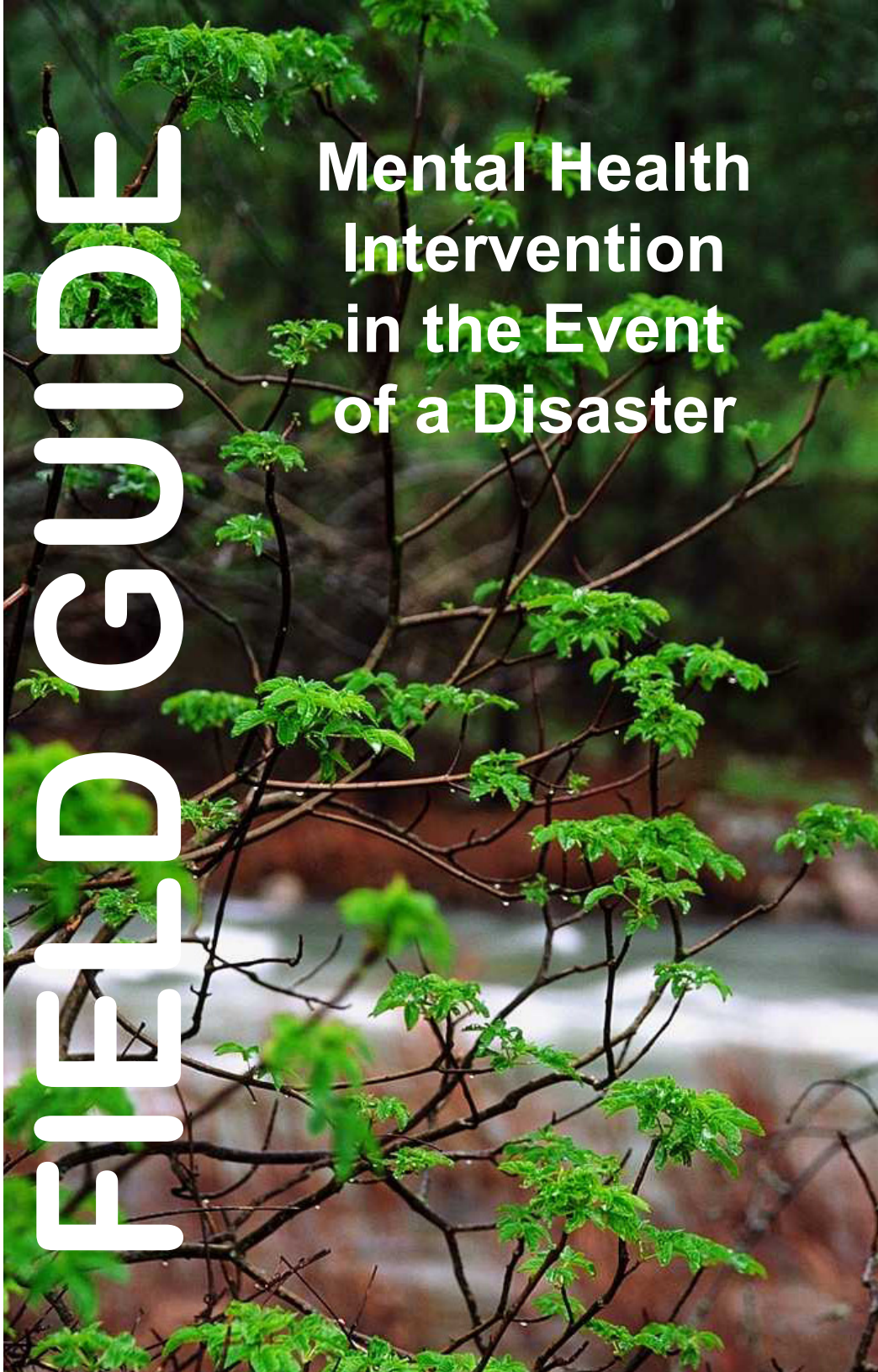
FIELD GUIDE
Mental Health Intervention in the Event of a Disaster

This publication is intended as a quick reference guide for persons responding to a disaster site.

Permission was granted to the Missouri Department of Mental Health by the Indiana Division of Mental Health to reprint this guide and distribute to agencies across Missouri.

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Table of Contents

XIV. Self-Care

Pre-deployment Preparation & Training

- NIMS training
- PFA training
- Personal/family plan
- Develop personal skills and competencies
- Make a self-care plan

Deployment Self-Care

- Participate in all meetings and know what's going on
- Recognize cognitive distortions
- Know when to take a break
- Be flexible
- Eat, drink, and exercise
- Practice your spirituality

Post-deployment

- Participate in after action meetings
- Catch up on your rest
- Exercise
- Be honest with yourself
- Give yourself time to process the event
- Find someone who will listen and tell your story

XIII. Community Response Phases

Consistent awareness of phases will assist responders with their intervention strategies.

Pre-Event

- Pre-impact phase
- Warning
- Threat

Event

- Impact

Post-Event

- Inventory
- Rescue
- Heroic
- Honeymoon — community cohesion
- Disillusionment
- Reconstruction…Remedy…Mitigation
- Adjustment
- Anniversaries and trigger events

I. Key Concepts

- No one who sees a disaster is untouched by it.
- Disaster stress and grief reactions are normal responses to an abnormal situation.
- Many emotional reactions of disaster survivors stem from new and/or existing problems of everyday living brought about or exacerbated by the disaster.
- Following a disaster, many individuals do not recognize the need for mental-health assistance.
- Survivors may reject disaster assistance of all types.
- Disaster mental health assistance is often more practical than psychological in nature.
- Disaster mental health assistance is a practical intervention targeting acute stress reactions and immediate needs.
- Mental health workers need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully after a disaster.
- Survivors respond to active, genuine interest and concern.
- Interventions must be appropriate to the phase of the disaster.
- Social support systems are crucial to recovery.
- Self-care for responders is essential.

II. Psychological First Aid

Objectives

- Establish a connection with survivors in a non-intrusive, compassionate manner.
- Provide physical and emotional support.
- Address immediate needs.
- Answer pressing questions and current concerns.
- Gather additional information.
- Offer practical assistance and information.
- Connect survivors to social support.
- Support and acknowledge coping efforts and strengths.
- Encourage survivors to take an active role in their own recovery.

Core Actions

- Contact and engagement
- Safety and comfort
- Stabilization
- Information gathering: needs/concerns
- Practical assistance
- Connections and social supports
- Information on coping
- Assist in connecting and working with agencies as well as services available to the community

XII. Spiritual Perspective

Traumatic events challenge assumptions about:

- Relationships among people and with personal spiritual beliefs
- Life, death, and the afterlife
- How people and the world should be
- How everyday life should be lived

Faith — As a result of trauma or disaster:

- Faith is reinforced
- Faith is challenged
- Faith is rejected
- Faith is transformed

When responding to spiritual issues:

- Don’t try to explain or ignore answers to spiritual questions
- Don’t try to impose spiritual answers on survivors
- Don’t validate or affirm a spiritual belief or interpretation – even if asked to do so
- Don’t give a spiritual response that you think the victim is looking for
- Do affirm the right to question their spiritual beliefs…normalize their search for spiritual answers
- Do assist in connecting survivors with their spiritual base and advisors

XI. At-Risk Populations

Any group of individuals whose unique characteristics may put them at risk during an event, especially those with language/cultural barriers.

- Children
- Elderly
- All responders
- Immigrants/Illegal Aliens
- Ethnic minorities
- Poor
- Displaced or alienated individuals
- Persons living alone
- Single parents
- Developmentally/Physically challenged
- Individuals with:
  - Limited social support network
  - Previous disaster or trauma exposure (PTSD survivors)
  - History of poor coping skills
  - Pre-existing psychopathology or emotional concerns
  - Pre-existing physical health concerns
  - Limited English proficiency
  - History of substance abuse/addiction

II. Psychological First Aid Continued…

Guidelines

- Be present…respect person's privacy…give alone time, if needed.
- Allow individuals to "tell their stories" without using leading and/or intrusive questions.
- Listen to survivor's story…not the story you want to hear or think they are going to tell.
- Be sensitive to culture and diversity.
- Be aware of your own values and biases and how these may coincide or differ with those of the community served.
- Be aware of possible mistrust, stigma, fear and lack of knowledge about relief services.
- Do not make assumptions about what a person is experiencing or that everyone will be "traumatized".
- Do not assume that everyone needs to talk with you.
- Look for threat of harm to self or others.
- Be aware if you need to connect person with someone else.
- Help move individual from "victim to survivor".
- Speak to adolescents in an adult-like manner, to avoid sounding condescending.

Remember Disaster/Trauma Can:

- Reduce ability to concentrate
- Disrupt attention span
- Disrupt cognitive skills
- Lead to regression in individuals and to less effective ways of coping
- Result in anger issues
- Increase substance use and abuse

III. Disaster Intervention Skills

Key Skills

- Listen
- Offer acceptance of what is said
- Be accessible

Active Listening

- Allow silence
- Attend non-verbally
- Reflect feelings
- Allow expression of emotions
- Clarify what is said to you

Problem-Solving

Workers can guide survivors through the problem-solving steps to assist with prioritizing and focusing action.

1. Identify and define the problem. “Describe the problems/challenges she/he faces right now.”
2. Assess the survivor’s functioning and coping. “How has she/he coped with stressful life events in the past? How is she/he doing now?”
3. Evaluate available resources.“Who might be able to help with this problem? What resources/options might help?”
4. Develop and implement a plan. “What steps will she/he take to address the problem?”

Core Interventions

- Clarification
- Reflection
- Summarizing
- Acknowledging
- Encouraging
- Focusing
- Informing
- Paraphrasing
- Questioning

X. Behaviors to Monitor

Immediate

- Denial or inability to acknowledge the situation occurred
- Shock…numbness
- Dissociate behavior…appearing dazed, apathetic
- Confusion
- Very emotional
- Disorganized
- Difficulty making decisions

Delayed (weeks or months)

- Increased:
  - Fears or anxiety
  - Aggression and oppositional behavior
  - Irritability and emotional liability
- Decreased:
  - Work or school performance
  - Concentration
  - Frustration tolerance
- Regression in behavior
- Depressive feelings
- Denial
- Sleep or appetite changes
- Withdrawal…social isolation
- Attention-seeking behavior
- Risk-taking behavior
- Physical problems
- Peer…work…family problems
- Unwanted, intrusive recollections…dreams
- Loss of interest in activities once enjoyed

IX. Delayed Trauma Responses Continued…

Physical

- Chronic low energy
- Stress related to medical problems
- Migraines
- Muscle and/or joint problems
- Frequent injuries
- Ulcers, colitis, high blood pressure, high cholesterol, heart irregularities

Spiritual

- Changes in relationships:
  Promiscuity
  Sudden separation, divorce, marriage, co-habitation
- Social withdrawal, isolation
- Fantastic view of life
- Little or no view of own future
- No clear sense of own wants or needs

IV. When to Refer

The following reactions, behaviors, and symptoms signal a need for the responder to consult with the appropriate professional, and in most cases, to sensitively refer the survivor for further assistance.

- Disorientation
- Significant Depression
- Anxiety
- Mental Illness
- Inability to care for self
- Suicidal or homicidal thoughts or plans
- Problematic use/abuse of alcohol or drugs
- Domestic violence, child abuse or elder abuse
- Prolonged, disruptive display of anticipated initial behavioral and emotional reactions to the disaster

V. Disaster Reaction/Intervention Suggestion Tables

Remember: trauma can result in regressive behavior.

AGES 1 THROUGH 5

Behavioral Symptoms

- Resumption of bed-wetting,thumb sucking, clinging to parents
- Fear of the dark
- Avoidance of sleeping alone
- Increased crying
- Unrealistic/inhibiting fear of event re-occurring

Physical Symptoms

- Loss of appetite
- Stomachaches
- Nausea
- Sleep problems, nightmares
- Speech difficulties
- Tics

Emotional Symptoms

- Anxiety
- Fear
- Irritability
- Angry outbursts
- Sadness
- Withdrawal
- Excessive crying

Intervention Suggestions

- Give verbal assurance and physical comfort
- Provide comforting bedtime routines
- Permit the child to sleep in parents' room temporarily
- Encourage expression regarding losses (i.e. deaths, pets, toys)
- Monitor media exposure to disaster trauma
- Encourage expression through play activities

IX. Delayed Trauma Responses

Cognitive

- Slowed thought processes
- Disorientation
- Cynicism
- "They" syndrome
- Hallucinations – escapism and/or flashbacks

Behavioral

- Change in behavior
- Withdrawal
- Silence/talkativeness
- Under/over eating
- Under/over sleeping
- Lack of interest in usual satisfying activities
- Over interest in anything that distracts
- Poor school/work performance…absences
- Problematic use/abuse of alcohol, drugs, and/or medications – possible relapse of previous addiction
- Sexual acting out
- Violence

Emotional

- Denial
- Derogatory labels
- Excessive use of jargon
- Sick or "carried away" humor
- Sense of "omnipotence"
- Intellectualization
- Excessive use of excuses
- Emotional abuse of others
- Unrealistic/inhibiting fear of event re-occurring

Immediate Trauma Responses Continued…

Physical

- Fatigue that sleep does not alleviate
- Flare-ups of old medical problems
- Headaches
- Muscle and/or joint discomfort
- Digestive problems
- Sleep disturbances
- Hyperventilation

Spiritual

- Changes in relationships with:
  - Family members
  - Friends
  - Co-workers
  - Self
  - Higher Power
- Questioning beliefs and values
- Re-evaluation of life structure

V. Disaster Reaction/Intervention Suggestion Tables Continued…

AGES 6 THROUGH 11

Behavioral Symptoms

- Decline in school performance
- Aggressive behavior at home and/or school
- Hyperactivity or silly behavior
- Whining, clinging, acting like a younger child
- Increased competition with younger siblings for parents' attention
- Unrealistic/inhibiting fear of event re-occurring

Physical Symptoms

- Change in appetite
- Headaches
- Stomachaches
- Sleep disturbances, nightmares

Emotional Symptoms

- School avoidance
- Withdrawal from friends, familiar activities
- Angry outbursts
- Obsessive preoccupation with disaster, safety

Intervention Suggestions

- Give attention and consideration
- Relax expectations of performance at home/school temporarily
- Set gentle/firm limits on acting out
- Provide structured but undemanding home chores and rehabilitation activities
- Encourage expression (verbal and play) of thoughts and feelings
- Listen to the child's repeated retelling of a disaster event
- Involve the child in preparation of family emergency kit, home drills; rehearse safety measures
- Coordinate school disaster program: peer support, expressive activities, disaster education and planning, identify at-risk children

V. Disaster Reaction/Intervention Suggestion Tables Continued…

AGES 12 THROUGH 18

Behavioral Symptoms

- Decline in academic performance
- Rebellion at home and/or school
- Decline in previous responsible behavior
- Agitation or decrease in energy level, apathy
- Delinquent behavior
- Social withdrawal
- Substance use

Physical Symptoms

- Appetite changes
- Headaches
- Gastrointestinal problems
- Skin eruptions
- Complaints of vague aches and pains
- Sleep disorders

Emotional Symptoms

- Loss of interest in peer social activities, hobbies, recreation
- Sadness or depression
- Resistance to authority
- Feelings of inadequacy and helplessness

Intervention Suggestions

- Give attention and consideration
- Relax expectations of performance at home/school temporarily
- Encourage discussion of disaster with peers, significant adults
- Avoid insistence on discussion of feelings with parents
- Encourage physical activity
- Rehearse safety measures
- Encourage resumption of social activities, athletics, clubs, etc.
- Encourage participation in community rehabilitation and reclamation
- Coordinate school disaster program: peer support, expressive activities, disaster education and planning, identify at-risk children

VIII. Immediate Trauma Responses

Cognitive

- Memory impairment
- Slowed thought process
- Difficulty:
  - making decisions
  - solving problems
  - concentrating
  - calculating
- Limited attention span
- Surreal
- Recurring/intrusive images or dreams

Behavioral

- Changes in behavior
- Withdrawal
- Silence or talkativeness
- Under/over eating
- Under/over sleeping
- Improper humor
- Lack of interest in usual satisfying activities
- Excessive interest in anything that distracts
- Relapse in chemically dependent person
- Problematic use/abuse of alcohol, drugs, and/or medications

Emotional

- Flood of emotions – anxiety, fear, joy, loneliness, anger, confusion, guilt
- Irritability
- Depression
- Helplessness
- Hopelessness
- Overwhelmed…numb
- Unrealistic/inhibiting fear of event re-occurring

VII. Population Exposure Model

Use of these groupings may assist Team Leaders in developing a Psychological First Aid plan for the affected community.

Group I

- Seriously injured victims
- Bereaved family members

Group II

- Victims with high exposure to trauma
- Victims evacuated from disaster zone

Group III

- Bereaved extended family members and friends
- Rescue and recovery workers with prolonged exposure
- Medical examiner's office staff
- Service providers directly involved with death notification and bereaved families

Group IV

- People who lost their homes, jobs, pets, valued possessions
- Mental health providers
- Clergy, chaplains, spiritual leaders
- Emergency health care providers
- School personnel involved with survivors, families or victims
- Media personnel

Group V

- Government officials
- Groups that identify with target victim group
- Businesses with financial impacts

Group VI

- Community-at-large

V. Disaster Reaction/Intervention Suggestion Tables Continued…

ADULTS

Behavioral Symptoms

- Sleep problems
- Avoidance of reminders
- Excessive activity level
- Crying easily
- Increased conflicts/abuse/domestic violence with family
- Hypervigilance
- Isolation, withdrawal
- Problematic use/abuse of alcohol/drugs/medications

Physical Symptoms

- Fatigue, exhaustion
- Gastrointestinal distress
- Appetite changes
- Sleep pattern complaints
- Worsening of chronic conditions

Emotional Symptoms

- Depression, sadness
- Irritability, anger
- Anxiety, fear
- Despair, hopelessness
- Guilt, self-doubt
- Mood swings

Intervention Suggestions

- Provide supportive listening and opportunity to talk in detail about disaster experience
- Assist with prioritizing and problem solving
- Offer assistance for family members to facilitate communication and effective functioning
- Assess and refer when indicated
- Provide information on stress, coping, family and children's reactions
- Provide information on referral resources

V. Disaster Reaction/Intervention Suggestion Tables Continued…

OLDER ADULTS

Behavioral Symptoms

- Withdrawal and isolation
- Reluctance to leave home
- Mobility limitations
- Relocation adjustment problems
- Symptoms from loss or overuse of medications

Physical Symptoms

- Worsening of chronic conditions
- Sleep disorders
- Memory problems
- More susceptible to hypo/hyperthermia
- Physical and sensory limitations may interfere with recovery
- Symptoms from loss or overuse of medications

Emotional Symptoms

- Depression/Apathy
- Despair about losses
- Confusion, disorientation
- Suspicion
- Agitation, anger
- Anxiety with unfamiliar surroundings
- Embarrassment about receiving "handouts"
- Symptoms resulting from loss or overuse of medications

Intervention Suggestions

- Provide strong and persistent verbal reassurance
- Provide orienting information
- Use multiple assessment methods as problems may be under reported - especially medications
- Assist with possession recovery
- Obtain medical/financial assistance
- Reestablish family/social contacts
- Encourage discussion of disaster losses and expression of emotions
- Provide and facilitate referrals for disaster assistance
- Engage service providers of transportation, meals, home chores, health and visits as needed

VI. Communicating with the Public

Always refer media to the Public Information Officer (PIO) first.

TIPS

- Do no harm. Your words have consequences – select them carefully.
- Use empathy and care — focus more on informing than impressing them. Use everyday language.
- Do not over-reassure.
- Say only those things you would be comfortable reading on the front page.
- Don't use "No Comment." It will look like you have something to hide.
- Don't get angry. When you argue with the media, you always lose… publicly.
- Acknowledge people's fears.
- Don't speculate, guess or assume. If you don't know something, say so.
- Advise survivors on media interaction.

When making a statement to the public or press, build trust and credibility with these guidelines:

A Framework for a Message

- Express your personal concern
- Explain the organization's commitment/intent
- Explain the crisis response team's work

Key Message

- Have a maximum of three talking points
- Provide information to support the three talking points

Conclusion

- Have a summarizing statement