Crisis Counseling Assistance and Training Program Trainer's Toolkit

Handout 3

Disaster Reactions and Interventions



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Mental Health Services www.samhsa.gov



	Disaster Reactions and Interventions							
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options			
Preschool (1–5)	 Clinging to parents or familiar adults Helplessness and passive behavior Resumption of bed-wetting or thumbsucking Fears of the dark Avoidance of sleeping alone Increased crying 	 Loss of appetite Stomach aches Nausea Sleep problems or nightmares Speech difficulties Tics 	 Anxiety Generalized fear Irritability Angry outbursts Sadness Withdrawal 	 Preoccupation with disaster Poor concentration Recurring dreams or nightmares 	 Give verbal reassurance and physical comfort Clarify misconceptions repeatedly Provide comforting bedtime routines Help with labels for emotions Avoid unnecessary separations Permit child to sleep in parents' room temporarily Demystify reminders Encourage expression regarding losses (deaths, pets, toys) Monitor media exposure Encourage expression through play activities 			

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Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Childhood (6–11)	 Decline in school performance School avoidance Aggressive behavior at home or school Hyperactive or silly behavior Whining, clinging, or acting like a younger child Increased competition with younger siblings for parents' attention Traumatic play and reenactments 	 Change in appetite Headaches Stomach aches Sleep disturbances or nightmares Somatic complaints 	 Fear of feelings Withdrawal from friends or familiar activities Reminders triggering fears Angry outbursts Preoccupation with crime, criminals, safety, and death Self-blame Guilt 	 Preoccupation with disaster Poor concentration Recurring dreams or nightmares Disorientation or confusion Flashbacks Questioning of spiritual beliefs 	 Give additional attention and consideration Relax expectations of performance at home and at school temporarily Set gentle but firm limits for acting out Provide structured but undemanding home chores and rehabilitation activities Encourage verbal and play expression of thoughts and feelings Listen to child's repeated retelling of traumatic event Clarify child's distortions and misconceptions Identify and assist with reminders Develop school program for peer support, expressive activities, education on trauma and crime, preparedness planning, and identifying at-risk children 	

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Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Pre- Adolescence and Adolescence (12–18)	 Decline in academic performance Rebellion at home or school Decline in responsible behavior Agitation or decrease in energy level, or apathy Delinquent behavior Risk-taking behavior Social withdrawal Abrupt shift in relationships 	 Appetite changes Headaches Gastrointestinal problems Skin eruptions Complaints of vague aches and pains Sleep disorders 	 Loss of interest in peer social activities, hobbies, or recreation Sadness or depression Anxiety and fearfulness about safety Resistance to authority Feelings of inadequacy and helplessness Guilt, self-blame, shame and self- consciousness Desire for revenge 	 Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	 Give additional attention and consideration Relax expectations of performance at home and school temporarily Encourage discussion of experience of trauma with peers and significant adults Avoid insistence on discussion of feelings with parents Address impulse to recklessness Link behavior and feelings to event Encourage physical activities Encourage presumption of social activities, athletics, clubs, etc. Encourage participation in community activities and school events Develop school programs for peer support and debriefing, at-risk student support groups, telephone hotlines, drop-in centers, and identification of at-risk teens 	

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Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Adults	 Sleep problems Avoidance of reminders Excessive activity level Protectiveness toward loved ones Crying easily Angry outbursts Increased conflicts with family Hypervigilance Isolation, withdrawal, or shutting down 	 Nausea Headaches Fatigue or exhaustion Gastrointestinal distress Appetite change Somatic complaints Worsening of chronic conditions 	 Shock, disorientation, and numbness Depression or sadness Grief Irritability or anger Anxiety or fear Despair or hopelessness Guilt or self- doubt Mood swings 	 Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	 Protect, direct, and connect Ensure access to emergency medical services Provide supportive listening and opportunity to talk about experience and losses Provide frequent rescue and recovery updates and resources for questions Assist with prioritizing and problem solving Assist family to facilitate communication and effective functioning Provide information on traumatic stress and coping, children's reactions, and tips for families Provide information on criminal justice procedures and roles of primary responder groups Provide crime victim services Assess and refer, when indicated Provide information on substance abuse self-help (for self, family, friends) 	

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Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Older Adults	 Withdrawal and isolation Reluctance to leave home Mobility limitations Relocation adjustment problems 	 Worsening of chronic illnesses Sleep disorders Memory problems Somatic symptoms More susceptible to hypothermia and hyperthermia Physical and sensory limitations (sight, hearing) interfere with recovery 	- Agitation or	 Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	 Provide strong and persistent verbal reassurance Provide orienting information Ensure physical needs are addressed (water, food, warmth) Use multiple assessment methods, as problems may be underreported Assist with reconnecting with family and support systems Assist in obtaining medical and financial assistance Encourage discussion of traumatic experience and losses, and expression of emotions Provide crime victim assistance Same as adults for substance abuse services 	

Adapted from U.S. Department of Health and Human Services (2000). *Training manual for mental health and human service workers in major disasters*. (DHHS Publication 90–538). Washington, DC, Substance Abuse and Mental Health Services Administration and Center for Mental Health Services.