About the Print Version

The print version of the course includes all the substantive content from each screen. It does not include any of the exercises.

Introduction

Disasters strike at any time. People can suddenly lose their homes, their jobs, their loved ones. Experiencing the loss, and the event itself, often takes an emotional toll. As a responder, what can you do to help people deal with their emotional reactions in the immediate aftermath?

For example, a disaster like this could strike your city. (Transcript of video.)

This is Nicole. Nicole's day was going well. As she drove to work through light traffic, she thought about her daughter's presentation to her fourth grade class, and remembered that she had to pick up her son from soccer practice. This is something her husband usually took care of, but he was out of town at a conference. And so far there were no major emergencies at work.

Then it began. Her office started to shake. She remembered to duck and cover under her desk.

Nicole could hear the building creaking as it swayed and sounds of breaking glass. Then the shaking stopped. Nicole crawled out from under her desk. She was scared and confused. Her thoughts raced "How are my kids? How can I reach my family?" She tried calling her husband, but got the message, "All circuits are busy, try your call later."

Then, an aftershock hit. Nicole's arm was cut and bleeding. She heard water gushing from sprinklers in other offices, though she couldn't see any fire or smell any smoke.

As she walked down the stairwell towards the emergency building exit, this whole situation seemed unreal—like a dream. The cut on her arm was now dripping onto her shirt. She was getting very worried about her kids but could not reach either of their schools. She thought she would try to call her husband again but found herself sitting in an alley, dazed.

In this scenario, the earthquake is of moderate intensity (6.8 magnitude). But it is a relatively shallow earthquake. The intense shaking causes significant damage to many roads and bridges in the city and surrounding area. Damage to the transportation infrastructure, including the interstate and major arterials, is so severe that areas are cut off from outlying

regions. This presents major challenges to initial rescue efforts and re-uniting family members in the affected areas.

Normal Psychosocial Effects of Disasters on Survivors

Disasters affect the physical and psychological health and well-being of communities and individuals. Disasters also usually result in extensive property damage and other losses (e.g., jobs, harm to the enivronment).

Though most individuals and populations are resilient, survivors still may experience a variety of psychological symptoms or difficulties, including anxiety, anger, or difficulties thinking or making good decisions. People may also have physical symptoms of stress. While such symptoms are generally mild to moderate, some individuals may experience severe symptoms that can be partially or even completely debilitating. In our earthquake scenario, though Nicole will most likely be resilient, she may need some support to maintain that resiliency in the immediate aftermath of a disaster.

Psychosocial Crisis

Disaster survivors may experience significant problems, or **psychosocial crisis**. Risk factors that research suggests might precipitate a psychosocial crisis include:

- Serious injury to themselves, family members, and friends, or even threat of serious injury (or death) to themselves or loved ones
- Witnessing serious injuries to or death of loved ones or others
- Extensive losses caused by the disaster, such as damage or destruction of their residence, their neighborhood, or even their community
- Loss of important community or cultural symbols (e.g., monuments) or "way of life" (for example, in the aftermath of the 2010 Gulf Oil disaster many fishermen could no longer fish)
- Actual or anticipated hardships such as evacuating, residing in a shelter, the need to seek alternative living arrangements, or decline in income due to job loss
- The need to make major adjustments in the aftermath of a disaster such as re-locating to another community or securing another line of work

In these cases extra support may be required in the form of professional guidance or provision of information about the way individuals typically respond in a disaster.

Summary

Though most people will be resilient after a disaster, some survivors will need and benefit from extra support to deal with the event and its aftermath. This course focuses on helping those disaster survivors who need assistance to persevere and promote their resilience.

Before a disaster strikes, however, you and your agency should forge good relationships with the communities, community agencies, and

Did You Know?
Sensationalistic media coverage and Hollywood portrayals of panic are not realistic. To the contrary, the vast majority of disaster survivors do not panic but instead respond rationally, engage in effective problem solving, and reach out in altruistic ways to assist others. For example, after the first jet liner crashed into the World Trade Center towers, well over 85% of the people working in or visiting the towers were able to evacuate in the short amount of time before both towers collapsed. (Gershon et al, 2004).

Psychosocial crisis:
Although psychosocial crisis is borrowed from Erickson's model of psychosocial development, the term more generally refers to a situation or event that is so overwhelming that an individual's usual ways of adaptive coping are challenged and are, perhaps, ineffective.

community leaders with whom you may be working. The next section describes how to lay the groundwork to establish trust and credibility in communities.

Laying the Groundwork

A vital part of crisis management is laying the groundwork for good relationships with community members and leaders well before a disaster occurs. Initially, consider the communities and populations you might be working with. Ask yourself, "Do I understand their cultures or subcultures?" If not, you will need to learn their norms, appreciate and respect core values, and better understand their "ways of doing business."

Many people in certain cultures or subcultures may have a natural aversion to outsiders, whom they may feel don't have their best interests at heart. Along with a lengthy internship to learn about the populations you wish to work with, you will need to develop good working relationships with local leaders in these communities. It is essential that the community and community leaders trust you so that they feel you are a source of credible information and will follow your guidance in a crisis.

Cultural Sensitivity in Crisis Management

For crisis management to be effective you should understand the cultures of the people you'll be working with. Ideally, you would coordinate any care with the local community leadership and have been invited into the community.

After gaining some insight into a community's culture, consider whether you are the best person to work within that community. Another person in your department may be better suited. Without an understanding of the culture, efforts to provide crisis management could be counterproductive and potentially harmful.

Intentions

Good intentions are not enough. Consider the ancient Chinese fable of the monkey and the fish:

> *A monkey and a fish were caught in a terrible flood and were swept downstream by torrents of water and debris. The monkey spied a branch from an overhanging tree and pulled himself to safety from the flood waters. Then, wanting to help his friend the fish, he reached into the water and pulled the fish from the water onto the branch.*
>
> *Moral of the story: Good intentions are not enough. If you wish to help the fish, you must understand the culture.*

Psychosocial interventions might be less effective or even harmful for a particular minority or immigrant population. For example, in some cultures any explicit suggestion that someone may have a psychological disorder is completely unacceptable and could make matters worse. Also, in some cultures communication should go through the head of the family.

Did You Know?

Research has shown that early interventions for disaster survivors might actually result in harmful effects in certain situations in certain cultures. Burundi, a small nonindustrial African nation, suffered a civil war in which over 300,000 individuals—mostly nonmilitary citizens—were killed. In one published study, one of the groups received the psychoeducational intervention which presented information about post-traumatic stress disorder (PTSD), including commonly experienced trauma symptoms. The group that received the psychoeducational intervention actually reported that the intervention did not alleviate their trauma. In Burundi there is no concept of PTSD, which is a western term, therefore, psychoeducation based on the PTSD model was not appropriate.

Any efforts to communicate outside of those socially sanctioned lines of communication will be problematic.

The following factors might arise that could hinder your attempts to help survivors.

- Language barriers that make communication problematic
- Beliefs survivors might have about disasters and what they mean in their culture
- Beliefs about providers and who is qualified to serve the needs of a particular cultural group
- Beliefs about symptoms in the aftermath of a disaster, what they represent, and how they need to be addressed

Recognize the Chinese fable of the monkey and the fish for what it is—a warning to the dominant culture to "first understand."

Community Relationships

To be most effective you or your agency needs to be well-known and trusted in the community. Identify who in the community you should be working with and develop relationships with those community leaders.

In addition to identifying which community leaders you will work with, you should find out what major languages people speak. Then translate general information about disasters and common responses in those languages before a crisis strikes.

Your intervention may be based on evidence and seem appropriate to you. But without doing the some basic research and building relationships before the disaster, the community may be reluctant or even resistant to your efforts.

Did You Know?
In the aftermath of Hurricanes Katrina and Rita in 2005, faith-based and community organizations played an important role in the initial response and long-term recovery of disaster-affected areas in the Gulf. These groups provided immediate relief services, offering food, water, clothing, and temporary shelter. A few organizations provided longer-term services such as housing repairs, help in resettling, counseling, and job training.

Mental Health Triage Systems

In addition to building community relationships, your agency should consider establishing a mental health triage system for disasters. There is increasing evidence of a "golden month," which refers to the time frame when high risk survivors need to receive care so that they can cope. Having a triage system before a disaster occurs will allow your agency to coordinate mental health assistance across organizations.

One such mental health triage system is PsySTART (Psychological Simple Triage and Rapid Treatment). PsySTART uses rapid mental health triage tags in the field, collecting data about the survivor, including whether she has dead or missing loved ones, physical injuries, prior history of mental health care, and her current emotional status. Information from the tags goes into a database, which provides an overall view of the mental health needs of a community. The data can show where and for whom to prioritize services and help communities integrate their mental health response with the overall disaster response.

The resources section has more information about the PsySTART mental health triage system.

Summary

Laying the groundwork before a disaster occurs is a crucial step toward more effectively helping survivors. You should be culturally sensitive to the people in the communities you'll be working in and understand potential barriers that might hinder your efforts. Building relationships within the community and with its leadership will help you be more aware of what those cultural barriers might be.

Crisis Management Models

In our hypothetical earthquake example, if you were to come across Nicole on the sidewalk, how might you help her? How should you approach her and what strategies might you use?

There are several crisis management models specifically developed for disaster survivors. This section gives a brief overview, including strengths and limitations, of four different approaches. Providing training to expertly use each approach is beyond the scope of this course. However, by being familiar with these models you will better understand which elements may be useful in certain situations. The last section will show how using a blend of these four models can help disaster survivors cope with the aftermath of a disaster.

Psychoeducational Information/Risk Communication

The videos on these pages are illustrative and not meant to show a complete scenario.

Counselor: So, this handout will give you some tips on how to respond in a disaster. It goes over some immediate reactions, and then also provides some tips to consider.

In the psychoeducational information (or risk communication) model, responders provide survivors with information and education about typical reactions, helpful coping strategies, and available disaster-related resources. These materials may include handouts or information on websites or blogs.

The psychoeducational information model has been around for at least 100 years. One of the more recent successful psychoeducational campaigns was Project Liberty. The project provided free public educational services and crisis counseling to thousands of New Yorkers in the wake of the 9/11 terrorist attacks. For instance, they used billboards and reader boards in subway trains to list the symptoms of post-traumatic stress disorder—then provided a contact number if people wanted more information.

Strengths	Limitations
• Population-based approach • Conveys important mental health information to large numbers of disaster survivors in an affected community • Information can be provided by media outlets and the internet and targeted to specific populations	• Information available may not be accessible (especially if phone lines and cell towers are down) • Information may not be accessed in a timely fashion • Information may not be tailored to a particular disaster or individual • Information alone—even if it is high quality, accurate, and provided in a timely manner by a credible authority—may not be sufficient in itself to assist disaster-affected individuals or populations

For examples of psychoeducational information, see CDC's primer on mental health for survivors and first responders following a disaster or the Traumatic Incident Stress Information for Emergency Workers factsheet.

Crisis Counseling

The videos on these pages are illustrative and not meant to show a complete scenario.

Counselor: So, how have you been doing? Are you feeling a little less overwhelmed?

Nicole: Well, it's still hard. My house was damaged, and I'm having trouble getting assistance for it. And the schools are still closed. I need some help getting childcare.

The roots of crisis counseling date back to WWI and WWII. The military considered soldiers disloyal if they exhibited extreme emotional reactions in the aftermath of combat. Eventually, the military realized that soldiers fared better when offered immediate treatment (that is, crisis counseling). This approach is often part of the mental health response to a disaster.

The crisis counseling model

- Is brief—often consisting of just a single session
- Focuses on the immediate event or trigger; in this case the disaster
- Provides emotional support and guidance to the individual in crisis
- Identifies available resources, including disaster survivor coping responses and community supports

Providers can offer crisis counseling to an individual or to small groups.

Strengths	Limitations
• Tailored to the individual (or small group) and the crisis at hand • Mental health professionals observe and evaluate needs of distressed individuals and can recommend additional care	• Only offered by a professional • Focus is on individuals or small groups, rather than on the needs of a community • Needs of the community and the sheer numbers of distressed survivors may overwhelm availability of mental health professionals with training in crisis counseling during a disaster

Critical Incident Stress Debriefing

The videos on these pages are illustrative and not meant to show a complete scenario.

Counselor: Alright, during the next phase, I want each of you to think back to the beginning of the earthquake and describe what happened. We want to talk about just the facts. So we'll start here [points to Nicole] and go around the table.

Nicole: Well, uh, I was sitting at my desk typing and the ground start to shake. I froze for a minute, but then I crawled under my desk.

Over time the military incorporated crisis counseling into critical incident stress management. In the 1970s and 1980s, disaster responders borrowed one component of this approach, critical incident stress debriefing, which was later widely adopted by police and fire departments. Currently, some organizations use this model to help disaster survivors.

Critical incident stress debriefing is a one-session intervention, usually offered within days of the disaster and targeted to a small group. This model uses trained co-leaders—a professional mental health counselor and a peer support individual. The session has a number of distinct steps to process a traumatic event.

1. Introduction and establishment of guidelines
2. Details of the event from survivors' perspectives
3. Subjective emotional responses of group members
4. Review of personal reactions and actions
5. Discussion of symptoms exhibited since the event
6. Assurance that any symptoms are a normal reaction and will lessen with time and self-care
7. List of available resources and return to normal tasks

Critics feel this intervention is too intrusive. Studies have shown that not only is there no evidence that this approach reduces risk of psychological trauma, but also show that people may actually have more psychological trauma after participating in these sessions. Many mental

health professionals have become concerned about using this method indiscriminately.

Strengths	Limitations
• Peer involvement and the partnering of a professional and peer co-leaders • Most participants report that the intervention is helpful	• Controversial • Little evidence that this approach actually deters the onset or progression of post-traumatic stress disorder • Works best with homogenous groups (that is, not a diverse population) • Small fraction (~10%) of participants report that the intervetion was not helpful and even may have adversely affected their mental health • In a large-scale disaster, may not be sufficient training of leaders to meet needs of affected population

The International Critical Incident Stress Foundation recommends certification training for peer trainers who may co-lead critical incident stress debriefings. They offer a certificate training course.

Psychological First Aid

The videos on these pages are illustrative and not meant to show a complete scenario.

Counselor: Hi, can I help you? Take some deep breaths and it will feel a little less overwhelming.

Nicole: [breathes deeply]

In response to growing concern about the use of critical incident stress debriefing, experts at the Center for the Study of Traumatic Stress compiled new guidelines for behavioral health approaches for disaster survivors. By the early 2000s, mental health experts began to agree that most disaster survivors do not develop post-traumatic stress disorder or other type of trauma-related mental disorders. Specific components of natural resiliency, such as the inherent ability of most individuals to recover from trauma and emotionally supportive functions such as the social support provided by one's family, became part of a new approach: Psychological First Aid.

Psychological first aid is an evidence-informed modular approach designed to help people in the immediate aftermath of a disaster (usually within the first week). Unlike critical incident stress debriefing, psychological first aid doesn't involve a specific protocol or agenda, but is flexible in its application. Responders can use any one or a combination of components depending on the emerging needs of the survivor and the circumstances of the event. These components include

- Contacting and engaging survivors
- Making sure they are safe and comforting them
- Calming overwhelmed or distoriented survivors
- Identifying their immediate needs
- Offering practical assistance to meet those needs
- Connecting survivors with social support
- Providing information on coping
- Linking survivors to collaborative services (housing, childe care, etc.)

This model is for individuals experiencing acute stress reactions or who appear to be at risk for significant impairment (distressed survivors). The American Red Cross, Medical Reserve Corps, and Community Emergency Response Teams (CERT) have adopted this approach.

Strengths	Limitations
• Can be delivered in a broad range of emergency settings, including shelters • Can be delivered in single or multiple sessions • Disaster response workers or other public health professionals trained to provide early assistance can provide this intervention • Method promotes resilience in disaster survivors • Modular components can be delivered separately or tailored to survivor needs or to particular survivor groups	• Not yet extensively tested in the field • Not formally adapted to the disaster needs of various cultural groups, such as American Indians • May not be sufficient personnel with training in a large-scale disaster • No standard of procedure established

To learn more see the Psychological First Aid: Field Operations Guide.

Summary

In this section, you became familiar with four crisis management models that can help disaster survivors persevere and promote their resilience. These include crisis counseling, pyschoeducational information/risk communication, critical incident stress debriefing, and psychological first aid. Because there are strengths and limitations to each model, we recommend using a blend of these models or emphasizing one or more of these approaches when helping disaster survivors at risk or experiencing an emotional crisis.

Crisis Management with Disaster Survivors

Crisis management consists of a number of distinct phases or stages that draw upon one or more of the crisis management models just discussed. In this section, we'll consider several scenarios and how you might use

elements of these psychosocial crisis management intervention models with disaster survivors.

Initial Engagement

Initially, you may come across disaster survivors in many settings: outside damaged buildings, on the streets, or in shelters. You might find Nicole outside her workplace on the street. If the community setting is safe and **secure**, your initial contact can begin there.

Crisis management can be initiated in any safe and secure environment including a Red Cross shelter, a health care facility, or a mass dispensing venue or vaccination site.

In this scenario, this phase of crisis management draws most heavily upon the psychological first aid model's contact and engagement component. The crisis counseling and critical incident stress debriefing models also provide some guidance regarding ways to approach and engage individuals in crisis. For example, critical incident stress debriefing includes an introductory phase to make sure that participants understand the ground rules and what they can expect in the session.

Rachel, a public health worker trained to respond to disasters, finds Nicole standing on the street in acute stress. Listen to how Rachel approaches Nicole in the video below.

The videos on these pages are illustrative and not meant to show a complete scenario.

[Rachel, a public health worker, approaches Nicole, who looks lost and bewildered on the sidewalk.]

Rachel: Hi. I'm Rachel. Are you OK? Do you have any injuries?

What did Rachel do right? She asked if Nicole was alright and whether she had any physical injuries. Acute physical injuries take priority and you should try to provide First Aid yourself or direct the person to local emergency medical services.

How could Rachel improve her initial contact approach? She should have asked Nicole whether it was OK to approach and talk to her. Some survivors may want to be left alone. Never encroach on someone's space or invade her privacy without her permission. Rachel should have also asked Nicole if she felt safe.

Listen to more of the conversation between Nicole and Rachel.

Rachel: What about your family? Are they OK?

Nicole: Um... my kids are still at school and I called my husband. He's at a conference.

Rachel: Any friends or anyone else you might be worried about?

Nicole:...

What did Rachel do right? She asked Nicole about her family and friends' safety. In most cases, the highest priority crisis management activity will be to locate and reunite missing family members with their loved ones. Rachel could also ask Nicole whether she felt comfortable telling her what happened or what she experienced as a result of the disaster.

If the individual has not been separated from family and friends and has no missing family members, an initial crisis assessment can begin.

Crisis Assessment

Crisis assessment in a disaster focuses on immediate practical needs, emergent problems, and available options. There are several considerations in assessing the needs of survivors—they are "at risk." If you are using a triage system like PsySTART, you will need to complete the triage tags, which ask questions of survivors about any intent to harm (self or others), witnessing death (family, friends, peers, pets), missing family members, exposure to agents, and other health concerns.

During this stage, crisis management draws upon a blend of crisis counseling, psychological first aid, and critical incident stress debriefing. For example, crisis counseling and psychological first aid ask disaster survivors to identify their most pressing needs. At this point affected individuals need to share their most immediate needs and concerns. Some identified problems may be outside the scope of crisis management. However, other issues may be amenable to practical problem-solving approaches, such as locating a shelter or place to reside if her residence is destroyed, no longer habitable, or inaccessible.

Watch Rachel's crisis assessment with Nicole.

Rachel: Where were you when the earthquake happened? Is everyone at your work or your family OK?

Nicole: ...

Rachel: What about any chronic medical conditions or pre-existing conditions or mental health disorders?

What could Rachel have done better? While there are many questions or issues you might like the disaster survivor to answer or to clarify, you should not "interrogate" disaster survivors.

It's best to ask disaster survivors to prioritize their most pressing problems or immediate concerns and to assist them with "one problem at a time." Sometimes disaster survivors are so distressed and so overwhelmed that they may have difficulty prioritizing or even communicating. These individuals may need some form of psychophysiological calming exercise (see Centering Exercises page).

Below is a better example of a crisis assessment.

Rachel: Are you OK?

Nicole: I think so.

Rachel: What about that cut on your arm? Is it still bleeding?

Nicole: It's not so bad.

Rachel: Well, is there anything else I can help you with?

Nicole: Yeah. I need to see my kids.

Rachel: And as far as you know they're at school?

Nicole: Right. So, can you help me find a ride there?

Rachel: I'm not allowed to do that, but I could help you get in contact with them.

Crisis Screening

Based on the initial assessment, individuals may be "screened" and perhaps referred at that time or later for more intensive counseling or even psychotropic medications. Crisis screening is an integral element of critical incident stress debriefing, psychological first aid, and crisis counseling. Based on the initial assessment, each of these approaches tries to identify individuals who are at risk for an acute or long-term psychological disorder or who may need and could benefit from more intensive care. These approaches also screen for individuals who may pose a suicidal risk.

You will need to have a working relationship with a mental health professional, such as a psychiatrist, who has prescriptive authority and, in extremely rare cases, would be able to hospitalize an individual who is a threat to herself or others. (In extremely rare circumstances an individual may experience an acute psychotic episode.)

While Nicole seems to be oriented and does not present a risk to herself or others, occasionally some disaster survivors will experience debilitating or even psychotic symptoms. These individuals will need immediate referral for definitive short-term treatment or medications. Do not hesitate to contact the police or authorities if you experience an unforeseen threat to your own or others' safety as a result of the behavior of a disaster survivor.

You may want to have established a close relationship with security or law enforcement personnel if an unforeseen threat to your safety or to any disaster worker or survivor emerges. By establishing this relationship, law enforcement will know you and will understand your role, which will facilitate communication and appropriate, timely action in an actual disaster.

Centering Exercise

For some distraught disaster survivors, a gentle reminder to relax, calm down, and take a few, slow deep breaths can help them to "center." Sometimes just sitting quietly with a disaster survivor can help her to regain composure.

You should understand that the disaster survivor may have experienced or witnessed something entirely outside the range of normal experience. The survivor may have felt like she was going to die. She may have witnessed others—perhaps loved ones—sustain serious or even fatal injuries. You should be empathetic and should not assume that you understand what the disaster survivor has been through and may still be experiencing. The centering exercise is one of the psychological first aid components.

The following is a centering exercise. You can use this to help disaster survivors become calm.

Did You Know?
Deep relaxed belly breathing can actually influence your heart rate (it will increase slightly when you inhale and decrease slightly when you exhale). After a few minutes of relaxed belly breathing, your overall heart rate and blood pressure will likely decrease. This form of breathing has also been shown to decrease anxiety and physical stress symptoms.

It is important that you first feel safe and comfortable—either seated or reclining.

Now focus on your breathing. Inhale slowly and deeply through your nostrils and allow your diaphragm to expand (belly breath). Now exhale slowly out of your mouth with pursed lips. Practice deep/belly breathing for the next several minutes. For most people, a rate of six to eight breaths per minute is consistent with relaxed belly breathing.

Now locate areas of tension in your body—is your neck, jaw, or back tense? If so try to relax—and let go of tension from each of these areas as you breathe deeply. After several minutes slowly shift your awareness back to your surroundings, but attempt to preserve your sense of relaxation and calm experienced during the "centering" exercise.

Social Support

If Nicole was separated from her family or loved ones, Rachel or other responders should focus on reuniting Nicole with her family. At the very least, if possible, responders should try to offer support and connect survivors with resources. This is a crucial element of all of the crisis intervention models.

Facilitate the survivors' use of social media (such as Facebook and Twitter) to communicate and reach out. This is an example of using population-based risk communication.

Depending on the setting, tangible and emotional social support may be available from other survivors who can potentially provide information, ways they are coping, and, importantly, hope.

Nicole has been comforted by talking with some of the other survivors at the shelter and is impressed with how they were coping in the aftermath. She also was able to access Facebook on her phone and read stories of survival and altruism posted by survivors in her area. Their courageous stories gave Nicole hope.

Mental Health Information

Responders should provide useful information to disaster survivors to help them understand their reactions and potential symptoms and normalize them, if possible. Normalizing reactions means to reassure disaster survivors that their thoughts and reactions are understandable and even "normal" given the nature of their disaster circumstances. One of the worst fears of disaster survivors experiencing strong emotional reactions in the aftermath of a disaster is that they might be "going crazy."

According to the CDC Primer on Disaster Health:

- No one who experiences a disaster is untouched by it.
- Most people pull together and function during and after a disaster, but their effectiveness is diminished.

Did You Know?

In 2011, Hurricane Irene made its way up the Eastern seaboard to Vermont. Though downgraded to a tropical storm, the hurricane was moving more slowly than anticipated and brought a lot of rain. Vermont's rivers flooded, taking out roads and bridges and isolating entire communities. Since news crews couldn't travel to the affected areas, people relied on Facebook and Twitter to find out which roads were washed out and which town halls were being set up as shelters. People without power or consistent cell services texted each other to reassure loved ones that they were OK.

Twitter, Facebook, and other social media sites were the only real-time source of information for thousands of people who had been cut off by the rapidly rising floodwaters, and it was an essential tool for communities to begin responding—creating evacuation sites and providing updates about evolving dangers.

- Mental health concerns exist in most aspects of preparedness, response, and recovery.
- Disaster stress and grief reactions are "normal responses to an abnormal situation."
- Survivors respond to active, genuine interest and concern.
- Disaster mental health assistance is often more practical than psychological in nature. Some practical activities include offering a phone, distributing coffee, and listening, encouraging, reassuring, and comforting the survivor.
- Disaster relief assistance may be confusing to disaster survivors. They may experience frustration, anger, and feelings of helplessness related to Federal, State, and non-profit agencies' disaster assistance programs. They may reject disaster assistance of all types.

Rachel found these principles helpful when dealing with Nicole. Keep these points in mind when preparing for or responding to a disaster.

Providing handouts about common reactions to a disaster is a major feature of the psychoeducational/risk communication model. If you have fliers, brochures, or other information that might assist survivors (such as psychoeducational handouts), be sure to provide access to these materials—preferably in hard copy—since access to the internet may be difficult or impossible in the days and weeks following a disaster.

Other crisis management models also have a mental health information component. The psychological first aid approach includes an educational element that helps disaster survivors put their thoughts and emotional reactions in perspective. During the teaching phase of critical incident stress debriefing leaders provide information—written or verbal—to help participants reduce the impact of stress and better cope with their emotions.

Prioritizing Needs

You may want to help disaster survivors prioritize resources they will need most. Rachel should have Nicole rank her needs from urgent to less important. For example, individuals with emergency medical issues or injuries need medical care immediately or as soon as feasible.

Rachel: Nicole, I need you to list your top three priorities for me. I will write them down for you. That way you have a list to refer to, and you can remember to focus on just one thing at a time.

Prioritizing needs is a component of the psychological first aid and crisis counseling methods.

Linking to Community Resources

Once you have the survivor prioritize her needs, you can link her to specific resources to meet those needs. If you or your agency have built credibility through visibility in the community, it is more likely that survivors will trust you to connect them to helpful resources following a disaster. If you are using the psychological first aid courses, you can use

the one that links disaster survivors with available community resources. In the re-entry phase of critical incident stress debriefing, leaders provide handouts that identify various community resources.

Rachel and her agency are well-known in Nicole's community. The agency spent time building this relationship so that when a disaster happened, the agency's employees could effectively help survivors.

If you have any written material that provides guidance on accessing resources, be sure to provide a hard copy for disaster survivors since they will not necessarily remember all (or even much) of what you have told them. Remember, they are probably anxious, distressed, and distracted and are potentially processing, storing, and retrieving information in a suboptimal fashion. Also, if possible, be sure to provide written information in their native language. For example, the Washington State Department of Health and the Department of Emergency Management have published fact sheets on many types of disaster hazards in a variety of languages. See their fact sheet on earthquake hazards.

You will be able to better focus on helping survivors if your own family has a disaster plan in place. Washington State Department of Health has a practical handbook on family preparedness.

Access to Medication

Individuals with chronic health conditions may need access to or refills of their prescribed medications, whether for physical or psychiatric conditions. Some psychiatric medications are needed on a daily basis for those with severe chronic mental illnesses to prevent mental health conditions from getting worse or relapsing. Taking steps to make sure that people can access their medications or refills is part of crisis management.

Nicole does not take any **psychotropic medications** but has periodic asthma attacks and needs refills for her inhaler. These and other medications for chronic conditions need to be included in any post-disaster medication cache. These caches may be included in those provided by community public health departments and as part of the Strategic National Stockpile.

Any medication capable of affecting the mind, emotions, and behavior.

Follow-through

Sometimes, disaster survivors get lost in the shuffle. Make sure that the people you initially contact can reach you or a community resource later. Promising that you or someone from your agency can be contacted if the need arises assures people that you are trustworthy and dependable. Follow-through is an essential feature of crisis management for disaster survivors. Crisis counseling, psychological first aid and critical incident stress debriefing models all include follow-through elements. For example, a psychological first aid therapist might provide a business card which included contact information.

Watch this video of Rachel and Nicole.

Rachel: Nicole, here's my card. My number is right here. Give me a call if anything goes wrong or you need any help.

What did Rachel do well? She provided her phone number and invited Nicole to contact her if Nicole experienced any difficulties.

Rachel should encourage Nicole to call her with any questions. Some questions or concerns may occur to survivors a while later. Let them know that they should not hesitate to contact you for help.

Summary

Crisis management for disaster survivors involves several stages or phases. When initially engaging with a survivor, you should get permission to talk with her and determine what her immediate high priority needs might be. After assessing the survivor's needs, you should screen her to see whether she needs to be referred for more intensive counseling or medication. Centering exercises can help survivors regain their composure so they can focus enough to prioritize their needs. Once survivors have prioritized their needs, you can link them with the available resources that address these needs. Be sure to give survivors contact information (a community resource or your work number) so they can get answers to questions or problems that might arise later.

Course Summary

Crisis management for disaster survivors begins well before any disaster and requires establishing and nurturing relationships with leaders and agencies in the community. This will provide the point of entry and trust needed to intervene in the community in the aftermath of a disaster.

The crisis management intervention described in this course is a blend of several models of early interventions for disaster survivors including psychological first aid, crisis counseling, and critical incident stress debriefing. Although no compelling evidence has been published that shows that any type of early intervention alone deters or alters the progression of adverse outcomes of disaster trauma such as PSTD or alcohol abuse, this does not mean that we cannot nor should not reach out to disaster survivors.