
UNIT 7: DISASTER PSYCHOLOGY

In this unit you will learn about:

- **Disaster Psychology:** The psychological impact of a disaster on rescuers and victims and how to provide “psychological first aid.”
- **Caring for Yourself, Your Buddy, and Victims:** Steps one can take individually and as part of a CERT before, immediately following, and after a disaster.

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INTRODUCTION AND UNIT OVERVIEW

CERT members might see and hear things during a disaster that are unpleasant and uncomfortable.

CERT members prepare themselves for their role during and following a disaster by learning about the possible impact of disasters on them and others, emotionally and physically. This knowledge helps CERT members understand and manage their reactions to the event and to work better with others.

Remember what you have learned about team organization. Team organization concepts can help you both operationally and psychologically. Working together and looking out for each other are important aspects of successful teams.

Psychological first aid is not therapy; rather, it is a set of techniques to provide emotional intervention during field operations. The techniques covered in this unit will help you manage personal situations so that the needs of all survivors, including victims and CERT members, can be met.

UNIT OBJECTIVES

At the end of this unit, you should be able to:

- Describe the disaster and post-disaster emotional environment for victims and rescuers.
- Describe the steps that rescuers can take to relieve their own stress and that of other disaster survivors.

UNIT TOPICS

The unit will provide you with an understanding of the following components of psychological first aid:

- Disaster Trauma
- Team Well-Being
- Working with Survivors' Trauma

DISASTER TRAUMA

During a disaster, you may see and hear things that will be extremely unpleasant.

Direct psychological trauma could result from:

- Your own personal losses
- Working in your neighborhood
- Assisting neighbors, friends, coworkers who have been injured
- Not feeling safe and secure

Vicarious trauma, which is also referred to as compassion fatigue or secondary victimization, is a natural reaction to exposure to a survivor's trauma. A person who identifies too strongly with a survivor may take on that survivor's feelings. Vicarious trauma is an "occupational hazard" for helpers.

Taking on the survivors' feelings as your own can affect your ability to do your job as a rescuer and can also have longer term impact. Taking ownership of others' problems will compound your own stress and impact your overall effectiveness.

Be alert to signs of disaster trauma in yourself, as well as in disaster victims and other survivors, such as fellow CERT members, so that you can take steps to alleviate stress.

DISASTER TRAUMA (CONTINUED)

POSSIBLE PSYCHOLOGICAL SYMPTOMS

Some of the types of disaster-related psychological and physiological responses that you may experience or observe others experiencing are:

- Irritability or anger
- Self-blame or the blaming of others
- Isolation and withdrawal
- Fear of recurrence
- Feeling stunned, numb, or overwhelmed
- Feeling helpless
- Mood swings
- Sadness, depression, and grief
- Denial
- Concentration and memory problems
- Relationship conflicts/marital discord

POSSIBLE PHYSIOLOGICAL SYMPTOMS

- Loss of appetite
- Headaches or chest pain
- Diarrhea, stomach pain, or nausea
- Hyperactivity
- Increase in alcohol or drug consumption
- Nightmares
- The inability to sleep
- Fatigue or low energy

TEAM WELL-BEING

There is a range of actions that can be taken before, during, and after an incident to help manage the emotional impact of disaster response work.

Knowing in advance the possible psychological and physiological symptoms of disaster trauma that are covered in this unit is one step in managing the impact.

Some other aspects of stress management for CERT responders include actions that CERT members can take for themselves and actions that CERT leaders can take during a response.

WAYS TO REDUCE YOUR OWN STRESS

Only you know what reduces stress within yourself and expending the effort required to find personal stress reducers is worthwhile before an incident occurs.

You can take the following preventive steps in your everyday life:

- Get enough sleep.
- Exercise regularly.
- Eat a balanced diet.
- Balance work, play, and rest.
- Allow yourself to receive as well as give; you should remember that your identity is broader than that of a helper.
- Connect with others.
- Use spiritual resources.

In addition to preventive steps, you should explain to your loved ones and friends how to support you when you return from a disaster area.

- Listen when you want to talk.
- Don't force you to talk if you don't want to.

You may also want to share with your loved ones and friends the information on possible disaster-related psychological and physiological symptoms discussed earlier.

TEAM WELL-BEING (CONTINUED)

HOW TEAM LEADERS REDUCE STRESS DURING THE INCIDENT

There are steps that CERT leaders can take to reduce the stress on rescue workers before, during, and after an incident:

- Brief CERT personnel before the effort begins on what they can expect to see and what they can expect in terms of emotional response in the survivors and themselves.
- Emphasize that the CERT is a team. Sharing the workload and emotional load can help defuse pent-up emotions.
- Encourage rescuers to rest and regroup so that they can avoid becoming overtired.
- Direct rescuers to take breaks away from the incident area, to get relief from the stressors of the effort.
- Encourage rescuers to eat properly and maintain fluid intake throughout the operation. Explain that they should drink water or other electrolyte-replacing fluids and avoid drinks with caffeine or refined sugar.
- Arrange for a debriefing 1 to 3 days after the event in which workers describe what they encountered and express their feelings about it in a more indepth way.
- Rotate teams for breaks or new duties (i.e., from high-stress to low-stress jobs). Encourage team members to talk with each other about their experiences. This is very important for their psychological health.
- Phase out workers gradually. Gradually phase them from high- to low-stress areas of the incident. For example, do not stand down and send home a team member that has just completed a high-stress operation; instead, assign them a low-stress responsibility so they can decompress gradually.
- Conduct a brief discussion (defusing) with rescue workers after their shift during which they can describe what they encountered and express their feelings about it.

TEAM WELL- BEING (CONTINUED)

CRITICAL INCIDENT STRESS DEBRIEFING (CISD)

A critical incident stress debriefing, or CISD, is one type of intervention that may be helpful for a CERT. CISD is one of several components of critical incident stress management (CISM). CISM is a short-term healing process that focuses on helping people deal with their trauma one incident at a time. It is intended to lessen the chance of someone experiencing post-traumatic stress disorder and get them back to their daily lives as quickly as possible.

CERT leaders may invite a mental health professional trained in critical incident stress management (CISM) to conduct a critical incident stress debriefing (CISD).

CISD is a formal group process held between 1 to 3 days after the event. It is designed to help emergency services personnel and volunteers cope with a traumatic event.

CISD would not be used as a stand-alone intervention but would be used in conjunction with other types of intervention, such as defusing, debriefing, and following up with the individual.

A CISD has seven phases:

1. Introductions and a description of the process, including assurance of confidentiality
2. Review of the factual material about the incident
3. Sharing of initial thoughts and feelings about the incident
4. Sharing of emotional reactions to the incident
5. Review of the symptoms of stress experienced by the participants
6. Instruction about normal stress reactions
7. Closing and further needs assessment

Participation in a CISD should be voluntary.

Your agency may assist in arranging CISD services for the CERT. If CISD is unavailable through your agency, you should contact the Red Cross or a community mental health agency to schedule a CISD.

While it may be beneficial, pastoral counseling is not a substitute for disaster counseling from a professional.

WORKING WITH SURVIVORS' TRAUMA

Crisis survivors can go through a variety of emotional phases, and as a rescuer, you should be aware of what you may encounter

- In the impact phase, survivors generally do not panic and may, in fact, show no emotion.
- In the inventory phase, which immediately follows the event, survivors assess damage and try to locate other survivors. During this phase, routine social ties tend to be discarded in favor of the more functional relationships required for initial response activities (e.g., search and rescue).
- In the rescue phase, as emergency services personnel (including CERTs) respond, survivors are willing to take direction from these groups without protest. This is why CERT identification (helmets, vests, etc.) is important.
 - Survivors are likely to be very helpful and compliant during the rescue phase.
- In the recovery phase, the survivors appear to pull together against their rescuers, the emergency services personnel.
 - Survivors may express anger or blame to the rescuers as they transition to the recovery phase.
 - You should expect that survivors will show psychological effects from the disaster — and you should expect that some of the reaction will be directed toward you.

TRAUMATIC CRISIS

A crisis is an event that is experienced or witnessed in which people's ability to cope is overwhelmed:

- Actual or potential death or injury to self or others
- Serious injury
- Destruction of their homes, neighborhood, or valued possessions
- Loss of contact with family members or close friends

WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

Traumatic stress may affect:

- Cognitive functioning. Those who have suffered traumatic stress may act irrationally, in ways that are out of character for them, and have difficulty making decisions. They may have difficulty sharing or retrieving memories.
- Physical health. Traumatic stress can cause a range of physical symptoms — from exhaustion to health problems.
- Interpersonal relationships. Those who survive traumatic stress may undergo temporary or long-term personality changes that make interpersonal relationships difficult.

MEDIATING FACTORS

The strength and type of personal reaction to trauma vary depending on:

- The person's prior experience with the same or a similar event; the emotional effect of multiple events can be cumulative, leading to greater stress reactions.
- The intensity of the disruption in the survivors' lives; the more the survivors' lives are disrupted, the greater their psychological and physiological reactions may become.
- The meaning of the event to the individual; the more catastrophic the victim perceives the event to be to him or her personally, the more intense his or her stress reaction will be.
- The emotional well-being of the individual and the resources (especially social) that he or she has to cope; people who have had other recent traumas may not cope with additional stresses.
- The length of time that has elapsed between the event's occurrence and the present; the reality of the event takes time to "sink in."

CERT members can't know — and should never assume to know — what someone is thinking or feeling. Keep the phases in mind.

You should not take the survivors' surface attitudes personally. Rescuers may expect to see a range of responses that will vary from person to person, but the responses they see will be part of the psychological impact of the event — and probably will not relate to anything that the CERTs have or have not done.

WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

STABILIZING VICTIMS

The goal of onscene psychological intervention on the part of CERT members should be to stabilize the incident scene by stabilizing individuals. While any medical needs must be addressed first, you can provide psychological intervention in the following ways:

- Observe individuals to determine their level of responsiveness and whether they pose a danger to themselves or to others.
- Get uninjured people involved in helping. Engaging survivors in focused activity helps them cope, so give them constructive jobs to do such as organizing supplies. This strategy is especially effective for survivors who are being disruptive.
- Help survivors connect to natural support systems, such as family, friends, or clergy.
- Provide support by:
 - Listening to them talk about their feelings and their physical needs. Victims often need to talk about what they've been through — and they want someone to listen to them.
 - Empathizing. Caring responses show victims that someone else shares their feelings of pain and grief.

BEING AN EMPATHETIC LISTENER

Being an empathetic listener requires the listener to listen and to let the victim talk.
Good listeners will:

- Put him- or herself in the speaker's shoes in order to better understand the speaker's point of view. Draw upon past experiences, or try to imagine how the speaker is feeling. In order to limit the effects of vicarious trauma, be careful not to completely take on the speaker's feelings.
- Listen for meaning, not just words, and pay close attention to the speaker's nonverbal communication, such as body language, facial expressions, and tone of voice.
- Paraphrase the speaker periodically to make sure that you have fully understood what the speaker has said and to indicate to the speaker that you are listening. This reinforces the communication process.

WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

Survivors that show evidence of being suicidal, psychotic, or unable to care for themselves should be referred to mental health professionals for support. (This will be infrequent in most groups of survivors.)

WHAT NOT TO SAY

When providing support, you should avoid saying the following phrases. On the surface, these phrases may be meant to comfort the survivors, but they can be misinterpreted.

- "I understand." In most situations we cannot understand unless we have had the same experience.
- "Don't feel bad." The survivor has a right to feel bad and will need time to feel differently.
- "You're strong" or "You'll get through this." Many survivors do not feel strong and question if they will recover from the loss.
- "Don't cry." It is okay to cry.
- "It's God's will." With a person you do not know, giving religious meaning to an event may insult or anger the person.
- "It could be worse," "At least you still have ...", or "Everything will be okay." It is up to the individual to decide whether things could be worse or if everything can be okay.

Rather than provide comfort, these types of responses could elicit a strong negative response or distance the survivor from the listener.

It is okay to apologize if the survivor reacts negatively to something that was said.

WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

MANAGING THE DEATH SCENE

One unpleasant task that CERT members may face is dealing with a victim who dies while under the team's care. The guidelines below (T.W. Dietz, 2001; J.M. Tortorici Luna, 2002) are useful for dealing with this situation:

- Cover the body; treat it with respect. Wrap mutilated bodies tightly.
- If the person has died while at the treatment area, move the body to your team's temporary morgue. (If the person was tagged as "dead" during triage, do not remove from the incident area.)
- Follow local laws and protocols for handling the deceased.
- Talk with local authorities to determine the plan.

INFORMING FAMILY AND FRIENDS OF A DEATH

In some cases, family members or friends may not know of the death of their loved one, and CERT members may have to tell them. In this situation, CERT members should:

- Separate the family members and friends from others in a quiet, private place.
- Have the person(s) sit down, if possible.
- Make eye contact and use a calm, kind voice.
- Use the following words to tell the family members and friends about the death: "I'm sorry, but your family member has died. I am so sorry." It is okay to reference the deceased person's name or their relation to the survivor if you know it.
- Let the family and friends grieve.

UNIT SUMMARY

- During a disaster, rescuers may be exposed to things that are extremely unpleasant or uncomfortable. These experiences will be stressful and may be traumatic.
 - Over-identifying with survivors may subject rescuers to vicarious trauma.
 - There are both psychological and physiological symptoms of trauma that may be observed in victims and rescuers after a disaster.
 - CERT leaders can take steps to reduce stress on rescue workers before, during, and after an incident.
 - CERT members can take steps to personally reduce stress.
- The critical incident stress debriefing (CISD) is one component of critical incident stress management. CISD has seven phases and is an intervention for dealing with trauma.
- Research shows that survivors go through distinct emotional phases following a disaster.
 - Impact phase
 - Inventory phase
 - Rescue phase
 - Recovery phase
- Traumatic stress may affect cognitive functioning, physical health, and interpersonal reactions.
 - Different people react differently to traumatic stress based on a variety of mediating factors.
 - A traumatic crisis occurs when a person's ability to cope is overwhelmed.

COMMUNITY EMERGENCY RESPONSE TEAM

UNIT 7: DISASTER PSYCHOLOGY

UNIT SUMMARY (CONTINUED)

- The goal of onscene psychological intervention is to stabilize the incident by stabilizing individuals.
- Provide support for survivors by being an empathetic listener.

HOMEWORK ASSIGNMENT

Read and become familiar with the unit that will be covered in the next session.

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