



Challenges Encountered by Older Adults when Seeking Safe Shelter Pre-disaster and Receiving Intervention Post-disaster

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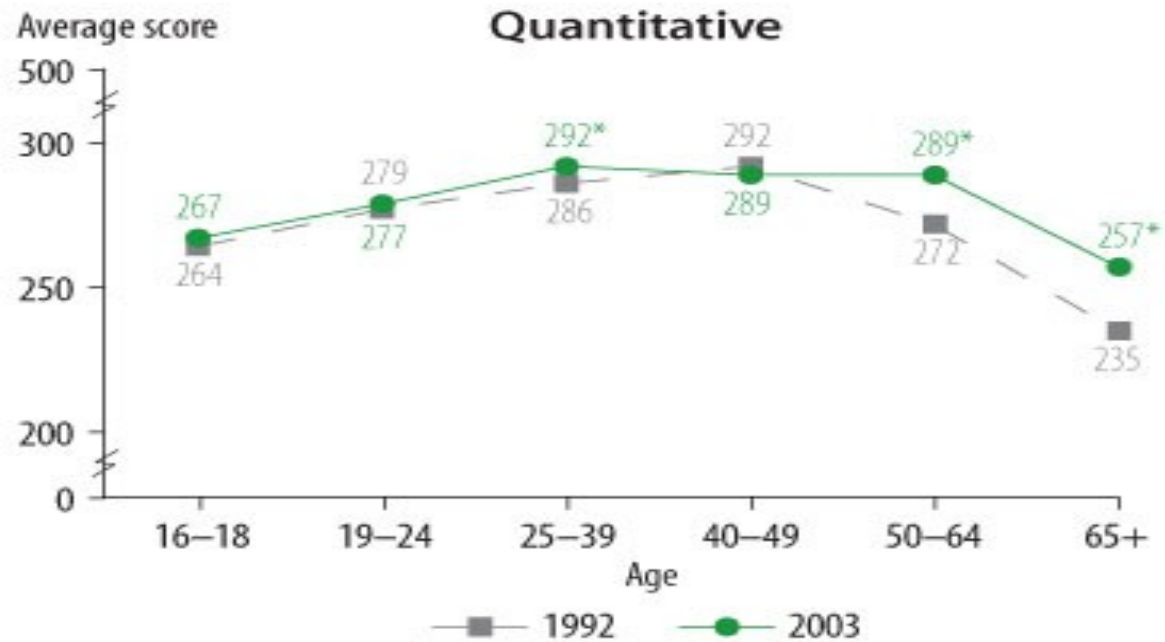
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Objectives

- Disaster literacy of older adults – challenges seeking shelter prior to an event and care post-event
- Psychological First Aid – what is it? Does it make a difference?



Disaster Literacy



Disaster Literacy

Three types of literacy that people need to do to be functional on a daily basis.

- Prose - read and comprehend documents with continuous text - newspaper articles and instructions.
- Document - read and understand documents with non-continuous text - applications, maps, and transportation schedules.
- Quantitative - perform computations - review a bill or balance a checkbook.

Disaster Literacy

- Disaster literacy requires competency in all three domains.
- People have to be able to understand and act on written materials during all phases of a disaster.
- Older adults are more likely to fall through the cracks
- COHORT differences

Disaster Literacy



Most materials are prepared by people who are experts in disaster preparedness who attempt to write documents that are technically accurate.

“There are three Special Needs (Medical) Shelters in Hillsborough County. A special needs shelter is a temporary emergency facility capable of providing care to residents whose medical condition is such that it exceeds the capabilities of the Red Cross Shelter but is not severe enough to require hospitalization. Health Department doctors and nurses support these shelters.”

*In order to accommodate residents who need evacuation assistance to a Special Needs Shelter, **it is most important that they register prior to June 1st in advance of hurricane season.** This will help in determining which shelter they should go to and what, if any, assistance they require to evacuate. If you feel you may qualify and are not pre-registered, please complete a [Special Needs Evaluation form](#). The forms should be faxed to (813) 276-8689.”*

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Disaster Literacy

- First and third person point of view
- Flesch-Kincaid – 13.7
- The informational flyer was written for people who had completed three semesters of college level courses.
- The document consists of 1168 words, 50 sentences, with an average of 23 words per sentence.
- 50% of the document was written in the passive tense.

Disaster Literacy

- **Study Design and Method:** A cross-sectional design was used to assess the public's ability to read and understand basic information about special needs shelters and the procedures for securing services.
- A total of 299 structured interviews were collected at an Outpatient Medical Clinic in the Tampa Bay area.
- A standard reading test (WRAT-4) was administered to ascertain general reading grade level.
- Participant read the document written and distributed by the Hillsborough county Emergency Operations Center (EOC).

Disaster Literacy

- Time to read the flyer was recorded
- Participants were asked eleven questions to evaluate comprehension and ability to use the EOC special needs shelter materials.
- Structured interview questions included: What was this article about? How does a person qualify for special needs shelter services? What services are provided at a special needs shelter? Are you eligible for special needs shelter services? Why or why not?



Disaster Literacy

Demographics: 13% of the participants were Hispanic, 10% were Black, 68% were White, and 9% endorsed other.

- Half (53%) were female.
- Average age of participant was 55 years.
- 26% completed high school, 20% two-year or technical school degree, 24% a four-year degree, 22% earned a masters degree or higher.
- 34% were employed full-time, 7% were employed part-time, 4% were unemployed, 39% were retired, 7% were disabled, and 5% were homemakers.
- 95% were full-time residents of Florida and 80% were lifetime residents.



Disaster Literacy

Conclusions

- Average time to read the disaster brochure was two minutes and 50 seconds (SD = 1.14).
- Age and the WRAT - 4 score were significantly associated with overall comprehension of the brochure. The average comprehension score was 10.42 (SD = 2.32) suggesting that highly educated participants (4 year degree or higher) understood the main components of the flyer.
- Pilot testing written materials with the intended audience prior to publication and distribution to the public is imperative.



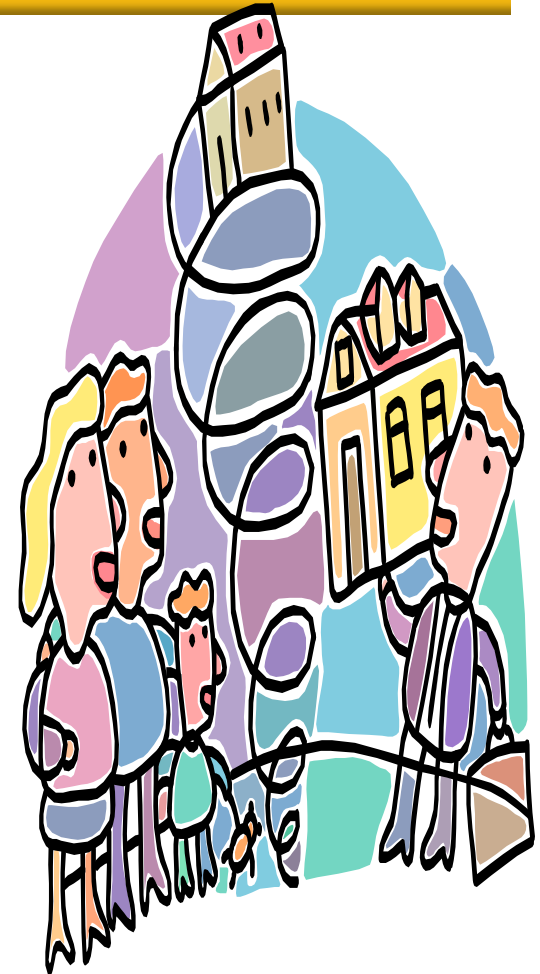
Psychological First Aid

- The Psychological First Aid Field Operations Guide for Nursing Homes was funded by Psychology Beyond Borders.
- The Psychological First Aid Field Operations Guide for Nursing Homes was adapted from the Psychological First Aid Operations Guide, 2nd edition, with permission from the National Child Traumatic Stress Network and the National Center for PTSD.



Psychological First Aid

- Supported by U.S. disaster mental health experts as the 'acute intervention of choice' when responding to the psychosocial needs of children, adults, and families affected by disaster and terrorism. (p. 5, fn.1)
- Psychological first aid is used by American Red Cross and the Medical Reserve Corp.





Psychological First Aid

- Although the terms intervention and treatment are frequently used interchangeably in the research literature, a distinction is made between the two terms when describing psychological first aid (PFA) and psychological treatment.
- Concept of PFA is similar to medical first aid.
- Medical first aid consists of a series of simple techniques that require minimal equipment and can be applied by a trained layperson in response to an injury or illness until formal medical treatment, if necessary, can be obtained. In many instances, it may be all that is needed.

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Psychological First Aid - Challenges

Words can have a powerful effect on how
people deal with difficult situations



Psychological First Aid

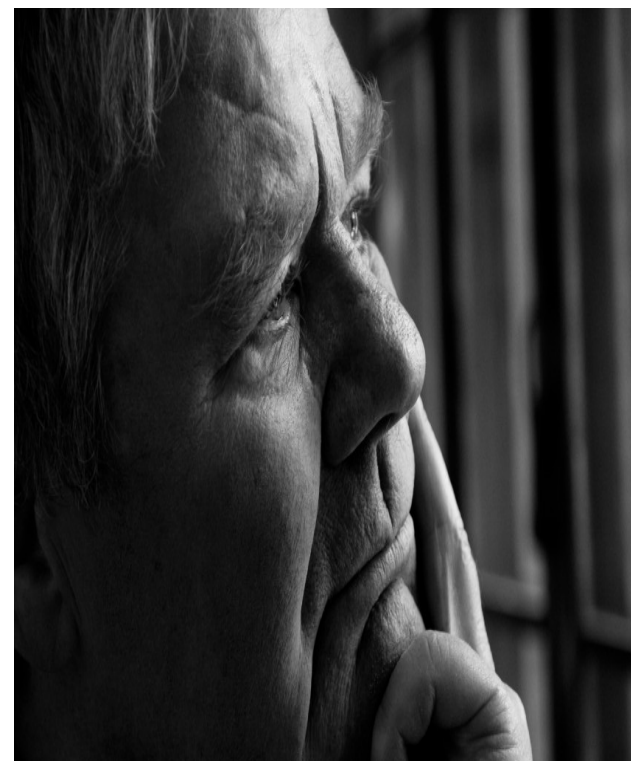
- A premise of PFA is that appropriate, early **intervention** for traumatic distress can mitigate functional impairment and reduce the potential for more serious and enduring mental health problems, such as PTSD and depression that require psychological **treatment**.
- **Intervention** can be defined as interacting, intervening, interfering, or interceding with the intent to change the person's current cognitive, behavioral, physiological, or emotional **state**.
- **Treatment** is the application of formal mental therapies, such as cognitive behavioral therapy, with the goal of stopping, reversing, or controlling diseases, disorders, or dysfunctions.

Psychological First Aid

- Although PFA is not a treatment for psychological problems, its techniques can be effective in fostering adaptive functioning behaviors and enhancing positive, active coping strategies among those who are reacting to a stressful situation.
- PFA can be provided by a mental health professional, but it is usually delivered by a trained layperson or disaster responder with limited psychological knowledge or education.

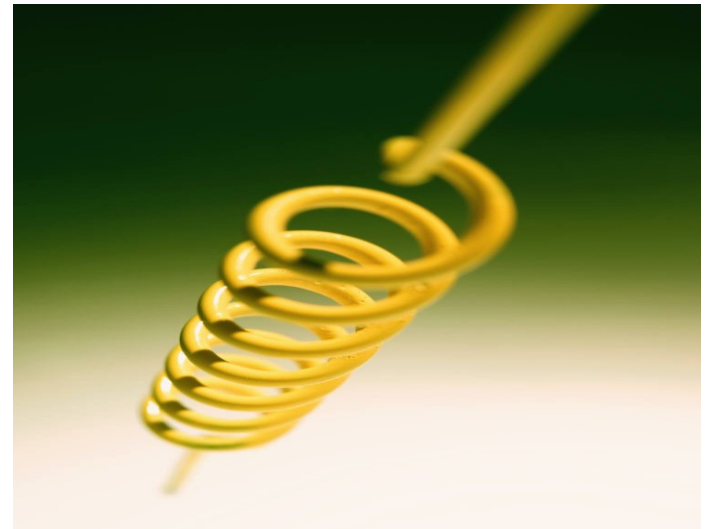
Psychological First Aid

An evidence based approach designed to **reduce the initial distress** caused by traumatic events and to **foster short and long-term adaptive functioning.**



Psychological First Aid

- Do No Harm
- May prevent future problems
- Helps people to handle problems in a way that does not create MORE problems
- Promotes resiliency



Psychological First Aid

- Guides people - what to say, what to do, what is usually helpful
- Focus on strengths rather than symptoms and deficits
- Identify and strengthen coping mechanisms
- Actively involves the person in helping to sort out their problems

Psychological First Aid

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Needs and Current Concerns
- Practical Assistance
- Connection With Social Supports
- Information on Coping
- Linkage With Collaborative Services

Psychological First Aid

- Establish a human connection in a **non-intrusive**, compassionate manner.
- Enhance immediate and **ongoing safety** and provide physical and emotional **comfort**.
- **Calm and orient** emotionally overwhelmed or distraught survivors.
- Help survivors to tell you specifically what their **immediate needs and concerns** are, and gather additional information as appropriate.
- Offer **practical assistance** and **information** to help survivors address their immediate needs and concerns.

Psychological First Aid

- **Connect survivors** as soon as possible to social support networks, including family members, friends, neighbors, and helping resources.
- **Support adaptive coping**, acknowledge coping efforts and strengths, and empower survivors; encourage survivors to take an active role in their recovery.
- **Provide information** that may help survivors cope effectively with the psychological impact of disasters.
- Be clear about your availability, and (when appropriate) **link the survivor** to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations.

Traumatic Stress

- Research conducted with community populations indicates that **low magnitude events** (i.e., car accidents) occur more frequently than **high magnitude events** (i.e., major disasters).
- Importantly, the likelihood of potentially traumatic events (PTE) increases with the accumulation of vulnerability factors over time.



People at Increased Risk for Adverse Psychological Consequences

- Socially isolated
- Frail
- Chronic illness
- Cognitively impaired
- History of exposure to an extreme traumatic stressor
- PTSD
- Substance Abuse
- Low education level
- Language and cultural barriers
- Severe mental illness
- People at ground zero who live/work in area
- 1st responders, clean up crew, and media

Traumatic Stress

- The **consequences of an event** determine whether it is considered a high or low magnitude potentially traumatic event.
- If a close family member dies, it would count as a **high magnitude** event if it involves a parent, caretaker, sibling or best friend, but not if it involves a distant, second-degree relative (**low magnitude**).

Harris & Brown, 1985

