Special Populations

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LANGUAGE POLICE!

Special Population ≠ High Risk!
Defining Special Populations:

Groups of people whose needs may require additional, customized, or specialized approaches in preparedness for, response to, and recovery from extreme events.
Special Population By virtue Of...

- Pre-event demographics
  - Age, sex, culture, SES

- Event impact
  - Injury, loss of home, displacement, bereavement

- Recovery impact
  - Relocation, job loss, degradation of support network
Examples of Special Populations

- Age
  - Children and Adolescents
  - Older persons
- Gender
- Race/ethnicity
- Immigration status
- Socioeconomic status
Age

- Children
- Frail elderly
- Middle age

**Strategies:** Reduce exposure, care for primary adults, understand development, integrate planning with schools, continue to monitor.

**Strategies:** Link with health care, social supports, evaluate trauma/coping history.

**Remember:** Proven product!

“It is amazing that the only group with no needs is middle aged white males.”
Gender And Marital Status

• Gender...women more at risk
• Marital status

Risk factor for women--Protective factor for men
...well, DUHHHH!!!
History

- Prior trauma
- Substance abuse
- Preexisting mental illness
- Diminished health status

Can be both risk and protective factor

Watch for those who are newly clean and sober. Expect higher rates of relapse.

“Mind and body are inseparable”
-Mental Health: A Report of the Surgeon General

Look for tear in support fabric.
Examples of Special Populations

Persons with:

- Previous psychiatric diagnosis
- History of substance abuse
- Physical limitations and disabilities
- Learning/language disabilities
- Limitations of intellectual skills
Examples of Special Populations

Persons with:

- Pre-existing chronic diseases
- Immunosuppression
- Diseases requiring life-sustaining medications or treatments
- Electronically-dependent medical conditions
Socioeconomic Status

- Poverty
- Education

Being poor and uneducated are never protective factors!
February 2003 in Rhode Island...Marginalized Groups
Special Populations By Virtue of:
Impact Status

• Exposure
• Injury/disease
• Death of a loved one
• Separation from, lack of knowledge about, loved ones
• Witnessing grotesque/horrific scenes
Special Populations By Virtue Of: Post-event Risk Factors

- Complicated bereavement
- Loss of social supports
- Severe economic loss
- Damage to community/family function
- Early peritraumatic symptoms
  - Dissociation
  - Emotional response
  - Panic/physiological arousal

  Felt like it really isn’t happening, like in a dream
  Fear of dying, helplessness, horror
  Shortness of breath, shaking, choking sensation, rapid heart beat
Special Considerations
Special Considerations: Event Type

Mass Violence > Technological Disasters > Natural Disasters

Special Considerations: Event Type

• Duration
• System/medical/public health impact
• Contamination
• Separation/relocation
• Selected very complex event types:
  – Pandemic
  – Cyber terrorism
  – Infrastructure collapse (e.g., utilities, transportation, structures)
Let’s Not Forget Workers
Special Considerations for Workers:

• Role (e.g., exposure, exhaustion, danger)
• Role Blur (e.g., responder/leader/victim/survivor)
• Role Conflict (e.g., occupational, family)
• Role Consequences (e.g., mission success/failure, career trajectory, impact on co-workers)
Categories of Responder Reactions:

- Awareness: What do I know about nature of the work/risk/potential consequences?
- What behavioral choices do I have and what are their consequences?
- Each has special stressors...
  - The able and the willing
  - The willing but unable
  - The able but unwilling
  - The inexperienced
  - The experienced worker
  - Atypical first responders (hospital, school, primary care, etc.)
  - The reassigned worker
  - Command personnel
## Flow of Stress Prevention/Reduction/Intervention Opportunities

<table>
<thead>
<tr>
<th>Pre-Event</th>
<th>Post-Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Culture</td>
<td>On-site health/psychosocial support/practices</td>
</tr>
<tr>
<td>Job Description</td>
<td>Early follow-up monitoring/support/services</td>
</tr>
<tr>
<td>Employee Selection</td>
<td>Late term follow-up monitoring/support/services</td>
</tr>
<tr>
<td>Employee Training (incl. stress mgmt as a job skill, family preparedness)</td>
<td>Evaluate usage/efficacy</td>
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<tr>
<td></td>
<td>Modify work, prevention &amp; intervention strategies</td>
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- Multiple option for Non-stigmatizing service
- Education/support/intervention for families
- Education/support/intervention for coworkers/supervisors
RESTORE: RESiliency TOOLkit for RESPonders

“RESTORE” TOOLKIT

Pre-Event INDIVIDUAL
Pre-Event ORGANIZATIONAL

Disaster Event INDIVIDUAL
Disaster Event ORGANIZATIONAL

Post-Event INDIVIDUAL
Post-Event ORGANIZATIONAL
PTSD & Depression
9 months Post-Hurricane

6.3% had PTSD or Depression

2.6% PTSD
2.0% Depression
1.6% PTSD & Depression
Those With Higher Overall Exposure Were More Likely To Develop PTSD
(9 mos. post hurricanes)

Chi Sq.=23.9, df=5, p=0.001

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Culture, Race, Ethnicity

- Context of disparities
- Distrust of service providers
- Immigration status
- Help seeking behaviors
- Universality of pain

"Tears taste the same regardless of the color of the cheek they roll over."
Cultural Considerations

- **Culture** influences how individuals perceive and interpret traumatic events.
- **Culture** influences how they, their families, and their communities respond.
- Providing care for survivors must be done in a **culturally competent** manner.
Cultural Groups: Disaster Stressors

- Immigration status
- Language difficulties
- Lack of insurance
Cultural Groups: Disaster Stressors

- Discrimination
- Difficulty accessing disaster services
- Lack of financial resources
Cultural Differences

- Definition of disaster
- Expression of grief
- Acceptance of help
- Use of support
- Role of faith
- Cultural differences in response to loss
Cultural Differences

- Distrust of government programs
- Inconvenient location
- Stigma toward mental health

Typhoon in American Samoa...

- “Help” takes many forms (e.g., economic counseling)
- Important cultural differences (honesty/candor, authority structures)
Cultural Competence
Cultural competence is the ability to understand and respond effectively to the cultural and linguistic needs of individuals and families most affected by a disaster.

Strategies…

- Understand the need for cultural competence
- Know and respect history
- Know what populations are in your area
- Enlist members of diverse populations
- Tailor approaches to embrace diversity
  - Informational/educational materials
  - Interventions
- Monitor inequities in service delivery
- Evaluate success
Disaster Responders: Culturally Competent Conduct

- Know the culture
- Be respectful and well informed
- Be alert to personal cultural biases
Disaster Responders: Culturally Competent Conduct

- Admit personal limitations to understanding culture
- Understand the cultural expression of distress
- Respect the need for ritual and customs
Resource:

Developing Cultural Competence in Disaster Mental Health Programs

DHHS Publication #3828
Guiding Principles for Cultural Competence in Disaster Mental Health Programs

- **Principle 1:** Recognize the importance of culture and respect diversity.

- **Principle 2:** Maintain a current profile of the cultural composition of the community.

- **Principle 3:** Recruit disaster workers who are representative of the community or service area.

- **Principle 4:** Provide ongoing cultural competence training to disaster mental health staff.

Source: Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations. Substance Abuse and Mental Health Service Administration (2003).
Guiding Principles for Cultural Competence in Disaster Mental Health Programs

- **Principle 5:** Ensure that services are accessible, appropriate and equitable.
- **Principle 6:** Recognize the role of help-seeking behaviors, customs and traditions, and natural support network.
- **Principle 7:** Involve as “cultural brokers” community leaders and organizations representing diverse cultural groups.

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Principle 8: Ensure that services and information are culturally and linguistically competent.

Principle 9: Assess and evaluate the program’s level of cultural competence.