



Hurricane Harvey Psychological Support Project

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Organizational Resilience International (<https://www.oriconsulting.com/>)

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Photo by Texas National Guard

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Background

Category 4 Hurricane Harvey hit the coast of Texas on Friday, August 25, 2017. By Wednesday, some areas had received over 47 inches of rain and flooding, and by Thursday, August 31, 2017, the storm had killed at least 44 people and damaged or destroyed 48,700 homes. 350,000 people, many uninsured, have registered for disaster assistance.

Survivors of disasters like Hurricane Harvey include everyone in the community and region, all in the wake of the storm. They are infants and children, adults young and old, partners and families, immigrants and refugees, and native-born residents. They are people who have lost their homes and businesses, as well as those who are providing help, even as they experience their own trauma.

For many, the fear, trauma, and loss experienced during Hurricane Harvey will result in emotional scars that may last for years to come. Long after the water has receded and homes have been rebuilt, the stress and anxiety that accompany disasters of this size and scope will remain. Research indicates that suicide rates, substance abuse, and violence frequently increase in the aftermath of community-wide disasters. Putting life back together in the form of a “new normal” is an emotionally overwhelming process. Our project will focus on communities in the affected area to help minimize the “disaster after the disaster” and get community members back on their feet.

RMF's Presence

Real Medicine Foundation is an international NGO with an excellent track record in psychological trauma support. We believe that “real medicine” focuses on treating the person as a whole, providing medical/physical, emotional, social, and economic support. To care for victims of Hurricane Harvey, we are collaborating with Organizational Resilience International (a partner since Hurricane Katrina) to implement a 3-phase psychological support project for affected communities.

The project will target the following affected groups over the next 12 months:

- First responders
- Children
- Parents
- Adults
- Schools
- Faith-based groups
- Businesses

Structure and Implementation

RMF has already begun relief efforts for the victims of Hurricane Harvey, and we are seeking financial support to develop and deliver a high-quality psychological support program that would operate for 12 months from its inception. We have designed our model of support based on a long-established psychosocial model of community response and recovery from disaster, known as The Psychological Lifecycle of a Disaster¹.

¹ L. M. Zunin & D. Meyers; “Phases of disasters” in Training Manual for Mental Health and Human Service Workers in Major Disasters; 2nd ed., DHHS publication no. ADM 90- 358; D. J. DeWolfe.

Psychological Lifecycle of a Disaster



As shown in the graph above, we know that the needs of disaster victims change over time. Thus, RMF will institute a 3-phase approach to our work directed at the unique needs of each phase of the recovery period in the Houston/Louisiana region:

- Phase I: “Rescue and Honeymoon” (near-term, 0–8 weeks)
- Phase II: “Recovery and Disillusionment” (midterm, 8–30 weeks)
- Phase III: “Trigger Events, Anniversary Reactions, and Reconstruction” (long-term 30+ weeks)

Phase I

Phase I is known as the “Rescue and Honeymoon” period and occurs in the immediate weeks after the disaster impact. When a disaster strikes in the United States, tremendous resources descend on the affected community. Our nation has unmatched ability to marshal resources in times of need to help communities stabilize. Public and private organizations work side by side to minimize the damage threatening a community, no matter what the threat may be. This response generates a significant amount of positive feelings among community members. People feel close to their neighbors. For example, neighbors who never knew each other now help each other and share resources during this period. This “honeymoon” period is an important stage in establishing hope in the community and plays an important role in limiting the negative impacts of the tragedy. However, Phase I doesn’t last. Resources and rescuers are typically intended to be short-term emergency response tools, and as such they are time limited. Once the “emergency” has waned (in this case the water begins to recede) these resources must return to their own communities as the task of stabilization has been accomplished. It’s at this point, or shortly thereafter, that “the honeymoon is over” and the community enters Phase II.

Phase II

Phase II is both a recovery period and a period of disillusionment. This is the time when victims/survivors return to their lives and homes and begin to understand the full impact of the disaster. Following Katrina, we saw survivors who, although safe, were now living miles and miles from their workplace due to housing shortages. We

saw families who could not find health care because their medical providers had permanently left town. Buying groceries became a daylong journey to the nearest supermarket many miles away, which was always packed with people and short on supplies. Frustrations grew quickly. Neighbors and neighborhoods were no longer the familiar comfort they once may have been. The routines of life, which normally provide a great sense of safety, predictability, and control in our lives, have been completely disrupted. This disruption leads to well-documented increases in suicide rates, substance abuse, and violence in the aftermath of disaster. This decline in spirit and optimism is sometimes described as “the disaster after the disaster.”

Phase III

Phase III is when communities begin to more permanently turn the corner toward psychological reconstruction and their long-term adjustment to a “new normal.” Following a disaster the size of Hurricane Harvey, this phase will unfold over the course of several years. During this time, the general psychological stability and health of the community is moving in a positive direction, but that movement is by no means smooth or steady. Anniversary reactions, future storm threats, even hurricanes in other parts of the country will trigger emotional difficulties for many in the region. Some of the most vulnerable individuals will be those who have suffered other highly stressful and traumatic events in their lives. Given that many in the path of Harvey were already economically stressed and living at poverty levels, they are at increased risk for long-term impacts. The good news about Phase III is that the efforts of the rescuers, government programs, NGOs, and others will pay dividends in the end. Those supports, delivered throughout the earlier two phases of recovery and into Phase III, turn into long-term gains for the community. They therefore serve as preventative and protective measures for the next disaster that ensues.

As a result of our project, the community will benefit from more trained mental health providers, earlier recognition and treatment of emotional problems by community care providers and teachers, fewer chronic cases of PTSD and other anxiety and depressive disorders, support for parents and children, stronger community unity, to name just a few of the long-term gains.

Community Involvement

People seek help in many different places, from congregations to hospitals and clinics to schools. Having responded to disasters around the world over decades (including Katrina, Asian tsunami, earthquakes, and more), we know the value of these community supports and will look to them as partners in the response process. It is the community responders whom people most often trust, and our partnerships with them will be critical in bolstering recovery. We recognize that disaster survivors are most drawn to, and best served, by the natural supports in their community. Our work will draw on our experience, in partnership with local community resources to bolster long-term psychological recovery. By enlisting community members themselves to work alongside us in the recovery process, we thereby further their empowerment and recovery.

Further, in considering response and recovery plans, one size does not fit all. Therefore, our specific activities will be guided by the unique needs of the community population at hand, e.g. children vs. first responders, as well as the places that people seek help. No two communities are exactly alike, and thus interventions must fit the local culture and resources. By working alongside trusted community members, we can strengthen the quality of our response and support their recovery as well.

Effective activities we have utilized in other communities:

- Outreach
- Screening and assessment
- Parent education on the impact of trauma on children and response strategies
- Psychosocial support for medical staff
- Training of local professionals on the impact of disasters

- School-based interventions
- Partnerships with faith-based communities
- Counseling
- Public education
- Social networking to build community
- Information and referral
- Written materials (multilingual)

Logistics

Our plan for providing psychological support to the victims/survivors of Hurricane Harvey will follow the engagement model RMF has used successfully around the world over the past 12 years. We will establish relationships with local community organizations and then work with them to A) understand their specific need, B) identify what resources they already have in place (so as not to duplicate services), C) offer resources we have that meet the need, and D) execute a deployment plan.

We anticipate that our team of highly trained disaster mental health professionals will make multiple trips to the region over the next 12 months. Our visits will be spaced in such a way that allows us to support the community across all 3 phases of the recovery process. Overall, we expect to provide more than 3 months' worth of on-the-ground services during the 12-month period. Travel and housing accommodations will be orchestrated so as to maximize the impact and value of donated funds, while not taxing the already stressed communities. RMF teams are often provided housing by community members during our mission; however, we are aware that this is not always a feasible option.

Team

Our psychological support team consists of master's and doctoral level professionals who have decades of experience providing mental health and psychosocial support to victims of all types of tragedies. Over the last 30 years, the field of psychological trauma has become a specialty area for mental health providers, and those with proper training and experience are a valuable commodity. Our team is led by Dr. Kevin Becker, a clinical psychologist with nearly 30 years' experience working, training, and supervising, solely in the field of psychological trauma. He has coordinated teams in response to 9/11, South Asian tsunami, Hurricane Katrina, Pakistan earthquake, Newtown shooting, Boston Marathon bombings, and many more. He is a former Harvard University and Harvard Medical School staff member; Director of the Trauma Center in Boston, MA; and was the founder of the Massachusetts Disaster Response Network. Dr. Becker will bring together an array of skilled professionals who can meet the specific needs of the communities we are supporting including children, first responders, medical and mental health professionals, caregivers, parents, elderly, disabled, and more.