

# Disaster Preparedness 101: Part 2 How to Get Ready at Home and in Your Practice in Four Simple Steps

*An interview with Dr. Deborah Hopper*

*SDPA Disaster Psychology Committee Chair*

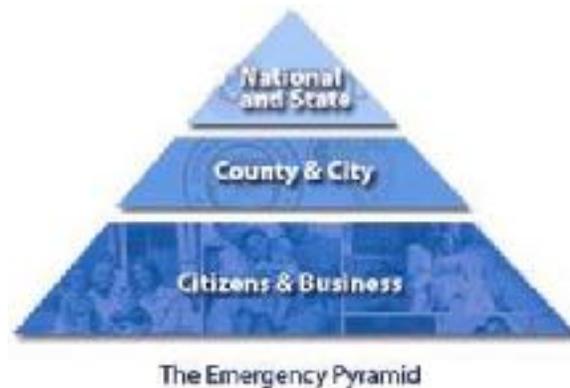
*Please note that the featured article is not the verbatim transcription of the author's presentation at the SDPA Conference on "Preparing for the Unthinkable: Mental Health Provider Roles in Disaster Recovery." The transcription has been edited for content, length, copy, and grammar for the purposes of this publication.*

Let's say you are convinced that it is a good idea to do some disaster preparedness in order to promote a good outcome and prevent undue trauma in the event of an unexpected disaster. You still need to know the specific steps you can take to prepare adequately.

We interviewed one of our local experts, Dr. Deborah Hopper, SDPA Disaster Psychology Committee Chair, to learn what she recommends.

***Q: Dr. Hopper, WHO should prepare for a possible disaster?***

***A: All of us.*** Below is FEMA's model of the *National Emergency Management system*. At the bottom tier of the pyramid is all of us. We each have a responsibility to know what to do *before, during and after* a disaster event.



We learned from the hurricanes and local wildfires from Fall 2017 that each of us needs to plan for our own welfare; we cannot solely rely public resources in the event of a large-

scale disaster. As FEMA warns us, we know that the next emergency is coming. We just don't know *when* or *what kind* it will be. But we *can and must* prepare now for the next emergency. Our family, friends and community depend on it. For mental health professionals, there are particular considerations unique to being a psychotherapist as far as planning for safe evacuation, communication, boundary clarification, and advance planning for special populations, so that client's needs and treatment considerations can be addressed during the disaster, which we can discuss at the end of the interview.

***Q: WHY should we prepare for an unexpected disaster?***

**A:** The most personal reason to prepare is in line with how disaster mental health responders are trained. The first principle is: Each of us **MUST** make it a priority to practice taking adequate care of ourselves and our families, first. This is akin to putting the oxygen mask first on yourself in the event of a loss of cabin pressure when flying. We do that so if we choose to help others who are impacted, we aren't *risking our own well-being*. This is a basic principle of self-care.

***Q: Are there real outcome benefits to being prepared for a disaster in advance?***

**A:** Being prepared reduces fear and anxiety, and increases the odds of a better outcome. In contrast, if we don't plan ahead, and *practice* our plans, when a disaster happens, it is more likely that our "*Fight-Flight-Freeze*" instincts will be calling the shots. For example, in fires, which are unusual events, people tend to get overwhelmed by the fire with its smoke, heat, and destruction, and often respond with panic. Panic can impair judgment and cognitive flexibility, which can result in the failure to problem-solve or make good decisions. This is an unfortunate but common reaction that can increase the probability of getting injured.

According to FEMA, "With advance preparation, i.e., plans and drills, individuals, families and communities will fare better. They will know what to do before and during an earthquake, where to seek shelter during a fire, or how to get to higher ground if there's a tsunami. They will be ready to evacuate their homes and take refuge in public shelters and know how to care for their own basic medical needs. People can even avoid danger completely."

Being able to avoid danger is the ideal solution to minimize injury and trauma and cannot be left to chance. As Dr. Tayer discussed in her article, understanding our cognitive limitations in emergency situations, i.e., how hard it is to calmly and effectively problem solve when the body's "emergency reaction" is triggered, helps us to make better plans and appreciate that we do need to actually *use* our plans. In an emergency, we may not be thinking clearly or we may unexpectedly freeze, so a familiar plan, well thought out in advance and practiced, can provide the template for strategic action to attain safety as quickly as possible. This advance planning is well worth the time and effort.

**Q: If the need to prepare for a disaster is real and beneficial, how are we doing in motivating community members to do so?**

**A:** People are starting to appreciate the importance of Disaster Preparation. Preparedness is actually on the rise: 90% of people have taken *at least one* action, the most common being to stock supplies. 46% have taken three actions, like also attending a community meeting and participating in a drill. 75% of survey households had supplies, and 50% had emergency plans. It is up to each and every one of us to join them if we haven't done so already.

**Q: What are the basic steps to preparing for a disaster in the home setting?**

**A:** There are four basic steps to your disaster emergency plan: (1) be informed, (2) make your plan, (3) build a kit, and (4) get involved in the community. For overall information, the [Ready.gov](http://Ready.gov) website has FEMA's resources: lists, plans by type of disaster, and more that can help you create and enhance your emergency plan.

**Step 1: BE INFORMED**

Before any disaster happens, you need to know *how you'll receive advance warning*. Please refer to the list of Resources compiled by the SDPA Disaster Psychology Committee for a list of disaster apps and websites.

For myself, I set up the FEMA app to receive any alerts for San Diego County on my cell phone to stay informed. You can use local San Diego radio stations, KOGO AM 600 and KSON FM 103.7 for emergency warnings. I have a portable crank radio at home that does not require electrical or battery power, so can be long lasting when information updates are needed. In the "go-bag" in my car, I have a hand-held version of this radio. This way I can stay informed as the disaster evolves. I will be able to know what is happening and to have the information I need to take the best actions to keep myself and my family safe. I will also know where help may be needed from me so I can play a positive community role in the disaster.

**Step 2: MAKE A PLAN: Develop a household emergency plan and discuss it with household members.**

Assess your personal/family's needs. *Having a personal plan is important.* There are many components to the personal plan, so I will briefly mention each one: (1) family communication, (2) escape routes, (3) evacuation, (4) special needs preparation, (5) animal needs, and (6) vital documents and records. For more information, you may wish to consult [www.ready.gov](http://www.ready.gov), where you can find worksheets that can help you address all the necessary details for your own circumstances in each of these areas. You also may want to consider making some "up-front" decisions, such as deciding whether you need earthquake or flood insurance or adequate home/rental insurance coverage.

Here are the basics of each Personal Emergency Plan component:

(1) FAMILY AND WORK COMMUNICATIONS:

This is an *essential* component of your personal and family disaster plan. I recommend using FEMA's version, which is a worksheet to complete with your family. This guides you through the many aspects of emergency family communication which must be considered and may not be obvious. This "before, during, and after" disaster communications map will be invaluable to you and your family members, since the biggest concern during a disaster is to locate and ascertain the safety of one's family members, many of whom will be separated when the disaster occurs. For example, since local communication infrastructure may be lacking in a disaster, the family communication plan typically includes designated out of state contact persons who can serve as a family clearinghouse for messages.

(2) ESCAPE ROUTES:

Part of your plan should include escape routes *within* your home and office. You also need to consider escape routes for each member of your family based on their routines, and regularly practice drills using them. Depending on your work setting, you must be familiar with emergency exits, etc., so that you can safely evacuate staff and patients. Point out the safety exits to patients as part of the preparation process. Consider whether you need to do practice drills with your staff or patients. One important reason to drill: every time I have participated in a simulated drill, I have learned at least one important new thing to apply going forward.

(3) EVACUATION PLAN:

In addition to exiting from your home or workplace, plan *evacuation routes* for when you need to leave the immediate area and beyond. Know routes and alternate routes away from danger. It is important to have paper maps as back-ups in the event cell towers fail.

In case of evacuation from your office, would you want to have asked your patients to be prepared in advance if a disaster happens while they're with you? If a patient takes public transportation to their appointment with you, will you evacuate them with you if needed?

(4) PREPARING FOR SPECIAL NEEDS:

Research tells us those with special needs are especially impacted by disaster; fortunately, caregivers are one of the groups that typically prepares in advance. As part of your personal disaster plan, you will need to include supplies, transportation, medical equipment, etc., tailored to you and your family member's individual needs.

In your office setting, does the population you treat warrant additional consideration of issues (transportation, medications, electrical power generation etc.) related to staying safe in a disaster?

#### (5) CARING FOR ANIMALS:

Many of us couldn't leave our pets to fend for themselves in a disaster, and we ourselves might not evacuate as a result. Thus, we need to take necessary steps to have the supplies and arrangements they need ready in advance depending on the size and type of household pet, including horses and birds. We can further ensure our pet's safety plan if we have a copy of their medical records with us.

#### (6) VITAL RECORDS AND DOCUMENTS:

This includes health insurance cards, medical records, legal documents – where are they stored? Where are they backed-up? Are copies or a thumb drive ready to grab and take with you? FEMA's survey indicated on average 65% of us tend to safeguard our documents, which is a good start. After the wildfires last Fall, I heard a radio call-in show where one woman explained it took her two years to deal with insurance companies, etc. after losing her home in a wildfire and trying to rebuild. Having access to the necessary documents may speed this process up.

### **Step 3: CREATE A DISASTER SUPPLY KIT**

**Basic Home Disaster Supplies Kits:** When preparing for an emergency situation, it is best to think first about the basics of survival: fresh water, food, clean air, and warmth. In addition, this may mean providing for your own shelter, first aid, and sanitation. You should be ready to be self-sufficient for at least three days. YouTube has many public service videos that educate you on what to pack for a disaster. A great example of one of these can be found at <https://www.youtube.com/watch?v=lkr93WBEiaM>. The basic disaster supplies kit is your first building block – it can be duplicated for each family member, and kept in several or all the appropriate locations, such as home, work, car, or school. Don't forget to include kits for your pets.

**The Disaster “Go-Bag”:** You cannot predict where you will be when disaster occurs. The “go bag” includes the “basic” supplies kit, plus other essential items that your family may need such as prescription medicine, medical supplies, diapers, or spare contact lenses. You also want some cash in small bills.

**Other Useful Items:** Consider additional items necessary for immediate safety— an accessible flashlight, shoes by your bedside in case you need to evacuate during an earthquake to protect your feet from broken glass, and in your car, and sturdy walking shoes, in case you have to evacuate quickly while traveling.

**Your Disaster Storage System:** After the building blocks of your BASIC three-day disaster kit and “go-bag,” the storage system is a larger kit which adds essential comfort items, such as bedding, additional clothing, toiletries, towels, fuel and light, can opener, dishpan, dishes, etc. You can find lists for these contents at [www.READY.gov](http://www.READY.gov). Note that several smaller containers (instead of one large one) can be more portable in the event of an evacuation.

If you don't have time to assemble your own kits, and you have the money, you can buy ready-made kits online. In addition to the Red Cross store, there are many vendors, e.g., Costco, Walmart, Amazon, and “Prepper” sites that sell supplies that can last for longer periods of time. Disaster kits, whether homemade or commercial make great gifts for family members and friends.

#### **Step 4: GET MORE INVOLVED IN THE COMMUNITY**

As we have discussed, the first step for disaster preparation is completing your own personal preparedness plans at home and work, so that you can take care of yourself, your family, and your clients as appropriate. After addressing your own needs, consider becoming a volunteer. The community needs more trained and prepared volunteers to assist promptly during disasters. Consider this article as a “Call to Action” to get involved in making a difference in your community! Remember that clinicians cannot “self-deploy” to disaster responses, so if you'd like to be able to, consider volunteering with one of the agencies today.

If your time is limited, know that without needing to become an official disaster mental health volunteer, you can take basic life support classes from the American Red Cross or attend CERT community classes to learn important safety steps. You can also watch online videos put out by FEMA and other disaster preparedness resources on YouTube to educate yourself.

Please refer to the document entitled *Choice Points for Disaster Mental Health Volunteering* put together by the SDPA Disaster Psychology Committee to learn about local agencies that have various volunteer roles and training opportunities for mental health professionals. This resource list compares the various organizations so that you can choose one that fits your skills and time availability.

**Q: Dr. Hopper, are there additional, specialized office/work setting considerations when thinking through one's Disaster Plan which practicing mental health professionals need to consider?**

**A:** Yes, if your personal plans are ready and you have basic supplies for up to 72 hours for yourself and your family, what about your offices? Do you have any office staff? Do you discuss preparedness with them? Will you plan for contingencies if they resulted in any

patient(s) who might be “trapped” with you? How extensive will your plan be? This must all be thought through.

It is important to think about communication issues you may expect in regard to your work context. Important considerations for mental professionals include: How will you contact patients during a disaster event? After the event, will you continue “business as usual” as much as possible? Go on hiatus as needed? Will you discuss with patients what steps you or they will take to reconnect after a disaster? Do you have a patient list for yourself, or someone else, e.g., your biller, a colleague, etc., to contact your patients if you aren’t able to?

Besides having back-up virtual storage of your professional records (there are encrypted records storage options that are HIPPA compliant, such as Carbonite) how will you plan for the physical security of your patient’s records in your office, for example, in an earthquake, if the building is damaged? Can you? For further information, the Red Cross holds an annual Business Continuity course here in San Diego.

**Q: Is it our job as mental health professionals to teach disaster preparation to our clients as part of risk reduction for post disaster injury, hardship, and trauma?**

**A:** Each of us needs to come up with our own answer to this, depending on the nature of our practices or work setting. I suggest taking some time to consider the issue, and decide how you personally prefer to handle it. Thus, you’ve at least given the matter some thought, considered the ramifications, and would have some comfort with your decision.

The American Psychological Association began a Resilience Campaign after 9/11, and asked psychologists to take resilience training into their communities. So there’s some precedence *in the community setting* for this. But that isn’t private practice, which is why we need to weigh this for ourselves, since circumstances and appropriate actions will vary.

If you work with a special population, such as patients with a history of heart disease or stroke, you may want to make sure that your clients are well informed and prepared to cope with a disaster since their survival may depend on it. Also to consider, is a thorough assessment of patients’ anxiety, given its propensity to hinder the effective advance preparation for a potential disaster.

Based on your preferred approach, you can assemble the appropriate educational or other materials you think you might need. The list of educational and coping RESOURCES compiled by the SDPA Disaster Psychology Committee mentions two APA websites, where you can retrieve handouts for specific types of disasters, both natural and man-made, and in some cases grouped by school age, for work with individuals and families.

The mobile apps listed are particularly useful, on-the-go resources that utilize different coping strategies for disaster recovery.

**Q: What are the psychotherapeutic implications of including disaster preparation as part of your usual practice as a psychologist?**

**A:** Again, I think this is to be determined by each of us on a personal basis. Dr. Tayer and I recommend several possible approaches: psychoeducation, modeling, demonstrating a “go bag,” discussions about the benefits of preparedness versus consequences of failing to prepare, or recounting disaster preparedness anecdotes, depending on the population you work with and your therapeutic approach.

The key is to mull over the subject of disaster preparedness *in advance of* a disaster, where you can consider the ramifications for each of your clients and your practice as a whole, and reflect upon what course of action you feel would be for your patients.

**Q: What do you suggest for people like me who are busy professionals with many responsibilities and limited time? Where should I start and how I can keep from letting anxiety and overwhelm stop me from taking needed action steps?**

**A:** Give yourself the gift of time; plan to develop your own preparedness plan over several months. Prioritize what you need to do first. A simple first step is going to [www.Ready.gov](http://www.Ready.gov) and getting a premade list of what to buy so you have three days’ supply of essentials. Set aside one day or half-day a month to take that step, and additional days over time for subsequent steps (your family preparedness plan and its separate components as described above; assembling a “go bag” for yourself in your car, and so forth. Do what we suggest to our patients, i.e., “chunk,” thus breaking down the larger goal into smaller, doable parts. Acknowledge the progress made, and if there’s a setback (a missed opportunity to do a piece), reschedule it and keep going. You’ll hopefully feel a sense of accomplishment that will be reassuring as you make progress. If you need motivation, find a FEMA or other video to watch that reminds you why what you’re doing is important. In addition, if social interaction motivates you, consider joining CERT in your area. You’ll learn the basics quickly and meet neighbors who are interested in helping neighbors. If you want to go above the personal level, stay with CERT as a volunteer or consider the Red Cross. You’ll be reminded of the necessity of preparation by engaging with them.