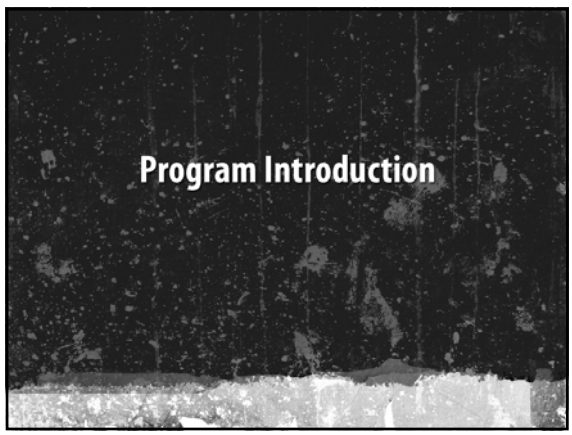
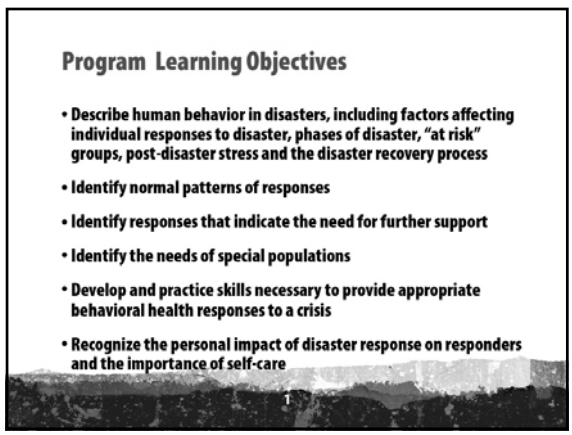
Helping People
Find Strength
Following Disaster


Program Introduction


Program Learning Objectives
• Describe human behavior in disasters, including factors affecting individual responses to disaster, phases of disaster, "at risk" groups, post-disaster stress and the disaster recovery process
• Identify normal patterns of responses
• Identify responses that indicate the need for further support
• Identify the needs of special populations
• Develop and practice skills necessary to provide appropriate behavioral health responses to a crisis
• Recognize the personal impact of disaster response on responders and the importance of self-care
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Workshop Overview

Understanding:
- Organizational overview of disaster response
- Phases of disasters
- Human behavior in disasters
- Post-disaster stress
- Disaster Recovery Process

Identifying:
- Factors affecting individual responses to disaster
- "At-risk" groups
- Aspects of personal impact and vicarious trauma
- Ethical considerations for responders

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Workshop Overview

Exploring:
- Nature of crisis events
- Complexities of human responses to danger and/or trauma experiences
- Social support factors necessary for recovery
- A recommended behavioral health response model

Supporting material:
- Review of National, State and Regional crisis response structure
- Early psychological responses to crisis and disaster
- Long term psychological response and Post Traumatic Stress Disorder
- Bibliography/Websites

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Workshop Overview

Training approach:
- Lecture using power point presentation
- Video presentations
- Discussions and role-plays
- Handouts and supporting material

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Helping People Find Strength Following Disaster

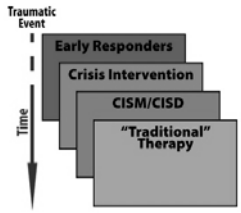
Behavioral Health Disaster Services

Mental health practitioners bring a variety of valuable training experiences to behavioral disaster services.

Skills learned through these training models are often most useful sometime following the traumatic event, as depicted in the chart.

Many of the advanced skills and diagnostic approaches that we bring to our typical work environments will not be appropriate in the settings we will talk about today.

Here we will focus on making basic human helping connections in highly charged emotional and potentially life-threatening post disaster situations.



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Definition of a Disaster

A disaster is an occurrence such as a hurricane, tornado, flood, earthquake, explosion, hazardous materials accident, fire, famine, terrorist attack, mass shooting or epidemic that may cause broad human suffering or create collective human need that requires assistance to alleviate.

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Classification of Disasters

- Natural vs. Human Induced
- Degree of Personal Impact
- Visible Impact
- Size and Scope
- Probability of recurrence

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Natural Vs Human Induced Disasters

Natural Disaster	Human Induced Disaster
• Immediate	• Uncertain
• Direct	• Slowly Evolving
• Clearly visible	• Not Readily Perceptible
• Unavoidable	• Evil… Identified Perpetrator…
• "Act of God"	• Blame
• Create "damage"	• Demand "Justice"
	• Contaminated / violated / stigmatization of victims

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The Realities of Disaster Behavioral Health

- No one who sees a disaster is untouched by it (Primary and secondary victims)
- Immediate and short term reactions are seen as normal reactions to abnormal events
- Two types of disaster trauma
  - Collective trauma – Damages the bonds of the social fabric of the community
  - Individual trauma – Stress & grief reactions

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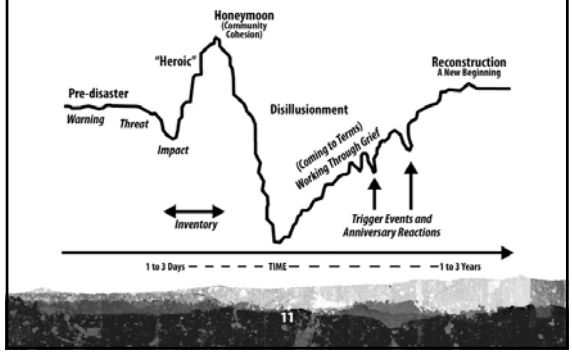
Collective Trauma Phases



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Collective Trauma Disaster Phases

- Warning or Threat — Pre Incident
- Impact — Incident
- Rescue or Heroic — Response
- Honeymoon — Response/Recovery
- Inventory — Recovery
- Disillusionment — Recovery
- Reconstruction — Recovery-Pre Incident

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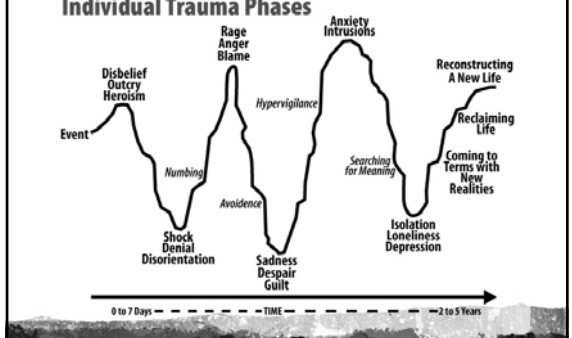
Individual Trauma Phases



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Individual Trauma Stressors

- Threat to ones life
- Threat of harm to one's family
- Destruction of one's home or community
- Significant media attention
- Witnessing other's trauma
- Being trapped or unable to evacuate
- Financial strain/bureaucratic hassles

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Psychological Reactions to Disaster Events

Population Exposure Model

A. Killed, seriously injured, bereaved family members, loved ones, close friends.

B. Exposed to incident and scene, but not injured.

C. Bereaved extended family members, residents in disaster zone whose homes were destroyed, first-responders, rescue & recovery workers, medical examiner's office staff, service providers immediately involved with bereaved families.

D. Behavioral health and crime victim assistance providers, clergy, emergency health care providers, government officials, media.

E. Groups that identify with the target-victim group, impacted businesses, community-at-large.

FIGURE 1: POPULATION EXPOSURE MODEL

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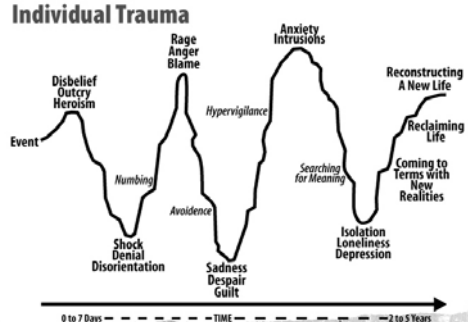
Individual Trauma



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Definition of Trauma

Extreme experiences that may render the individual helpless in the face of intolerable danger, anxiety, and terrifying life events. Psychological and biological coping mechanisms may be overwhelmed by the experience.

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Complex Anatomy of Trauma Response

Nature of Crisis

- Single event vs. recurring event
- Solitary vs. shared experience
- Separation from family
- Death of family
- Loss of familiar environment
- Physical injury/pain
- Presence of violence or life threat
- Unique consequences due to terrorism/bioterrorism

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Complex Anatomy of Trauma Response

Individual Factors

- Age/developmental stage
- Gender
- Cognitive level
- Sensory acuity
- Moral/Spiritual Beliefs
- Pre-crisis adjustment
- Past crisis experience
- Resiliency
- Perception/Meaning of crisis event
- Cultural background
- Behavioral Health issues
- Disability

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Possible Physical (P) Reactions

- Agitation, hyperarousal
- Fatigue, exhaustion
- Gastrointestinal distress
- Tightness in throat, chest, or stomach
- Headaches
- Worsening chronic health conditions
- Appetite change
- Bioterrorism effects/chemical, biological, nuclear

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Possible Cognitive (C) Reactions

- Intrusive thoughts, images
- Recurring dreams, nightmares
- Memory and concentration difficulties
- Tunnel Vision
- Questioning spiritual beliefs
- Confusion and disorientation
- Preoccupation with disaster

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Possible Emotional (E) Reactions

- Anxiety, fear about safety
- Irritability, anger, resentment, rage
- Sadness, grief, depression
- Numbness, disconnection
- Hopelessness and despair
- Survivor guilt, self doubts
- Unpredictable mood swings

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Possible Behavioral (B) Reactions

- Sleep problems
- Cry easily
- Hyper-vigilance, easily startled
- Avoidance of reminders
- Increased family conflicts
- Increased substance use/abuse
- Isolation, social withdrawal
- Excessive activity level

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Individual & Collective Reactions

- "Shared" sense of loss is most prevalent when symbols of community identity, stability and security are threatened.
- The loss of "meaningful" things is often the most devastating.
- When community infrastructure and stability are compromised, important coping resources are rendered unavailable.
- Bioterrorist incident may force martial law, quarantine and other movement restrictions.

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Individual/Community Group Exercise

Individual/Community Group Exercise

- Identify the nature of the crisis and list the factors that would determine the individual/community recovery
- Discuss possible physical, cognitive, emotional, and behavioral (PCEB) reactions of individuals at the scene
- How would you respond to the individuals and community in the scenario?

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Responding to Behavioral Health Needs After a Disaster

- Most reactions are normal reactions to abnormal situations
- No one who witnesses the consequences of mass disaster or terrorism is unaffected by it
- People are generally resilient but may benefit from support and resources

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Immediate Behavioral Health Support Activities & Terminology currently being used

- Psychological First-Aid
- Group Crisis Intervention
- Informational Briefings
- Crime Victim Assistance
- Community Outreach
- Psychological Education
- Psychological Debriefings

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Concepts to Remember

- The Target Population is Normal
- Avoid Mental Health Labels
- Be Innovative in Offering Help
- Fit the Program to the Community

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Additional Concepts to Remember

- Focus on use of organizational structure
- Focus on individual's natural support system
- Focus on individual's strengths and potentials
- Assume individual's competence
- Assume all reactions are normal to this "abnormal" situation
- Provide practical assistance
- Identify resources for bi-lingual and cultural support

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Additional Concepts to Remember

- Learn local norms from community leaders
- Allow time to gain acceptance in a community
- Be dependable, non-judgmental, respectful
- Recognize cultural variation in expressions
- Provide community education information in multiple languages
- Use bi-lingual and bi-cultural staff
- Focus on problem-solving and concrete solutions
- Interpret facts, policies, and procedures

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Common Human Needs

- To feel safe
- To express feelings
- To get sympathetic responses to problems
- To be recognized as a person of worth
- To not be judged
- To be treated as an individual
- To make one's own choices and decisions
- To keep secrets about oneself

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A Model for Behavioral Health Disaster Responders

A Model for Behavioral Health Disaster Responders

- Safety & Security – Assure individual's and responder's immediate sense of personal safety and security.
- Connect – Viewed as an ongoing process, develop rapport
- Ground – Tell the story-discuss psychological responses
- Support – Convey empathy and understanding
- Normalize – Normalize, validate and educate
- Prepare for the Future – Review event, bring to the present, plan for the future

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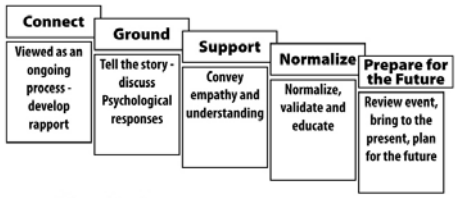
A Model for Behavioral Health Disaster Responders

Adopted from *Acute Traumatic Stress Management*, 2001



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Safety & Security

- Feeling of physical safety
- Basic needs are met
- Ability to know loved ones are safe
- Ability to know animals/pets are safe
- Ability to know environment is safe
- Absence of hyper-vigilance

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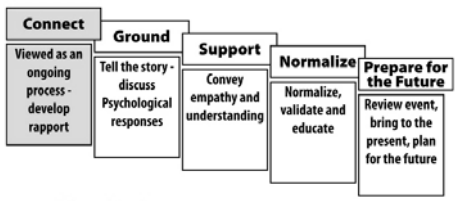
Connect

Adopted from *Acute Traumatic Stress Management*, 2001



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Connect

- Develop rapport (offer information/ education and support by walking around)
- Engage individual empathically
- Establish trust
- Use effective communication techniques
  - Use age/developmentally sensitive and culturally appropriate communication techniques

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Connecting Strategies

- Introduce yourself
- Identify role
- Remove individual from stressors
- Begin to develop rapport by understanding and appreciating situation

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Connecting Strategies

- Opening statement "How are you doing"
- Make eye contact
- Face the individual
- May touch a shoulder or hand if it feels right
- Speak in a calm and supportive tone
- Offer a cell phone if possible to make a connection
- Remember, characteristics of the person and/or event will influence what you do

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Connecting Strategies

- Be open, friendly, caring
- Use body language skillfully
- Use active listening skills
- Focus on strengths
- Treat secrets and disclosures matter-of-factly
- Don't try to parent or impose your personal values
- Keep the conversation on track
- Pace the engagement process
- Be comfortable in talking about disaster responses
- Don't be intrusive or mechanistic
- Be creative; offer hope

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Connecting Strategies to Avoid

NOT so useful phrases

- It could have been worse
- You can always get another house/ pet/car…
- Everything will be all right
- I know just how you feel
- You need to get on with your life
- You will get over it
- The Lord gives and the Lord takes away
- You can't question God's will
- You were lucky
- What you have to do is just stay busy
- Crying doesn't help; you have to be strong

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Connecting Strategies

Useful Phrases, although the event, individual, and context need to be considered.

- You are safe now (if they actually are)
- It is understandable that you feel this way
- It must have been really upsetting/ distressing to see (hear, feel or smell) that
- I am sorry that it (the flood, fire, your child's death) happened
- It sounds like you are feeling sad (confused, overwhelmed, scared, angry, exhausted)

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Connecting Strategies

Useful Phrases, although the event, individual, and context need to be considered

- You are not going crazy
- Your reaction is a normal (common, frequent, typical) response to an abnormal event
- It wasn't your fault (if you are sure about the circumstances)
- Things may never be the same, but they will get better and you can get better
- I understand that where you are right now is difficult

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Connecting Strategies

3 D's for highly emotional states

- Distraction – refocus
- Disruption – "take a deep breath"
- Diffusion – begin by matching tone and volume of person and gradually shape to more calm and quiet conversation

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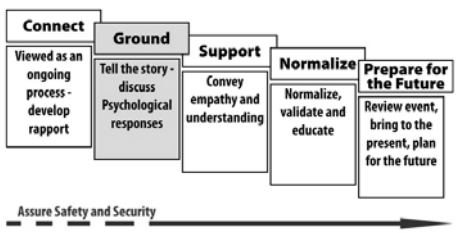
Ground

Adopted from *Acute Traumatic Stress Management*, 2001



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Ground

Orient the person by focusing on facts surrounding the event

- Primarily at the cognitive level
- Focus on facts in the "here and now"
- Assure safety, if true
- Encourage person to "tell his or her story"
- Focus on behavioral and physiological responses

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Grounding Strategies
Managing Overwhelming Affect

If agitated, rush of speech, losing touch with surroundings, intense crying…

- Ask them to listen to you and look at you
- Talk, hold their attention, about positive or non-emotional topic
- Ask them to describe the surrounding, say where they are

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Grounding

The purpose is not to become an expert in helping people solve problems, but to become expert in helping people find strength to make healthy and adaptive decisions given their current situation

Remember, characteristics of the person and/or event will influence what you do

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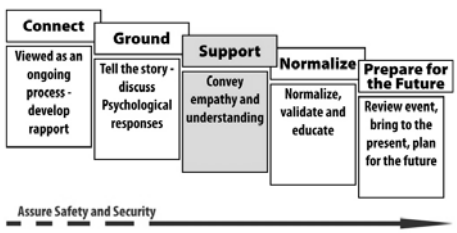
Connecting and Grounding Exercise

Support

Adopted from *Acute Traumatic Stress Management*, 2001



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Support

Goal – to develop a facilitative or helping attitudinal climate

- Make every effort to enter the person's world by understanding his or her thoughts and feelings
- Convey empathy and understanding through active listening and empathic responding

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Supportive Attitude

- Respect unique perceptions of the experience of the traumatic event
- Allow for the expression of sadness, anger, guilt, grief and fear
  - "You seem scared and alone"
  - "Help me understand what is going on for you"
  - "You are wondering if things will ever be the same"

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Support

- Support needs can be determined at several levels:
  - Brief contact
  - Longer conversation
  - Ongoing contact/outreach services
- Most support is conducted in relatively brief, informal conversations

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Supporting Strategies

- Establish relationship, even if quick
- Do not re-traumatize by delving excessively into details of experience, unless person wishes to talk about it
- Provide compassionate and empathic support
- Be aware of alcohol and other drug usage
- Assure availability of spiritual support
- Be aware of potential need for spiritual support

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Supporting Strategies

Cautions and "Heads Up"

- Be alert to individual's inaccurate self-reporting due to such things as:
  - Denial
  - The need to maintain "tough guy" image
  - Feeling a need to keep "chin up" or "stiff upper lip" because of "patriotic" duty
- Be alert for potential problems, but respect the use of these mechanisms as adaptive coping strategies for the short term

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Supporting Strategies

Cautions and "Heads Up"

- Consider amount of time since the event
  - Some reactions are very common in the first week or two and, by themselves, do not necessitate referral
  - Poor functioning, avoidance of situations, sleeping problems are common at first
- Remember, these may be normal reactions to abnormal events

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Supporting Strategies

When in doubt…

- Trust your personal judgment
  - Listen to your intuition. Be aware of the individual's tendency to minimize their problems even when they are "in trouble"
- Err on the side of caution and offer referral
- Encourage a reluctant person to follow through with any referrals

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Supporting Strategies

When is the Need for Referral Urgent?

- When an individual has suicide plan and/or means
- When an individual has plans and means to harm someone else
- When an individual's functioning is so poor that their, or their dependants, safety and welfare are endangered
- When excessive substance use puts an individual or others at risk

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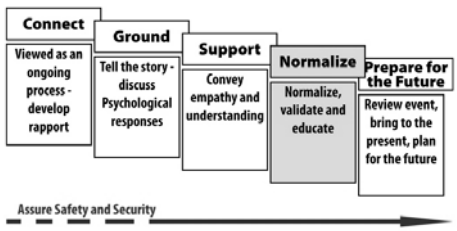
Normalize

Adopted from *Acute Traumatic Stress Management*, 2001



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Normalize

- Overarching assumption
  - Individual reactions are normal responses to abnormal situations
- The goal of normalization is to convey this assumption through
  - Education
  - Validation

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Normalization

- **Education**
  - You are not alone
  - Your experiences and reactions are common, normal or typical
  - Your thoughts and reactions are your mind's attempt to make sense of the senseless event

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Normalization

Validation Technique

- **Recognize response**
  "You are angry at the people who did this"
- **Tie in a validating statement**
  "I think you have the right to be angry that this happened."
- **Explain why you have concluded this**
  "When someone tries to hurt you when you have done nothing to them, it's pretty normal to be angry"

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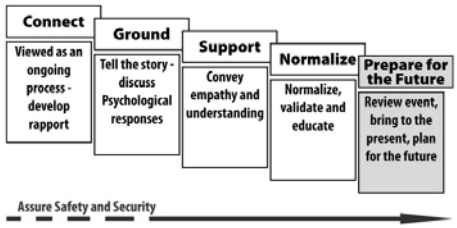
Support and Normalization Exercise

Prepare for the Future

Adopted from *Acute Traumatic Stress Management*, 2001



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Prepare for the Future

- Review the event
- Bring individual to the present
- Plan for the immediate future
  - "What are you going to do today?"
  - "What things will you do to take care of yourself?"
  - "Here are some things that you might expect to experience"

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Preparing for the Future Strategies

- Provide written information on possible future PCEB reactions
  - Fact sheets, brochures, websites, etc.
- Provide referral contact information
- Provide information about memorials, ceremonies and other events
- Provide a list of events (i.e., smells, tastes, visual, audio and physical cues) that may trigger disturbing PCEB reactions

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Individual Assistance & Recovery Resources

If you need…	You can get…	From…
Food		
Clothing		
Housing		
Furnishings		
Medical Care		
Emergency Funds		
Legal Assistance		
Employment Advice		
Income Tax Assistance		
Property Cleanup		
Home Repair/ Maintenance		
Farm Repair/ Maintenance		
Official Information		

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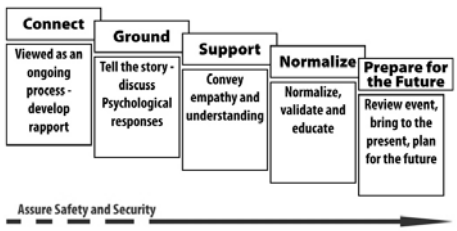
Model Exercise

Adopted from *Acute Traumatic Stress Management*, 2001



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Extended Model Exercise

Beyond the Model

Referral Considerations

- When there is apparent denial of PCEB symptoms
- When prior psychological problems have worsened
- When multiple or prior traumatic events exacerbate current distress
- When social supports are poor or unavailable
- When PCEB symptoms or grief become clinically disruptive

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Beyond the Model

Referral Considerations

- When PCEB reactions significantly interfere with functioning (i.e., depression, substance abuse, aggressive behavior, isolationism, nightmares, sleeplessness, headaches, intrusive thoughts, survivor guilt, etc.)
- Not all "good" functioning is good (e.g., workaholic behavior)
- When there is a high level of exposure to the disaster incident
- When social supports are poor or unavailable

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Ethical/Professional Considerations, Personal Self-Assessment & Vicarious Trauma

Ethical/Professional Considerations

- Role Definition
- Boundary Preservation
- Supervision
- Referral/Crisis Intervention
- Confidentiality
- Ethnic/Cultural Sensitivities
- Personal Issues and their impact on objectivity

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Ethical/Professional Considerations

- Understand the role of the behavioral health disaster responder and the implication of her or his actions
- Assure cultural, age-appropriate and effective behavioral health assistance
- Be cognizant that there are individuals who do not desire or need behavioral health assistance

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Ethical/Professional Considerations

Beware of the potential for intrusive behavioral health assistance that may stimulate/trigger a PCEB reaction

- Disingenuous responses
  - "It could have been worse"
  - "I know how you feel"
  - "You can't question God's will"
- Prompting for, rather than allowing for emotional response

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Personal Self-Assessment

Recommendations for Disaster Behavioral Health Responders

- **Disaster Behavioral Health Responders**
  - Should enjoy people and be confident
  - Should know how to handle dogs and other pets (knowledge about animals is good for "small talk")
  - Should convey that they are available to help
  - Should wear comfortable clothes
  - Should work in pairs when possible (male/female teams are good)

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Personal Self-Assessment

Resilience Factors

- **Behavioral Health Providers**
  - Should believe in own ability to cope.
  - Should minimize personal avoidance behavior.
  - Should avoid blaming behavior.
  - Should understand their personal impact as a BH provider.
  - Should ensure a balance between personal responsibilities and disaster work

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Personal Self-Assessment

Positive Attributes

- **Self-efficacy**
  The BH Provider has the ability to feel efficient and effective in what they are doing
- **Perceived "self" control and autonomy**
  The BH Provider is able to maintain a sense of personal control over their sense of self, their emotions, and their reactions to the crisis environment
- **Healthy Self-Esteem**
  A personal strength that will insulate BH provider from difficult and potentially overwhelming disaster sights and/or experiences

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Personal Self-Assessment

Positive Attributes

- **Healthy Coping Mechanisms**
  - Allows BH Provider to understand and practice the following activities successfully: manage workload, balance lifestyle, manage stress, work effectively with team members, operate under clear and purposeful goals
- **Sense of Optimism**
  - Allows the BH provider to convey hope to impacted individuals and other disaster workers

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Personal Self-Assessment

Taking Care of Yourself During Disaster

BH Providers should

- Pair up with a "buddy"
- Take regular breaks
- Maintain good nutrition and drink water to avoid dehydration
- Get adequate sleep
- Exercise
- Practice deep breathing
- Use humor often and appropriately
- Discuss disasters experiences with other BH Providers (daily and upon completion of all duties)
- Seek assistance if feeling overwhelmed

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Personal Impact Considerations

Responding to the behavioral health needs following disasters and terrorist events can have unanticipated impact through:

- Personal exposure
  - As part of the impacted community
  - Working in the impacted environment
- Vicarious Trauma (Secondary Trauma)
  - Resulting from second-hand exposure through working with individuals who have experienced disaster or terrorist events

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Personal Impact Considerations

Personal Exposure

- Likely to be exposed to the same events as those who you are trying to help
  - Exposure to overwhelming physical events
    - Sights
    - Sounds
    - Smells
  - Experience similar psychological and behavioral responses

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Personal Impact Considerations

- Vicarious Trauma (Secondary Trauma)
  - Traumatic countertransference (Herman, 1992)
  - Contact victimization (Courtois, 1988)
  - Compassion fatigue (Figley, 1995)
- Physical, cognitive, emotional, and behavioral reactions resulting from empathic engagement with the traumatic stories and experiences of people being helped

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Personal Impact Considerations
Possible PCEB Reactions

Physical

- Agitation, hyperarousal
- Fatigue, exhaustion
- Gastrointestinal distress
- Tightness in throat, chest, or stomach
- Headaches
- Worsening chronic health conditions
- Appetite change

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Personal Impact Considerations
Possible PCEB Reactions

Cognitive

- Intrusive thoughts, images
- Recurring dreams, nightmares
- Memory and concentration difficulties
- Difficulty making decisions
- Questioning spiritual beliefs
- Confusion and disorientation
- Preoccupation with disaster

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Personal Impact Considerations
Possible PCEB Reactions

Emotional

- Anxiety, fear about safety
- Irritability, anger, resentment, rage
- Sadness, grief, depression
- Numbness, disconnection
- Hopelessness and despair
- Survivor guilt, self doubts
- Unpredictable mood swings

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Personal Impact Considerations
Possible PCEB Reactions

Behavioral

- Sleep problems
- Cry easily
- Hyper-vigilance, easily startled
- Avoidance of reminders
- Increased family conflicts
- Isolation, social withdrawal
- Excessive activity level

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Potential Results of Personal Impact and Vicarious Trauma

- Preoccupation with your own concerns… not focusing on the person's issues
- Emotional Blocks… situation/ conversation evokes unexpected emotions within the helper
- Hostility… being angry with the survivor or a carryover from a recent experience can distort what you are hearing
- Past Experience… Assuming a "been there, done that" attitude results in less efficient listening
- Performance Expectation… feel we need to have all the answers… when we don't we panic and feel helpless or become reactive
- Mind-wandering… find yourself day dreaming and unable to pay attention to what is being said
- Personalizing… interpreting the survivor's moods, feelings, and comments as being directly related to you

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Insuring Your Effectiveness

- Be aware of potential personal impact
- Monitor your own reactions
- Take breaks
- Debrief on a regular basis
- Stay in contact with your support system
- Maintain personal self-care activities

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Self Assessment

- Video
- Self Assessment Exercise
- Self Assessment Discussion
- Closing Remarks
- Program Evaluation

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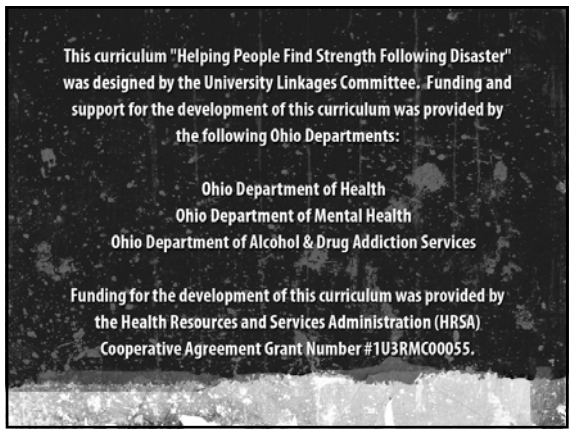
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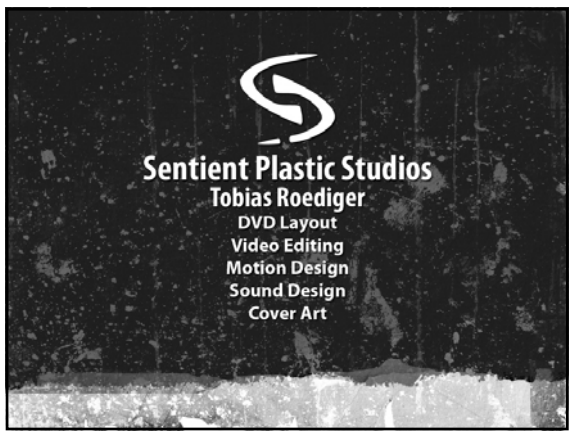
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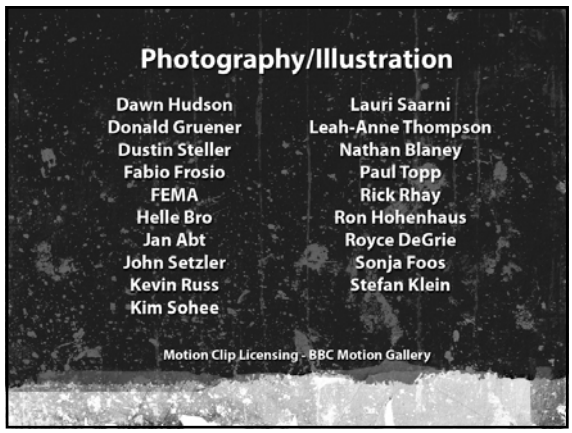
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Dawn Hudson
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Helle Bro
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