

The newsletter

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Psychological First Aid

Psychological first aid (PFA) is an evidence based approach to assist children, teens, adults and families in the immediate aftermath of a traumatic event such as a disaster, natural or manmade. Psychological first aid can be woven into the basic disaster response mechanism by a variety of response units. As an MRC member, you may be directly responding to an event or imbedded in other response units such as a first responder team, part of the incident command system, school crisis response teams, faith based organizations or Community Emergency Response Teams (CERT).

PFA has 8 core actions to provide early assistance and will need to be addressed in a flexible way using different strategies to meet individual needs.

- *Contact and Engagement*

Goal: To respond to affected persons or initiate contacts in a non-intrusive, compassionate and helpful manner.

- *Safety and Comfort*

Goal: To enhance immediate and ongoing safety, provide physical and emotional comfort.

- *Stabilization*

Goal: To calm and orient emotionally-overwhelmed/distraught survivors.

- *Information Gathering: Current Needs and Concerns*

Goal: To identify immediate needs and concerns, gather additional information, and tailor PFA interventions.

- *Practical Assistance*

Goal: To offer practical help to the survivor in addressing immediate needs and concerns.

- *Connection with Social Supports*

Goal: To help establish brief and ongoing contact with support persons or sources of support, may include family, friends or community help resources.

- *Information on Coping*

Goal: To provide information on stress reactions to reduce distress and promote adaptive coping and functioning.

- *Linkage with Collaborative Services*

Goal: To inform and link survivors with available services needed at the time or in the future.

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As you prepare to provide PFA, make sure that you are equipped with accurate information about what is going to happen, what services are available, and where services can be found because providing such information is often critical to reducing distress and promoting adaptive coping. Focus your attention on how people are reacting and interacting in the setting. Individuals who may need assistance may show one or more of the following signs of distress: disorientation, confusion, frantic behavior, panicky, extremely withdrawn or apathetic, extremely irritable or angry or individuals are exceedingly fretful and worried.

People take their cue from how others are reacting. By demonstrating calmness and clear thinking, survivors feel they can rely on you. Others may follow your lead in remaining focused, even if they do not feel calm, safe, effective or even hopeful. Sensitivity to culture, ethnic, religious, racial, and language diversity is central to providing PFA. It is critical to both outreach efforts and service provision. Helping to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds is important to assist survivors cope with the impact of the disaster.

Be aware of At-Risk Populations. Individuals that are at a special risk after a disaster include: children (especially children who have a parent that is injured or died), those who have had multiple relocations or displacements, those with prior disaster experiences, medically frail adults, the elderly, those with serious mental illness, those with physical disabilities or illness, adolescent who may be risk-takers, adolescents or adults with substance abuse problems, pregnant women, mothers with babies and small children, professionals who participated in disaster response and recovery efforts, those who have experienced significant losses of possession (pets, home, family memorabilia) and those who first hand witnessed grotesque scenes or extreme life threat.

The goal of Psychological first aid is to reduce distress, to assist with current needs, and promote adaptive functioning. The key to the delivery of PFA is to observe, listen and provide immediate assistance. This can be accomplished with some established guidelines.

- Politely observe first, don't intrude. When you do approach to offer assistance or you are approached by the person or family, use simple respectful questions and in concrete terms. Don't use acronyms or 'responder jargon'. Be prepared to be avoided or flooded with contact by affected persons and initially make brief but respectful contact with each person who approaches you. Do not assume that survivors want or need to talk to you, often just your presence in a supportive and calm way helps affected people to feel safer and more able to cope.
- Speak calmly and quietly. Be patient, responsive and sensitive.
- Do not label reactions as 'symptoms' or speak in terms of 'diagnoses', 'conditions', 'pathologies' or 'disorders'. Most acute reactions are understandable and expected given what people exposed to the disaster have personally experienced. Understand that previous experiences with other trauma or disaster may cause an increase in the number and severity of acute reaction symptoms.
- If survivors want to talk, be prepared to listen. Focus on learning what they want to tell you and how you can be of help. Acknowledge the positive features of what the person has done to keep safe and react to the current setting. Avoid a focus on perceived helplessness, weaknesses, mistakes or disability.
- Adapt the information you provide to directly address the person's immediate goals and clarify answers repeatedly as needed. Give information that is age appropriate, correct inaccurate beliefs and if the answer is unknown, then reflect this and offer to find further information. Do not present fad interventions or present uninformed opinion as fact.
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

It is becoming clear across all emergency and disaster mental health disciplines that there is no 'one size fits all' approach to addressing and responding to the mental health consequences of disasters. The disaster mental health response begins long before a disaster occurs and should be an integral part of the overall community disaster plan. The responsibility for providing supportive interventions during a disaster can and should extend beyond just the mental health professional alone. Educating and training all disaster responders in the concepts of Psychological First Aid or supportive problem solving and comfort care activities, strengthens the overall disaster response and ensures that those individuals impacted by disaster and its aftermath have a greater opportunity to have their practical and psychosocial needs addressed early on and potentially minimize long term psychological consequences.

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Special Circumstances: Missing Persons, Bereavement

Worry about a loved one is extremely distressing and members of a family may experience a number of different feelings: worry, hope, anger, turmoil, shock, gratitude, or guilt. They may alternate between certainty that the person is alive—even in the face of contradictory evidence—and hopelessness and despair. They may blame authorities for perceived ineptitude or delays. They may also feel vengeful against those that they consider responsible for their presumed loss and may be frustrated by what they consider to be inadequate efforts or resources devoted to locating their missing relative or friend. An important way to assist family members as a PFA provider, is to be familiar with how to obtain updated information. If registries or other mechanisms are available, have family members place their own names in the registry as well as use it to searching missing loved ones. Another way to assist families is to provide extra time to listen or provide childcare when adults are checking for updates or the registry. PFA providers can review with the family any pre-disaster plans for post-disaster contacts which may include school or work evacuation plans, out of state telephone numbers of relatives or friends or any pre-arranged meeting places within and outside of the disaster perimeter.

Assisting with communication needs such as obtaining a cellular phone or providing information on the search with advisement as to any dangers if family members desire to be part of the search and rescue, is another way to support those who are worried about missing family. It may comfort some family members to keep a small personal item and/or photograph of the missing person with them. When it is feasible, this may be encouraged as an alternative to leaving a safe area when it is not advisable. Adults who may feel most urgent about leaving a safe area include: Adults with missing elderly parents, Parents/caregivers of missing children, and Adolescents with a missing parents or close friend.

Beliefs and attitudes about death, funerals, and expressions of grief are strongly influenced by family, culture, religious beliefs, and rituals related to mourning. Those providing support should be informed about cultural norms with the assistance of community cultural leaders who best understand local customs. Even within cultural and religious groups belief and practices can vary widely. Do not assume that all members of a given group will behave or believe similarly. It is important for families to engage in their own traditions, practices, and rituals to provide mutual support, seek meaning, manage a range of emotional responses and death related adversities, and honor the death.

Acute grief reactions are likely to be intense and prevalent among those who have suffered the loss of a loved one or close friend: sadness and anger over the loss, guilt or regret over not having been able to prevent the death, provide comfort, or have a proper leave-taking, missing or longing for the deceased, and the strong desires for reunion (including dreams of seeing the person again). Grief reactions vary from person to person and in intensity for years after the loss. There is no single correct course of grieving. Although painful to experience at first, grief reactions are healthy reactions that reflect the significance of the loss. Over time, grief reactions tend to include more pleasant thoughts and activities, such as telling positive stories about a loved one and finding constructive ways to memorialize or remember him/her.

Children's understanding of death varies according to age but be aware that children can feel the loss just as intensely as adults. Preschool children may not understand that death is permanent and may believe that if they wish it, the person can return. School age children may understand the physical reality of death, and think of death as a monster or skeleton. They may experience feelings of the ghost-like presence of the lost person, but not tell anyone. Adolescents understand that death is irreversible. Losing a family member or friend can trigger anger and impulsive decisions.

There are certain phrases like the following that should be avoided: 'I know how you feel'; 'It was probably for the best'; 'He is better off now'; 'It was time for her to go'; 'At least he went quickly'; 'Let's talk about something else'; 'That which doesn't kill us makes us stronger'; 'It's good that you are alive'; 'It's good that no one else died'; 'Everything happens for the best according to a higher plan'; 'We are not given more than we can bear'; 'It could be worse; you still have a brother/sister/mother'; and to a child 'You are the man/woman of the house now'.

The best response is to listen, and reassure individuals that what they are feeling is understandable and expected. Do let them know that these feelings are likely to continue with feelings of sadness, loneliness or anger. Suggest to seek out the support of the clergy or a counselor who specializes in grief counseling if feelings of depression persist beyond three to six months.

Editors Note: This article on Psychological First Aid has been excerpted from the manual: Psychological First Aid-Field Operations Guide for Medical Reserve Units. An excellent resource with many practical suggestions and guidelines. The full downloadable version can be found on our website: WachusettMRC.org. Judie

Announcements

HTNT Updates:

As updates have been coming in to MRC leaders either through the CDC or Health and Human Services (HHS) or from Massachusetts DPH, Wachusett MRC has been posting the information on our website. As you can imagine, there has been a lot of activity and information, so as information is updated or new resources have been received the website has been updated. Please check the website weekly for new updates www.wachusettmrc.org



Volunteer opportunities in your community:

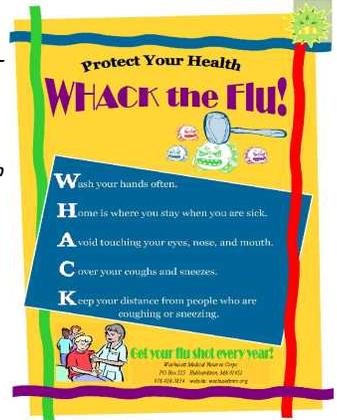


Westminster: September 27th is the Westminster parade to celebrate their 250th anniversary. We have been asked to serve in the First Aid tent. We have supplies, and they are providing EMS backup. We need a few good nurses and others with a basic first aid course.. Volunteer time will be 2-4 hours according to your available time. This is basic first aid..bumps and bruises. Call 978-928-3834 and leave your name and number if you would like to join this effort. You must have the Wachusett MRC badge and we will work with you to get that completed.



Petersham: We have been putting some ideas together to do a fun table on nutrition as well as handing out information on the flu and emergency kits. Diabetic screening. Healthy snacks and a couple games. This is August 30th. We are looking for nurses from Petersham and surrounding towns to help out. Asking 2-4 hours volunteer time according to availability. You must be badged with Wachusett MRC and we will work with you to get that completed. Call 978-928-3834 and leave your name and number if you would like to join this effort

Whack the Flu: Head Start in Gardner, Baldwinville Elementary School and others have contacted us to provide this 10 minute skit and WHACK review to the children this coming fall. We are in need of two person teams to visit a school in your community to do the program. Program is appropriate for grades Pre-K to grade 4. About 2 to 2 1/2 hours time with about 45 minute preparation time. Can be done in one morning or afternoon however set up with the school. Call 978-928-3834 and leave your name and number. Must be badged with the Wachusett MRC. We will work with you to get that completed.



If you see or hear of a community program in an area of public health or emergency response that you would like us to review, send an email to us or give a call. Always looking for new ideas.!!

We continue to schedule meetings at various libraries or schools. These are "drop by" meetings to meet and greet. We will send a postcard in the mail to let you know when and where.

Backpacks with emergency flashlight, first aid kit, our handbook and several other items are being given to each member who has completed the application and CORI check.

Reminder: Send in your applications and CORI forms. If you have any questions about the packet of information, please give a call or email Wachusettmrc@juno.com.

Don't forget to check the website, trying to keep it current with the many updates that come to the Wachusett email.

P. S. : If you changed your email, please forward that to us. Helps minimize the number of bounce backs.

EMERGENCY USE AUTHORIZATION

New CDC Training- Power Point presentation online... Grab a cup of tea or coffee and take a little time to learn something that most of us don't contemplate until it is thrust upon us rather rudely. This will also be on the website as a link to the slide show.

<http://emergency.cdc.gov/training/eua/index.html>

The introduction is as follows:

A bioweapon has been used in your community. As part of your public health response, you request assistance from the Strategic National Stockpile (SNS), which will include an unapproved medical product for the treatment of victims.

What should happen next?

[The governor declares an emergency for your community and grants an Emergency Use Authorization \(EUA\) for use of the unapproved medical product.](#)

Or

[The Food and Drug Administration \(FDA\) Commissioner has the authority to issue an EUA for use of the unapproved medical product.](#)

Or

[The U.S. Secretary of Health and Human Services determines that a public health emergency exists and issues a declaration of emergency, which allows for issuance of an EUA.](#)

The U.S. Department of Defense, the U.S. Department of Homeland Security, or the U.S. Department of Health and Human Services must determine an emergency. The U.S. Secretary of Health and Human Services then issues a declaration of emergency allowing for an Emergency Use Authorization.

What is the next step?

[An Investigational New Drug \(IND\) application is needed to distribute and administer the unapproved medical product. An IND is completed and submitted to the FDA.](#)

Or

[An EUA request is submitted to the FDA. The FDA Commissioner will review the request to authorize the use of the unapproved medical product and issue an EUA, if the criteria for issuance are met.](#)

Healthy Monday helps Americans get back on track: Monday described as 'The Day All Health Breaks Loose'

by Catharine Harris/ The Nation's Health June/July 2009

For many Americans, Monday is no cause for celebration. It signals the end of the weekend and a return to the daily grind of work and school. And for some, the previous weekend represented a time of indulgence in unhealthy behaviors. Yet, the health consequences that can come with such behaviors — such as cancer, heart disease, obesity and diabetes — are undeniable. So when Monday rolls around and reality sets back in, the question many people must ask themselves is: When the weekend ends, does the unhealthy behavior end with it?

The Healthy Monday campaign wants all Americans to answer "yes." Created in 2006 by the Mailman School of Public Health at Columbia University, in association with the Bloomberg School of Public Health at Johns Hopkins University and the Newhouse School of Public Communications at Syracuse University, the campaign calls for Americans to adopt Monday as the day they get back on track by engaging in healthy behaviors. With a theme of "Monday: The Day All Health Breaks Loose," the campaign includes a variety of Monday-themed activities for the general public ranging from quitting smoking to eating healthily.

But why Monday? According to the campaign, "Monday is the January of the week, the day to set goals, refocus and recommit. It's a logical day to commit to improving health and wellness — the day to trigger and sustain healthy behavior." For more information, including a complete list of Healthy Monday programs and sponsors, visit www.healthymonday.org.

From Capitol Hill....

Dear MRC Leaders,

We recently shared with you the news of President Obama's "United We Serve" campaign (<http://www.serve.gov>), which challenges all Americans to help lay a new foundation for growth in this country by engaging in sustained, meaningful community service. The initiative will be led by the Corporation for National and Community Service, the federal agency dedicated to fostering service in communities across the country. United We Serve begins June 22nd, running through September 11th, and will provide a platform for highlighting the incredible activities the MRC is already planning, hosting, holding, and participating in over the next couple of months.

The President's call focuses on four key areas where everyone can have a continuing impact in their community: education, health, energy and the environment and community renewal. MRC units can take the lead in health, outreach, and community renewal. In the past few weeks alone, units have reported a variety of public health and outreach activities, including:

- The Bracken County MRC (Brooksville, KY) distributed to local schools "Cover Your Cough" and hand washing forms.
- The MRC of Mower County (Austin, MN) conducted a pandemic flu and household preparedness presentation to Mower County Highway Department Staff and that included information on how to register to become MRC volunteers.
- The Allen County-Scottsville MRC (Scottsville, KY) participated in a public health outreach activity, "relay for life" that focused on healthy eating, exercise, and cancer prevention.

The Amherst Health Department MRC (Amherst, MA) members staffed a table at the Amherst Farmers Market, distributing literature about Emergency Preparedness, the 72-Hour Kits, as well as fact sheets on the H1N1 virus.

Medical Reserve Corps units are already playing an integral role in the improvement of the health of communities across the nation. We look forward to seeing the amazing part the MRC will play in the United We Serve campaign. To create new service projects, find service projects in your communities and to share stories about projects that are making a difference, please visit the Corporation's website, <http://www.serve.gov>.

Regards, Grace M. Middleton

Public Information Officer

Office of the Civilian Volunteer Medical Reserve Corps

Editor's Note: There are additional details to this program on our website. Additionally, MRC leaders were asked to sign up their organizations listing volunteer opportunities. Wachusett MRC is listed although this newsletter and the website will probably be a more up to date and local resource for activities and events requiring help and assistance.

June 9, 2009

Washington, D.C. -Acting Surgeon General Steven K. Galson, M.D., M.P.H. today issued The Surgeon General's Call to Action To Promote Healthy Homes at a press conference from the National Building Museum in Washington D.C. The *Call to Action* looks at the ways housing can affect health; its release will initiate a national dialogue about the importance of healthy homes.

"The home is the centerpiece of American life," Galson, a Rear Admiral in the U.S. Public Health Service, said during today's press conference. "We can prevent many diseases and injuries that result from health hazards in the home by following the simple steps outlined in this *Call to Action*."

Some examples outlined in the *Call to Action* include preventing falls by taking measures such as installing grab bars in showers and preparing a fire escape plan. Falls are the leading cause of injury deaths among older adults. Other steps outlined in the *Call to Action* include:

Continued next page....

- Check gas appliances, fireplaces, chimneys, and furnaces yearly and change furnace and air conditioning filters regularly.
- Keep children safe from drowning, lead poisoning, suffocation and strangulation, and other hazards.
- Improve air quality in their homes by installing radon and carbon monoxide detectors, eliminating smoking and exposure to secondhand smoke, and controlling allergens that contribute to asthma and mold growth.
- Improve water quality by learning to protect and maintain private water wells.

Galson urged everyone from parents and homebuilders to community leaders and policy makers to embrace the holistic approach to creating healthy homes outlined in the *Call to Action*.

During the event, Ron Sims, Deputy Secretary, U.S. Department of Housing and Urban Development (HUD) also announced the release of HUD's Healthy Homes Strategic Plan. HUD's Plan demonstrates why healthy homes is a national priority, describes what steps should be taken to achieve healthier housing, and highlights the key public and private partners for implementation.

"We are pleased that we are able to release our strategic plan to the nation today," Sims said. "We must continue to work together across communities and the nation to ensure our homes are sited, designed, built, renovated, and maintained in ways that support the health of residents."

The *Call to Action* outlines the next steps of a society-wide approach to healthy homes that will result in the greatest possible public health impact and reduction of disparities in the availability of healthy, safe, affordable, accessible, and environmentally friendly homes.

- Individuals can make their homes healthy and more environmentally friendly by improving air quality, safely using household products, properly using safety devices, adequately supervising children, and abating the use of toxic chemicals.
- Organizations can educate at-risk populations about the connection between health and housing, and identifying and addressing home deficiencies.
- Healthcare providers can incorporate healthy housing solutions into their protocols.
- Government can help create homes that are affordable and improve people's health. Adequate supplies of affordable housing must be made available in order for healthy homes to be achieved.

"Good health begins at home. Home is the place that most families connect, talk, and make decisions about their health. Ensuring that the nation's homes are safe, healthy, affordable, accessible and environmentally friendly will have a direct, immediate and measurable effect on the health of the nation." Dr. Howard Frumkin, Director of CDC's National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry.

The *Call to Action* also highlights the need for research that links housing conditions with specific health outcomes and that highlights the impact of disparate access to safe, healthy, affordable, and accessible homes. The outcomes of this research should result in tangible improvements to people's lives by translating practice into policy.

The release of this document is part of a larger Healthy Homes Initiative led by the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention, and the U.S. Department of Housing and Urban Development with support from such organizations as the National Center for Healthy Housing, the Alliance for Healthy Homes, and the Coalition to End Childhood Lead Poisoning.

Please visit www.surgeongeneral.gov for more healthy home information, to download The Surgeon General's Call to Action to Promote Healthy Homes, or to listen to a podcast from the Acting Surgeon General.

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Hurricane Season Began June 1

Although scientists can now predict hurricanes, their trajectories can change at a moment's notice and the *Ready* Campaign wants to make sure that people who live in regions affected by hurricanes and coastal communities are prepared for what they will do in the event of a hurricane, particularly if they need to evacuate.

It's also important to remember that hurricanes bring residual hazards including [high winds](#), [tornadoes](#), and [flooding](#) that cause damage hundreds of miles from the coast. In fact, the largest amount of rainfall from hurricanes is usually produced by slow moving tropical storms that stall over an area. As all hurricanes weaken to tropical storms and move inland, the threat of torrential rains and high winds over large areas intensify the risks of flooding. Therefore, even in-land communities should take steps to prepare for the upcoming hurricane season.

To prepare for hurricanes, everyone should:

- Get a Kit – An [emergency supply kit](#) should include items such as non-perishable food, water, a battery-powered or hand-crank radio, extra flashlights and batteries. It's important to also have a "to-go bag" ready in case you need to evacuate.
- Make a [Family Emergency Plan](#) – Your family may not be together when a hurricane strikes, so it is important to know how you will contact one another, how you will get back together and what you will do if an evacuation is necessary.
- Be Informed – Familiarize yourself with the terms that are used to identify a hurricane and learn about the emergency plans that have been established in your area by your [state and local government](#).

For more information on how to prepare for hurricanes, visit the *Ready* Web site at <http://www.ready.gov/america/beinformed/hurricanes.html>