



# Boston Marathon Mental Health Response Focused on Early Intervention and Resilience

Written by Toni Rizzo

Disaster mental health is a well-defined role in emergency preparedness and disaster response. Psychiatric mental health (PMH) nurses are critical members of the disaster response workforce. Using principles of psychological first aid, critical incident stress debriefing, and crisis management, together with rapid response and early intervention, PMH nurses help mitigate long-term effects of potentially traumatic events. Christine Tebaldi, MS, McLean Hospital, Belmont, Massachusetts, USA, discussed the role of PMH nurses in the response to the 2013 Boston Marathon bombings.

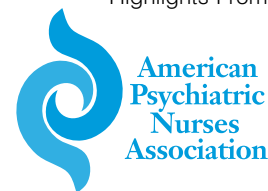
The National Disaster Recovery Framework comprises a continuum of activities that take place during the phases of a disaster (Table 1) [*National Disaster Recovery Framework*. Federal Emergency Management Agency. 2011].

Massachusetts' emergency preparedness program has multiple partners, including the federal government, which work together to conduct emergency exercises and drills and create and implement emergency response plans. Emergency planning for the 2013 Boston Marathon included activation of multiple organizations as liaisons on the course, medical tents along the course, activation of emergency medical service (EMS) and hospital plans, and volunteer activation.

Table 1. National Disaster Recovery Framework Phases and Activities

Phase	Activities
Preparedness	<ul style="list-style-type: none"> <li>Predisaster recovery planning</li> <li>Mitigation planning and implementation</li> <li>Capacity and resilience building</li> <li>Partnership building</li> <li>Review of protocols and plans for services to meet emotional and health care needs</li> </ul>
Short term	<ul style="list-style-type: none"> <li>Mass care and sheltering</li> <li>Safety—clear primary roads</li> <li>Temporary infrastructure</li> <li>Emotional and psychological counseling</li> <li>Emergency medical care</li> <li>Mitigation activities—assess and understand risks and vulnerabilities</li> </ul>
Intermediate	<ul style="list-style-type: none"> <li>Interim housing</li> <li>Infrastructure cleanup and restoration</li> <li>Support networks for ongoing emotional and psychological care</li> <li>Ensure continuity of health care</li> <li>Mitigation activities—building back even stronger</li> </ul>
Long term	<ul style="list-style-type: none"> <li>Permanent housing</li> <li>Rebuild infrastructure</li> <li>Revitalize business</li> <li>Ongoing emotional and psychological care</li> <li>Re-establish disrupted health care facilities</li> <li>Mitigation activities—implement strategies</li> </ul>

Official Peer-Reviewed Highlights From



Source: *National Disaster Recovery Framework: Strengthening Disaster Recovery for the Nation*. Federal Emergency Management Agency. September 2011. [http://www.fema.gov/media-library-data/20130726-1820-25045-5325/508\\_ndrf.pdf](http://www.fema.gov/media-library-data/20130726-1820-25045-5325/508_ndrf.pdf).



Table 2. Red Cross Three-Element Intervention Strategy

<b>Aim: To alleviate immediate emotional distress and mitigate long-term consequences</b>
<p>Element 1: Identification of mental health needs</p> <ul style="list-style-type: none"> <li>Individual psychological triage using the validated tool, PsySTART Mental Health Triage System</li> <li>Mental health surveillance</li> </ul>
<p>Element 2: Promotion of resilience and coping</p> <ul style="list-style-type: none"> <li>Enhance psychological first aid</li> <li>Psychoeducation</li> <li>Community resilience support and training</li> </ul>
<p>Element 3: Targeted interventions</p> <ul style="list-style-type: none"> <li>Secondary assessment and referrals</li> <li>Crisis intervention</li> <li>Advocacy</li> </ul>

Source: *Disaster Mental Health Handbook: Disaster Services*. American Red Cross. October 2012. <http://www.cdms.uci.edu/PDF/Disaster-Mental-Health-Handbook-Oct-2012.pdf>.

On the day of the 2013 Boston Marathon, 2 explosions killed 3 people and seriously injured > 260. Within moments, law enforcement and EMS personnel arrived on the scene, and ambulances began transporting the most critically injured to hospitals. All preactivated organizations shifted into response mode, engaging in acute medical intervention and stabilization, mass care, disaster mental health, communication and education, and service triage and coordination.

The disaster mental health response continued through the short and long term with outreach and triage, education, advice to leaders, staffing of call centers, and attendance at meetings and community events. Victims and families were supported through various transitions, including returning to the bombing sites, moving the temporary memorial, and the Family Assistance Center, which transitioned to the Resilience Center.

The disaster mental health responders helped victims and families cope with the situation and take necessary actions as they moved through the phases of emotional response to disaster.

The principles of Psychological First Aid (PFA) [*Psychological First Aid: Field Operations Guide, 2nd ed.* National Center for Posttraumatic Stress Disorder. 2006] and the Red Cross Three-Element Intervention Strategy (Table 2) [*Disaster Mental Health Handbook*. American Red Cross. 2012] provided validated strategies for assisting individuals affected by the disaster. The PFA includes helping in the immediate aftermath to reduce the initial distress and fostering short- and long-term adaptive functioning and coping.

The partner agencies remained engaged through the long-term recovery and planning for the 2014 Boston Marathon. Education sessions were held prior to the event. The 1-year tribute and the marathon were staffed with mental health volunteers, who worked with the medical team, supported Team Red Cross, and staffed reception centers in the event of course disruption.

## Inpatient Program Instills Hope and Provides Patient-Centered Care

Written by Rita Buckley

Although recovery is integral to psychiatric mental health (PMH) nursing, inpatient care is still rooted in the medical model—an approach that charges nurses with patient safety and maintaining control of the unit. Judy Linn, BSN, MSN, John George Psychiatric Hospital, San Leandro, California, USA, discussed a program that teaches PMH nurses how to embrace recovery principles, instill hope, provide patient-centered care, and pave the way for healing.

Solution-focused brief therapy is a therapeutic approach that emphasizes the resources that patients possess and how they can be used to achieve positive change [Bond C et al. *J Child Psychol Psychiatry*. 2013]. As a goal-focused strategy, it helps clients change by creating solutions rather than dwelling on problems. Elements of the desired results are often in the person's life and become the basis for change.

According to Ms Linn, solution-focused assumptions are that change is constant and inevitable; the future is negotiated and created; small steps can lead to big changes; problems and solutions may not always be directly related; and no problem happens all the time. Using this stance enables PMH nurses to work with clients to describe the problem, develop well-formed goals, explore for exceptions, provide end-of-session feedback, and evaluate each client's progress.

Solution-focused therapy uses compliments to help patients become aware of behaviors that are good for them; it validates and reinforces positive thoughts, feelings, and actions related to the goal. The client evaluates his or her own progress, and the therapist stresses that his or her evaluation is more important than that of the staff member. The follow-up process—E-A-R-S—stands for elicit, amplify, reinforce, start again.

The program at the University of Colorado Hospital achieved 100% patient satisfaction on the national Press-Ganey patient survey. Staff engagement scores as measured by Press-Ganey were the highest in the University system. At Alameda Health System John