

LMFTs and Disaster Mental Health: Building Resilience and Recovery in NC and Beyond

NCAMFT

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Thank you for being here



Let's share some introductions

Please consider...

As we go through this training, please be thinking of your personal experiences with disasters and those of your clients, family, and friends

This will help you personalize your learning

Real-life experiences...

Please reflect on how you were impacted by supporting individuals and families following Hurricane Helene

Disaster Definition

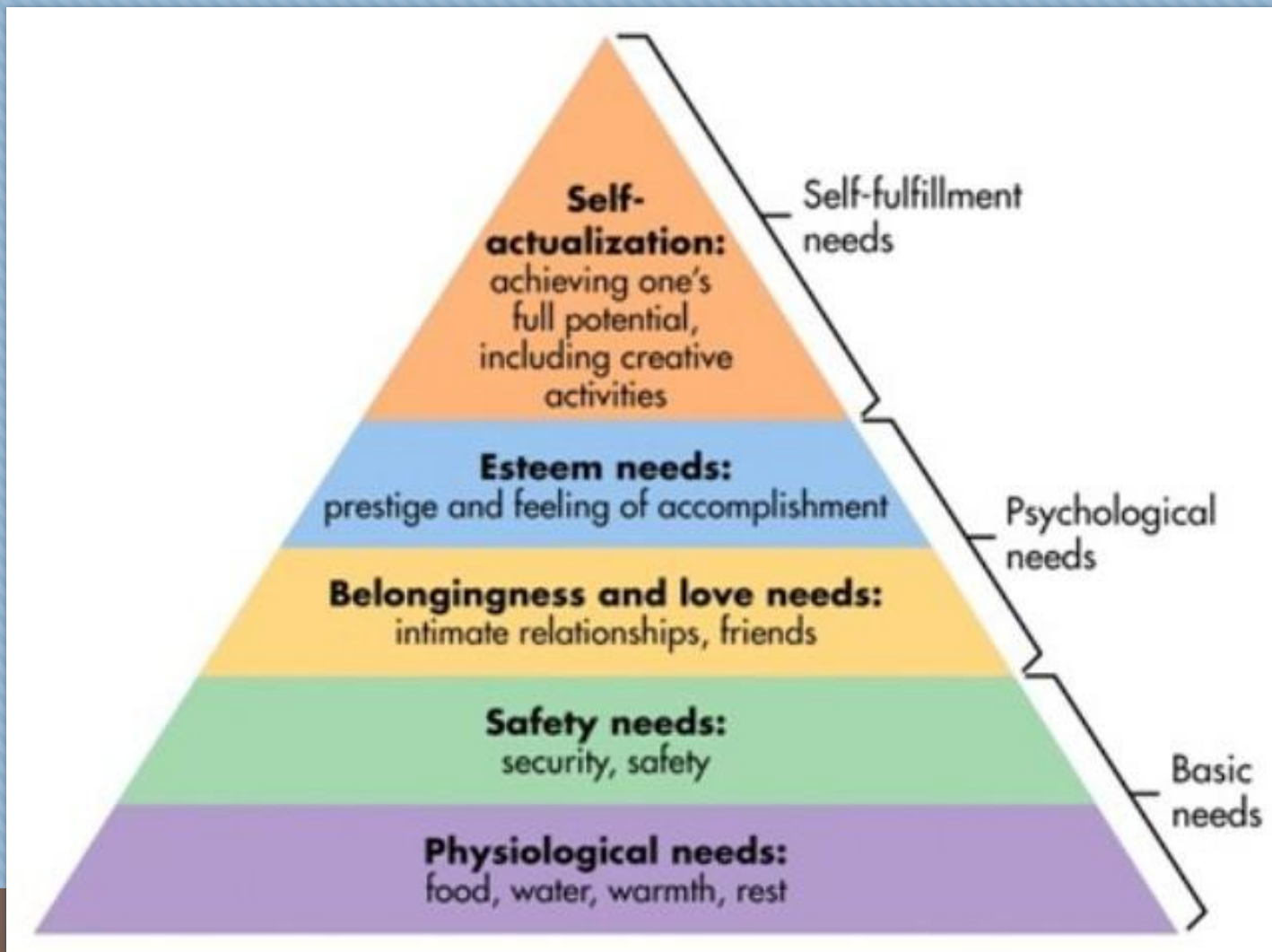
How do YOU define “disaster”?

Disaster

- Word means "bad stars"
 - Community impact
 - Unexpected
 - Out of the norm
 - Loss of control
- ...and

Disaster

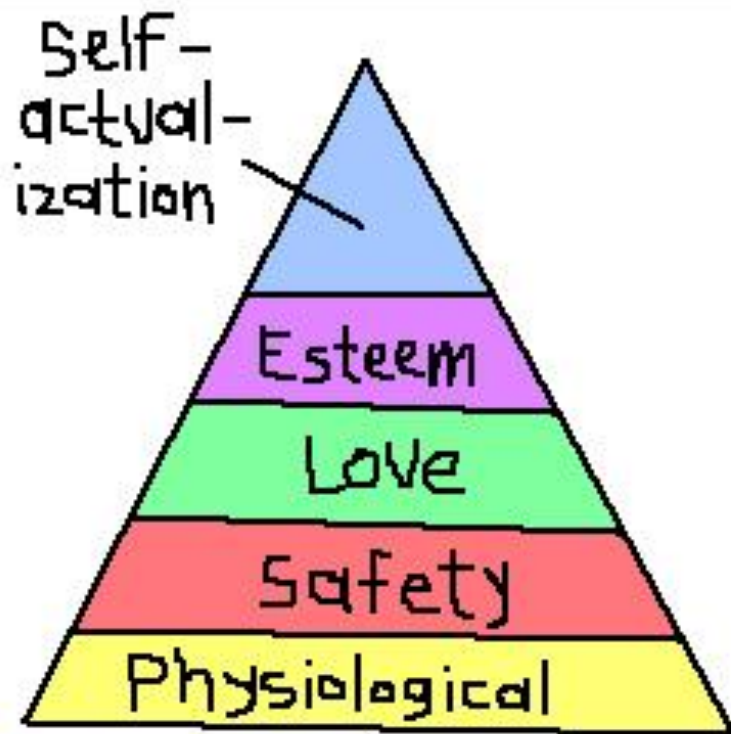
- It seems that everything's changed
- Loss of access to resources
- Normal coping skills aren't enough
- Separation from support system
- Safety net is torn



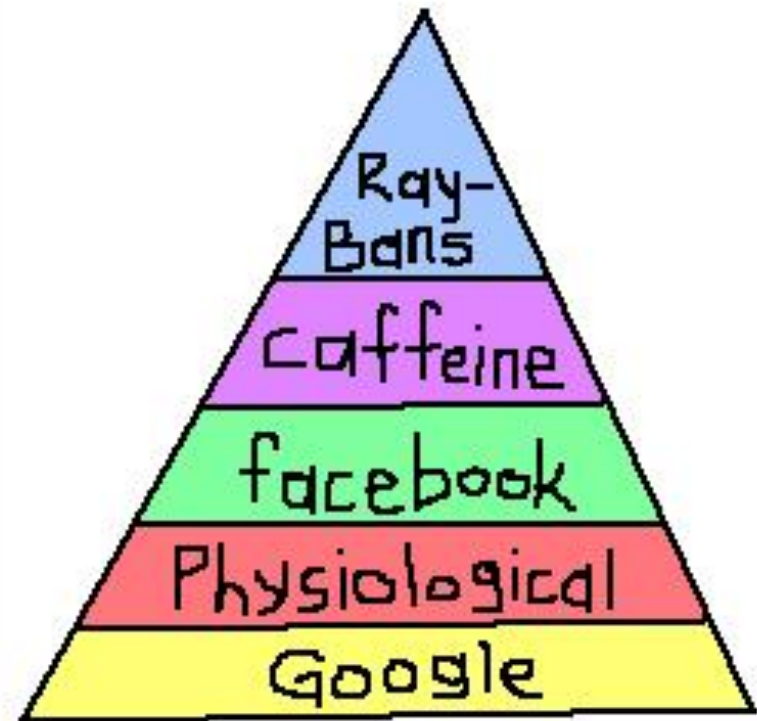
Maslow would say that in disasters, people's needs are at the bottom of the pyramid

Maslow then and now...

Maslow's hierarchy of needs:



20th century



21st century MR

Cultural considerations

Consider

- Discrimination
- Access to resources
- Marginalized people groups
- Differences between responders and survivors
 - Race
 - SES
 - Resources

Disaster Response Phases

In this section...

- As we discuss disaster response phases, please think about an example of what happens during that phase for families and children



Emotional Response



Warning or Threat Phase

Rescue Phase

Honeymoon Phase

Disillusionment Phase

Recovery & Reconstruction Phase

Phases

- Trigger Events
- Anniversaries
 - Other Disaster Events
 - National Alert/Level Increases

Warning

- Official notice
- Media attention
- Response planning
- Public preparation
- Evacuation orders
- Anxiety and fear



Hendersonville

Disaster

- Acute impact
- Lack of communication
- Highest vulnerability



Biltmore Village

Rescue

- Connect survivors with support and protection
- Work on providing basics
 - Food
 - Water
 - Electricity
 - Housing



Lake Lure

Honeymoon

- Gratitude
- Restore infrastructure
- Public assistance and support
- Media attention



River Arts District

Disillusionment

- Damage evaluation
- Services end
- Shelters close
- Responder fatigue
- Psychological impact is visible



Boone

Recovery

- Long-term restoration
- May last years



Risk Factors

Contributors to worse outcomes

Increased risk

- Female
 - Lower SES
 - Lower IQ
 - Marginalized groups
 - History of prior trauma
- ...and

Increased risk

- Injury
- Displacement
- Separation from family
- Poor social support
- Mental health history



Canton

Vulnerable populations

- Children
- Aging adults
- People with substance use disorders
- Those with mental health issues
- Individuals with disabilities
- People in poverty

Impact of Disaster

Impact of disaster

- Wide range of individual responses
- Depends on many factors
 - Age
 - Culture
 - Previous functioning
 - Gender

Post-disaster reactions

Consider these areas

- Emotional
- Cognitive
- Physical
- Behavioral
- Spiritual



Emotional impact

- Fear
- Shock
- Anxiety
- Grief
- Depression
- Irritability
- Anger



Cognitive impact

- Concentration
- Memory
- Judgment
- Decision-making
- Ability to prioritize
- Lack of objectivity about own functioning

Physical impact

- Headaches
- GI complaints
- Sleep problems
- Somatic complaints



Behavioral impact

- Acting out
- Increased substance use
- Fatigue
- Isolation
- Hypervigilance
- Change in eating patterns

Spiritual impact

- Questioning spiritual beliefs
- More (or less) connected with spirituality and faith practices
- Guilt



Disaster Mental Health

Interventions and skills

Your readiness to deploy

Disaster relief operations are stressful, assess

- You and your family's readiness to deploy
- Personal support for doing volunteer disaster work
- Job-related support for responding
- Personal history of trauma or mental health issues (not a rule-out)
- Comfort level in stressful environments

The false disaster dichotomy

The goal of responder care is often seen as being a choice between two options: either designate limited time and resources to serve disaster survivors...**or** provide support to responders

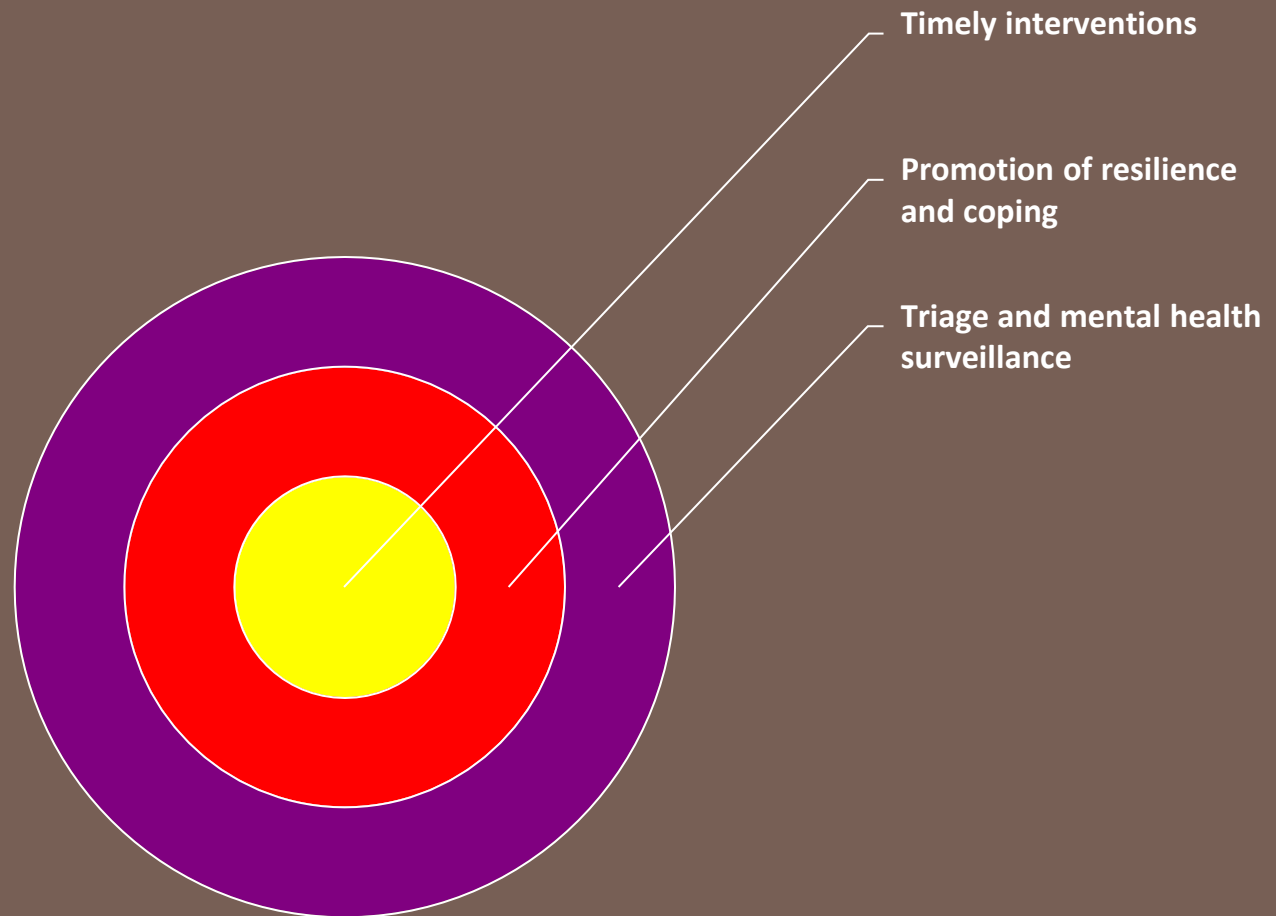
The false disaster dichotomy

- Translate “either/or” into a statement that includes both
 - “We support our responder first, so they can then provide services to clients”

Disaster work is different

- It's not business as usual
- Chaotic environment
- Screening and quick assessment is critical
- No diagnosis or clinical documentation
- Responder needs seem to pale compared to client needs
- Responder care falls off the priority list

Elements of disaster mental health response



DMH interventions

- Reduce psychological risk
- Normalize reactions
- Connect with existing supports
- Triage
 - Identify high-risk people
 - Prioritize interventions
 - Make rapid referrals

DMH interventions

- Respond when people want us
- Help people at a basic level
- Empower people
- Short-term
 - Often a one-time interaction

DMH interventions

- Listen, validate
- Remain neutral
- Build on survivor strengths
- Avoid political conversations



Tips for Working with Disaster Survivors

- Your services aren't always welcome
- Be mindful of individual and cultural context (clients and workers)
- Volunteers are relatively homogenous group
- Focus first on connecting people to existing supports, including faith-based systems

Tips for Working with Disaster Survivors

- Offer realistic reassurances (fast-changing environment)
- Remember that people are resilient
- Empower clients to help themselves
- When possible, check with parents before helping children
- Support children by supporting their parents

DMH skill set

- Good people skills
- Courage
- Creativity
- Flexibility
- Function in chaos



Psychological First Aid (PFA)

PFA

Endorsed by International Red Cross, UNICEF, WHO, APA, all other key players

- Recommended for all disaster workers in any role
- Basic intervention
- Save DMH for more complex issues
- Stronger base of support than CISM

PFA

- Basic support immediately following disaster or trauma
- PFA helps us
 - Identify trauma-related stress
 - Provide immediate support
 - Promote positive coping skills

PFA

- Helps people feel safe, connected to others, calm, hopeful
- Provides access to social, physical, emotional support
- Enables people to help themselves as individuals and communities

PFA

- Provides practical care and support which does not intrude
- Assesses needs and concerns
- Helps people address basic needs
- Listens but does not pressure people to talk

4 PFA goals

1. Relieve physical and emotional suffering
2. Improve short-term functioning
3. Help survivors in their course of recovery
4. Provide linkage to critical resources

PFA 8 core principles

1. Engagement: Be respectful and note immediate needs
2. Safety and comfort: Reduce distress and provide emotional and physical comfort away from the trauma
3. Stabilization: Calm those who are overwhelmed
4. Information gathering: For immediate action or later referral

PFA 8 core principles

5. Practical assistance: Build optimism, confidence, and point toward resources
6. Social support: Cultivate connections
7. Information on coping: Provide information on normal reactions and coping skills
8. Link with services: Direct people to sources of help and support

Self-Care During Response

This is an ethical responsibility

Self-care issues during response

- Every task seems like the highest priority
- Self-care falls to bottom of to-do list
- Chaotic environment, nothing is routine
- Little structure or ability to plan

Self-care ideas during response

- Provide your own structure
- Eat, drink, rest, sleep
- Acknowledge your limits
- Set boundaries
- Don't expect to do it all
...and



Self-care issues during response

- Collaborate
- Develop good relationships with team
- Connect with family



Obstacles to self-care on deployment

- All tasks seem urgent
- Not enough time
- Too much to do
- Teams constantly change
- Guilt



Strategies for self-care on deployment

- Focus on mission-critical tasks
- Prioritize
- Collaborate with others
 - Support and help each other
 - Address conflict
 - Have fun

Mission-critical tasks

- Mission critical
 - Self-care
 - Triage of survivors
 - Meet most urgent needs first
 - Good team relations
 - Practice ethically



Personal Risks of Disaster Work

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen)



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There are risks...

- Reflection
 - What are some of the personal risks of doing disaster and trauma work?
 - How are these risks different from the risks that come from your day job during non-disaster times?

Compassion fatigue prevention

- Protects the physical and mental health of the workforce to achieve mission success
- Targets leaders, supervisors, and workers
- Spans pre-deployment, deployment, and post-deployment

Why is prevention important?

- It's costly to recruit, train, and deploy new people
- Turnover disrupts services
- Worker fatigue leads to diminished quality of care
- Physically and mentally fit workers are more resilient

Remember...

- The only way you can be helpful to others is by taking care of yourself and monitoring the impact this work has on you
- Put the oxygen mask on yourself first!



Thank you!

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