

DISASTER RESILIENCY FOR COMMUNITY AND PROFESSIONAL RESPONDERS

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PARTICIPANT WORKBOOK

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DISASTER RESILIENCY FOR COMMUNITY AND PROFESSIONAL RESPONDERS

CURRICULUM OUTLINE

OBJECTIVES

- ✓ To learn the basics of disaster awareness for individuals, families and organizations (assessment and planning, physical protection, response capacity development).
- ✓ To acquire the knowledge, behavior and attitudes of a role model, applying and promoting basic disaster awareness and disaster risk reduction into personal and professional culture and practice.
- ✓ To learn about normal behavior under abnormal conditions.
- ✓ To discover community responder roles in disaster mental health .
- ✓ To learn the foundations of disaster mental health and the basic principals and skills of psychological first aid.
- ✓
- ✓ To learn trauma identification and referral skills.
- ✓ To develop and reinforce awareness of stress & coping mechanisms. loss and grief.
- ✓ To learn active listening skills.
- ✓ To learn acute intervention techniques to assist people the immediate aftermath of a disaster.
- ✓ To develop resiliency building tools for self, clients, and community.

DISASTER RESILIENCY FOR COMMUNITY AND PROFESSIONAL RESPONDERS

CURRICULUM CONTENTS

PART I: DISASTER AWARENESS , RISK REDUCTION AND RESILIENCY FOR FAMILIES AND CHILD CARE PROVIDERS (3-4 hours)

Introduction and Pre-test (1-14)
Hazards and Risks (especially Earthquakes) (15-33)
Disaster Risk Reduction for Everyone (34-149)
During and After A Disaster (150-172)
(N.B. Shorter version is also available - 90 slides, 2 hours)

PART II: DISASTER RESILIENCY FOR COMMUNITY RESPONDERS (3-4 hours depending on skills of group)

Introduction (1-5)
Disaster Mental Health Backgrounder (7-29)
Community Responder Roles (30-51)
Supportive Communications (52-88)
Acute Period Interventions (89-98)
Vulnerable Populations (99-111)
Loss and Grief (112-122)
Help for the Helper (123-127)

PART III: DISASTER RESILIENCY FOR PROFESSIONAL RESPONDERS (3 hours)

Developing Disaster Resilience (1-11)
Psychological First Aid (12-38)
Loss and Grief (39-47)
Help for the Helpers (48-59)
What's Next (60-62)

DISASTER RESILIENCY FOR COMMUNITY RESPONDERS WORKBOOK CONTENTS

List of Exercises

N.B. Exercises are embedded in presentation slides. Where handouts are needed they are included in this workbook.

PART I: DISASTER AWARENESS, RISK REDUCTION AND RESILIENCY FOR FAMILIES & CHILD CARE PROVIDERS

- Exercise #1: Pre-test - How Prepared Are You?
- Exercise #2: Family Disaster Plan
- Exercise #3: Disaster Hazard Hunt
- Exercise #4: Pull Aim Squeeze Sweep
- Exercise #5: Drop, Cover & Hold on
- Exercise #6: Post-Disaster Mobilization with Volunteers using ICS
- Exercise #7: Make Yourself a Promise

PART II: DISASTER RESILIENCY FOR COMMUNITY RESPONDERS

- Exercise #1: Scenario
- Exercise #2: Community Responders: Attributes and Skills
- Exercise #3: Loss Accommodation after Mass Fatalities
- Exercise #4: How Will You Cope?
- Exercise #5: Problem-Solving
- Exercise #6: Resiliency-Building Tools

PART III: DISASTER RESILIENCY FOR PROFESSIONAL RESPONDERS

- Exercise #1: Personal Space
- Exercise #2: Nonverbal expressions
- Exercise #3: Facial Expression
- Exercise #4: Supportive Statements
- Exercise #5: Active Listening
- Exercise #6: Paraphrase Practice
- Exercise #7: Cultural Awareness
- Exercise #8: Defusion Practice

APPENDICES

- Human Responses To Disaster
- Normal Reactions To An Abnormal Situation
- Age Appropriate Interventions
- Referrals For Mental Health Evaluation
- Advice For Working With Parents After A Disaster
- References
- Key Web Links Related To Disaster Resiliency



Family Disaster Plan

Check when completed.

Bold items, and a minimum of 5 additional items are required for instructor candidates.

ASSESSMENT & PLANNING	
<input type="checkbox"/>	We held a family disaster planning meeting, identified our risks and used this checklist for our planning. (household, extended family, or family of one)
<input type="checkbox"/>	We identified the safest places in the house and in each room in case of earthquake, fire, or hazardous materials release. (Away from windows, large and heavy objects that can fall, and objects like heaters that can cause fire.)
<input type="checkbox"/>	We identified exits and alternative exits from our house and building.
<input type="checkbox"/>	We searched for and identified non-structural hazards in our environment.
<input type="checkbox"/>	We know our out-of-area contact person(s) and phone number(s): (ideally cell phone for text messaging) It's: _____
<input type="checkbox"/>	We know that we will only use the telephone in case of physical emergency after an earthquake. We will use radio and television for information.
<input type="checkbox"/>	We know where we would reunite Inside the house: _____ Outside the house: _____ Outside the neighborhood: _____ and we have a secret message drop location outside our house.
<input type="checkbox"/>	We made our copies of important documents, and key addresses and phone numbers. We have one set with our out-of-area contact and/or we keep one in our earthquake bag.
<input type="checkbox"/>	We have met with our childcare provider(s) and have reviewed a similar plan and check list with them. We have participated in similar plans at our schools and workplaces.
<input type="checkbox"/>	We plan to review our plan again every 6 months.
<input type="checkbox"/>	We are spreading the word to everyone we know.

Please turn over...

PHYSICAL PROTECTION

<input type="checkbox"/>	We have fastened tall and heavy furniture, appliances, large electronics, lighting fixtures and other items that could kill us or our children, to wall stud or stable surface.
<input type="checkbox"/>	We know never to light a match, lighter, or any other flame after an earthquake until we are sure there is no danger of escaping gas anywhere around.
<input type="checkbox"/>	Our building has been designed and built according to seismic codes, or it has been inspected by a qualified engineer, and required repair or retrofit has been completed.
<input type="checkbox"/>	We maintain our building, protecting it from damp, and repairing damage when it occurs.
<input type="checkbox"/>	We have put latches on kitchen cabinets, secured televisions, computers and other electronic items, and hung pictures securely on closed hooks to protect ourselves from things that could injure us, or would be expensive to replace.
<input type="checkbox"/>	We have a fire extinguisher and maintain it once a year.
<input type="checkbox"/>	We have secured family heirlooms and items of cultural value that could be lost to future generations.
<input type="checkbox"/>	We have limited, isolated, and secured any hazardous materials to prevent spill or release.
<input type="checkbox"/>	We keep shoes and flashlights with fresh batteries, by our beds.
<input type="checkbox"/>	We have protected ourselves from glass breaking with heavy curtains or window film

RESPONSE CAPACITY: SUPPLIES & SKILLS

<input type="checkbox"/>	We know how to use a fire extinguisher.
<input type="checkbox"/>	We know how to turn off our electricity, water and gas.
<input type="checkbox"/>	We have gathered survival supplies in our home and made up evacuation bags for our home and car. (including 1 gallon of water per person per day and food for 3 days, prescription medications, water, high energy food, flashlight, battery, first aid kit, cash, change of clothing, toiletries and special provisions we need for ourselves, including elderly, disabled, small children, and animals.)
<input type="checkbox"/>	We know principles of incident command systems or standard emergency management systems for organizing post-disaster self-help in our community.
<input type="checkbox"/>	We have learned first aid, light search and rescue, fire suppression, wireless communication or community disaster volunteer skills.



Workplace, School or Organization Disaster Plan

Assign responsible person or group to each task. Check and date when completed.

ASSESSMENT & PLANNING	
<input type="checkbox"/>	We hold staff, school, or organization meetings to develop and review our disaster mitigation, preparedness and response plan, regularly. We have considered the emergencies that could affect us (natural & environmental disasters, organized or deliberate disruption, loss of utilities and services, equipment and system failures, information security incidents) We have considered and prioritized employee, visitor, customer, operational, service, revenue liability and good will risks.
<input type="checkbox"/>	We have assessed and are addressing physical risks posed by buildings, building non-structural elements and building contents.
<input type="checkbox"/>	We have a plan for reducing hazards, improving life safety, employee training, financial planning and managing post-earthquake operations.
<input type="checkbox"/>	We have conducted a business impact analysis considering regional impacts, impacts on suppliers, market change, internal resources, impacts on customers, outside assistance. We have considered key business processes and dependencies, operational impact and maximum downtime, critical equipment, mission critical records, communication network and system requirements.
<input type="checkbox"/>	We have plans for alternate locations to continue operations
<input type="checkbox"/>	We have insurance coverage to pool economic risks.
<input type="checkbox"/>	We have site and neighborhood maps and have identified alternate staging and evacuation locations.
<input type="checkbox"/>	We encourage employees, volunteers and customers to prepare for disasters at home.

Please turn over...

PHYSICAL PROTECTION

<input type="checkbox"/>	Our building has been located appropriately, designed and built according to seismic codes, or it has been inspected by a qualified engineer, and required repair or retrofit has been completed.
<input type="checkbox"/>	We maintain our building, protecting it from damp, and repairing damage when it occurs.
<input type="checkbox"/>	We have fastened tall and heavy furniture, secured computers, televisions and other electronic equipment, supplies, propane gas tanks, water tanks, lighting fixtures and other items that could kill, injure, impair continuation of business or services, or destroy cultural heritage.
<input type="checkbox"/>	We have put latches on cabinets, and hung pictures securely on closed hooks to protect ourselves from things that could injure us, or would be expensive to replace.
<input type="checkbox"/>	We have smoke detectors, fire alarms, automatic sprinkler systems, fire hoses, fire extinguishers, and automatic emergency lighting, and maintain these. Our building exit routes are marked. We conduct building evacuation drills twice yearly.
<input type="checkbox"/>	We have limited, isolated, and secured any hazardous materials to prevent spill or release.
<input type="checkbox"/>	We have off-site back up of critical information. (including student emergency contacts and release permissions.)

RESPONSE CAPACITY: SUPPLIES & SKILLS

<input type="checkbox"/>	We have emergency supplies for staff and customers to last the first 72 hours (including 4 liters of water per person per day and food for 3 days, first aid supplies, emergency power, emergency lighting, basic response supplies, alternate communications, alternate transportation, shelter and sanitation supplies)
<input type="checkbox"/>	We have learned first aid, mass casualty triage, light search and rescue, fire suppression, wireless communication, emergency power operation, and community disaster volunteer skills.
<input type="checkbox"/>	We know how to turn off our electricity, water and gas.
<input type="checkbox"/>	We know the principles of incident command systems or standard emergency management systems for organizing post-disaster self-help.
<input type="checkbox"/>	We have plans to use our resources for mutual aid and to support local community response.



Earthquake Hazard Hunt

The Earthquake Hazard Hunt should begin at home, with all family members participating. Imagination and common sense are all that are needed as you go from room to room and think about what will happen when the earth starts shaking. Check for objects that may slide, fall, and fly where people spend the most time - where they sleep, eat, work and play. Do some detective work! Make a list of what needs to be done and do them one by one until it's finished!



As you tackle what needs to be done, prioritize the items as follows:

1. **Secure life threatening items first (eg., wardrobes in bedroom or things blocking exits).**
2. **Secure things that are expensive or could cause injury (eg., computer, TV, equipment).**
3. **Secure items with personal and cultural value (eg., family heirlooms, breakables).**

- Move heavy items below the head level of the shortest family member.
- Tightly secure tall and heavy furniture to walls (including kitchen cabinets).
- Make sure appliances and hot water heaters are secure.
- Fasten liquid propane gas tanks and other gas cylinders to the wall.
- Protect yourself from glass that may break into large shards (eg. with long curtains, strengthened glass, rearrange furniture).
- Secure heavy and important electronic items.
- Secure lighting fixtures to ceiling.
- Fasten pictures on closed hooks.
- Check for any hazardous (poisonous, flammable, explosive) materials and make sure they are secure.
- Use safety latches that will hold shut during a quake, on kitchen cabinets and other storage areas.

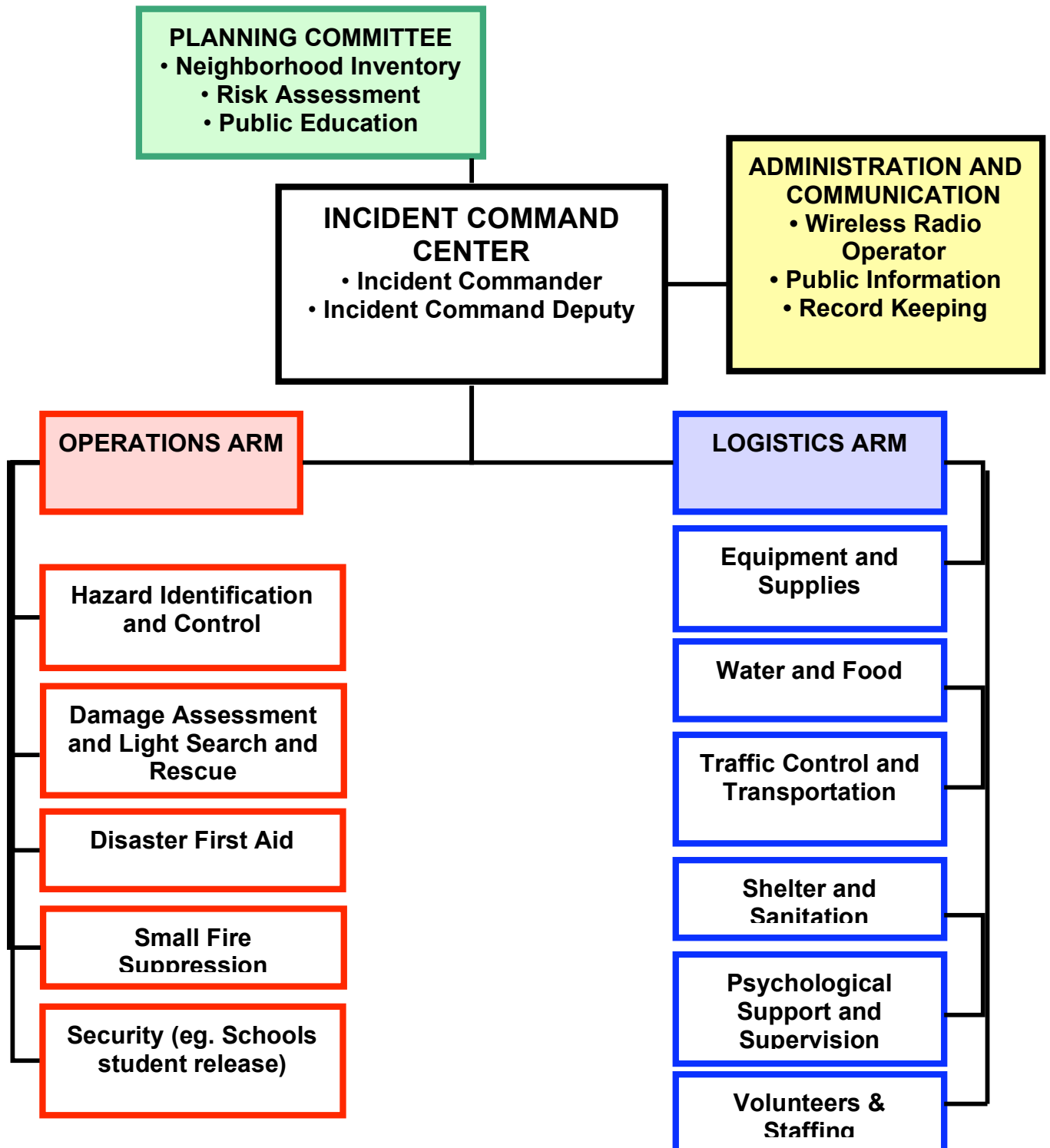


Hazards We Found:

Dates Corrected:

Exercise #6: Mobilizing Volunteers using Incident Command Systems

The Incident Command System chart below shows the main functions needed in post-disaster response, at the community-level. Planning and training before hand make this more powerful, but even knowing this gives you important information for using the skills of those around you, organizing convergent volunteers after a disaster.



Exercise #7: Make Yourself A Promise

Take another look at the Family Disaster Plan.

What steps have you already taken?

What steps do you still need to take?

On a piece of paper, write down the three next steps that you plan to take. Memorize these. Make a promise to yourself and your family to take action on these.

Exchange the piece of paper with a friend or colleague. Support each other over the next few weeks, to take these steps.

PART II: COMMUNITY RESPONDERS

Exercise #1: Scenario Experience for Children/Family Services Agency Scenario for Role Play (30 mins)

Please adapt the scenario for the likeliest types of hazards and the agencies you are working with to mirror the kinds of experiences that participants might personally expect to experience.

At 3p.m. on a Wednesday in November, the largest earthquake you have ever felt has struck on the San Andreas fault. The ground has shaken for a minute and a half. There is significant non-structural damage in your building, but nothing hazardous beyond broken glass. Your building is structurally sound. Outside in the neighborhood there are several badly damaged buildings, many people are injured, some are dead. There are many buildings with huge broken plate glass windows, fallen cases, stock, etc. You can see smoke in the distance. There is water from broken pipes bubbling up in a couple of places down the street. Electricity is out in the whole neighborhood.

All agency personnel have done their family disaster plan at home. They know that their school age children will be cared for at school. Most are reasonably confident that their family members will be helped by the people immediately around them. You know where they will meet up with your families.

Count off into groups (5-7)

In each group 1 should volunteer to be an observer/reporter, and take notes. One line staff member should play the role of agency personnel. The rest of you are impacted survivors (see each scenario for details). If there are 4 in this category, 1 may be a trained community responder (eg CERT member, police, firefighter, teacher, Red Cross disaster responder)

Facilitator: Complete scenario cards on the next page and distribute only 1 card to each of 2-4 groups. Ask survivors to meet with you for 5 minutes.... to coach them in a range of roles, emotions, and situations for role play. Allow 20 mins. for role playing and 10 mins. for initial processing. The three different time frames following the same event will allow for recognition of how needs and roles change over time. The scenario will provide a reference point for the subsequent exercises as well.

Scenario Cards (1 CARD TO EACH GROUP)

➤ GROUP 1: TIME: 3:15 PM WEDNESDAY PLACE: Work

You are at work. There is a group of children and parents, and a few others in the building. During the shaking, most did "drop, cover and hold" as you had practiced. Despite your instructions, two people have run outside, and one was injured in the process. Inside one of the children is slightly injured.

You have led a careful evacuated from your building into the pay area outside. No one is seriously injured and building damage seems limited to some fallen contents of shelves and suspended ceilings. In the buildings around you however, there is a lot of broken glass, fallen contents. Several people outside have injuries. In a nearby building some people are trapped by fallen shelving and shouting for help.

➤ GROUP 2 TIME: 6:00 PM WEDNESDAY PLACE: On your way home

Same scenario... but it is now 3 hours later.

➤ GROUP 3: TIME: 10 AM FRIDAY PLACE: Work

Same scenario... but it is now 36 hours later.

Exercise #1: DISCOVERY AREAS:

➤ What needs do survivors have?

.....
.....

➤ What roles do community responders to play?

.....
.....

➤ What skills do community responders need?

.....
.....

➤ What attributes make responders particularly effective?

.....
.....

➤ What kind of behavior did survivors exhibit?

.....
.....

➤ How did you feel?

.....
.....

➤ Did survivors participate in helping one another?

.....
.....

➤ What do you wish you could do?

.....
.....

➤ Where did you feel frustrated, anxious or inadequate?

.....
.....

Exercise #2: Community Responders: Attributes and Skills

➤ **What main attributes and skills should a volunteer have when offering psychological support? Spend 5 minutes brainstorming and writing down those characteristics that are desirable.**

➤

.....

.....

.....

.....

Zagurski, R., Bulling, D., Chang, R. 2004

➤ **For mental health professionals: What are some of the differences between traditional clinical mental health and post-disaster mental health work roles and skills?**

➤

.....

.....

➤ **For mental health professionals: What problems do you think responders face in offering post-disaster mental health support?**

➤

.....

.....

Exercise #3: Loss Accommodation after Disasters

➤ **What are cultural practices for coping with normal grief are you aware of in your community? Discuss different traditions**

➤
.....
.....

➤ **How are these impacted by disaster?**

➤
.....
.....

➤ **Creative ways to replace social rituals**

➤
.....
.....

Exercise #4: How Will You Cope?

➤ **Think for a few minutes, and make some notes about how you might use some of these channels to cope, yourself, after a disaster.**

➤ Thinking.....

.....

➤ Feeling.....

.....

➤ Social Interaction.....

.....

➤ Beliefs.....

.....

➤ Imagination.....

.....

➤ Physicality.....

.....

Share your notes in a small group

Exercise #5: Problem-Solving

➤ **Let's try it - one step at a time. Think about a problem that you currently face.**

➤ Relax.....

.....

➤ Identify the problem.....

.....

➤ Brainstorm.....

.....

➤ Evaluate.....

.....

➤ Choose one to say "yes" to.....

.....

➤ Encourage.....

.....

Exercise #6: Resiliency-Building Tools

A. Resiliency Conditions

Nan Henderson, 2004 www.resiliency.com

Answer yes or no to the first set of questions. Celebrate your “yes” answers. Think about how to change any “no” answers to “yes”

1. Caring and Support

_____ I have several people in my life who give me unconditional love, nonjudgmental listening, and who I know are "there for me."

_____ I am involved in a school, work, faith or other group where I feel cared for and valued.

_____ I treat myself with kindness and compassion, and take time to nurture myself (including eating right and getting enough sleep and exercise).

2. High Expectations for Success

_____ I have several people in my life who let me know they believe in my ability to succeed.

_____ I get the message "You can succeed" at my work or school.

_____ I believe in myself most of the time, and generally give myself positive messages about my ability to accomplish my goals - even when I encounter difficulties.

3. Opportunities for Meaningful Participation

_____ My voice (opinion) and choice (what I want) is heard and valued in my close personal relationship.

_____ My opinions and ideas are listened to and respected at my work or school

_____ I provide service through volunteering or help others or a cause in my community, faith organization, or school

4. Positive Bonds

_____ I am involved in one or more positive after-work or after-school hobbies or activities

_____ I participate in one or more groups (such as a club, faith community, or sports team) outside of work or school.

_____ I feel "close to" most people at my work or school.

5. Clear and Consistent Boundaries

_____ Most of my relationships with friends and family members have clear, healthy boundaries (which include mutual respect, personal autonomy, and each person in the relationship both giving and receiving).

_____ I experience clear, consistent expectations and rules at my work or in my school

_____ I set and maintain healthy boundaries for myself or standing up for myself, not letting others take advantage of me, and saying "no" when I need to.

6. Life Skills

_____ I have (and use) good listening, honest communication, and healthy conflict resolution skills

_____ I have the training and skills I need to do my job well, or all the skills I need to do well in school.

_____ I know how to set a goal and take the steps to achieve it.

B. Personal Resiliency Builders Individual Qualities that Facilitate Resiliency

Nan Henderson, 2004 www.resiliency.com

Put a "+" by the top three or four resiliency-builders you use most often. Ask yourself how you have used these in the past or currently use them. Think of how you can best apply these resiliency builders to current life problems, crisis, or stressors.

(Optional you can then put a check by one or two resilience builders you think you should add to your personal repertoire.)

- Relationships - sociability / ability to be a friend / ability to form positive relationships
- Humor - Has a good sense of humor
- Inner Direction - Bases choices / decisions on internal evaluation (internal locus of control)
- Perceptiveness - Insightful understanding of people and situations
- Independence "Adaptive" distancing from unhealthy people and situations / autonomy
- Flexibility - Can adjust to change; can bend as necessary to positively cope with situations
- Love of Learning - Capacity for and connection to learning
- Self-motivation - Internal initiative and positive motivation from within
- Competence Is "good at something" / personal competence
- Self-Worth - Feelings of self-worth and self-confidence
- Spirituality - Personal faith in something greater
- Perseverance - Keeps on despite difficulty; doesn't give up
- Creativity - Expresses self through artistic endeavor.

Exercises #7A: Cross-Cultural Communication

From Zagurski, R., Bulling, D., Chang, R. 2004

Divide into groups of three:

➤ **Survivor:** You have just lost your home to an earthquake. You are trying to find out what assistance you qualify for, since you had no insurance.

➤

.....

.....

➤ **Responder:** Use the skills discussed in this module.

➤

.....

.....

➤ **Observer:** Concentrate on the person in the listener role. Look for: *Active listening Door openers, Paraphrasing, Open-ended questions, Non-verbal skills*

➤

.....

.....

Exercises #7B: Cross-Cultural Communication

(from Cohen, R. 2000 p. 11-14)

Poor communication is often the result of multiple factors. Please indicate below the five items that you believe are the most serious barriers to effective cross-cultural communication.

1.	Sender has poor knowledge of subject or is inadequately prepared.
2.	Sender does not believe in message or approach behind it.
3.	Receiver has poor knowledge of subject or is inadequately prepared
4.	Receiver is not interested in subject.
5.	Sender or receiver is temporarily preoccupied
6.	Unintentional failure of people to say what they mean.
7.	Sender and receiver have very different vocabularies, values, worldview.
8.	Cultural differences between communicators set up social distance.
9.	Socioeconomic differences between communicators
10.	Communicators have different assumptions.
11.	Status differences between communicators.
12.	One of the communicators has negative or hostile reactions to the other.
13.	One of the communicators tends to be deferential or passive in relation to the other.
14.	One or both parties is unintentionally mis-communicating.
15.	Outside interference or distractions
16.	Pressure of time.
17.	Inadequacy of words to express difficult concepts, relationships, or situations.
18.	Same words have different meanings.
19.	Inadequate feedback system.
20.	Sender and receiver belong in different subgroups.
21.	Differences in age between persons.
22.	(Any other you've identified?)

After you select five items that impede communication between a counselor and a survivor of different cultures, suggest methods to minimize the cultural gaps.

Exercises #7C: Developing Cross-Cultural Awareness

(from Cohen, R. 2000 p. 11-14)

Objective of this exercise:

1. To begin questioning the processes by which we infer correlates and reasons for observable behavior (i.e., what do we think certain behavior represents or means?)

2. To analyze certain cultural-normative behaviors against which individual behavior might be measured, understood, and supported.

3. To examine and understand one's own reaction to a crisis experience in a cultural setting different from that with which one ordinarily identifies.

Choose a case that highlights cultural differences and cast the post-disaster crisis counselor in an unfamiliar role-simulation of a survivor from another culture, so that the counselor becomes aware of his/her own culturally bound values in interpreting someone else's behavior.

Please circle the number that you feel best described the counselor's behavior.

		Performance Level High - Low		
1.	Helps the helper feel comfortable.	1	2	3
2.	Defines purpose of the interview.	1	2	3
3.	Clarifies own role as helping person.	1	2	3
4.	Establishes rapport with survivors.	1	2	3
5.	Uses appropriate vocabulary.	1	2	3
6.	Responds appropriately to survivor's questions.	1	2	3
7.	Asks facilitating questions.	1	2	3
8.	Addresses the presenting problem appropriately.	1	2	3
9.	Facilitates the taking of important decisions.	1	2	3
10.	Allows survivor expression with minimal inappropriate interruptions.	1	2	3
11.	Has respectful and attentive manner.	1	2	3
12.	Shows knowledge of resources to deal with survivors' complaints and refers to appropriate agency.	1	2	3
13.	Shows understanding of survivors' socio-cultural context in dealing with problems.	1	2	3
14.	Conveys reassurance or hope that problems can be resolved.	1	2	3
15.	Educates survivor in how to deal with problems related to the post-disaster reality.	1	2	3
Please answer the following as though you were a survivor.				
16.	How well did this counselor deal with your complaint?	1	2	3
17.	How well did this counselor understand your problem?	1	2	3
18.	How much would you want to return to this person if you needed other kinds of help?	1	2	3

APPENDICES:

Human Responses To Disaster

Normal Reactions To An Abnormal Situation

Age Appropriate Interventions

Referrals For Mental Health Evaluation

Advice For Working With Parents After A Disaster

References

Key Web Links Related To Disaster Resiliency

HUMAN RESPONSES TO DISASTER: NORMAL REACTIONS TO AN ABNORMAL SITUATION

EMOTIONAL

- anxiety, shock, disbelief
- anger, suspicion
- terror, crying
- guilt, grief, shame, irritability
- apathy, depression, helplessness, powerlessness, despair
- moodiness and irritability, loss of pleasure from regular activities, dissociation, mood-swings, frustration,
- feelings of powerlessness, disappointment, apathy
- anxiety about the future
- rejection of outside help



COGNITIVE

- inability to concentrate
- difficulty making decisions
- confusion
- distortion
- intrusive thoughts
- decreased self-esteem
- decreased self-efficacy
- self-blame



PHYSICAL

- changes in appetite
- fatigue, insomnia, difficulty sleeping
- hyper-arousal
- headaches, gastrointestinal problems, other somatic complaints, impaired immune response, increased illness
- decreased libido



PSYCHOSOCIAL & BEHAVIORAL

- alienation
- disappointment with and rejection of outside help
- social withdrawal from family and friends
- increased stress within relationships
- inability to enjoy normal activities
- increased alcohol, cigarette use
- vocational impairment
- domestic violence



Age Appropriate Interventions

(from Myers and Wee, based on: DeWolfe (2000), Farberow and Gordon (1981), Lystand (1985) Myers (1989), Norris et al. (2002a), Phynoos and Nader (1993) and Young et al. (1998) and from DeWolfe (2000).

AGE GROUP: PRE-SCHOOL (1-5)			
Type	Typical Reactions	Interventions	
		Home	School
Behavioral	<ul style="list-style-type: none"> • Resumption of bed-wetting, thumb-sucking • Clinginess • Separation anxiety • Fears of the dark, animals, or weather • Avoidance of sleeping alone • Increased crying • Regression • Incontinence • Dependency • Helplessness and passivity • Hyperactivity • Lack of verbalization • Withdrawal • Aggressive behavior 	<ul style="list-style-type: none"> • Give extra verbal assurance, support, rest and physical comfort • Provide frequent attention • Arrange for consistent caretaking • Avoid unnecessary separations • Allow time-limited regression • Encourage expression regarding losses (i.e. deaths pets, toys) • Give names to feelings • Offer repeated clarifications when child is confused • Provide explanation of death, if necessary • Monitor media exposure to disaster trauma • Encourage expression through play • Draw expressive pictures 	
Physical	<ul style="list-style-type: none"> • Loss of appetite • Stomache-aches • Nausea • Sleep problems, nightmares, refusing to sleep alone • Speech difficulties • Tics • Loss of bladder or bowel control 	<ul style="list-style-type: none"> • Maintain family routines • Provide comforting bedtime routines • Permit child to sleep in parents room temporarily • Develop family disaster plan 	<ul style="list-style-type: none"> • Tell stories of disaster and recovery • Use coloring books on disaster • Read books on disaster and loss • Use dolls, puppets, toys, blocks for reenactment play • Facilitate group games • Talk about disaster safety and self protection • Triage for assessment and referral • Reach out to address absenteeism • provide educational brochure for parents
Emotional and Cognitive	<ul style="list-style-type: none"> • Fears • Anxiety and insecurity • Powerlessness • Irritability • Angry outbursts, temper tantrums • Sadness • Confusion • Difficulty identifying feelings 	<ul style="list-style-type: none"> • Tell stories of disaster and recovery • Use coloring books on disaster • Read books on disaster and loss • Use dolls, puppets, toys, blocks for reenactment play • Facilitate group games • Talk about disaster safety and self protection • Triage for assessment and referral • Reach out to address absenteeism • provide educational brochure for parents 	

AGE GROUP: ELEMENTARY SCHOOL AGE (6-11)

Type	Typical Reactions	Interventions	
		Home	School
Behavioral	<ul style="list-style-type: none"> • Decline in school performance • School avoidance • Aggressive behavior at home or school • Disobedience • Hyperactive or silly behavior • Whining, clinging, acting like a younger child • Fighting with siblings or friends • Increased competition with younger siblings for parents' attention • Decline in previously responsible behavior • Inability to enjoy previously pleasurable activities • Withdrawal • Traumatic play and retelling 	<ul style="list-style-type: none"> • Give additional attention and consideration • Patience and tolerance • Relax expectations of performance temporarily • Set gentle but firm limits for acting out behavior • Encourage verbal and play expression of thoughts and feelings • Listen with understanding to the child's repeated retelling of disaster event. • Provide realistic age-appropriate information about what happened and will happen next. • Identify and discuss "triggers" and reminders that bring up memories and feelings • Rehearse safety measures for future disasters • Conduct drills for different scenarios 	
		<ul style="list-style-type: none"> • Provide structured but undemanding chores and rehabilitation activities • Involve in preparation of family emergency kit 	<ul style="list-style-type: none"> • Involve children in school emergency preparedness • Free drawing and writing after discussion of disaster • Tell stories of disaster and recovery • Read books on disaster and loss • Role play game about disaster • Create a play about disaster • Science projects to increase understanding • Teach disaster safety, family protection and preparedness • Identifying at-risk families for outreach
Physical	<ul style="list-style-type: none"> • Change in appetite • Headaches • Stomach aches, nausea • Sleep disturbances, nightmares • Hearing or visual problems 		

Emotional and Cognitive	<ul style="list-style-type: none">• Trouble concentrating, distractibility• Irrational fears• Fear of darkness• Irritability• Depression• Angry outbursts• Obsessive preoccupation with disaster or safety• Responsibility and guilt for the trauma• Monitoring parents' anxieties• Separation anxiety• Excessive concern for others.	<ul style="list-style-type: none">• Triage for assessment and referral• Small group interventions for high risk children• Group discussion to express and normalize reactions, correct misinformation, and enhance coping and peer support.
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AGE GROUP: PRE-ADOLESCENT AND ADOLESCENT (12-18)			
Type	Typical Reactions	Interventions	
		Home	School
Behavioral	<ul style="list-style-type: none"> • Decline in academic performance • Rebellion at home or school • Resistance to authority • Decline in previous responsible behavior • Agitation or decrease in energy level, apathy • Aggressive behavior • Antisocial behavior • Social withdrawal • Substance abuse • Life-threatening acting out (suicide, reckless driving, unsafe sex) • Premature adult behaviors and attitudes ("too old, too soon") • Lack of involvement in community recovery activities 	<ul style="list-style-type: none"> • All of the above plus: • Support resumption of social activities, athletics, clubs, etc. • Urge participation in community rehabilitation and reclamation work • Address suicidal ideation and reckless behavior • Encourage discussion of disaster losses with peers and significant adults. • Avoid insistence on discussion of feelings with parents • Encourage physical activities 	
		<ul style="list-style-type: none"> • All of the above plus: • Encourage discussion of disaster experiences with peers and significant adults • Avoid insistence on discussion of feelings with parents • Encourage physical activities 	<ul style="list-style-type: none"> • All of the above plus: • Develop school program for peer support and debriefing, preparedness planning, • Volunteer in community recovery efforts & helping others • Projects to memorialize and commemorate loss and survival. • Identify at-risk teens.
Physical	<ul style="list-style-type: none"> • Appetite changes • Headaches • Gastrointestinal problems • Skin eruptions • Complaints of vague aches and pains • Sleep problems • Menstrual irregularity 	<ul style="list-style-type: none"> • Encourage discussion of disaster experiences with peers and significant adults • Avoid insistence on discussion of feelings with parents • Encourage physical activities • Rehearse family safety measures for future disasters 	<ul style="list-style-type: none"> • Develop school program for peer support and debriefing, preparedness planning, • Volunteer in community recovery efforts & helping others • Projects to memorialize and commemorate loss and survival. • Identify at-risk teens.
Emotional and Cognitive	<ul style="list-style-type: none"> • Loss of interest in peer social activities, hobbies, recreation • Sadness or depression • Feelings of inadequacy and helplessness • Shame and guilt • Self-consciousness, preoccupation with self • Confusion 	<ul style="list-style-type: none"> • Encourage physical activities • Rehearse family safety measures for future disasters 	<ul style="list-style-type: none"> • Projects to memorialize and commemorate loss and survival. • Identify at-risk teens.

(Myers & Wee, from: Mitchell & Everly (2001), Myers (1995); Myers & Zunin (1992).

AGE GROUP: ADULTS		
Type	Typical Reactions	Interventions
Behavioral	<ul style="list-style-type: none"> • Crying • Anger and aggression • Hyperactivity and restlessness • "Robot-like" behavior • Increased level of activity in response to disaster-related demands • Decreased efficiency and effectiveness of activities • Decline in job or academic performance • Absences from work • Increased irritability, conflict, and estrangement within family • Domestic violence • Hyper-vigilance for danger • Excessive disaster planning and preparedness activities • Isolation and withdrawal • Change in eating patterns • Substance abuse • Avoidance of reminders of the disaster • "Trigger" and anniversary reactions 	<ul style="list-style-type: none"> • Be patient and expect change with the passage of time and opportunity to talk about the experience • Remember, you are normal and having normal reactions. • Be willing to talk about what happened and express • Talk truthfully with family members about your expectations and needs., Be honest and be flexible. • Try to maintain as normal a schedule as possible. This includes building in "down time" with family and friends who comfort and support you. • Be gentle with yourself- there are always things that could have been done differently. "If only" is a temporary way the mind reflects back and tries to make sense of the experience. • Draw on supports that nurture you. Make time for friends, reading, recreation, religion, meditation,, and exercise. • Play with your children. take care of yourself physically - good diet, adequate sleep, rest, and exercise - even if you do not feel like it. • If needed, give yourself permission to spend some time alone, but do not totally withdraw from social interaction. • Reach out - people do care.
Physical	<ul style="list-style-type: none"> • Fatigue, exhaustion • Sleep problems (insomnia, nightmares, early wakening) • Arousal and increased startle response • Appetite changes, weight gain or loss • Headaches, body aches and pains • Muscle tension • Gastrointestinal distress • Impaired immune response • Increase in allergies • Worsening of chronic health conditions • Increase in blood pressure • Change in libido • Menstrual irregularities 	
Emotional and Cognitive	<ul style="list-style-type: none"> • Shock, disbelief, numbness • Need for information • Intrusive thoughts, memories or flashbacks • Sadness and depression • Grief about loss of loved ones, home, health, lifestyle, community 	

<ul style="list-style-type: none">• Lost sense of control over life• Irritability, anger• Mood swings• Frustration with relief efforts• Anxiety• Fear, worries, insecurity• Concern about the future• Despair hopelessness, helplessness• Changes in religion faith (strengthening or weakening of beliefs)• Decreased self-esteem• Loss of pleasure from regular activities• Suicidal ideation• Guilt, self-doubt, self-blame• Memory problems• Disorientation and confusion• Dissociation (dreamlike perceptual experience)• Depersonalization, de-realization• Decline in cognitive abilities (problem-solving, setting priorities, decision-making)• Impaired concentration and attention• Time distortion	<ul style="list-style-type: none">• Remember the haling aspects of touch, such as a hug, a pat on the back, a brief neck or back rub.• Try different forms of self-expression, such as writing, music, dance, art.• Laugh as much as possible. Cry as much as needed.• Say goodbye to what is gone.• Be aware of numbing the pain with overuse of drugs or alcohol.• Do not neglect health and grooming.• Avoid becoming distracted, reckless, or accident-prone.• Stop from time-to-time and take four or five deep, cleansing breaths.• Attend debriefing groups, support groups, and stress education programs that may be offered.• Develop and practice disaster plans for home, workplace, and school.• Remember that healing has three elements - time, talk, and tears.
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Myers & Wee based on: Farberow and Frederick (1978), Myers (1990) and DeWolfe (2000).

AGE GROUP: OLDER ADULTS		
Type	Typical Reactions	Interventions
Behavioral	<ul style="list-style-type: none"> • Withdrawal and isolation • Reluctance to leave home • Reluctance to report full extent of losses, injuries, or health problems • Postponement of seeking medical care • Avoidance of government resources • Underutilization of insurance • Mobility impairment • Difficulty adjusting to relocation 	<ul style="list-style-type: none"> • Do thorough assessment of disaster impact (e.g. repeat observations, geriatric screening questions, home visits, and discussion with family), as problems may be underreported • Provide strong and frequent verbal reassurance • Arrange for orienting information • Assist in resuming routine activities of daily living and socialization as soon as possible • Give special attention to suitable residential relocation • Help to reestablish family and social contacts
Physical	<ul style="list-style-type: none"> • Worsening of chronic conditions • Increased somatic symptoms • Depression of immune system leading to increased susceptibility to communicable disease • Accelerated physical decline • Susceptible to hypo- and hyperthermia • Physical and sensory limitations (esp. sight and hearing) may lead to injuries or interfere with recovery 	<ul style="list-style-type: none"> • Try to reestablish familiar surroundings and acquaintances • Assist in maintaining or reorganizing medical regimen and medications • Support in obtaining housing, health, and financial assistance • Facilitate overcoming physical and psychological barriers to utilization of disaster assistance resources • Aid with recovery of possessions • Engage providers of transportation, chore services, meal programs, home health, home visit, and companion services as needed
Emotional and Cognitive	<ul style="list-style-type: none"> • Depression • Grief • Suspicion • Confusion, disorientation • Memory problems • Irritability, agitation, anger • Apathy • Fears of institutionalization • Anxiety with unfamiliar surroundings • Embarrassment about receiving assistance or "handouts" 	<ul style="list-style-type: none"> • Encourage peer support and a buddy system among survivors in disaster recovery activities • Urge discussion of disaster experiences and expression of emotions • Encourage involvement in community recovery efforts • Inspire "starting over" (e.g., planning a new garden, replacing lost possessions, or "giving shelter" to another). • Encourage disaster preparedness activities in home and neighborhood

Referrals for Mental Health Evaluation

Referrals for mental health evaluation should be made in response to these symptoms:

- Prolonged feelings of anxiety and/or despair
- Inability to perform necessary everyday functions
- Inability to care for one's personal needs
- Inability to recognize familiar people
- Loss of simple decision-making skills
- Loss of self-esteem (e. extreme guilt)
- Withdrawal from others / social isolation
- Frequent and disturbing occurrence of flashbacks, excessive nightmares, and excessive crying
- Physical problems without organic cause

- Disorientation to person or place
- Significant disturbance of memory
- Serious regression
- Changes in personality
- Symptoms of disordered thought processes (undue suspiciousness, hears voice/sees things, believes media addressing him/her, e.s.p. or telepathy, grandiosity, religious preoccupation with religion)
- Episodes of dissociation

- Mood swings
- Talk that "overflows" (extreme pressure in speech)
- Excessively "flat" emotional expression
- Persistent "inappropriate" emotion or reaction to triggering events
- Preoccupation with a single thought
- Compulsions / rituals
- Extreme dependency
- Exaggerated fears
- Extreme hyperactivity or immobility
- Inappropriate anger or abuse of others
- Misdirected anger/ desire for revenge
- Abuse of alcohol or drugs
- Reckless behavior that may be life-threatening
- Suicidal or homicidal talk or actions (overt or covert)

(Refs: Weaver, 1995 and Myers & Wee)

ADVICE FOR WORKING WITH PARENTS AFTER A DISASTER

- Assist parents in understanding behaviors and developing ways to help their children deal with the disaster.
- Remind parents that children often mirror the parents' responses to disaster.
- Recognize the differences in the intellectual, developmental, and emotional growth of children and develop response plans accordingly.
- Talk with children about feelings (yours and theirs). Let them know it's all right to feel those feelings.
- Try to keep families together
- Offer reassurance that they are safe and cared for, especially if in a shelter. Explain that safety and care are the purposes of a shelter.
- Listen when children talk about their fears.
- Try to have coloring books and other resources available.
- Let the children tell you their feelings and what they think has happened.
- Encourage caregivers to spend extra time with the children, especially at bedtime.
- Encourage caregivers to give children extra physical comfort like hugging and holding.
- Provide opportunities for expression through play activities such as drawing, finger painting, or even physical reenactments of the disaster.
- Counsel caregivers to temporarily lower expectations for performance, both at school and at home.
- Monitor children's media exposure. Too much time watching graphic images of the disaster can be harmful.
- Include older children in discussions about preparing and planning for the future.
- Encourage older children to be involved in the recovery effort.
- Understand that teenagers may find security and companionship with their friends and may need to spend more time with them.

(American Red Cross, 1995 in Halperin and Tramontin, 2007 p.237)

References

- Boge, K. & Gehrke, A. Preventing Posttraumatic Stress: Psychological First Aid at the Workplace.** *Safe Science Monitor*, Vol.9, Issue 1, 2005.
- Cohen, Raquel (2000). Mental Health Services in Disasters: Instructor's Guide**, Pan American Health Organization. Washington, D.C.
- DeWolfe, Deborah J. (2000) Training Manual for Mental Health and Human Service Workers in Major Disasters.** Dept. of Health and Human Services, Washington, D.C.
- Enarson, E. & Hearn, B. M. (Eds.). (1998). *The Gendered Terrain of Disaster: Through Women's Eyes.*** Westport, CT: Praeger Publishers. Retrieved June 6, 2006, <http://www.questia.com/PM.qst?a=o&d=27645712>
- Halpern, James & Mary Tramontin (2007 sic) (2006) Disaster Mental Health: Theory and Practice.** Thompson Brooks/Cole, Belmont, CA.
- Henderson, Nan (2004) .The Resiliency Quiz. Resiliency in Action Inc.** www.resiliency.com
- Hodgkinson, P. E., & Stewart, M. (1998). *Coping with Catastrophe: A Handbook of Post-Disaster Psychosocial Aftercare.*** London: Routledge. Retrieved June 6, 2006, from Questia database: <http://www.questia.com/PM.qst?a=o&d=102993042>
- HomeSafe Child and Family Services (2006) *Personal Communication with professional staff.*** Los Angeles, CA, October, 2006.
- International Federation of Red Cross and Red Crescent Societies (2001), Community-Based Psychological Support in *Psychological support: best practices from Red Cross and Red Crescent programmes.***
- International Federation Of Red Cross And Red Crescent Societies. (1998). *World Disasters Report 1998.*** Oxford, England: Oxford University Press. Retrieved June 6, 2006, from Questia database: <http://www.questia.com/PM.qst?a=o&d=100006704>
- Krimsky, S. & Golding, D. (Eds.). (1992). *Social Theories of Risk.*** Westport, CT: Praeger. Retrieved June 6, 2006, from Questia database: <http://www.questia.com/PM.qst?a=o&d=29023054>
- Lahad, Mooli (2000) Curriculum for Turkish Crisis Intervention Teams,** Community Stress Prevention Center, Kiryat Shmona, Israel.
- Mitchell, Jeffrey T. & George Everly, Jr. (1994) Critical Incident Stress Debriefing: The Basic Course Workbook.** International Critical Stress Foundation, Ellicott City, MD.
- Myers, Diane & David F. Wee (2005) Disaster Mental Health Services: A Primer for Practitioners,** Brunner-Routledge, New York.
- National Institute of Mental Health (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims / Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices.*** Warrenton, Virginia October 29-November 1, 2001, NIH Publication. No. 02-5138, U. S. Government Printing Office. Washington, D.C.
- Petal, M. & Turkmen, Z (2007) *Disaster Resiliency for Community Responders; An***

- Introductory Curriculum*. Risk RED. <http://www.riskred.org>
- Petal, Marla & Zeynep Türkmen (2005) ABC Basic Disaster Awareness Handbook & Instructor Training Curriculum**. Boğaziçi University KOERI AHEP, Istanbul, Turkey.
- Pynoos, Robert & Kathi Nader (1988)**. *Psychological first aid and treatment approach to children exposed to community violence: Research implications*, **Journal of Traumatic Stress**, V.1 N.4, Springer Netherlands.
- Sandoval, J. (Ed.). (2002)**. *Handbook of Crisis Counseling, Intervention, and Prevention in the Schools* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates. Retrieved June 6, 2006, from Questia database: <http://www.questia.com/PM.qst?a=o&d=104912705>
- Sillman, Ben and Lynn Blinn Pike, (1994) Resiliency Research Review: Conceptual & Research Foundations**: National Extension Service Children, Youth and Family Network.
- Uniformed Services, University Of The Health Sciences. Courage To Care Campaign**. Bethesda, MD 20841-4799 <http://www.usuhs.mil/psy/courage.html> (accessed:10/06/06).
- VandenBos, G. R. & Bryant, B. K. (Eds.). (1987)**. *Cataclysms, Crises, and Catastrophes: Psychology in Action*. Washington, DC: American Psychological Association. Retrieved June 6, 2006, from Questia database: <http://www.questia.com/PM.qst?a=o&d=98130273>
- Weaver, John D. (1995) Disasters: Mental Health Interventions**. Professional Resource Press, Sarasota, FL.
- World Health Organization (2001)**, *Southeast Asia Regional Office Report: Critical issues in the aftermath of an earthquake*.
- Zagurski, Robin, Denise Bulling & Robin Chang (2004)**. *Nebraska Psychological First Aid Curriculum*. University of Nebraska Public Policy, Lincoln, NE. www.disastermh.nebraska.edu/files/CurriculumOverview.pdf
- Zubenko, W. N. & Capozzoli, J. (Eds.). (2002)**. *Children and Disasters: A Practical Guide to Healing and Recovery*. New York: Oxford University Press. Retrieved June 6, 2006, from Questia database: <http://www.questia.com/PM.qst?a=o&d=103573959>

Key Web Links Related To Disaster Resiliency

<http://www.aap.org>

<http://www.aacap.org>

<http://www.apa.org/practice/kids.html>

<http://www.diastertraining.org>

<http://www.fema.gov/kids/>

<http://www.jmu.edu/psycholgydept/4kids.htm>

<http://www.mentalhealth.org>

<http://www.nasponline.org/NEATcrisimain.html>

<http://www.ncptsd.org>

<http://www.psydr.org>

<http://www.redcross.org/disaster/safety/guide.html>

<http://www.resiliency.com>