

Section IV – Helping Organizations

When disasters occur, new economic, political, and personnel issues challenge organizations to make considerable adjustments. Routine procedures and resources are not enough to manage the situation. The post-disaster actions of management can contribute significantly to the mitigation of work performance problems and psychological distress.

Knowing disaster stress management protocols for individuals is insufficient to be an effective disaster mental health consultant to organizations. As with any form of organizational change, there is apt to be ambivalence, if not resistance, to changes recommended by outside consultants. Though crisis can result in the need for change, resistance is greater when individuals who have recently experienced a loss of control are being asked to consider or make changes, as is the case following a disaster.

Providing consultation to administrators of large organizations requires that consultants themselves be well organized and professional. Offering a clear strategy for intervention that is amenable to modification after organizational assessment and consultation with key decision-makers can facilitate alliance building and serve to limit resistance.



Photo courtesy of Chuck Revell

FIVE KEY STEPS TO ORGANIZATIONAL DISASTER MENTAL HEALTH CONSULTING

- Initial entry and contact*** Determine the most appropriate official to consult. Initial contact should include:
- introductions (description of consultant's background)
 - consultant's inquiries about perceived organizational needs
 - administrator's expectations of mental health services
 - consultant's description of potential mental health services
 - mutually agreed upon plan about how to get started
- Information gathering*** Conduct assessment of need for services. Interview and speak with various level department chiefs and other key informants. Consider the use of formal assessment instruments.
- Feedback and the decision to intervene*** Provide a well organized presentation of information gathered. Manage resistance to change by demonstrating appropriate empathy concerning the inordinate stress on the organization and its personnel and by focusing on maintaining a collaborative planning relationship. The organization bears the ultimate responsibility for disaster mental health interventions and has the ultimate authority for deciding what will be implemented; however, it is the responsibility of the disaster consultant to ensure that interventions do not compromise recognized standard professional practice.
- Implementation*** Interventions should have written procedures which include: clear job/role descriptions of disaster mental health staff, crisis management, liability, and a clear timeline. Keep accurate records of numbers of people seen, problems they were experiencing, and types of interventions delivered.
- Termination*** Evaluate interventions. Make recommendations, if any, for future services. Revise disaster plan, policies, procedures accordingly.

**ORGANIZATIONAL STRESSORS
ASSOCIATED WITH DISASTER**

1. Routine workload requires continued attention while role conflict and discomfort increase as a result of new and competing demands.
2. Routine management procedures are ruptured and tolerance among departments and personnel often decrease as stress, role conflict, and extreme fatigue set in.
3. Relationships with county, state, federal, and non-profit organizations are altered.
4. Limited credit may be given if emergencies are handled effectively; harsh judgments may increase if handled emergencies are poorly.
5. Increased media scrutiny of procedures.
6. Increased scapegoating as personnel seek to relieve anxiety.
7. Actual or perceived decreased safety, increased management demands for flexibility, and other disaster-precipitated stress result in staff having less tolerance for ambiguity and may result in their questioning their allegiance to the organization and the value of their job.
8. Disruption and increased stress results in a decrease in managers' ability to see the "big picture."

**ORGANIZATIONAL RESPONSE
PLAN**

- Provide Outreach*
- Address Personnel Problems*
- Screen At-Risk Staff*
- Provide Managerial Support*
- Staff Recognition*
- Offer Services*

Though each organization may have its unique structure, cultural mores, and set of needs, disaster mental health consultants should consider each of the following elements in designing the organization's response plan:

1. Provide outreach to staff: Personnel who are disaster victims commonly do not seek mental health assistance. Create a marketing campaign to prevent the stigma of seeking assistance or participating in activities offered (e.g., "support services for normal reactions to abnormal situation").
2. Expect and prepare to address an increase in personnel problems related to substance abuse, marital and family dysfunction, and financial concerns.
3. Offer screening for staff who are primary, secondary, or tertiary victims if they meet at least one of the following criteria:
 - Their work area has been relocated because of property damage
 - They are new hires or are new in their positions
 - They have pre-existing health and/or psychological issues

4. Encourage managers to know the impact of the disaster on their staff in order to provide effective support:
 - Do employees have specific safety concerns?
 - Are there employees with injured relatives?
 - Are there employees who have had to relocate residence?
 - Is there an increase in on-the-job accidents?
 - Is there greater tension among employees or departments?
 - How significant is the change in work productivity?
5. Recommend formal recognition of staff for their contributions to the disaster effort, including those who stayed behind to “mind the store.”
6. Offer a wide-range of services:
 - Assist in establishing sources of information for organization: newsletters, bulletin boards, briefings by administrators, brochures about resources, etc.
 - Large and small group educational presentations on mental health reactions of adults and children to disaster, self-help stress management suggestions, and where to call for additional help
 - Distribute brochures addressing mental health reactions of adults and children to disaster, self-help stress management suggestions, and where to call for additional help
 - Debriefings for small work units
 - Individual assessment and referral
 - Brief individual counseling (1-10 sessions) and referral
 - Stress management programs (e.g., child care, recreation, exercise, support groups, debriefing groups)

**PRE-DISASTER ORGANIZATION
PREPAREDNESS**

All organizations can benefit from analyzing potential crisis situations. Preparedness can include strategies to manage worst case scenarios, including the potential effects of fatalities, employees unable to get to work, and damaged facilities. Though it isn't possible to fully prepare for the numerous types of disaster many aspects of managing a crisis can be anticipated (Kutner, 1996). Regardless of the type of the disaster, management will have to deal with the media, address productivity, work with insurance companies, handle security issues, and mitigate the psychological distress of employees.

Preparedness Plan

Kutner (1996) suggests that a preparedness plan include at least the following:

- Formal crisis communications procedures for addressing employees (including off-site workers), the media, community groups, and government agencies
- Security procedures to ensure safety of employees and property throughout the crisis and recovery stages
- Procedures to develop relationships with local law enforcement, fire fighting, emergency medical and related government agencies
- Procedures to address and monitor post-traumatic stress in the aftermath of the disaster
- Procedures to manage department or operations shutdowns, employee job reassignments, layoffs, or leaves of absence
- Legal counsel review of communications and employee relations policies

**ESTABLISHING DISASTER
MENTAL HEALTH SERVICES**

1. Establish a Disaster Mental Health Preparedness Committee.
2. Committee membership should represent administrative, environmental, allied mental health, and community relations interests.
3. Establish an emergency management organization chart.
4. Establish objectives of disaster mental health services.
5. Establish procedures for emergency response.
6. Incorporate procedures into organization's overall disaster plan.
7. Develop memorandum of understanding between the organization and other key agencies within the community (e.g., Red Cross, local mental health).
8. Hire outside disaster consultant for planning and support of administration during course of disaster.
9. Train mental health staff in disaster mental health plan, roles, responsibilities (see Team Formation and Development section).
10. Have education materials pre-assembled for distribution.
11. Schedule regular mock exercises with outside review.
12. Review and update Emergency Plan regularly (including evaluation of resources and what might hinder implementation).