Pre and Post-Deployment Support: Lessons Learned from Ebola Response

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Disclaimer

The insights, findings and conclusions in this briefing are those of the author/presenter and do not necessarily represent the views or official position of the Centers for Disease Control and Prevention and/or the Agency for Toxic Substances and Disease Registry.
Previously called Ebola hemorrhagic fever

5 species of *Ebolavirus*

- Zaire ebolavirus
- Bundibugyo ebolavirus
- Reston ebolavirus
- Sudan ebolavirus
- Tai Forest ebolavirus

All but Reston ebolavirus known to cause disease in humans

Historically, death rates for Ebola range from **50%-90%**
Ebola Outbreak Began in West Africa in 2014

August 8, 2014: WHO declared Ebola outbreak a PHEIC (Public Health Emergency of International Concern)

Largest Ebola outbreak in history

Largest outbreak response in CDC’s history

What CDC is Doing in West Africa

- CDC activated (EOC) Emergency Operations Center July 9, 2014.
  - Coordinate technical assistance and control activities with partners.
  - Support countries to establish their own national and sub-national EOCs.
- Thousands of CDC staff have provided logistics, staffing, communication, analytics, management, & other support functions for the response. We work w/embassies, UNICEF, WHO, ministries of health, & NGOs to develop PH campaigns & messages and implement social mobilization activities.
Common realities Ebola responders encountered when they were communicating, traveling...

Photos shot by Justin Williams, Health Communication Specialist, CDC, during his Deployment to Liberia
Resilience has been defined as:

The ability to recover quickly from illness, change, or misfortune; buoyancy

American Heritage Dictionary

The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress

APA (The Road to Resilience)

The ability to withstand, recover and grow in the face of stressors and changing demands.

Chairman of Joint Chiefs of Staff
Highlights of Pre/Post Deployment Well-being Assessment Initiative

- August 2014, Senior CDC Leaders shared concerns.
- 20 SMEs met 4 times: evaluated feasibility & benchmarks
  - Psychometricians, Attorneys, Ethicist, Clinical Psychologists...
  - Reviewed numerous deployment assessments & alternatives
- 42-page report compiled/presented to CDC Chief Deputy.
- Selected: CD-RISC; K-10; and PC-PTSD (39 items).
- Integrated with Electronic Medical Record (EMR) CDC clinic uses.
- Coordinated with Deployment Risk Mitigation Unit (DRMU) to distribute url to potential deployers for confidential assessment.
- Collaborate with Clinic—team approach—share input.
Connor-Davidson Resilience Scale 25 (CD-RISC-25)

For each item, please mark an "X" in the box that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not true at all (0)</th>
<th>Rarely true (1)</th>
<th>Sometimes true (2)</th>
<th>Often true (3)</th>
<th>True nearly all the time (4)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am able to adapt when changes occur.</td>
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<tr>
<td>2.</td>
<td>I have at least one close and secure relationship that helps me when I am stressed.</td>
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<td>3.</td>
<td>When there are no clear solutions to my problems, sometimes fate or God can help.</td>
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<td>4.</td>
<td>I can deal with whatever comes my way.</td>
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<td>5.</td>
<td>Past successes give me confidence in dealing with new challenges and difficulties.</td>
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<td>6.</td>
<td>I try to see the humorous side of things when I am faced with problems.</td>
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<td>7.</td>
<td>Having to cope with stress can make me stronger.</td>
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<td>8.</td>
<td>I tend to bounce back after illness, injury, or other hardships.</td>
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<td>9.</td>
<td>Good or bad, I believe that most things happen for a reason.</td>
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<td>10.</td>
<td>I give my best effort no matter what the outcome may be.</td>
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<td>11.</td>
<td>I believe I can achieve my goals, even if there are obstacles.</td>
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<td>12.</td>
<td>Even when things look hopeless, I don’t give up.</td>
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<td>13.</td>
<td>During times of stress or stressors, I know where to turn for help.</td>
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<td>15.</td>
<td>I prefer to take the lead in solving problems rather than letting others make all the decisions.</td>
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<tr>
<td>16.</td>
<td>I am not easily discouraged by failure.</td>
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<tr>
<td>17.</td>
<td>I think of myself as a strong person when dealing with life’s challenges and difficulties.</td>
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<tr>
<td>18.</td>
<td>I can make unpopular or difficult decisions that affect other people, if it is necessary.</td>
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<td>19.</td>
<td>I am able to handle unpleasant or painful feelings like sadness, fear, and anger.</td>
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<td>20.</td>
<td>In dealing with life’s problems, sometimes you have to act on a hunch without knowing why.</td>
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<td></td>
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<tr>
<td>21.</td>
<td>I have a strong sense of purpose in life.</td>
<td></td>
<td></td>
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<tr>
<td>22.</td>
<td>I feel in control of my life.</td>
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<td></td>
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<td>23.</td>
<td>I like challenges.</td>
<td></td>
<td></td>
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<tr>
<td>24.</td>
<td>I work to attain my goals no matter what roadblocks I encounter along the way.</td>
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<tr>
<td>25.</td>
<td>I take pride in my achievements.</td>
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</tbody>
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### Kessler 10 (Kessler Psychological Distress Scale)

**Name: __________________ User ID: _______________
Date Completed: ____________ Duty Station: _______________

The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

<table>
<thead>
<tr>
<th>Q1</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>....tired out for no good reason?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>...nervous?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c.</td>
<td>....so nervous that nothing could calm you down?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d.</td>
<td>....hopeless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e.</td>
<td>....restless or fidgety?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f.</td>
<td>....so restless you could not sit still?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g.</td>
<td>....depressed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h.</td>
<td>....so depressed that nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i.</td>
<td>....that everything was an effort?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j.</td>
<td>....worthless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Primary Care PTSD Screen (PC-PTSD)

**Name: __________________ User ID: _______________
Date Completed: ____________ Duty Station: _______________

**Description:**
The PC PTSD is a 4 item screen that was designed for use in primary care and other medical settings and is currently used to screen for PTSD in veterans at the VA. The screen includes an introductory sentence to cue respondents to traumatic events. The authors suggest that in most circumstances the results of the PC-PTSD should be considered “positive” if a patient answers “yes” to any 3 items. Those screening positive should then be assessed with a structured interview for PTSD. The screen does not include a list of potentially traumatic events.

**Scale:**

**Instructions:**
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?  
   **YES / NO**
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
   **YES / NO**
3. Were constantly on guard, watchful, or easily startled?  
   **YES / NO**
4. Felt numb or detached from others, activities, or your surroundings?  
   **YES / NO**

Pyno, Ouimette, & Kimbeling, 2003
Preliminary Results of Assessment Initiative

Between Nov. 19, 2014 and Jan. 6, 2016:

• 2,236 assessments completed by CDC deployers.
• Using standard cut scores, special interest in 136
• Confidential conversation with each of them.
• Encouraged 5 to visit Employee Assistance Program.
• In collaboration w/Clinic, 1 not approved to deploy at that time.
CDC’s WorkLife Wellness Office Contributions

• Conduct MH piece of 4.5 hr. pre-deploy. briefings (> 900).
• Email returned deployers (2,240). Offer them confidential visit.
• Follow up with people who don’t reply. Visited with 740 so far.
• Introduced/manage Pre-deployment well-being assessments.
• Introduced/manage Post-deployment well-being assessments.
• Facilitate post-deployment optional Group meetings (384 people).
• Teach Resilience piece of 3-day Preparing for Work Overseas class.
• Lead Disaster MH part of PH Readiness Certification Program.
• Conduct semi-annual, 3-day resiliency training (DSRT) (> 325 so far).
• Provided exercise & stress management to staff detailed to EOC.
• Continue to provide full suite of EAP services.
• Collaborate with DRMU & AAR/Assessment Teams (e.g. Family Call).
Factors that Strengthen Resilience

Dr. George Everly and his two co-authors, in the book: “Stronger: Develop the Resilience You Need to Succeed” have extensive experience researching resilience. They identified key components of what they also refer to as “psychological body armor”

1. Active Optimism. Leads to a positive self-fulfilling prophecy
2. Decisive Action. You must act in order to rebound
3. Moral Compass. Honor, integrity, fidelity and ethics
4. Relentless Tenacity. Determination. Perseverance
5. Interpersonal Support. No man (or woman) is an island
Social support is a consistent protective factor (and diversity should be our friend)
DSRT Project Development

Due to inhospitable, dangerous environments & variety of stressors emergency responders encounter, we contacted:

**ATF, Border Patrol, USCG, DEA, EPA, FBI, NASA, DoD:**

- Reviewed their approaches to protecting staff in harm’s way
- Identified common elements (Psychological Model) & best practices
- Consulted SMEs at CSTS @ USUHS & VBI & NCTSN colleagues
- Realized integration w/ICS important (responder’s language)
- Model similar to Army Medic (*nonclinicians can do lots in the field*)
- Stand-alone MH approach risky (*dis-integrated/“not us”=not good*)
- Must support roles/duties of Field Team Leader
- Should harmonize with CDC’s consistent emphasis on prevention
- Conceived of as way to assess/address needs in the field, realtime
Key Elements of DSRT*
(Designed to provide real-time resilience and well-being assessment/support in field)

1. Resiliency Training.
   Psychological First Aid.
   Peer Support. Coping Skills
   Assessment/Triage.
   Proper Referral Protocols.

2. Safety Basics:
   OSHA 7600-Disaster Site
   OTI 6000-Collateral Duty
   (customized versions)

3. VR immersion to boost competence & confidence & reduce stress & anxiety

* Deployment Safety & Resiliency Team
DSRT Participant Results on Resilience Assessment Instrument
DSRT Participant Results on Safety Assessment Instrument

![Bar chart showing DSRT participant results on safety assessment instrument from April 2009 to August 2015. The chart compares pre-training and post-training scores.]
DSRT Participant Results on Self-Efficacy Assessment Instrument

PRE-Training  POST-Training
We encourage deployers to practice basic principles of life balance to sustain their resilience 😊

Balance is the Key to Life
Summary/Conclusions

• CDC responders routinely face variety of physical, mental, emotional stressors.
• Stressors/pressure experienced by staff deployed to EOC sometimes overlooked.
• Pre-deployment assessment process provides useful, actionable information.
• Pre-deployment screening can serve as double safeguard in deployment process.
• Pre/post outreach helps: set expectations, lower stress, share info, increase skills.
• Post-deploy touch points appreciated by deployers (closure; meaningfulness...).
• DSRT training can increase confidence and competence of staff deployed to field.
• Collaboration w/medical colleagues in clinic is very important and helpful.
• These practices demonstrate concern & appreciation to dedicated workforce.

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