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LESSONS LEARNED AS A DISASTER MENTAL HEALTH COUNSELOR AND SERVICE PROVIDER

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Lessons Learned as a Disaster Mental Health Counselor and Service Provider

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American Bison, South Dakota, USA



The Badlands of South Dakota, USA

Abstract

Providing disaster relief as a mental health counselor and a service provider involves the following for survivors: understanding their expectable reactions, employing short-term interventions, restoring their personal safety, utilizing multicultural competency and awareness, and addressing ecological and community concerns (*Crisis and Disaster Counseling*, P. Dass-Brailsford, 2010). Being knowledgeable in utilizing appropriate, research-based theoretical approaches and intervention models are crucial to survivors' resilience and adaptation during the aftermath of a crisis or disaster. The goal of this paper will be to share the research and personal lessons learned from teaching disaster counseling curriculum and from directly helping during disaster situations. Best practices of what to do and *not* to do will be emphasized. The objectives will be to gain a greater understanding of the dynamic needs of survivors, the most effective evidence-based therapeutic approaches, and the pragmatic application of skills that are necessary to provide disaster mental health counseling, including essential self-care. Readers will come away with a better understanding of how to: properly assess the immediate and on-going needs of survivors, conduct effective and multiculturally competent therapeutic interventions, facilitate the empowerment, dignity, and healing of survivors, and proactively attend to self-care needs to prevent compassion fatigue for disaster responders.

Psychological First Aid and Theoretical Applications:

Council for Accreditation of Counseling Related Educational Programs (CACREP) Standards Regarding Crisis Intervention Training:

CACREP is a United States national accrediting body for maintaining consistency, uniformity, and the highest standards for counselor education graduate degree programs. Counselors' roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster, or other trauma-causing event are uniformly taught. The counselor learns to identify community, environmental, and institutional opportunities that enhance – as well as barriers that impede – the personal/social development of clients and families, and practices multicultural competencies with all involved. The counselor abides by the ethical standards and guidelines of the American Counseling Association (ACA), American School Counselor Association (ASCA), and CACREP (CACREP, 2009).



Psychological First Aid and Successful Therapeutic Approaches to Use with Survivors of Crises and Disasters:

A. Safety: This is paramount for you, the survivors, their families, and their friends. Deliver psychological first aid: this is the number one priority; all interventions and counseling can take place only after these have been established. Basic needs of life come next: food, water, clothing, and shelter. Hierarchical needs can follow as appropriate.

B. Techniques: Counselors utilize various pedagogical methodologies to reinforce health, wellness, survival, and a sense of meaning and purpose for survivors. They emphasize several approaches with clients to reach a variety of personality styles, multicultural/gender issues, and developmental stages. Research has shown that incorporating theories of Solution-Focused/Brief Counseling, Logotherapy, Cognitive-Behavioral, Person-Centered, Narrative, Rational Emotive

Behavior Therapy, Reality Therapy, Chaos Theory, Gestalt, and/or Adlerian concepts have had successful outcomes with survivors of trauma, grief, and crisis/disaster situations.

C. Essential counseling skills to utilize: Develop and maintain rapport, appropriate attending behavior, relevant open-ended and closed-ended (used judiciously) questioning (curtail asking “why” questions), effective clarifying statements, correct paraphrasing of issues/concerns, empathic reflection of feelings, summarize key points, accurate identification of the problem, investigate the precipitating event, recognize the meaning/perception of events, identify subjective eustress and distress, follow ethical guidelines of the American Counselors Association, the American School Counselor Association, and CACREP, utilize Global Assessment of Functioning scales, explore substance abuse issues, depression, and/or possible suicide ideation, establish support networks and referral sources, explore client’s prior attempts at coping, encourage new behaviors, explore support groups, utilize bibliotherapy, journaling, and audio therapy, and conduct follow-up, coordination, and referral as necessary (Kanel, 2012, pp. 45-69).



Knowing When to Act, the Need for Supervision, and the Scope of Responsibilities for Mental Health Counselors:

A. Trained school and clinical mental health counselors will be called on to help during local, national, and international crisis and disaster situations; they will be encouraged to join the American Red Cross and attend trainings to become a certified Disaster Mental Health Counselor. In addition, they need to react immediately with appropriate and effective actions during any crisis, including: assessing suicide ideation, threat or danger to others, intruder alerts, bomb threats, terrorist attacks, fire, natural disasters, homicide, violence, death of a colleague/parent, etc.

B. Need for supervision: All counselors should have: mentors, professional colleagues to consult with, continued attendance at workshops and professional development trainings, and the ability to understand the prevention of secondary trauma, compassion fatigue, and the critical necessity of practicing effective self-care.

C. Counselors will be responsible for follow through on their assigned duties as per the crisis and disaster plans developed in their school buildings or clinical mental health settings; this requires: providing duties in a leadership role and capacity, knowing appropriate referral sources, organizational skills, coordination efforts, therapeutic counseling (after safety and welfare needs are met), and assisting survivors in any way possible (Dass-Brailsford, 2010).



Developing Deeper Skill Levels, Knowledge Bases, and Insights into the Optimum Pedagogy of Training Methodologies for Crisis/Disaster Counselor Education:

A. Counseling students need to understand the main concepts behind crisis and disaster counseling to their utmost ability, and attain the skills necessary to react swiftly, accurately, and ethically during a crisis/disaster situation.

B. Researching case studies and conducting role plays involving lethality assessments by counseling students is essential to their knowledge base.

C. Utilizing mnemonic systems to help remind the counselor of what to assess while working with a depressed or possibly suicidal client is critical (i.e.: “IS PATH WARM,” “FED,” “NO HOPE,” “PLAID,” “SLAP”) (Granello and Juhnke, 2010, pp. 12-17).

D. Having students volunteer for the American Red Cross, Salvation Army, local food pantries, religious organizations, battered women’s shelters, or rape crisis centers will give them an

- increased knowledge base of what to expect during crisis and disaster situations fostering the development of deeper skill levels and insights.



E. As a culminating project for a counselor education crisis training course, students evaluate an existing crisis and disaster plan in a school or clinical mental health agency for its comprehensiveness, efficacy, appropriateness, feasibility, ease of use, and attainability.

Emergency Management Plan Example:

A. Emergency Management Plan for Northern State University (2007, Aberdeen, South Dakota, United States of America)

- a. Priorities:
 - i. Life safety → eliminate safety hazards
 - ii. Life support and assessment → minimize risk to facilities
 - iii. Restoration of general campus operations → resume classes
- b. Topics: Organizational system, planning team, media information, procedures for lockdown/terrorism, fires, weather related disasters, and death of a campus person
- c. Example: Student mental health emergency → call city police, contact the president and supervisor, stay with the victim unless your safety is threatened, wait for emergency response personnel to arrive, stay calm, be sensitive to family, provide the officer any drugs/medications/weapons involved
- d. Strengths: Designated roles for individuals and departments, utilized community resources/professional resources, and encompassed various potential disasters
- e. Weaknesses: Needs to focus more on common campus crises (intruders, campus building fires, and inclement weather), aftercare plans (immediate, short-term, long-term, and permanent solutions) need to be improved, special populations, and bi-annual meetings to keep plan current

B. Effective Disaster Interventions (Dass-Brailsford, 2010, pp. 55-58):

- f. Characteristics of the first responder: Mental Health professionals should be trained in empathic listening, have the ability to think and act quickly, and propose solutions
- g. Short-term interventions: Establish specific goals that can be achieved within a short period of time
 - i. Example: Crisis counselors increase sessions when dealing with suicidal clients
- h. Restoration of power and control: Focus on the “here and now,” act as an emotional crutch for victims, and serve as catalysts for clients to assist in their recovery
 - i. Goals include: restore to pre-crisis functioning, provide support, and mobilize coping skills
- i. Multicultural competency: Responders must be culturally sensitive to unique experiences of survivors
 - i. Example: Culture of African Americans in the Gulf Coast during Hurricane Katrina → need to improve trainings of mental health responders to be more knowledgeable of culture (i.e. Jazz Funerals)
- j. Ecological and community aspects: Understand individuals as part of a community
 - i. Network therapy develops a network of people to assist with recovery (i.e. religious/spiritual groups, the work place, and health clubs)
 - ii. Effective interventions promote interactions between survivors and victims
- k. Training in disaster response: Prior training and experience will allow the responder to work at optimum levels
 - i. Mental health professionals can be trained through The American Red Cross, Community Emergency Response Teams, International Critical Incident Stress Foundation, Department of Homeland Security Trauma Response Teams, Medical Reserve Corps, National Disaster Medical System Teams, National Organization for Victim Assistance, AmeriCorps, and the International Global Risk Forum



C. Theoretical Approaches and Intervention Models (Dass-Brailsford, 2010, pp.58-63)

- l. Empowering Model: Pre-intervention (gain background information), Assessment (medical/health functioning, Mental Status Exam, and assess survivor support) and Disposition (allow survivors to process feelings and tell their stories)
- m. Referral and resource list → Develop a current list of referrals for clients, visit agencies in advance, and a list of resources should be printed out and given to survivors
- n. Debriefings → Review reactions, process the experience, and discuss coping skills
- o. Group interventions/Trauma-focused group intervention → Process of recovery, review crisis reactions, and consider coping responses

References:

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Granello, P. & Juhnke, G. (2010). *Case studies in suicide: Experiences of mental health professionals*. Upper Saddle River, NJ: Merrill-Pearson.

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Northern State University (2007). *Emergency disaster plan*. Obtained from Northern State University Human Resources Department, Aberdeen, South Dakota, USA.

*Note: All pictures included in the content of the paper were taken by Dr. Whitehead when volunteering during the aftermath of Hurricanes Katrina and Rita in the Gulf Coast, 2005.

Anecdotal Experiences Working With the American Red Cross

Working with Survivors of Hurricanes Katrina and Rita, Summer 2005 (Dr. Whitehead):



“I was deployed as a disaster mental health counselor with the American Red Cross to a shelter just north of New Orleans, Louisiana to help with the survivors of Hurricane Katrina. I stayed the next 15 days in a Baptist Church, turned Red Cross Shelter. The volunteers slept on cots, a spare couch, in classrooms, the choir loft, and on the church floor. The survivors received a cot, blanket, and pillow, and lived and slept in the church’s large gymnasium.

We were “at capacity” with 220 residents, with little room between the cots. The Southern Baptist Church Emergency Disaster Relief team also sent volunteers of all ages, lots of canned food, and brought a very precious trailer that sat in back of the church parking lot which contained three showers, and a washer and dryer. That is where the Red Cross volunteers were able to shower at dawn each morning. We felt so very blessed as these people were a true godsend to us all.

The third day I was stationed at the shelter, we had warnings of another Category 5 storm approaching, Hurricane Rita, which was also heading directly towards the Gulf Coast of the U.S. It felt like we were all in a parallel universe somehow. There was nowhere to evacuate to; all other shelters were full, and there was no mass transportation available. By noon of the fourth day, the number of survivors had swollen by another 110 persons, and we literally had no room left. Survivors were located in every area of the church, and we somehow just made due.

At the height of the torrential storm, the police dropped off a young man at our shelter door; he was obviously in great distress. He, and his best friend and wife, were heeding the mandatory evacuation from the hellish storm when their car was driven off the road by a passerby. The car the young man was in rolled 4 times, was smashed beyond recognition, and landed in a ditch. As

he struggled to come to from his unconscious state, the storm was raging around the car, with hurricane force winds and horizontal sheets of constant rain. He eventually was able to crawl out of the mangled wreckage, and raced to help his dear friends, whom tragically were already gone.

That is just one survivor story; there were so many, many others. We had one small working computer in the church, that worked intermittently at best, and one small television, with poor reception. The “residents” would sit for hours waiting to get onto the computer for 5 minutes trying desperately to locate loved ones and friends. We hugged and laughed with great joy when they heard the news that a loved one had made it; and we cried and held them when they learned the news was tragic. There were people from all walks of life, young and old, successful and not so, middle



class and lower socio-economic status, mentally well and quite mentally ill, healthy and many who were frail. Everyone tried to escape those two horrific storms, waited to meet loved ones before they fled, hoped it would pass over, and a thousand other reasons why they all got stuck, out of gas, and nowhere to turn to as the storms engulfed them. They saw the American Red Cross shelter sign on the highway, and turned there for help. All of them thought they would be there for a night or two; many came with just the clothes on their back or a small bag. Most of the survivors learned while there that they lost everything in the storms: their homes, belongings, livelihoods, and dreams. The counseling I provided was more listening and offering comfort, as well as helping survivors tell their stories to make sense of their trauma and suffering, and to develop meaning from the devastation they experienced.



To be a shelter resident is a humbling experience, to say the least. To be a Red Cross volunteer aiding at a shelter is also one of great dimension. I dare say I learned more about myself as a human being those 15 days than I had in the many decades prior in my life. The differences we all too frequently focus on in life with each other, the pettiness, the judgments, all disappeared. We are one race, the human one, and there but for the grace of God, go any of us.”

Lessons Learned From Being Deployed as a Disaster Mental Health Counselor:

1. Leave your ego at the door.

I have a Doctorate. No one cares following a disaster, nor should they. Can you help serve meals, move cots, console a grieving parent, sort donated goods; that’s what matters. I met so many volunteers who somehow believed they were there for the glory of it all. It was beneath their stature in life to wait in line for a shower, sleep on the floor for several nights, and eat 3 meals a day of canned, starchy food. After 10-14 days of their volunteer stint, they were

returning home to their warm beds, comfortable lives, and loving families. I learned that glory-hounds need not apply. The survivors knew in an instant and wanted no part of them.

2. Leave your expectations at the door, also.

I expected there to be only poor people in that shelter. I expected them to be of low socio-economic status. I expected them to be uneducated. And I expected them to be minorities. I expected I would need to speak more slowly and with smaller words. This all stemmed from unrealistic assumptions on my part; not judgment or malice. And I was devastatingly ashamed. Nothing was further from the truth. You need to leave those false illusions at the door, better yet, back home before you even deploy to help. Be very careful of countertransference as a counselor. Survivors of crises and disasters are everywhere, and everyone, and every man (woman, and child). They are all of us, and we, them.

3. Prepare to get no sleep; literally.

But you will be energized beyond belief in your exhaustion. You believe you are helping those who survived, and indeed you are, tremendously. But it is you who will gain such peace, satisfaction, and pure joy from helping another in their darkest hour on Earth. You will be extremely tired, but it is a job-well-done sort-of tired. Besides, you will be so busy, you won't even notice (until you head home....).

4. Debrief from someone who has been there: essential!

Your family desperately wants to understand what you went through; they can't. Your friends really try to listen to all your stories and relate; they can't. Your colleagues care and are quite intrigued, if only they weren't so busy, busy, busy; and so they can't understand either. You wind up alone, trying to comprehend this immense transformation that has overtaken you, and you want the world to know; but they don't get it. It is not their fault: they weren't there. Try as you might, you cannot manage to find the right words for all the feelings, the senses, the experiences you had. Many will be polite, and listen intently, for awhile. But, it all gets lost in the translation somehow and seems paltry by comparison to the latest news of the day. A funny thing about crises and disasters is that they tend to fade from peoples' radar quickly. The newscasters leave the area, everyday life takes hold, and suddenly the fact that so-and-so was fired by the boss yesterday takes greater precedence. And so, it is a mandate and crucial that you receive debriefing from a qualified professional trained in such affairs. You could "get by" without it; but that is all you will do. And the next time someone needs you, there will be little left to give.

5. Practice wellness, tenaciously.

Be good to yourself. You don't need a reason or an excuse. You have been through a lot, and you deserve it. We all believe we are strong: spiritually, physically, and mentally. You would not have volunteered if that was not true. But, please know you are NOT superhuman! If you come home and expect to return to your "life" as you knew it the very next day without so much as a speed bump in between, it will come back to haunt you. You are no less deserving than all those countless survivors you helped. Those people whose lives you touched in immeasurable ways; they would tell you to slow down now, and take time to smell the roses. You would tell them the same thing. You would tell them they are worth it. Are you???



6. Cut yourself some slack for being human.

It is okay that you weren't able to meet in person with each and every one of the hundreds of survivors who were waiting in line for 15 hours in the hot, humid, dirty rodeo-turned-Red-Cross-voucher-center. You gave it your best shot, and you reached so very many. Your calm demeanor, reassuring voice, and positive outlook prevailed through the sweltering conditions. You gave out water, compassion, and your heart, and it was felt; believe me, it was felt. I received more "Bless-You's" than one has a right to. You will receive them too. Take them in, and know you are truly blessed for having the ability to be there for others who need you the most. But, also know that you can't do it all. We can move mountains, but one bolder at a time, please.

7. And lastly: Never take life for granted.

When you return home from your deployment, hug your spouse, your children, your partner, your family members, your friends, your dog, your cat, your goldfish, the trees, the flowers, your bed, and anything else you cherish in this world. (I hugged my bathroom for a very, very long time upon my return...). Know that life is precious, and fleeting. Cry, for all the pain you have witnessed, or just for the release of it, or for no apparent reason at all. Allow yourself to emote, just because. Please know that you have experienced life at its most raw, its most real, and its most tragic and empowering, all at the very same time. Very few human beings get to experience that in life. Many are simply going through the motions; while time almost stood still for a bit while you lived every moment to its fullest and most extreme. There is something incredibly freeing and exhilarating about that. Live life to the fullest; you will now, because everything has changed, while nothing has, but you. You may want to take things for granted, but no longer can. You will look at your dear family, friends, and loved ones in a whole new light. You will catch yourself smiling a hundred times a day, and those around you will wonder at you, mystified. You will know there is no finer gift then to give of your heart unconditionally to a complete stranger. Those two precious words, "Thank ***YOU***" will take on profound importance in your life forevermore. And to think, somehow, you had a small hand in all that...



Outside showers for residents at the shelter



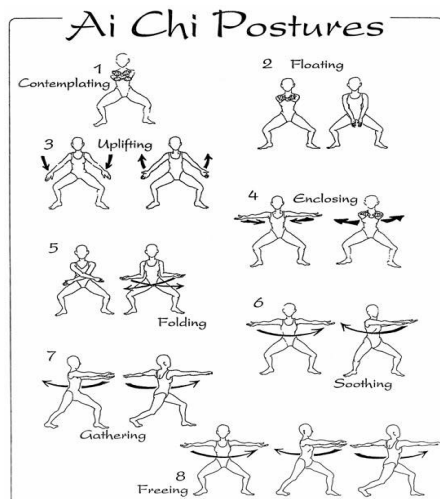
Dr. Whitehead: helping with the Red Cross

Two Types of Healthy Stress Reduction Activities to Use with Crisis Survivors

Ai Chi – What It Is:

Ai Chi is a water movement and relaxation program that has been created to help aquatic practitioners and clients enjoy the water in a flowing yet powerful progression. It is an efficient exercise program that increases oxygen and caloric consumption simply with correct form and positioning in the water, it is a perfect relaxation technique for highly stressed, over-challenged clients, and it is ideal for creating improved range of motion, balance and mobility.

Ai Chi, created by combining Tai-Chi concepts with Shiatsu and QiGong techniques, is performed standing in shoulder depth water using a combination of deep breathing and slow, broad movements of the arms, legs, and torso.



It is an aquatic technique that can be used with groups or one-on-one and will expand the practitioners' range. While some protocols can be used with only a specific population group, Ai Chi has been successfully used with pain management, arthritis, fibromyalgia, COPD, diabetes, MS, amputee, paraplegic, etc. and with neurological and orthopedic diagnoses and balance deficits.

Participants are introduced to basic concepts of "Eastern Thought" such as circular movement, breath control, tranquility and moving with nature as they experience the upper extremity trunk stability and lower extremity movements and learn proper pelvic mechanics. Retrieved from website:

http://www.ncpad.org/videos/fact_sheet.php?sheet=425

What is Laughter Yoga ?

Laughter Yoga is a revolutionary idea – simple and profound. An exercise routine, it is sweeping the world and is a complete wellbeing workout.

The brainchild of Dr. Madan Kataria, a Physician from Mumbai, India, launched the first Laughter Club at a Park on March 13, 1995, with merely a handful of persons. Today, it has become a worldwide phenomenon with more than 6000 Social Laughter Clubs in about 60 countries.

Laughter Yoga combines Unconditional Laughter with Yogic Breathing (Pranayama). Anyone can **Laugh for No Reason**, without relying on humor, jokes, or comedy. Laughter is simulated as a body exercise in a group; with eye contact and childlike playfulness, it soon turns into real and contagious laughter. The concept of Laughter Yoga is based on a scientific fact that the body cannot differentiate between simulated and real laughter. One gets the same physiological and psychological benefits.

Clinical research on Laughter Yoga methods, conducted at the University of Graz in Austria; Bangalore, India; and in the United States has proven that Laughter lowers the level of stress hormones (epinephrine, cortisol, etc) in the blood. It fosters a positive and hopeful attitude. It is less likely for a person to succumb to stress and feelings of depression and helplessness, if one is able to laugh away the troubles. Retrieved from website: <http://www.laughteryoga.org/>

