PHASES OF A DISASTER AND TIMING OF EARLY INTERVENTION

Introduction

On February 24, 2006 (a Friday), the White House issued a report entitled the Federal Response to Hurricane Katrina: Lessons Learned. One of the more experienced emergency managers noted, "it ain't a lesson learned until you correct it and prove it works" (Canton, 2007). Apparently, even after the experience of 9/11, and billions poured into emergency preparedness, there were still some lessons to be learned.

Disasters, by their very nature, tend to overwhelm available resources, and local authorities turn to provincial and federal agencies for additional support. Inevitably, as the event unfolds, there will be criticism of the government's response. It is seldom the initial life-saving efforts that are criticized. Rather, focus tends to be reserved for traditional victim services such as sheltering or evacuation. The second focus of criticism often involves longer-term follow-up, particularly the reconstruction efforts. Again, using the example of Katrina, it is easy to think of lessons to be "learned" when it comes to both the sheltering and evacuation phases, as well as the reconstruction efforts.

Some of the criticism levelled at disaster response may reflect an unrealistic expectation on the part of the public that no matter what happens, the government is prepared and equipped to deal with anything. How many individuals are prepared to go without any support for at least 72 hours following a disaster? Five and a half years after the ice storm of 1998, Ottawa's difficulties in contending with a massive power outage suggests that we too hadn't yet learned our lessons.

While no one ever hopes to have the phone ring in the middle of the night to call us to respond to a disaster, we have to be prepared, both as individuals and as a community. What follows is a brief description of the various stages of a disaster, and the roles and responsibilities associated with each. Where you see the "Role of Mental Health" outlined, you are part of this response, but not the whole part. Others, such as hospitals, schools, community health and resource centres, and individual practitioners will have roles to play as well. Any list of roles and responsibilities is bound to have omissions, and no matter how well prepared a community is, there will always be lessons to be learned, this is meant to enable all of us to be better prepared for when that phone does ring.

Disaster Phases

Phase: Pre Incident

Goal: Preparation, improve coping.

Behaviour: Preparation vs. denial.

Role of Helpers: Prepare, train, gain knowledge.

Role of Mental Health: Train, gain knowledge, collaborate, inform and influence policy, set structures for rapid response/assistance.

Phase: Impact (0-48 hours)

Goal: Survival and Communication

Behaviour: Fight, flight, freeze, surrender.

ROH: Rescue and protect.

RMH: Provision of basic needs including:

- Safety
- Security
- Survival
- Food and shelter
- Provide orientation
- Facilitate communication with family, friends, and community
- Assess environment for ongoing threat
- PFA begins
  - Provide support and a presence for the distressed.
  - Keep families together and facilitate reunification with loved ones.
  - Provide information and education.
  - Protect survivors from further harm.
  - Reduce physiological arousal.
- Monitor the environment
  - Observe and listen to those most affected.
  - Monitor the environment for sources of additional stress.

Phase: Rescue (0-1 week)

Goal: Adjustment

Behaviour: Resilience vs. exhaustion

ROH: Orient and provide for needs.

RMH: Needs assessment:

- Assessment of "current" status - how well are needs being addressed?
- Is a recovery environment in place?
- Additional interventions (individual, group, population).
- Triage
  - Clinical assessment.
  - Referrals to professionals, when indicated.

  - Identify vulnerable/high risk individuals.
  - Hospital emergency room or outpatient treatment.
- Outreach and Information Dissemination
  - Make contact with and identify people who have not requested services (i.e., therapy by "walking around").
  - Inform people about different services, coping, recovery process, etc. (including use of existing community structures, fliers, websites, media).
- Fostering Resilience and Recovery
  - Social interactions.
  - Coping skills training.
  - Education about the stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services.
  - Group and family support.
  - Foster natural social support.
  - Look after the bereaved.
  - Repair organizational fabric.
  - Operational debriefings in responder organizations.
  - Spiritual support.

Phase: Recovery (1-4 weeks – includes the "honeymoon")

Goal: Appraisal and Planning

Behaviour: Grief, reappraisal, intrusive memories, narrative formation.

ROH: Respond with sensitivity (moving into recovery rather than rescue)

RMH: Monitor the recovery environment

- Observe and listen to those most affected (again).
- Monitor the environment for toxins.
- Monitor past and ongoing threats.
- Monitor services being provided.

Phase: Return to Life (2 weeks to 2 years)

Goal: Reintegration

Behaviour: Adjustment versus phobias, PTSD, avoidance, depression, etc.

ROH: Continue assistance.

RMH: Treatment, respond to "anniversary" reactions.

Conclusions

Like Kubler-Ross's stages of grief, the phases of a disaster cannot be seen as a linear, simple process. Standing over the scene of a disaster after one week and blowing on a whistle while exhorting those around you with "all right people, it's time to start the recovery phase, rescue's done" would hardly be helpful. However, as a guideline, understanding the phases of a disaster, including our current status as "pre-incident," as well as the roles and responsibilities we have as mental health responders, is an important part in preparing our response. And what lessons have we learned? Perhaps the most important is: **Don't prepare for the last disaster, prepare for the next!**