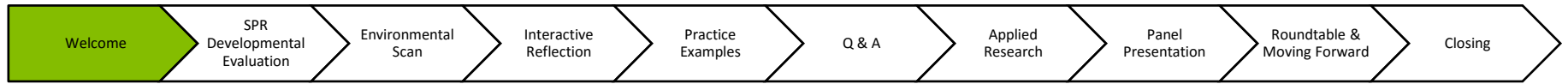




Disaster-related Psychosocial Support in Alberta

June 23, 2016 | 9:00 AM - 3:00 PM

**Matrix Hotel | 10640 100 Ave NW
Edmonton**

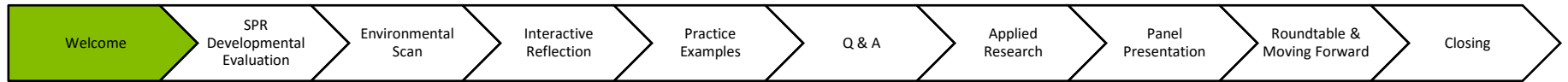


Welcome!

Traditional Territories Acknowledgement

The Alberta Centre for Child, Family and Community Research offices are located on the traditional territory of Blackfoot Confederacy, Tsuu T'ina, Stoney, Cree, Assiniboine, Saulteaux, and Chipewya peoples.

We respect the Treaties that were made, we acknowledge the harms and mistakes of the past and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration



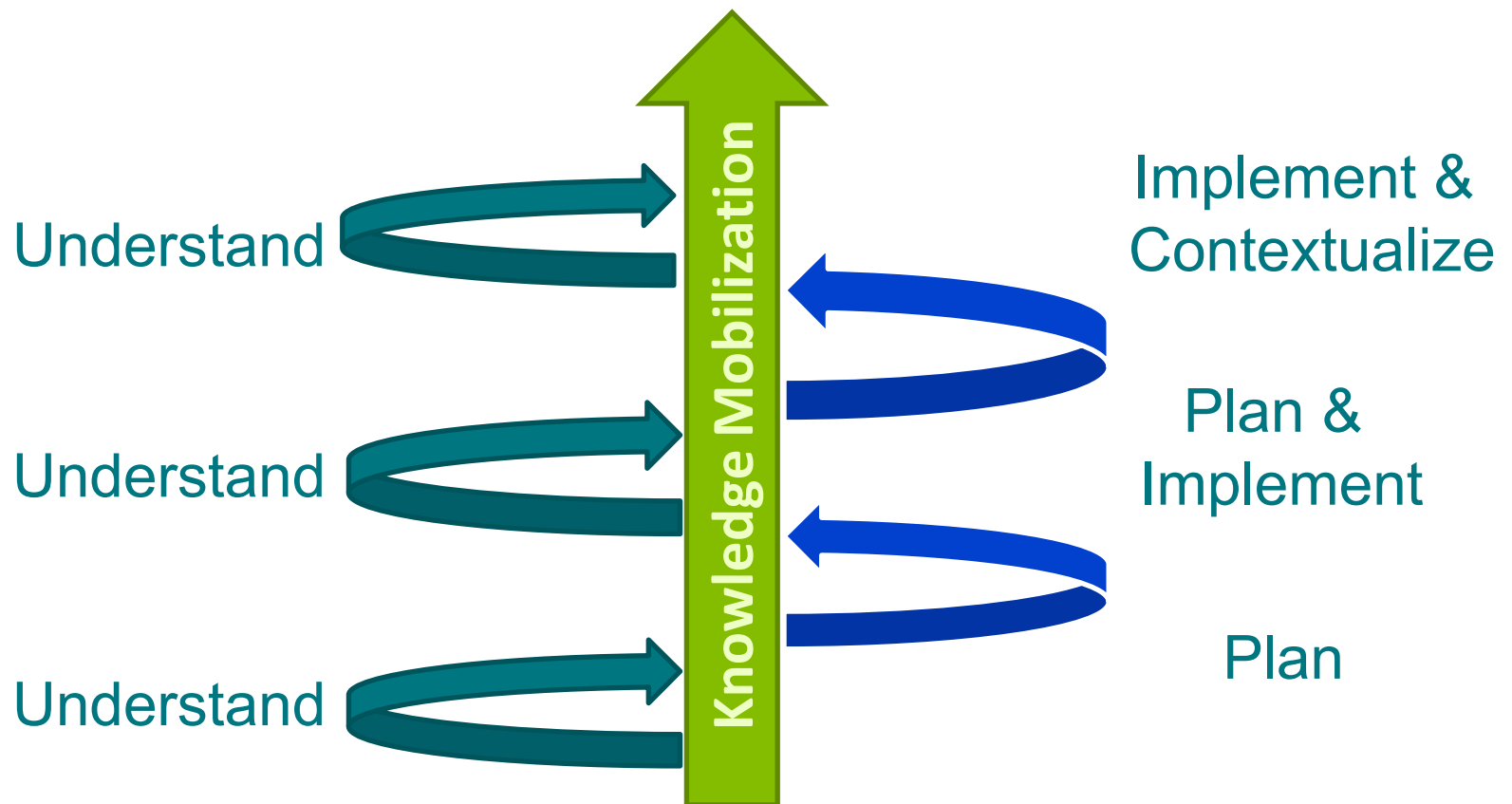
Introductions

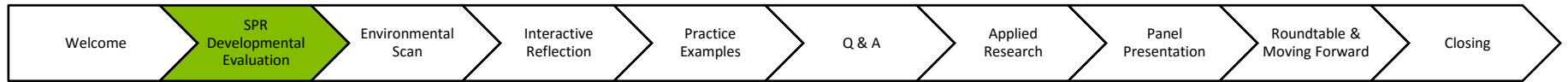


Agenda

9:00 – 9:10 AM	Welcome and Opening Remarks
9:10 – 9:25 AM	Introductions
9:25 – 9:35 AM	An Overview: Skills for Psychological Recovery – Developmental Evaluation
9:35 – 9:55 AM	Disaster-related Psychosocial Supports and Disaster Mental Health – Results from Environment Scan
9:55 – 10:10 AM	Interactive Reflection – Applying the Environmental Scan Findings to Alberta’s Experience
10:10 – 10:25 AM	Break
10:25 – 11:15 AM	Practice Examples of Psychosocial Responses in Disaster
11:15 – 11:30 AM	Q & A
11:30 AM – 11:45 AM	Applied Research Example
11:45 AM – 12:30 PM	Lunch
12:30 – 1:30 PM	Panel Presentation Lessons Learned to Support Effective Implementation
1:30 – 1:45 PM	Break
1:45 – 2:45 PM	Roundtable Moving Forward
2:45 – 3:00 PM	Closing and Thank You

An Overview: Skills for Psychological Recovery – Developmental Evaluation





An Overview: Skills for Psychological Recovery – Developmental Evaluation



Disaster-Related Psychosocial Support: Findings from a Literature Review and Environmental Scan

Presented by:
Kathy GermAnn, PhD

Roundtable: Disaster-Related Psychosocial Support in Alberta

*June 23, 2016
Edmonton, Alberta*

Developmental Evaluation of Skills for Psychological Recovery (SPR)



Literature Review & Environmental Scan:

- 3944 academic publications
- 119 articles reviewed
- 35 DR-PSS related frameworks and models in the gray literature
- 11 interviews with 15 key informants from US, Australia, Canada

What is known about the effectiveness of SPR from research & practice?

What is known about the “big picture” of disaster-related psychosocial support within which SPR fits?

Wide range of models:

- Comprehensive international models, national and state level frameworks and models, and specific kinds of interventions such as PFA and SPR– some focused on DRPSS for individuals and some with a broader focus.
- Some focused on prevention and preparedness; most focused on disaster response; a few focused on short- and longer term recovery

Three Major Observations:

- Common set of principles for DRPSS
- Two distinct yet complementary paradigms
- Different foci of interventions:
 - Individual-focused approaches
 - Community-focused approaches
 - Population- and setting-focused interventions

Superordinate principle: Psychosocial wellbeing & supports must be integrated into the overall disaster effort

“How” Principles

- *Protect human rights & equity*
- *Do no harm*
- *Communicate/provide timely info*
- *Person & community centred*
- *Build on strengths & capacities*
- *Maximize participation & empowerment*
- *facilitate conditions for community mobilization, ownership & control*
- *Ensure comprehensive & coordinated supports*
- *Train and support staff/volunteers*
- *Strive to learn and improve*

“What” Principles

Promote:

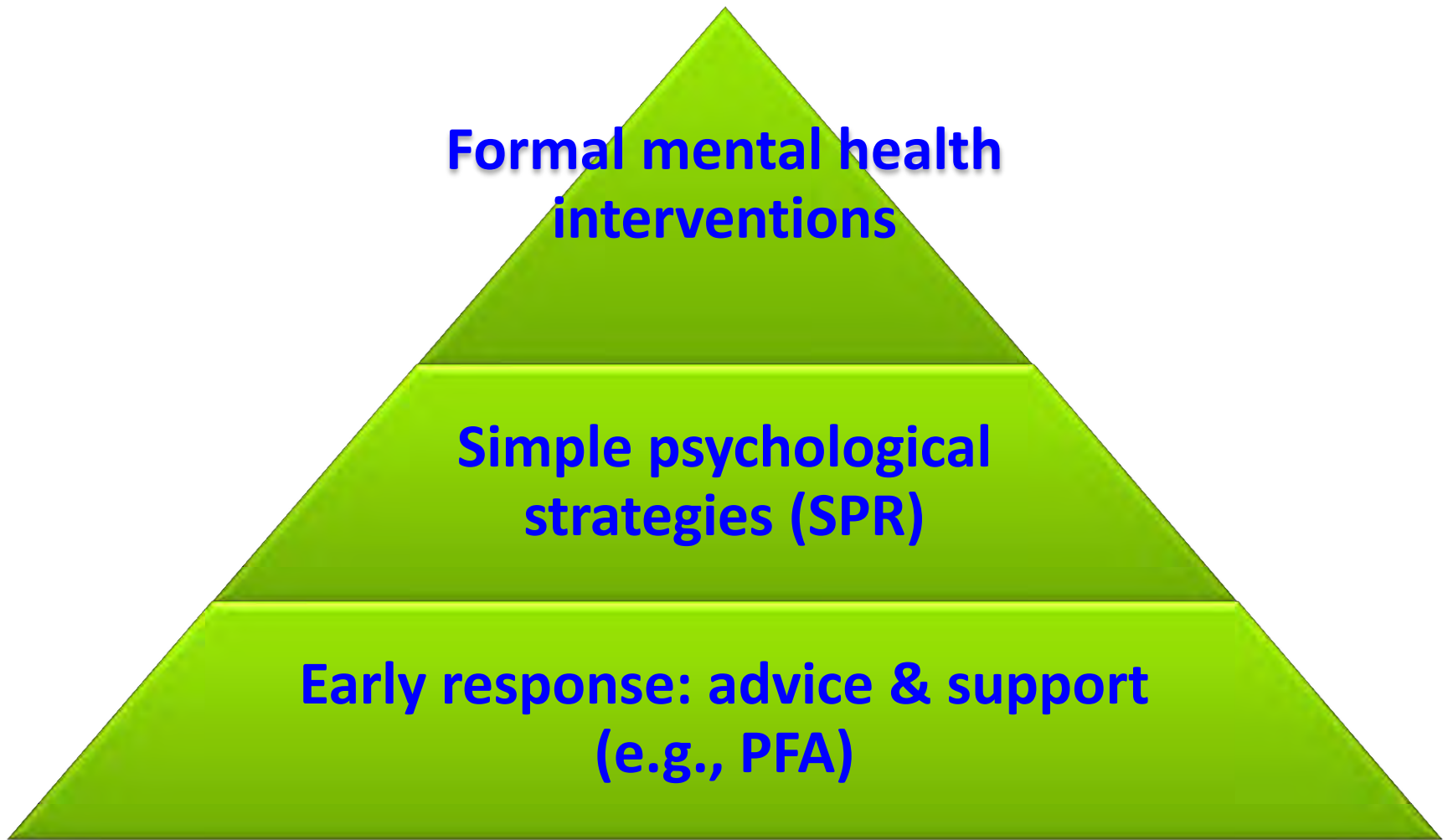
- *Sense of safety*
- *Calming*
- *Sense of self- and collective efficacy*
- *Connectedness*
- *Hope*

- *Grieve & mourn*
- *Re-establish connections with cultural practices*
- *Re-establish a sense of place*

Two Complementary Paradigms

Disaster Mental Health	Psychosocial Capacity Building & Resilience
Promote PS wellbeing via prevention, diagnosis & treatment of pathology	Promote PS wellbeing via fostering engagement, empowerment, building on strengths and building adaptive capacity
Biomedical, behavioural view of health	Broader, positive view of health and its determinants
Individual-focused (primarily)	Collective-focused (primarily)
<p>Focus on adverse effects of disaster on individuals and need for crisis intervention</p> <ul style="list-style-type: none"> • PFA, CBT • More prescriptive in nature 	<ul style="list-style-type: none"> • Strengthening and reconstructing collective life, capacity and resilience • Participatory processes for self-empowerment of local people • More organic in nature
Trained professionals	Multi-sectoral; multi-pronged approaches Ideally driven by community with support from trained professionals as needed; draws on local people & resources

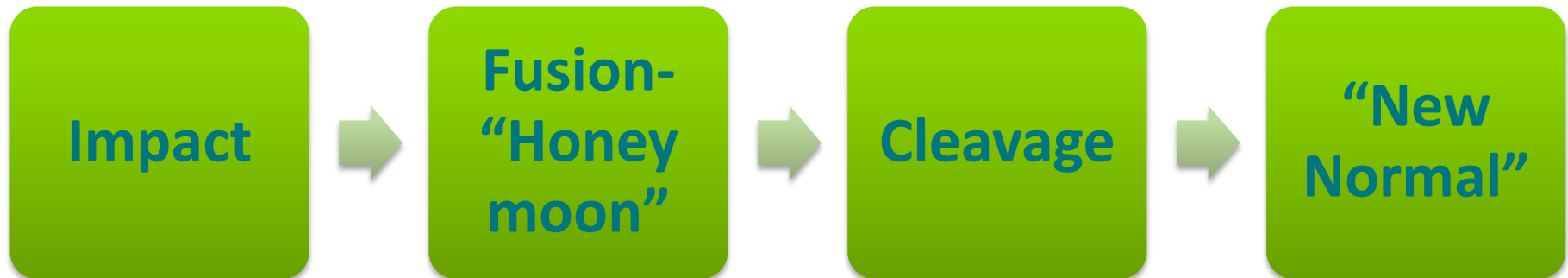
Individual-focused approaches



*Australian Psychological Society
Stepped Care Model of Psychosocial Support*

Community-focused approaches

Collective trauma: “A blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community.” (Saul, 2014, pg. 1)



Source: Adapted from Gordon (2009; 2004a; 2004b)

Building Psychosocial Capacity (Community-Focused)

KEY: *How things are done matters*

Some key processes of psychosocial capacity building

- Collaborative assessment and planning
- Community organizing and mobilizing
- Economic recovery and psychosocial healing
- Social network restoration
- Teaching and psychosocial education
- Consultation and supervision
- Exit planning

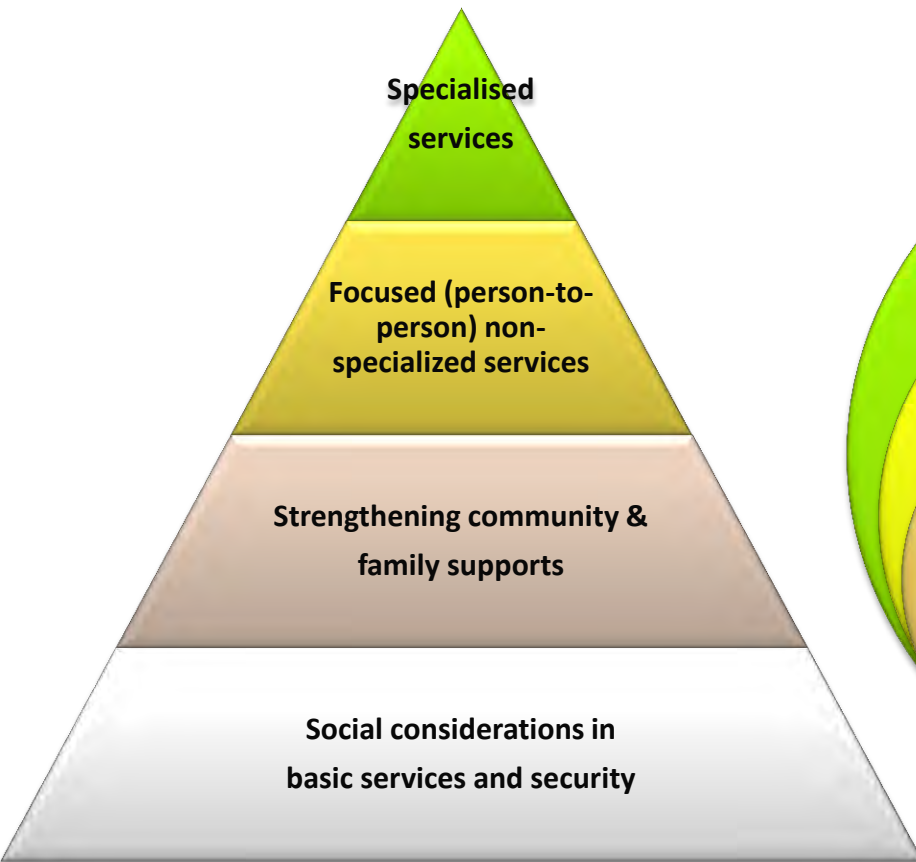
Source: Miller, 2012

Community Resilience



A simplified model of community resilience

Comprehensive Frameworks

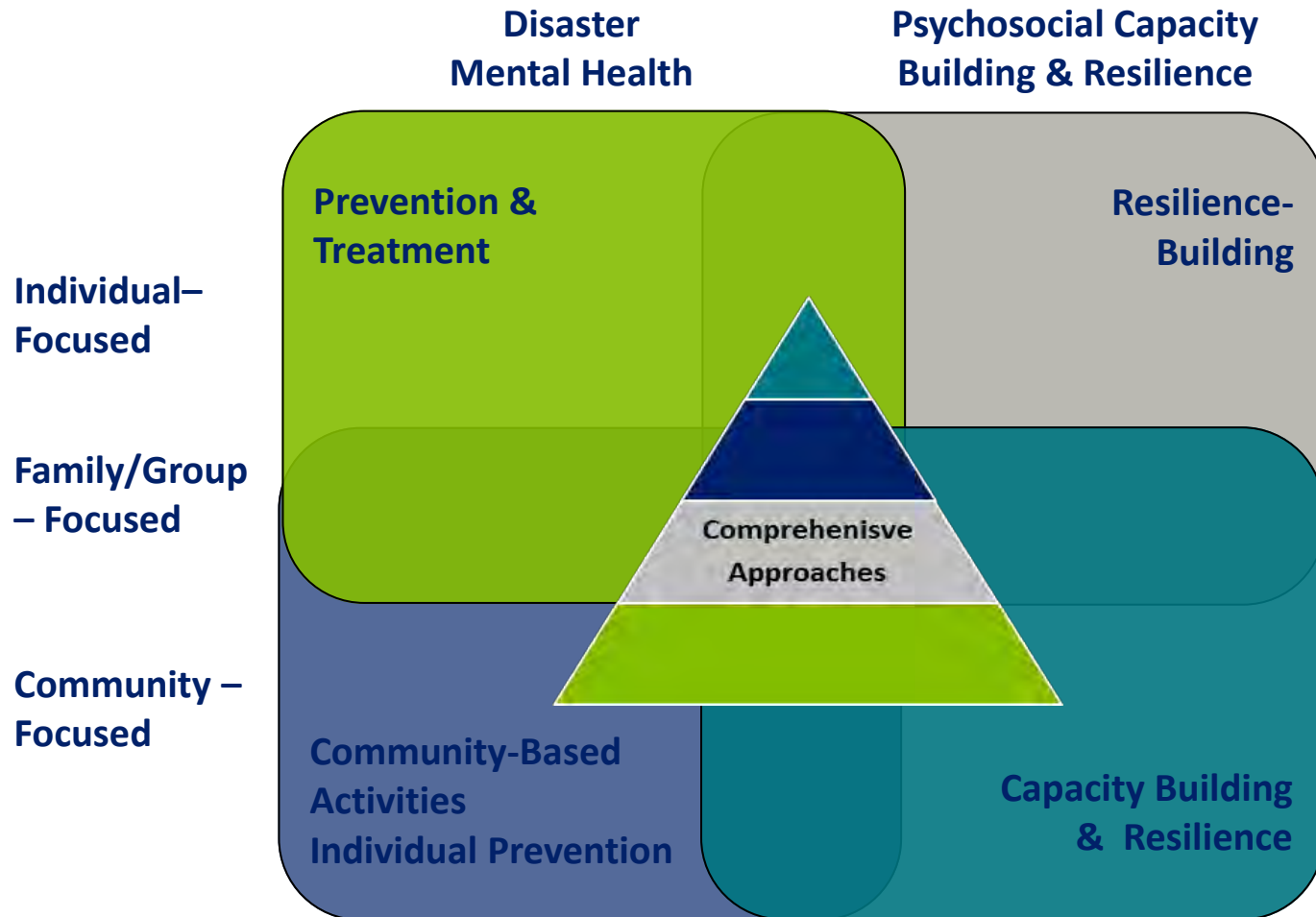


IASC Intervention Pyramid
(IASC, 2010)



NATO Strategic Stepped Model of Care (NATO, 2008)

The “Big Picture”: A Typology of Models and Frameworks for Disaster–Related Psychosocial Support



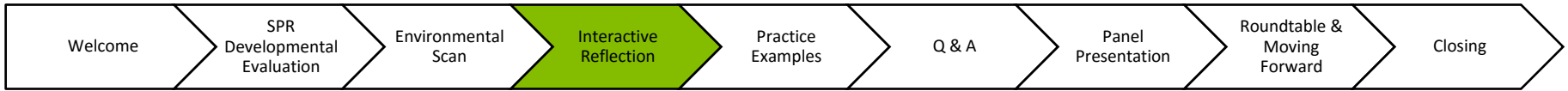
A comprehensive approach to disaster-related psychosocial support



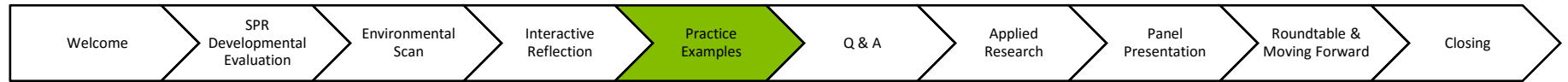
- Integrated into the overall disaster effort
- From planning through to long-term recovery and development
- Multi-sectoral and multi-disciplinary
- Coordination across sectors
- Individual- and community-focused
- Disaster Mental Health and Psychosocial Capacity Building and Resilience
- Multiple, stepped levels of support
- Ongoing learning, evaluation & adaptation

References

- Gordon, R. 2009. Community impact of disaster and community recovery. Australian Psychological Society, Online. Retrieved from: https://www.psychology.org.au/inpsych/community_impact/
- Gordon, R. 2004(a). Community process and the recovery environment following emergency. *Environmental Health*, 4(1), 9-24.
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- Hobfoll, S., et al. 2007. Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-313.
- Inter-Agency Standing Committee (IASC). 2007. *IASC guidelines on mental health and psychosocial support in emergency settings*. Author: Geneva. Retrieved from: http://whqlibdoc.who.int/iasc/2007/9781424334445_eng.pdf?ua=1
- Miller, J. 2016. Psychosocial capacity building in response to disasters: A culturally informed approach. Presentation at the *Disaster Psychosocial Conference*, March 23, 2016. Vancouver, B.C.
- Miller, J. 2012. *Psychosocial capacity building in response to disasters*. New York: Columbia University Press.
- Saul, J. 2014. *Collective trauma, collective health. Promoting community resilience in the aftermath of disaster*. New York: Routledge.
- The Sphere Project. 2011. *Humanitarian Charter and minimum standards in humanitarian response*. Author. Retrieved from: <http://www.sphereproject.org/handbook/>



Interactive Reflection – Applying the EScan Findings to Alberta’s Experience



Practice Examples of Psychosocial Responses in Disaster

Improving the Delivery of Community Mental Health Services in the Recovery Phase

Douglas W. Walker, PhD

Chief Programs Director

Mercy Family Center

New Orleans





Photo
courtesy
Wikipedia

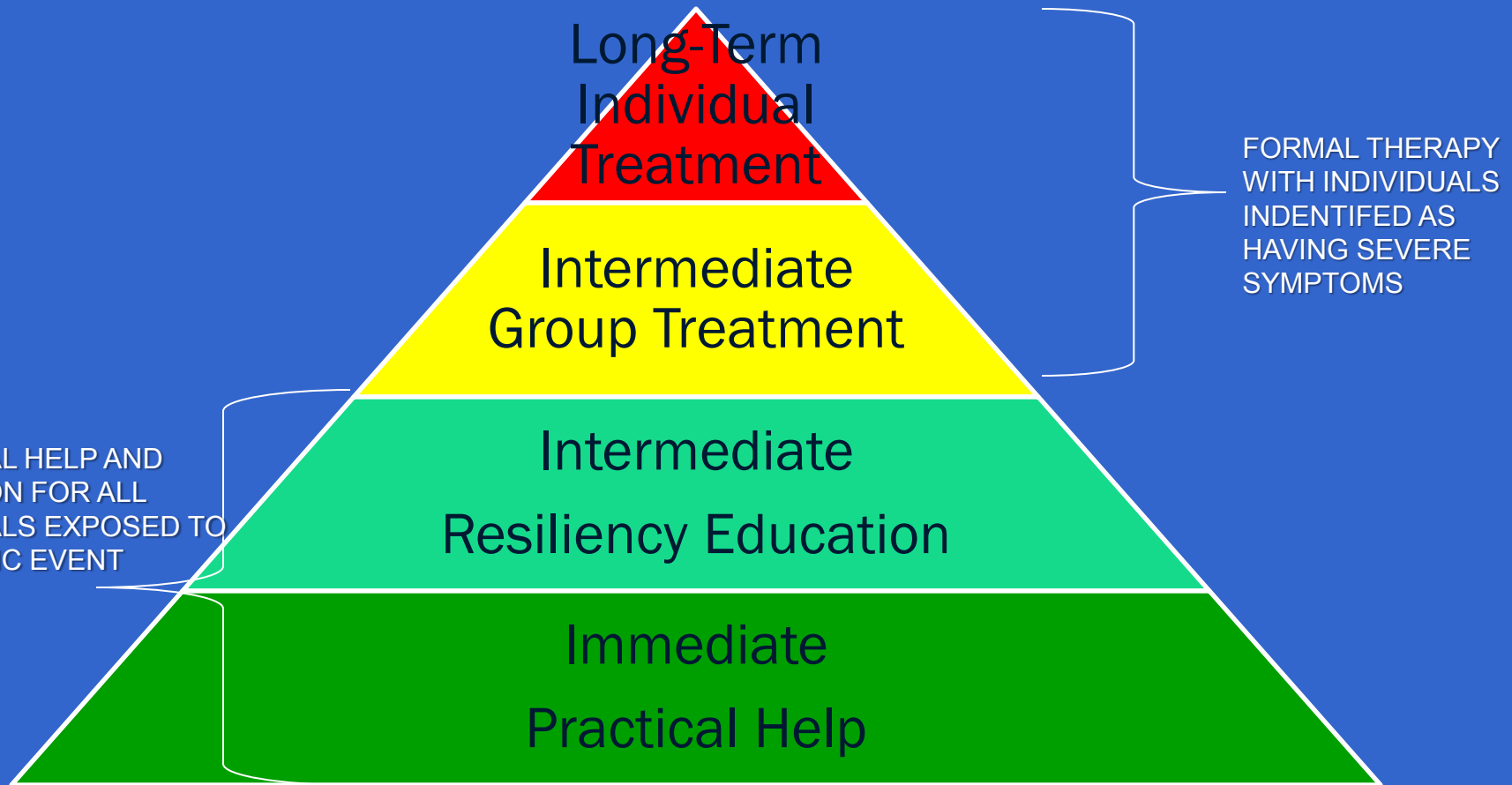


Photo
courtesy
personal
collection

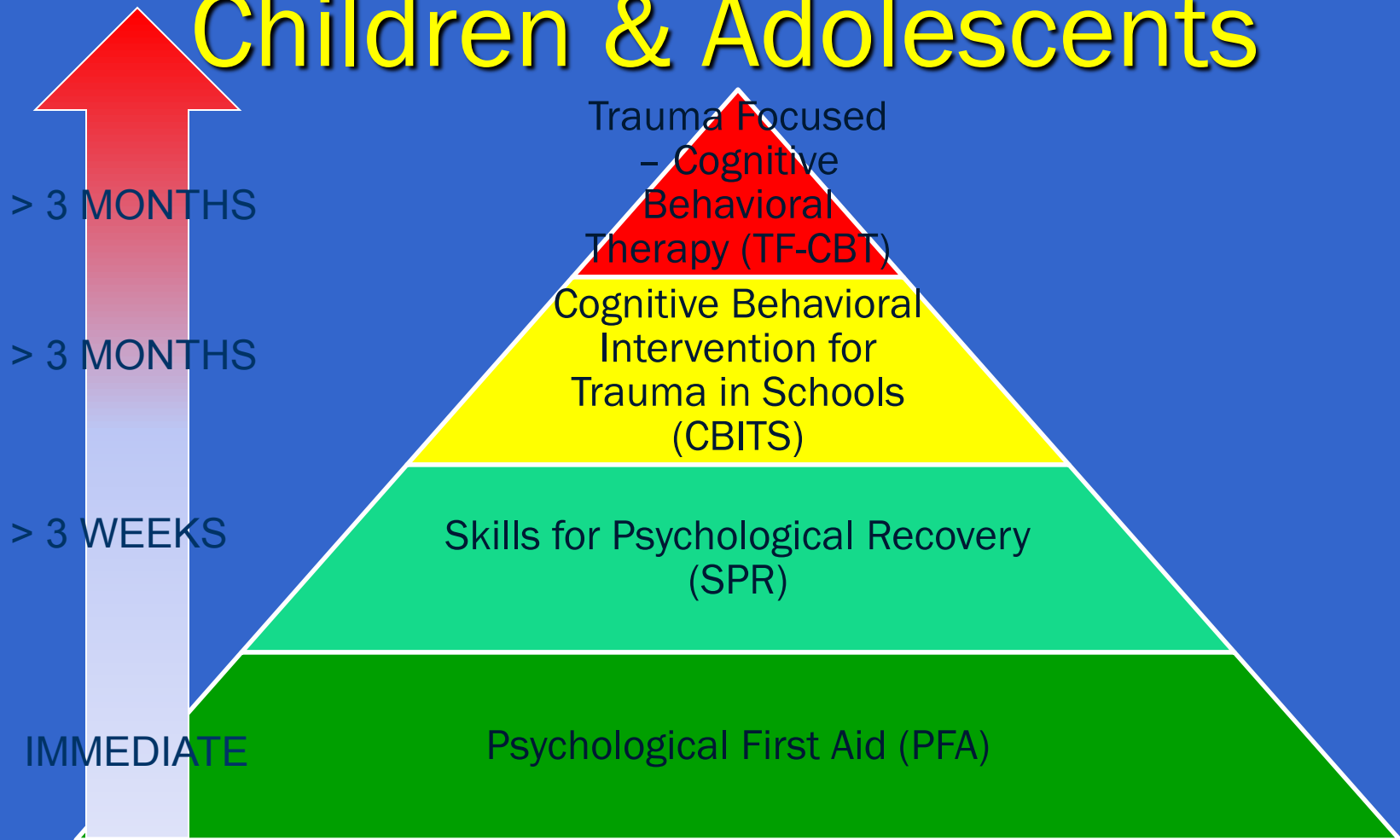
Distinguishing Features (Signature) of the Event

- Location of the event
- Time and duration
- Magnitude (e.g., number of persons injured/dead, confined vs. open area, crowded vs. isolated area, level of disturbing features)
- Impact relative to the size of community
- Cause of event
- Level of exposure, including secondary exposures and significant losses
- Unique features of the event

Best Practice Programming Post-Disaster

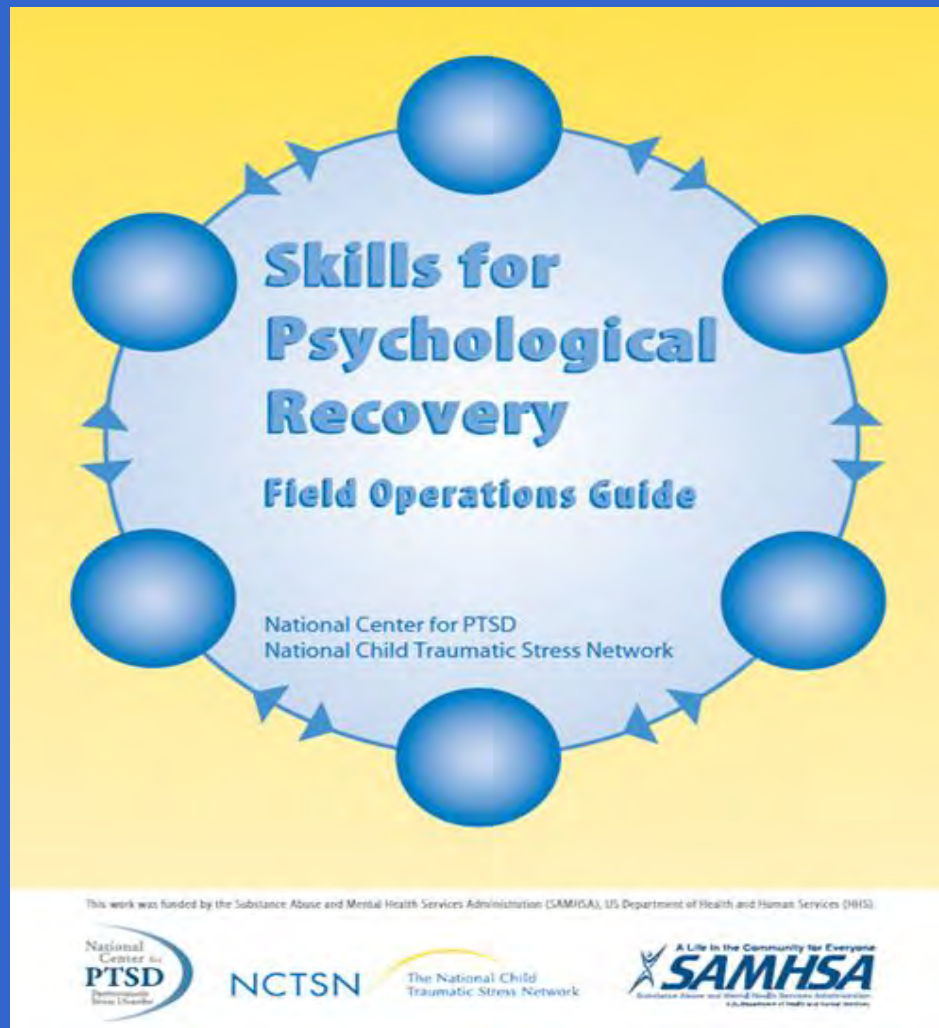


Tiered Model of Care For Children & Adolescents



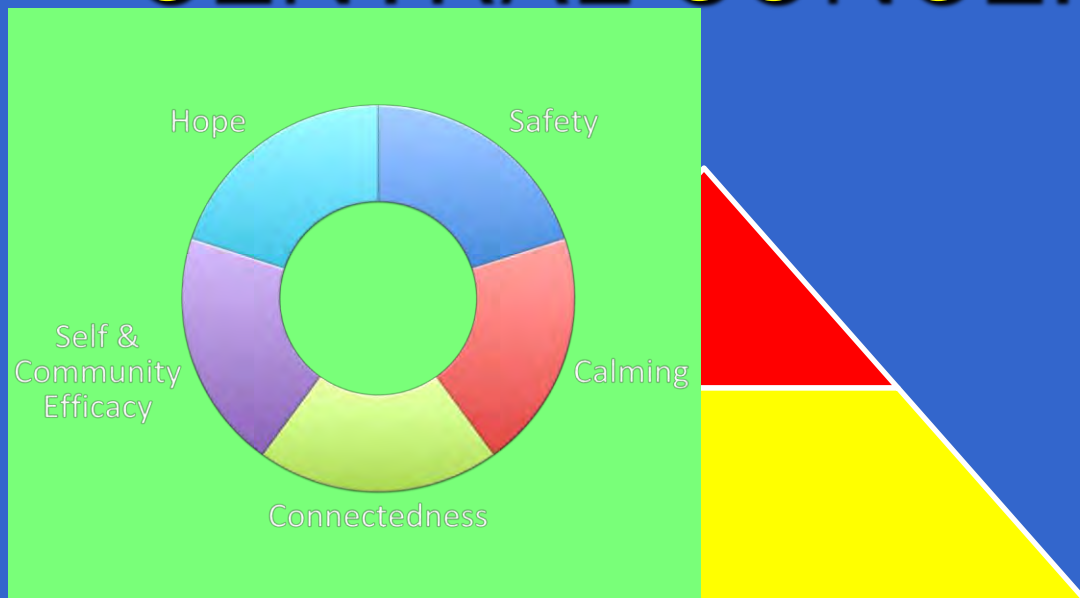


National Center for PTSD
National Child Traumatic Stress Network
SAMHSA



National Center for PTSD
National Child Traumatic Stress Network
SAMHSA

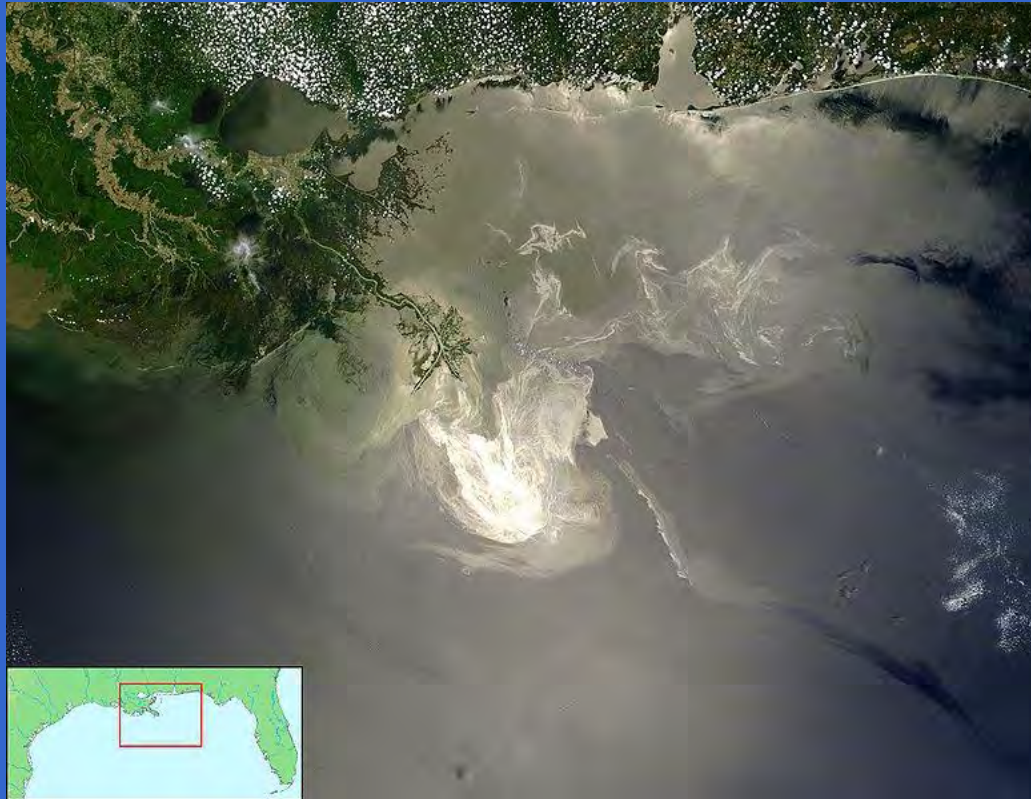
CENTRAL CONCEPTS

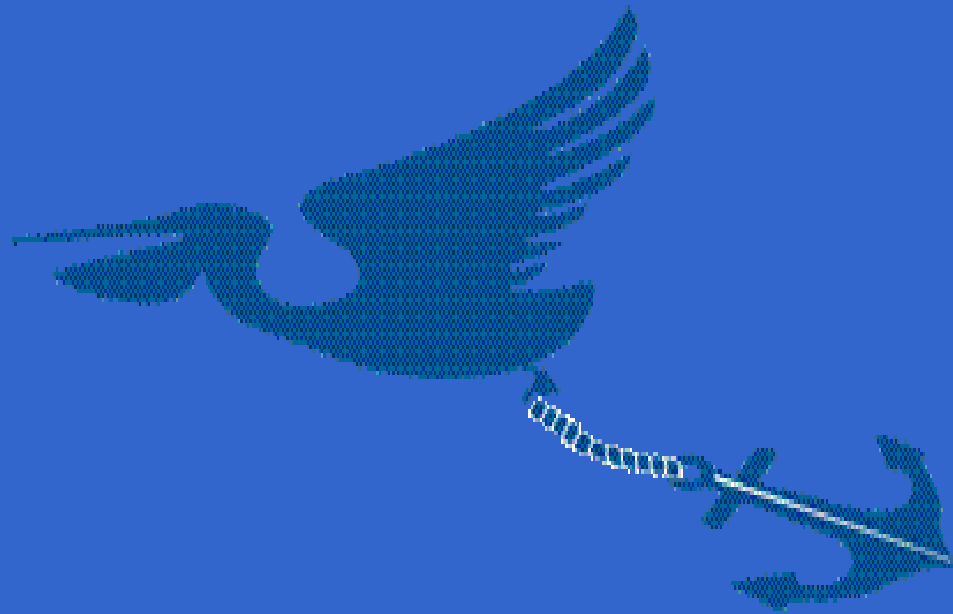


Skills for Psychological
Recovery (SPR)

Psychological First Aid (PFA)

SPR in Southeast Louisiana: Mercy Community Hope Project





MERCY

COMMUNITY HOPE PROJECT

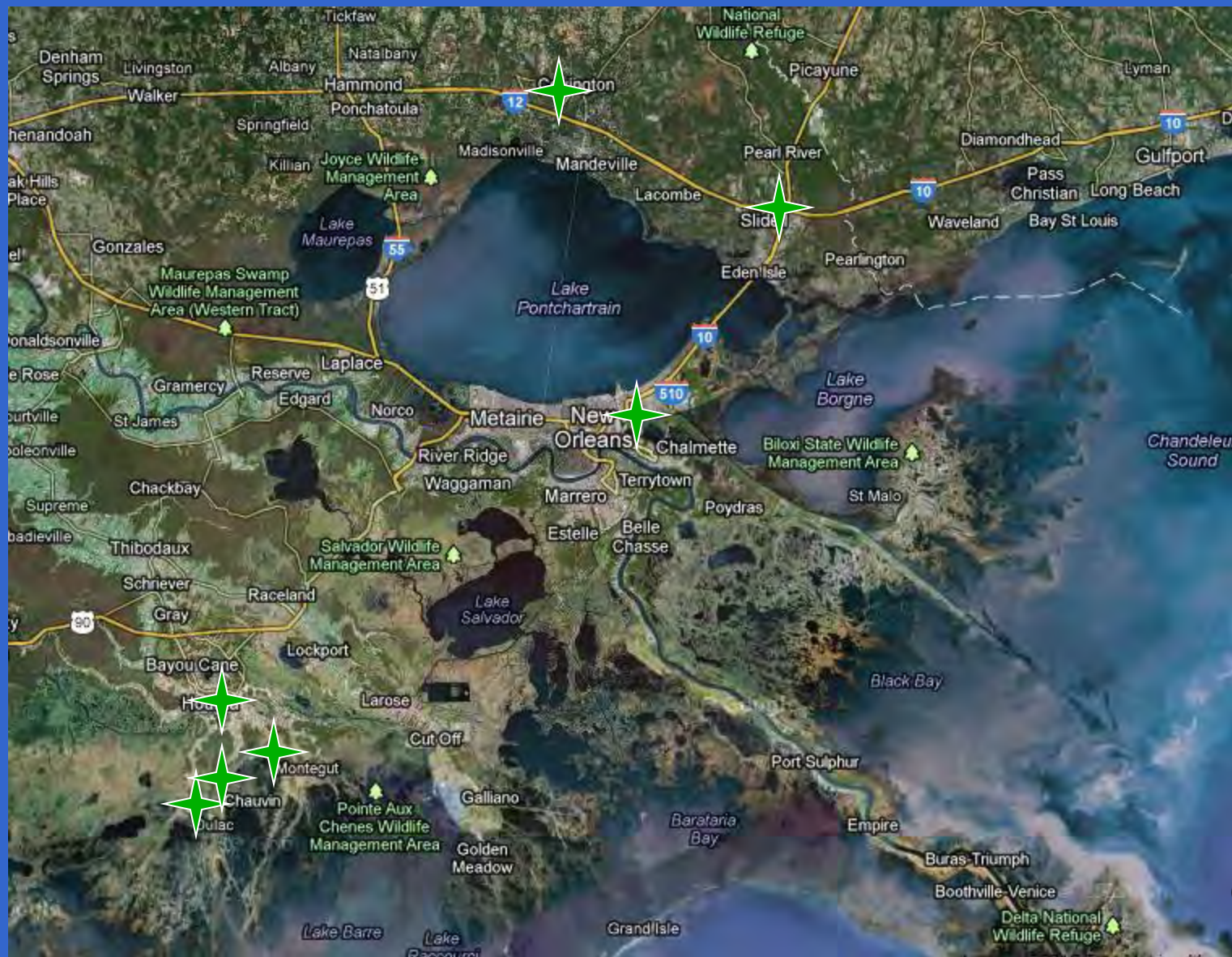


Photo
courtesy
NCTCSN

SPR in Southeast Louisiana: Mercy Community Hope Project

10 Sites

Fall 2012: 222

Spring 2013: 197

Total Served Fall2012/Spring2013: 419

Average group size: 7

Total Groups: 57

3 FTE's, 1 intern, 1 school counselor

SPR in Joplin: Mercy Community Connections

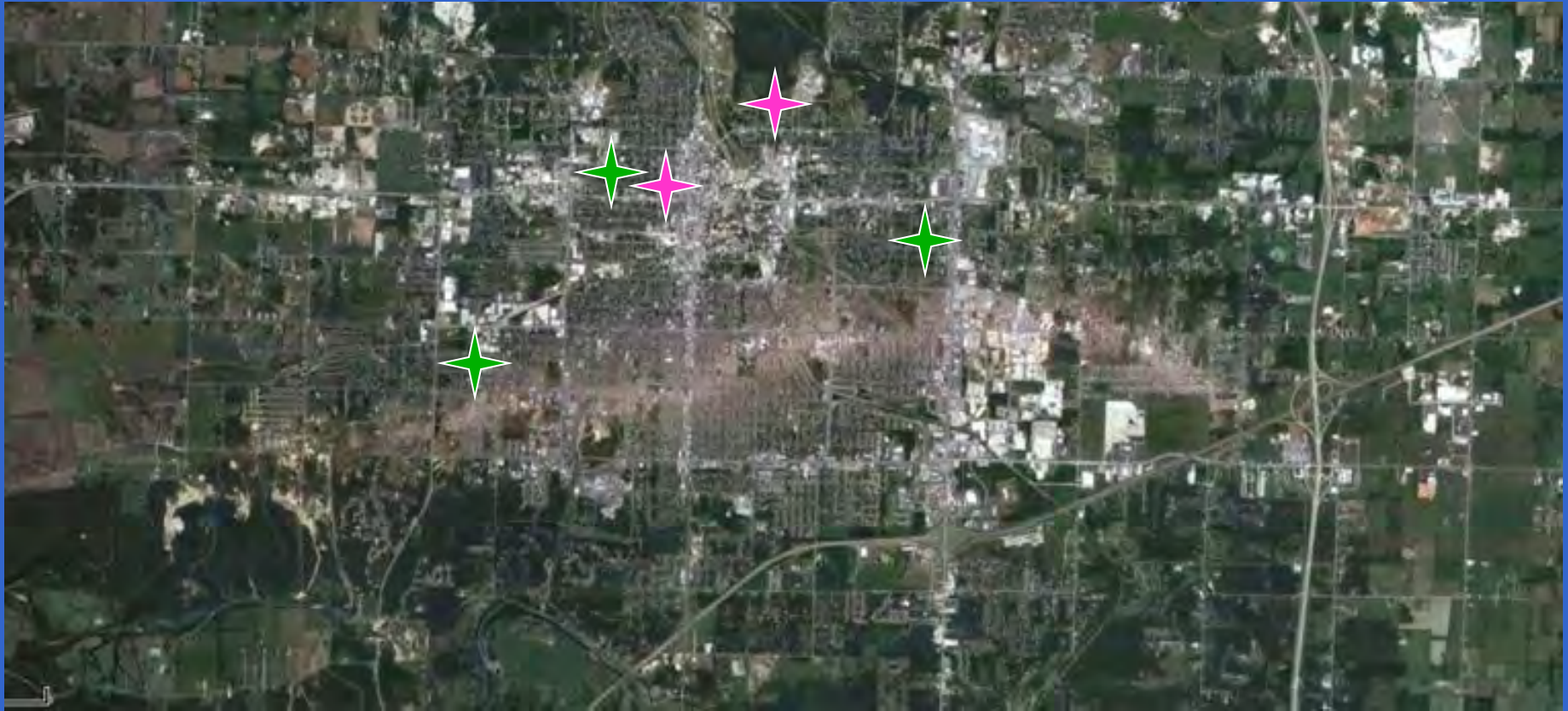


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courtesy
NCTSN

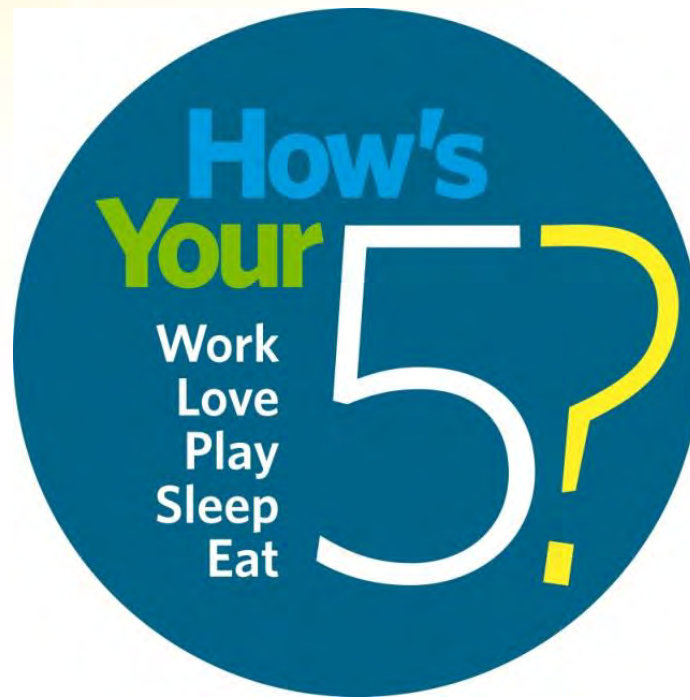
Mercy Community Connections: Outcome Data

- Over the entire scope of the Mercy Recovery – Joplin initiative, **8,306** people have been served. (Began October 2011)
- **4,013** Community Connection Dinner interactions at Joplin Schools
- **1,227** Senior Connection interactions
- **2,839** Community Connections with Mercy Co-Workers
- **231** Community Connections with Human Services Campus occupants (March – June 2012)
- **158** Resilience Class interactions

Figure 2. The WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health (17)



World Health Organization (WHO). Building back better: sustainable mental health care after emergencies. WHO: Geneva, 2013.



Community Resilience & Public Mental Wellness Campaign

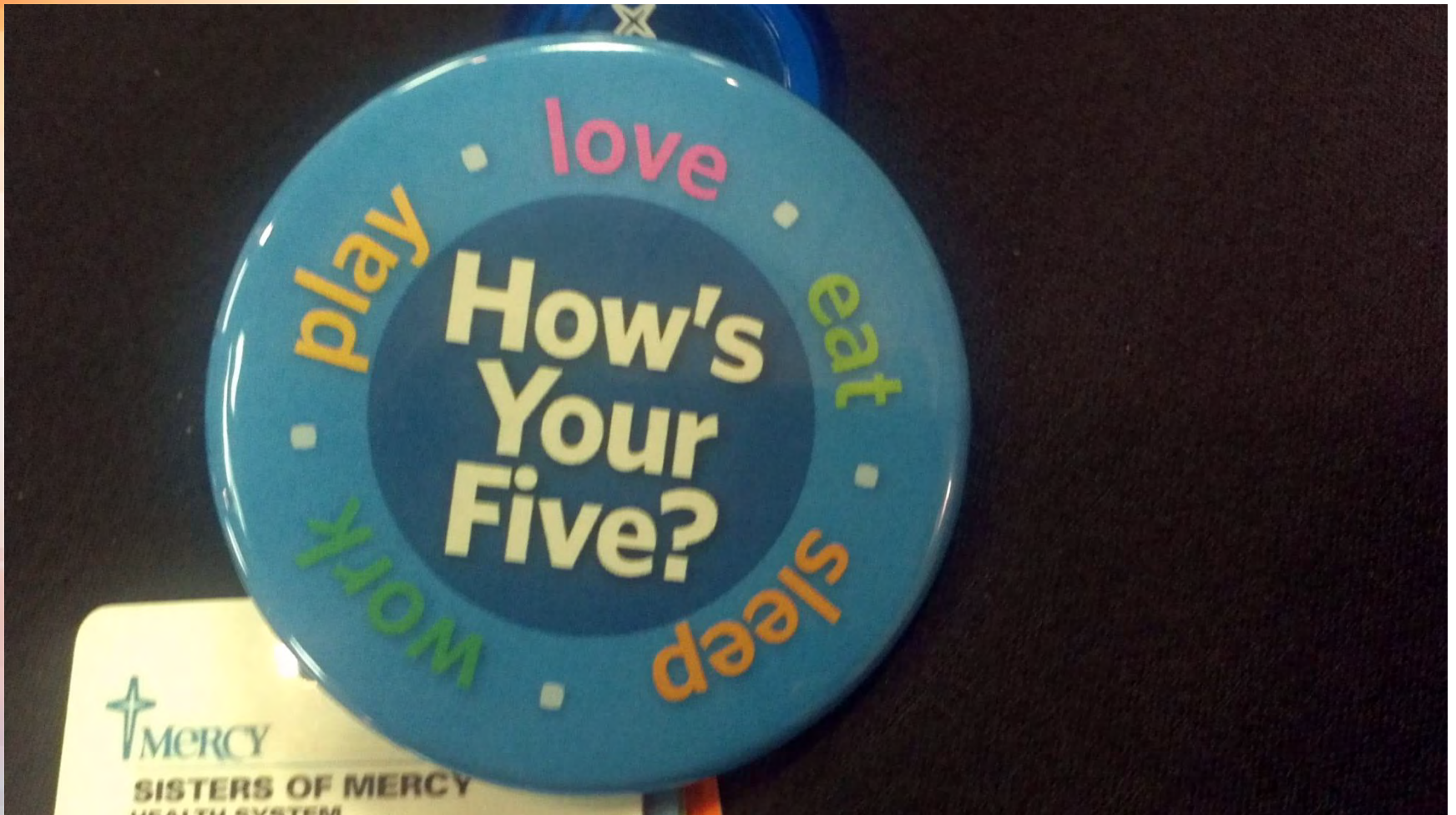


Photo
courtesy
Mercy

What is it?

How's Your 5? is a public mental wellness campaign that reinforces individual and community resilience by creating a common language to support each other across five fundamental domains of human experience:

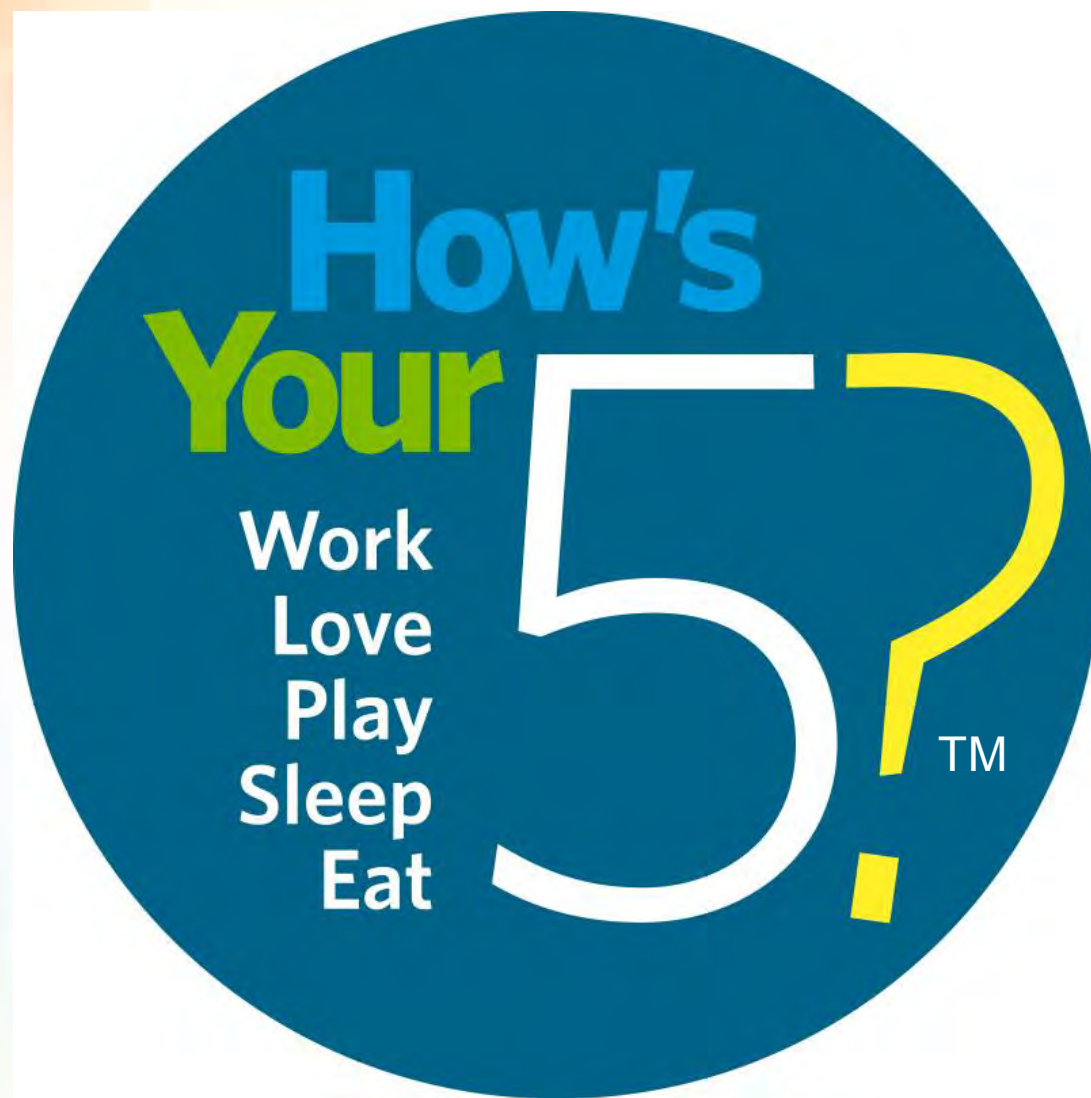
- Work (employment/school)
- Love (relationships/social support)
- Play (self-care/ joyful activities)
- Sleep (sleep habits)
- Eat (consumption – eating and drinking)

How can it help?

Awareness

Connections

Conversations





107

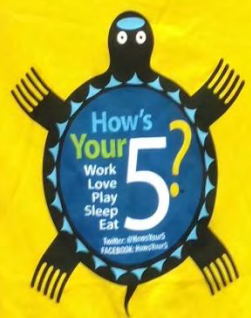


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Mercy

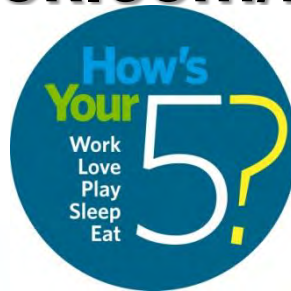
MFCHowsYourFive@mercy.net

**Douglas W. Walker, PhD
Chief Programs Director
Mercy Family Center
New Orleans**

Twitter: @HowsYour5

Facebook:

www.facebook.com/HowsYour5?



dwallacewalker@yahoo.com

Psychosocial Response to Disaster: Practical examples in a Stepped-Care Approach

Deb Gray, BSW, RSW, MSc
Mental Health Promotion & Illness Prevention
Alberta Health Services

Content Research & Development by: Shelley Fahlman, PhD, RPsych
Design by: Shelley Keith, GD
Mental Health Promotion & Illness Prevention
hpdp.mh.earlyid@ahs.ca

Most People are Resilient!



Most people are **RESILIENT** and don't develop long term mental health concerns.



THERE ARE MANY DIFFERENT REACTIONS TO DISASTERS.

Large percentage

(no disorder, transient stress, worry, feeling upset)

Normal distress / other psychological reactions

15% to 20%

(e.g., mild anxiety, persistent insomnia)

Mild / moderate mental disorder

3% to 4%

(e.g., PTSD, severe depression)

Severe disorder

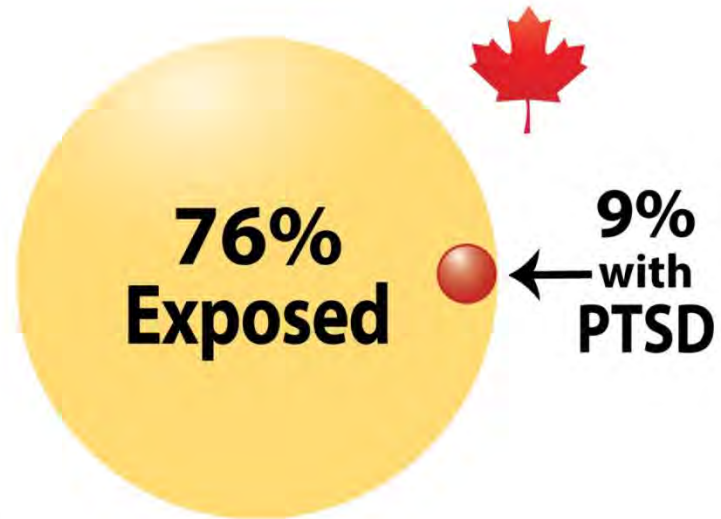
The Psychological Impact of Disasters

MYTH

Exposure to a traumatic event necessarily means being traumatized by that event.

FACT

- Most Canadians (76%) exposed to a potentially traumatic event in their lifetime.
- Lifetime prevalence of PTSD is much lower (9.2%).



(Van Ameringen et al., 2008)

The Psychological Effects

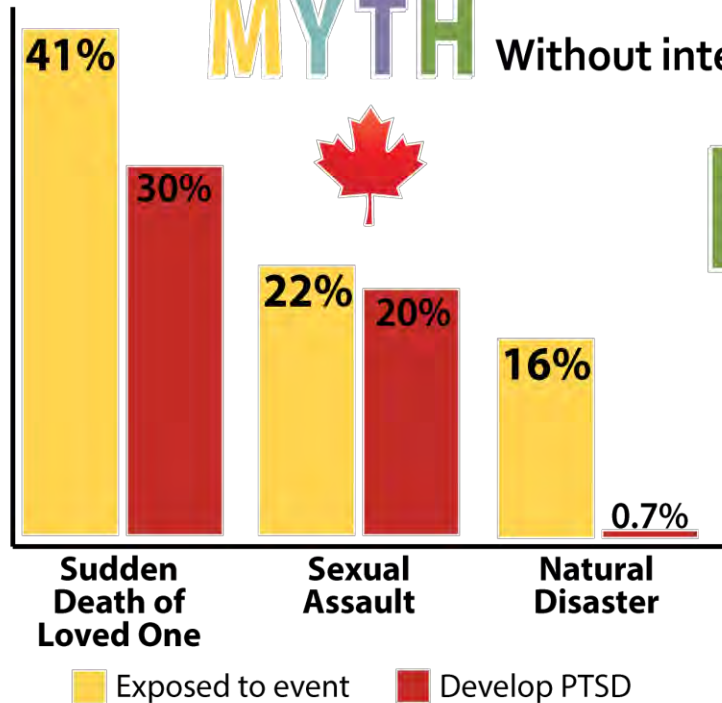
MYTH

Without intervention, many people will develop PTSD after a disaster.



FACT

The number of people who experience PTSD is much lower after a natural disaster compared to other types of potentially traumatic events.



(Van Ameringen et al., 2008)

The effects encompass far more than PTSD:

- General distress / stress
- Grief
- Depression
- Increased substance use
- Transient traumatic stress symptoms

e.g., 71% met one of reexperiencing,
68% met one of hyperarousal

(North et al., 2012)

Individuals, families and communities have an impressive capacity for absorbing, processing, and reconstructing meaning after experiencing devastating losses.

(Bonanno 2004, Miller 2012)

Professional Counselling vs PFA

Professional Counselling	PFA
Focuses on diagnosis and treatment.	Focuses on assessment of strengths and coping skills.
Office based.	Community based.
May encourage insight into the past and its influence on current problems.	Validates the appropriateness of reactions to the event and normalizes the experience.
Conducted by behavioral health professionals	Conducted by paraprofessionals and trained community responders.

Note: there are some similarities such as ethical conduct in general and reporting of suicidal thoughts or abuse

Vulnerability and resilience are closely related because they both concern response to shocks; they have been characterized as being two sides of the same coin, at opposite ends of the well-being spectrum and part of the same equation

McDonald, I., (2014). *Coconut Trees in a Cyclone: Vulnerability and Resilience in a Melanesian Context*

“8 ESSENTIAL ELEMENTS”



Psychosocial – what does this mean?

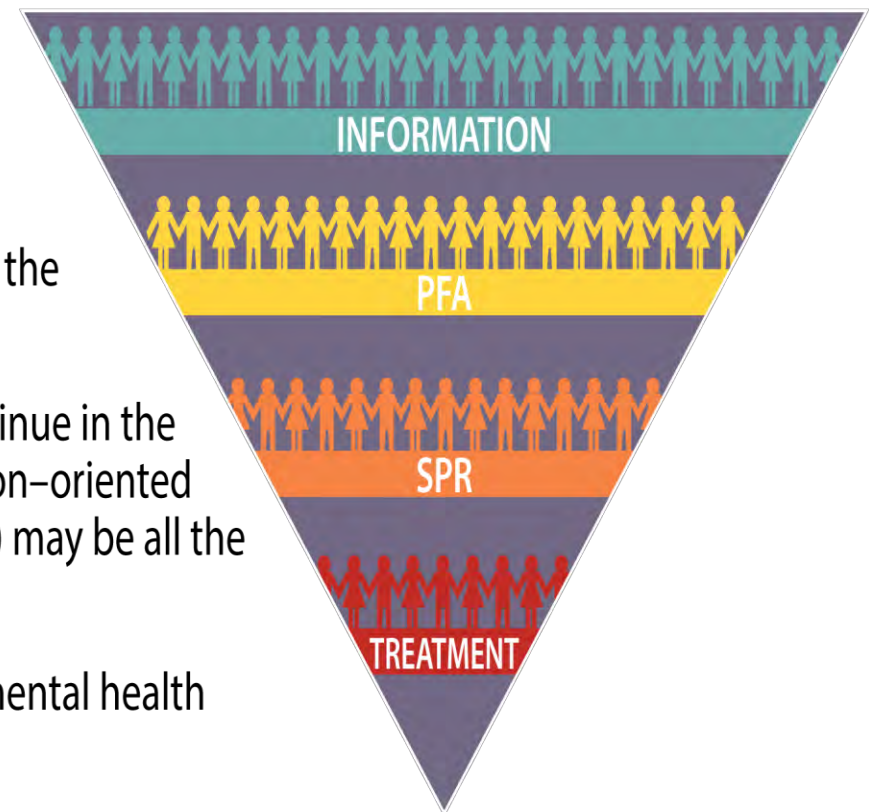
- Psychosocial is a term developed to address the **psychological** and **social** impacts of disasters and emergencies – specifically necessary human needs, and considers the person as a whole.
- The primary objective of a psychosocial response is to provide support that will help disaster survivors & communities restore their feeling of safety, confidence, and trust.

Psychosocial Capacity Building

- Is based on strength and recovery, informed by culture, focused on natural social groupings families, informal social networks, and built on the resources and assets of local people and communities
- It promotes sustainability, repairs and builds social networks, and links collective economic and social recovery with individual recovery
- It fosters coping, creates space for grieving and recognizes the significance of reconstructing meaning

Here is an example of a **'Stepped-Care'** approach used internationally:

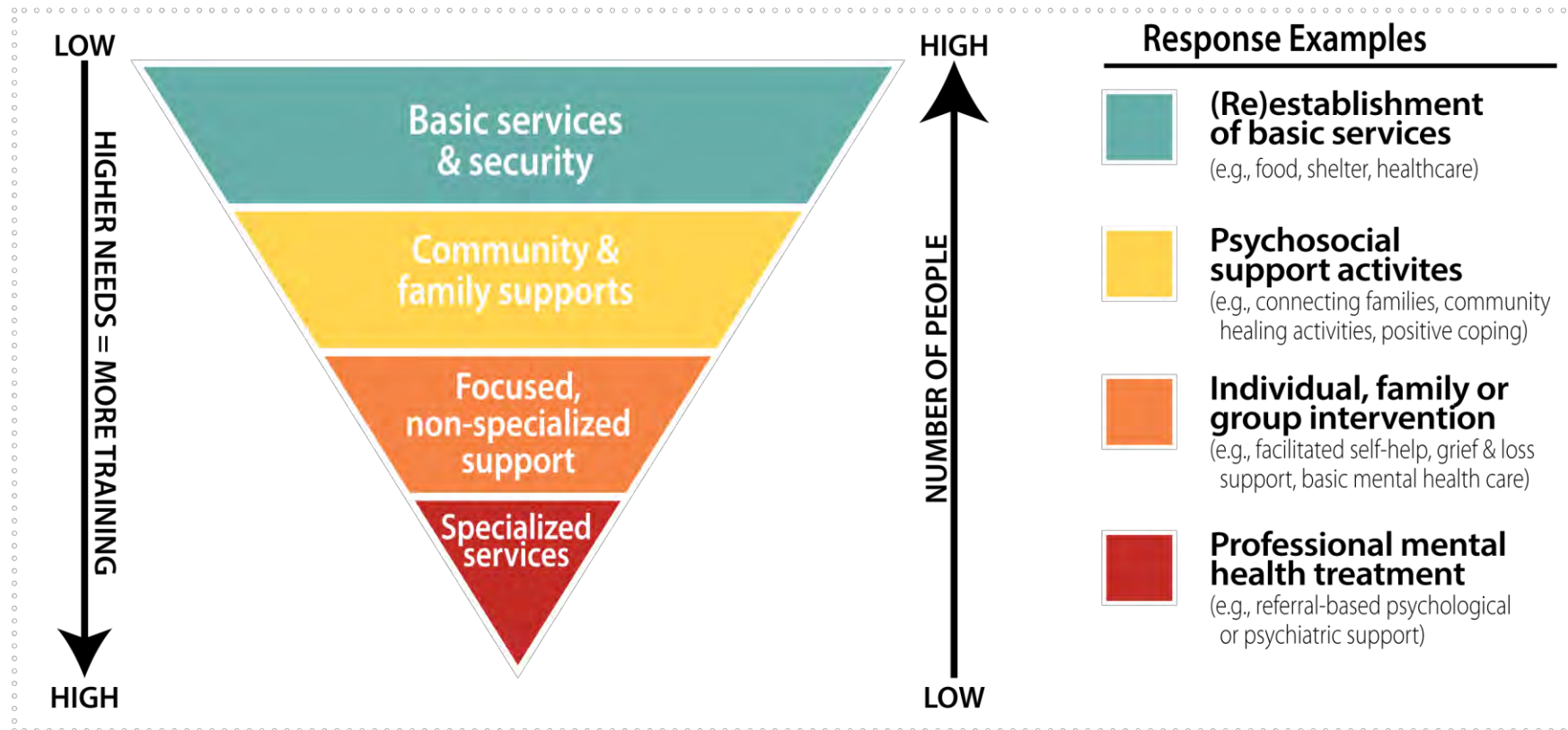
- Everyone affected by a disaster or emergency will need information in the immediate hours, days, and weeks after an event.
- Many people will need Psychological First Aid (PFA) in the hours, days, and weeks after an event.
- Some people will have stress and difficulties that continue in the weeks or months after an event. For most people action-oriented support such as Skills for Psychological Recovery (SPR) may be all the help they need to recover.
- A small percentage of people will need professional mental health treatment.



Intervention Pyramid

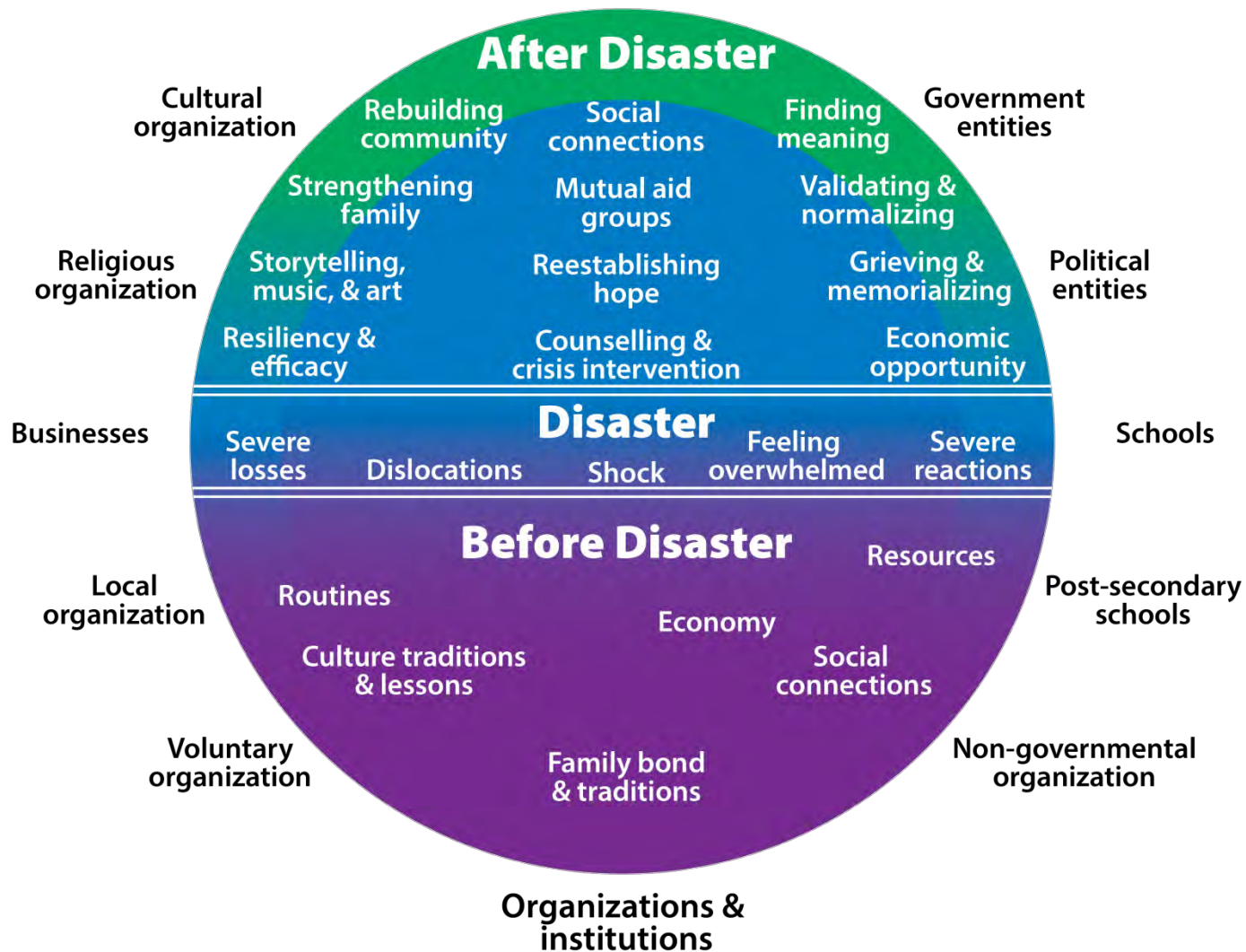
Different groups have different needs.

That's why both mental health (clinical) support **and** psychosocial support are needed after disasters.



Adapted from IASC (2007), IFRC (2009a) & IFRC (2009b).

The Wheel of Recovery



Other activities that have been part of a stepped-care approach for the 2013 Southern AB Flood

- Grief and loss workshops
- Psycho-educational & wellness workshops
- Door knocking campaigns – assertive outreach
- HeartMath, E-prep
- Committee /network – forming, leading, attending
- Drumming circles, yoga, community events, potluck dinners,
- Developing resources, training, education, writing newsletters, newspaper articles,

*“I don’t know more than the
people I am working with.”*

~Joshua L. Miller

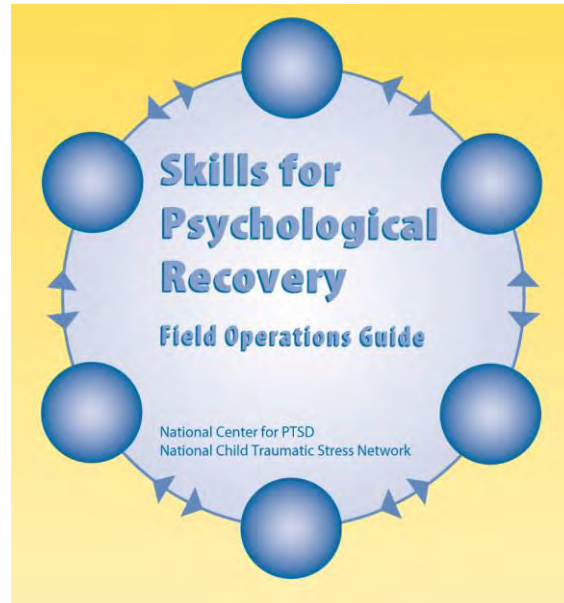
THANK YOU!



Implementing SPR: Key Learnings

Presented by:
Elizabeth Dozois, MA
Gail MacKean, PhD

What is SPR?



Source:

<http://www.nctsn.org/content/skills-psychological-recovery-spr>

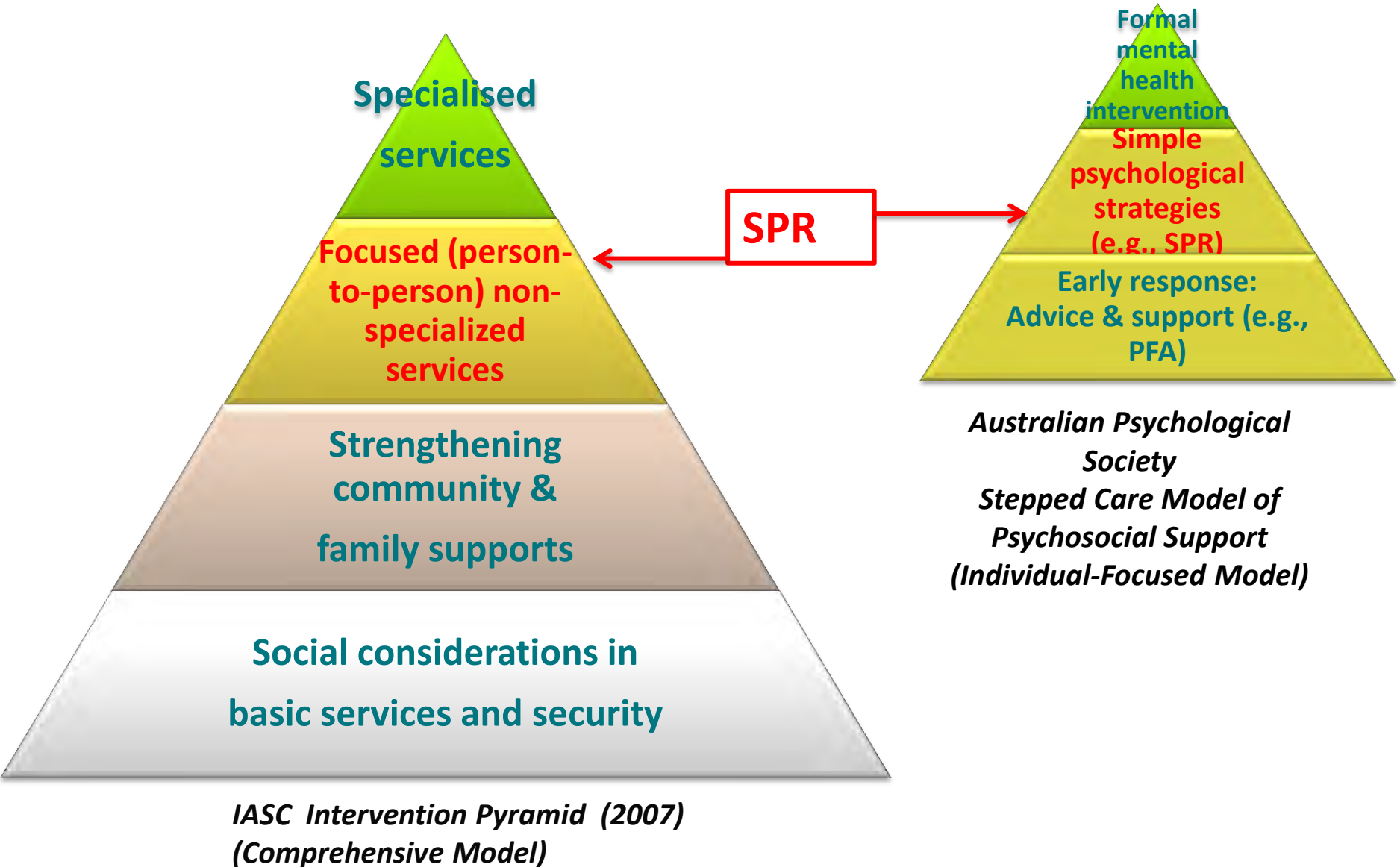
SPR is a low-intensity, skills-based psychosocial support designed to promote adaptive coping in disaster-affected individuals who are experiencing mild to moderate distress.



Why was SPR developed?

There was a realization post Hurricane Katrina that there was a need for a low intensity intervention to improve mental health support post disaster

Where SPR fits in comprehensive models and individual-focused models



Where has SPR been used, other than Alberta?

- Australia - Post bushfires in Victoria, flooding
- Louisiana - Post Hurricanes & BP Oil Spill
- Joplin Missouri - Post tornado
- Japan – post earthquake & tsunami
- Hong Kong, Singapore, Poland & the Ukraine

Practitioners' Experience of SPR

Practitioners describe:

- Having increased confidence working with individuals and groups of people post disaster
- The individuals they are working with tell them they find SPR useful

Key Learnings

1. Importance of Effective Engagement Strategies

- Importance of partnering with community connectors
- Need to reframe/normalize mental health supports

2. Need for Ongoing Coaching, Mentoring and Support

- 'Train and Hope' is not a viable method
- Competence developed through case conferencing, coaching, booster sessions, integration of SPR into supervision and staff meetings, etc.

3. Benefits of Implementing SPR in Non-Disaster Contexts

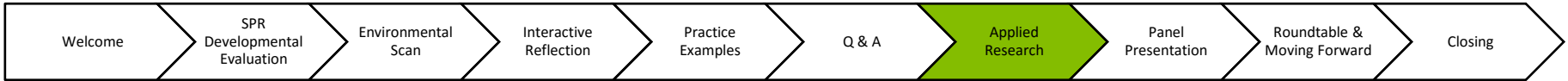
- Use it or lose it...
- Applicability of skills to everyday life
- Use of SPR in social housing (Hull), homeless shelter (AHS/DI), and vulnerable communities (Carya)

4. Importance of balancing fidelity and flexibility

- Flexible, modular approach is a strength of SPR
- Fidelity can be more challenging to define in a customizable approach
- Balancing the two is critical.
- One way of achieving this balance may be to maintain fidelity to the underlying principles & functional elements of SPR, but allow flexibility in how they are delivered.



Q & A



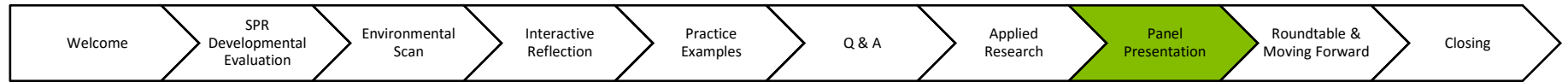
Applied Research Example | Four Wildfire Studies Later: What Have We Learned About Responses to Disaster

Dr. Judith Kulig: http://www.uleth.ca/research-services/research_profiles/dr-judith-kulig

Presentation References/Resources:

- <http://www.coag.gov.au/node/81>
- <https://www.aidr.org.au/>

A note from ACCFCR: We are working to make Dr. Kulig's video segment of the presentation available at www.research4children.com. An update will be sent when this done.



Panel Presentation | Lessons Learned to Support Effective Implementation



Roundtable | Moving Forward

10 things...

Table 1

1. Mutual learning – partnerships between academics, practitioners. How do we collaborate so each feeds the other?
2. Strengthening community-based approach, building capacity.
3. Doing things differently – agencies collaborating. How do we do that when it is time and resource intensive. What about self care?
4. Many non-profits have decreased capacity (money and staff) due to the economic situation in Fort Mac, and now the fires.

10 things...

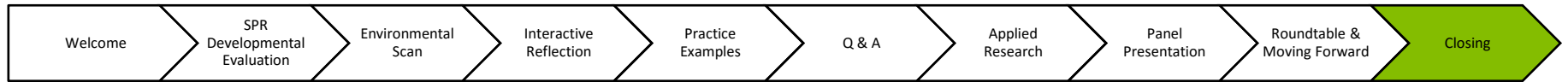
Table 2

1. Communication is key. Knowledge about initiatives and agencies. We shouldn't have to search for the information.
2. Need for common ground and messaging for the groups working together.
3. The importance of the signature/uniqueness of each disaster
4. We often underestimate the time for resiliency although there is a need for skills to be learned quickly.
5. Recognition of antecedent trauma
6. Mixed role of media: they can worsen trauma, bring communications, create exposure

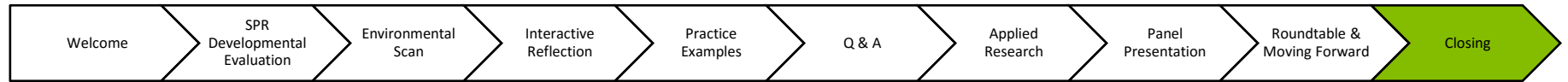
10 things...

Table 3

1. The need to have a permanent unit to support psychosocial preparedness and response in Alberta.
2. Disasters have become our business as usual.
3. We need to focus on preparedness not just response and recovery.
4. Disasters spotlight where we have gaps in the system.
5. Education is needed around the fact that you can't pull away support after five years. How can it be re-branded as it persists with a different focus or different role.
6. Continue the learning – don't start all over again. Continue to gather longitudinal data.



Closing



Questions or Comments?

Thank you!

