

Disasters, Emergencies and Critical Incidents: Best Practices in Behavioral Health

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Agenda

**International Data- the big
(huge) picture**

**Phases, Timelines, and
Population Exposure Model**

**Common Symptoms and
Experiences**

Effective Interventions


**Resilience Building at scale
IDEAL Roadmap**

My international work:

- Lived in Morocco in 2007
 - Research on coping, faith and substance use
- 8 trips to Haiti between 2010-2012
 - Trained over 400 Haitians in Health Support Team program
- 4 trips to Jordan 2013 - 2017
 - Trained over 200 Jordanians, Iraqis, Palestinians and Syrians in HST
 - More research on Resilience, recovery factors
- Jamaica in 2014
 - Violent crime / Community resilience conference
- Poland in 2022
 - Trained over 100 Ukrainian parents, Polish first responders, Teachers
- Libya is in the works



Regional and local work

- **Maui fire response**
 - **Medical Lake (Grey fire) response**
 - **Uvalde school shooting consultation**
 - **COVID BH response co-lead for DOH**
 - **Sumas / Whatcom Cty flood recovery**
 - **Ingraham HS shooting response**
 - **Seattle Pacific University shooting response**
- 

Internationally

Disasters

The number of disasters has increased by a factor of five over the 50-year period, driven by climate change, more extreme weather and improved reporting. But, thanks to improved early warnings and disaster management, the number of deaths decreased almost three-fold.

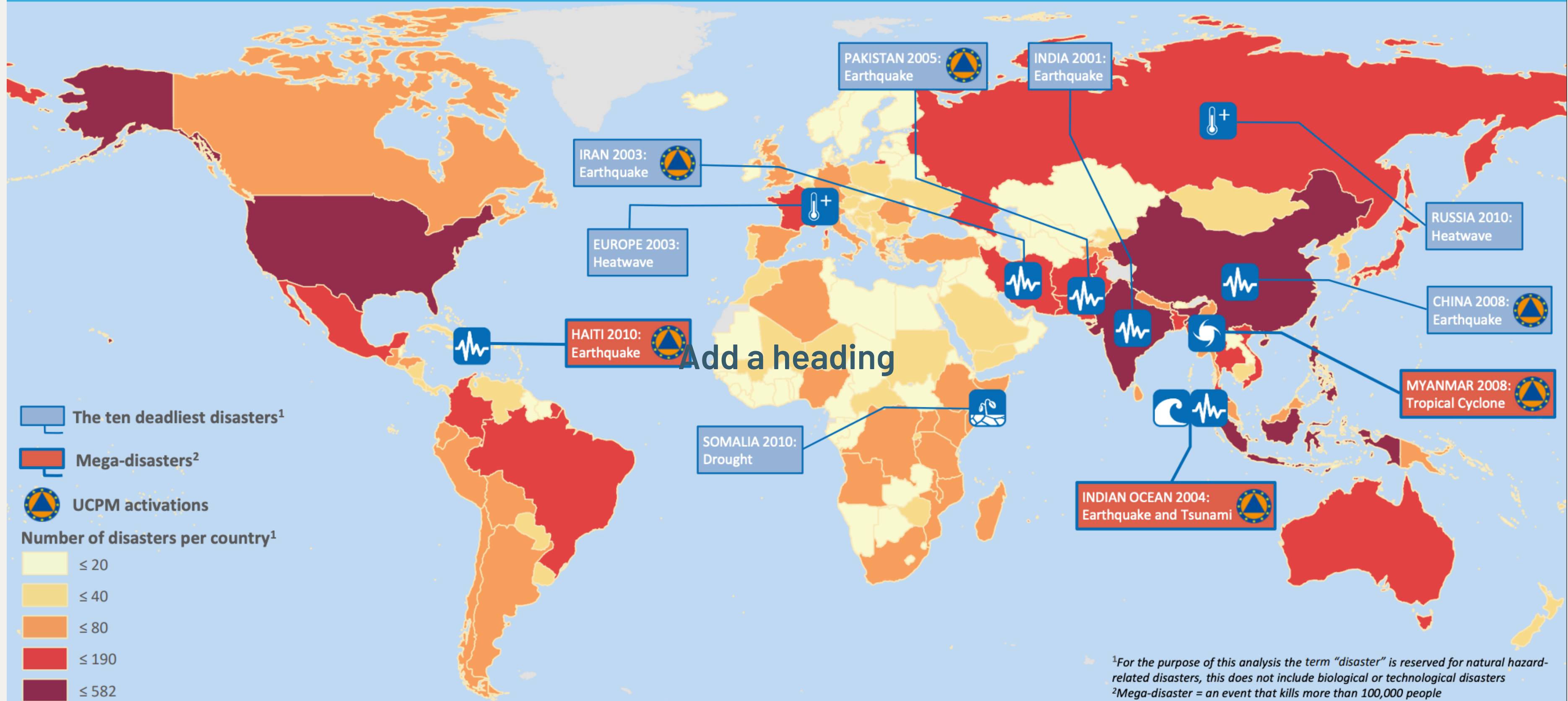
Mental Health

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic.

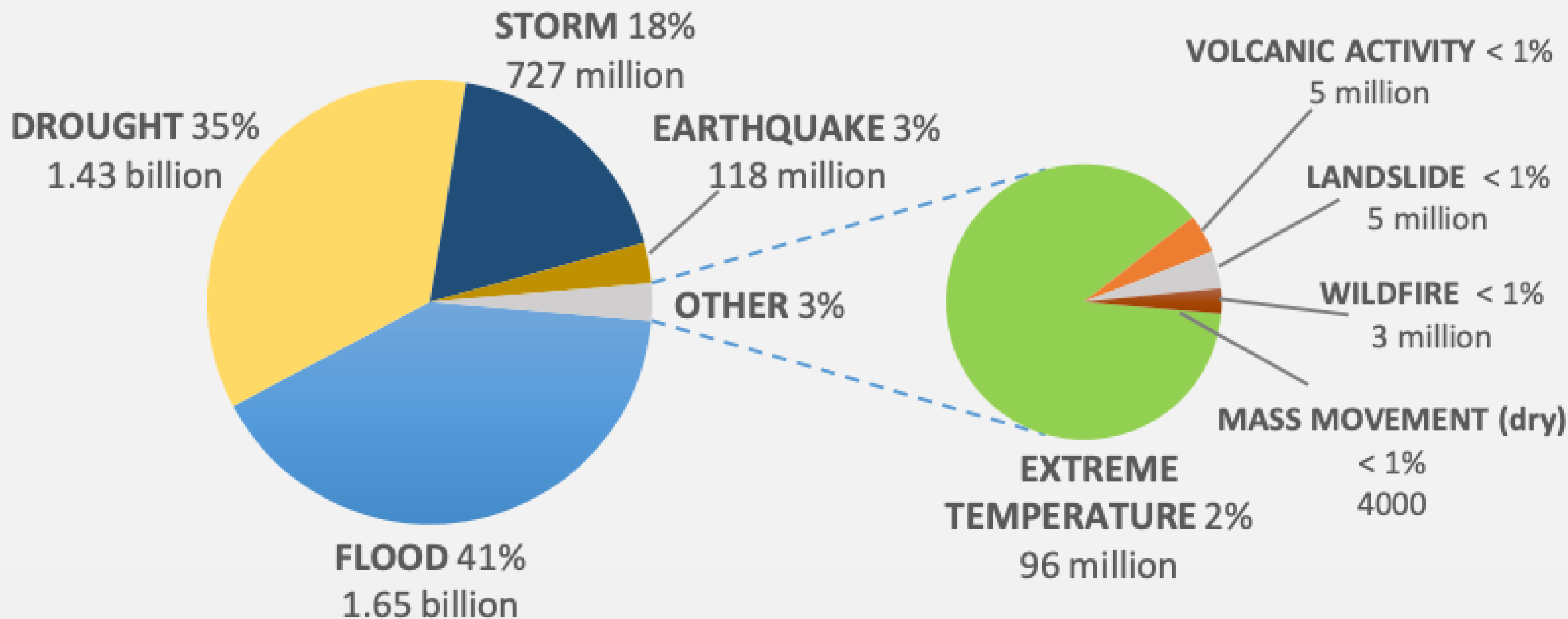
Resilience

Globally, 1 out of 4 people among the general population and health professionals experienced low resilience due to COVID-19 adversity.

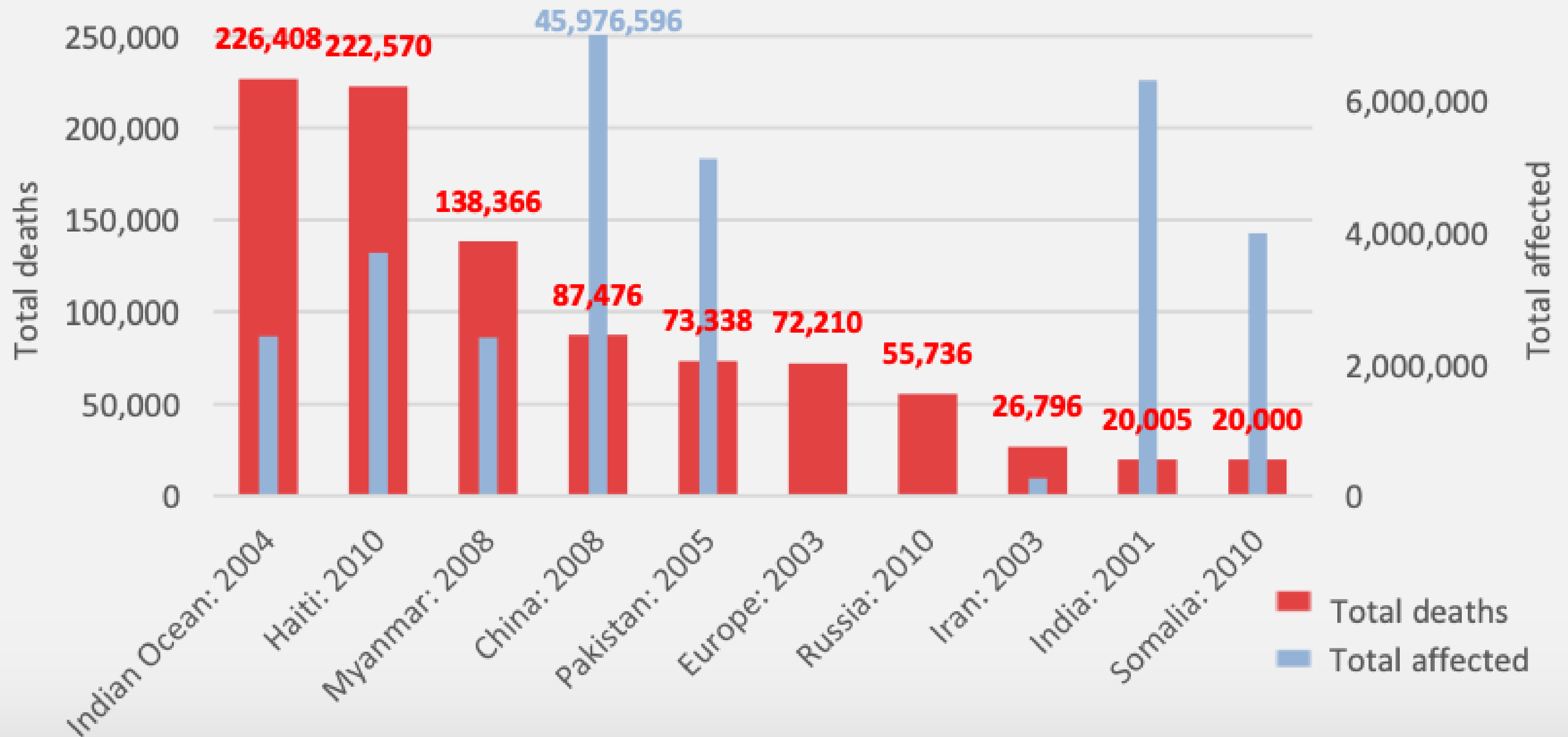




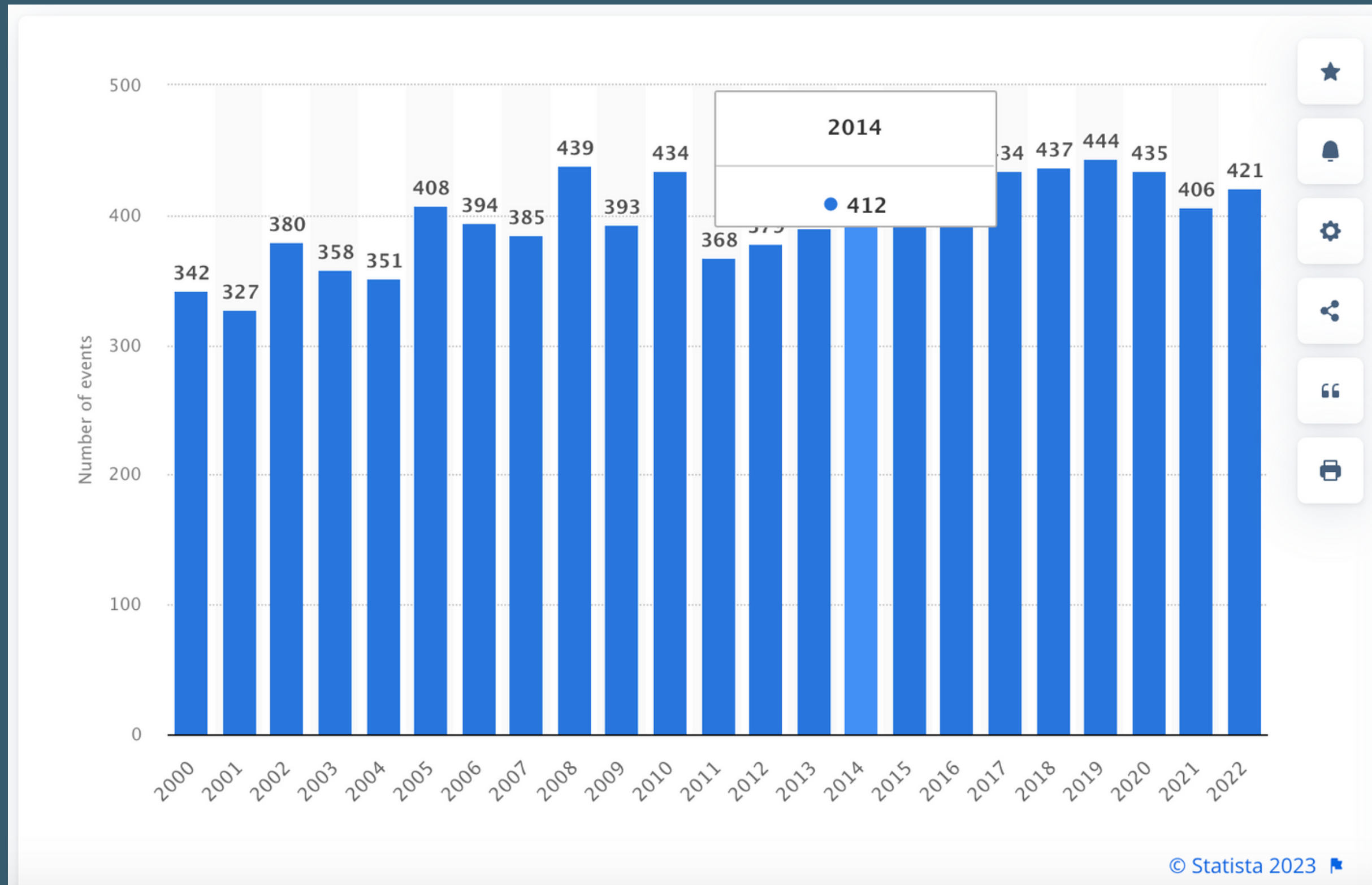
TOTAL NUMBER OF PEOPLE AFFECTED BY DISASTER TYPE¹



THE TEN DEADLIEST DISASTERS



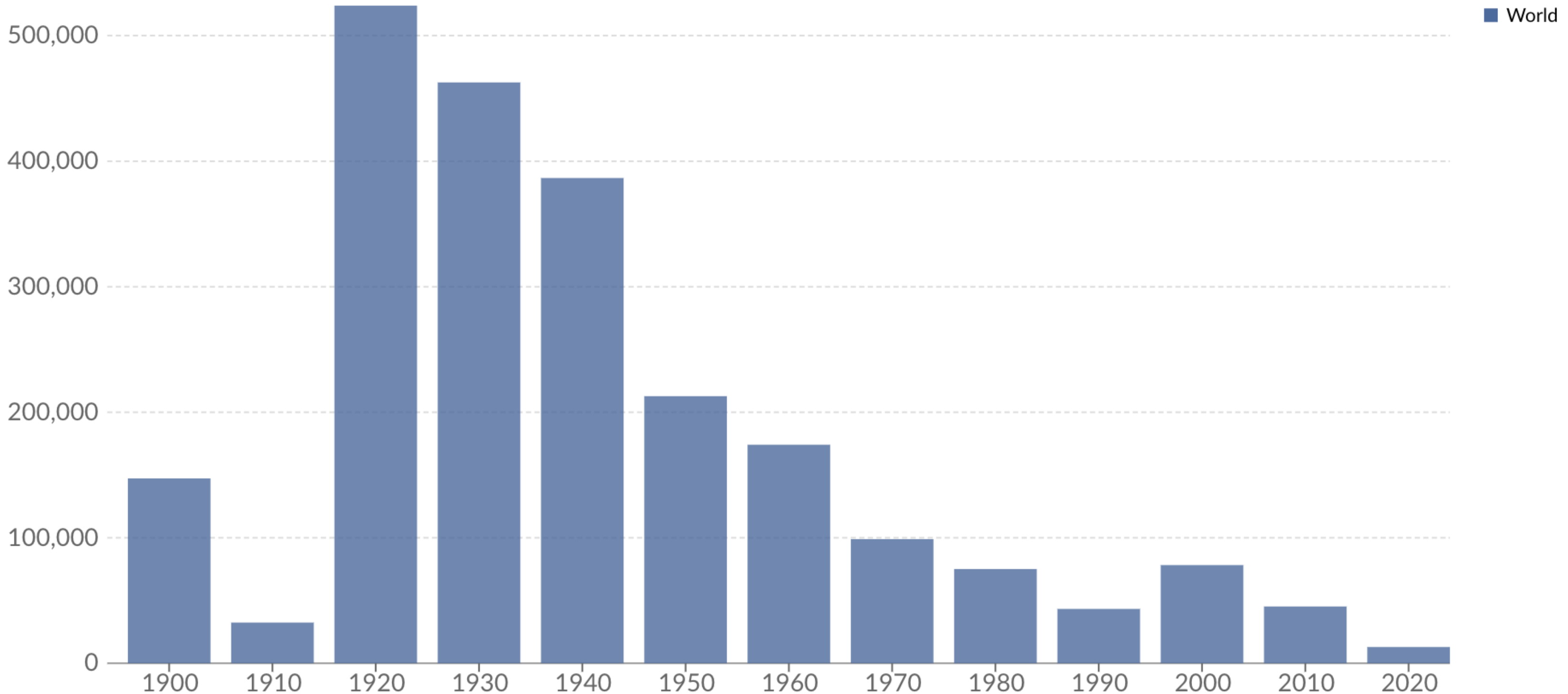
Number of natural disaster events worldwide from 2000 to 2022



For an event to be characterized as a natural disaster event, at least one of the criteria must be met: economic loss of 50 million U.S. dollars; insured loss of 25 million U.S. dollars; ten fatalities; 50 injured; or 2,000 homes or structures damaged.

Decadal average: Annual number of deaths from disasters

Disasters include all geophysical, meteorological and climate events including earthquakes, volcanic activity, landslides, drought, wildfires, storms, and flooding. Decadal figures are measured as the annual average over the subsequent ten-year period.



Source: Our World in Data based on EM-DAT, CRED / UCLouvain, Brussels, Belgium – www.emdat.be (D. Guha-Sapir)

CC BY

Note: Decadal figures are measured as the annual average over the subsequent ten-year period. This means figures for '1900' represent the average from 1900 to 1909; '1910' is the average from 1910 to 1919 etc.



The human experience in disasters is obviously way more, and more important, than what is represented statistical charts.

in 2010 Haiti lost ~250,000 people, with a total population of 10 million.

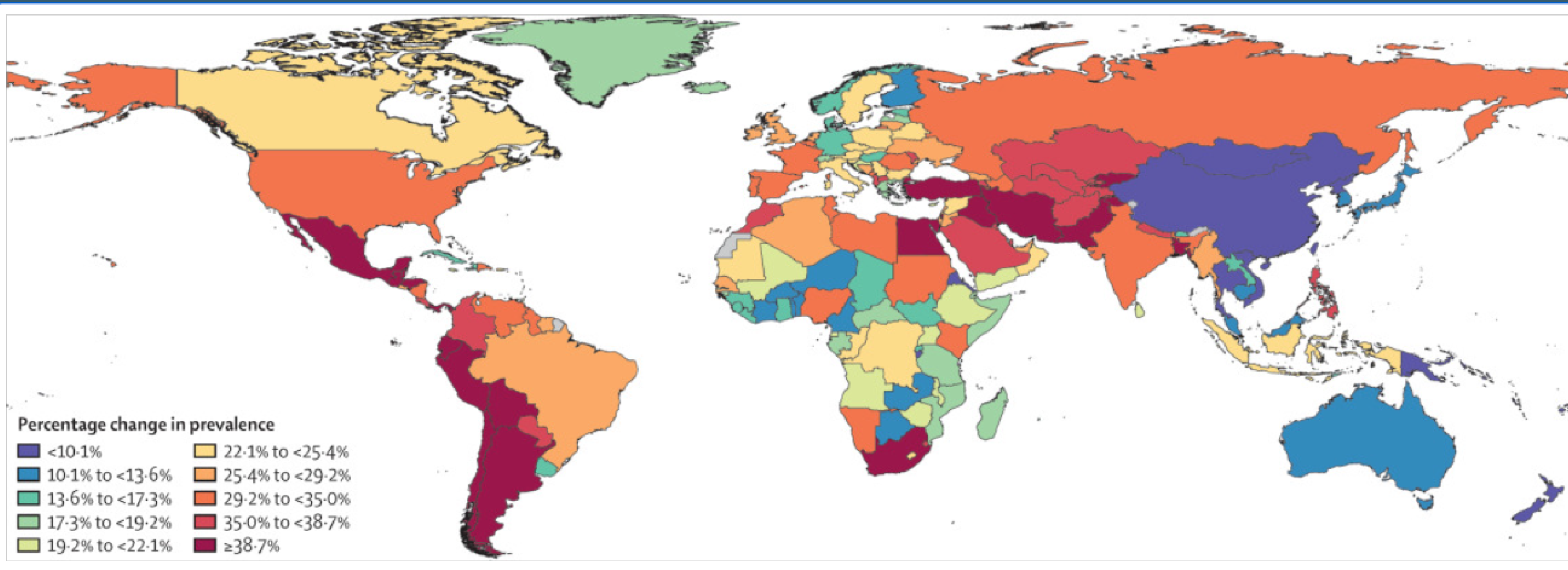
Disaster cascades:

more than one large-scale impact that occurs during the recovery window (18-24 months) from the original impact.

- Tax already depleted mental, emotional and physical resources
- Re-start the disaster recovery cycle, but at a lower baseline
- Extend the recovery cycle
- Increase acuity of symptoms
- Haiti in 2010
- COVID as a cascade



Change in the prevalence of major depressive disorder after adjustment for (ie, during) the COVID-19 pandemic, 2020

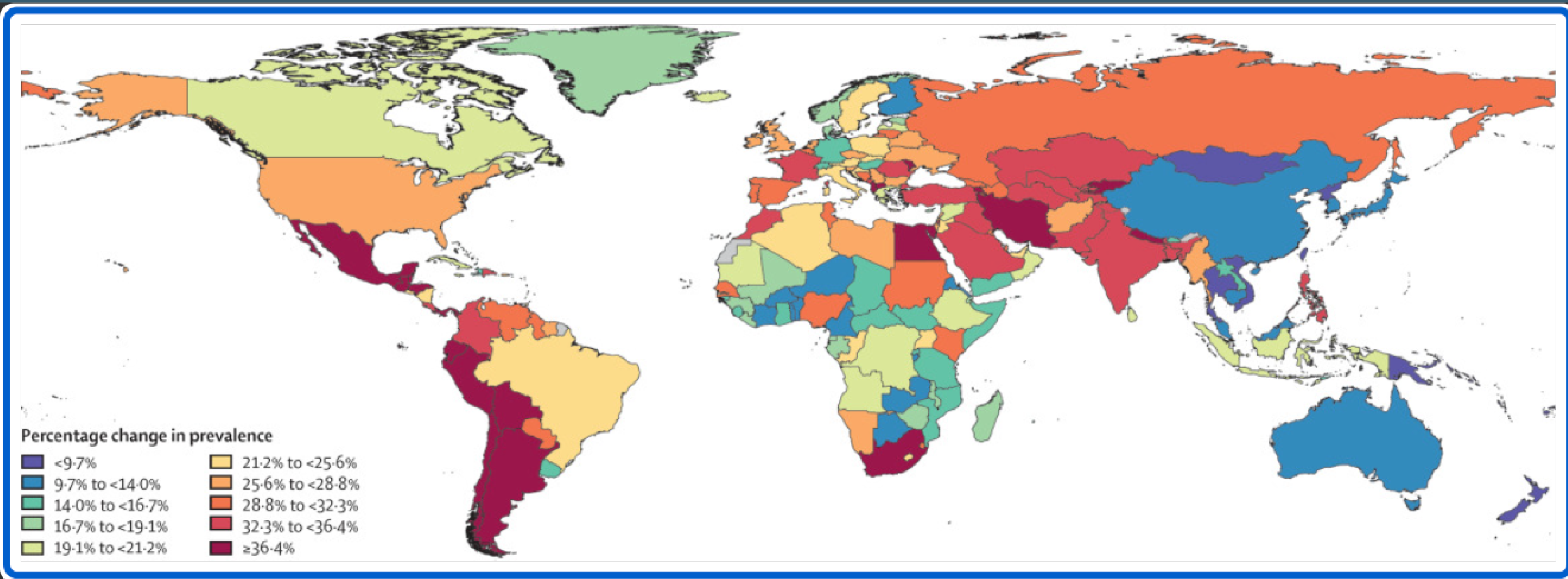


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Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

COVID-19 Mental Disorders Collaborators †

Change in the prevalence of anxiety disorders after adjustment for (ie, during) the COVID-19 pandemic, 2020

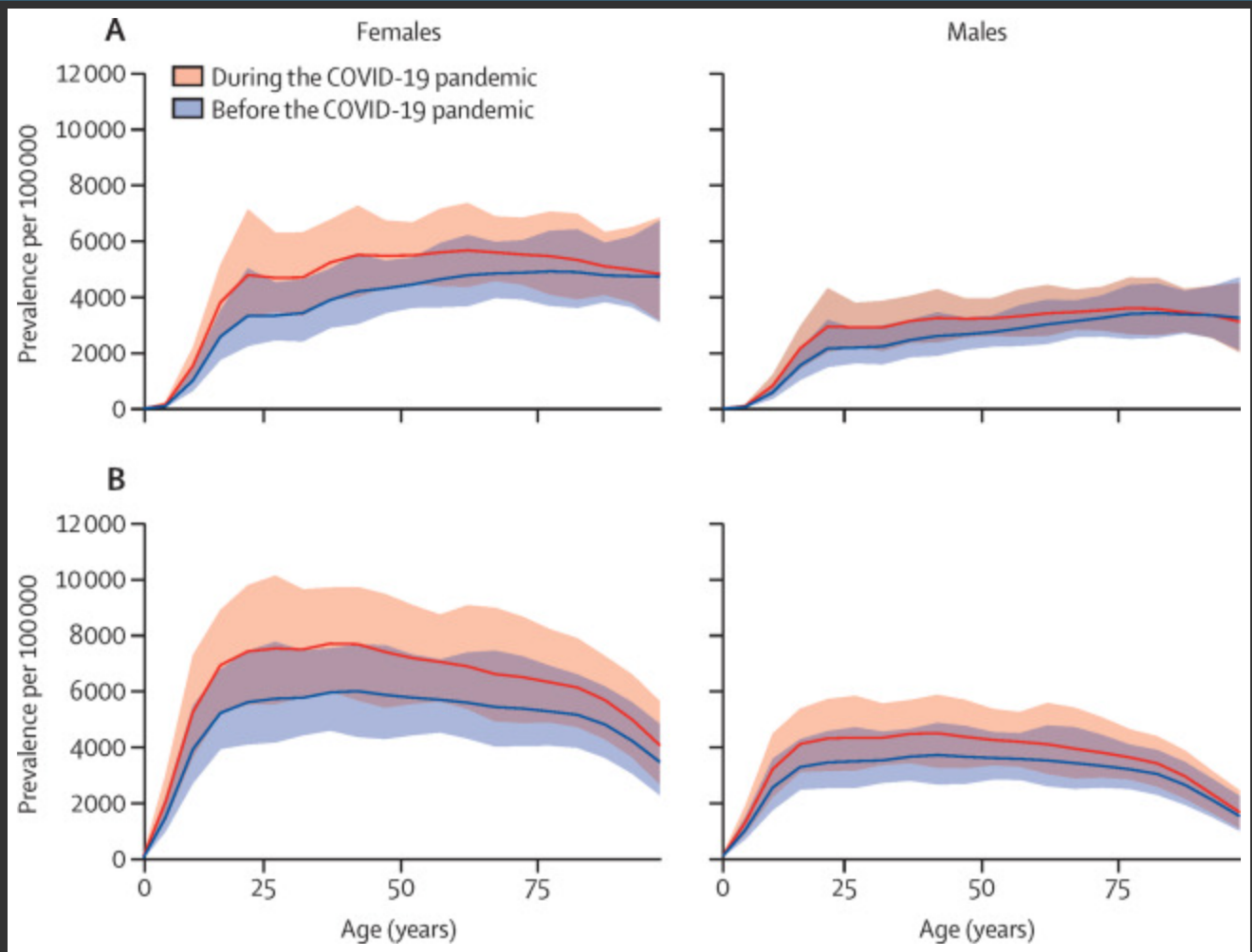


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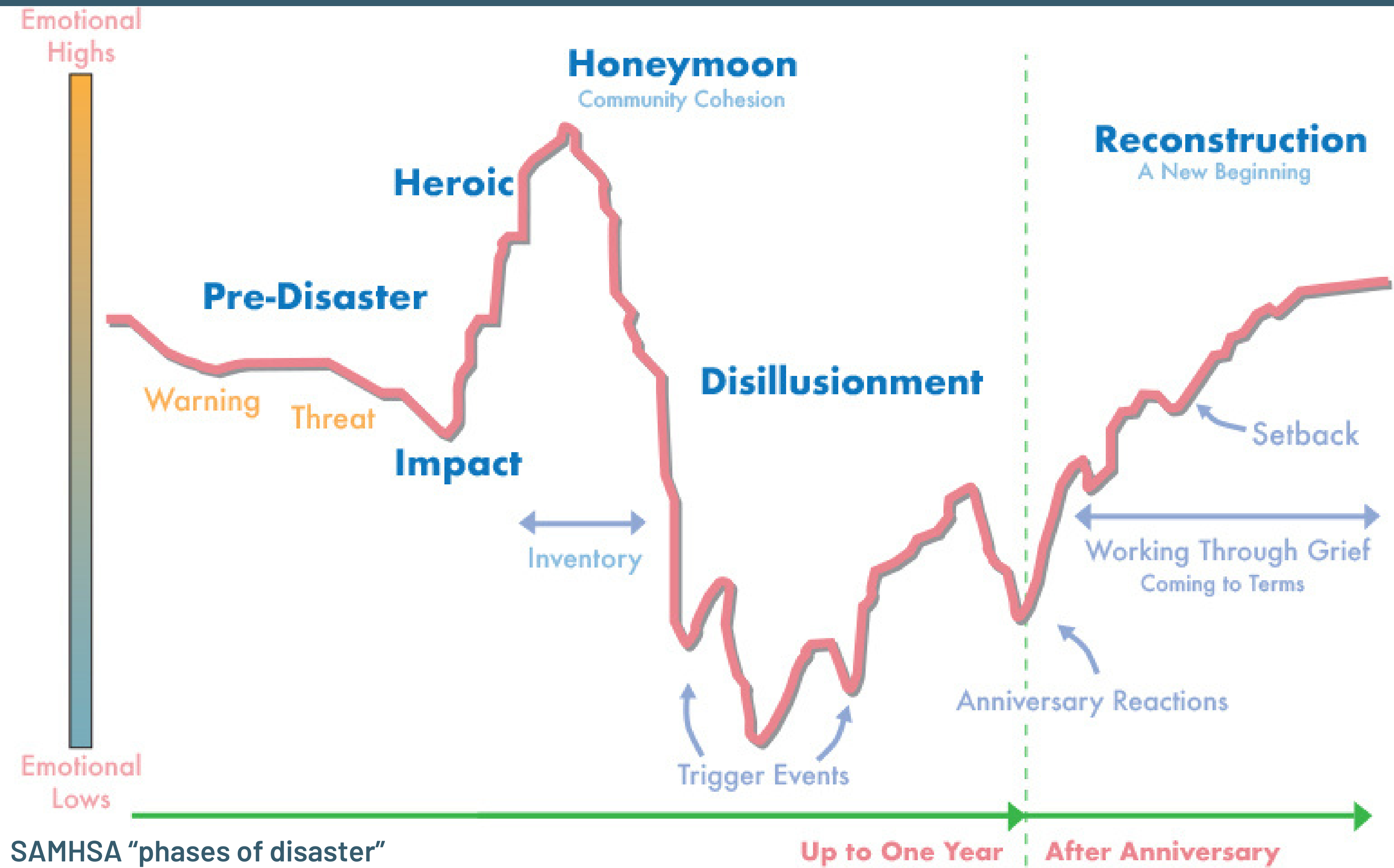
Global prevalence of major depressive disorder (A) and anxiety disorders (B) before and after adjustment for (ie, during) the COVID-19 pandemic, 2020, by age and sex.



[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02143-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02143-7/fulltext)

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

COVID-19 Mental Disorders Collaborators †



SAMHSA "phases of disaster"

Phases of Disaster

Impact Phase

- 0-48 hours post-event. Focus is on safety, communication, assessment of ongoing threat.

Rescue Phase

- 0-1 week post-event. Primary goal is to adjust. Psychological issues: resiliency vs. exhaustion and orientation around what has happened.

Honeymoon Phase

- 1-4 weeks post-event. Community leaders are promising support, bonding and support is high, Sense of relief for survivors, Unrealistic expectations of recovery and denial of the impact.

Disillusionment Phase

- 1 month to 9 months post-event (usually about 6-9 months post impact) Limits of disaster assistance become more clear; reality of the extent and impact of the disaster become evident.

Reconstruction & Recovery

- 3 months to ongoing; Community on the way to healing, May continue for years; survivors begin to realize they will need to solve the rebuilding issues themselves, May develop sense of empowerment.

Impact Phase – 0-48 hours post event

Areas of Focus

- **Focus on psychological and physical safety**
- **Immediate threat / risk reduction or mitigation**
- **Acute survival and triage needs**
- **Assessment of potential for future (ongoing) threat**

Interventions

- **Psychological First aid**
- **Shock recovery (heat, water, medical triage)**

RESCUE PHASE: 0-1 week post event

Areas of Focus

- Adjustment to current circumstances
- Resilience vs. Exhaustion
- Processing reality of what occurred

Interventions

- Present focus (here and now)
- No mandatory debriefing participation
- Space and time allowed (structurally) for processing experiences of those who want to do so.
- Communication and processing (not trauma therapy)



Honeymoon phase: 1-4 weeks post event

Areas of Focus

- High community bonding
- External supports are high / strong
- Expectations about recovery or denial of impact may be strong



Interventions

- Appropriately harnessing motivation to increase long-term resilience
 - Establishing med to long term behavioral health supports within the community or structure
 - Training volunteers on psychological supports
- Re-prioritizing focus away from “waiting until things get back to normal” and on to empowerment for intentional cultural shifts / change

Disillusionment phase: 1-9 months post event (usually about 6 mos)



Areas of Focus

- Limits of external assistance become clear
- Hopelessness around reality of event can set in
- Coming to term with losses

Interventions

- Active coping skills
- Sensory interventions
- Harm reduction related to impulsive or high-risk behaviors
- Suicide intervention training & support for survivors

Reconstruction and Recovery

Areas of Focus

- **Active coping to internalize long term**
- **Post-Traumatic Growth**

Interventions

- **Active resilience building (Purpose, Connection, Adaptability & Hope)**
- **Meaning-Making activities**
- **Connection to things larger than self (social interest)**

Factors that influence the reconstruction pathway

OR may result in the experience of a “disaster cascade” depending on the nature of the secondary impact

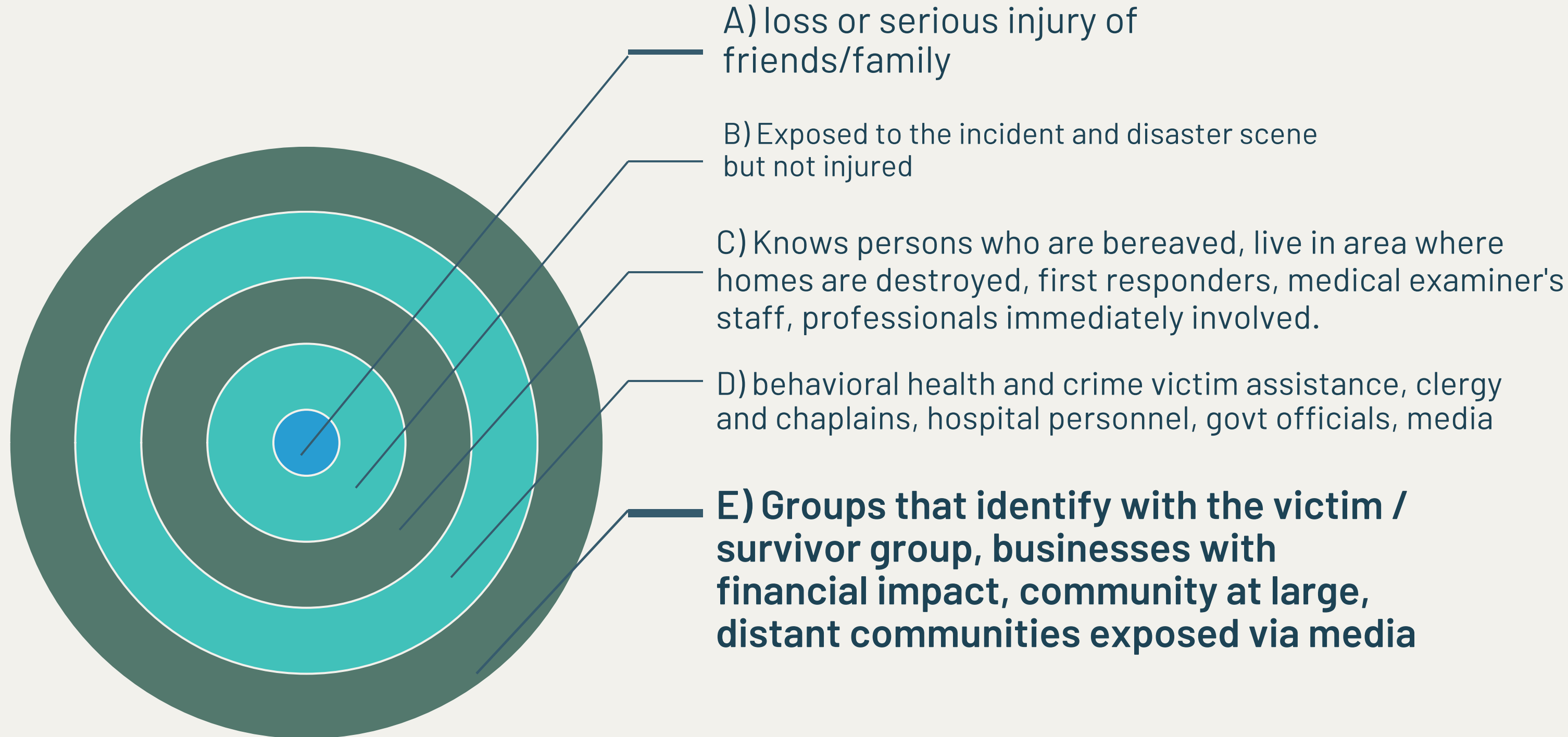
- **Social marginalization**
- **Discrimination**
- **Economic status**
- **Access to resources and healthcare**
- **ACES (Adverse Childhood experiences)**
- **Previous experiences in disasters or critical incidents**
- **Sociopolitical climate**
- **Additional waves of infection / illness / restrictions that result**

Trauma, Stress and Resilience

- **All trauma is stressful, but all stress isn't necessarily traumatic**
 - **(ducks and birds)**
 - **Stress can build up over time**
- **The ability to function effectively CAN be compromised by either one.**
 - **Emotionally, Cognitively, Behaviorally, Physically, Socially, Spiritually**
- **Long term moderate to severe stress affects the brain in ways similarly to traumatic events**
 - **Large-scale disasters as well as smaller-scale critical incidents**
- **Resilience can be developed intentionally, or can come about as a result of adverse experiences**

Population Exposure Model

Those closest to the “epicenter” of the disaster in terms of immediate and severe impact are most likely to be affected psychologically.





Common Experiences And challenges

Cognitive,
Physical,
Behavioral,
Social,
Emotional,
Spiritual



Structures of Note:

Prefrontal cortex:

higher-level functioning, planning, organization, details, filtering.

Limbic system:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze).

Includes the Amygdala & Hippocampus

We are all still (at least slightly more) limbicly activated.





What happens neurologically to people in places that are **CONSTANTLY under conditions of physical, psychological or environmental 'threat'?**

Examples from Haiti and Alaska



Best Practices in Disaster Response

DISASTER BEHAVIORAL HEALTH
IS NOT CLINICAL PSYCHOLOGY

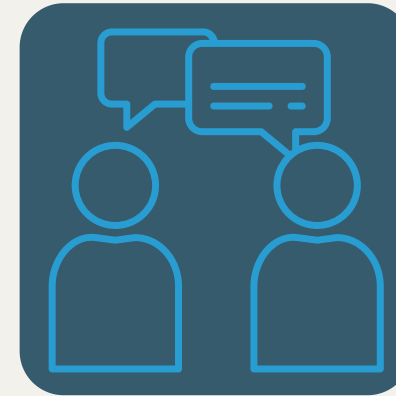
Comparison



Clinical Psychology

- **Control of physical conditions**
- **HIPAA**
- **55 minute hour**
- **Therapeutic Relationship**
- **Multiple meetings with the same client or clients**
- **Treatment plan or goals**

VS



Disaster Behavioral Health

- **Challenging environmental conditions**
- **Ambiguous circumstances**
- **Sometimes not a lot of privacy**
- **No EHR, Insurance etc- sometimes no if any record keeping**
- **Training in skills and Symptom Reduction**
- **Triage and Screening**

“One inevitability of international work is that you are going to mess up, do or say the wrong thing, or do or say something offensive without meaning to. What matters most is how you handle it, the way you approach it, the way you repair it; the PROCESS you use, and the humility you bring.”

In a response / activation / deployment:

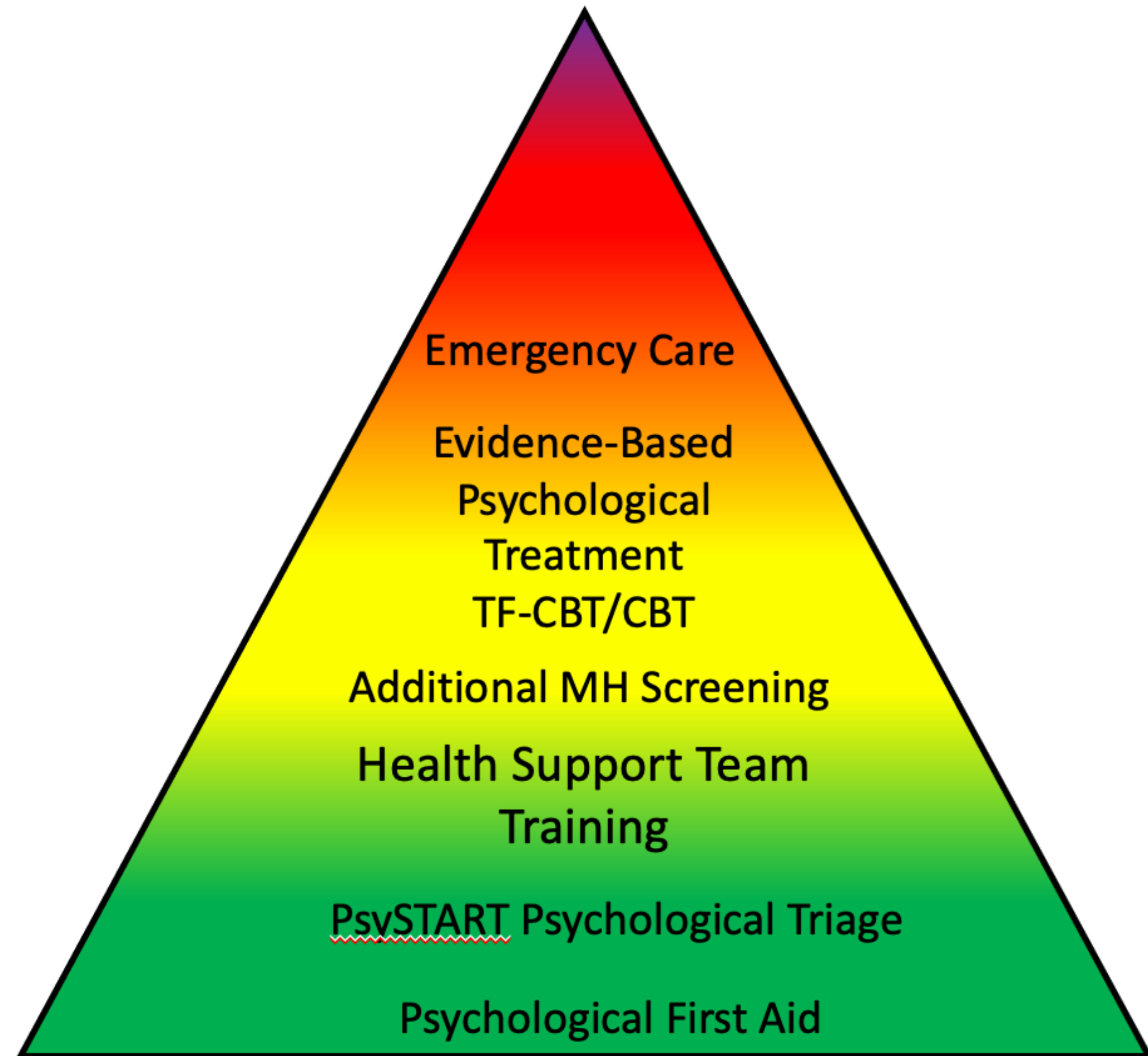
**Be willing to do
anything that
needs doing
within your skill
set and
competence**

**Let go of
traditional ways
of providing
services or
reaching goals**

**Learn as much as
you can about the
history and
culture of a place
(including norms)
as you can**

**Be willing to
connect - with
your colleagues /
coworkers / team
members and with
survivors**

Continuum of care options for disasters and critical incidents



TRIP #1 - HAITI - 2010

- A colleague and I joined a multidisciplinary team of pediatricians, surgeons, orthopedists, nurses, dentists, hydrologists, engineers, architects and teachers from all over the U.S. & Canada
- The group called themselves “Love for Haiti” and also “Doctors without Borders Rejects” :)
- We were hosted at Anis Zunuzi school in Lilevois (a suburb of Port-Au-Prince) & conducted clinic work in teams at three locations: The school, A tent city near by, and an orphanage in the district.
- We saw hundreds and hundreds of patients every day for two weeks. Some people had never seen a medical provider in their lifetime.



Health Support Team

The HST process includes four steps:

1. Listening and Learning
2. Offering Support
3. Providing Tools
4. Emphasizing Hope

LEARN & LISTEN
Learn about the person and Listen to the problem using supportive communication and active listening techniques.

OFFER SUPPORT
Foster resiliency by supporting the person in finding external resources and internal strengths, OR Refer them to someone if needed.

PROVIDE A TOOL
Offer them a tool to help them cope, such as a relaxation technique or a thinking strategy.

EMPHASIZE HOPE
Let the person know you are there for them, and that you are an encouraging, supportive resource for them when needed.

The Health Support Team Program

What is the Health Support Team?

- The Health Support Team is a group of individual trainees from local communities who have committed to becoming a resource for others in times of crisis and in the long-term recovery after disasters.
- They are students, parents, teachers, friends, workers, and anyone from the local area who is interested in learning and applying some simple supportive techniques and tools in the assistance of their fellow citizens.
- The Health Support Team is YOU— people who are trained to support.

MODULES & Examples of Content

- Module 1: Introduction to Health Support Team, Disaster Response & Recovery
- Module 2: HST Skills and Techniques: The Supportive Relationship, Communication & Listening
- Module 3: Health Support Team Goals: Engaging with Key Issues, from Listening to Referral
- Module 4: Health Support Team Tools: Relaxation, Stress Reduction, and Thinking Strategies
- Module 5: Health Support Team Member Boundaries and Resilience / Program summary

WHY WE DEVELOPED THIS CURRICULUM:

- To empower trained trainees, to assist their colleagues, students, youth, families, and community members in recovery from trauma and the development of resiliency by: Providing psychosocial and educational information in the form of a disaster behavioral health training program / curriculum and guide; Connecting trained trainees with local resources where and when available.
- To create a sustainable work group of trainers and trainees who can support one another, as well as provide ongoing training to new and additional trainees in the community and surrounding areas.
- To provide the opportunity for the organic growth of a community based mental health support network that could operate independently from foreign aid and resource dependence internationally, and to provide additional community support when resources are in short supply following regional disasters in developed nations.

HST

How the training is conducted



The 1st group of HST volunteers



The first group of HST Trainers



When given the opportunity, they became involved in a local clinic



IN HAITI:

- Over 400 Haitian community volunteers completed the one-day training, including students, nurses, translators, community agents, doctors, and security personnel.
- 41 people attended two or more training sessions
- 18 attended an in-depth session to become 'trainers' themselves.
- 6 of the trainers who are our primary liaisons have followed up and continued to do ongoing support work at local clinics and in tent camp communities.
- 70 teachers have completed the teacher focused version of the HST program.

Health Support Team for Syrian & Palestinian Refugees in Jordan



- In March 2013 we traveled to Amman, Jordan to work with Syrian refugees.
- The HST visited with local NGOs, the Zaatari refugee camp and with numerous non-documented Syrian families in temporary residence in Jordanian communities around Jareh.
- The initial training included some 20 volunteers representing a half dozen NGOs.

Training continued in September, 2013

- Two groups from large NGOs were trained:
- CARE and Save The Children.
- Combo of Trainees / Volunteers
- 50 new volunteers and 15 trainers in Jordan working with displaced or marginalized populations



The original volunteers from March returned to become trainers

2014

- Returned to Jordan
- Trained Trainers
- Observed Women's group of trainers (4) training new volunteers (10)



2017

- CCTI – Community Care Training Initiative
- Multidisciplinary trip aimed at providing educational content across a variety of disciplines (OEC, education, family, health etc)
- CCTI conference in Amman: two days of training
- HST for Mercy Corps Staff



Ahmad's story:

- Hi . How are you my friend ? Actually I have a good experience I would like to share with you ...During my work as a field assistant at the child friendly space I have noticed that Batool, a pretty girl, thirteen years old had something Wrong .
- She had some aggressive behaviours And when I have tried to know about her by listening to her carefully . I asked her with some of girls to make a relaxation session in a quiet place . After the session I asked the girls to go Each individual in order to express about her imagination by words or drawing a picture .
- Batool she had draw a grave with a fountain beside it with a shade of someone. And when I asked her about the person in the grave she refused To tell me and I have told her that you have to write his name on the grave . She wrote her dad name but at the same time her dad still alive but she had fears that someday she will lose her dad and she told me that she see that in her sleeping .
- Then I realised that no need to refer and I could handle it by the mind fulness technique . And I have made a sessions daily I could to change all the bad thoughts and makes her focus on the present Moment and after the last session I asked her to draw , she had draw something different . And I have the pictures . Many thanks to you all ...



To Poland in March 2022- 45 days after Russian invasion

Hosted by colleague Dr. Robert Porzak at the University of Economics and Innovation, Lublin, Poland.



Trained Caritas Staff, City Government Reception Center staff and Caritas Staff, and 911 call operators





Caritas and Firlej Municipal Center hosting Ukrainian mothers and children.

60 women and 40 children at Caritas, and 40 adults and 20 children at the Firlej Municipal Center

Trained School Principals, Superintendents and other leaders in Lublin's school district



In general for disaster response:



1

Don't self-deploy

2

Be prepared at home - walk the talk

3

Have a family communication plan

4

Include your workplace in your planning

5

Educate yourself about local resources - CERT, Trainings, etc



Interventions and Resilience building at scale

What children and adults need to recover from critical incidents



A Sense of Safety & Security

To reduce our interpersonal threat response and give the limbic system a break



Good Communication Practices

Taking time, gauging the "temperature", using repair attempts, and ACTIVE LISTENING



Operational Resilience

Establishing and developing a sense of purpose, adaptability, connection and hope.

Transitioning to and from “Emergency Mode”

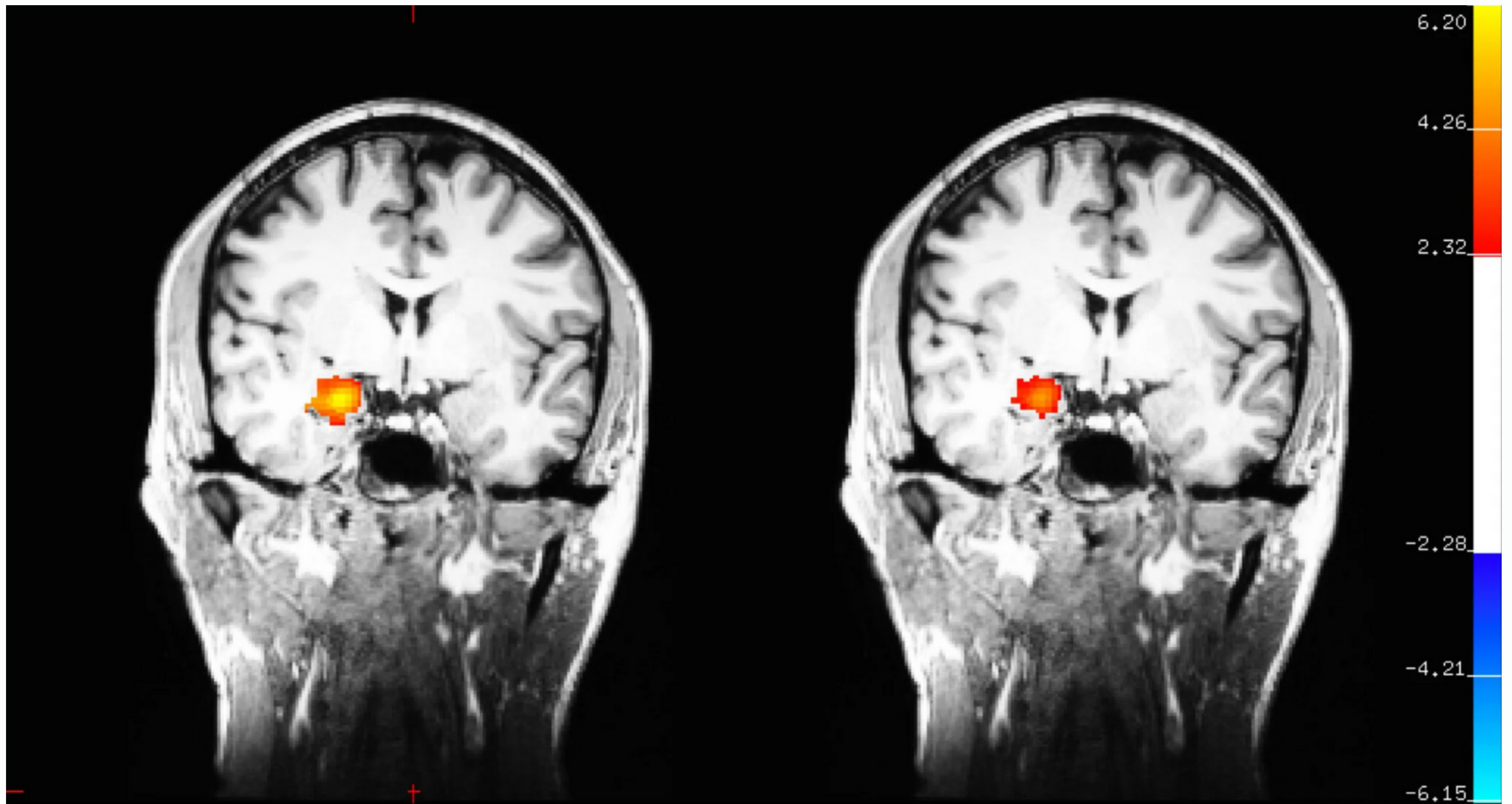
- The brain and body need an opportunity to let down on the ‘threat scanning’ and be more accurately tuned in to day-to-day ups and downs.
- **ADDICTION TO THE EMERGENCY IS A REAL THING.**
- **Key physiology: Dopamine, Adrenaline / Epinephrine / Norepinephrine / Cortisol**
- **IDEAS: Slow down and evaluate the criticality of a task or a job before you start to do it. Does it need to be done “RIGHT NOW” or can it realistically wait or be prioritized behind other things? Establish a practice of this evaluation for any new task / ask.**

The benefits of orienting to “right now” increase a sense of safety

- Taking part of your day to ‘tune in’ to the present moment (mindfulness, deep breathing, meditation) is related to decreases in anxiety and depression.
- Being oriented about right now reminds us that we are not currently under ‘threat’.
- Mindfulness can improve cognitive functioning and emotion regulation for people who are experiencing grief and bereavement.
- *** Mindfulness and meditation as practices are not “one size fits all”, and they can be triggering for some people.



- <https://news.harvard.edu/gazette/story/2018/04/harvard-researchers-study-how-mindfulness-may-change-the-brain-in-depressed-patients/>
- <https://askthescientists.com/brain-meditation/>
- <https://www.frontiersin.org/articles/10.3389/fnhum.2018.00541/full>



Functional MRI (left) showing activation in the amygdala when participants were watching images with emotional content before learning meditation. After eight weeks of training in mindful attention meditation (right) note the amygdala is less activated after the meditation training. Courtesy of Gaelle Desbordes

Communication

Understanding best practices for de-escalation and effective at-work (and at home) communication

Effective Communication

STARTS WITH FOUR THINGS

1. Knowing what "temp zone" you are in
2. Recognizing what "temp zone" others are in.
3. Application of a "challenge" mindset (rather than threat)
4. Mindful use of your non-verbal messages (awareness of cultural norms and context).





CLARIFY

REFLECT BACK

**EXPRESS
EMPATHY**

~~**PROBLEM
SOLVE**~~

SAFE Model (c) for De-escalation

SAFE model provides key concepts to keep in mind:

- Self: monitor your own reactions, non-verbal messages, tone, wording and physical space
- Area Awareness: Be aware of resources, help, exits other things in your physical space
- Feelings: Use active listening to try to uncover the source of the anger; in crisis often the things people are angry about are not the same thing as the underlying causes.
- Engagement: Engage support for yourself following an encounter with an angry person, don't just ignore it or pretend it didn't happen.

SELF

- Non-Verbal Messages:
Posture, hands,
position, distance
- Tone of Voice
- Speed
- Your communication
"zone"
- "walk up" song / vibe





Area Awareness

Resources, Exits, Colleagues,
Potential Weapons. Avoid
"tunnel vision".



FEELINGS

“

**Anger is a Bodyguard
Emotion.**

Anger is very often an expression of grief, sadness, or fear. Use Active Listening to figure out what is happening **UNDERNEATH** the expressed distress.

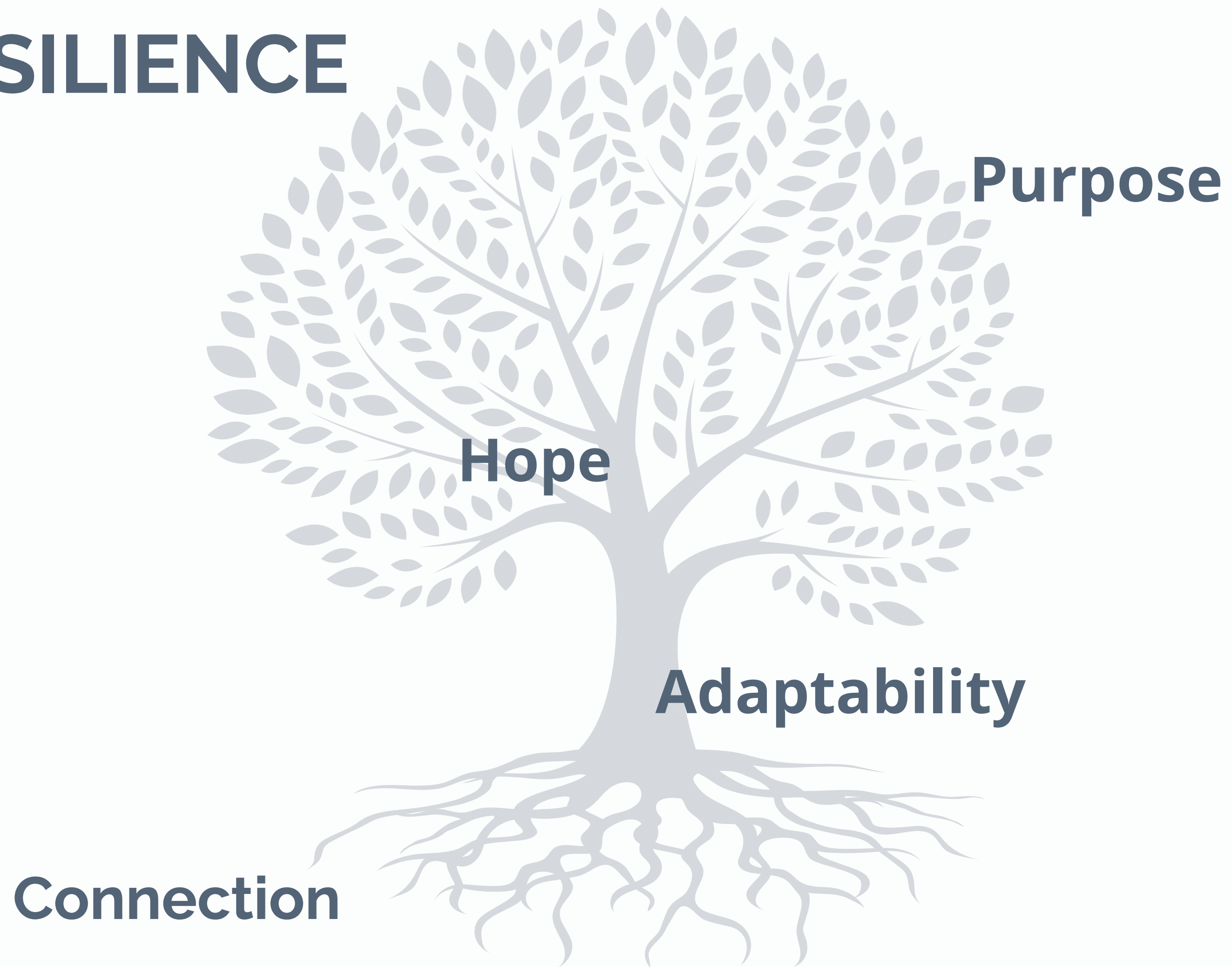
"I sat with my anger long enough for her to tell me her real name was grief." - CS Lewis

ENGAGE

- Support for yourself
- Other, external resources
- Colleagues



RESILIENCE





PURPOSE AND MOTIVATION

Goals

What we do or wish to do

Purpose

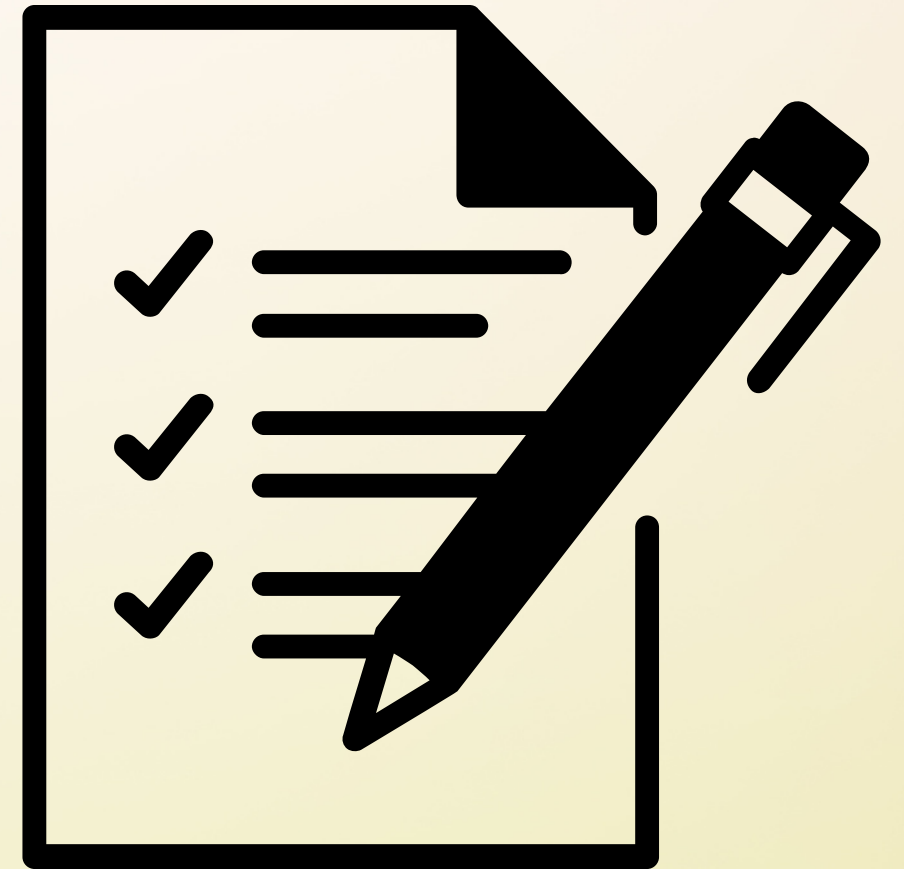
The impact we want to have

Meaning

Why we do it

Sense of purpose is correlated with:

- General Wellbeing
- Physical and Behavioral Health
- Greater income and net worth
- Recovery from negative events



- Schippers MC, Ziegler N. Life Crafting as a Way to Find Purpose and Meaning in Life. *Front Psychol.* 2019 Dec 13;10:2778. doi: 10.3389/fpsyg.2019.02778. PMID: 31920827; PMCID: PMC6923189. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6923189/>
- Hill PL, Turiano NA, Mroczek DK, Burrow AL. The Value of a Purposeful Life: Sense of Purpose Predicts Greater Income and Net Worth. *J Res Pers.* 2016 Dec;65:38-42. doi: 10.1016/j.jrp.2016.07.003. Epub 2016 Sep 4. PMID: 28461710; PMCID: PMC5408461. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5408461/>
- Kim ES, Chen Y, Nakamura JS, Ryff CD, VanderWeele TJ. Sense of Purpose in Life and Subsequent Physical, Behavioral, and Psychosocial Health: An Outcome-Wide Approach. *American Journal of Health Promotion.* 2022;36(1):137-147. doi:10.1177/08901171211038545
- McKnight, P. E., & Kashdan, T. B. (2009). Purpose in Life as a System that Creates and Sustains Health and Well-Being: An Integrative, Testable Theory. *Review of General Psychology*, 13(3), 242–251. <https://doi.org/10.1037/a0017152>

Self-Efficacy Correlates

LOW

- Helplessness
- Futility of effort
- Quickly giving up
- Not attempting to cope
- Unable to exercise control over events
- Low motivation
- Low aspirations
- Interference with cognitive abilities
- Adversely affects physical health

HIGH

- Deal effectively with events
- Expected to succeed
- Perseverance
- Confidence in abilities
- Little self-doubt
- View difficulties as challenge rather than threat
- Actively seek novel situations
- Improves problem solving and analytical thinking abilities
- Raises aspirations

Sources of Information about Self-Efficacy

- Performance attainment : I did it!
- Vicarious experiences : If they did it, so can I!
- Verbal persuasion : You can do it! (realistic and genuine)
- Controlling Physiological and emotional arousal : Am I nervous?



A way forward with a focus on process

Identifying and practicing the embodiment of your core values contributes to a strong sense of purpose. It is the HOW and WHY you do things- rather than WHAT you are doing.



**START WITH
SELF-EFFICACY
and CORE VALUES**



Identify goals that
work for you
(process or
content goals)



**Re-define your
sense of
PURPOSE**

INGREDIENTS OF RESILIENCE

Purpose

Connection

Adaptability

Hope

TYPES OF ADAPTABILITY



Cognitive

Use different strategies or frameworks



Emotional

Vary your approach towards dealing with others based on your (and their) emotional state



Dispositional

Transparent realism; acknowledge the negative, but focus on options

'Ōhi'a lehua

A story of adaptability





i'Ōhi'a lehua *Metrosideros polymorpha*

- Endemic to the six largest islands of Hawai'i
 - Most common Hawaiian native tree
 - Half of the native trees on Hawai'i Island are 'ōhi'a
 - An ultimate adapter growing from sea level to 8,000 feet, from bare rock lava flows to saturated bogs, from short, bushy forms to tall, majestic canopy trees.
 - Common in moist and dry forests, often mixed with Koa
 - Dominant tree above 1,300 ft
 - Colonizer of recent lava flows
 - Slow growing
 - Flowers are a mass of stamens and range from fiery red to yellow
- INCREDIBLE ADAPTATION TO VOLCANIC GAS (sulfur dioxide - SO₂) - it closes the pores in its leaves (stomata) when the CO₂ isn't present!



Adaptability Matters

Correlates:

- **Career success and self-rated career performance (1)**
- **Academic success, class participation, school enjoyment, and positive academic intentions and perseverance (2),**
- **Positive things like resilience, hope and optimism (3)**

How to develop adaptability:

- 1 Focus on curiosity- ask a lot of questions
- 2 Don't get "stuck" on the one way of doing something
- 3 Look to others for support and new ideas
- 4 Develop insight about how you react to change
- 5 Try new things; teach yourself that new isn't threatening

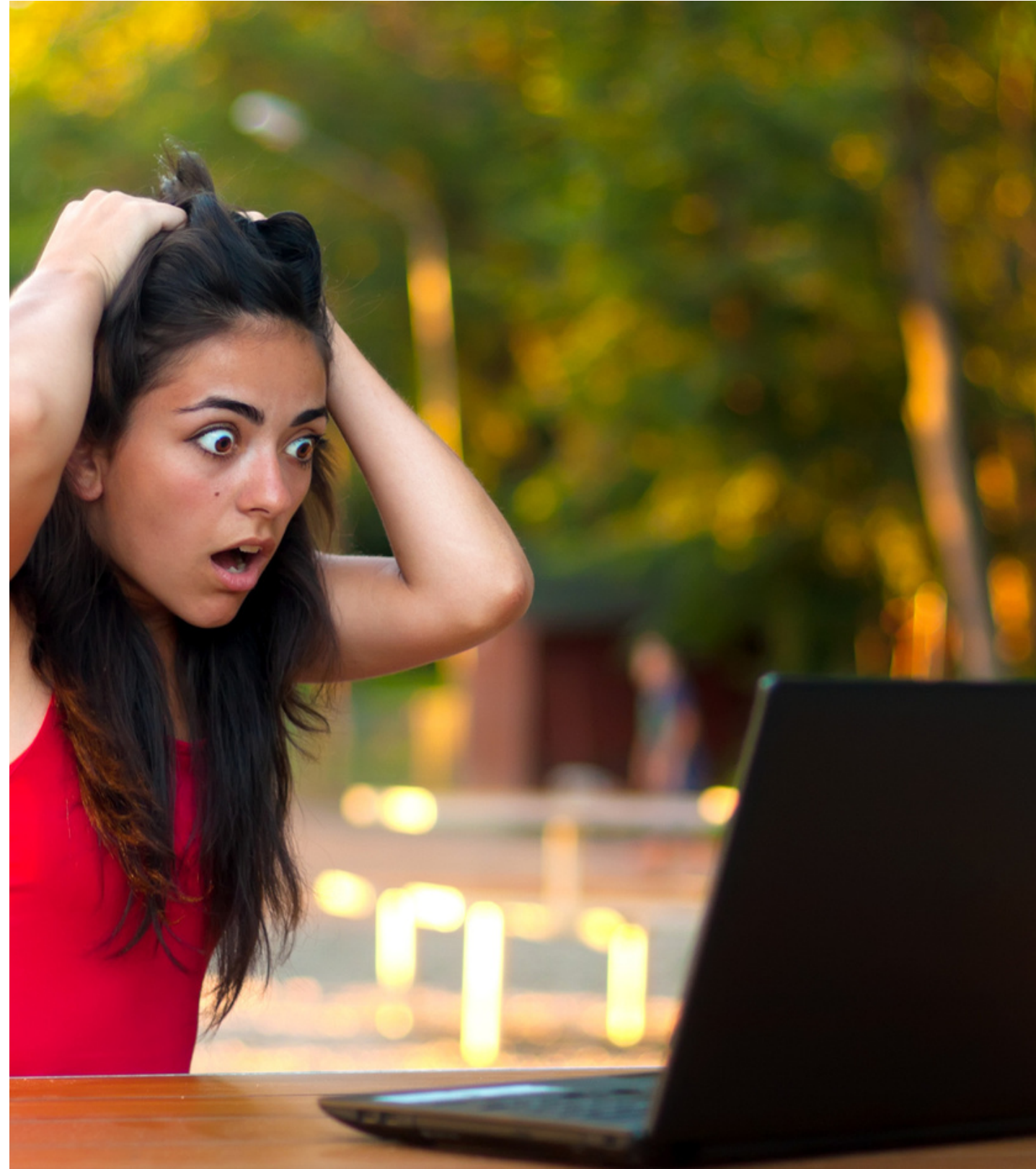


- **Focus on curiosity- ask a lot of questions**

What are the opportunities for this in your workplace?

**** limbic system at work ****

How can you discover and learn about new ways of doing things (through asking questions) without being critical or aggressive (and thus potentially setting off defensiveness in others).



4. Develop insight about how you react to change

Learn more by observing your own reactions and responses to others when conditions change.

***** Limbic system at work *****
DO YOU REACT TO NEGATIVE, UNEXPECTED EVENTS FROM A THINKING PLACE OR A FEELING PLACE?



**5. Try new things;
teach yourself that
new does not equal
threatening**

Consider: What is something you would be willing to try that's new to you, that you may have historically avoided?



“We cannot direct the
wind, but we can
adjust the sails.”

-Dolly Parton



Connection

sense of closeness and belongingness a person can experience when having supportive relationships with those around them.



Ingredients for "hearty friendship"

- Common Interests
- Big Chunks of Attention
- Plenty of Respect
- Sprinkling of Kindness



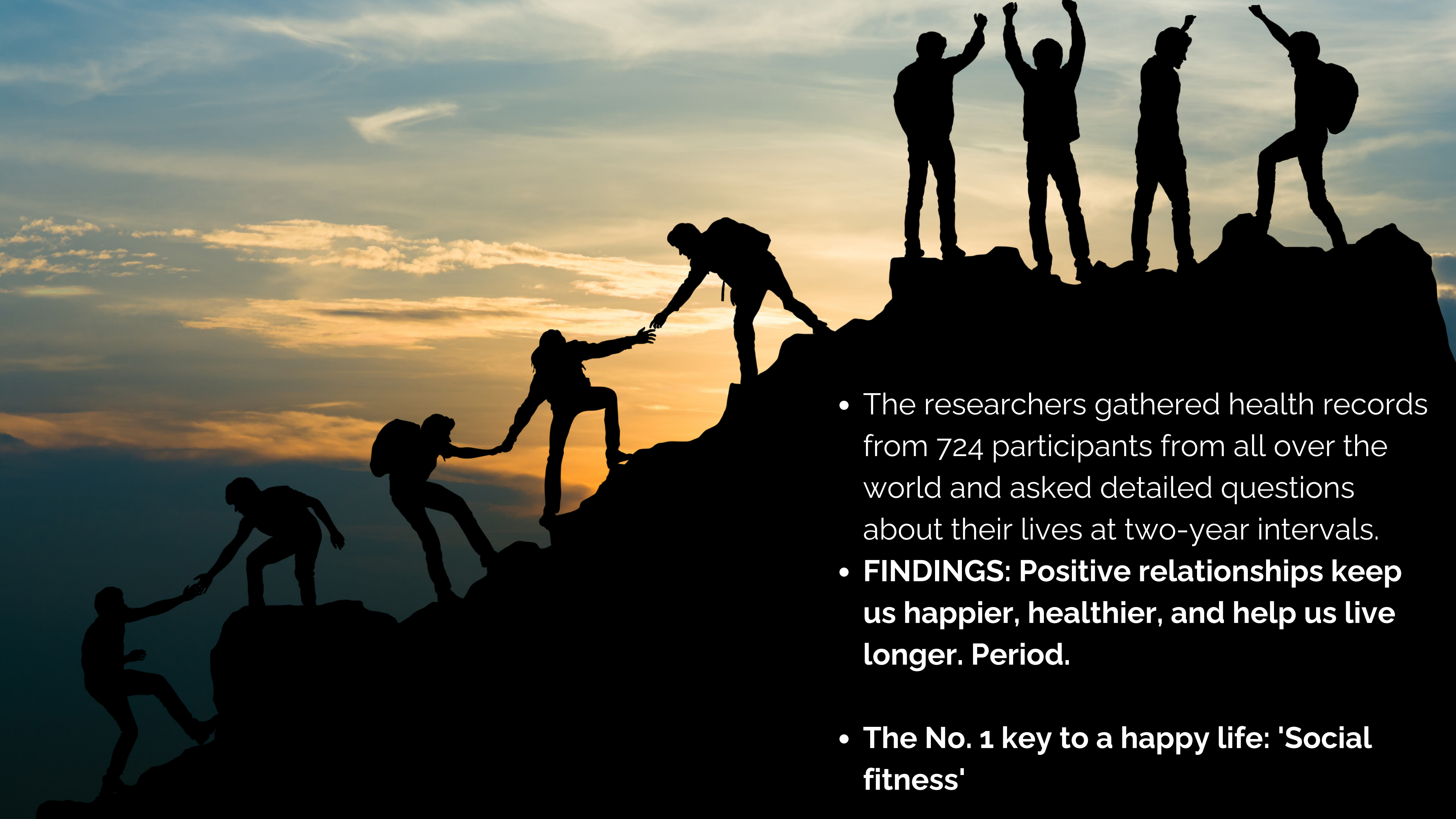
- **What are your ingredients for healthy connections ?**
- **What are some challenges to forging connection in a post-incident scenario?**
- **What are some ways to encourage connection building?**



Connection Matters

In its 85 years and counting, the Harvard Study of Adult Development has found that personal connections are the most important factor in long-term health and happiness.

<https://www.cnbc.com/2023/02/10/85-year-harvard-study-found-the-secret-to-a-long-happy-and-successful-life.html>



- The researchers gathered health records from 724 participants from all over the world and asked detailed questions about their lives at two-year intervals.
- **FINDINGS: Positive relationships keep us happier, healthier, and help us live longer. Period.**
- **The No. 1 key to a happy life: 'Social fitness'**

Sources of Support in My Life

MY RELATIONSHIP WITH	Safety & Security	Learning & Growth	Emotional Closeness & Confiding	Identity Affirmation & Shared Experiences	Romantic Intimacy	Help (Practical & Physical)	Fun & Relaxation

- Robert Waldinger, MD, is a professor of psychiatry at Harvard Medical School, director of the Harvard Study of Adult Development, and director of Psychodynamic Therapy at Massachusetts General Hospital. He is a practicing psychiatrist and also a Zen master and author of "The Good Life." Follow Robert on Twitter @robertwaldinger.
- Marc Shulz, PhD, is the associate director of the Harvard Study of Adult Development, and a practicing therapist with postdoctoral training in health and clinical psychology at Harvard Medical School. He is also the author of "The Good Life."

A note about healthy boundaries

- Emotional, Mental and Physical (with time, space, and attention)
- Letting others into your "house", or not inviting them back



Top three ideas for developing stronger connections



Work on Communication

Engage in active listening, check in regularly, reach out to others, express empathy.



Develop Insight & Awareness

Being aware of your internal (and external) states; how you express yourself, how you approach others, and how regulated you are, or what to do when you are dysregulated.



Express Gratitude & Appreciation

Quite simply one of the easiest ways to enhance connection; Saying "thank you" in a way that is meaningful to the recipient.

INGREDIENTS OF RESILIENCE

Purpose

Connection

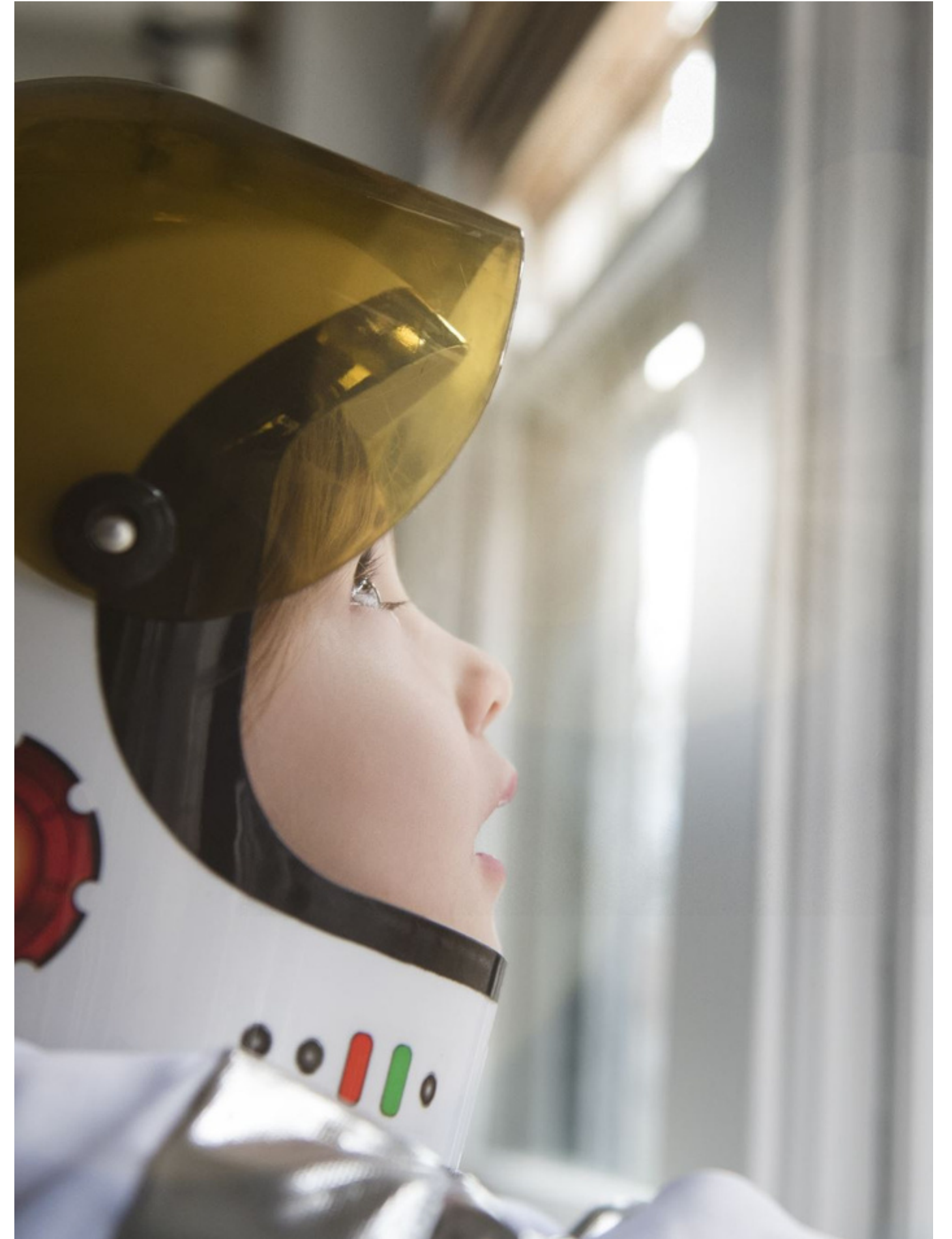
Adaptability

Hope

“Hope is... a positive cognitive state based on a sense of successful goal-directed determination and planning to meet these goals.”

Snyder et al, 1991

<https://positivepsychology.com/hope-therapy/>





Hope Matters

Correlates:

- Performance (academic & athletic), Adjustment, Physical Health (1).
- Gray matter volume! (2)
- Self-Worth and meaning making for those with disabilities (3)
- Power, self-efficacy (4)

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3. Zapata, M. A. (2022). Disability Self-Worth and Positive Personal Meaning in Disability: Correlates of Hope Among U.S. Residents With Physical Disabilities. *Rehabilitation Counseling Bulletin*, 65(2), 150–160. <https://doi.org/10.1177/00343552211009569>

4. Yue Yang, Qingqing Li, Junjie Wang, Yong Liu, Mingyue Xiao, Lin Luo, Haijing Yi, Qiaoling Yan, Wei Li, Hong Chen. (2022). The powerful brain: Neural correlates of sense of power and hope, *Neuropsychologia*, 174, 108317, ISSN 0028-3932, <https://doi.org/10.1016/j.neuropsychologia.2022.108317>.

How to develop hope:

which one of these
would you be willing to
try?

Shift your expectations

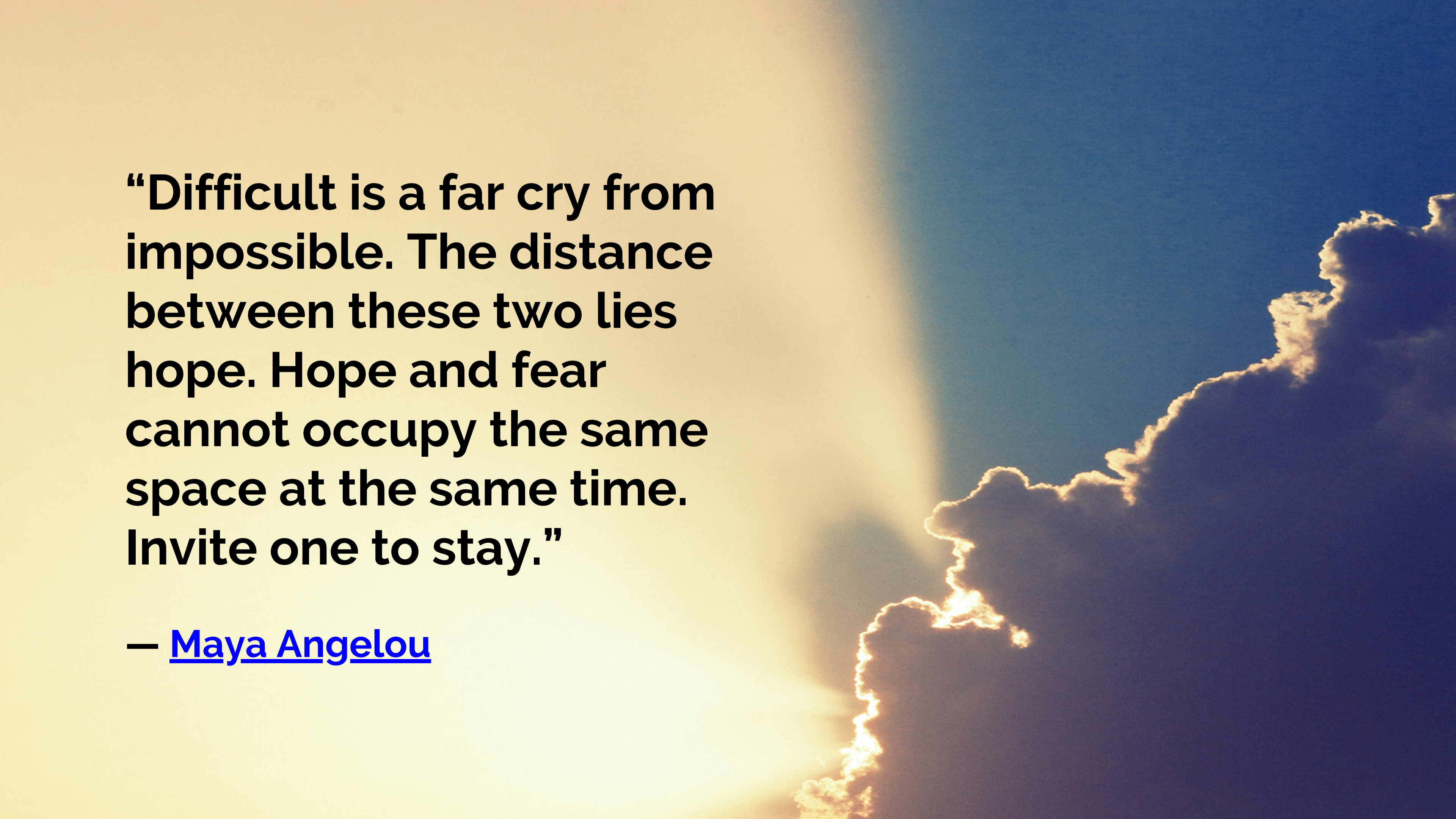
**Look for opportunities for
new or unexpected options
or benefits**

**Orient yourself to your
resources**

**Focus on the present,
and what you CAN do
now**

**Try the “third
door”, the new
option, or creative
idea**





“Difficult is a far cry from impossible. The distance between these two lies hope. Hope and fear cannot occupy the same space at the same time. Invite one to stay.”

— [Maya Angelou](#)

I

**Identify
internal
strengths and
external
resources**

D

**Develop
insight,
awareness
(and self-
regulation)**

E

**Engage in
resilience
building**

A

**Active coping
techniques to
reduce
symptoms**

L

**Listening and
other healthy
communication
tactics**

Roadmap: the IDEAL process for large-scale recovery

How do we get there?

IDENTIFY

INTERNAL STRENGTHS

- Cooperation and communication
- Problem solving
- Self-awareness

- Empathy
- Advocating for yourself
- Goals and aspirations

EXTERNAL RESOURCES

- What has worked well for you in the past?
- Who can you reach out to?
- What resources are still needed?
- What is the appropriate level of intervention for the expressed need and time frame?
 - PsySTART, HST, Psych First Aid, etc





Develop Insight & Awareness

Being aware of your internal (and external) states; how you express yourself, how you approach others, and how regulated you are, or what to do when you are disregulated.

Resilience Development



Purpose

What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability

How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope

How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?

Connection

To whom or what are you connected? Connection can be anything that prevents isolation.

Active Coping

Anxiety

- Sensory interventions:
 - Frozen orange, ice
 - Music
 - Shower
 - Fuzzy slippers
- Apps
- Breathing = calming



Exhaustion

- Sleep hygiene
 - Same bed and wake times
 - Alcohol and sugar considerations
 - Notepad (not phone or laptop)
- Apps
- Boundaries



Depression

- Behavioral activation:
 - Small steps
- Get a “this makes me feel better” list made on a good day
 - 5 minutes to 5 hours
- Movement of any kind
- Connection and support from others



More please: in a healthy way

Serotonin

- Movement / exercise
- Sun exposure
- Massage
- Hot / Cold showers
- What contributes to feelings of comfort and security?

Dopamine

- Movement / exercise
- Task achievement (to-do lists, long term goals as well)
- Creating something – music, art, writing
- What is fun or rewarding?
- What are the external resources available?



CREATING A (good) COPING PLAN: **General Considerations**

- Anticipation of our 'exposures' to stressful events, as well as creating and working a deterrent plan is one of the most effective ways of reducing symptoms and new incidents of disorder.
 - Let's take a note from not making "new years resolutions" and set the right kinds of goals (hint: they have to be achievable).
-

Plan ideas /examples

Concern	Indicators	People resources	Coping Option(s)	Length of time or resource needed	Other info or resources needed
Exhaustion	Tension headache, snappiness	(names)			
			Walking the dog	10-30 minutes	After work / at home
			3 days sleep hygiene	3 days to re-set	None
Anxiety	Mental confusion, High heart rate, Stomach upset	(names)			
			Hot shower	30 minutes	Home / none
			Brief Mindfulness exercise	5-10 minutes	No interruptions at work
			Text memes	2-5 minutes	(Names of friends)

Listening & Effective Communication

1. Knowing what "temp zone" you are in
2. Recognizing what "temp zone" others are in.
3. Application of a "challenge" mindset (rather than threat)
4. Mindful use of your non-verbal messages.
5. ACTIVE LISTENING



BOTTOM LINE:

- Prepare yourself, your family, your home and your business for likely incidents (in WA = earthquakes, floods / landslides, gun violence).
 - Start by "walking the preparedness talk"
- If you are interested in doing disaster relief, get training, get certified.
 - CPR, CERT, MRC, FEMA etc
- Do some personal inventory about your level of comfort with ambiguity, difficult physical conditions, roles, and tasks if you are considering doing response work.
- Educate yourself on best practices in disaster response behavioral health support.
 - Learn more about Psychological First Aid (PFA), Health Support Team (HST) and other programs that specifically are aimed at providing direct service or training to those affected by disasters and critical incidents.
- If you plan to work internationally, LEARN as much as you can about history and cultural norms before you leave.

Effective Interventions

Active Coping

- Sensory engagement (sight, touch, taste, smell or sound)
- Movement
- Structure / schedule
- Goals that are the right scale / scope
- Culturally relevant and appropriate suggestions!!!!
 - Do your homework if you are working in an area where you are unfamiliar with norms.

Active Listening - be aware of high and low context cultures



Non-Verbal Communication



Open Ended questions



Clarifying Questions



Seek to deeply UNDERSTAND (not to fix or problem solve).



Express Empathy

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thank you

tusind tak
謝謝 dakujem vám
ngiyabongga
dziękuję
merci
baie dankie
धन्यवाद molte grazie

suksema
danke
gracias
obrigada
obrigado
teşekkür ederim
tack så mycket

takk
شكرا
gràcies
tānan
dank u
mahalo

