

# ***Headquarters U.S. Air Force***

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## **USAF Disaster Mental Health Program**



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01 Aug 16**



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# ***Agenda***

- **Overview Disaster Mental Health**
- **Team Structure**
- **Team Training**
- **Range of Response**
- **Pre-Exposure Preparation**
- **Psychological First Aid**
- **Real World Example**



# ***Air Force Instruction 44-153***

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- **AFI 44-153: “*Disaster Mental Health Response & Combat and Operational Stress Control,*” 29 May 14**
  - **Proactively respond to all-hazard incidents**
  - **Decrease risk of longstanding or debilitating stress reactions**
- **Combat and Operational Stress Control (COSC)**
  - **Designed to prevent stress reactions before, during and after deployment operations**
- **Disaster Mental Health**
  - **Designed to prevent stress reactions occurring during normal in-garrison operations**
- **All Hazard Incident**
  - **Event serious enough to warrant action to protect life, property, health, and safety**



# ***Team Structure and Activation***

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- **Multi-disciplinary team with personnel from each of the following:**
  - **Mental Health provider (team leader) and technicians**
  - **Chaplain (spiritual support)**
  - **Airmen & Family Readiness (family assistance center)**
- **DMH is activated by Commanders or unit leaders in response to an all-hazards event**
- **Team response is flexible, based on unit needs and strengths of the team**
- **Services provided in the unit or clinic (based on preference of the unit members)**
- **Any team member can provide up to 4 undocumented one-on-one meetings with any member exposed to traumatic event**



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# ***Team Training Topics***

- **Pre-Exposure Preparation**
- **Ethnic and Cultural Issues**
- **Screening and Triage**
- **Psychological First Aid**
- **Referrals**
- **Command Consultation**
- **Vicarious Trauma**
- **Management of Combat and Operational Stress Reaction**



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# *Range of Response*

- **Multiple levels of activation**
- **Diverse toolbox of responses**
  - **Pre-Exposure Preparation**
  - **Psychological First Aid**
  - **Stress Inoculation Training**
  - **Psychiatric Crisis Care**
  - **Spiritual Counseling**
  - **Coordination with Emergency Family Assistance Center**



# *Pre-Exposure Preparation*

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- Provide education regarding typical trauma reactions
- Normalize response to trauma
- Tailored for the unit and individual
- Build skills and enhance ability to manage trauma by helping members anticipate and prepare for traumatic events
  - Example: Graphic briefing to medics prior to deployment to active combat field hospital
  - Example: Briefing on sight/sounds/smells expected for members preparing for mortuary affairs duty

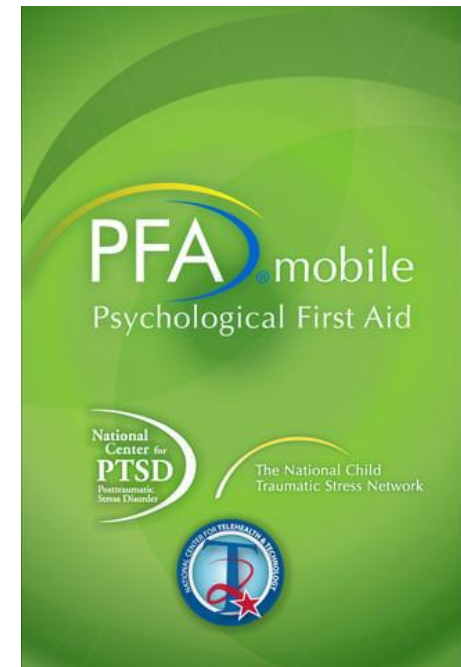


# *Psychological First Aid*

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- Evidence-supported modular approach for acute response
- Applicable across diverse situations, cultures, ages, helpers
- Simple, immediate, flexible, and culturally sensitive
- Core Actions
  - Contact/Engagement
  - Safety, Comfort, Stabilization
  - Information-gathering
  - Practical Assistance
  - Connection with Social Supports
  - Coping Education
  - Connection with Collaborative Services





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# *Real World Example*

- **Sheppard Air Force Base**
  - Large training base in northwest Texas
  - Approximately 7,000 people in local base community
  - 105,000 in local city



- **Incident**

- Off-base party to celebrate deployment
- 1:00 AM, military member shoots roommate
- Multiple witnesses





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# *Real World Example*

## ■ Impact:

- Shooter, victim, and most witnesses were members of relatively small base police force
- Shooting occurred immediately prior to departure of multiple members for overseas deployment





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# ***Real World Example***

## ■ Response

- DMH team chief notified through wing chaplain on January 6, 2016 at 8:00 AM
- DMH team recall procedures initiated at 9:00 AM
  - 15 members recalled
  - Additional partner agencies identified for response
- DMH plan developed by 12:00
  - Coordinated with unit commander
  - Overseen by base medical group commander
- DMH present for unit outreach by 3:30 PM



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# ***Real World Example***

- **Educational briefings**
  - **Multi-disciplinary team approach**
  - **Established norms and increased expectancy effects**
  - **Clarified rumors/news**
  
- **Unit Outreach**
  - **Unit dinner**
  - **Police patrols**
  - **Minimal documentation crisis care/PFA**



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# ***Real World Example***

## ■ **Outcomes**

- 100% of members received education (in large group format) on normal stress response
- 100% of members had routine access to DMH team for individual PFA over the next two weeks (care was voluntary)
- Care provided in multiple locations on base based on member preference (e.g., police headquarters, chapel, etc.)
- <10 members needed formal mental health referral
- Critical security/police mission unhindered





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# *Way Ahead*

- **PTSD prevention is a top military priority**
  - **Easy access and acceptance at unit level**
  - **Training and funding readily available for PFA**
  - **Military Resiliency Trainers**
- **Expansion of PEP resources**
  - **SET/SIT training in special forces**



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# *Questions?*

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