

ASSESSING HOW, WHAT & WHEN TO OFFER DMH/CI ASSISTANCE

Bridgeman, 2007

The following is meant to be a quick check list to identify, assess, & better determine what type of disaster mental health assistance is appropriate.

The challenge, is how to simplify the process for ease of use & time constraints, while still not suggesting a rigid format as tailoring the approach to varied individual needs is essential, & ultimately use of our clinical lens will best inform our final determination.

List demographics: age, gender, occupation, language, partner/family member?

Indicate type & time of disaster: check which type, magnitude, level, and how long from event to your contact with the person?

Indicate level of stress: (1) mild, (2) moderate, (3) significant, (4) life threatening & indicate briefly why you checked which level?

Indicate emotional stability: (1) reasonable given disaster, (2) lower than reasonable level of concern, (3) borderline instability, (4) unstable.

Level & type of risk factors present:

(a) Indicate proximity to disaster, & length of time of exposure.

(b) Indicate if prior exposure to similar, or significant critical incident.

(c) Indicate level of social support or personal connection-(1) excellent, (2) good, (3) little, (4) none.

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Level & type of risk factors present:

(d) Level of psychological health prior to event & now - good, moderate, of concern.

(e) Level of physical health & fatigue (as best as you can detect), prior to event & now - good, moderate, of concern.

Level of protective, positive, resilient factors:

(a) Level of connectedness to significant others (& are they currently present?) - excellent, moderate, of concern - & present or not?

(b) Can you facilitate contact for them with significant others?

(c) Is the person reasonably optimistic & able at a reasonable point to put events into larger perspective? Yes or no?

(d) Can you assist in identifying when & how they successfully coped with similar challenges in the past?

(e) Have they, or can they get to exercise, take walk with you or others, stretch class?

(f) Have they or do they eat well (check on food vouchers, water, supplies for them)?

(g) Do they have hobbies, joyful activities they usually do, or can do (music, journaling, drawing, basketball, dance, help others, volunteer, etc. & can an activity be set up)?

(h) Is their level of empathy, perspective-taking reasonable?

(I) How resilient do they report to be, & do you observe them to be based on responses to above (a-i)? Not at all resilient at this time, mildly, moderately, highly resilient.

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Level of Assistance, Support That Appears Appropriate Based on Assessment:

1.) Use of psycho-social, strength-based resilience model, similar to most psychological first aid approaches- Key Points:

(a) Support the further development of protective factors based on earlier (above) assessment results with special emphasis on cultivating connections to significant others where possible.

(b) Review calming, relaxation strategies, meditation, yoga, use of exercise, & putting matters into perspective where appropriate.

(c) Suggest strategies to lessen earlier detected risk factors and advise limiting exposure to media coverage of event, avoid relying on unhealthy substances, etc.

(d) Acknowledge the restorative abilities they possess from their previous successful use of specific strengths & attributes, & review how they can further build on these strengths.

(e) Acknowledge their progress in a challenging situation, & that their feelings are understandable given the incident, give out handout on healthy self-care.

2.) If additional support to above strategies are needed :

(a) Refer the person for further assessment, &/or to see a specialist in disaster MH, or to their ongoing therapist if they have one and it is appropriate, check local list of community resources, groups, &/or ask for consultation with colleague based on your assessment above if needed.

Finally, a cautionary note that on occasion offering less is what's needed, with time, compassion and being a sincere, emphatic listener as primary touchstones.