



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

This unit will address techniques for managing one's personal situation so that the needs of the victims and those of CERT team members can be met.

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

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

TEAM WELL-BEING

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

Vicarious trauma is the process of change in the rescuer resulting from empathic engagement with survivors. It is an "occupational hazard" for helpers.

Do not overidentify with the survivors. Do not take on the survivors' feelings as your own. Taking ownership of others' problems will compound your stress and affect the CERT's overall effectiveness.

Be alert to signs of disaster trauma in yourself, as well as in disaster victims, so that you can take steps to alleviate stress.



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TEAM WELL-BEING (CONTINUED)

Psychological symptoms may include:

- 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.

Physiological symptoms may include:

- 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.



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TEAM WELL-BEING (CONTINUED)

There are steps that CERT team leaders can take to promote team well-being before, during, and after an incident:

- Provide pre-disaster stress management training to all CERT personal.
- 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 re-group 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.
- Rotate teams for breaks or new duties (i.e., from high-stress to low-stress jobs). Team members can 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.
- Conduct a brief discussion (defusing) with workers after the shift, in which workers describe what they encountered and express their feelings about it.
- 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 in-depth way.

CERT leaders may invite a mental health professional trained in Critical Incident Stress Management (CISM) to conduct a Critical Incident Stress Debriefing (CISD).

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



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TEAM WELL-BEING (CONTINUED)

You should spend some time thinking about other ways to reduce stress personally. Only you know what makes you able to reduce stress within yourself. 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.
- Eat a balanced diet.
- Balance work, play, and rest.
- Allow yourself to receive as well as give. Remember that your identity is broader than that of a helper.
- Connect with others.
- Use spiritual resources.

Experienced rescue workers find these steps helpful in controlling their stress levels, but, in some cases, it might be necessary to seek help from mental health professionals.

CISD is one type of interventions within a more comprehensive, multicomponent crisis intervention system that is based on a careful assessment of the needs of a group or individual. CISD should not be used as a stand-alone intervention with other types be used in conjunction with other types of intervention.

A CISD has seven phases:

- Introductions and a description of the process, including assurance of confidentiality
- Review of the factual material about the incident
- Sharing of initial thoughts/feelings about the incident
- Sharing of emotional reactions to the incident
- Review of the symptoms of stress experienced by the participants
- Instruction about normal stress reactions
- Closing and further needs assessment



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TEAM WELL-BEING (CONTINUED)

Participation in CISD should be voluntary.

To schedule a CISD, you should contact the Red Cross, local emergency management agency, or community mental health agency. You could also ask your local fire or police department for help in contacting the appropriate person.

WORKING WITH SURVIVORS' TRAUMA

Some research studies have indicated that survivors go through emotional phases following a disaster:

- In the impact phase, survivors 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, emergency services personnel (including CERTs) are responding and survivors are willing to take their direction from these groups without protest. This is why CERT identification (helmets, vests, etc.) is important.
- In the recovery phase, the survivors appear to pull together against their rescuers, the emergency services personnel.

You should expect that survivors will show psychological effects from the disaster—and some of the psychological warfare will be directed toward you.

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.



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WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

Traumatic stress may affect:

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

The strength and type of personal reaction vary because of:

- The victim'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 will be his or her stress reaction.
- 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 well with additional stressors.
- 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."

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.



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WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

The goal of on-scene psychological intervention on the part of CERT members should be to stabilize the incident scene by stabilizing individuals. Do this in the following ways:

- Assess the survivors for injury and shock. Address any medical needs first. Observe them to determine their level of responsiveness and whether they pose a danger to themselves or to others.
- Get uninjured people involved in helping. Focused activity helps to move people beyond shock, so give them constructive jobs to do, such as running for supplies. This strategy is especially effective for survivors who are being disruptive.
- 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. Show by your responses that you hear their concerns. Victims want to know that someone else shares their feelings of pain and grief.
- Help survivors connect to natural support systems, such as family, friends, or clergy.

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.)

When providing support, they should avoid saying the following phrases. On the surface, these phrases are meant to comfort the survivors, but they do not show an understanding of the person's feelings.

- "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/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 ok to cry.
- "It's God's will." Giving religious meaning to an event to a person you do not know may insult or anger the person.



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WORKING WITH SURVIVORS' TRAUMA (CONTINUED)

- "It could be worse" or "At least you still have ..." It is up to the individual to decide whether things could be worse.

These types of responses could elicit a strong negative response or distance the survivor from you.

It is ok to apologize if the survivor reacts negatively to something that you said.

One unpleasant task that CERT members may face is managing the family members at the scene of the death of a loved one. The guidelines below will help you deal with this situation:

- Cover the body; treat it with respect. Wrap mutilated bodies tightly.
- Have one family member look at the body and decide if the rest of the family should see it.
- Allow family members to hold or spend time with the deceased. Stay close by, but don't watch—try to distance yourself emotionally somewhat.
- Let the family grieve. Don't try to comfort them out of a need to alleviate your own discomfort.

In some cases, the family may not know of the death of their loved one, and CERT members may be called upon to tell them. Suggest that in this situation, CERT members:

- Separate the family members 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 about the death: "I'm sorry, but your family member has died. I am so sorry."
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