AT-RISK GROUPS AND VULNERABLE MEMBERS OF THE COMMUNITY
Cass County ~

- Population – 28,706 (2015) or 12,876 households
- Covers about 2021 square miles
ITS BIGGER THAN YOU THINK

- Individual Victims
- Family & Social Networks
- Rescue workers
- Social service agencies
- Other community members, businesses
- Your families and social networks
- Family & Social Networks
- Individual Victims
AT-RISK GROUPS WITHIN OUR COMMUNITY

• Defined as:
  • Additional needs in the following functional areas:
    • Communication
    • Medical care
    • Maintaining independence
    • Supervision
    • Transportation

• And includes….
  • Children
  • Senior citizens
  • Pregnant women
  • Disabled
  • Individuals living in institutions
  • Diverse cultures
  • Limited or no English
  • Chronic medical conditions
  • Pharmacological

Generally people are going to land in multiple categories.
ADDITIONAL RISK FACTORS

Community risk factors and vulnerabilities
• Poverty
• Income generation/employment
• Mental health
• Nutrition
• Access to medical care
• Education level
• Social networks
## Overview of our Community (Cass Cty): At-risk groups

All data from 2015 – US Census bureau

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OTHER CONSIDERATIONS

• Prior experience with similar events
• Prior trauma history
• How much the individual is impacted/life disrupted
• Lack of resilience
RESILIENCE

- Caring and supportive relationships
- Goals and goal directed behavior
- Good self-esteem
- Able to communicate effectively and problem solve
- Impulse control

“Life is not about how fast you run or how high you climb but how well you bounce.” — Vivian Komori
Consider this individual:

- 43 y.o white female.
- FSIQ of 63.
- Living independently.
- Refuses supports from providers because she doesn’t want to feel “babied”.
- Very limited ability to read and write.
- Receives SSDI and works part time but still unable to have enough money to buy food. Ashamed to go to the food shelf.
- Has serious heart condition but cannot understand the doctor’s instructions at medical appointments.
- Has a driver’s license and car but no insurance because she does not know how to get quotes or get it set up so she goes without.
- Underlying depression and very high anxiety.
- Does not trust people due to past trauma/civil commitments.
SUPPORTING RECOVERY THROUGH MENTAL HEALTH AWARENESS AND COLLABORATION

Long term recovery requires long term support
MENTAL HEALTH FOR COMMUNITY MEMBERS
PHASES OF DISASTER

- Pre-Disaster
  - Warning
  - Threat
- Impact
- Honeymoon
  - Community Cohesion
- Disillusionment
  - Inventory
  - Trigger Events
- Reconstruction
  - A New Beginning
  - Setback
  - Working Through Grief
    - Coming to Terms
  - Anniversary Reactions

Time:
- Up to One Year
- After Anniversary
Stages of the Grief Cycle

**Shock and Denial**
- Avoidance
- Confusion
- Fear
- Numbness
- Blame

**Anger**
- Frustration
- Anxiety
- Irritation
- Embarrassment
- Shame

**Depression and Detachment**
- Overwhelmed
- Blahs
- Lack of energy
- Helplessness

**Acceptance**
- Exploring options
- A new plan in place

**Dialogue and Bargaining**
- Reaching out to others
- Desire to tell one’s story
- Struggle to find meaning for what has happened

**RETURN TO MEANINGFUL LIFE**
- Empowerment
- Security
- Self-esteem
- Meaning

Adapted from Kübler-Ross, 1969
TWO KINDS OF LOSS

Tangible
• Loss of life
• Loss of home
• Loss of material things
• Loss of income/employment

Intangible
• Loss of safety/security
• Loss of predictability
• Loss of trust
• Loss of positive self image, self esteem, identity, independence
• Loss of hope
• Loss of control
ADVERSE EFFECTS OF TRAUMA/DISASTER

- Intense and unpredictable feelings
- Changes to thoughts and behavior patterns
- Sensitivity to environmental factors
- Strained interpersonal relationships
- Stress related physical symptoms
HOW TO HELP

1. How can you meet them at where they are today?
2. Listen to concerns - give them the invitation
3. Provide information and direct to services
4. Serve as an advocate
5. Help them reach out to others in their social support network
6. Help problem solve situations/conflicts
7. Reassure that some of their responses are normal and will take time to work through
8. Help children get back into a routine
WHAT NOT TO DO

• Force people to tell their stories or push for details
• Say things like “everything will be OK,” or “at least you survived”
• Or saying “I know how you feel” or “if it was me, I would be very upset”
• Be negative about help or agencies that are involved
• Make promises that you can’t keep such as “you will go home soon”
PRE-EXISTING CONDITIONS
Mental Health- diagnosed or undiagnosed
PREVALENCE OF MENTAL ILLNESS

• 1 in 4 people will suffer from mental illness in their lifetime

• 1 in 17 this is serious and persistent mental illness (SPMI)
IMPACT MAGNIFIED

• Less protective factors and many more risk factors
• Less prepared for disaster – less supplies, generally do not have a backup plan, less financial resources usually
• 50% of people with mental health conditions have symptoms prior to age 14 and 75% by age 24 (NIH)
• 1 in 5 children from birth to 18 have a diagnosable mental health condition; 1 in 10 have serious mental health conditions that are disruptive to their daily activities
• Don’t forget about infants and toddlers – seriously!
• 1st 10 months of life have a large impact on development
• Effects of trauma look a lot like ADHD
• Hearing events happen can be just as traumatic
SPECIAL NOTES FOR WORKING WITH THE ELDERLY

• Assist with recovery of physical possessions
• Give special attention to housing and relocation
• Help re-establish familial and social contacts.
• Assist in obtaining medical and financial assistance.
• Help re-establish medication regimens.
• Provide transportation
• Be mindful of vision or hearing impairments
• Generally do not ask for help
• Watch for worsening mental health
MENTAL HEALTH FOR RESPONDERS AND RECOVERY WORKERS
CAN YOU WALK THROUGH WATER WITHOUT GETTING WET?
Stress reaction versus Stress injury
When was your last stress test?

Well, I went to work yesterday.
STRESS

Performance

Healthy

Focused

Motivated

Healthy tension

Optimum stress

Lame

Inactive & bored

Sick

Fatigued

Exhaustion

Panic

Anxiety

Anger

Stress overload

Burn-out & breakdown

Disease

Stress level

Peak performance
<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
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<tr>
<td>DEFINITION</td>
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<tr>
<td>- Optimal functioning</td>
<td>- Mild and transient distress or impairment</td>
<td>- More severe and persistent distress or impairment</td>
<td>- Clinical mental disorder</td>
</tr>
<tr>
<td>- Adaptive growth</td>
<td>- Always goes away</td>
<td>- Leaves a scar</td>
<td>- Unhealed stress injury causing life impairment</td>
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<tr>
<td>- Wellness</td>
<td>- Low risk</td>
<td>- Higher risk</td>
<td>- PTSD</td>
</tr>
<tr>
<td>FEATURES</td>
<td>CAUSES</td>
<td>CAUSES</td>
<td>TYPES</td>
</tr>
<tr>
<td>- At one’s best</td>
<td>- Any stressor</td>
<td>- Life threat</td>
<td>- Depression</td>
</tr>
<tr>
<td>- Well-trained and prepared</td>
<td>- Feeling Irritable, anxious or down</td>
<td>- Loss</td>
<td>- Anxiety</td>
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<tr>
<td>- In control</td>
<td>- Loss of motivation</td>
<td>- Moral Injury</td>
<td>- Substance abuse</td>
</tr>
<tr>
<td>- Physically, mentally and spiritually fit</td>
<td>- Loss of focus</td>
<td>- Wear and tear</td>
<td></td>
</tr>
<tr>
<td>- Mission-focused</td>
<td>- Difficulty sleeping</td>
<td>- Loss of control</td>
<td></td>
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<tr>
<td>- Motivated</td>
<td>- Muscle tension or other physical changes</td>
<td>- Panic, rage or depression</td>
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<tr>
<td>- Calm and steady</td>
<td>- Not having fun</td>
<td>- No longer feeling like normal self</td>
<td></td>
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<tr>
<td>- Having fun</td>
<td>- Behaving ethically</td>
<td>- Excessive guilt, shame or blame</td>
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<td></td>
<td>- Symptoms persist and worsen over time</td>
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<td></td>
<td></td>
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<td>- Severe distress or social or occupational impairment</td>
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STRESS INJURY

- Life threat
- Loss
- Inner conflict
- Wear and tear
WHAT TO WATCH FOR

- Feeling out of control
- Sleep problems/nightmares
- Persistent guilt or shame
- Feeling remorseless
- Memory loss, trouble concentrating
- Attacks of panic, anger or rage
- No longer enjoying pleasurable activities
- Significant changes in behavior or appearance
STRESS FIRST AID

Seven Cs of Stress First Aid:

1. CHECK
   Assess, observe, and listen
2. COORDINATE
   Get help, refer as needed
3. COVER
   Get to safety ASAP
4. CALM
   Relax, slow down, refocus
5. CONNECT
   Get support from others
6. COMPETENCE
   Restore effectiveness
7. CONFIDENCE
   Restore self-esteem and hope
Stress VS Burnout

- Overengagement
- Overreactive emotions
- Hyperactivity
- Loss of energy
- Physical damage
- Disengagement
- Blunted emotions
- Helplessness
- Loss of hope
- Emotional damage
SYMPTOMS OF BURNOUT

• Every day is a bad day
• Caring about work seems like a waste of energy
• Exhausted all of the time
• Dread going to work
• You don’t feel that your work makes a difference or feel appreciated
• You spend most of your work day doing tasks that are mind-numbingly dull or overwhelming
• Somatic complaints/taking more sick days
BURNOUT

“I’m not sleeping, I’m depressed, I’m stressed...
Glad to see you are multitasking then!”

“It’s a smoke detector. The boss thinks I might be headed for a burnout.”
Compassion Satisfaction vs. Compassion Fatigue Secondary Trauma
SECONDARY TRAUMA

Fatigue
Illness
Social withdrawal and isolation
Typical PTSD symptoms- intrusive thoughts, nightmares, vigilance
Hopelessness
Reduced productivity
Absenteeism
Sleep difficulties
Over-eating or undereating
Self Medicating
Irritability
SUICIDE

4022 respondents – national survey
86% endorsed critical stress -
FORMAL SUPPORT
WHAT PREVENTS US FROM GETTING HELP?

• Not recognizing the problem – it’s just part of the job
• Fear of others finding out or what others may think
• Fear of it becoming part of their record or affecting their employment
• Not know what resources/help may be available
• Thinking a therapist could not understand our profession
EFFECTS ON RELATIONSHIPS

“This job has cost me my health, my family, and my soul. Can I get a receipt?”
ETHICAL REQUIREMENT

Look at your code of ethics for your profession:

• “seek appropriate professional assistance for issues that may impair work performance or clinical judgement”

• “counselors monitor themselves for signs of impairment from their own physical, mental and emotional problems and refrain from offering or providing professional services when impaired”
"IT'S NOT THE LOAD THAT BREAKS US DOWN...IT'S THE WAY WE CARRY IT."
–ANONYMOUS
What are we going to do?

1. Disaster response Team
2. Organization
3. Individual
DISASTER RESPONSE TEAM

- High visibility and transparency from leadership
- Open communication
- Clear and defined roles
- Exit interviews to help workers transition back to regular work activities
- Create respite areas for workers separate from disaster victims for workers to rejuvenate, eat, change clothes, shower, sleep etc
- Initiate, encourage and monitor breaks and time off
- Rotate workers from high stress tasks to low stress tasks
- Offer self care activities for workers and volunteers
Short term response

- Get it started right from the beginning – gives credibility and sets the standard
- Critical Incident Stress Management - CISM
Healthy People = Healthy Organization

- Employee Assistance Programs
- Balance caseloads
- Accessible supervision
- Assignment rotations
- Peer support networks
- Leaders – think about how you take care of your workers
How do we help others?

• The way we help others can often dictate our success and how it affects our wellbeing. There is a right/healthy way and a wrong or potentially harmful way.
HOW DO WE PROTECT OURSELVES

Education and awareness
Debriefings
Self Care
Balance and boundaries
Seek professional help
Be intentional
• Take time off
• Remember your role and make referrals – respect your limitations
• Keep your boundaries firm-balance
• Relaxation techniques
• Nutrition
• Limit/avoid alcohol, drugs, tobacco, coffee
• Hobbies
• Spiritual care
• Exercise
• Laugh
• Maintain a good support system
• Ask for help, celebrate moments of joy
QUESTIONS?
Crow Wing County ~

- Population – 63,265 (2014) or 26,963 households
- Population estimate during tourist season – 187,500
- Covers about 1000 square miles
Overview of our Community CWC:

At-risk groups

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