



V!brant

Emotional Health



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About

This Chronic Cyclical Disaster Model (© 2022) was developed out of a three-way collaboration between Vibrant Emotional Health's Crisis Emotional Care Team, the Group for the Advancement of Psychiatry's Committee on Disasters, Trauma and Global Health, and Decision Point Systems.

Precipitated by the chronic, recurring disaster of the COVID19 pandemic, and superimposed natural disasters, forest fires and mass casualty events, we saw a pressing need to develop a framework for key stakeholders to make sense of and stage responses to the increasingly frequent and complex array of disaster events we face in contemporary society, superimposed atop chronic psychosocial and socioeconomic stressors.

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Objectives

After attending this workshop, attendees will be able to:

- Describe the four phases of disaster response.
- Identify at least one way to have their community achieve adaptive stress regulation
- Develop a behavioral health response plan when overlapping disasters occur within their communities.

A dark blue background featuring a white line-art illustration of a city skyline at the bottom. Above the skyline, there are faint icons of a sun, clouds, and small plus signs scattered across the upper half of the image.

Chronic Cyclical Disasters

Phases of Disaster

Chronic, cyclical disasters push a community through exhausting, recurring phases of anticipation, impact, and adaptation ~~but~~ a final recovery phase can begin

By characterizing the foundational issues, chronic stressors, and acute stressors already present in a community, we can more accurately assess the cumulative stress load for a given community when a chronic, cyclical disaster strikes.

By characterizing what is likely to occur in each phase, a community can enhance its adaptive capacity - its skills and strategies - to mitigate those expected stressors.

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Higher risk groups are likely to experience disaster differently than the general population. These groups are likely to be both disproportionately negatively impacted and experience inequity in aid and response. Higher risk groups include underrepresented communities such as racial minorities (such as Black, Indigenous communities, Asian, Pacific Islander, Latinx), religious minorities, ethnic minorities, people with disabilities, the **LGBTQ+ community**, people with low income, people residing in rural and remote areas, refugees/displaced communities, and others. Community leaders ~~and~~ responders must identify and assess these higher risk groups to ensure more equitable response.



Anticipation

- Characterized by threat and anticipatory anxiety which immediately precedes the Impact Phase.
- The level of anticipation and preparation may be high, depending on the nature of the disaster.
- If there is no anticipation, with an initial sudden onset event, it is brief.
- If there are intervals between cycles which allow for preparation, or ebbs and flows of intensity, this phase is relatively calm.
- It is key to make the most of opportunities available during this time for recuperation, integrating lessons learned, triage, and preparation.



Impact

- Characterized by threat and anticipatory anxiety which immediately precedes the Impact Phase.
- The level of anticipation and preparation may be high, depending on the nature of the disaster.
- If there is no anticipation, with an initial sudden onset event, it is brief.
- If there are intervals between cycles which allow for preparation, or ebbs and flows of intensity, this phase is relatively calm.
- It is key to make the most of opportunities available during this time for recuperation, integrating lessons learned, triage, and preparation.



Adaptation

- Characterized by threat and anticipatory anxiety which immediately precedes the Impact Phase.
- The level of anticipation and preparation may be high, depending on the nature of the disaster.
- If there is no anticipation, with an initial sudden onset event, it is brief.
- If there are intervals between cycles which allow for preparation, or ebbs and flows of intensity, this phase is relatively calm.
- It is key to make the most of opportunities available during this time for recuperation, integrating lessons learned, triage, and preparation.



Growth & Recovery

- Characterized by threat and anticipatory anxiety which immediately precedes the Impact Phase.
- The level of anticipation and preparation may be high, depending on the nature of the disaster.
- If there is no anticipation, with an initial sudden onset event, it is brief.
- If there are intervals between cycles which allow for preparation, or ebbs and flows of intensity, this phase is relatively calm.
- It is key to make the most of opportunities available during this time for recuperation, integrating lessons learned, triage, and preparation.

THE DURATION AND INTENSITY OF EACH PHASE IS HIGHLY DEPENDENT ON THE NATURE OF THE DISASTER.

HOW DO WE REACH RECOVERY?

Regulating Stress Throughout the Phases of a Chronic Cyclical Disaster

The phases of a chronic, cyclical disaster will cause various levels of stress. In response to this a Spectrum of adaptive (healthy) to maladaptive (unhealthy) responses that survivors, the community, and responders can have. Achieving adaptive stress regulation through each phase requires different actions by each group. Example key actions that will help each group stay close to the zone of healthy stress regulation are provided below the schematic.



If left unmitigated, survivors, the community, and responders will find themselves in the **Purple** and **Red** zones of extreme distress. More adaptive actions by individuals and leadership will keep these groups in the **Zone of Healthy Stress Regulation**.

Phases of Disaster

Each “face” or group experiencing a disaster is composed of various subgroups. Higherrisk communities may be more directly and severely impacted by the disaster. Higherrisk communities may also experience inequity in response efforts.



Survivors

Survivors represent members of the impacted community.



Community Leaders

Community Leaders represents leadership and institutions of power and/or influence in the community. Examples include government officials, religious leaders, and other civic and social network leaders.



Responders

Responders represents the group of professionals called upon in the face of a disaster or emergency to protect the lives, property, and overall safety of community members.

Key Actions to Adaptive Mitigation of Stress

Anticipation

Impact

Adaptation

Growth & Recovery

Survivors

Identify and promote survivors that have adapted well in prior similar experiences to work within their community

Begin regular practices to help channel anxious energy, such as meditation

Give survivors with experience room to share memories and experiences

Share access to correct and credible information

Participate in memorials for collective grief and closure

Get involved in local projects that are planning for the post-disaster future

Integrate disaster experience

Seek treatment for persistent mental health diagnoses

Community Leaders

Clearly message quality information in risk communication

Provision anticipated needed resources

Leverage just in time partnerships to address the most immediate needs

Promote actionable information from trusted resources

Evaluate and restore basic functions (e.g., schools) with appropriate modifications

Build resources and resilience for high risk subgroups and conduct planning to avoid returning to pre-disaster neglect

Encourage restoration of productive relationships between subgroups

Address competition and resentment between subgroups that has persisted or evolved

Responders

In planning, capture lessons learned from other communities (if initial onset) or from earlier cycles (if this is a new cycle)

Address existing or anticipated burnout

Focus on training and community building

Address responders' needs to keep own families safe by offering cesheltering and shared resources

Advise and support responders to feel empowered to continue the work without the influx of outside help

Enlist disaster mental health experts to support responders at risk of burnout

Integrate lessons learned into future response, training, and preparation

Monitor and seek help for consistent and severe stress

Community Stress Load Threshold

Measure the Cumulative Stress Load in a Community

Acute Stressors

Health crisis, economic, crisis, environmental crisis, and police-community conflict (Disaster 1 & 2)

Chronic Stressors

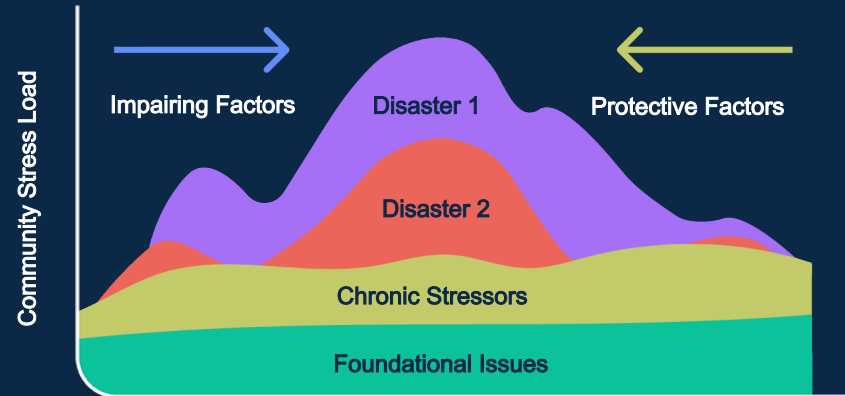
Violence, poor population health, housing instability, lack of political representation, and population loss

Foundational Issues

Unemployment, low trust in institutions, intergenerational poverty, discrimination, etc.

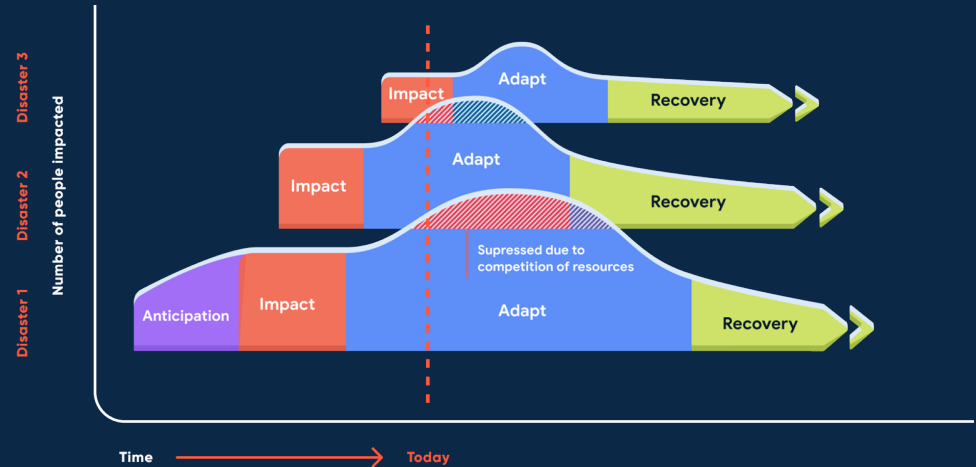
Mitigating the Cumulative Stress Load in a Community

Stakeholders can strengthen **Protective Factors** and address **Impairing Factors** to stay below the load threshold.



Community Balance Sheet

Communities may have ongoing disasters that can cause stresses on community resources. With the proper productivity by the Community, Survivors, and Responders within each phase, these overlaid crises can be mitigated to improve the community's faculties.



The potential negative effects of Stressors are more threatening if substantial Foundational Issues are already present in the community, such as among higherrisk subgroups. Higher-risk subgroups have , at baseline, higher levels of accumulated stress, a stress load which is further exacerbated by an already already thick layer of Foundational Issues. These higherisk subgroups may benefit from extra support from external resources to reinforce their response capacity. Communities that can address impairing factors and strengthen protective factors can better mitigate their cumulative stress load and may find their community ultimately strengthened.

Developed by



Scenario 1

You've been asked to support a group of first responders—fire fighters, EMS, paramedics, and police officers—in a small, rural town that was recently hit by tornadoes. Many citizens lost their homes, and the fire department itself was damaged by a tornado.

On the ground, you discover that prior to the tornadoes the first responders were dealing with a spike in overdose cases, which is still going on as they try to recover from the tornadoes.

How might you use the CCDM in shaping your support response for this community? What aspect might be of most use in preparing for your work?



Scenario 2

A small community in a large city calls for help following a completed suicide by a well-loved community member. The people are shaken, angry, and suspicious of the circumstances around the person's death, though the reasons for this are not immediately clear.

As you start talking to people, you learn that the community is very low-income, set up between a busy freeway and a couple large factories, and just a month ago lost another community member to police violence—a cousin of the person who completed suicide, in fact.

How might these background factors be affecting people's reactions to this death? Knowing you can't fix everything, what steps would you take to help people through their initial emotional responses?



Scenario 3

A major city reaches out for help after a school shooting, wildfire, and earthquake occur. They don't have any one community or organization that needs assistance, instead a mix of citizens, first responders, and community and faith leaders who need mental health first aid.

What would your response look like for this mix? How might you tailor assistance for each group, or for people who fit more than one category? Is there a difference in response you could expect from each group? How might you account for that?



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