

**THE ELEMENTS OF
DISASTER PSYCHOLOGY**

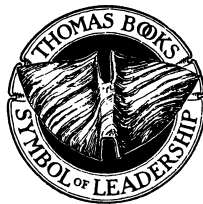
THE ELEMENTS OF DISASTER PSYCHOLOGY

Managing Psychosocial Trauma

An Integrated Approach to Force Protection and Acute Care

By

JAMES L. GREENSTONE, Ed.D., J.D., DABECI



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This book is dedicated to those who put their boots on the ground when their intervention is desperately needed and requested. They go into harm's way to provide for the psychological well-being of those who cannot provide for themselves.

This book is written in a straightforward, no nonsense, user-friendly, field guide format. It is designed for the types of crisis interveners who will use it. It is also written with the hope that such disasters into which they must go will be few and far between.

And finally, this work is dedicated to Doctor Sharon Cohen Leviton. She is a skilled intervener from whom I have learned much about this discipline.

Also, to Doctor Edward Stephen Rosenbluh, my life-long mentor in Crisis Intervention.

George Santayana in 1905, "Progress, far from consisting in change, depends on retentiveness. . . . Those who cannot remember the past are condemned to fulfill it."

FOREWORD

It was with significant insight, that Doctor Greenstone has chosen the title, *The Elements of Disaster Psychology*. He has succeeded in constructing a unique text that will help restore health to those whose lives have been impacted by disasters. To the reader, he has succeeded in providing these elements.

Elements! They are the fundamental building blocks of all things. Water or H₂O is the result of a proper combination of elements without which life could not be sustained on our planet. Critical physiological elements are vital to maintaining physical health. Imbalance or deficiency of such elements leads to disease or injury susceptibility. Identifying the essential elements for psychological health and repair is equally important. The area of disaster psychology has been awaiting a concise printing of such “elements” relevant to managing psychological trauma from disasters. Doctor Greenstone has delivered.

This is not just a text. It is a tool! A tool is a purposely designed, useful instrument. Such is a valid description of *The Elements of Disaster Psychology*. Not to be left on the shelf, this text is to be carried with those providers rendering psychological assistance to people who have sustained the impact of a disaster.

Called to deliver such psychological assistance, figuratively, the reader is to “bring,” recalling the principles learned in this book to the care delivery site, as well as quite literally, to bring the text as a self-contained guide for just-in-time review at the care delivery site during a disaster response as well.

Readers who are familiar with the many publications of Doctor Greenstone, know that he has a unique style. It is a style that fosters learning and delivers application to likely-to-be encountered clinical scenarios. Why is he able to effectively write in such a manner? It is because he has done and continues to do that about what he writes.

Through his dedicated and lengthy career, he has applied, modified and where appropriate even rejected the theories that abound, demonstrating through clinical encounters what works and has useable value to the readers.

Doctor Greenstone writes in a most meaningful way. His writing concisely penetrates the reader's previous assumptions. He challenges the reader to replace these assumptions with bite-sized bullets of knowledge. Through his years of validated field experience he then takes these bullet points of knowledge and assimilates them into ready-to-use tools and skills. Armed with scientific clinical knowledge and field-proven skill applications, the reader's confidence is strengthened. The reader is now encouraged to engage.

Engagement in the context of a disaster is the willingness to show up and to perform your duties when the need is present. Jim has succeeded in constructing these elements in a manner that will encourage clinical providers who read this text to have a stronger desire to perform their duties willfully as they will be better prepared for the likely encounters.

Go ahead! Get started! And when you are finished reading, put this text in your response grip for ready access to these essential elements of disaster psychology.

RAYMOND E. SWIENTON, MD, FACEP

Doctor Swienton is one of the founders and editors of the American Medical Association (AMA) National Disaster Life Support (NDLS) programs. He is an editor of the popular textbook entitled *Medical Response to Terrorism: Preparedness and Clinical Practice*. He is an Associate Professor of Emergency Medicine and serves as the Co-Director of the Section of Emergency Medical Services (EMS), Homeland Security and Disaster Medicine at the University of Texas Southwestern Medical Center at Dallas.

PREFACE

It is not possible to write a book that covers adequately all areas of disaster work. This author decided to limit the scope of this work to two important areas. These include the immediate psychological care of those affected by the disaster, and the less well-considered area of force protection. Force protection focuses on the psychological preparation and care for disaster responders so that they will improve their job in assisting others. It may even appear that what is good for the victims is also appropriate care and preparation for the responders. This author subscribes to this philosophy. The format is direct and unadorned, and will be thoroughly explained later. As the book was being designed and written, additional areas of concern were added that address special issues expressed by both first and second responders. It seemed important to add as much of the real world as possible and to short-cut the theory surrounding this type of response. Other publications and trainings have and will cover this effectively. A substantial bibliography and suggested reading are also provided herein to help in this particular quest either pre or post-incident. The point of this approach is to help you accomplish what you have signed on to do and to do it in the most expeditious and effective manner possible. My long-time colleague and mentor Doctor Edward S. Rosenbluh once said that, "In order to be helpful, we must be effective." This book is dedicated to that premise. What is here will help you to be effective when handling the psychosocial problems of victims and of responders as they present. In addition, it may help prevent crises from occurring in the first place. Responders must learn how to take care of themselves first if they are to be truly effective responding to the needs of others.

The elements are the basics of any discipline. Knowledge of them is critical to achieving success. *The Elements of Disaster Psychology: Man-*

aging Psychosocial Trauma focuses on those basics that are needed by crisis and disaster responders in the field. This book is an integrated approach to force protection and acute care. The presentation is ordered in such a way as to provide quick and easy access to the information needed from the initial deployment, to the final debriefing. Tables of contents were developed that respond to specific needs. The main table of contents is prescriptive in nature so that it can be used as a self-contained guide to disaster response. Other tables help guide users to specific types of crises or to procedures and techniques. These tables guide the user to the chapters of the book that are related. These chapters contain more useful checklists and procedural notes that are related to the crisis management process. The entire work is designed to be user-friendly and to provide those in the field with what they need when they need it. This is done without the theory that often accompanies. Those who want theoretical depth are guided to other sources that can provide such information. This is an uncomplicated book that reflects what is known in this field, and then funnels it to the intervener.

Although there are few extensive works in the field of disaster response, *The Elements of Disaster Psychology* can serve as a companion text in the field, or stand by itself in the disaster intervener's gear bag. It is what is needed to get the job done, and nothing more. The lists, procedures, suggestions, and guidelines are field-tested and directly related to field situations. Because no two situations are the same, allowance is made for such differences and additional suggestions are offered for making the necessary adjustments.

Disaster Psychology and Crisis Management have been reduced to their basic elements so that they can be applied as broadly as possible, and are presented in a format that is useful both for the experienced professional and for the novice. I know of no other text that approaches the subject so directly. Much time has been spent eliminating confusion about procedures and about how to deal with crises. This book reinforces the theoretical framework that postulates Crisis Intervention as a viable discipline in its own right. In fact, a scientific study by the New York Academy of Medicine in 2005 demonstrated the efficacy of this discipline. New Yorkers who received emergency crisis intervention in the workplace following the World Trade Center disaster suffered from fewer mental health problems for up to two years after the disaster occurred. This work was published in the *International*

Journal of Emergency Mental Health and was conducted by Richard Adams, Ph.D., and Charles Figley, Ph.D.

Because this is a practical guide, most theory has been purposely omitted. It is suggested that *The Elements of Disaster Psychology: Managing Psychosocial Trauma* be used as a supplement in related emergency management, crisis intervention and disaster psychology classes. This work is also appropriate for first and second responder training, and for Medical Reserve Corps, both uniformed and nonuniformed. The experienced disaster intervener can use this book independently in the field, in training and in the office.

This book is designed to aid in practical, day-to-day, on-the-scene disaster response and crisis intervention by all interveners. In addition to listing the areas covered in the chapters, the table of contents is a *step-by-step* guide to the intervention and disaster response process. It should be used by disaster responders to guide an intervention in an orderly fashion. For the experienced responder, the table of contents is a helpful reminder of the steps to be taken during any disaster situation. Novices may need to read the entire book carefully before they can use the table of contents effectively. They should understand that the full value of this book depends on their gaining theoretical depth and practical training. Intervenors can also look up material according to the activity they want to perform or by the responder's role (e.g., First Responder, Secondary Responder, Medical Reserve Corps member, etc.). These listings are located at the back of this book for added convenience when under field conditions.

Because this is an elements book, please remember as you peruse it that:

1. It is not intended to cover everything for every situation.
2. This work is intended to get you started regardless of where you begin.
3. This is not a finished work. Much more could be added and as we learn more, some could possibly be eliminated or changed. Perhaps some of you reading this book of elements will add to it and eventually finish it. Perhaps there will come a time when such work is no longer necessary.
4. For the most part, theory and research have not been included. The bibliography is intended to guide you in this direction should you so desire.

5. This is intended as a user-friendly guidebook for those directly involved in the field as well as for the novice.

J.L.G.

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Doctor Sharon C. Leviton who is always there for me and for the discipline with her knowledge and skills in disaster crisis management. I thank her for her expert contributions to this book.

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Doctor Ray Swienton, M.D., for preparing the Foreword to this work and for his encouragement. Doctor Swienton is one of the founders and editors of the *American Medical Association (AMA) National Disaster Life Support (NDLS)* programs. He is an editor of the popular textbook entitled *Medical Response to Terrorism: Preparedness and Clinical Practice*. He is an Associate Professor of Emergency Medicine and

serves as the Co-Director of the Section of Emergency Medical Services (EMS), Homeland Security and Disaster Medicine at the *University of Texas Southwestern Medical Center at Dallas*.

Detective Jeffery Dunn for his input, friendship and encouragement.

The Texas State Guard Medical Brigade (MRC) and Commanding General, BG Marshall H. Scantlin for providing the structure in which to learn.

Doctor Edward S. Rosenbluh, Crisis Intervention pioneer and teacher. The real deal. My colleague and mentor in this field for over forty years.

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“Marines Call It That 2,000-Yard Stare.” Painting by Tom Lea. Courtesy of the U. S. Army Art Collection, U. S. Army Center of Military History.

Chapter 1

UNDERSTAND THE GENERAL PRINCIPLES OF PREPARING TO RESPOND: THE PSYCHOSOCIAL ASPECTS OF DISASTERS AND DISASTER INTERVENTION

Crisis intervention during man-made or natural disasters is similar to such intervention done in other venues. It differs in that whatever intervention is done, must be done for more victims over a longer period of time than, and with the overlay of other problems and concerns for both the victims and for the interveners. Whereas an intervention into the life of a suicidal victim on any given day may have an end point for the intervener, disaster interventions may need to move from one person to the next over extended periods of time with or without relief. The intervention techniques may be the same in both the short-term and longer-term need for assistance. The differences may be measured in the resilience and stamina of the intervener as well as the specific training to be able to respond in these situations. Not everyone can, or should be expected to, do this type of work. However, if you are involved, these are some of the issues about which you should be aware, and some of the important steps to take:

1. Prepare, prepare, prepare.
2. Obtain the specific types of training that will allow you to function in your respective area.
3. Expect to be part of a team.
4. Be a part of a team.
5. Know your chain of command.
6. Understand the Incident Command System and how to access

- it.
7. Understand and develop triage skills.
 8. Know the meaning of triage under disaster conditions and that it may be different than nondisaster conditions.
 9. Know physical first aid as well as emotional first aid.
 10. If you are not called to intervene, don't show up unannounced.
 11. Work in teams of at least two interveners.
 12. Practice, practice, practice.
 13. Maintain your certifications as required.
 14. Prepare by learning about the effects of disaster on those experiencing it.
 15. Expect disasters to be unpleasant.
 16. Train as though your life and the lives of others depended on it. Someday, it will.
 17. Remember that there is really no panacea for stress reactions in times of disaster or terror events.
 18. Recognize the interplay between distress responses, behavioral changes and psychiatric stress during a disaster or terror event.
 19. Recognize that risk factors will increase psychological problems based on degree of exposure, the level of exhaustion, physical harm that has occurred and the presence of a preexisting mental disorder.
 20. The scene of a disaster may present as an awful, scary, and terrifying place to all including crisis interveners. Prepare for this. Most of us do not operate in such circumstances on a daily basis. Exercises can go only so far. Be ready for that which you really do not expect or that in which you do not want to be.
 21. Understand what Weapons of Mass Destruction are.
 22. Know that CBRNE stands for Chemical release, Biological release, Radiological event, Nuclear detonation, and Explosive devices or incidents. You will hear these terms.
 23. The greatest challenges for a civilian caught in a catastrophic situation are often
 - a. No personal protection equipment.
 - b. Fear and anxiety.
 - c. Cultural issues that may hinder aid. Eg. Taking off one's clothing to be decontaminated.
 - d. Keeping families together. Don't forget this.
 24. Risk perception may be affected by:

- a. The fact that the threat may be invisible.
 - b. The fact that the threat may be odorless.
 - c. The exposure and uncertainties. Long-term effects. Cancer?
 - d. Multiple unexplained symptoms. Level of exposure. No exposure? Headaches, nausea and fatigue are examples.
 - e. Unfamiliarity with disaster situations which depart greatly from nondisaster scenarios.
 - f. Grotesqueness.
 - g. Moral outrage.
- 25. Mass panic is unusual. Historically, it is not a common reaction to disaster.
 - 26. Panic may be the result of a serious perceived threat combined with limited or no avenues of escape for the victims.
 - 27. Perceived threats do not have to be real to affect the victim. Reality is always in the eye of the beholder. If the victim or sufferer thinks that it is real, it is real to that person. Never try to talk someone out of their perceptions. It cannot be done and it demonstrates your lack of understanding.
 - 28. Become familiar with the National Incident Management System. Knowledge will assist you in understanding the responses made to disasters at various levels.
 - 29. Remember, and never forget when involved in disaster response.
 - a. Eat when you can.
 - b. Sleep when you can.
 - c. Go to the bathroom when you can. Now, go back and read this again. You will be glad you did.
 - 30. Refer to Table 1.1. *Matrix of Suggested Disaster Crisis Responder Activities at all Levels of Responder Involvement*. Columns should be read down rather than across for ease of understanding.