What You Need to Know in a Disaster

Disaster Mental Health Sub Committee

- John J. Reynolds, CSW, ACSW, Chair
- Renee Warshofsky-Altholz, CSW, ACSW, Hospital Emergency Incident Command Services Director

Committee Members

- Cathy Bink, RN, Nursing Education
- Susan Fenton, Volunteers
- Michael Cronin, CSW, Social Work
- Dina Franchi, CSW, Social Work
- Patrick Inniss, Ph.D., Social Work
- Rev. Meigs Ross, M.Div., Pastoral Care
- Galina Mindlin, M.D., Ph.D., Psychiatry
- Rabbi Jeffrey Silberman, D. Min., Pastoral Care
- Fran Silverman, ACSW, Social Work
- Susan Xenarios, CSW, Crime Victims Services

prepared by:
Continuum Health Partners
Disaster Mental Health Subcommittee
The Human Response to Disaster

Continuum Health Partners

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>At Home</th>
<th>At School or Other Organization for Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preschoolers</strong></td>
<td>■ Maintain family routines</td>
<td>■ Tell stories of disaster and recovery</td>
</tr>
<tr>
<td></td>
<td>■ Give extra physical comfort and reassurance</td>
<td>■ Use coloring books on disaster</td>
</tr>
<tr>
<td></td>
<td>■ Avoid unnecessary separations</td>
<td>■ Read books on disaster and loss</td>
</tr>
<tr>
<td></td>
<td>■ Permit child to sleep in parents’ room temporarily</td>
<td>■ Use dolls, puppets, toys, blocks for reenactment play</td>
</tr>
<tr>
<td></td>
<td>■ Encourage expression of feelings through play</td>
<td>■ Facilitate group games</td>
</tr>
<tr>
<td></td>
<td>■ Monitor media exposure to disaster trauma</td>
<td>■ Talk about disaster safety and self protection</td>
</tr>
<tr>
<td></td>
<td>■ Develop disaster safety plan</td>
<td>■ Absenteeism outreach to families and children*</td>
</tr>
<tr>
<td></td>
<td>■ Draw expressive pictures</td>
<td>■ Teachers, school nurses, and providers identify stressed children for assessment and referral*</td>
</tr>
<tr>
<td><strong>Elementary-Age Children</strong></td>
<td>■ Give additional attention and consideration</td>
<td>■ In-service training on children and disaster*</td>
</tr>
<tr>
<td></td>
<td>■ Set gentle but firm limits for acting out behavior</td>
<td>■ School-based crisis hotline*</td>
</tr>
<tr>
<td></td>
<td>■ Listen to child’s repeated telling of disaster experience</td>
<td>■ Provide educational brochure for parents*</td>
</tr>
<tr>
<td></td>
<td>■ Encourage verbal and play expression of thoughts and feelings</td>
<td>■ Encouragement to eventually resume normal roles as students*</td>
</tr>
<tr>
<td></td>
<td>■ Provide structured but undemanding home chores and rehabilitation activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Rehearse safety measures for future disasters</td>
<td></td>
</tr>
<tr>
<td><strong>Pre-Adolescents and Adolescents</strong></td>
<td>■ Give additional attention and consideration</td>
<td>■ Free drawing after discussion of disaster</td>
</tr>
<tr>
<td></td>
<td>■ Encourage discussion of disaster experiences with peers, significant adults</td>
<td>■ Free writing after discussion of disaster, complete a sentence exercise</td>
</tr>
<tr>
<td></td>
<td>■ Avoid insistence on discussion of feelings with parents</td>
<td>■ Tell stories of disaster and recovery</td>
</tr>
<tr>
<td></td>
<td>■ Suggest involvement with community recovery work</td>
<td>■ Read books on disaster and loss</td>
</tr>
<tr>
<td></td>
<td>■ Encourage physical activities</td>
<td>■ Role-play games about disaster</td>
</tr>
<tr>
<td></td>
<td>■ Encourage resumption of regular social and recreational activities</td>
<td>■ Create a play about disaster</td>
</tr>
<tr>
<td></td>
<td>■ Rehearse family safety measures for future disasters</td>
<td>■ School study or science projects to increase understanding and mastery</td>
</tr>
<tr>
<td></td>
<td>■ All interventions starred (*) above apply</td>
<td>■ Talk about disaster safety, family protection, family preparedness*</td>
</tr>
<tr>
<td></td>
<td>■ Encourage discussion of disaster losses with peers and adults</td>
<td>■ Teach calming techniques (i.e. deep breathing, visualization)*</td>
</tr>
<tr>
<td></td>
<td>■ Resume sports, club, and social activities when appropriate</td>
<td>■ Field visit to disaster-affected area*</td>
</tr>
<tr>
<td></td>
<td>■ Small group or individual interventions for high risk children*</td>
<td>■ Group “debriefing” discussion to express and normalize reactions, correct misinformation, and enhance coping and peer support*</td>
</tr>
<tr>
<td></td>
<td>■ Suggest involvement with community recovery work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Projects to commemorate and memorialize disaster gains and losses</td>
<td></td>
</tr>
</tbody>
</table>
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.

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

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

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

Stress Prevention and Management

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