

**NIEHS/WETP Gulf Responder Resilience Training Project**  
**Behavioral Health Subject Matter Experts' Meeting**  
**Washington D.C.**  
**March 20, 2013**

**Introduction**

A key component of Phase II of the Gulf Responder Resilience Training Project was to convene a panel of behavioral health subject matter experts to solicit their input into the content and delivery of behavioral health training. Chip Hughes introduced the project and explained the on-going mental health concerns in workers who supported the clean-up efforts. He described that NIEHS has 3 on-going projects which include; the Resilience Consortia of the Gulf, the Gulf Workers Study which recently added a Behavioral Health Component and this project, and the Gulf Responder Resilience Training Project which aims to update training materials for disaster workers.

After participants introduced themselves, the goals of the day were outlined as follows:

- Discuss peer and clinical interventions to prevent and/or mitigate behavioral health illness
- Discuss the role of training and education in prevention
- Discuss the role of clinicians in managing these issues

A major outcome of this meeting is to better understand the most current evidence-based prevention programs so that the WETP aligns with them.

(Attendees are listed in Appendix 1)

It was noted how the Superstorm Sandy response also drives home the issue of the plight of coastal communities and that the mental health concerns in disaster workers are becoming an 'invisible' disaster, due in large part to the lack of fiscal support for worker education and training regarding environmental exposures and behavioral health. While this project deals solely with the Gulf, it is hoped that this project could be expanded into future efforts for all disaster impacted communities.

Jim Remington elaborated the goals and previous steps of the project. He highlighted the Biloxi meeting with community organizers which kicked off Phase II on March 1. The group agreed on the final product being a training module that can be 'plugged into' existing courses (such as the disaster site worker course, which was the first module-based course) but also stand alone. This draft curriculum, once developed will be brought back to the community organizer stakeholders for input and pilot testing. The community organizers emphasized the importance of cultural sensitivity, appropriate languages and ensuring that everyone receives the trainings.

Kevin Yeskey explained that the curriculum will be capabilities-based and organized as follows:

- Avoid, Identify, and Protect

- Recognize and Refer
- Intervene

The target audience is disaster workers, their supervisors, and primary healthcare providers. Primary care providers are an important link for this training. Over 30,000 Gulf workers were trained during Deep Water Horizon however limited healthcare providers have resulted in concerns over on-going and future mental health issues. Finally an evaluation component will be developed to measure the effectiveness of the training.

### ***Others' Experiences with Behavior Health Issues***

***The National Fallen Firefighters Foundation convened a meeting on March 1 and 2, 2013 that reviewed Firefighter Life Safety Initiative 13: Behavioral Health. The meeting was summarized and the following discussion points were emphasized.***

- The Fire Service is transitioning from CISD/CISM to Psychological First Aid (PFA) or what they call Stress First Aid. Elements deemed critical to their success included:
  - Education and training
  - Elimination of stigma for those who seek assistance
  - Trust in providers and confidentiality in record-keeping
  - Family involvement
  - Use of retirees as counselors

The fire service has noted the need to go beyond debriefing, as after 9-11 it was not debriefing that was needed as often as was meeting Maslow's Basic needs. This was difficult as many behavioral health and counseling services were unavailable.

Comments from participants:

- It was noted that it is also important to focus on wellness and services for issues (specifically economic) faced prior to a disaster which are known to factor into post-disaster stress
  - Ideally stress reduction/wellness is an ongoing process
- Getting help earlier is important for success, however identifying problems early can be difficult for those who are not in a structured work environment
- In disasters many responders, including firefighters, are victims as well as responders and they face additional stressors (community & occupational), e.g. firefighters who lived in Rockaway Beach (NY) during Superstorm Sandy
- Many responders face repeated disasters which can lead to compassion fatigue which begins to impact a responder's ability to be compassionate and has a negative mental health impact. This may be one reason responders may require different training

**A review of preliminary data from a survey of trained Gulf Workers was provided by Sue Ann Sarpy of Sarpy and Associates.** Preliminary results were provided to the group from the 507 returned surveys. Key findings included:

- Demographics of who took which training and where those persons worked was provided
  - Vietnamese took a great deal of training courses, but were the least deployed
- While overall scores of the training were found to be generally favorable, two subpopulations of workers did not rate the training favorably-Vietnamese and Islenos
  - Language and cultural differences were thought to be the underlying cause of these differences
- Significant number of workers noted that they rarely implemented the training lessons during their clean-up work, for a variety of reasons

#### **Additional comments**

- Situational and socio-cultural gaps are a major problem found in the Gulf Training and therefore in moving forward the first thing to know before a training is 'what makes sense to this group' (In terms of language, mannerisms, personality of a trainer etc.)
- As events keep happening, particularly where they repeat in a community, people can't be targeted or labeled as 'clean up workers' because they don't self-identify as such
- Concern was expressed that two years have passed since the DWH spill and the time to successfully intervene has passed
  - NIEHS 10 year follow-up on Gulf workers will greatly assist in the understanding of intermediate and long-term behavioral health issues and possibly identify which factors mitigate or worsen behavioral health issues in this population
  - Training people to adjust to a 'new normal' and yet to also prepare for future events is difficult and different from the on the ground efforts needed in recovery that are intended to ground them and help them connect emotionally

#### **A Summary of the Literature Review conducted by MDB, Inc was presented.**

- Most participants noted that the literature review reflected, without bias, the current state of the art for this topic
- Additional areas for study were discussed and included:
  - Intermediate time frame interventions
  - Social Capital as a source of recovery. Aldrich's work on Social Capital, specifically on Recovery in Japan was recommended for further analysis

#### **Additional discussion touched on a number of different topics:**

- *Building Community Resilience*
  - Preparedness can be used as a model for increasing resilience, particularly in situations where efforts continue to restore communities from a previous disaster There shouldn't

be a 'doom' factor in 'preparing for the next one' but the two ideas can be combined and leveraged to help improve both

- Many ways to build resilience with a worker emphasis were discussed. The threat of 'the next one' was recommended as a potential entrée into communities already suffering and new training could be an incentive so that 'outsiders' don't have to come into the community 'next time'. Offering training and working to create jobs out of response, and not just response jobs for outsiders was noted as a possible approach as well
- Building resilience and networks can take the shape of: 'if there was another spill' how could how would we organize ourselves? How would we like to be utilized this time, and how can we arrange ourselves to accomplish that. Self-organization helps reduce chaos
- *Response vs. Recovery*
  - The timeframe and scope of what to address are important. The timing may dictate the use of a Transitional focus or an earlier response/recovery focus
- *Dual utility of existing programs*
  - There are many intersections between existing ideas: Particularly between Safety Culture and Preparedness Culture; training can impact both
  - Emergency Response Health & Surveillance monitoring system (ERMS) combines an incident command system with Occupational Health and Resilience as well as surveillance and long term tracking

## **Recommendations for Training**

### **1. Develop a Capabilities-based curriculum.**

- Define the target audience
  - Workers
  - Supervisors: Important to have training for those who direct the actions of workers as they are they are the ones who have the power to take actions and correct problems
    - Supervisors are best situated to know the circumstances faced by workers before a disaster
  - Providers
- Must have sustainable funding, especially during response

### **2. Design training to be relevant at the community level and prioritized to address the most important issues to that community.**

- What positive factors allow a differential group (take training/don't) to respond differently? How do we measure this in the future? How do we capture the factors that are important?
- Training concepts should be infused into the entire community to build their resilience and not just the workers' resilience

- Community buy-in and input in training is critical to making it acceptable

**3. Describe mental health and physical health as being linked.**

**4. Training for workers' families should be developed that includes adverse behavioral health symptoms and response awareness.**

- Develop handout/training along the lines of 'What Hazwoper means for my family'
- \*\*SAMHSA has some of these documents already available

**5. Detecting and quickly addressing symptoms, as well as empowering individuals to assist in their community are all important components.**

- Important to recognize that certain things can't be changed. Emphasize skills to empower workers including recognition and referral
- Recognize, avoid, report, trust that supervisors won't put in danger

**6. Determine if behavioral health training can be incorporated into existing training such as HAZWOPER.**

- Just in time training is good, but when responders are already pumped up, their ability to listen is limited. Including behavioral health in other trainings is important.
- Language, cultural differences need to be considered
- Amount of time available for modules may vary

**7. Design training to be suitable for those unaffiliated volunteers, in addition for those who are part of an organized structure.**

- Curricula should address a common command structure for responders in a variety of response/recovery situations  
*\*\*Technical assistance document on fatigue management was a great example.*
- Identifying problems early can be difficult for those who are not in a structured work environment

**8. An evaluation tool should be developed to determine the effectiveness of the training.**

**9. Consider alternate names for the training as the term "traumatic stress" has a negative stigma associated with it.**

- *It was proposed that the term (and similar interventions related to) 'Fatigue' be used as this was thought to be more acceptable to the responder community*
  - National Response guidelines used "fatigue management guide", which includes a fatigue management process and heat-stress process, but does not yet include behavioral health

- The Chemical safety board recently announced a project on fatigue management
- PTSD definitions are different. You can't just "tell someone they have PTSD". Often wait for spontaneous resolution and caution must be taken in 'labeling someone' as having PTSD (or any problem)
  - *This program should help identify someone who needs to slow down, take a step back, not necessarily only those who need a referral and a clinical diagnosis*
    - What 9-11 really needed to prevent the outcomes was to control the environment, increase rest and support
- It was noted that the term 'Traumatic Stress' often has a clinical connotation to it and should potentially be avoided due to this

**10. Consider other models of behavioral health management.**

- Incident command could include a physician/resilience officer. Recent events like Sandy Hook and Superstorm Sandy saw a deployment of behavioral health people (both family and responder focused, as also occurred in Haiti. It is not uncommon for police and responders to have a behavioral health person with them. Some hazmat crews have them as well for cleaning of traumatic events
- Community health workers and religious groups help watch out for 'spiritual' health of responders
- FEMA's whole of community response focuses on locals and not outsiders (which can be a positive, but it adds stress as well)

This is an opportunity to do the do-able. There is not a major behavioral health component in our society, therefore this program must aim to help the community using what is there. Emphasize empowering them and not re-inventing the wheel.

The idea here is that EVERYBODY on the scene can help with general mental health.

**Additional Resources Suggested or Referenced**

\*\*Betty Pfefferbaum, MD worked on a community assessment resilience tool used to help whole communities collectively problem solve by bringing them together to identify problems, which usually helps generate a solution

\*\* Red Cross Neighbor to Neighbor program is already being implemented and emphasizes connections, teaching people to help each other

\*\*FEMA has an independent study course on public private interactions. Perhaps. FEMA courses would be a good tool to insert into as it's a pre-requisite for many responders

\*\*Smart phone capability should be considered: PFA has an App, Skills for Psychological Recovery has a Free App (VA) coming out