration Coordinator
Division of Mental Health, Developmental
Disabilities, and Substance Use Services (NCDHHS)

Allan K. Chrisman, M.D.*
Associate Professor Psychiatry-Emeritus
Department of Psychiatry & Behavioral Sciences
Duke University School of Medicine
Co-Chair, NC Psychiatric Assoc. Disaster Cmte.

Therese Garrett, M.D.*
Behavioral Health Medical Director
WellCare
President-Elect, NC Psychiatric Assoc. (2023-24)

* American Red Cross, Disaster Mental Health

Andrew Short, Ph.D.*
Chair, NC Disaster Behavioral Health Committee
Clinical Associate Professor, Retired
Dept. of Psychiatry, UNC Chapel Hill

Erica H. Wise, Ph.D.* Clinical Professor Emerita Dept. of Psychology & Neuroscience UNC Chapel Hill

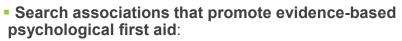
With appreciation for her expertise and technical assistance on this project:

Ms. Karen Gray Director of Membership and Continuing Education North Carolina Psychological Association (NCPA)

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- Resources and links available on the website with the link to this training
- Search using key terms:
 - NC psychology disaster resources



- National Child Traumatic Stress Network
- National Center for Post Traumatic Stress Disorder



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