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Psychological support for survivors of disaster

A practical guide

Kevin Becker, Psy.D.

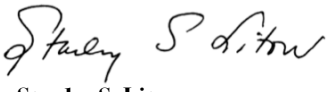
Guy Sapirstein, Ph.D.

Jeffrey Weir, MA, LCMHC

When disaster strikes, people want to help. IBM is no different. As a good corporate citizen, we must be willing to step forward with the best we have – our technology, expertise, and people.

Relief workers in the aftermath of a disaster often work person-to-person, in extraordinary settings, with scarce resources and against incredible odds. This guide has its origins in South Asia after the tsunami, where a team of IBM-supported trauma experts trained adults who wanted to help children cope with the terrible changes in their lives. IBM summarized those practical techniques in a document, *Helping child survivors of disaster*, which has since been freely distributed in the southern United States, Peru, and China. This companion guide focuses on the needs of adults, targeted to other adults in a position to support them. Both reflect our desire to provide innovation that matters to the world.

We wish there might never be another disaster. Knowing that's impossible, we strive to help those affected and responding, to have what they need to get through.



Stanley S. Litow
Vice President, Corporate Citizenship & Corporate Affairs
President, IBM International Foundation

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Introduction

Contents

Principles for supporting trauma survivors **3**

Recognizing the signs & symptoms of trauma **12**

Providing psychological first aid **14**

Assisting those with special needs **17**

Self-care for disaster workers **28**

Activities & materials **37**

Following severe tragedies such as a natural disaster, most people will not suffer any long-term negative psychological effects. However, some will display minor symptoms and others will be severely affected. This guide is intended for use by a broad range of professional, paraprofessional, and volunteer individuals engaged in providing psycho-social support for adults following a large-scale disaster.

The information contained here can be useful for disaster workers, civic officials, medical emergency personnel and average citizens seeking to understand some of the psychological and social impacts of disaster and crisis. It is intended to complement other existing strategies and efforts to help reestablish a sense of safety, predictability and control into the lives of those affected by tragedy. Its primary purpose is to:

- Help untrained volunteers and disaster workers become sufficiently familiar with the signs and symptoms of psychological trauma, so they can recognize both severe and minor impacts.
- Offer tools to help them provide psychological first aid. *Safety, predictability, and control* are the key elements to a successful recovery process for trauma survivors. This guide is formulated with these three critical concepts at heart.

The guide can be used to address both natural and manmade disasters. While it is based in well-established science, it avoids scientific language and can be understood by individuals with no professional background in psychology. It includes basic training concepts to help disaster workers understand how disaster affects a person's thoughts, feelings, and behavior. It also contains numerous tools that require minimal preparation or training and can be used to provide immediate hands-on support. These activities can be readily adapted by the user to their immediate situation regardless of cultural or economic differences. The descriptions and activities can be helpful with adults in a variety of settings.

Finally, the guide includes a chapter on the importance of disaster workers taking care of themselves as they go about their duties in a post-disaster environment. Self-care for disaster workers helps assure that they can continue their work during the recovery and rebuilding period without becoming unduly overwhelmed or negatively affected. Often, disaster responders (including first responders and volunteers) can experience a form of emotional or psychological energy, sometimes called an "adrenaline rush," while working in a disaster area. This phenomenon can lead to serious negative effects on disaster personnel and be detrimental to the overall recovery efforts if not properly monitored and attended to. We hope you will make use of these tools and practices to become better equipped to continue your important work.

Principles for supporting trauma survivors

Every disaster is unique and the many attributes of a disaster or crisis will help determine the level of impact it has on a given individual or group.

When considering how best to support those who have suffered a tragedy, there are some simple yet powerful principles to remember. This section will review two main principles that should serve as guides when working with trauma survivors:

- How the Bio-Psycho-Social Model can help illustrate how traumatic events impact individuals.
- The importance of Safety, Predictability, and Control in the design and approach to effective interventions.

These two principles are instrumental in providing both preventative and therapeutic support to those who have experienced disaster. However, in order to best utilize these principles, there are some basic concepts regarding the characteristics of disasters and the nature of human response that should first be understood.

The characteristics of disaster

The dictionary defines disaster as "an occurrence causing widespread destruction or distress." The Center for Research on the Epidemiology of Disasters defines it as "a situation or event that overwhelms local capacity, necessitating a request to a national or international level for external assistance." As such, not all tragic or critical events reach the level of impact and destruction to be considered "disasters." Emergencies, by contrast, are critical events that trigger an immediate response to assure safety but do not overwhelm the systems established to handle such events. For example, a building fire may cause severe damage and loss, but the local authorities would be well equipped to control and extinguish it. However, a volcanic eruption can destroy entire villages and farms, thereby crippling an entire region long after the fires are extinguished. Although the scope and impact of disasters is far greater than a simple emergency, it is important to remember that no two disasters are exactly alike.

Every disaster is unique and the many attributes of a disaster or crisis will help determine the level of impact it has on a given individual or group. It is important to consider the following characteristics in assessing the needs of your community, while not assuming that everyone will be affected in the same way by a particular event.

Natural versus manmade

Natural disasters, such as hurricanes and earthquakes, carry with them a sense of helplessness and lack of control since there is very little one can do to prevent them. At best, people will occasionally have some warning of a pending natural disaster such as a hurricane. These disasters are indiscriminant in terms of whom they affect, and often

cause widespread devastation, leaving community supports and resources unavailable for a time. There is also no obvious culprit to blame, which may leave people angry at or questioning God or their religious beliefs.

Manmade disasters, such as in a terrorist attack, are also typically unexpected, leaving people little or no time to prepare themselves. These tragedies can, however, galvanize the impacted group to come together to focus on an identified enemy and seek retribution or find justice, which gives them a sense of control over this or future events. When dealing with manmade disasters, the idea that 'if we can find and curtail the enemy we will once again be safe' is a strong motivator for many individuals.

Size and scope

Was this an event that affected a small, localized group of people, or was it a national tragedy on a grand scale? This may seem obvious but it is important to consider in your approach to helping those affected. Events affecting a small, localized group may increase a sense among victims of being overlooked and unattended to. Large-scale events are more likely to cause a strain on resources and the necessary building blocks of recovery. Additionally, large-scale events are often played out on the news for days, weeks, months, or even years following the event, which means that individuals may continue to be exposed to reminders of it for some time.

Degree of personal impact

The extent to which people are directly affected by an event will influence the level of emotional impact they suffer. Property loss, bodily injury, loss of life, displacement, etc., all contribute to levels of psychological reaction and rates of recovery. Have they lost a loved one? Lost their home? The greater the personal impact people experience, the greater their of strong emotional and psychological reactions.

Ongoing sensory impact

Do survivors continue to be exposed to reminders of the event in any way? For example, are the news media rerunning images of the event every night? Do people pass through the scene of devastation during their daily activities? Are there continuing aftershocks from an earthquake? Continuous exposure to the sights, sounds, and smells of a disaster and its aftermath makes the recovery process much more difficult for survivors attempting to rebuild their lives.

Probability of recurrence

What is the likelihood that this, or a similar event, will happen again in the foreseeable future? Whether it is fear that another terrorist attack will occur, or simply the knowledge that one lives in an area where natural disasters are likely, the probability of recurrence can add to the stress and anxiety victims feel. The degree to which a recurrence seems likely contributes to higher levels of anxiety and fear, as people's physiological arousal levels will be less likely to return to normal.

Stress and trauma can have a significant impact on individuals and communities. It is imperative for those working with trauma survivors to understand how stress affects the body and mind, as well as what helps or hinders recovery so that they can work toward developing an environment conducive to recovery. Some fundamental factors to consider:

- *Up to 30 percent of individuals will experience long-term psychological effects following a traumatic event.* Though different studies report different rates, it is safe to assume that approximately one-third of individuals will experience some degree of serious psychological difficulty in the long term. These problems may not always be obvious, however. Keep this in mind while also considering the fact that not everyone will have problems coping in the aftermath of a disaster; many people show no ill effects and in fact grow and learn from such events.
- *Panic will not be the primary response.* People tend to pull together and help one another during a crisis. Though some may panic, it is the exception not the rule. What helps prevent panic is clear guidance and accurate information.
- *People will consider their loved ones first.* Seemingly obvious but important to remember. We will all think of and act to protect our loved ones first. As such, activities that help family members have information about each other, be together and stay together are crucial in assuring that recovery happens as quickly as possible following a disaster.
- *Perception is reality.* People will act based on their perception of the situation even if their assumptions are incorrect. This is why timely and accurate information is so critical during and after a crisis. It is also important to repeat information in multiple formats (verbal, written, electronic) because people have greater difficulty processing information under stress.

The human response to disaster occurs simultaneously on three different but related dimensions: biological, psychological, and social.

The human response: Bio-psycho-social model

It is important for anyone working with adults who have been through a disaster to understand how the whole individual is being affected. This means that a disaster does not affect only a person's mind and emotions, but also other aspects of their health and functioning. The human response to disaster occurs simultaneously on three different but related dimensions: biological, psychological, and social. These three dimensions comprise what is known as the Bio-Psycho-Social Model. These three aspects of human functioning can be compared to the three legs of a stool. Each leg is unique but each plays a critical role in whether or not the stool functions appropriately.

Biological: How does the body respond to trauma?

Even if individuals were not physically injured during or after a disaster, they may still experience some physical problems. Terrible events affect the body in many ways.

The brain, which is of course part of the body, goes through some particular changes when a person is in danger or when a disaster strikes. During times of stress, the brain releases chemicals that at first might be helpful in getting people to protect themselves, but over time can cause negative reactions in the body. For example, the chemicals that allow us to fight or run away from a threat also cause rapid heart rate, high blood pressure, stomach problems, and aches and pains in the muscles. This is why you may see people complain about feeling sick to their stomach for some time after a stressful experience. They may also feel tired more than usual, and at the same time have trouble falling or staying asleep.

Stress also impacts coordination. It is not unusual to see victims have more slips and falls during times of stress and they may not have the stamina or energy they had before the event. Stress and trauma get stored in the body. The release of certain stress chemicals in the brain can cause these physical complaints and fatigue. Physical activity and exercise, however, can serve to balance out this impact by releasing other, positive chemicals, and by helping survivors feel more alert and energetic.

When you see or hear about physical problems, try to remember that this is part of the whole package of experiences that survivors go through after a traumatic event. Assuring that the biological impact of disaster and trauma are not overwhelming a survivor will help this "leg of the stool" to stand straight. This guidebook will provide a more thorough list of physical symptoms in the section, "Recognizing the Signs and Symptoms of Trauma."

Psychological: How does the mind respond to trauma?

The mind and emotions represent the second leg of the stool. During and after events that are very stressful, the mind can go through some serious changes as well. By psychological we mean the ways that events affect people's way of thinking about themselves and the world around them, as well as the emotions or feelings they may have in the aftermath of an event.

- *Thinking:* Often, individuals will have a harder time concentrating after a disaster or traumatic event. They may need to be reminded of things several times before they seem to understand or remember it; that's normal. The same chemicals that affect their bodies can affect their ability to concentrate or make thoughtful decisions. This difficulty with concentrating and memory usually goes away over time for most people.
- *Feeling:* Of course, how you think affects how you feel. For example, after a major event people might think they are not safe (even if they are) and so they will feel afraid. They may think they are to blame for some aspect of the disaster (for example that one of their loved ones has been killed or injured) and so they may feel guilty. Religious beliefs might also contribute to a sense of guilt or self-blame (e.g. a lack of religious practice or faith has brought the disaster upon them). Victims may think they have no control over anything and therefore feel helpless. Thinking and feeling are interconnected.

The psychological effects of disaster impact an individual's way of thinking and feeling. A lengthier list of common thoughts and emotions after a disaster will be covered later in the guide.

Social: How does trauma affect relationships?

The third leg of the stool is our social supports. Human beings are very social creatures. We want (and need) to be around others for fun, safety, healing, and growth. Traumatic events like disasters can have negative effects on this part of victims lives as well, at the very time when being isolated and alone can be most damaging.

Children and adults tend to heal and recover much faster when they are around other, supportive people. They may withdraw, however, after a frightening event such as a disaster. Social connection and engagement helps survivors to feel and know that they are not alone. It helps them to feel safe and normalizes their lives to some extent. More, specific strategies to help them regain their social connections will be discussed later. For now, remember that when helping survivors recover, it's very important to pay attention to their social arena and social contacts. Disaster workers should remember that many people feel strong social connections to their pets. For these individuals,

losing a pet can be similar to losing a family member. As such, it is important for disaster workers to talk with victims about whether or not they have pets and to be supportive about the care and well-being of these animals.

Following a disaster, normal social activities are often no longer in place. Schools and businesses may be closed, transportation may be unavailable, and individuals often cannot socialize with friends as they typically would. Survivors may be in temporary housing far from their usual social groups, while those who still have a home may need to spend all their time rebuilding or salvaging what is left.

Under these circumstances, shortly after a disaster it may seem that organizing a football match, for example, is a silly thing to do – but it may in fact be extremely helpful due to the social interactions and contacts it creates. Creating opportunities for positive social interactions is an invaluable resource for survivors following a disaster. Additionally, finding ways for individuals to help others is also valuable. When survivors come together to help someone other than themselves, they promote a more cohesive community. Helping others during times of disaster contributes to a sense of empowerment and control, while simultaneously decreasing isolation and hopelessness.

Summary

All three legs of the stool (bio-psycho-social) are necessary for the stool to function properly. If any one of the legs is missing it will not stand up.

When you think about victims after a disaster, think of how the event may have affected each part of their system. If you see someone acting in a way that concerns you, consider the Bio-Psycho-Social Model. How might their behavior, thoughts or feelings be understood? How might you intervene with them using this model as a guide?

Also remember that if you are a supporting factor in helping the individual stabilize this 'stool' and feel supported and secure, you have to take care of yourself to be the most help. This is discussed later as well.

Safety is very important in everyday life and takes on special significance following a disaster, when a sense of safety is often shattered.

What people need most following a disaster: Safety, predictability & control

All individuals need three crucial elements in their lives to feel supported and begin to recover after a disaster. These elements are *safety, predictability and control*. In helping survivors cope with the aftermath of a disaster, efforts should be made at every opportunity to promote any or all of these three elements.

Safety

Safety is very important in everyday life and takes on special significance following a disaster, when a sense of safety is often shattered. In disasters, victims are very often directly confronted with life-threatening situations. However, even if they were not, simply being in a community that was affected is enough to cause them to feel uncertain about their own safety or the safety of their loved ones.

There are two types of safety to be concerned with: physical safety and emotional safety. When people don't feel *physically safe*, they usually live day-to-day with feelings of fear and anxiety. They may feel a need to be "on guard" constantly, keeping an eye out for signs of danger. This, of course, can cause other problems such as trouble concentrating, physical aches and pains, stomach problems, trouble sleeping, anger outbursts, and social withdrawal. Remember in the Bio-Psycho-Social model all aspects of an individual are interrelated and interconnected.

What victims need at this time is reassurance and reminders that they are safe "right now." Actively participating in recovery activities can help increase one's sense of safety. This could involve helping to plan for or practice emergency procedures, putting together an emergency toolkit, gaining knowledge about the risks around them, and contributing to rebuilding activities for themselves or their community.

Along with feeling physically safe, people need a sense of *emotional safety* – the knowledge that they will not be overcome by their emotions and that it's safe to talk about what they went through or what they're feeling. As disaster workers, it is important that we be open to listening to them (again, without forcing them to talk if they're not ready), setting an example of expressing thoughts and feelings in a healthy way. Providing survivors with a safe place to express their fears and be reassured can go a long way in helping them to feel safe, overall.

Predictability

Everyone likes to think that their lives and the world in which they live are predictable. A disaster often shatters that belief, resulting in a sense that major, life-changing events can happen at any time. This makes both children and adults feel unsure of their future and can cause anxiety and worry. One of the things people want most following a disas-

ter is for their lives to return to normal. Although that may or may not be immediately possible, efforts to make life predictable again are extremely important.

Frequently, disasters result in the upheaval of a victim's day-to-day routine. They may be living in temporary housing or far from their community. They may be separated from loved ones. The usual activities of life may be abruptly halted because buildings are unusable – their place of worship, work, shops, and so on. Reestablishing a sense of predictability in their environment or surroundings is very important in helping survivors cope with a disaster. For this reason, it may be extremely important that local officials be encouraged to quickly restore or rebuild facilities that are integral to the daily routines of life. For example a church or temple may be nearly as important as a water treatment facility in helping to stabilize a community after a disaster.

Maintaining personal or familial routines whenever possible and observing rituals that existed before the disaster are some ways of enhancing a sense of predictability.

Although predictability is vital, it may also be necessary to balance it with some flexibility in rules or expectations after a disaster. This is sometimes a difficult balance to strike. For example, employers may ask themselves, "Do I stick to the rules or bend them a little, due to what's happened?" You may have to keep to the routines but temporarily lower the expectations while survivors adjust to the aftermath of the disaster. For example, temporarily reducing production hours or instituting flexible work shifts can allow employers to maintain their operations but also permit enough flexibility for workers to attend to their personal and familial needs. Such measures promote the safety and predictability that employment provides without overburdening survivors at a particularly difficult time in their lives. Individuals need the structure and predictability that work can provide, however it should be balanced in light of the tragic circumstances of the disaster.

Control

Lack of control can be a terrifying feeling. Nobody likes to feel out of control. A disaster reminds all of us that we don't have control over certain things.

Often the feeling of helplessness during the disaster can stick with victims in the aftermath, leaving them with a sense of having little or no influence over the things around them. It is important to help survivors regain a sense of control in their lives as they begin to recover after a disaster. What does having control look like? There are several components to helping people experience a sense of control.

The first is *being effective*. Individuals need to feel that they can be effective in the face of challenges. As a disaster worker, it is extremely helpful to create opportunities for victims to see that their efforts are making a difference in the world. On a commu-

nity-wide level, this can be accomplished by group activities focused on rebuilding some aspect of the community or neighborhood. Individually, frequent praise of even small achievements is very helpful. Try to recognize things the person is good at, and point out their strengths. Following disasters people often forget that they have come through hard times in the past – perhaps not as hard as their current situation, but nonetheless difficult. Asking survivors "how did you cope with that past difficult time in your life?" helps them to see that they have characteristics that can help them remain strong and recover from the present tragedy. The feelings of power and effectiveness, as they recall their past strengths in the face of struggles, can help victims feel a greater sense of control in their lives and their future.

Secondly, asking survivors to *make decisions and choices* is a simple and effective way of helping them feel more in control of their lives. These choices can range from large-scale, community-wide decisions such as how/when to focus rebuilding efforts, to small personal decisions regarding what to eat for dinner. One of the risks for victims following disasters is that they will become frozen by a sense of hopelessness. By finding ways to help survivors be involved in the decisions that affect their daily lives, disaster workers promote a sense of control and with it a more positive recovery for victims.

Summary

Although disasters make many aspects of life unpredictable and unsafe, disaster workers should look for any and all opportunities to help assure that victims feel – to whatever degree possible – that they are safe, life is predictable, and they have a sense of control. This principle, along with the bio-psycho-social approach to understanding how trauma affects people, will contribute greatly to any efforts disaster workers can make to care for and support trauma survivors.

Recognizing the signs & symptoms of trauma

The signs and symptoms of trauma may continue long after the disaster is over, when survivors have resettled to a safer place.

The experience of being displaced and losing a way of life to a disaster can be traumatic for those who also have to deal with the loss of family and friends. The extent of damage can catch people unprepared and leave them at a loss on how to deal with it.

The signs and symptoms of trauma may continue long after the disaster is over, when survivors have resettled to a safer place. Broadly, there are three common signs often seen in persons suffering from trauma:

1. *Re-experiencing the traumatic event.* Trauma survivors often have difficulty concentrating, because they are distracted by recurrent thoughts or images of the traumatic event. They may feel and act agitated or distressed when exposed to anything that reminds them of the tragedy. Sometimes, they talk about the past event as though it is still happening in the present, as though they are seeing it up close and right before their eyes. In children, re-experiencing may come in the form of persistent unexplained nightmares and bedwetting days after the event has occurred, or persistent, unexplained physical complaints (such as stomach aches, dizziness, and headaches that cannot be attributed to any physical cause).
2. *Avoiding memories of the trauma at any cost.* Trauma survivors often try to shut out even the most remote reminders of the traumatic incident. They may avoid going to places or doing activities that bring back feelings of distress about the event. They may go to great lengths to avoid talking about the incident, or even thinking about it. Many become socially withdrawn. Physically, they may begin to feel numb over part or all of their bodies whenever memories of the traumatic event resurface. Some may not even be able to recall what happened, or they may forget that they went through the experience at all.
3. *Being constantly anxious and/or easily agitated.* This condition, also known as hyper-arousal, produces a person who is easily startled and often responds in an exaggerated way (for example, suddenly running away at the sound of something that reminds them of the trauma). After the traumatic event, the person may not be able to fall or stay asleep. They may be more irritable than usual and display mood swings or misbehaviors that are not typical. Children may cling to their parents, refuse to go to school, and display persistent fears related to the disaster, such as a fear of losing their parents.

The above general signs of trauma may last anywhere from one month to several years. Any or all these signs may be present in varying degrees. The more symptoms displayed, the greater the likelihood that the person's traumatic distress is more serious.

While it is important to remember that most people will not show any serious long-term negative psychological effects following a disaster, up to 30 percent will show such signs. In addition to the symptoms listed above, it is important for disaster workers to understand that the negative impacts of disaster and trauma can develop over time and may not always be obviously connected to the disaster itself. Post-Traumatic Stress Disorder (PTSD) – reactions, fears, nightmares, intrusive memories, etc. – is only one possible negative outcome of disaster. Some others to watch for include:

- *Depression:* General sadness, lack of energy or motivation, thoughts of hopelessness and, perhaps, suicidal thoughts, and inability to enjoy life. This is often a more common response to trauma than PTSD.
- *Substance abuse:* Increased use of alcohol or drugs, tobacco use, caffeine, etc. is likely to be present for a number of people. Depending on the culture in which one lives, this may be acceptable and easily accessible or it may be shameful and hidden.
- *Relationship problems:* People may experience difficulty in connecting to others in their family or their community. Family and social support is critical to healing and it is important to pay attention to feelings of isolation, irritability with others, frequent arguments, and rejection of help.
- *Domestic violence:* It is not unusual to see an increase in violence in the family, including violence toward children.
- *Work-related problems:* If and when people return to work, there can be problems related to concentration, productivity, and getting along with co-workers or supervisors

When disaster workers are aware of these types of signs and symptoms they should consider that their presence might be related to the impact of the trauma.

Providing psychological first aid

If disaster workers can support disaster victims in their efforts to increase their sense of safety, predictability and control, then they are most likely performing Psychological First Aid in some manner.

Generally speaking, disaster workers and disaster volunteers should think about their work with disaster survivors as delivering a form of psychological first aid. Much like traditional first aid, the "treatment" is intended to help sufficiently stabilize the individual until additional services can be provided. Also like traditional first aid, sometimes no additional services are necessary and the "treatment" provided by the volunteer is all that is required to help the victim heal.

For example, some physical injuries require only ointment and a bandage to heal, while others might require a tourniquet or splint to provide temporary relief until complicated surgery can be performed. The same is true of psychological injuries. A primary purpose of this manual is to help disaster workers become sufficiently familiar with the signs and symptoms of psychological trauma so they can distinguish severe impacts from minor ones, as well as to offer tools to help them provide psychological first aid for those they encounter.

The principles discussed earlier in the manual – safety, predictability and control – are central to the goals of Psychological First Aid (PFA). If disaster workers can support disaster victims in their efforts to increase their sense of safety, predictability and control, then they are most likely performing PFA in some manner. There are three general goals for PFA: improving safety, supporting and developing resources, and reducing distress.

Improving safety

When disaster victims are uncertain about their physical safety, they have a much more difficult time functioning at their best. Individuals who do not have housing or protection from the elements, along with those who do not know how or when they will be able to eat, will be more vulnerable to developing negative psychological reactions to the disaster. The longer such basic needs remain unmet, the more likely they will suffer psychologically as a result.

When human beings do not feel safe, they become unable to pay attention to other tasks they may be required to undertake. Since in common disasters such as earthquakes or hurricanes homes are destroyed and life's basic protections such as food and medicine can be scarce, it is critical for disaster workers to assist victims in obtaining what they need to feel safe in these most basic ways. By providing this type of support, disaster workers are not only protecting the physical health of the individual but also protecting their psychological health as well.

Supporting & developing resources

In helping disaster victims access and utilize the resources they need to survive and remain healthy, disaster workers should focus on both internal and external resources. External resources include helping victims identify community programs, organizations, or individuals who can help them with a particular need – for example, helping a victim whose doctor has left the area to find a new doctor. At times this aspect of being a disaster worker could include working as an advocate for the victim. Examples of working as an advocate are helping the victim identify and locate the government organizations who are offering help or helping the victim fill out forms to receive disaster aid. In these examples the disaster worker helps victims get some as-yet-unmet needs met by connecting them with resources available in the community.

Helping a victim to support and develop internal resources is rather different. Internal resources are those coping mechanisms and problem-solving strategies which the individual can use to help survive the often overwhelming emotions and reactions people feel after suffering a disaster. When helping a victim identify successful coping tools, it can be useful to ask: "What has helped you get through other difficult times in your life?" Asking such a question can help both victim and disaster worker to understand what methods the survivor has used in the past. These might then be applied to the current circumstance as one part of an overall coping plan. It is not uncommon for people who have recently suffered a traumatic event of some kind simply to forget that they already have some useful skills for coping with the strong emotions they may be experiencing. A simple question or reminder from the disaster worker can be of tremendous value.

Additionally, helping victims think through some aspect of a dilemma they are facing can be a helpful problem-solving strategy that doesn't require any specialized training on the part of the disaster worker. Disaster victims often find it difficult to think clearly, faced as they are with so many changes and perhaps devastating losses. Psychological first aid can include helping victims assess their problems one at a time or in small segments, which then allows them to understand better the obstacles they face and any possible solutions they may have overlooked.

Reducing distress

By helping disaster victims reduce the feelings of anxiety, fear and distress they are feeling, disaster workers enable them to feel "normal" again in the midst of the highly abnormal circumstances following a disaster. There are a variety of methods for helping victims reduce their level of distress.

Education is one of the most powerful tools for helping victims reduce the heightened state of arousal they are feeling. When people experience frightening and life-threatening events, it is not surprising that those events can have an emotional impact. Although some people will be incapacitated by such an emotional impact, most will not. Some amount of sleep disturbance, anxiety, sadness, and fear is understandable and can be managed relatively easily, with some effort. For many people, simply learning that their reactions and their strong feelings are understandable and normal can provide tremendous reassurance and comfort. When disaster workers ask survivors such questions as "are you having trouble sleeping since the disaster?" it shows that the helper understands what the victim is feeling and can provide an opportunity to discuss problems and resources in greater depth.

Another way to help survivors reduce their level of distress is to help them develop a "toolkit" of skills for addressing the anxiety, fear, or sadness. The exercises and resources outlined in the back of this manual can be used to help many victims successfully develop skills that will assist them in dealing with the changes to their thoughts, feelings and actions since the disaster. A combination of education regarding what can happen to people who experience tragedy, and some new skills to help them cope, could be all a victim needs to successfully navigate the disaster's psychological impact.

Assisting those with special needs

People with special needs might not be notified in time to evacuate safely – or if identified, their special needs might not be understood by rescue personnel.

All communities have within them individuals who have needs that either exceed those of most people, or are different than the needs most people have. Those individuals are treated differently in different cultures and their place in society is often different. For example, some societies and cultures greatly respect their elders and offer them more protection, safeguards and social support. In other cultures, elders are seen as individuals who have to care for themselves. People with mental illnesses are sometimes kept in secret by their families so as not to bring shame to the family, while in other cultures those people are acknowledged and receive services like any other person who might have a physical disability.

The issues associated with adapting to disasters and trauma are therefore closely linked to the cultural context in which this trauma is experienced. One must keep this in mind, especially when working with individuals who might be recent immigrants or refugees, have not yet integrated into the culture of their new community, and might not have the social support resources to which they were accustomed.

In addition to the impact of trauma described earlier in this manual, one should consider several common areas when dealing with special populations:

1. *Identifying and accessing* individuals with special needs in the preparedness and response stages. Often, people with special needs are not identified prior to the disaster. As a result, they might not be notified in time to evacuate safely – or if identified, their special needs might not be understood by rescue personnel.
2. *Communicating* with special needs populations about the trauma they experienced in the context of their special needs. The effects of a traumatic event are often complicated by communication difficulties (e.g. lack of interpreter for deaf individuals) or abilities (e.g. a person with dementia who might lack the capacity to make sense of the events experienced).
3. *Isolation and dependence on others/helpers:* many people with special needs are dependent on others for help and assistance due to their disability. Often, people are used to having technological solutions take the place of another person, but in the aftermath of a disaster when there is no electricity or the equipment is no longer present or operational, reliance on others is unavoidable. This reliance can be difficult to negotiate for people who were used to being relatively independent. The resulting dependence can lead to heightened feelings of anger and frustration. Conversely, if there is no one to assist the disabled person during the post-disaster phase,

aside from the logistical hurdles faced (which could be considerable), there also is an experience of incredible loneliness and isolation. If unaddressed, this loneliness and isolation can be an impassable barrier to overcoming the bio-psycho-social effects of the disaster.

4. *Loss of expensive assistive technology:* While most who have gone through a disaster lose many of their possessions, losing devices that are crucial to navigating one's way in society and the world can be significantly traumatic. Many people do not realize that obtaining assistive technology devices is often an ordeal for people in developed countries, let alone for people in developing countries. Aside from the financial cost of those devices, there is often a burdensome bureaucracy to negotiate. The despair of losing those devices over and above any other personal belongings can be crippling, since the loss is associated with becoming dependent and losing control over one's life.
5. *Difficulty accessing necessary medical care* (including: medications, medical devices and assistive technology): People with disabilities have a disproportionate number of contacts with the healthcare system. They might have multiple medical and/or nursing caregivers, often need medications which might not be commonly stocked by emergency shelters and, dependent on the type of disability, require specialized therapeutic settings. With the community-wide disruption that follows a disaster, disabled individuals are more vulnerable since their basic needs are more complex.

For the purpose of this guide, we are referring to four major groups (some with subgroups) with unique needs: Disabled, chronically ill, elderly, and refugees/immigrants. We would like to emphasize that while this is in no way meant as an exhaustive or comprehensive list of the populations with special needs, we hope it will help disaster workers provide improved service to the populations outlined.

Disabled

Much has been written about the topic of disabilities and it is important to acknowledge that this issue is often politicized and sensitive to many groups. It is not our intention to make a statement about the nature and/or models of classification of disability. Rather, we encourage disaster workers to be attuned to the needs of such individuals and hope this guide will help you begin to understand their unique needs and circumstances.

It is important to remember that most disabilities exist on a continuum of functioning. For example, individuals with visual impairment are often distinctly different

than blind individuals. Visually impaired individuals might be classified as "legally blind" but often do not self-identify as blind. This could potentially affect their access to services both prior to an event and following one. We will discuss the following categories of disabilities: sensory, physical, cognitive, and psychiatric.

Sensory disabilities: Blind and visually impaired

Blind and Visually Impaired (VI) individuals are particularly vulnerable during the preparedness and response phases to disasters. Requiring special assistance in evacuations, they are often dependent on sighted aides. For VI individuals, regular signs marking evacuation routes might not be clearly visible. Communicating verbally with the blind and VI does not involve any particular adjustments, aside from the common observation that people tend to talk in an overly loud tone of voice. Written communication, including educational material about trauma and especially materials relating to the logistics of post-disaster assistance, is generally not useful unless there are versions in Braille and large-print versions.

In adapting to new surroundings, blind individuals need help in orienting themselves to their location. Discovering the location of the restroom facilities or kitchen in a refugee camp, let alone one tent in the midst of a thousand others, can be a daunting task that takes considerably longer than it would for a sighted person. This disorientation can adversely impact the sense of predictability in which things are in a known place.

Disseminating information is often done by posting notices on public bulletin boards. This is generally of no use to blind individuals. In order to circumvent these difficulties, it is advisable to make announcements over a public address system in addition to any printed announcements or notices.

As noted earlier, the loss of assistive technology as a result of the disaster can be particularly difficult for blind and VI people. Instruments they typically use are extremely expensive and might include computers and peripheral devices, Braille machines and portable electronics. While not necessary for basic life functions, this assistive technology can be absolutely necessary for negotiating the world of sighted individuals as well as the government bureaucracy (filling in forms, "reading" information appearing on a computer screen). Replacing those machines might be beyond the individual's financial ability, and losing them can exacerbate the difficulty of the recovery process (filing insurance claims, finding alternative accommodation, etc.). The longer it takes to recover basic social and personal functions from a disaster, the higher the likelihood of a more complicated psychological recovery process from the trauma.

Sensory disabilities: Deaf and hearing impaired

Similar to individuals with blindness or visual impairment, individuals with deafness and hearing impairments have to deal with defining themselves along the continuum of functional hearing impairment. Many deaf and hearing-impaired individuals are "invisible," since their disability is not readily perceptible by others. Moreover, with the progress that has been made in the field of hearing aids (making them smaller and less visible) people might not know that a specific individual is deaf or hard of hearing. These misunderstandings often lead to frustration and anger on both parts.

For individuals who rely on sign language, the absence of an interpreter can leave them feeling profoundly lonely and isolated. It is important to ensure that individuals who are deaf have access to an interpreter to help them communicate. These individuals, unlike the visually impaired, will not hear announcements over a public address system. As such, they require interpreters and/or written information to stay informed.

Physical disabilities

When attending to someone with a physical disability following a natural or manmade disaster, one needs first to assess whether the disability is related to the disaster or pre-existing. Differentiating between these is important:

- People with pre-existing disabilities likely have the knowledge and experience to negotiate their surroundings and activities while disabled, whereas recently disabled people need to learn how to accomplish the tasks they were used to doing prior to their disability.
- If the physical disability is related to the current traumatic event, one has to help the person cope with both the physical trauma and ensuing loss of function, as well as the overall trauma to their social milieu. 2.

In general, the more dependent an individual is on technology or others for mobility, the more complex the set of needs and psychological challenges will be. Some people have a difficult time asking for help – especially if they are not used to doing so – leaving them without getting perhaps even basic needs met (e.g. going to relieve themselves in a restroom).

With these individuals, it is very important to help them experience "control" in their lives. This might be in the form of being more assertive and proactive – teaching or helping them to be more direct in their requests for assistance, and to overcome any sense of guilt surrounding "being a burden" by making such requests. Helping them get involved and contribute is another good coping strategy – everyone wants to feel helpful. Taking pity on them and having them "rest" or not participate will simply increase the sense of isolation and feeling of "uselessness" – "I am of no use to society

since I am disabled." Conversely, it can be very enriching to a community to have everyone participate in the recovery process.

Cognitive or developmental disabilities

These disabilities are often described as "hidden" since there is no obvious physical or outward manifestation of the condition. While some people with Down's Syndrome have recognizable facial traits indicating their condition, not all people with cognitive or developmental disabilities do.

This group of people with "hidden disabilities" poses many challenges in planning for and responding to disasters. As a result, are they often overlooked in providing trauma services.

Cognitive or developmental disabilities are conditions that might be congenital (from birth) or acquired through illness (e.g. stroke) or injury (e.g. car accident). People with cognitive or developmental disabilities have an impairment of their "cognitive" or brain functions. Common difficulties are:

- Making good decisions in complex situation
- Integrating information in a logical way
- Impulsivity or poor impulse control
- Setting appropriate boundaries with other people (too loose or too rigid)
- Making sense of traumatic events
- In more extreme cases, basic activities of daily living

We divided this category into three main groups:

- Mental retardation
- Autistic Spectrum Disorders
- Brain injured (this could include elderly with dementia, but we are covering that group separately)

Cognitive/developmental disabilities: Mental retardation

Mental Retardation (MR) can either be a congenital condition (present at birth) or one that develops early in childhood. MR exists on a continuum from mild to severe retardation. Depending on the social and cultural norms, as well as the level of functional impairment, people with MR might either be kept in institutions, live independently, or live with their families/caregivers. Disaster workers are often dependent on people who know the individual with MR for obtaining the information that the person has a cognitive disability.

In certain cultures, MR is seen as shameful to the family, resulting in the individual being kept segregated from society and even the extended family. The consequences of

such segregation are complex at best and devastating at worst. Segregating individuals means that authorities might not be aware of their existence, therefore not having resources to help them when necessary. It also means that the individual might not be accustomed to being around people, which might make a potential transition to alternative accommodation with other people (e.g. camp) overwhelming and intolerable.

It is also important to stress that individuals with MR are often targets of different types of abuse (physical, sexual, emotional) that would leave them more vulnerable to future traumatization and victimization. Exposure to trauma leaves people more vulnerable to developing post-traumatic reactions following a disaster.

Individuals with MR might have difficulty understanding information communicated to them and most likely would have difficulty integrating the experience surrounding the disaster. Being overwhelmed by information and new and confusing situations would obviously impact their sense of safety and feeling in control of their lives.

Cognitive/developmental disabilities: Autistic spectrum disorders

People with Autistic Spectrum Disorders (ASD) have difficulties with aspects of social functioning. Some have difficulties with language and communication, and others have difficulties with social interaction. ASD exists on a continuum, with the most severe manifestations resulting in people living in institutions (they are often mistaken for people with mental retardation). Others are highly functional and at times have a very high IQ. In developed countries, where awareness is high and screenings for ASD are commonly performed by healthcare providers and educators, some individuals will self-report that they have such a disorder.

They tend to be overwhelmed in new situations, especially when there are many people involved. In those situations, they often "shut down" and become non-communicative. While this might be related to post-traumatic symptoms, it might also be a typical response to stressful social situations. It is important for professionals doing medical triage following disasters to differentiate between those individuals who are exhibiting reactions normative for them, and others who might be exhibiting signs of emotional breakdown.

Individuals with more severe forms of ASD engage at times in self-stimulation behavior such as rocking or repetitive behaviors. *It is important not to try to physically stop them* from engaging in those behaviors (unless they are self-injurious). The purpose of those behaviors is to self-soothe. While those behaviors might seem odd and perhaps even annoying to some, engaging in them has a positive effect on the individual and can help restore a sense of inner safety and control.

In terms of communication, it is important to include visual/pictorial information in addition to language-based information. Presenting information or instructions should be done in simple concrete terms, allowing plenty of time for responses. A common mistake people make is to ask a question, and when an immediate response is not forthcoming, jump in with a clarification or further statement. It is important to be patient and allow more than the usual amount of time in waiting for a response.

For people with ASD, routines ("predictability") are an extremely important part of regular daily life. With this population, it is imperative to re-establish routines as soon as possible. The routine will help the individual cope more effectively with the overwhelming new reality and enable them to integrate into the existing social milieu.

Cognitive/developmental disabilities: Brain injury

Brain injury caused either through a physical trauma to the head, or illness or medical condition, is a serious condition which can negatively affect a person's ability in a variety of areas: cognitive (thoughts and decision-making), emotional (feelings, emotions, emotional behaviors such as laughing or crying), sensory (the five senses: sight, sound, touch, taste and smell) and physical (coordination, balance, basic muscle tone).

Along with other characteristics, a feature of brain injury is an impairment of initiative which results in excessive passivity (e.g. sitting and waiting) and an inability to shift from one activity to another even when the situation calls for it (e.g. not sounding an alarm when smoke and fire are evident). The outcome is often frustration among caregivers and a lack of adequate care for the individual. People with brain injury might not be good advocates for themselves, at times sitting passively until noticed by someone else. This passivity can result in failing to get enough food and water as well as other necessary resources.

Another common characteristic of people with brain injury is the concrete nature of their thinking. They have a difficult time with abstract thinking and concepts. Therefore, when entering into a discussion with them, it is important to focus on concrete, tangible issues, and to speak in practical and concrete terms. Focusing on the here-and-now is one way of making the conversation concrete. Breaking tasks down into their basic parts or steps is more useful than talking about "the big picture."

As with other individuals with cognitive disabilities, routine or predictability is extremely important. Helping the individual re-create a routine that would ensure successful achievement of the activities of daily living would go a long way towards facilitating a speedy recovery from the trauma of the event.

One aspect of people with brain injury that is often overlooked is the impact that the injury has on their emotion – in both its breadth (different types of emotion) and

depth (intensity). Depending on the type of brain injury, individuals might be not emotional at all or overly emotional, unable to control their emotions. This can be a confounding factor when trying to identify people reacting to the event – is the reaction a result of the trauma or of a pre-existing condition? Some people respond to trauma by shutting down and becoming numb, while others might become emotionally reactive. People with brain injury might exhibit inappropriate emotional reactions to disasters – laughing inappropriately, for example.

Cognitive/developmental disabilities: Psychiatric disability

Psychiatric disabilities exist, like other disabilities, on a continuum. Some individuals are severely impaired to the point of having a very tenuous grip on reality. Others function reasonably in the day-to-day but "fall to pieces" when stressed. Many are heavily reliant on medications to regulate their ability to negotiate the demands of daily life – even when the tasks might seem trivial or routine.

People with psychiatric disabilities are particularly vulnerable to the impact of trauma and disaster. Since people with psychiatric disabilities already have some dysfunction in the three areas of human functioning – biological, psychological, and social – further disruption can cause immediate deterioration in their functioning.

Similar to the way some social groups or cultures treat individuals with mental retardation, people with mental illnesses are at times seen as a source of shame. When that is the case, they are often hidden and do not participate in regular family and social events. At the time of a disaster, or following one, the sudden exposure to many people in crisis can be profoundly destabilizing, resulting in difficulty coping with the situation. The person might appear agitated, extremely anxious, uncommunicative, or uttering what might sound like nonsense. Some with more severe mental illness might act in bizarre ways, which could include having hallucinations or very odd delusions.

A common coping mechanism of psychiatric patients is smoking. Similar to most people, smoking is used to relax and calm oneself down. This could be problematic in shelter situations if smoking is prohibited inside the shelter. Accompanying the person outside to a smoking area and providing them with companionship can help in calming their anxiety.

People with mental illnesses are vulnerable to being victimized by others. Their judgment about people is not always accurate and they might be manipulated or used by others. In addition, research has shown that people with psychiatric illnesses are more likely to have experienced previous trauma or abuse.

Returning to a routine ("predictability") and ensuring their safety are crucial in ameliorating the effects of trauma and disaster. For those reliant on medications, it is

critical to ensure they continue taking the medication without interruption since some medications' effectiveness decreases when not taken consistently, and in certain cases it takes weeks before the medication level in the blood is back to therapeutic levels.

Chronic illness

In disaster planning and response, people often forget about those individuals who have chronic medical conditions – conditions that at times are not visible. In general, one can divide this population into two main groups:

- Dependent on assistive technology (e.g. respirator, oxygen)
- Dependent on medications (often multiple and sometimes rare medications with carefully calibrated dosages)

Although having a chronic illness does not necessarily impact people's ability to cope with traumatic events, it does make them more dependent on others for care, whether medical (including pharmacological) or assistive (helping devices). It's important to remember that people with autoimmune illnesses often have medical complications associated with stress and stressful situations. Helping these individuals with stress management is important not only for coping with the traumatic event, but also as a way to mitigate further medical complications related to their illness.

Helping individuals who are reliant on a complex medication regimen to maintain the structure they need is very important, so creating predictability is a key component to helping them cope effectively. Finally, individuals with chronic illnesses often know more about their condition than medical professionals not familiar with their care. Allowing these individuals to maintain control over their medication regimen until examined by a qualified professional can reduce their experience of distress and the risk of potentially dangerous medical errors.

Elderly

While the elderly may be classified as a "special population," it is important to remember that people age differently – some are as independent at 80 years old as at 60, while some 65-year-olds have dementia and are quite dependent on medications, spouses or other caregivers. Another important factor are cultural norms regarding the place of the elderly in society. Some societies place value and respect on old age, while others value the young and emphasize their well-being.

Older people may be more resistant to change, having had lifelong habits tied to their home and community. Following the upheaval of a disaster, they might be in a new place and unfamiliar surroundings, leading to a sense of disorientation and unhappiness. Obviously, with older adults who have dementia, the confusion is more pro-

nounced. The elderly might be particularly attached to a certain physician, type of food or person on whom they rely to make decisions. Their negative reactions might be more about the lack of familiarity than the trauma itself.

In helping the elderly cope with the transition, the emphasis should be on re-establishing routines ("predictability") and encouraging them to be in control of their lives as much as possible rather than assuming a passive, reactive role. Feelings of vulnerability may be related to their change in surroundings or routines, leading them to feel more unsafe. This vulnerability is often related to physical aspects: the elderly are more likely to be injured in falls, since their bones are more brittle. It is important, therefore, to help them establish a safe space in terms of their physical surroundings (e.g. making sure there no objects to trip over) and help them adjust to the newness of the situation.

Another aspect that bears consideration is the isolation or loneliness of the older adult. Those who suddenly become widows or widowers face the challenge of coping with a drastically new situation without their main source of support, on whom they might have relied for many years. While it is important to respect the wishes of the older adult, it might be useful to provide them with a "buddy" who can help them establish routines, negotiate the bureaucracy and also regularly check on their health and well-being.

Refugees and new immigrants

This group by definition includes those who are not native to the local society and culture with respect to its customs, language and social support mechanisms. While they have no physical or psychological barrier to accessing necessary care and support, they often have a social barrier.

Many countries and regions around the world are dealing with the influx of people from areas affected by war, famine, economic hardship and natural disasters. It takes time for people new to a region to integrate into the existing social fabric. This integration includes learning the language and customs, meeting local people and creating a social support network, as well as overcoming bias and discrimination.

When helping individuals from a different culture cope with the aftermath of a disaster, one must be aware of potential differences between their values and customs and local ones. In some cultures, it is not customary to discuss personal feelings and the norm is to keep distress private or to yourself. Help should be aimed at helping refugees and new immigrants restore the sense of safety, predictability and control they are used to, while taking into account local customs.

Making an effort to find translators or others who might be familiar with the individual or family's culture is important. It is unhelpful to assume that people respond and cope similarly regardless of their background. Curiosity about how people of a different cultural background cope in times of stress is useful in eliciting information about normal responses in that culture.

Despite cultural differences, it is important not to neglect the psychological needs of individuals simply because they are from a different culture. Just because someone has previously experienced worse disasters does not make them more able to cope with current disasters. Sometimes these experiences have the opposite effect: weakening their coping ability. Experiencing multiple disasters might lead to a sense of despair and hopelessness about "fate" and fairness.

As the above section illustrates, regardless of the disability or special needs people face in a disaster, they will still benefit from safety, predictability and control. However, the challenge for the disaster worker is in being able to understand the needs of these special populations and then adapting the methods of helping in ways that foster coping and recovery from tragedy.

Self-care for disaster workers

Part of the job of a helper is to allow the victim to put words on their experience so that they can begin to move forward from them. Unfortunately, this puts the disaster worker at risk.

There is a cost to caring. Just as trauma impacts those directly affected in biological, psychological, and relational domains, it also impacts those who are working to help them in their recovery. Your decision to work with people who are suffering as a result of a disaster or other trauma was based on your natural compassion for other human beings and it is critical that you attend to your own needs so that you may more effectively help them.

The potentially harmful effects on helpers have been well documented and can be described in two basic categories:

- Vicarious (or secondary) traumatization
- Compassion fatigue

What are vicarious trauma and compassion fatigue?

Vicarious traumatization refers to the tendency of helpers to develop symptoms similar to those with whom they are working. Helpers become traumatized through hearing stories, often horrific ones, which involve details, images, and experiences of the events that had taken place. It is natural for many people exposed to traumatic events to want to talk about it in great detail. Part of the job of a helper is to allow the victim to put words on their experience so that they can begin to move forward from them. Unfortunately, this puts the disaster worker at risk.

When someone tells us a story it is our own natural tendency to imagine the scene that they are describing. This can result in the development of images in our own minds that are often disturbing. These images are often difficult to do away with.

Compassion Fatigue refers to the natural (though sometimes painful) thoughts, feelings, and behaviors that result from helping, or wanting to help, a suffering person. Being in the presence of someone in pain can take a physical and emotional toll on us over time. We can begin to feel helpless, start to doubt our assumptions about the nature of the world and the people in it, and act in ways that are not necessarily healthy in our attempt to cope with these feelings. Compassion fatigue is often associated with a diminished capacity for empathy and caring.

Why do I need to pay attention to this?

There are several reasons to address vicarious trauma and compassion fatigue.

- Organizational or community health
- Personal health and welfare
- Ability to effectively help others

Organizational or community health refers to the impact that this can have on the group in which you live or work. Unaddressed compassion fatigue can have a negative impact on the morale and energy of the group, community, or other organization. If people are affected by their experiences and not cared for, then their work suffers and subsequently, so does the health of those they are trying to help. This can also lead to higher turnover, fewer staff, and general poor health of the community.

It is also important that disaster workers teach and model effective self-care strategies to others in their community or workplace. By practicing strategies of personal self-care, you show others that it is not only possible to do so, but also very beneficial. They will be looking to you for guidance, and will be more likely to engage in their own recovery if they see that you too take this seriously. It also helps to normalize the experience for them by demonstrating that everyone is impacted by an event of this scale.

Personal health and welfare can also be damaged by ignoring these effects. As you will see later in this chapter, the effects of vicarious trauma and compassion fatigue take a toll on one's emotional, spiritual, and physical health. Disaster workers can become physically ill as a result, carry feelings of hopelessness and helplessness, and have crises of faith at times. If unattended, compassion fatigue and vicarious trauma can begin to cause problems in your family and friendships as well.

Ability to effectively help others can be decreased if you do not participate in adequate self-care. Taking on the pain of others, listening to their stories, and working to assist them in their recovery is a vary difficult task, and in order to do it well you must be in the best possible physical and emotional condition.

All in all, if you or your team ignores these issues you are at risk of developing the signs and symptoms of the very people you are trying to help. This makes your task gravely difficult.

What are the signs of vicarious trauma and compassion fatigue?

Similar to the effects of being directly exposed to a traumatic event, vicarious trauma impacts people in cognitive, emotional, physical, and behavioral ways. Because compassion fatigue is the result of what is called "cumulative stress" (that is, stress that builds up over time rather than occurring all at once) these symptoms may come on gradually and not draw the attention that they deserve. Everyone expects someone who

has gone through a traumatic event to feel and act differently for a while. They see it as normal and are often on the lookout for these symptoms to appear. In vicarious trauma, however, we do not always accept that it is also normal to act and feel differently for a while, and therefore try to ignore or minimize these signs.

If you begin this work knowing that it is indeed normal to have certain feelings, you can watch for them and intervene early on, before they have lasting effects. Make yourself aware of the potential negative reactions in the following domains:

Cognitive

This refers to how one thinks about one's self and others, as well as how one processes information. It concerns beliefs about the present and future, safety, control, etc. Some signs to be on the lookout for include:

- Poor concentration
- Memory problems
- Not caring about things
- Low self-image
- Cynical thoughts about others
- Confusion
- Negative thinking

Emotional

Our emotions can change rapidly when doing this type of work. We sit and listen to others who are suffering, witness the pain of loss and grief, and often hear horrifying stories. This is bound to affect how we feel. Some emotional changes to be aware of include:

- Powerlessness
- Anxiety
- Anger
- Guilt
- Numbness
- Fear
- Sadness
- Irritability

Physical

Stress greatly affects people in a physical way. The effects of hormones and chemicals that are released during stressful experiences impact our muscles, heart, breathing, immune system, digestive system, sleep, appetite, and practically every aspect of our health. Be aware of some of these symptoms:

- Muscle aches
- Headaches
- Nausea or stomach pain
- Difficulty sleeping
- Poor appetite
- Heart racing
- High blood pressure
- Decreased sex drive
- Fatigue

Behavioral

All of these symptoms and our experience in helping others can impact how we behave. These behaviors, though often unhealthy, are often merely attempts to deal with the pain and suffering we are seeing and experiencing. It is natural to want to avoid such feelings, but we must be aware of them and work to cope in healthier ways. Some behaviors to watch for include:

- Withdrawal from others
- Increased substance use
- Short tempered with others
- Impatience
- Blaming others
- Arguing
- Clumsiness
- Not sleeping or eating

What does one do to help prevent compassion fatigue or vicarious trauma?

There are a number of effective ways to counter the effects of compassion fatigue and vicarious trauma. The first, and most important, is to recognize that it is a real and expected phenomenon. It does not mean that you are weak, unsuited for this work, or crazy. It only means that you need to pay attention to it in yourself and others, and act to mitigate it. Doing so is as simple as A-B-C.

Awareness

Be aware of your thoughts, feelings, and behaviors over time. Be aware of the normal, expected signs of vicarious trauma and compassion fatigue. Be aware of these signs in others with whom you work and live. Be aware of your needs and attend to them without judging or feeling guilty. Some simple guidelines to follow include:

- Daily check-in with yourself and others to monitor your stress levels
- Writing in a journal about what you are feeling and how you are reacting
- Discussing the risks and reactions with others at work
- Not retelling "horror stories" in detail with co-workers or friends and family

Balance

Ensure that there is balance in your life. This means not spending all of your time focusing on victims or work and giving yourself opportunities to escape the work. Some basic ways of providing balance include:

- Log the amount of time you spend working with victims, and allot equal time to self-care.
- Spend time with people who have not been impacted by the event (if available).
- Attend to spiritual needs by attending services, praying, meditating, etc.

Connection

Humans recover best in groups. This means it is important to spend time connecting to other people and participating in social activities as much as is possible:

- Try not to spend too much time alone.
- Talk with friends and family about how you are reacting.
- Spend time enjoying the company of others in pleasurable activities.

What other activities should I engage in?

Below is a list of helpful activities and strategies to counter the effects of vicarious trauma and compassion fatigue. It is not a complete list and not everything on it will work for you. What's important is to try as many as possible, and add to it the activities that you know help you to calm, ground, and revive yourself.

- Get adequate sleep
- Take regular breaks
- Eat regular and healthy meals
- Exercise on a regular basis
- Talk and play with family and friends as often as possible
- Get a massage, practice Yoga or meditation
- Try to avoid creating images of the stories you're hearing
- Remind yourself that you, and the person you are with, are safe now
- Remember that it didn't happen to you and you don't need to feel guilty about that
- Remember that people are resilient and usually recover, given time
- Pay attention to all the good that you and others are doing
- Educate yourself as much as possible about the effects of trauma

How do I prepare myself before going to do this work?

Just as it is necessary to adequately care for yourself during and after working with victims of a disaster, it is also important to prepare yourself for the experience beforehand. This preparation will accomplish two things:

- Being fully apprised of the situation and what you will encounter can prepare you emotionally for what you are about to confront
- Being briefed on and oriented to the logistics and available resources will allow you to better assist those you are trying to help

Disasters, by definition, often result in a certain level of chaos and confusion, making it difficult to obtain timely and accurate information. With this in mind, however, it is crucial that you make every attempt to gain as much information as you can – ensuring that it is accurate and not part of the "rumor mill."

First, you may or may not have a contact person coordinating your aspect of the recovery efforts. If you do, talk to them. If not, seek out the person most likely to have the most information on the situation. In either case, there are many things to know and things to do prior to engaging with victims.

Things to know

- The present status of the event. What happened? Is it over? Who was affected? Are there remaining hazards in the area? Which recovery agencies are involved and what are they doing?
- What resources are available for victims? Collect pamphlets, if possible, on recovery services such as mental health services, food, water, and shelter availability, and governmental or NGO activities in effect.
- With whom will you be working? If you are deployed, what is the chain of command? Who are your co-workers and how will you communicate with them? Who will the victims be and what is there disposition (if known)?
- Communication and transportation logistics. How will you get to where you're going and back (if deploying)? How will you communicate with others? o

Things to do

- Prepare a "Ready Kit" for yourself that has supplies and information you will need, including:
  - Water, food, flashlight, batteries, maps, first-aid kit, and other survival or comfort necessities
  - Contact information of your team (if working as part of a team) or support person
  - Handouts, pamphlets, and other educational materials for victims
- Prepare yourself mentally before beginning work each day
- Meditate, relax, or pray for 15 minutes
- Remind yourself that you are safe and will be fine
- Notice that though people don't always acknowledge it, you are helping just by being present and compassionate
- Talk to friends or family before leaving; they will help to support you
- Start a "buddy system" – pair up with someone who is doing similar work and check in regularly to talk about how each of you is doing
- Sit down and complete the "Ten Strategies" handout (in the appendix) and schedule time to do each one

Are there group activities that can help?

Yes. In fact, as stated earlier, working in groups is ideal for managing the effects of vicarious trauma and compassion fatigue. At the end of this manual are several self-care exercises you can try with your team or by yourself.

About the authors

Kevin Becker, Psy.D. is a psychologist and senior partner with Organizational Resilience International, LLC, a crisis consulting firm specializing in the human impacts of crisis and disaster. In addition, he is a clinical instructor in the Harvard Medical School Department of Psychiatry and the director of the Institute for Trauma & Crisis, a division of the Continuing Education Program Inc. at the Beth Israel Deaconess Medical Center in Boston, a major Harvard Medical School teaching hospital. As a former vice president with Marsh Crisis Consulting, he advised national and international organizations on how best to prepare for crisis. He served for 10 years as director of The Trauma Center in Boston, an internationally renowned research and treatment facility specializing in psychological trauma. He has assisted public, private, and governmental organizations following major disasters including 9/11, the 2004 tsunami, Hurricane Katrina, and the Kashmir earthquake in 2005. Dr. Becker also serves as leader of the psychological trauma team for the IBM Global Crisis Response Team. He was founding chairperson of the Massachusetts Disaster Response Network for the Massachusetts Psychological Association. He consults and lectures nationally and internationally on a regular basis, and has produced an award-winning documentary entitled *PTSD: Beyond Survival*.

Dr. Guy Sapirstein, a senior partner with Organizational Resilience International, LLC, has over 20 years' experience assisting and training individuals and organizations in the preparation, response, and recovery from crisis and disaster situations. Dr. Sapirstein has been involved in response to some of the major disasters in the United States and internationally in recent years. He consulted to employees, agencies, and families of first responders directly affected by the September 11 attacks. Hurricane Katrina in 2005 brought Dr. Sapirstein to the U.S. Gulf Coast where he consulted to companies and employees in Mississippi and New Orleans, and with people displaced to other locations. In Pakistan following the 2005 earthquake, he helped to train local front-line professionals, paraprofessionals and administrators on the treatment of trauma. He is a member of the IBM Global Crisis Response Team and as such has been involved in response and recovery projects, as well as projects focusing on education and preparedness.

In addition to his activity in international forums for disaster reduction, Dr. Sapirstein is discipline chair for Human Impact and Social Resilience with the International Consortium for Organizational Resilience (ICOR) and co-chair of the simulation committee of the Northeast Disaster Recovery Information Exchange

(NEDRIX). Dr. Sapirstein has published articles in academic and trade publications and has presented at national and international conferences on the topics of "Human Impact Preparedness Programs," "Social and Organizational Resilience," and psychological trauma.

Jeffrey Weir, MA LCMHC is a founding partner of Organizational Resilience International, LLC, and has over 15 years of experience in the field of traumatic stress and disaster response. Jeffrey has provided training and consultation throughout the United States and Europe on issues related to Human Impact Preparedness, trauma and stress, and has worked with corporate and governmental organizations following varying degrees of crisis including workplace violence, mergers and acquisitions, acts of terrorism including New York City after 9/11, and natural disasters including Hurricanes Katrina and Rita. He has worked with numerous and diverse groups including corporate and manufacturing industries; police, fire and other first responders; clergy; court personnel; school systems; and federal law enforcement.

Appendices

This section offers several practical activities for understanding and addressing the impact of trauma, including handouts and exercises for disaster workers and survivors. Each of these activities is presented as a standalone facilitator's guide, able to be removed from the guidebook and used during the activity.

The activities are written as instructions to the facilitator or adult disaster worker. In some cases, handouts are provided – which should be copied in advance (or the information can be written on a chalk-board or paper affixed to the wall). The following materials are included:

References, resources & links

Relaxation exercise for disaster workers & survivors

Materials for adult disaster workers

- Role-play exercises
- Psychological first aid Do's & Don'ts
- Self-care for disaster workers: Dealing with secondary trauma

Materials for use with survivors

- What you can do to help
- Children's reactions to disaster
- Common signs and signals of stress reactions
- Suggestions for coping with stress
- Emotional health issues for survivors of disasters
- How can I help my family and myself?

References, resources & links

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- Disasters and traumatic stress. In National Center for Posttraumatic Stress Disorder website
  http://www.ncptsd.va.gov/topics/disasters.html
- Disaster handouts and links. In David Baldwin's Trauma Information Pages
  http://www.trauma-pages.com/pg5.htm
- National Child Traumatic Stress Network
  http://www.nctsnet.org/nccts/nav.do?pid=hom_main
- United Nations Educational, Scientific and Cultural Organization (UNESCO) disaster page (French and English)
  http://www.unesco.org/science/disaster/index_disaster_fr.shtml
- UNICEF Emergency page (French, English, Spanish, Arabic, & Chinese)
  http://www.unicef.org/emerg/index_33296.html
- United Nations International Strategy for Disaster Reduction
  http://www.unisdr.org/isdrindex.htm

Relaxation exercise for disaster workers & survivors

Relaxation is the single most important activity in dealing with stress. In fact, the physical processes of relaxation and stress are opposite in nature: stress creates physical, emotional and mental tension, while relaxation creates physical, mental and emotional calm.

It is important that disaster workers are as relaxed as they can be when providing that care, and know how to achieve that relaxation. Trauma survivors can be very perceptive of stress. If they perceive that the disaster worker is feeling stressed, it will be very difficult (if not impossible) for them to relax themselves. Also, it is useful for disaster workers to have some experience with what it feels like to participate in a relaxation exercise before asking others to participate. For these reasons, the exercise below is included as a resource for disaster workers. Once you become comfortable with it you may use it with disaster survivors.

This exercise can be led by anyone, regardless of background and experience. This is best done in a quiet and dimly lit environment where participants can be comfortable physically and emotionally. This exercise can take anywhere from 20 to 40 minutes, depending on the pace of the facilitator and amount of time available. It can be adapted for use with adolescents.

- Participation in the exercise should be voluntary.
- All participants need a space to sit, either in a chair or on the floor. Encourage people to move apart so they have sufficient personal space.
- Make sure that you are calm and relaxed – people will notice in your voice or manner if you are tense.
- Deliver the below script in a calm, soothing, slow voice.
- Take as much time as you need. There should be no rush to finish the exercise.
- Be prepared for people to have a variety of reactions to the exercise. Some might fall asleep, others might cry. Still others may report that it had no effect on them. There is no need to explore why people had those reactions, only to acknowledge and validate them. All feelings and responses are acceptable.
- In some cultures people might ask whether you are "hypnotizing" them. Respond by saying that you are not doing so, but that this is a standard muscle relaxation exercise. They may do the exercise with their eyes open, or open their eyes at any point in the exercise.

Read the following script in a calm and soothing voice:

Please sit comfortably, uncrossing your legs, with your head resting back so there is no strain... If you feel comfortable closing your eyes, close them, otherwise you may leave them open but pick a spot on the wall and look at that... don't look at other people in the room...

Begin by slowing down your breathing... in and out... in and out... Relaxing your muscles... hearing my voice and keeping other voices at a distance... breathing in and out... allowing your body to relax and your muscles to open up....

We will begin by focusing on the body from the toes up to the head... breathing slowly and deeply... slowly and deeply... Focusing your attention on your right foot... tensing and relaxing that foot... allowing all the tension to flow out and the sense of relaxation to flow in... breathing slowly and deeply... Relaxing your right foot... slowing your thoughts down... and now the left foot... tensing and relaxing... tensing and

relaxing... breathing slowing and deeply... and allowing the relaxation to spread all over... moving up... and relaxing the left ankle... And the right ankle... Breathing slowly and deeply... hearing my voice and keeping all other sounds at a distance... moving further up and focusing on the right calf, tensing and relaxing, tensing and relaxing... allowing the warmth the move up from the toes through the foot, and ankle to the calf... and now the same with the left calf... tensing and relaxing... tensing and relaxing... allowing the warmth the move up from the toes through the foot, and ankle to the calf...

And now moving up to the knees... the knees take a lot of strain during the day from standing and moving... relaxing the right knee, and the left knee... allowing your thoughts to slow down and focus on your body... allowing all the worries to fade away for the moment... and moving further up to your thighs... your right thigh... tensing and relaxing... tensing and relaxing ... then your left thigh... tensing and relaxing... allowing the muscles to open up and the tension to flow out and the relaxation to flow in... moving up to the stomach... people store a lot of tension in the stomach... relaxing the stomach muscles... or if it is easier – tense then relax... allow your stomach to push out with each breath you inhale... breathing slowly and deeply... slowly and deeply... focusing on your back... your lower back... relaxing your muscles... your mid-back... and upper back... tensing and relaxing your shoulders... your right shoulder... your left shoulder... just relaxing...

(remain silent for a few seconds)

...moving up to your neck... another place often filled with tension... relaxing your neck... if you want to move your head gently from side to side... and now focusing on your arms – upper arms and forearm... relaxing the muscles in your arms... allowing the tension to flow out through your finger tips... your right arm and left arm... feeling the sense of relaxation throughout your entire body... and now moving to your face... relaxing the muscles in your face... your jaw... cheeks... tongue... sit with the sense of relaxation flowing throughout your body... your mind still... your breaths slow and even...

Imagine yourself in a safe and calm place, a place that might be real or imagined, somewhere you have been before, or somewhere you would like to be sometime, you might be on your own or with someone you trust and feel safe with. Imagine what that would feel like... how relaxing that would be... the energy that would flow through your body... the strength you would experience and feel... sit with that feeling flowing through your body and allow yourself to savor that feeling, let it sink in and flow throughout your body.

I am going to be silent for a few moments so you can enjoy the feeling of relaxation in your body.

(maintain silence for about 30-45 seconds)

Keep on breathing slowly and deeply, maintaining the sense of relaxation throughout your body.

In a few moments I will ask you to open your eyes and when I do please open them slowly and stay seated for a few more moments allowing your brain and body adjust to being more alert...

(remain silent for a few seconds)

Okay... open your eyes while remaining seated... not moving... allow yourself to adjust to the light... and when you are ready you may get up and stretch.

If you need to drive somewhere, give yourself a few moments to focus before driving so you can become more alert to your surroundings.

Feel free to do this at home, at work, or wherever you feel stress and want or need a short break.

Materials for disaster workers: Role-play exercises

Developing good listening skills is critical to being a supportive disaster worker. The following role-play exercises help develop these skills. There are scenarios that will allow you to practice your listening skills with adults who have suffered a disaster.

The exercises can be performed with as few as three people in the roles of victim, counselor or disaster worker, and observer. There can be any number of observers. The "counselor" and the "victim" should interact in a given scenario for approximately 5-10 minutes, while the observers sit quietly and watch. Following this, discussion topics are provided to help all participants focus on key elements of the exercise.

When applying these scenarios to actual circumstances, think about what additional information about the victim may be needed. Your function as a disaster worker may mean it is not appropriate to request more detailed information. However, information such as family history, social interactions, medical history, early trauma/abuse, and the nature of the victim's exposure to the disaster can help provide a more complete understanding of their experience and functioning. Disaster workers should listen closely for information that reveals difficulties in the following areas:

- Isolation and withdrawal
- Irritability
- Guilt and self-blame
- Anger and hate
- Anxiety about the world and their future
- Fascination with death and dying
- Risk for drug/alcohol use
- Poor impulse control and high-risk behaviors

Scenario #1

A young mother is crying steadily since her 3-year-old daughter was killed in the disaster four days ago. Her husband has expressed concern to you because she has not been eating or sleeping and he must return to work to provide for the family, including his remaining two children.

Scenario #2

A middle-aged man has lost his home in the disaster, which took place one week ago. He is unsure whether family members who live in a nearby town are safe, as he has been unable to contact them. He has no money, his place of business has been damaged and his employers are not sure they can reopen the business. He has had difficulty sleeping and has begun drinking alcohol in excess.

Scenario #3

You have been asked to speak with a young father who had his home severely damaged by the disaster. Since the tragedy, he has become increasingly withdrawn from his family and is easily angered. His wife and two children are safe and healthy. The disaster destroyed the factory where he worked. He has wondered aloud to his wife "whether life is worth living anymore."

DISCUSSION TOPICS FOLLOWING THE ROLE-PLAY

Questions for the observers

1. Is the disaster worker listening to what the survivor is saying, or more focused on talking?
2. Is the disaster worker telling the survivor he is wrong, or trying to understand reasons for the victim's behavior?
3. Does the disaster worker use empathic statements? Examples include:
   "This must be hard for you."
   "You sound sad/angry."
   "I can hear how deeply this has affected you."
1. Does the disaster worker encourage the survivor to talk? Ways to do this include:
   "Can you tell me more?"
   "Thank you for telling this to me."
   "When I feel sad, I find that it helps me to talk."
5. Did you notice any concerning aspects of the survivor's behavior or mannerisms?
6. What did the disaster worker accomplish in this interaction?

Questions for participant playing the victim

1. Did you feel the disaster worker heard you and understood how you were feeling?
2. Did you feel better or worse after the conversation?
3. What would you do differently when talking to the victim?
4. What was the most helpful thing the disaster worker did in the conversation?
5. What was the least helpful thing the disaster worker did in the conversation?

Questions for the participant playing the disaster worker

1. Did you feel effective in communicating with the victim?
2. What made it difficult for you to communicate with the victim?
3. When you were in the disaster worker role, whom did you think about for guidance in the role (parent, cleric, etc.)?
4. During your own life, what has made you feel better after crises?
5. What would you do differently if you had to do this exercise again?

Psychological first aid Do's & Don'ts

Do…

- Help people meet basic needs.
- Provide repeated, simple and accurate information.
- Listen to people who wish to share their stories and emotions.
- Be friendly and compassionate even if people are difficult.
- Keep families together whenever possible.
- Give practical advice for self-help.
- Find out about government and other services and direct people there.
- Remind people of the help that is available.

Don't…

- Don't force people to share their feelings.
- Don't give simple reassurance such as "at least you survived."
- Don't tell people what you think they should be feeling.
- Don't make promises that may not be kept.
- Don't criticize existing services or relief activities in front of people in need of services.

Self-care for disaster workers: Dealing with secondary trauma

Secondary trauma can happen when one is exposed to stories, pictures or video (such as TV coverage) of a disaster or extremely traumatic event. While the person is not directly exposed to the event, the stories and conversations with the survivors can have a serious impact that is similar to the impact experienced by the survivors themselves.

Not everyone who hears stories or sees images of disasters will become affected to the point of needing professional help. Doctors, nurses, clergy, mental health professionals, teachers, social workers, and certain administrators are most likely to experience secondary trauma.

The following six exercises may help address secondary trauma. The first is a set of instructions for conducting the exercise, while the other five are handout to print and distribute to participants, for use during a group or private discussion.

There is also a handout listing activities that can relieve stress and help address the impact of secondary trauma on disaster workers.

Self-care for disaster workers: Exercise 1 – Draw a tree series

1. First, give participants several sheets of paper and an array of drawing utensils. Ask each person to simply "draw a tree." No further elaboration is needed. Allow 5-10 minutes.
2. Next ask participants to "draw a comforting tree."
3. When this is completed, ask them to "draw a wounded tree".
4. Finally, ask them to "draw a healing tree" (a tree in the process of healing). On this tree, participants are then asked to attach leaves with names of people from whom they gather strength, comfort, inspiration, connection, etc.
5. Now, invite everyone to display their drawings by taping them to the wall or laying them on the table if they are willing.
6. Ask participants to discuss their feelings and related images elicited by each drawing and link these feelings to their work as teachers.

Trees across the workday

As a variation of the draw a tree series, ask participants to draw a tree that shows how they feel at the beginning of their workday, then a tree that shows how they feel at the end of a workday, and finally, a tree that shows how they feel at the end of a particularly good workday. Present the images as above and invite the group to discuss their images. For example: "What do the images reveal about the impact of your work on your sense of well being?" People often note a new awareness of how their work can both deplete and rejuvenate them.

Self-care for disaster workers: Exercise 2

Make a list of 10 things you can do to deal with secondary trauma.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Make a list of three things you will do during the next week.

1 _____

2 _____

3 _____

Self-care for disaster workers: Exercise 3

Make a list of resources that can help you in dealing with secondary trauma. These resources can be other people, organizations, or anything else you can use to help you.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Self-care for disaster workers: Exercise 4 – Toxic waste dump

1. Put down on paper (through writing, drawing, etc.) the thoughts, images and stories that have been most troubling to you.
2. Purposefully throw the paper away into a trash bin. You may shred it first if you like.
3. With the group, talk about how you feel after throwing away the paper.
4. You should not discuss the contents of your paper, in order to spare the other members of the group further trauma and pain.

Self-care for disaster workers: Exercise 5

1. Draw a picture of yourself as you feel now.
2. Then, draw a picture of how you would look without the burden of the pain.

Self-care for disaster workers: Exercise 6 – Silent witness

Write up to three ways in which you have been negatively impacted by your work with victims. Leave your paper on the table. Everyone will then walk around, in silence, reading what others have written. Return to your seat and discuss what came up for each of you as you were doing this.

Next, do the same process – but this time, write up to three ways you are positively impacted by the work you are doing with survivors.

Negative impacts

1 _____

2 _____

3 _____

Positive impacts

1 _____

2 _____

3 _____

Activities that help in dealing with secondary trauma

- Physical exercise
- Eating healthy food
- Drinking lots of water
- Avoiding caffeine
- Spending time with friends and family
- Reading books
- Praying or reading religious texts
- Meditation
- Singing
- Watching movies
- Playing with children
- Taking scheduled breaks during the day
- Talking to peers
- Writing about feelings
- Playing a sport
- Going for a walk
- Being intimate with your partner
- Engaging in artistic activities: painting, drawing, sculpting, working with clay
- Meeting new people
- Working in the garden
- Spending time with your community (religious, social, academic)
- Becoming active in recovery efforts
- Resting
- Engaging in arts and crafts: knitting, sewing, braiding
- Keeping a personal journal

Materials for use with adult survivors

The following pages are handouts you can distribute to members of your community who have suffered through a disaster. They provide general information about the types of reactions that are common following a disaster.

Along with information describing both child and adult reactions to trauma and disaster, there are answers to frequently asked questions, and suggestions for helping people cope with the tragedy. Whenever possible, it is useful to access the resources of trained professionals in helping individuals and communities recover from disaster. The activities, handouts and information included in this guide should be considered supplementary or supportive material in a comprehensive effort to address the psychosocial impact of disaster.

- Emotional health issues for survivors of disasters
- Common signs & signals of stress reactions
- Suggestions for coping with stress
- Children's reactions to disaster
- How can I help my family and myself?
- What you can do to help

Emotional health issues for survivors of disasters

Disasters affect people in many ways. In some disaster situations, it may mean loss of loved ones including relatives, friends, neighbors, or family pets. In others, it means loss of home and property, furnishings, and important or cherished belongings. Sometimes it means starting over with a new home or business. The emotional effects of loss and disruption may show up immediately or may appear many months later.

It is very important to understand that there is a natural grieving process following any loss, and that a disaster of any size will cause unusual and unwanted stress in those attempting to reconstruct their lives.

Some initial responses to disaster

- Fear
- Disbelief
- Reluctance to abandon property
- Disorientation and numbing
- Difficulty in making decisions
- Need for information
- Seeking help for yourself and your family
- Helpfulness to other disaster victims

Some later responses

- Change in appetite and digestive problems
- Difficulty in sleeping and headaches
- Anger and suspicion
- Apathy and depression
- Crying for no apparent reason
- Frustration and feelings of powerlessness over one′s own future
- Increased effects of allergies, colds, and flu
- Feelings of being overwhelmed
- Moodiness and irritability
- Anxiety about the future
- Disappointment with, and rejection of, outside help
- Isolating oneself from family, friends, or social activities
- Guilt over not being able to prevent the disaster
- Domestic violence

How do people respond differently over time?

It is important for you to realize that there is not one right way to react to a disaster,

Some people respond immediately, while others have delayed reactions – sometimes months or even years later. Some have difficulties for a long period of time, while others recover pretty quickly. People's reactions can change over time. Some people have a lot of energy at the beginning to help them with the challenge of coping, but later become discouraged or depressed. A number of factors tend to affect the length of time required for recovery, including:

- The degree of intensity and loss. Events that last longer and pose a greater threat, and where loss of life or substantial loss of property is involved, often take longer to resolve.
- Other stressful events preceding the traumatic experience. Individuals faced with other emotionally challenging situations, such as serious health problems or family-related difficulties, may have more intense reactions to the new stressful event and need more time to recover.
- If there is another disaster, expect that people, particularly children, will have a really tough time.

Common signs & signals of stress reaction

Physical signs

- Fatigue
- Nausea
- Muscle tremors
- Twitches
- Chest pain*
- Difficulty breathing*
- Elevated blood pressure
- Rapid heart rate
- Thirst
- Visual difficulties
- Vomiting
- Grinding of teeth
- Weakness
- Dizziness
- Profuse sweating
- Chills
- Shock symptoms*
- Fainting

** Indicates the need for urgent medical evaluation*

Cognitive signs

- Blaming others
- Confusion
- Poor attention
- Poor decisions
- Heightened or lowered alertness
- Poor concentration
- Memory problems
- Hyper-vigilance
- Difficulty identifying familiar objects or people
- Increased or decreased awareness of surroundings
- Poor problem solving
- Poor abstract thinking
- Loss of time, place, or person orientation
- Disturbed thinking
- Nightmares
- Intrusive images

Emotional signs

- Anxiety
- Guilt
- Grief
- Denial
- Severe panic (rare)
- Emotional shock
- Fear
- Uncertainty
- Loss of emotional control
- Depression
- Inappropriate emotional response
- Apprehension
- Feeling overwhelmed
- Intense anger
- Irritability
- Agitation

Behavioral signs

- Change in activity
- Change in speech patterns
- Withdrawal
- Emotional outbursts
- Suspiciousness
- Change in usual communications
- Loss or increase of appetite
- Alcohol consumption
- Inability to rest
- Antisocial acts
- Nonspecific bodily complaints
- Hyper-alert to environment
- Startle reflex intensified
- Pacing
- Erratic movements
- Change in sexual functioning

Suggestions for coping with stress

- Give yourself permission and time to grieve.
- Focus on your strengths and coping skills.
- Ask for support and help from your family, friends, church or other community resources. Join or develop support groups.
- Redefine your priorities and focus your energy and resources on those priorities.
- Set small realistic goals to help tackle obstacles. For example, reestablish daily routines for yourself and your family.
- Clarify feelings and assumptions about your partner. Remember that men and women react differently. Women tend to be caretakers and put others first. Men have difficulty acknowledging and expressing feelings of helplessness and sadness, and believe in "toughing it out."
- Eat healthy meals and exercise.
- Get enough rest to increase your reserve strength.
- Acknowledge unresolved issues and use the hurt and pain as a motivator to make the necessary changes to heal.
- Continue to educate yourself and family about normal reactions to a disaster.
- Talk to your children. Be supportive. Set an example by expressing your feelings and showing problem solving skills in dealing with family problems.
- Remember that you are not alone.

Children's reactions to disaster

Usually a child's emotional response to a disaster does not last long. However, be aware that some problems may not appear immediately or may recur months after the disaster. Talking openly with your children will help them to recover more quickly. If you feel your child may need additional help to recover from the disaster, contact a social worker or psychologist or physician.

Common reactions

- Crying and depression
- Inability to concentrate
- Bedwetting
- Withdrawal and isolation
- Thumb-sucking
- Not wanting to attend school
- Nightmares
- Headaches
- Clinging, or fear of being left alone
- Changes in eating and sleeping habits
- Regression to previous behaviors
- Excessive fear of darkness
- Fighting
- Increase in physical complaints

Some behaviors and activities that will help your child recover

- Hug and touch your child often.
- Reassure your child frequently that you are safe and together.
- Talk with your child about his or her feelings about the disaster. Share your feelings too. Give information the child can understand.
- Talk about what happened.
- Spend extra time with your child at bedtime.
- Allow children to grieve about their lost treasures: a toy, a blanket, a lost home.
- Talk with your child about what you will do if another disaster strikes.
- Let your child help in planning ahead and preparing for future disasters.
- Try to spend extra time together in family activities to begin replacing fears with pleasant memories.
- If your child is having problems at school, talk to the teacher so that you can work together to help your child.

How can I help my family and myself?

What can I do for myself?

There are a number of steps you can take to help you feel a sense of control over your life and a return to normalcy following a disaster or other traumatic experience:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and understand your situation. But keep in mind that your typical support system may be weakened if those who are close to you also went through the disaster or have experienced something similar.
- Communicate your experience in whatever ways feel comfortable to you, talking with close family, friends or colleagues, keeping a journal or writing about your experience in detail – either just for yourself, or to share.
- Healthy behavior will enhance your ability to cope with excessive stress.
- Eat well-balanced meals and get plenty of rest.
- If you have ongoing difficulties with sleep, you might feel better using relaxation techniques.
- Avoid alcohol and drugs.
- Establish or re-establish routines such as eating meals at regular times and following an exercise program.
- Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible, because these activities tend to be highly stressful.

How do I take care of children's special needs?

The intense anxiety and fear that often follow a disaster or other traumatic event can be especially troubling for children. Some may regress and demonstrate younger behaviors such as thumb-sucking or bed-wetting. Children may be more prone to nightmares and fear of sleeping alone. Performance in school may suffer. Other changes in behavior patterns may include throwing tantrums more frequently, or withdrawing and becoming more solitary.

There are several things parents and others who care for children can do to help alleviate the emotional consequences of trauma, including the following:

- Spend more time with children and let them be more dependent on you during the months following the trauma – for example, allowing your child to cling to you more often than usual. Physical affection is very comforting to children who have experienced trauma.
- Provide play experiences to help relieve tension. Younger children in particular may find it easier to share their ideas and feelings about the event through non-verbal activities such as drawing. Putting together a play or acting out events with dolls can also be helpful.
- Encourage older children to speak with you, and with one another, about their thoughts and feelings. This helps reduce their confusion and anxiety related to the trauma.

- Respond to questions in terms they can comprehend. Tell them over and over that you care about them and that you understand their fears and concerns.
- Keep regular schedules for activities such as eating, playing and going to bed to help restore a sense of security and normality.
- Tell them often that you love them.
- If the child asks, discuss the safety plan and family disaster plan.

What if I need professional help?

Some people are able to cope effectively with the emotional and physical demands brought about by a natural disaster or other traumatic experience by using their own support systems. It is not unusual, however, to find that serious problems persist and continue to interfere with daily living. For example, some may feel overwhelming nervousness or lingering sadness that adversely affects job performance and relationships.

Individuals with reactions that don't go away and disrupt their daily functioning should talk with a trained and experienced mental health professional. Counselors, psychologists and other mental health providers help educate people about normal responses to extreme stress. They work with individuals affected by disaster and trauma to help them find constructive ways of dealing with the emotional impact.

With children, continual and aggressive emotional outbursts, serious problems at school, preoccupation with the traumatic event, continued and extreme withdrawal, and other signs of intense anxiety or emotional difficulties all point to the need for professional assistance. A qualified mental health professional can help such children and their parents understand and deal with thoughts, feelings and behavior that result from disaster.

What you can do to help

Helping yourself and your family

- Recognize your own feelings.
- Talk to others about your feelings. This will help relieve your stress and help you realize that other people share your feelings.
- Accept help from others in the spirit in which it is given. Wouldn't you help them?
- Whenever possible, take time off and do something you enjoy.
- Get enough rest.
- Get as much physical activity as possible, such as running or walking.
- Give someone a hug; touching is very important.

Helping your child

- Talk with your child about his or her feelings and your feelings. You will find that many of your feelings are shared, regardless of your child's age.
- Encourage your child to draw pictures of the disaster. This will help you understand how he or she views what happened.
- Talk with your child about what happened, providing factual information that he or she can understand.
- Reassure your child that you both are safe. Repeat this assurance as often as necessary.
- Review safety procedures that are now in place, including the role your child can take.
- Hold your child. Touching provides extra reassurance that someone is there for him or her.
- Spend extra time with your child, especially at bedtime.
- Relax rules, but maintain family structure and responsibility.
- Praise and recognize responsible behavior.
- Work closely with teachers, day-care personnel, baby-sitters and others who may not understand how the disaster has affected your child.

Helping your community

- Listen when you can to those who are having problems.
- Share your own feelings about the disaster.
- Be tolerant of the irritability and short tempers others show – everyone is stressed at this time.
- Share information on assistance being offered and possible resources.