The Impact of Disaster on Recovery: The Perfect Storm

Welcome, your facilitator will be:
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Contact elissa@recoverypath.com
www.recoverypath.com
Presented by
Timothy Legg, PhD, PsyD, PMHNP-BC, MAC
The Impact of Disaster on Recovery: The Perfect Storm

Webinar Learning Objectives

- Describe natural and human-made which can and do happen and how they can disrupt the lives of people in recovery.
- Discuss the psychological implications of disaster and the potential negative consequences that disasters can have on personal recovery goals.
- Examine elements of a “disaster recovery plan.”

Polling Question 1
Who is in the room today?

A. Licensed or Certified Addiction Counselors (CASAC, LADC, etc.)
B. Licensed Professional Counselors or Social Workers
C. Psychologists or Psychiatrists
D. Registered Nurse (RN, CNS, NP, etc)
E. Other
Objective #1

Describe natural and human-made which can and do happen and how they can disrupt the lives of people in recovery.

Do Disasters Disrupt the Lives of People in Recovery?

- It depends on the researcher, study, and MULTIPLE variables!
- (2008) The Southeast Asia tsunami was associated with increased substance use (Vetter, Rossegger, Rossler, Bisson, & Endrass).
- 2016 observational longitudinal study of Norwegian adults impacted by the 2004 Southeast Asia tsunami (Nordfolkian, Paper & Heir).
  - Weekly ETOH consumption/frequency of intoxication did not change significantly.
  - 18.3% of sample increased consumption & 21.1% decreased consumption.
- (2002) study found an increase in substance abuse among respondents post 9/11 (Vlahov et al.).
  - Cigarette, marijuana, and/or alcohol use increased among 29% of the respondents.
- 2013 study volunteers from NY city agencies impacted by 9/11 events (North, Adinoff, Pollio, Kinge, Down & Pfefferbaum).
  - Increases in ETOH consumption small, and returned to baseline after 3 years post-disaster
  - Few cases of new alcohol use disorder or relapse.
- Boscarino, Adams, and Galea (2006) found that greater exposure to disaster associated with greater ETOH consumption at 1 & 2 years after World Trade Center Disaster.
- DOZENS of studies contradicted one another...

Why?

- "Trendy"- after a tragedy- research! A few years later- follow up (some longitudinal studies, maybe)?
  - History: Event not related to study but occurs during the time of the study (could impact responses of participants)
  - Maturation--the processes within subjects which act as a function of the passage of time. i.e. growing older
  - Testing--the effects of taking a test several times
  - Instrumentation--the changes in the instrument, observers, or scorers which may produce changes in outcomes.
  - Statistical regression--It is also known as "regression to the mean"– "extreme" scores tend to move towards the average
  - Selection of subjects--the biases which may result in selection of comparison groups. Small sample sizes problematic.
  - Mortality--the loss of subjects

Others-- but you get the idea!
Other research...

- Ager (2008) considered the role of “denial” as it related to those living in New Orleans & events leading up to Hurricane Katrina.
- Gargano, Welch, & Shellman (2017) found that children who witnessed the 9/11 events were twice as likely to report drinking & three times as likely to have used marijuana.
- Prost, Lemieux, and Ai (2016) considered social work students who reported post-disaster alcohol use disorder
- Cerda, Vlahov, Tracy, & Galea (2008)- higher levels of use over time predicted by ongoing stressors, traumatic events & lower incomes
- Tofighi, Grossman, Goldfield, Williams, Rotrosen, & Lee (2015) demonstrated that adaptability of a buprenorphine program can help clients maintain positive treatment outcomes despite disasters

See References
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**Vulnerability** ➔ **Disaster** ➔ **HAZARD**

Capacity: How the "disaster" differs from an "emergency" in that we typically can handle an emergency - once capacity is exceeded ➔ Disaster!

W.H.O., 2002

**Sources of Disaster**

- **Natural**
  - Avalanches
  - Earthquakes
  - Floods
  - Blizzards
  - Wildfires (can also be "manmade")
  - Cold/heat waves
  - Tornadoes

- **Man-made**
  - Terrorism
  - Biological warfare
  - Chemical spills
  - Road accidents
  - Infectious disease (Wait—what?!?!?!

**Disruption?**

- **"Normal" Routine**
  - Work
  - Family
  - Friends
  - Recreation
  - Appointments with providers
  - Support group meetings

- **"Abnormal" Routine**
  - "Cabin fever"?
  - "Stuck" with family members
  - Excessive "discretionary" time (free-time boredom)
  - Lack of diversional activities

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Polling Question 2
Have any of your clients talked to you about an increased desire to “use” or share other concerns related to their ability to adhere to their recovery goals since the COVID-19 pandemic began?

A. Yes
B. No

Objective #2
Discuss the psychological implications of disaster and the potential negative consequences that disasters can have on personal recovery goals.

Phases of Disaster (again, depending on source you read…)

- Pre-disaster or pre-event: Activities to develop a preparedness plan.
- Disaster: Mitigation of event & its consequences – focus on delivery of aid, shelter, medical care, etc.
- Post disaster: efforts to rehabilitate and return community to pre-disaster phase
- The “Second” disaster: secondary losses:
  - Disruption in business activity → job loss → negative economic consequences

(Harvard Business Review, 2020)
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Psychological Response to Disaster
- Variability: range from "fine, why?" to acute stress disorder to PTSD
- Try to "make sense" of the experience (previous experiences, culture, lifestyle)
- Most people will return to pre-disaster state of mental health
- Some will develop a variety of sequelae secondary to the disaster
- Some will experience exacerbations of pre-existing conditions (GAD, PD, PTSD, SUD, MDD, BPD, etc.)

Individuals in recovery and the impact of disasters: what the research tells us and what it does not tell us
- Type of disaster may or may not play a role (9/11 tragedy, Hurricanes Katrina, Rita, etc., Wars: Vietnam, Iraq, Afghanistan)
- Type of substance use disorder? VERY definite "maybe"
- Exposure to ACEs- probably
- Co-occurring disorders- probably- but not everyone

Assessment & Professional Judgment

What about PTSD? (APA, 2013)
- PTSD is
- Childhood emotional problems by age 6 such as prior traumatic exposure, externalizing or anxiety problems.
- Prior mental health disorders (panic, depressive, OCD)
- Environmental
  - Lower socioeconomic status
  - Lower education
  - Exposure to prior trauma (especially during childhood)
  - Childhood adversity (economic deprivation, family dysfunction parental separation or death)
  - Cultural characteristics (fatalistic or self-blaming coping strategies)
  - Lower intelligence
  - Minority socioeconomic status
  - Family psychiatric history
  - Social support prior to event exposure is protective
- Genetic & physiological
  - Female gender
  - Younger age at time of trauma exposure (for adults)
  - Certain genotypes may either be protective or increase risk of PTSD after exposure to traumatic events

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What about PTSD? (APA, 2013)

- PERitraumatic factors
  - Environmental
    - Severity (dose) of trauma
    - Perceived life threat
    - Personal injury/interpersonal violence (particularly trauma perpetrated by a caregiver or involving witnessed threat to caregiver in children)
    - Dissociation
  - POSTtraumatic factors
    - Temperamental
    - Negative appraisals
    - Inappropriate coping strategies
    - Development of acute stress disorder
    - Environmental
      - Subsequent exposure to repeated unsettling reminders
      - Subsequent adverse life events
      - Financial or other trauma-related losses
      - Social support (including family stability, for children) is a protective factor as it moderates outcomes after trauma.

What does your area look like?

- What has been disrupted?
  - Business/Industry
  - Education
  - Lifestyle/patterns of living
- Coping patterns
  - "Dealers" may be hit hard...
  - Many people "deal" in order to "use" (withdrawal?)
  - Sex workers who struggle with addiction (withdrawal?)
  - Service industry employees (withdrawal?)
  - People in "essential" occupations (coping?)

What about healthcare professionals?

Cross-sectional study of health care workers in China (n=1257) Between Jan 29 & Feb 3, 2020

Proportion of respondents reporting psychological symptoms:

- depression, 50.4%
- anxiety, 44.6%
- insomnia, 34%
- and
- diettes, 71.5%

(Lai, et al., 2020)
Examine elements of a “disaster recovery plan.”

Objective #3

Disaster Plan

• What is a “disaster plan” and should you develop one?
• How do you integrate a “recovery plan” with the “disaster plan.”
  • In short: what they would do in disasters
  • How do you plan that?  ➔ what “risks” exist in your geographic area?
  • Epidemic should be considered a risk “anywhere”
  • “What if?”
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Disaster Planning

- What type of organization are you? (multi provider, state/local, private practice?)
- Develop policies/procedures that address the "who, what, when, where, how, & why" in a disaster.
  - Who will be the commander?
  - What will the chain of command look like?
  - What contingencies must you plan for? (consider essential processes/practices in your organization)
  - What about your special populations (persons with neurocognitive disorders, people with neurodevelopment disorders)
  - What about cultural considerations where you work/practice
  - What about communications?
  - Law/ethics
  - What about Hazmat disasters?
  - Who can render acute medical care (CPR/first aid, "stop the bleed" training)
  - What resources are available in your community (EMT, hospitals, etc.)

Disaster "Recovery Plan"

- Who needs them? EVERYONE!
- Integrating the existing "recovery plan" with the "disaster plan."
  - What does that look like?
  - What does your client's substance use disorder look like?
    - Hx. of use
    - Past returns to use
    - Supports
    - Unique risk factors

Ideas to Develop "General" Plans

- Patient arrives at your organization/office, and— GO!
- Collaborations with other providers (what does that look like)
- Records- paper or EMR?
  - Web/cloud based or on your work computer?
- Prescribing?
  - Opioid treatment programs (methadone or buprenorphine)
  - Even if you are "open" what about buses, taxis, subways, etc.?
- What about people in shelters?
“General” Plans

- Staff training? (treatment stress induced conditions, psychological first aid, critical incident debriefing)
- Tele-mental health?
- Frequency of visits? Length of visits?
- How will you follow-up?
- Do you have students?

Tele-mental health

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Polling Question 3
Do you typically use harm reduction strategies in your practice, or do you insist on abstinence only as a goal?

A. Harm Reduction
B. Abstinence Only
C. Unsure

Know Your Resources!!!
- LOTS of political questions
- Addressing conflicting information from professionals and politicians
- LOTS of questions on COVID-19 pathophysiology/biology: https://coronavirus.jhu.edu/
- Coping strategies for stress and dealing with unknown
- Assisting clients when your own life is being negatively impacted
- How do we (professionals) remain calm

Responses to Registration Questions ...

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Polling Question 4
What type of self-care activities have you been engaged in since the COVID-19 outbreak?

A. Exercise
B. Meditation/other relaxation techniques
C. Reading or catching up on self-improvement studies (i.e. Degree, certificate, etc.)
D. Other
E. None of the above (I haven’t had any time for self-care)

Responses to Registration Questions ...

- Engaging adolescents in treatment
- Caring for selfclients at home, homeless shelters, prisons, etc: https://www.cdc.gov/coronavirus/2019-ncov/community/index.html
- “Existential” questions- People are adapting!
  - “Where does hope lie?”
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Thank you for joining!

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