

What You Need to Know in a Disaster

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Disaster Mental Health Subcommittee

The Human Response to Disaster

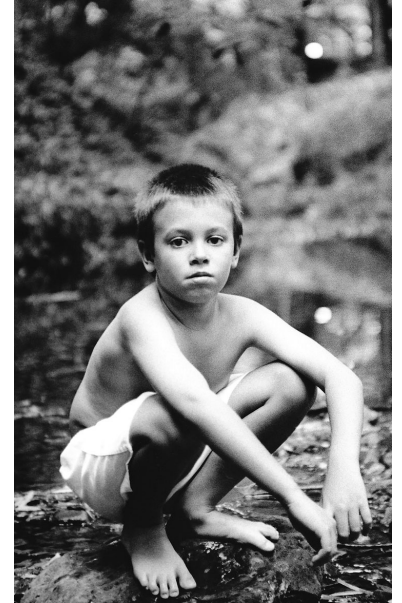


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Adapted from DeWolfe, D.J., (2000). Training manual for
mental health and human service workers in major disasters.
Washington, D.C.: Center for Mental Health Services

Introduction

- No one who sees a disaster is untouched by it
- Disaster stress and grief reactions are normal responses to an abnormal situation



What is a Disaster?

A disaster is an occurrence such as a hurricane, tornado, flood, earthquake, explosion, hazardous materials accident, fire, famine, or epidemic that causes human suffering or creates collective human need that requires assistance to alleviate




Phases of Reactions to Disaster

- Warning of threat
- Impact
- Rescue or heroics
- Remedy or honeymoon
- Inventory
- Disillusionment
- Reconstruction and recovery

Common Disaster Responses

- Physical
- Psychological
- Cognitive
- Behavioral

Age-Specific Interventions for Children in Disaster

| Age Group | At Home | At School or Other Organization for Children |
|--|---|--|
| <p>Preschoolers</p> | <ul style="list-style-type: none"> ■ Maintain family routines ■ Give extra physical comfort and reassurance ■ Avoid unnecessary separations ■ Permit child to sleep in parents' room temporarily ■ Encourage expression of feelings through play ■ Monitor media exposure to disaster trauma ■ Develop disaster safety plan ■ Draw expressive pictures  | <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 ■ Absenteeism outreach to families and children* ■ Teachers, school nurses, and providers identify stressed children for assessment and referral* ■ In-service training on children and disaster* ■ School-based crisis hotline* ■ Provide educational brochure for parents* ■ Encouragement to eventually resume normal roles as students* |
| <p>Elementary-Age Children</p>  | <ul style="list-style-type: none"> ■ Give additional attention and consideration ■ Set gentle but firm limits for acting out behavior ■ Listen to child's repeated telling of disaster experience ■ Encourage verbal and play expression of thoughts and feelings ■ Provide structured but undemanding home chores and rehabilitation activities ■ Rehearse safety measures for future disasters | <ul style="list-style-type: none"> ■ Free drawing after discussion of disaster ■ Free writing after discussion of disaster, complete a sentence exercise ■ Tell stories of disaster and recovery ■ Read books on disaster and loss ■ Role-play games about disaster ■ Create a play about disaster ■ School study or science projects to increase understanding and mastery ■ Talk about disaster safety, family protection, family preparedness* ■ Teach calming techniques (i.e. deep breathing, visualization)* ■ Field visit to disaster-affected area* ■ Small group or individual interventions for high risk children* ■ Group "debriefing" discussion to express and normalize reactions, correct misinformation, and enhance coping and peer support* |
| <p>Pre-Adolescents and Adolescents</p> | <ul style="list-style-type: none"> ■ Give additional attention and consideration ■ Encourage discussion of disaster experiences with peers, significant adults ■ Avoid insistence on discussion of feelings with parents ■ Suggest involvement with community recovery work ■ Encourage physical activities ■ Encourage resumption of regular social and recreational activities ■ Rehearse family safety measures for future disasters | <ul style="list-style-type: none"> ■ All interventions starred (*) above apply ■ School programs for assisting community with recovery, helping others ■ Projects to commemorate and memorialize disaster gains and losses ■ Encourage discussion of disaster losses with peers and adults ■ Resume sports, club, and social activities when appropriate  |

Special Concerns of Older Adults in Disaster

- **Reluctance to evacuate**—Research shows that older adults are less likely to heed warnings, may delay evacuation, or resist leaving their homes during disasters. Disaster planning and preparedness is especially critical with this group.
- **Vulnerable housing**—Due to limited income, older adults tend to live in dwellings that are susceptible to disaster hazards due to the location and age of the buildings.
- **Fear of institutionalization**—Many older adults fear that if their diminished physical or emotional capabilities are revealed, they will risk loss of independence or institutionalization. They may under-report the full extent of their problems and needs.
- **Multiple losses**—An older person may have lost their income, job, home, loved ones, and/or physical capabilities prior to the disaster. For some, these prior losses may build coping strength and resilience. For others, these losses compound each other. Disasters sometimes provide a final blow that makes recovery especially difficult.
- **Significance of losses**—As a result of a disaster, irreplaceable possessions such as photograph albums, mementos, valued items, or sacred objects passed on through generations may be destroyed. Pets or gardens developed over years may be lost. The special meaning of these losses must be recognized to assist with grieving.
- **Sensory deprivation**—An older person's sense of smell, touch, vision, and hearing may be less acute than the general population. As a result they may feel especially anxious about leaving familiar surroundings. They may not be able to hear what is said in a noisy environment or may be more apt to eat spoiled food.

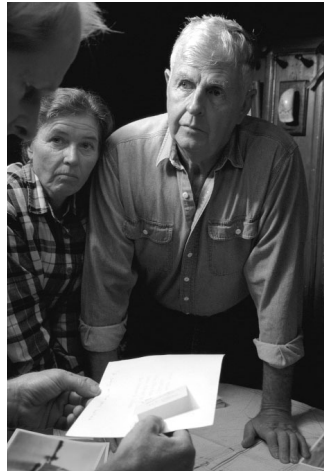


- **Chronic health conditions**—Higher percentages of older persons have chronic illnesses that may worsen with the stress of a disaster, particularly when recovery extends over months. Arthritis may prevent an older person from standing in line for long periods of time. Problems with thinking and memory may affect the person's ability to remember or process information.



- **Medications**—Older adults are more likely to be taking medications that need to be replaced quickly following disaster. Medications may cause problems with confusion or memory, or cause a greater susceptibility to problems such as dehydration.
- **Hyper/hypothermia vulnerability**—Older persons are often more susceptible to the effects of heat and cold. This becomes critical in disasters when furnaces and air conditioning may be unavailable.
- **Transfer and relocation trauma**—Frail adults who are dislocated without use of proper procedures may suffer illness or even death. Relocation to unfamiliar surroundings and loss of community may result in depression and disorientation.
- **Delayed response syndromes**—Older persons may not react as fast to a situation as younger persons. In disasters, this may mean that deadlines for applications or eligibility timelines may need to be extended.
- **Mobility impairment or limitation**—Older persons may not be able to use automobiles or have access to public or private transportation. This may limit the opportunity to relocate, go to shelters, Disaster Recovery Centers, or to obtain food, water, or medications when necessary.
- **Financial limitations**—Because many older adults live on fixed and limited incomes, they can't take out a loan to fully repair their homes. They are unable to "start over" due to lack of money and time, as is more possible for younger people.
- **Literacy**—Older persons have lower educational levels than the general population. This may present difficulties in completion of applications or understanding directions. Public information targeting this group must be disseminated in multiple ways, including by non-written means.

- **Isolation**—Some older adults have limited social support systems and are not associated with local senior centers or churches. Their isolation may contribute to not learning about available resources. They may not have access to help with clean-up or repairs. Disaster outreach efforts should prioritize reaching these individuals.



- **Crime victimization**—Con artists target older people, particularly after a disaster. These issues need to be addressed in shelters, housing arrangements, and when contractors are being selected to repair homes.

- **Bureaucracy unfamiliarity**—Older adults often have not had experience working through bureaucratic systems. This is especially true for those who had a spouse who dealt with these areas.

- **Welfare stigma**—Many older persons will not use services that have the connotation of being welfare or a “handout.” They may need to be convinced that disaster services are available as a government service that their taxes have purchased.

- **Mental health stigma**—Older persons may feel ashamed because they experience mental health problems, or they may be unfamiliar with counseling as a form of support. Psychological stress may be manifested in physical symptoms, which some find as more acceptable. Mental health services should emphasize “support,” “talking,” and “assistance with resources,” and de-emphasize diagnosis or psychopathology.

(Deborah J. DeWolfe, Ph.D., 1995)

Resource Materials

Diane Myers, R.N., M.S.N., *Older Adults’ Reactions to Disaster Handout*. 1990.
 U.S. Department of Health and Human Services. *Action Plan of the Administration on Aging to Strengthen the Disaster Response Capacity to Serve Older People*, 1994.

Physical Stress Reactions

- Increasing blood pressure
- Increasing heart rate
- Increasing respiration
- Fatigue
- Sweating or chills
- GI distress
- Difficulty hearing and seeing
- Feeling a “lump” on the throat
- Increase in startled reactions
- Worsening of chronic conditions



Psychological and Emotional Reactions



- Denial
- Anxiety and fear
- Worries about safety
- Anger and resentment
- Irritability
- Unpredictable mood swings
- Grief
- Sadness, depression
- Guilt or “survivor guilt”
- Isolation
- Hopelessness
- Distressing dreams

Spiritual Reactions

- Spiritual questioning
- Guilt and remorse
- Despair/fatalism
- Questions about justice/fairness
- Mourning
- Hope/renewed sense of trust



Cognitive Reactions

- Disorientation
 - Confusion
- Memory problems
- Difficulty in making decisions
- Poor concentration
- Poor attention span
- Loss of objectivity
- Unable to stop thinking about the disaster



Effects of Long-Term Disaster Stress

- Anxiety and vigilance
- Anger, resentment, and conflict
- Uncertainty about the future
- Prolonged mourning of losses
- Isolation and hopelessness
- Lifestyle changes
- Health problems



Behavioral Reactions

- Inability to rest or “letdown”
- Change in activity
- Outbursts of anger
- Change in eating or sleeping patterns
- Social withdrawal
- Periods of crying
- Vigilance about safety or environment
- Avoidance of activities or places that trigger memories



Stress Prevention and Management

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Continuum's Role

- Comprehensive disaster plan
 - Community support
 - Training for all staff
- Plan for addressing staff needs—rest areas, childcare, information
 - Assignment of defined roles and responsibilities

Stress Prevention and Management for Everyone

- Balanced nutrition
- Adequate sleep and rest
- Realistic expectations
- Relaxation techniques—meditation, exercise
- Recognition of stress warning signs
- Use of support systems
- Draw upon spiritual and religious resources



Notes