

Introduction to Disaster Psychology

Additional Reading for presentation on November 11, 2003 @ 15:30-1700

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Time: 90 minutes

Goal: To provide an overview of disaster psychology

Objectives:

1. Understand psychological stages of a disaster
2. Identify some psychological effects of a disaster
3. Describe common psychological reactions of disaster survivors
4. Describe types of interventions to assist survivors
5. Understand importance of disaster psychology planning
6. Understand psychological terminology related to disaster

Introduction

Disaster mental health concerns the care of an individual's psychological well-being following exposure to a traumatic event. This could include large or small scale events such as: deliberate acts, natural or man-made disasters, criminal violence, or other acts of violence/destruction. The stress that follows traumatic events can become disorienting and can lead to improper decision making and prolonged sadness. The majority of survivors of a disaster cope with their experience over time, disaster mental health support strives to make this transition less stressful and prevent more serious reactions. In a few cases, this stress can evolve into a long-term disorder known as post traumatic stress disorder (PTSD) or major depression. For those who have more serious negative reactions to a disaster, referral to a mental health professional is recommended. This is done to prevent or treat pathological reactions to the trauma.

Assistance for those affected can be simple education on self care and stress reduction, or talking about their thoughts and emotions with trained volunteers or professionals. Understanding common reactions to the stress of a disaster can make recovery less stressful. It is best to prepare for mental health concerns prior to a disaster taking place. This includes having a *disaster mental health plan* which is a written plan describing how the psychological needs of disaster survivors will be met in the event of a disaster. One successful method of psychological intervention on a community based level is known as psychological first aid. This is a program that can be developed to assist large numbers of individuals following a disaster.

Assisting individuals psychologically may appear to be overwhelming. When broken down into smaller tasks, the inclusion of mental health into disaster response is obtainable and beneficial. Planning and intervention will be briefly described throughout the handouts and presentation.

Basic practical tasks of disaster mental health:

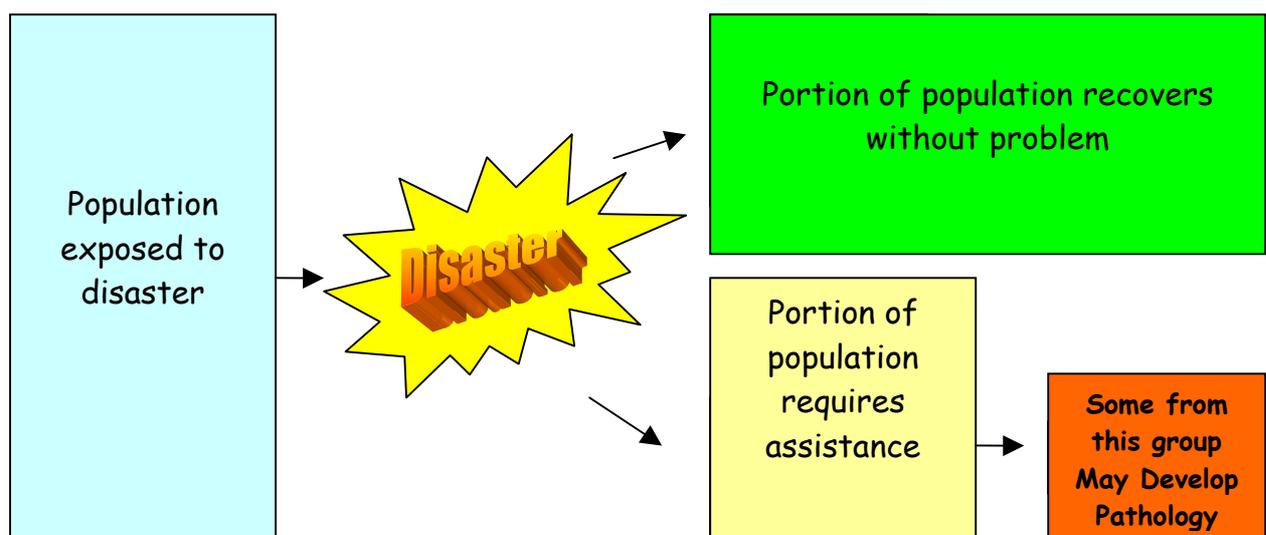
- Develop disaster mental health plan and psychological first aid program
- Educate individuals on normal stress reactions and self care
- Encourage survivors to strengthen and utilize their everyday support systems
- Advocate for the survivor and their psychological needs
- Refer to trained professionals when needed
- Assess psychological impact of disaster management decisions

Potential Prevalence

About 30% of studied populations report trauma exposure at some point during their life in the United States. With research citing Asia as having the highest rate of disaster occurrence in the world, it is likely that exposure to disaster is greater than 30% in many Asian countries. With increased exposure, the risk of developing psychological reactions increases.

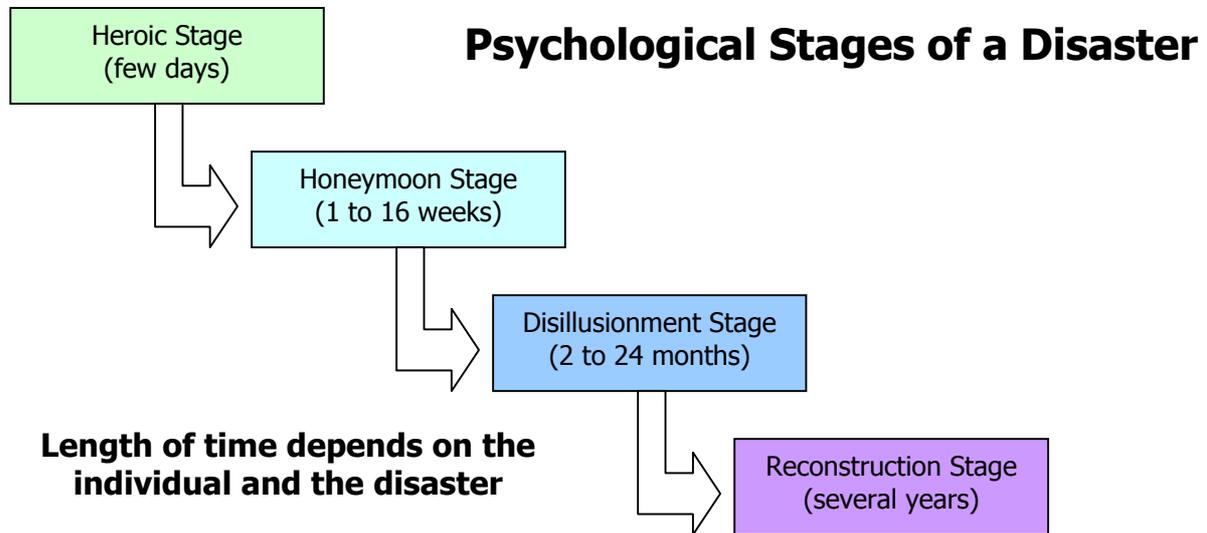
Following exposure to a traumatic event, most people tend to recover over time and report few psychological symptoms one year after the event. For others, more severe symptoms including PTSD, have been found in 7% to 23% of individuals who experienced a traumatic event in U.S. populations. Following the Bali bombing, a study reported that 30% of the people living within one kilometer of the blast suffered from PTSD. For the vast majority of these cases, PTSD symptoms occurred immediately following the traumatic event but some cases of PTSD can present themselves after several months or years symptom free. This emergence of symptoms is often brought about by reminders of the trauma, similar circumstances, gradual increasing levels of anxiety, or even unrelated traumas occurring in the person's life.

Disaster mental health intervention can reduce the amount of time it takes for individuals to emotionally recover from the traumatic event. It might also reduce the number of individuals who develop severe pathology and ensures those more severely affected receive appropriate treatment. Without basic education in disaster mental health, many individuals suffer silently never realizing that others are experiencing similar reactions. This has been seen in the aftermath of the Bali bombing. Once educational posters and traditional style dramas demonstrating PTSD symptoms were presented, many more survivors sought assistance. Public education reduces the negative stigma of traumatic reactions and increases awareness. Once people know what symptoms are and how to treat them, resolution of the symptoms can take place.



Psychological Stages of a Disaster

There are four psychological stages that individuals generally experience following a disaster. It is helpful to know about these stages because individual needs may change depending on the stage that they are in. Not everyone progresses through the stages at the exact same time so periods of time given are approximate and individual.



Heroic Phase

- Shock, fear, confusion
- High energy levels (adrenaline)
- Focus on rescue, shelter, help, clean-up
- People coming together
- Lasts a few days

Typically, this is a good time for disaster mental health teams to begin interacting with and assisting survivors with clean up to build trust and recognition.

Honeymoon Phase

- Attend to basic needs
- Concerns about safety, food, etc.
- Unrealistic expectations regarding recovery
- Sharing of resources, altruistic
- Denial of extent of needs and emotional impact
- Occurs from 1 week to 3-6 months

Disaster mental health teams should make themselves available in case some individuals are interested in talking about their experience. This can help survivors organize their own thoughts and emotions about the disaster and its impact. Educate community in common reactions to stress and self-help stress reduction techniques. Distribute educational material and post contact information for individuals to request assistance.

Disillusionment phase

- Reality of impact sets in
- Realization of loss, work to be done
- Procedure to get assistance
- Community politics emerge
- Grieving
- Many psychosomatic complaints
- Abuse issues
- Lasts 2 months to 1-2 years

Disaster mental health teams should be aware of depression setting in and encourage individuals to continue talking about their experiences. Those who appear to be more severely impacted or have suffered greatly as a result of the disaster should be closely monitored. If symptoms are severely impacting an individual's ability to cope with the event and daily living tasks, they should be referred to a mental health professional or mental health supervisor for individual treatment. Toward the end of this stage, it might start to become apparent between those that are recovering and those that might require further assistance. It is important that mental health continue to be made available during this stage to reassure individuals and encourage healing.

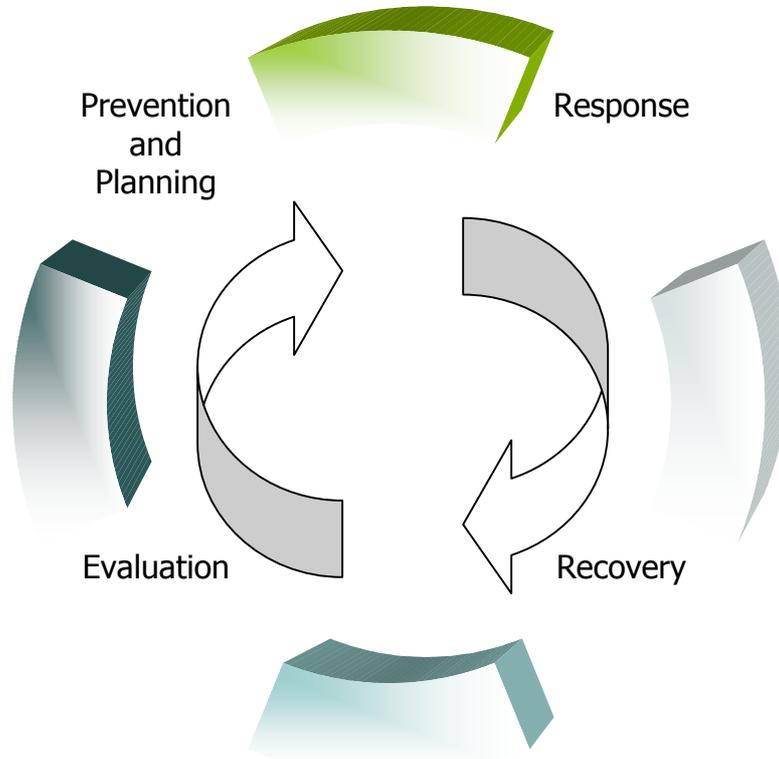
Reconstruction Phase (recovery)

- Light at the end of the tunnel
- Moving on with life
- Renewed empowerment
- PTSD present
- Return to pre-disaster activities
- May last for several years

Disaster mental health should still be made available for those who have developed PTSD or other pathology related to their traumatic experience. Most individuals will no longer need psychological assistance but a presence should be maintained to allow individuals to discuss any problems which may not be readily apparent. Having access or just knowing disaster mental health is available can be supportive in itself.

Potential Needs to be Met

Below, is a list of possible needs to be met in relation to disaster mental health. The needs are broken up into the following time frames: prevention, response, recovery, and evaluation. It's a continuous cycle and improvement, based upon previous disaster experience is essential. It's a continuous cycle and improvement, based upon previous disaster experience is essential.



Prevention/Planning

- Reduce the risk for disasters through policy change
- General understanding of Disaster Mental Health
- Create a Disaster Mental Health Plan
- Create a Psychological First Aid program training volunteers for peer support
- Educate general population on mental health self care and stress reduction
 - Hold workshops or town meetings
 - Make classes available to those interested
 - Create handouts and posters to explain basic concepts

Response

- Basic human needs such as food, water, shelter, etc. (these are as much related to mental health as they are to life itself)
- Plenty of rest and time with family and friends (often difficult following a disaster)
- Return to and maintain a routine schedule as soon as possible
- Basically trained volunteers available to listen to and educate individuals affected by disaster, it is often helpful for people to “tell their story”
- Distribute educational information relevant to survivors specific needs and culture
 - Describe self care and relaxation techniques through posters, dramas, handouts, classroom instruction, community meetings, specific to the disaster
- Contact information should be available to obtain disaster mental health assistance

Recovery

- Supportive environment for people to express thoughts and emotions
- Referral sources for individuals with severe reactions
 - Locally trained individuals
 - Community leader
 - Mental health professional
 - Government or NGO mental health options
- Strong support systems
- Continue to distribute educational information and customize to specific needs

Evaluation

- Evaluate what psychological needs were met and which were not
- Identify problems in the disaster mental health plan
- Determine which individuals did not receive educational information
- Decide upon solutions to the problems
- Share information from your experience to assist others in disaster mental health planning

Individuals experience disaster in various ways. Because of this, the type of disaster mental health assistance offered has to remain flexible and providers have to remain observant. As the needs of individuals change, so too should the assistance made available. Cultural, spiritual, and experiential factors contribute to the reaction following a disaster. Respect of these differences must remain a high priority when providing services.

There are also many similarities in reactions to stress, often expressed in different ways. Many of these universal reactions will be discussed later in the handout. Another similarity found across cultures and nationalities are components of a disaster which consistently lead to greater stress reactions. When a disaster contains one or many of these factors, the impact tends to be more severe.

Traumatic events tend to be more stressful when:

- They are unexpected
- They impact a large area
- They have a long duration
- The cause is unknown
- They are poignant/meaningful
- Many people die, especially children

Practical Approach to Disaster Mental Health

There are several ways disaster mental health can be improved for survivors following a disaster. This includes: individual/group education, education through the media, group therapy, individual therapy, and psychological first aid among others. It is best to utilize local resources when possible since individuals oftentimes feel more comfortable with people they are familiar with and who can relate to the problems faced by the survivor. This also reduces the risk of becoming dependant on external aid or outside mental health professionals. There are times however when an individual might feel more comfortable or less embarrassed talking with someone they do not know or whom are considered an “expert” in the area. These issues should be taken into consideration when setting up a disaster mental health plan or conducting a response.

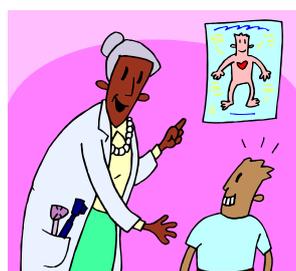
Support Systems

The first form of psychological support is the utilization of the individual’s usual support systems and coping techniques. Every day, each of us use our own version of a support system. This includes people or activities which make us feel happy or relaxed. Examples might include talking with a relative after a long day at work, reading a book or watching television may help a person take their mind off of daily stressors. Following a disaster, these same support systems and coping techniques are needed more than ever. The problem is, with the work and disruption of a disaster, people forget to use these techniques they usually perform on a daily basis. Disaster mental health training reminds people to use these coping techniques as well as teach new ones.

Often, people do not realize that the reason they feel “bad” or “different” is a result of stress. On the next page is a list of normal reactions to abnormal events. Mild to moderate stress reactions occur because the dangers experienced by the survivor are accurately perceived. For most, these reactions will resolve within 6 weeks to 16 months. Without basic education on disaster mental health, many people may not realize that these are stress reactions to the disaster and others are also experiencing them. When reactions are normalized and explained, they become less scary and easier to cope with.

Bali Bombing Example

An example of how education and normalizing reactions has been implemented can be found in the psychological response to the Bali Bombing. Posters and dramas have been used to educate the public in normal psychological reactions. The response has been an increase in acceptability of these reactions and beneficial discussion among survivors. This has led to survivors seeking more help from their usual support systems which encourages healing. There has also been an increase in the number of individuals seeking help for stress reactions through psychological programs set up by the International Medical Corps. This is a good example of how basic education and support has helped survivors of a bombing cope with their psychological reactions.



Common Reactions to Traumatic Stress in Adults

Emotional effects

Shock
Anger
Despair
Emotional numbing
Guilt
Grief or sadness
Irritability
Helplessness
Loss of pleasure
Dissociation
Fear

Physical effects

Fatigue
Insomnia
Sleep disturbance
Hyperarousal
Somatic complaints
Headaches
Gastrointestinal problems
Decreased appetite
Startle response

Cognitive effects

Impaired concentration
Impaired decision-making
Memory impairment
Disbelief
Confusion
Decreased self-esteem/efficacy
Self-blame
Intrusive thoughts/memory
Worry

Interpersonal effects

Alienation
Social withdrawal
Increased conflict within relationships
Vocational impairment
School impairment
Increased use of alcohol/drugs

Common Reactions to Traumatic Stress in Children

Preschool children

Crying
Clinging
Irritability
Nightmares
Regressive behaviors
Fear of being alone

Children ages 6-11

Irrational fears
Trouble concentrating
Psychosomatic complaints
Social withdrawal
Disobedience
School refusal
Peer problems

Adolescence

Depression
Confusion
Aggression
Withdrawal
School problems
Irritability/mood swings
Suicidal ideation

Mental Health Related Issues

- Duration of the disaster
- Likelihood of additional damage (such as after an earthquake)
- Distance from the impact area
- Casualties (Both injuries and deaths, especially to children)
- Loss of neighborhood (loss of support system)
- Property Loss, Loss of Safety
- Separation from family members (both temporary and permanent)
- Type & intensity of media coverage (positive or negative coverage)
- Post-disaster environment (sights, smells)
- Individual risk factors
- Religious, cultural, & ethnic issues
- Season of the year & post-disaster weather
- Family preparation for disaster
- Communication about what will happen next (communication in general)
- Reactions of other people
- Pre-incident financial status
- Availability of assistance (and longevity of this assistance)

Self-Help Stress Reduction Techniques

Once survivors are reassured that what they are experiencing is normal and that they can openly talk about it, self-help stress reduction techniques can be taught. This can be done in a variety of ways such as handouts, posters, group lectures, door to door explanations, etc. There are several ways to cope with stress and the most effective approach is to use a variety of different methods.

The Basics

First, it is most important to get plenty of sleep. While the stress occurring during and after a disaster might make it difficult to sleep, lack of rest can result in more stress. Encourage survivors to engage in enough physical activity during the day to help with muscle tension release so that they can sleep. Also monitor the intake of caffeine and sugar so that these stimulants do not interfere with sleep. Along with rest, maintaining strength by eating a variety of foods on a regular basis is important.

Schedule

To ensure proper nutrition and rest, and assist with coping in the aftermath of a disaster, survivors should be encouraged to make and keep a regular schedule. Returning to a normal schedule (or as normal as the situation allows) will help survivor's better cope with the stress from a disaster. Humans are very habitual and tend to find comfort in predictable surroundings and schedules. This includes sending the children to school if possible, eating and resting at normal pre-disaster times, returning to work, etc.

Progressive Muscle Relaxation

Finally, general relaxation techniques should be taught and used. Physical relaxation is allowing the muscles of the body to feel the difference between tension and relaxation. A technique for doing this is called progressive muscle relaxation and has received positive results in stress reduction research. This can be done anywhere for any length of time. The individual should start at one end of the body and tighten an individual muscle group, hold it for a few seconds, then relax the muscles. You can start with the feet, move on to the leg, stomach, shoulders, arms, hands, neck, and facial muscles. Many people often stretch and relax after sitting at their desk for long periods of time. This is the same concept only using more muscles of the body in a structured manner.

Imagery

Another relaxation technique is to take some time away from the chaos of the disaster and relax using imagery. To do this, sit or lay in a comfortable position, close your eyes, and think of a relaxing place or situation. Picture yourself in this place and focus on each detail of the location. For some, laying on a beach is relaxing. Picture the weather, temperature, the feel of the sand under your skin, the breeze. Spend about ten minutes concentrating on this imagery and relaxing. Then, slowly bring yourself back to the present, gradually opening your eyes.

Other Types of Relaxation

Other types of relaxation can include listening to music, watching television, reading a book, or prayer. Taking deep breaths, holding it and then releasing can be relaxing for some people. Each person needs to find what works best for them and then make time each day to relax. Following a disaster, this is very difficult to do but in the long run the individual will feel more refreshed and be able to accomplish more without the constant feelings of stress. All of these techniques can be done during quick ten minute breaks.

Developing a Psycho-social Framework for Action

There are several things that can be done before a disaster occurs to develop a framework which will assist individuals when a disaster occurs. Two of the main tasks are writing a disaster mental health plan and developing a psychological first aid program. The disaster mental health plan must occur prior to a disaster taking place and will outline how the psychological needs of survivors will be met. A psychological first aid program should be designed and outlined in the disaster mental health plan but does not need to be assembled until a disaster response. This way the program can be designed to meet the specific needs of the disaster. The following is an overview of both tasks.

Disaster Mental Health Plan

The first step in preparing for the mental health aspects of a disaster is to create a disaster mental health plan. This document should be customized to the area it is designed for and be realistic as far as implementation. The following key points are generally included in the design of the plan:

Introduction

Brief description of what a disaster mental health plan is and importance of disaster mental health

Distribution

Lists who should have a copy of the plan and locate a public access site for others to view plan

Geographic and Demographic Information

Discuss history of area, type of terrain, demographic make-up, approximate income levels, etc.

Potential disasters

Disasters which have likelihood of affecting particular area, these can include natural disasters, transportation, or terrorist attacks.

Distinction of Disaster Classification system

Design of a system of classification which can be used to categorize the size of the disaster and type of response, use existing system when available.

Role of Mental Health

Discusses what mental health professionals and volunteers will do and how mental health fits into the total response

Service Delivery Sites

Specific areas or buildings where disaster mental health services can be based out of and/or provide services from in an emergency, agreement should be made prior to including in plan

Chain of Command for Mental Health Services within a Disaster Response

Defines hierarchy of command for both professionals and volunteers, use job titles, rather than names since people may change over time

Referrals

List of options available for additional mental health assistance such as mental health professionals in the area or region to which more difficult cases can be referred to

Outside Agencies and Other Support Agencies

Government and non-government organization programs which provide mental health services, professionals from other countries, etc.

Training of Mental Health Professionals and Volunteers

Describes how mental health professionals and volunteers will be trained in disaster mental health. For community based programs, this should include the psychological first aid training program

Training, Drills and Implementation

A plan to include mental health in all disaster drills and planning in the future

Maps of Area, Major towns and Tribes

Map geographic area and location of people to make sure everyone is included in planning and services are made available during a disaster

Contact Numbers

List the phone numbers and addresses of all officials related to the disaster mental health plan and the all encompassing disaster plan

Psychological First Aid Program

When large areas are affected by a disaster, a method needs to be developed in which the most number of survivors can be provided with psychological support. Psychological first aid has been developed as a method for meeting the mental health needs of survivors following large disasters. This program is supported and taught by the International Federation of Red Cross and Red Crescent as a community based intervention. Usually one psychologist or doctor is recruited to train many volunteers or paid laypersons in the basics of psychological first aid. Research has supported the claim that when working with individuals with mild to moderate stress reactions, basically trained volunteers can be very effective in providing psychological support. Through the use of a limited number of mental health professionals, a community can develop a team of basically trained individuals to support those affected by disaster. Since the team is recruited from the community or surrounding communities, they are aware of local customs and cultures and can relate to the needs of those affected.

This framework can continue to benefit the community long after the initial disaster response has ended. By utilizing the trained volunteers to continue educating the community in psychological first aid, positive mental health practices can be established. Creating and maintaining collaboration with mental health professionals in the area is often another benefit produced by a psychological first aid program. The development of this type of program should be understood and planned prior to a disaster taking place. The actual recruiting and training of the team can occur following a disaster with the specific needs of the population in mind.

Training and education in psychological first aid that takes place prior to a disaster occurring will better prepare a community for possible disasters in the future. This can be done by training first responders and community leaders in basic psychological first aid. If a disaster should occur, key individuals in the community will already possess many skills needed to begin providing psychological support.

Key Points in the Development of a Psychological First Aid Program

- Recruit a group of laypersons from the affected area or surrounding area who are interested in volunteering to support others (this can be developed as a paid program as well)
 - Avoid selecting individuals who experienced large losses from the Disaster
- Train select group of laypersons in basic mental health education and support
 - Utilize active training including role playing and discussion
 - Confidentiality and Ethics
 - Good active listening skills
 - Reliance on usual support systems
 - General mental health education
 - Self-help stress reduction techniques
 - Identify serious reactions which require a referral to mental health professional

- Coordinate these trained individuals to interact with survivors during and following recovery
 - Often better to have these trained individuals spread out in the community rather than in an office where few are likely to come seeking help
 - Make contact information available for those interested in requesting help
- Supervision of trained individuals by a mental health professional or doctor
- Have trained individuals check in with supervisor on regular basis
- Have trained individuals refer individuals with severe reactions to a mental health professional or doctor
- Monitor the trained individuals for signs of stress reactions themselves
 - Organize debriefing discussions to reduce stress among volunteers
 - Ensure self care of volunteers such as time off and plenty of rest

This model seeks to provide a low-cost, sustainable, culturally appropriate strategy for responding to the need for psychological support following disaster. A similar type of intervention can be created for other traumas such as rape and grieving. This system of training local resources leaves much of the work in the hands of the communities with the mental health professional monitoring special cases and continuing to further educate the trained individuals. It provides effective strategies for coping with the difficulties and frustrations of stressors resulting from a disaster. When the specific disaster response has ended, the basically trained mental health individuals can continue to be a support to the community.

Basic guidelines when working with survivors of a disaster:

- Do's when working with individuals affected by a disaster:
 - Maintain confidentiality
 - Listen attentively
 - Be accepting
 - Be empathetic
 - Be patient
 - Be supportive
 - Be flexible
 - Do consider the emotional impact of all disaster related decisions
 - Do allow for own self care
 - Do refer people with stress reactions beyond your level of training to a mental health professional
- Don'ts when working with individuals affected by a disaster:
 - Don't be judgmental
 - Don't impart your values on others' thoughts and emotions
 - Don't over pathologize (interpret people as being sick)
 - Don't devalue or belittle an individual's reaction to stress
 - Don't believe that talking with a mental health professional means someone is "sick," "crazy," or "mad"

Regulating Disaster Mental Health Services

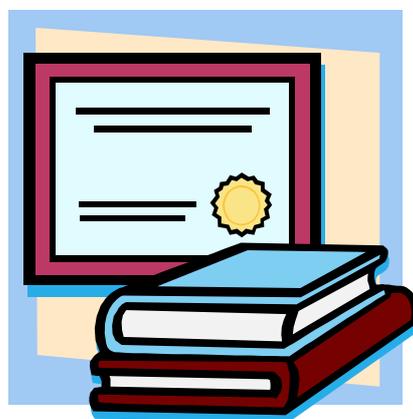
Following a disaster, there is sometimes a flood of disaster mental health professionals who respond. This is especially true during highly public disasters such as the September 11th terrorist attacks on the United States in 2001. Many of these individuals are reputable, trained mental health professionals wanting to help. Sadly enough, there are some that are not properly trained, use unethical techniques, or are not familiar with the affected population. These factors make a disaster mental health response even more difficult to manage. When mental health professionals self-respond (show up on their own without being summoned as part of a plan), it becomes difficult to monitor credentials, organize the response, and make sure survivors and their families are receiving proper assistance.

Another factor to consider is that the field of psychology is constantly “developing” and this is even more so in disaster mental health. Techniques and strategies change as research is conducted to investigate the best methods to assist survivors. This makes a disaster mental health response even more difficult since disaster managers are often not familiar with current research and which method to use. This is why it is important to have a well written disaster mental health plan prior to a disaster occurring which addresses how mental health will be handled. Methods for dealing with self-responding mental health professionals should also be written into the plan. Decisions can be made as to who will provide mental health interventions such as government programs, non-government organizations, local resources, or specific professionals.

Considerations for the regulation of disaster mental health:

- Who will provide mental health services?
- What credentials or licenses will be required?
- How will credentials be checked?
- Who will be in charge of monitoring disaster mental health services?
- How will the organizations offering mental health services be coordinated?

These are just a few considerations which should be addressed in a disaster mental health plan. This is a difficult aspect of disaster planning but must be address to further protect survivors. In order for disaster mental health services to be beneficial, they have to be provided efficiently and ethically. As with any portion of a disaster response, the more organized and planned the response can be made, the more helpful it is to those affected.



Conclusion

Disaster mental health is an important component of disaster management. For the average disaster manager, the integration of disaster mental health arrangements can be a daunting task in an unfamiliar field. Although this introduction does not make a person an expert in disaster mental health, it can give a good idea of the risks and interventions pertaining to disaster mental health. It is important to continue your training in disaster mental health in areas specific to the needs of your country or community. It is advised that integration of mental health be considered with the assistance of a mental health professional familiar with providing support in disaster situations. By utilizing consultants a well organized plan can be created to fit the needs of every community.

Most individuals do not suffer from long-term psychological effects following a disaster. Psychosocial support and education can assist both survivors and employees with the healing process. Through normalizing common reactions to a disaster and teaching coping mechanisms, the number of individuals with severe reactions might further be reduced. Those with serious reactions should be referred to professionals who can provide the proper level of assistance.

Preparedness and training is very important and can further reduce the stress felt during the response to a disaster. Collaboration with community and government officials will assist in making sure the needs of survivors are met in the most efficient manner. A psychological first aid program is a good method for providing basic mental health services to many individuals following large disasters. Incorporated into a disaster mental health plan, an area can have the structure set up before a disaster occurs. Consider the psychological consequences of all disaster management decisions and incorporate psychosocial aspects into disaster training.

Many studies have demonstrated that an individual's mental health is directly related to their physical health and quality of life. By improving an individual's mental health, other benefits can be obtained. Some of these might include: clearer judgment, increased productivity, lower stress levels, fewer cases of abuse, and improved communication with family and friends. A disaster can be a difficult time for many survivors. If a community can be empowered to help themselves and others; it is possible that some benefits can be gained from the experience.

Definitions

Disaster Mental Health: The field providing emotional (psychological) care of survivors, families, emergency responders, and others affected during and following a disaster or traumatic event.

Traumatic Experience: Any event which an individual interprets as harmful to themselves or others, thus eliciting stress reactions.

Stress: Anything that an individual must adjust to. Change, whether it be positive or negative can cause stress and the goal is to balance the amount of stress with the persons available energy and resources.

Survivors: Anyone who has survived a disaster. This can include those directly impacted, families of those directly impacted, emergency responders, and others who are emotionally impacted by a disaster.

Normal Stress Reactions: A broad range of physical and emotional reactions which are commonly exhibited during and following exposure to a disaster. These can include: fear, anxiety, sadness, anger, sleep difficulties, gastrointestinal problems and periods of regression (especially in children).

Support Systems: Individual or group that a person utilizes to help work out problems in their life and receive support from. This may be family members, friends, community leaders, co-workers, or other acquaintances. These natural forming groups can be especially helpful following a disaster.

Psychosomatic Symptoms: Physical symptoms originating from psychological causes e.g. headache related to stress, gastrointestinal problems (irritable bowel syndrome), etc.

Negative Stress Reactions: A range of reactions, common following exposure to trauma, which can be dangerous and can inhibit psychological recovery. Some of these include: spousal or child abuse, substance abuse, and other self-harming behaviors.

Pathology: Collection of symptoms which seriously impact the daily functioning of an individual and are psychologically diagnosable.

Disaster Mental Health Plan: A plan which is designed prior to the occurrence of a disaster which details how the emotional well being of survivors, families, and emergency responders will be met.

Post Traumatic Stress Disorder (PTSD): A psychological disorder diagnosed by a mental health professional or medical doctor that can occur following exposure to trauma, which can have long lasting negative effects. These can include: nightmares, flashbacks, intrusive memories, various forms of avoidance, exaggerated startle responses, sleeping difficulties, and impairment of functioning lasting one month or more.

Post Traumatic Stress Syndrome: A diagnosable mental disorder similar to PTSD but with symptoms lasting less than one month.

Mental Health Professionals: Individuals trained to work in the mental health field. Usually consisting of graduate training following college or university education and is identified by a license or certification issued by a national/international organization or government.

Psychological First Aid: Psychological First Aid is a program teaching a set of skills which helps community residents to care for their families, friends, neighbors, and themselves by providing basic psychological support in the aftermath of traumatic events. This form of psychological intervention has been accepted by the International Federation of Red Cross & Red Crescent Societies as the preferred method for providing mental health services following disasters affecting many individuals.

Psychologist: A trained mental health professional who has obtained the degree Ph.D. in psychology. Primary duties include assessment, treatment, therapy, education, and research of psychological issues.

Psychiatrist: A trained mental health professional who has obtained the degree M.D. of psychiatry. Primary duties are similar to a psychologist, usually with more of an emphasis on medicinal and biological approaches to treatment.

PRESENTATION

20 minute introduction to basic disaster mental health

What is disaster mental health?

Why is it important?

Stages of a disaster

Potential needs to be met

Factors which can affect individuals psychologically

What makes a disaster more stressful?

Psychological First Aid

Developing a psycho-social framework for action

15 minute interactive group brainstorming:

“What do you see as the psychological concerns related to disasters in your countries/communities?” Hopefully, the introduction will have generated some thoughts about how the participants can take the lectured information and apply it to their own situations. I will be looking for and prompting suggestions related to three structural areas: Planning, Response, Recovery. If we have a flip chart or a wipe board, I will have these titles listed and write the groups suggestions below each.

15 minutes for small group discussion of case studies:

Three group questions will be presented and each group will pick one to discuss and answer. They are made to get participants thinking about the material presented and bring some of the concepts home.

30 minutes giving each group time to describe their case and the group's suggestions

This might be cutting it close for time but it would be good to discuss the cases in the large group and let others give feedback and discuss the individual group decisions.

This may be a little too intimidating, not sure how the groups will feel about some critiquing.

10 minutes for summary to tie together all of the work from the entire module

This would highlight the important aspects and tie together everything that was discussed during the 90 minute session. It would highlight the importance of incorporating psychology into disaster plans and making psychologically conscious decisions.

Possible Small Group Case Study Scenarios and Questions

- 1) A major flood has occurred in a rural area. About 5,000 people live in various towns throughout this affected area. There were 53 deaths and about 60% of the homes were destroyed. There was no disaster mental health plan designed prior to the disaster. You are asked to begin a response to the mental health needs of the community. List the steps you would take to begin assisting the survivors. *(This is meant to be frustrating and overwhelming to demonstrate the importance of having a plan. This group will be asked to share some of their feelings and compare these with group 2 which had a disaster mental health plan)*
- 2) A major flood has occurred in a rural area. About 5,000 people live in various towns throughout this affected area. There were 53 deaths and about 60% of the homes were destroyed. A disaster mental health plan was designed about two years ago for the area affect by this current flood. You are asked to begin a response to the mental health needs of the community. List the steps you would take to begin assisting the survivors. A brief copy of a disaster mental health plan would be given to participants in this group. *(One of the goals of this scenario is to show how much easier it is to follow a pre-written disaster mental health plan to coordinate a response. This group will be asked to share their feelings about their task to compare with group 1)*
- 3) An earthquake measuring 7.2 has occurred affecting a city with a population of about 1.5 million people. There are over 5,000 deaths, 25,000 seriously injured, and 46,000 buildings destroyed. Aftershocks are still being felt, communication is almost impossible, and the response to the disaster has been slow. List as many specific aspects of this disaster which could be especially psychologically harmful or make psychological recovery difficult? *(The goal for this scenario is to get people thinking of how a specific disaster can affect individuals psychologically)*
- 4) The 2002/2003 SARS epidemic had a negative psychological affect on many individuals. In fact, the fear created by this epidemic affected many more people than the syndrome itself. Based on what you know about the situation (through media or professional experience) and what we discussed today, list some aspects of the SARS epidemic that were especially psychologically difficult and why. *(This question gives participants a change to utilize what was learned from the lecture and handouts in a real life, large-scale disaster situation with a unique type of disaster)*
- 5) Brainstorm to identify and describe basic ideas and methods to disseminate disaster mental health information to a rural area affected by a long term flood. Remember to use various methods that are culturally appropriate and can reach as many affected individuals as possible. In addition to how the information will be shared, list what should be included. *(The goal of this question is to get participants to “think outside of the box” and come up with creative ways to educate disaster survivors on mental health issues)*

Some suggestions for small evening workshops

- Developing a community based psychological first aid program
- Developing a community/city/national disaster mental health plan
- Overview of disaster mental health intervention skills
- Interpersonal communication skills
- Effects of disaster on emergency responders
- Children and Trauma

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