

Psychological First Aid

Field Operations Guide
2nd Edition

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Appendix A:

- Overview of Psychological First Aid



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Overview of Psychological First Aid

Section Headers

Preparing to Deliver Psychological First Aid	<ol style="list-style-type: none"> 1. Entering the setting 2. Providing services 3. Group settings 4. Maintain a calm presence 5. Be sensitive to culture and diversity 6. Be aware of at-risk populations
Contact and Engagement	<ol style="list-style-type: none"> 1. Introduce yourself/ask about immediate needs 2. Confidentiality
Safety and Comfort	<ol style="list-style-type: none"> 1. Ensure immediate physical safety 2. Provide information about disaster response activities and services 3. Attend to physical comfort 4. Promote social engagement 5. Attend to children who are separated from their parents/caregivers 6. Protect from additional traumatic experiences and trauma reminders 7. Help survivors who have a missing family member 8. Help survivors when a family member or close friend has died 9. Attend to grief and spiritual issues 10. Provide information about casket and funeral issues 11. Attend to issues related to traumatic grief 12. Support survivors who receive death notification 13. Support survivors involved in body identification 14. Help caregivers confirm body identification to a child or adolescent
Stabilization	<ol style="list-style-type: none"> 1. Stabilize emotionally overwhelmed survivors 2. Orient emotionally overwhelmed survivors 3. The role of medications in stabilization
Information Gathering: Current Needs and Concerns	<ol style="list-style-type: none"> 1. Nature and severity of experiences during the disaster 2. Death of a loved one 3. Concerns about immediate post-disaster circumstances and ongoing threat 4. Separations from or concern about the safety of loved ones 5. Physical illness, mental health conditions, and need for medications 6. Losses (home, school, neighborhood, business, personal property, and pets) 7. Extreme feelings of guilt or shame 8. Thoughts about causing harm to self or others 9. Availability of social support 10. Prior alcohol or drug use 11. Prior exposure to trauma and death of loved ones 12. Specific youth, adult, and family concerns over developmental impact

Overview of Psychological First Aid - *continued*

Section Headers

Practical Assistance	<ol style="list-style-type: none"> 1. Offering practical assistance to children and adolescents 2. Identify the most immediate needs 3. Clarify the need 4. Discuss an action plan 5. Act to address the need
Connection with Social Supports	<ol style="list-style-type: none"> 1. Enhance access to primary support persons (family and significant others) 2. Encourage use of immediately available support persons 3. Discuss support-seeking and giving 4. Special considerations for children and adolescents 5. Modeling support
Information on Coping	<ol style="list-style-type: none"> 1. Provide basic information about stress reactions 2. Review common psychological reactions to traumatic experiences and losses <ul style="list-style-type: none"> • <i>Intrusive reactions</i> • <i>Avoidance and withdrawal reactions</i> • <i>Physical arousal reactions</i> • <i>Trauma reminders</i> • <i>Loss reminders</i> • <i>Change reminders</i> • <i>Hardships</i> • <i>Grief reactions</i> • <i>Traumatic grief reactions</i> • <i>Depression</i> • <i>Physical reactions</i> 3. Talking with children about physical and emotional reactions 4. Provide basic information on ways of coping 5. Teach simple relaxation techniques 6. Coping for families 7. Assist with developmental issues 8. Assist with anger management 9. Address highly negative emotions 10. Help with sleep problems 11. Address alcohol and substance use
Linkage with Collaborative Services	<ol style="list-style-type: none"> 1. Provide direct link to additional needed services 2. Referrals for children and adolescents 3. Referrals for older adults 4. Promote continuity in helping relationships

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Appendix B:

- Service Delivery Sites and Settings



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■ Service Delivery Sites and Settings

Service Site Challenges in Delivering Psychological First Aid

You can face many challenges in delivering services to disaster survivors and disaster relief workers. These challenges are often related to the specific disaster characteristics (for example, natural vs. human caused, size, location) and those of the individuals involved (for example, populations of special consideration—those with disabilities, youth, disadvantaged groups, individuals with pre-existing medical or mental health conditions). Other challenges pertain to the multiple settings in which you may be deployed. The following information will be helpful in anticipating and understanding the unique challenges of some disaster-related service sites.

General Population Shelters

When it is determined that a community or area of the community must be evacuated because of dangerous or threatening conditions, General Population Shelters are opened for the temporary housing of individuals. General Population Shelters are usually located in schools, community and recreation centers, or in other large facilities. Shelters usually have limited space for people to sleep, as well as an area for meals to be served. Typical challenges include establishing shelter rules (for example, lights out, regulated use of showers when in limited supply, meal times), addressing the socio-cultural and ethnic issues that arise when bringing diverse populations together, managing public health issues (for example, sanitation, medication dispensing, isolating the sick), and resolving disputes that arise among shelter residents or between shelter residents and staff.

Service Centers

Service Centers may be opened by a local or federal governmental agency or by disaster relief organizations to meet the initial needs of disaster survivors. These centers typically offer assistance with locating temporary housing or providing for the immediate personal needs of disaster survivors, such as food, clothing, and clean-up materials. Depending on the size and magnitude of the disaster, you may encounter large numbers of survivors seeking services, and anger and frustration expressed by survivors in circumstances where there are inadequate supplies.

Community Outreach Teams

Community Outreach Teams are usually established in the event of disasters that affect a large geographic area and/or a significant percentage of the population. These teams are often necessary to avoid long lines at Service Centers or when transportation services for the general population are limited. The teams are usually composed of two or more individuals that can provide comprehensive services to disaster survivors. For example, a disaster mental health or spiritual care professional may be teamed up with a representative from the American Red Cross who can provide assistance in meeting the survivors' food, clothing, and shelter needs.

Family Reception Centers

Family Reception Centers are typically opened in the immediate aftermath of a disaster involving mass casualties or fatalities. There is a common recognition that after such disasters, individuals may be trying to locate family or other loved ones specifically involved in the disaster or separated during the evacuation process. Often these are temporary holding sites until a more structured and operational Family Assistance Center can be opened. Family Reception Centers may be established in close proximity to the immediate disaster scene where individuals arrive in search of family and other loved ones involved in the incident, or in healthcare facilities where the injured have been transported.

Family Assistance Centers

Family Assistance Centers are commonly opened in the event of a disaster involving mass casualties or fatalities. These centers usually offer a range of services in an effort to meet the needs of individuals under these circumstances. Mental health services, spiritual care, and crime victims' services, as well as the services of law enforcement, the medical examiner, disaster relief agencies, and other local, state, and federal agencies are also offered on site. Family Assistance Centers are usually located away from the immediate disaster site. Family members may request visits to the affected site or memorial services. Therefore, the Family Assistance Centers should be close enough to facilitate those activities.

Points of Dispensing (POD) Centers

PODs might be established by local, state, or federal public health agencies in the event of a public health emergency. These centers may be established to provide mass distribution of medications or vaccinations in an effort to prevent or mitigate the spread of any communicable disease or other public health risk. Healthcare facilities may open PODs with the goal of vaccinating or distributing necessary medications to their own personnel or to reduce the burden on the community POD sites.

Phone Banks and Hotlines

Communities and healthcare systems may wish to set up a Phone Bank to address and respond to numerous calls with questions that typically arise after a disaster. These Phone Banks are likely to be overwhelmed in the first few hours or days, with many questions regarding such issues as locating missing or injured family members or healthcare concerns. Community hotlines may encounter similar questions and address additional information such as the availability of shelter locations, mass food distribution sites, and other disaster relief services.

Emergency First Aid Stations

Emergency First Aid Stations provide basic medical services to disaster survivors as well as responders who may suffer minor injuries in the rescue and recovery efforts. They are usually located in close proximity to the direct impact of a disaster. In the event of a disaster resulting in mass casualties, makeshift emergency first aid stations may be set up near a healthcare facility in an effort to relieve the burden on emergency room services and ensure that such high level care is available to the seriously injured.

Hospitals and Hospital Emergency Room Settings

During a mass casualty event, survivors who are triaged on site and listed as “immediate” will be brought to a hospital. In addition, many others will self-transport to the hospital wanting to be seen in the Emergency Room. This is likely to create a surge on medical resource capacity. Survivors may arrive in large numbers, many with both psychological and physical reactions.

One important goal is to facilitate the treatment of injured survivors by removing individuals who do not require immediate medical care from the patient flow. However, increased physical symptoms have frequently been reported after disasters, particularly among those who witness injury and death, and those who may have had toxic exposure to a chemical or biological attack. As a result, differential diagnosis may at times be difficult, since signs and symptoms may be nonspecific and/or status may change over time. News or rumors of such an attack may generate an influx of those who fear they have been exposed, and rapidly overwhelm the system. Along with a system of triage, hospitals may set up a “support center” where Psychological First Aid providers can refer those in need to a spectrum of medical, psychological, behavioral, and pharmacological interventions.

Respite Centers

Respite Centers are locations where first responders can rest and obtain food, clothing, and other basic support services. They are usually opened where prolonged rescue and recovery efforts are necessary. Respite Centers are usually located in close proximity to the direct impact of a disaster. Typical challenges for Psychological First Aid include limited time to interact with responders who are extremely busy and tired, and feel a sense of urgency to continue working.

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Appendix C:

- Psychological First Aid Provider Care



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■ Psychological First Aid Provider Care

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience that enhances satisfaction through helping others. It can also be physically and emotionally exhausting. The following sections provide information to consider before, during, and after engaging in disaster relief work.

Before Relief Work

In deciding whether to participate in disaster response, you should consider your comfort level with this type of work and your current health, family, and work circumstances. These considerations should include the following:

Personal Considerations

Assess your comfort level with the various situations you may experience while providing Psychological First Aid:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Working with individuals in non-traditional settings
- Working in a chaotic, unpredictable environment
- Accepting tasks that may not initially be viewed as mental health activities (e.g., distributing water, helping serve meals, sweeping the floor)
- Working in an environment with minimal or no supervision or conversely, micro-managed
- Working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds
- Working in environments where the risk of harm or exposure is not fully known
- Working with individuals who are not receptive to mental health support
- Working with a diverse group of professionals, often with different interaction styles

Health Considerations

Assess your current physical and emotional health status, and any conditions that may influence your ability to work long shifts in disaster settings, including:

- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems

Health Considerations - continued

- Any significant life changes or losses within the past 6-12 months
- Earlier losses or other negative life events
- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time and endure physically exhausting conditions
- If needed, enough medication available for the total length of your assignment plus some extra days

Family Considerations

Assess your family's ability to cope with your providing Psychological First Aid in a disaster setting:

- Is your family prepared for your absence, which may span days or weeks?
- Is your family prepared for you to work in environments where the risk of harm or exposure to harm is not fully known?
- Will your support system (family/friends) assume some of your family responsibilities and duties while you are away or working long hours?
- Do you have any unresolved family/relationship issues that will make it challenging for you to focus on disaster-related responsibilities?
- Do you have a strong, supportive environment to return to after your disaster assignment?

Work Considerations

Assess how taking time off to provide Psychological First Aid might affect your work life:

- Is your employer supportive of your interest and participation in Psychological First Aid?
- Will your employer allow "leave" time from your job?
- Will your employer require you to utilize vacation time or "absence-without-pay time" to respond as a disaster mental health worker?
- Is your work position flexible enough to allow you to respond to a disaster assignment within 24-48 hours of being contacted?
- Will your co-workers be supportive of your absence and provide a supportive environment upon your return?

Personal, Family, Work Life Plan

If you decide to participate in disaster response, take time to make preparations for the following:

- Family and other household responsibilities
- Pet care responsibilities
- Work responsibilities
- Community activities/responsibilities
- Other responsibilities and concerns

During Relief Work

In providing Psychological First Aid, it is important to recognize common and extreme stress reactions, how organizations can reduce the risk of extreme stress to providers, and how best to take care of yourself during your work.

Common Stress Reactions

Providers may experience a number of stress responses, which are considered common when working with survivors:

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, being easily startled)
- Depressive or anxiety symptoms
- Decreased social activities

Extreme Stress Reactions

Providers may experience more serious stress responses that warrant seeking support from a professional or monitoring by a supervisor. These include:

- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations
- Withdrawal and isolation
- Preventing feelings by relying on substances, becoming overly preoccupied by work, or drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

Organizational Care of Providers

Organizations that recruit providers can reduce the risk of extreme stress by putting supports and policies in place. These include:

- Limiting work shifts to no more than 12 hours and encouraging work breaks
- Rotating of providers from the most highly exposed assignments to lesser levels of exposure
- Mandating time off
- Identifying enough providers at all levels, including administration, supervision, and support
- Encouraging peer partners and peer consultation
- Monitoring providers who meet certain high risk criteria, such as:
 - ◆ Survivors of the disaster
 - ◆ Those having regular exposure to severely affected individuals or communities
 - ◆ Those with pre-existing conditions
 - ◆ Those with multiple stresses, including those who have responded to multiple disasters in a short period of time

- Establishing supervision, case conferencing, and staff appreciation events
- Conducting trainings on stress management practices

Provider Self-Care

Activities that promote self-care include:

- Managing personal resources
- Planning for family/home safety, including making child care and pet care plans
- Getting adequate exercise, nutrition, and relaxation
- Using stress management tools regularly, such as:
 - ◆ Accessing supervision routinely to share concerns, identifying difficult experiences, and strategizing to solve problems
 - ◆ Practicing brief relaxation techniques during the workday
 - ◆ Using the buddy system to share upsetting emotional responses
 - ◆ Staying aware of limitations and needs
 - ◆ Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
 - ◆ Increasing activities that are positive
 - ◆ Practicing religious faith, philosophy, and spirituality
 - ◆ Spending time with family and friends
 - ◆ Learning how to “put stress away”
 - ◆ Writing, drawing, and painting
 - ◆ Limiting caffeine, tobacco, and substance use

As much as possible, you should make every effort to:

- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift
- Perform regular check-ins with colleagues, family, and friends
- Work with partners or in teams
- Take relaxation/stress management/bodily care/refreshment breaks
- Utilize regular peer consultation and supervision

Provider Self-Care - continued

- Try to be flexible, patient, and tolerant
- Accept that you cannot change everything

You should avoid engaging in:

- Extended periods of solo work without colleagues
- Working “round the clock” with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Excessive use of food/substances as a support
- Common attitudinal obstacles to self-care:
 - ◆ “It would be selfish to take time to rest.”
 - ◆ “Others are working around the clock, so should I.”
 - ◆ “The needs of survivors are more important than the needs of helpers.”
 - ◆ “I can contribute the most by working all the time.”
 - ◆ “Only I can do x, y, and z.”

After Relief Work

Expect a readjustment period upon returning home. You may need to make personal reintegration a priority for a while.

Organizational Care of Providers

Organizations should:

- Encourage time off for providers who have experienced personal trauma or loss.
- Institute exit interviews to help providers with their experience—this should include information about how to communicate with their families about their work.
- Encourage providers to seek counseling when needed, and provide referral information.
- Provide education on stress management.
- Facilitate ways providers can communicate with each other by establishing listservs, sharing contact information, or scheduling conference calls.
- Provide information regarding positive aspects of the work.

Provider Self-Care

Make every effort to:

- Seek out and give social support.
- Check in with other relief colleagues to discuss relief work.
- Increase collegial support.
- Schedule time for a vacation or gradual reintegration into normal life.
- Prepare for worldview changes that may not be mirrored by others in your life.
- Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks.
- Increase leisure activities, stress management, and exercise.
- Pay extra attention to health and nutrition.
- Pay extra attention to rekindling close interpersonal relationships.
- Practice good sleep routines.
- Make time for self-reflection.
- Practice receiving from others.
- Find activities that you enjoy or that make you laugh.
- Try at times not to be in charge or the “expert.”
- Increase experiences that have spiritual or philosophical meaning to you.
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time.
- Keep a journal to get worries off your mind.
- Ask help in parenting if you feel irritable or are having difficulties adjusting to being back at home.

Make every effort to avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs.
- Making any big life changes for at least a month.
- Negatively assessing your contribution to relief work.
- Worrying about readjusting.

Provider Self-Care - continued

- Obstacles to better self-care:
 - ◆ Keeping too busy
 - ◆ Making helping others more important than self-care
 - ◆ Avoiding talk about relief work with others

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Appendix D:

- Psychological First Aid Worksheets



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Provider Worksheets

Survivor Current Needs

Date: _____ Provider: _____

Survivor Name: _____

Location: _____

This session was conducted with (check all that apply):

- Child
 Adolescent
 Adult
 Family
 Group

Provider: Use this form to document what the survivor needs most at this time. This form can be used to communicate with referral agencies to help promote continuity of care.

1. Check the boxes corresponding to difficulties the survivor is experiencing.

Behavioral	Emotional	Physical	Cognitive
<input type="checkbox"/> Extreme disorientation <input type="checkbox"/> Excessive drug, alcohol, or prescription drug use <input type="checkbox"/> Isolation/withdrawal <input type="checkbox"/> High risk behavior <input type="checkbox"/> Regressive behavior <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Violent behavior <input type="checkbox"/> Maladaptive coping <input type="checkbox"/> Other _____	<input type="checkbox"/> Acute stress reactions <input type="checkbox"/> Acute grief reactions <input type="checkbox"/> Sadness, tearfulness <input type="checkbox"/> Irritability, anger <input type="checkbox"/> Feeling anxious, fearful <input type="checkbox"/> Despair, hopelessness <input type="checkbox"/> Feelings of guilt or shame <input type="checkbox"/> Feeling emotionally numb, disconnected <input type="checkbox"/> Other _____	<input type="checkbox"/> Headaches <input type="checkbox"/> Stomachaches <input type="checkbox"/> Sleep difficulties <input type="checkbox"/> Difficulty eating <input type="checkbox"/> Worsening of health conditions <input type="checkbox"/> Fatigue/exhaustion <input type="checkbox"/> Chronic agitation <input type="checkbox"/> Other _____	<input type="checkbox"/> Inability to accept/cope with death of loved one(s) <input type="checkbox"/> Distressing dreams or nightmares <input type="checkbox"/> Intrusive thoughts or images <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Difficulty making decisions <input type="checkbox"/> Preoccupation with death/destruction <input type="checkbox"/> Other _____

2. Check the boxes corresponding to difficulties the survivor is experiencing.

- Past or preexisting trauma/psychological problems/substance abuse problems
- Injured as a result of the disaster
- At risk of losing life during the disaster
- Loved one(s) missing or dead
- Financial concerns
- Displaced from home
- Living arrangements
- Lost job or school
- Assisted with rescue/recovery
- Has physical/emotional disability
- Medication stabilization
- Concerns about child/adolescent
- Spiritual concerns
- Other: _____

3. Please make note of any other information that might be helpful in making a referral.

4. Referral

- | | |
|--|--|
| <input type="checkbox"/> Within project (specify) _____ | <input type="checkbox"/> Substance abuse treatment |
| <input type="checkbox"/> Other disaster agencies | <input type="checkbox"/> Other community services |
| <input type="checkbox"/> Professional mental health services | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Medical treatment | <input type="checkbox"/> Other: _____ |

5. Was the referral accepted by the individual?

- Yes
- No

Provider Worksheets

Psychological First Aid Components Provided

Date: _____ Provider: _____

Location: _____

This session was conducted with (check all that apply):

- Child
 Adolescent
 Adult
 Family
 Group

Place a checkmark in the box next to each component of Psychological First Aid that you provided in this session.

Contact and Engagement

- Initiated contact in an appropriate manner
 Asked about immediate needs

Safety and Comfort

- Took steps to ensure immediate physical safety
 Gave information about the disaster/risks
 Attended to physical comfort
 Encouraged social engagement
 Attended to a child separated from parents
 Protected from additional trauma
 Assisted with concern over missing loved one
 Assisted after death of loved one
 Assisted with acute grief reactions
 Helped with talking to children about death
 Attended to spiritual issues regarding death
 Attended to traumatic grief
 Provided information about funeral issues
 Helped survivor after body identification
 Helped survivors regarding death notification
 Helped with confirmation of death to child

Stabilization

- Helped with stabilization
 Used grounding technique
 Gathered information for medication referral for stabilization

Information Gathering

- Nature and severity of disaster experiences
 Death of a family member or friend
 Concerns about ongoing threat
 Concerns about safety of loved one(s)
 Physical/mental illness and medications(s)
 Disaster-related losses
 Extreme guilt or shame
 Thoughts of harming self or others
 Availability of social support
 Prior alcohol or drug use
 History of prior trauma and loss
 Concerns over developmental impact
 Other _____

Practical Assistance

- Helped to identify most immediate need(s)
- Helped to clarify need(s)
- Helped to develop an action plan
- Helped with action to address the need

Connection with Social Supports

- Facilitated access to primary support persons
- Discussed support seeking and giving
- Modeled supportive behavior
- Engaged youth in activities
- Helped problem-solve obtaining/giving social support

Information of Coping

- Gave basic information about stress reactions
- Gave basic information on coping
- Taught simple relaxation techniques(s)
- Helped with family coping issues
- Assisted with developmental concerns
- Assisted with anger management
- Addressed negative emotions (shame/guilt)
- Helped with sleep problems
- Addressed substance abuse problems

Linkage with Collaborative Services

- Provided link to additional service(s) _____
- Promoted continuity of care _____
- Provided handout(s) _____

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Appendix E:

■ Handouts for Survivors

- Connecting with Others: Seeking Social Support (for adults and adolescents)
- Connecting with Others: Giving Social Support (for adults and adolescents)
- When Terrible Things Happen (for adults and adolescents)
- Parent Tips for Helping Infants and Toddlers (for parents/caregivers)
- Parent Tips for Helping Preschool-Age Children (for parents/caregivers)
- Parent Tips for Helping School-Age Children (for parents/caregivers)
- Parent Tips for Helping Adolescents (for parents/caregivers)
- Tips for Adults (for adult survivors)
- Basic Relaxation Techniques (for adults, adolescents, and children)
- Alcohol and Drug Use after Disasters (for adults and adolescents)



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Connecting with Others

Seeking Social Support

- Making contact with others can help reduce feeling of distress
- Children and adolescents can benefit from spending some time with similar-age peers
- Connections can be with family, friends, or others who are coping with the same traumatic event

Social Support Options

- | | | |
|-----------------------------|--|---------------------------|
| ▪ Spouse/partner or parents | ▪ Clergy | ▪ Support group |
| ▪ Trusted family member | ▪ Doctor or nurse | ▪ Co-worker/Teacher/Coach |
| ▪ Close friend | ▪ Crisis/School counselor or other counselor | ▪ Pet |

Do . . .

- | | | |
|---|--|---|
| ▪ Decide carefully whom to talk to | ▪ Start by talking about practical things | ▪ Ask others if it's a good time to talk |
| ▪ Decide ahead of time what you want to discuss | ▪ Let others know you need to talk or just to be with them | ▪ Tell others you appreciate them listening |
| ▪ Choose the right time and place | ▪ Talk about painful thoughts and feelings when you're ready | ▪ Tell others what you need or how they could help—one main thing that would help you right now |

Don't . . .

- | | |
|--|---|
| ▪ Keep quiet because you don't want to upset others | ▪ Assume that others don't want to listen |
| ▪ Keep quiet because you're worried about being a burden | ▪ Wait until you're so stressed or exhausted that you can't fully benefit from help |

Ways to Get Connected

- | | |
|---|--|
| ▪ Calling friends or family on the phone | ▪ Getting involved with a support group |
| ▪ Increasing contact with existing acquaintances and friends | ▪ Getting involved in community/school recovery activities |
| ▪ Renewing or beginning involvement in religious group activities | |

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Connecting with Others

Giving Social Support

You can help family members and friends cope with the disaster by spending time with them and listening carefully. Most people recover better when they feel connected to others who care about them. Some people choose not to talk about their experiences very much, and others may need to discuss their experiences. For some, talking about things that happened because of the disaster can help those events seem less overwhelming. For others, just spending time with people they feel close to and accepted by, without having to talk, can feel best. Here is some information about giving social support to other people.

Reasons Why People May Avoid Social Support

- Not knowing what they need
- Not wanting to burden others
- Wanting to avoid thinking or feeling about the event
- Feeling embarrassed or “weak”
- Doubting it will be helpful, or that others will understand
- Assuming that others will be disappointed or judgmental
- Fearing they will lose control
- Having tried to get help and feeling that it wasn’t there
- Not knowing where to get help

Good Ways to Give Support

- Show interest, attention, and care
- Show respect for the person’s reactions and ways of coping
- Talk about expectable reactions to disasters, and healthy coping
- Find an uninterrupted time and place to talk
- Acknowledge that this type of stress can take time to resolve
- Express belief that the person is capable of recovery
- Be free of expectations or judgments
- Help brainstorm positive ways to deal with reactions
- Offer to talk or spend time together as many times as is needed

Behaviors That Interfere with Giving Support

- Rushing to tell someone the he/she will be okay or that they should just “get over it”
- Acting like someone is weak or exaggerating because he or she isn’t coping as well as you are
- Discussing your own personal experiences without listening to the other person’s story
- Giving advice without listening to the person’s concerns or asking the person what works for him or her
- Stopping people from talking about what is bothering them
- Telling them they were lucky it wasn’t worse

When Your Support is Not Enough

- Let the person know that experts think that avoidance and withdrawal are likely to increase distress, and social support helps recovery.
- Encourage the person to talk with a counselor, clergy, or medical professional, and offer to accompany them.
- Encourage the person to get involved in a support group with others who have similar experiences.
- Enlist help from others in your social circle so that you all take part in supporting the person.

■ When Terrible Things Happen - What You May Experience

Immediate Reactions

There are a wide variety of positive and negative reactions that survivors can experience during and immediately after a disaster. These include:

Domain	Negative Responses	Positive Responses
Cognitive	Confusion, disorientation, worry, intrusive thoughts and images, self-blame	Determination and resolve, sharper perception, courage, optimism, faith
Emotional	Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame	Feeling involved, challenged, mobilized
Social	Extreme withdrawal, interpersonal conflict	Social connectedness, altruistic helping behaviors
Physiological	Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping	Alertness, readiness to respond, increased energy

Common negative reactions that may continue include:

Intrusive reactions

- Distressing thoughts or images of the event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (“flashback”)

Avoidance and withdrawal reactions

- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities

Physical arousal reactions

- Constantly being “on the lookout” for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling “on edge”
- Difficulty falling or staying asleep, problems concentrating or paying attention

Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the disaster
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include sudden loud noises, sirens, locations where the disaster occurred, seeing people with disabilities, funerals, anniversaries of the disaster, and television/radio news about the disaster

Positive changes in priorities, worldview, and expectations

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action steps, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a “good day”
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

When a Loved One Dies, Common Reactions Include:

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive

- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulty making decisions
- Having thoughts about the person who died, even when you don't want to
- Longing, missing, and wanting to search for the person who died
- Children are particularly likely to worry that they or a parent might die
- Children may become anxious when separated from caregivers or other loved ones

What Helps

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling

What Doesn't Help

- Using alcohol or drugs to cope
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Violence or conflict
- Overeating or failing to eat
- Excessive TV or computer games
- Blaming others
- Working too much
- Extreme withdrawal from family or friends
- Not taking care of yourself
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Withdrawing from pleasant activities

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
<p>... has problems sleeping, doesn't want to go to bed, won't sleep alone, wakes up at night screaming.</p>	<ul style="list-style-type: none"> ▪ When children are scared, they want to be with people who help them feel safe, and they worry when you are not together. ▪ If you were separated during the disaster, going to bed alone may remind your child of that separation. ▪ Bedtime is a time for remembering because we are not busy doing other things. Children often dream about things they fear and can be scared of going to sleep. 	<ul style="list-style-type: none"> ▪ If you want, let your child sleep with you. Let him know this is just for now. ▪ Have a bedtime routine: a story, a prayer, cuddle time. Tell him the routine (every day), so he knows what to expect. ▪ Hold him and tell him that he is safe, that you are there and will not leave. Understand that he is not being difficult on purpose. This may take time, but when he feels safer, he will sleep better.
<p>... worries something bad will happen to you. (You may also have worries like this.)</p>	<ul style="list-style-type: none"> ▪ It is natural to have fears like this after being in danger. ▪ These fears may be even stronger if your child was separated from loved ones during the disaster. 	<ul style="list-style-type: none"> ▪ Remind your child and yourself that right now you are safe. ▪ If you are not safe, talk about how you are working to keep her safe. ▪ Make a plan for who would care for your child if something did happen to you. This may help you worry less. ▪ Do positive activities together to help her think about other things.
<p>... cries or complains whenever you leave him, even when you go to the bathroom. ... can't stand to be away from you.</p>	<ul style="list-style-type: none"> ▪ Children who cannot yet speak or say how they feel may show their fear by clinging or crying. ▪ Goodbyes may remind your child of any separation you had related to the disaster. ▪ Children's bodies react to separations (stomach sinks, heart beats faster). Something inside says, "Oh no, I can't lose her." ▪ Your child is not trying to manipulate or control you. He is scared. ▪ He may also get scared when other people (not just you) leave. Goodbyes make him scared. 	<ul style="list-style-type: none"> ▪ Try to stay with your child and avoid separations right now. ▪ For brief separations (store, bathroom), help your child by naming his feelings and linking them to what he has been through. Let him know you love him and that this goodbye is different, you'll be back soon. "You're so scared. You don't want me to go because last time I was gone you didn't know where I was. This is different, and I'll be right back." ▪ For longer separations, have him stay with familiar people, tell him where you are going and why, and when you will come back. Let him know you will think about him. Leave a photo or something of yours and call if you can. When you come back, tell him you missed him, thought about him, and did come back. You will need to say this over and over.
<p>... has problems eating, eats too much or refuses food.</p>	<ul style="list-style-type: none"> ▪ Stress affects your child in different ways, including her appetite. ▪ Eating healthfully is important, but focusing too much on eating can cause stress and tension in your relationship. 	<ul style="list-style-type: none"> ▪ Relax. Usually, as your child's level of stress goes down, her eating habits will return to normal. Don't force your child to eat. ▪ Eat together and make meal times fun and relaxing. ▪ Keep healthy snacks around. Young children often eat on the go. ▪ If you are worried, or if your child loses a significant amount of weight, consult a pediatrician.

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
<p>... is not able to do things he used to do (like use the potty).</p> <p>... does not talk like he used to.</p>	<ul style="list-style-type: none"> ▪ Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned. ▪ This is the way young children tell us that they are not okay and need our help. ▪ Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive. ▪ Your child is not doing this on purpose. 	<ul style="list-style-type: none"> ▪ Avoid criticism. It makes him worried that he'll never learn. ▪ Do not force your child. It creates a power struggle. ▪ Instead of focusing on the ability (like not using the potty), help your child feel understood, accepted, loved, and supported. ▪ As your child feels safer, he will recover the ability he lost.
<p>... is reckless, does dangerous things.</p>	<ul style="list-style-type: none"> ▪ It may seem strange, but when children feel unsafe, they often behave in unsafe ways. ▪ It is one way of saying, "I need you. Show me I'm important by keeping me safe." 	<ul style="list-style-type: none"> ▪ Keep her safe. Calmly go and get her and hold her if necessary. ▪ Let her know that what she is doing is unsafe, that she is important, and you wouldn't want anything to happen to her. ▪ Show her other more positive ways that she can have your attention.
<p>... is scared by things that did not scare her before.</p>	<ul style="list-style-type: none"> ▪ Young children believe their parents are all-powerful and can protect them from anything. This belief helps them feel safe. ▪ Because of what happened, this belief has been damaged, and without it, the world is a scarier place. ▪ Many things may remind your child of the disaster (rain, aftershocks, ambulances, people yelling, a scared look on your face), and will scare her. ▪ It is not your fault—it was the disaster. 	<ul style="list-style-type: none"> ▪ When your child is scared, talk to her about how you will keep her safe. ▪ If things remind your child of the disaster and cause her to worry that it is happening again, help her understand how what is happening now (like rain or aftershocks) is different from the disaster. ▪ If she talks about monsters, join her in chasing them out. "Go away, monster. Don't bother my baby. I'm going to tell the monster boo, and it will get scared and go away. Boo, boo." ▪ Your child is too young to understand and recognize how you did protect her, but remind yourself of the good things you did.
<p>... seems "hyper," can't sit still, and doesn't pay attention to anything.</p>	<ul style="list-style-type: none"> ▪ Fear can create nervous energy that stays in our bodies. ▪ Adults sometimes pace when worried. Young children run, jump, and fidget. ▪ When our minds are stuck on bad things, it is hard to pay attention to other things. ▪ Some children are naturally active. 	<ul style="list-style-type: none"> ▪ Help your child to recognize his feelings (fear, worry) and reassure your child that he is safe. ▪ Help your child get rid of nervous energy (stretching, running, sports, breathing deep and slow). ▪ Sit with him and do an activity you both enjoy (throw a ball, read books, play, draw). Even if he doesn't stop running around, this helps him. ▪ If your child is naturally active, focus on the positive. Think of all the energy he has to get things done, and find activities that fit his needs.
<p>... plays in a violent way.</p> <p>... keeps talking about the disaster and the bad things he saw.</p>	<ul style="list-style-type: none"> ▪ Young children often talk through play. Violent play can be their way of telling us how crazy things were or are, and how they feel inside. ▪ When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger). 	<ul style="list-style-type: none"> ▪ If you can tolerate it, listen to your child when he "talks." ▪ As your child plays, notice the feelings he has and help him by naming feelings and being there to support him (hold him, soothe him). ▪ If he gets overly upset, spaces out, or he plays out the same upsetting scene, help him calm down, help him feel safe, and consider getting professional help.

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
<p>... is now very demanding and controlling.</p> <p>... seems “stubborn” insisting that things be done her way.</p>	<ul style="list-style-type: none"> Between the age of 18 months to 3 years, young children often seem “controlling.” It can be annoying, but it is a normal part of growing up and helps them learn that they are important and can make things happen. When children feel unsafe, they may become more controlling than usual. This is one way of dealing with fears. They are saying, “Things are so crazy I need control over something.” 	<ul style="list-style-type: none"> Remember your child is not controlling or bad. This is normal, but may be worse right now because she feels unsafe. Let your child have control over small things. Give her choices over what she wears or eats, games you play, stories you read. If she has control over small things, it can make her feel better. Balance giving her choices and control with giving her structure and routines. She will feel unsafe if she “runs the show.” Cheer her on as she tries new things. She can also feel more in control when she can put her shoes on, put a puzzle together, pour juice.
<p>... tantrums and is cranky.</p> <p>... yells a lot – more than usual.</p>	<ul style="list-style-type: none"> Even before the disaster, your child may have had tantrums. They are a normal part of being little. It’s frustrating when you can’t do things and when you don’t have the words to say what you want or need. Now, your child has a lot to be upset about (just like you) and may really need to cry and yell. 	<ul style="list-style-type: none"> Let him know you understand how hard this is for him. “Thing are really bad right now. It’s been so scary. We don’t have your toys or TV, and you’re mad.” Tolerate tantrums more than you usually would, and respond with love rather than discipline. You might not normally do this, but things are not normal. If he cries or yells, stay with him and let him know you are there for him. Reasonable limits should be set if tantrums become frequent or are extreme.
<p>... hits you.</p>	<ul style="list-style-type: none"> For children, hitting is a way of expressing anger. When children can hit adults they feel unsafe. It’s scary to be able to hit someone who’s supposed to protect you. Hitting can also come from seeing other people hit each other. 	<ul style="list-style-type: none"> Each time your child hits, let her know that this is not okay. Hold her hands, so she can’t hit, have her sit down. Say something like, “It’s not okay to hit, it’s not safe. When you hit, you are going to need to sit down.” If she is old enough, give her the words to use or tell her what she needs to do. Tell her, “Use your words. Say, I want that toy.” Help her express anger in other ways (play, talk, draw). If you are having conflict with other adults, try to work it out in private, away from where your child can see or hear you. If needed, talk with a friend or professional about your feelings.
<p>... says “Go away, I hate you!”</p> <p>... says “This is all your fault.”</p>	<ul style="list-style-type: none"> The real problem is the disaster and everything that followed, but your child is too little to fully understand that. When things go wrong, young children often get mad at their parents because they believe they should have stopped it from happening. You are not to blame, but now is not the time to defend yourself. Your child needs you. 	<ul style="list-style-type: none"> Remember what your child has been through. He doesn’t mean everything he is saying; he’s angry and dealing with so many difficult feelings. Support your child’s feeling of anger, but gently redirect the anger towards the disaster. “You are really mad. Lots of bad things have happened. I’m mad too. I really wish it didn’t happen, but even mommies can’t make hurricanes not happen. It’s so hard for both of us.”

Parent Tips for Helping Infants and Toddlers after Disasters

If Your Child	Understand	Ways to Help
<p>... doesn't want to play or do anything.</p> <p>... seems to not really have any feelings (happy or sad).</p>	<ul style="list-style-type: none"> ▪ Your child needs you. So much has happened and he may be feeling sad and overwhelmed. ▪ When children are stressed, some yell and others shut down. Both need their loved ones. 	<ul style="list-style-type: none"> ▪ Sit by your child and keep him close. Let him know you care. ▪ If you can, give words to his feelings. Let him know it's okay to feel sad, mad, or worried. "It seems like you don't want to do anything. I wonder if you are sad. It's okay to be sad. I will stay with you." ▪ Try to do things with your child, anything he might like (read a book, sing, play together).
<p>... cries a lot.</p>	<ul style="list-style-type: none"> ▪ Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad. ▪ When you let your child feel sad and provide her with comfort, you help your child even if she remains sad. ▪ If you have strong feelings of sadness, it may be good for you to get support. Your child's well-being is connected to your well-being. 	<ul style="list-style-type: none"> ▪ Allow your child to express feelings of sadness. ▪ Help your child name her feelings and understand why she may feel that way. "I think you're sad. A lot of hard things have happened" ▪ Support your child by sitting with her and giving her extra attention. Spend special time together. ▪ Help your child feel hopeful about the future. Together think and talk about how your lives will continue and the good things you will do, like go for a walk, go to the park or zoo, play with friends. ▪ Take care of yourself.
<p>... misses people you are no longer able to see after the disaster.</p>	<ul style="list-style-type: none"> ▪ Even though young children do not always express how they feel, be aware that it is difficult for them when they lose contact with important people. ▪ If someone close to your child died, your child may show stronger reactions to the disaster. ▪ Young children do not understand death, and may think that the person can come back. 	<ul style="list-style-type: none"> ▪ For those that have moved away, help your child stay in touch in some way (for example, sending pictures or cards, calling). ▪ Help your child talk about these important people. Even when we are apart from people, we can still have positive feelings about them by remembering and talking about them. ▪ Acknowledge how hard it is to not be able to see people we care for. It is sad. ▪ Where someone has died, answer your child's questions simply and honestly. When strong reactions last longer than two weeks, seek help from a professional.
<p>... misses things you have lost because of the disaster.</p>	<ul style="list-style-type: none"> ▪ When a disaster brings so much loss to a family and community, it is easy to lose sight of how much the loss of a toy or other important item (blanket) can mean to a child. ▪ Grieving for a toy is also your child's way of grieving for all you had before the disaster. 	<ul style="list-style-type: none"> ▪ Allow your child to express feelings of sadness. It is sad that your child lost her toy or blanket. ▪ If possible, try to find something that would replace the toy or blanket that would be acceptable and satisfying to your child. ▪ Distract your child with other activities.

Parent Tips for Helping Preschool-Age Children after Disasters

Reactions/Behavior	Responses	Examples of things to do and say
<p><u>Helplessness and passivity:</u> Young children know they can't protect themselves. In a disaster, they feel even more helpless. They want to know their parents will keep them safe. They might express this by being unusually quiet or agitated.</p>	<ul style="list-style-type: none"> ▪ Provide comfort, rest, food, water, and opportunities for play and drawing. ▪ Provide ways to turn spontaneous drawing or playing about traumatic events to something that would make them feel safer or better. ▪ Reassure your child that you and other grownups will protect them. 	<ul style="list-style-type: none"> ▪ Give your child more hugs, hand holding, or time in your lap. ▪ Make sure there is a special safe area for your child to play with proper supervision. ▪ In play, a four year old keeps having the blocks knocked down by hurricane winds. Asked, "Can you make it safe from the winds?" the child quickly builds a double block thick wall and says, "Winds won't get us now." A parent might respond with, "That wall sure is strong," and explain, "We're doing a lot of things to keep us safe."
<p><u>General fearfulness:</u> Young children may become more afraid of being alone, being in the bathroom, going to sleep, or otherwise separated from parents. Children want to believe that their parents can protect them in all situations and that other grownups, such as teachers or police officers, are there to help them.</p>	<ul style="list-style-type: none"> ▪ Be as calm as you can with your child. Try not to voice your own fears in front of your child. ▪ Help children regain confidence that you aren't leaving them and that you can protect them. ▪ Remind them that there are people working to keep families safe, and that your family can get more help if you need to. ▪ If you leave, reassure your children you will be back. Tell them a realistic time in words they understand, and be back on time. ▪ Give your child ways to communicate their fears to you. 	<ul style="list-style-type: none"> ▪ Be aware when you are on the phone or talking to others, that your child does not overhear you expressing fear. ▪ Say things such as, "We are safe from the earthquake now, and people are working hard to make sure we are okay." ▪ Say, "If you start feeling more scared, come and take my hand. Then I'll know you need to tell me something."
<p><u>Confusion about the danger being over:</u> Young children can overhear things from adults and older children, or see things on TV, or just imagine that it is happening all over again. They believe the danger is closer to home, even if it happened further away.</p>	<ul style="list-style-type: none"> ▪ Give simple, repeated explanations as needed, even every day. Make sure they understand the words you are using. ▪ Find out what other words or explanations they have heard and clarify inaccuracies. ▪ If you are at some distance from the danger, it is important to tell your child that the danger is not near you. 	<ul style="list-style-type: none"> ▪ Continue to explain to your child that the disaster has passed and that you are away from the danger ▪ Draw, or show on a map, how far away you are from the disaster area, and that where you are is safe. "See? The disaster was way over there, and we're way over here in this safe place."
<p><u>Returning to earlier behaviors:</u> Thumb sucking, bed-wetting, baby-talk, needing to be in your lap.</p>	<ul style="list-style-type: none"> ▪ Remain neutral or matter-of-fact, as best you can, as these earlier behaviors may continue a while after the disaster. 	<ul style="list-style-type: none"> ▪ If your child starts bedwetting, change her clothes and linens without comment. Don't let anyone criticize or shame the child.

Parent Tips for Helping Preschool-Age Children after Disasters

Reactions/Behavior	Responses	Examples of things to do and say
<p><u>Fears the disaster will return</u>: When having reminders—seeing, hearing, or otherwise sensing something that reminds them of the disaster.</p>	<ul style="list-style-type: none"> ▪ Explain the difference between the event and reminders of the event. ▪ Protect children from things that will remind them as best you can. 	<ul style="list-style-type: none"> ▪ “Even though it’s raining, that doesn’t mean the hurricane is happening again. A rainstorm is smaller and can’t wreck stuff like a hurricane can.” ▪ Keep your child from television, radio, and computer stories of the disaster that can trigger fears of it happening again.
<p><u>Not talking</u>: Being silent or having difficulty saying what is bothering them.</p>	<ul style="list-style-type: none"> ▪ Put common feelings into words, such as anger, sadness, and worry about the safety of parents, friends, and siblings. ▪ Do not force them to talk, but let them know they can talk to you any time. 	<ul style="list-style-type: none"> ▪ Draw simple “happy faces” for different feelings on paper plates. Tell a brief story about each one, such as, “Remember when the water came into the house and you had a worried face like this?” ▪ Say something like, “Children can feel really sad when their home is damaged.” ▪ Provide art or play materials to help them express themselves. Then use feeling words to check out how they felt. “This is a really scary picture. Were you scared when you saw the water?”
<p><u>Sleep problems</u>: Fear of being alone at night, sleeping alone, waking up afraid, having bad dreams.</p>	<ul style="list-style-type: none"> ▪ Reassure your child that he is safe. Spend extra quiet time together at bedtime. ▪ Let the child sleep with a dim light on or sleep with you for a limited time. ▪ Some might need an explanation of the difference between dreams and real life. 	<ul style="list-style-type: none"> ▪ Provide calming activities before bedtime. Tell a favorite story with a comforting theme. ▪ At bedtime say, “You can sleep with us tonight, but tomorrow you’ll sleep in your own bed.” ▪ “Bad dreams come from our thoughts inside about being scared, not from real things happening.”
<p><u>Not understanding about death</u>: Preschool age children don’t understand that death is not reversible. They have “magical thinking” and might believe their thoughts caused the death. The loss of a pet may be very hard on a child.</p>	<ul style="list-style-type: none"> ▪ Give an age-appropriate consistent explanation—that does not give false hopes—about the reality of death. ▪ Don’t minimize feelings over a loss of a pet or a special toy. ▪ Take cues from what your child seems to want to know. Answer simply and ask if he has any more questions. 	<ul style="list-style-type: none"> ▪ Allow children to participate in cultural and religious grieving rituals. ▪ Help them find their own way to say goodbye by drawing a happy memory or lighting a candle or saying a prayer for the deceased. ▪ “No, Pepper won’t be back, but we can think about him and talk about him and remember what a silly doggy he was.” ▪ “The firefighter said no one could save Pepper and it wasn’t your fault. I know you miss him very much.”

Parent Tips for Helping School-Age Children after Disasters

Reactions	Responses	Examples of things to do and say
<u>Confusion about what happened</u>	<ul style="list-style-type: none"> ▪ Give clear explanations of what happened whenever your child asks. Avoid details that would scare your child. Correct any misinformation that your child has about whether there is a present danger. ▪ Remind children that there are people working to keep families safe and that your family can get more help if needed. ▪ Let your children know what they can expect to happen next. 	<ul style="list-style-type: none"> ▪ “I know other kids said that more tornadoes are coming, but we are now in a safe place.” ▪ Continue to answer questions your children have (without getting irritable) and to reassure them the family is safe. ▪ Tell them what’s happening, especially about issues regarding school and where they will be living.
<u>Feelings of being responsible:</u> School-age children may have concerns that they were somehow at fault, or should have been able to change what happened. They may hesitate to voice their concerns in front of others.	<ul style="list-style-type: none"> ▪ Provide opportunities for children to voice their concerns to you. ▪ Offer reassurance and tell them why it was not their fault. 	<ul style="list-style-type: none"> ▪ Take your child aside. Explain that, “After a disaster like this, lots of kids—and parents too—keep thinking, ‘What could I have done differently?’ or ‘I should have been able to do something.’ That doesn’t mean they were at fault.” ▪ “Remember? The firefighter said no one could save Pepper and it wasn’t your fault.”
<u>Fears of recurrence of the event and reactions to reminders</u>	<ul style="list-style-type: none"> ▪ Help identify different reminders (people, places, sounds, smells, feelings, time of day) and clarify the difference between the event and the reminders that occur after it. ▪ Reassure them, as often as they need, that they are safe. ▪ Protect children from seeing media coverage of the event, as it can trigger fears of the disaster happening again. 	<ul style="list-style-type: none"> ▪ When they recognize that they are being reminded, say, “Try to think to yourself, I am upset because I am being reminded of the hurricane because it is raining, but now there is no hurricane and I am safe.” ▪ “I think we need to take a break from the TV right now.” ▪ Try to sit with your child while watching TV. Ask your child to describe what they saw on the news. Clarify any misunderstandings.
<u>Retelling the event or playing out the event over and over</u>	<ul style="list-style-type: none"> ▪ Permit the child to talk and act out these reactions. Let him know that this is normal. ▪ Encourage positive problem-solving in play or drawing. 	<ul style="list-style-type: none"> ▪ “You’re drawing a lot of pictures of what happened. Did you know that many children do that?” ▪ “It might help to draw about how you would like your school to be rebuilt to make it safer.”

Parent Tips for Helping School-Age Children after Disasters

Reactions	Responses	Examples of things to do and say
<u>Fear of being overwhelmed by their feelings</u>	<ul style="list-style-type: none"> Provide a safe place for her to express her fears, anger, sadness, etc. Allow children to cry or be sad; don't expect them to be brave or tough. 	<ul style="list-style-type: none"> "When scary things happen, people have strong feelings, like being mad at everyone or being very sad. Would you like to sit here with a blanket until you're feeling better?"
<u>Sleep problems:</u> Bad dreams, fear of sleeping alone, demanding to sleep with parents.	<ul style="list-style-type: none"> Let your child tell you about the bad dream. Explain that bad dreams are normal and they will go away. Do not ask the child to go into too many details of the bad dream. Temporary sleeping arrangements are okay; make a plan with your child to return to normal sleeping habits. 	<ul style="list-style-type: none"> "That was a scary dream. Let's think about some good things you can dream about and I'll rub your back until you fall asleep." "You can stay in our bedroom for the next couple of nights. After that we will spend more time with you in your bed before you go to sleep. If you get scared again, we can talk about it."
<u>Concerns</u> about the safety of themselves and others.	<ul style="list-style-type: none"> Help them to share their worries and give them realistic information. 	<ul style="list-style-type: none"> Create a "worry box" where children can write out their worries and place them in the box. Set a time to look these over, problem-solve, and come up with answers to the worries.
<u>Altered behavior:</u> Unusually aggressive or restless behavior.	<ul style="list-style-type: none"> Encourage the child to engage in recreational activities and exercise as an outlet for feelings and frustration. 	<ul style="list-style-type: none"> "I know you didn't mean to slam that door. It must be hard to feel so angry." "How about if we take a walk? Sometimes getting our bodies moving helps with strong feelings."
<u>Somatic complaints:</u> Headaches, stomachaches, muscle aches for which there seem to be no reason.	<ul style="list-style-type: none"> Find out if there is a medical reason. If not, provide comfort and assurance that this is normal. Be matter-of-fact with your child; giving these complaints too much attention may increase them. 	<ul style="list-style-type: none"> Make sure the child gets enough sleep, eats well, drinks plenty of water, and gets enough exercise. "How about sitting over there? When you feel better, let me know and we can play cards."
<u>Closely watching a parent's responses and recovery:</u> Not wanting to disturb a parent with their own worries.	<ul style="list-style-type: none"> Give children opportunities to talk about their feelings, as well as your own. Remain as calm as you can, so as not to increase your child's worries. 	<ul style="list-style-type: none"> "Yes, my ankle is broken, but it feels better since the paramedics wrapped it. I bet it was scary seeing me hurt, wasn't it?"
<u>Concern</u> for other survivors and families.	<ul style="list-style-type: none"> Encourage constructive activities on behalf of others, but do not burden them with undue responsibility. 	<ul style="list-style-type: none"> Help children identify projects that are age-appropriate and meaningful (clearing rubble from school grounds, collecting money or supplies for those in need).

Parent Tips for Helping Adolescents after Disasters

Reactions	Responses	Examples of things to do and say
<u>Detachment, shame, and guilt</u>	<ul style="list-style-type: none"> ▪ Provide a safe time to discuss with your teen the events and their feelings. ▪ Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done. 	<ul style="list-style-type: none"> ▪ “Many teens—and adults—feel like you do, angry and blaming themselves that they could have done more. You’re not at fault. Remember even the firefighters said there was nothing more we could have done.”
<u>Self-consciousness:</u> About their fears, sense of vulnerability, fear of being labeled abnormal.	<ul style="list-style-type: none"> ▪ Help teens understand that these feelings are common. ▪ Encourage relationships with family and peers for needed support during the recovery period. 	<ul style="list-style-type: none"> ▪ “I was feeling the same thing. Scared and helpless. Most people feel like this when a disaster happens, even if they look calm on the outside.” ▪ “My cell phone is working again, why don’t you see if you can get a hold of Pete to see how he’s doing.” ▪ “And thanks for playing the game with your little sister. She’s much better now.”
<u>Acting out behavior:</u> Using alcohol or drugs, sexually acting out, accident-prone behavior.	<ul style="list-style-type: none"> ▪ Help teens understand that acting out behavior is a dangerous way to express strong feelings (like anger) over what happened. ▪ Limit access to alcohol and drugs. ▪ Talk about the danger of high-risk sexual activity. ▪ On a time-limited basis, keep a closer watch on where they are going and what they are planning to do. 	<ul style="list-style-type: none"> ▪ “Many teens—and some adults—feel out of control and angry after a disaster like this. They think drinking or taking drugs will help somehow. It’s very normal to feel that way—but it’s not a good idea to act on it.” ▪ “It’s important during these times that I know where you are and how to contact you.” Assure them that this extra checking-in is temporary, just until things have stabilized.
<u>Fears of recurrence and reactions to reminders</u>	<ul style="list-style-type: none"> ▪ Help to identify different reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it. ▪ Explain to teens that media coverage of the disaster can trigger fears of it happening again. 	<ul style="list-style-type: none"> ▪ “When you’re reminded, you might try saying to yourself, ‘I am upset now because I am being reminded, but it is different now because there is no hurricane and I am safe.’” ▪ Suggest, “Watching the news reports could make it worse, because they are playing the same images over and over. How about turning it off now?”

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<p><u>Abrupt shifts in interpersonal relationships</u>: Teens may pull away from parents, family, and even from peers; they may respond strongly to parent’s reactions in the crisis.</p>	<ul style="list-style-type: none"> ▪ Explain that the strain on relationships is expectable. Emphasize that everyone needs family and friends for support during the recovery period. ▪ Encourage tolerance for different family members’ courses of recovery. ▪ Accept responsibility for your own feelings. 	<ul style="list-style-type: none"> ▪ Spend more time talking as a family about how everyone is doing. Say, “You know, the fact that we’re crabby with each other is completely normal, given what we’ve been through. I think we’re handling things amazingly. It’s a good thing we have each other.” ▪ You might say, “I appreciate your being calm when your brother was screaming last night. I know he woke you up, too.” ▪ “I want to apologize for being irritable with you yesterday. I am going to work harder to stay calm myself.”
<p><u>Radical changes in attitude</u></p>	<ul style="list-style-type: none"> ▪ Explain that changes in people’s attitudes after a disaster are common, but often return back over time. 	<ul style="list-style-type: none"> ▪ “We are all under great stress. When people’s lives are disrupted this way, we all feel more scared, angry—even full of revenge. It might not seem like it, but we all will feel better when we get back to a more structured routine.”
<p><u>Premature entrance into adulthood</u>: (wanting to leave school, get married).</p>	<ul style="list-style-type: none"> ▪ Encourage postponing major life decisions. Find other ways to make the teens feel more in control. 	<ul style="list-style-type: none"> ▪ “I know you’re thinking about quitting school and getting a job to help out. But it’s important not to make big decisions right now. A crisis time is not a great time to make major changes.”
<p><u>Concern for other survivors and families</u></p>	<ul style="list-style-type: none"> ▪ Encourage constructive activities on behalf of others, but do not let them burden themselves with undue responsibility. 	<ul style="list-style-type: none"> ▪ Help teens to identify projects that are age-appropriate and meaningful (clearing rubble from school grounds, collecting money or supplies for those in need).

Tips for Adults

Reactions/Behavior	Responses	Examples of things to do and say
<p><u>High anxiety/arousal</u>: Tension and anxiety are common after disasters. Adults may be excessively worried about the future, have difficulties sleeping, problems concentrating, and feel jumpy and nervous. These reactions can include rapid heart beat and sweating.</p>	<ul style="list-style-type: none"> ▪ Use breathing and/or other relaxation skills. ▪ Take time during the day to calm yourself through relaxation exercises. These can make it easier to sleep, concentrate, and will give you energy. 	<ul style="list-style-type: none"> ▪ Breathing exercise: Inhale slowly through your nose and comfortably fill your lungs all the way down to your stomach, while saying to yourself, “My body is filled with calm.” Exhale slowly through your mouth and empty your lungs, while silently saying to yourself, “My body is letting go.” Do this five times slowly, and as many times a day as needed.
<p><u>Concern or shame</u> over your own reactions. Many people have strong reactions after a disaster, including fear and anxiety, difficulty concentrating, shame about how they reacted, and feeling guilty about something. It is expectable and understandable to feel many emotions in the aftermath of an extremely difficult event.</p>	<ul style="list-style-type: none"> ▪ Find a good time to discuss your reactions with a family member or trusted friend. ▪ Remember that these reactions are common and it takes time for them to subside. ▪ Correct excessive self-blame with realistic assessment of what actually could have been done. 	<ul style="list-style-type: none"> ▪ When talking with someone, find the right time and place, and ask if it is okay to talk about your feelings. ▪ Remind yourself that your feelings are expectable and you are not “going crazy,” and that you are not at fault for the disaster. ▪ If these feelings persist for a month or more, you may wish to seek professional help.
<p><u>Feeling overwhelmed</u> by tasks that need to be accomplished (housing, food, paperwork for insurance, child care, parenting).</p>	<ul style="list-style-type: none"> ▪ Identify what your top priorities are. ▪ Find out what services are available to help get your needs met. ▪ Make a plan that breaks down the tasks into manageable steps. 	<ul style="list-style-type: none"> ▪ Make a list of your concerns and decide what to tackle first. Take one step at a time. ▪ Find out which agencies can help with your needs and how to access them. ▪ Where appropriate, rely on your family, friends, and community for practical assistance.
<p><u>Fears of recurrence and reactions to reminders</u>: It is common for survivors to fear that another disaster will occur, and to react to things that are reminders of what happened.</p>	<ul style="list-style-type: none"> ▪ Be aware that reminders can include people, places, sounds, smells, feelings, time of day. ▪ Remember that media coverage of the disaster can be a reminder and trigger fears of it happening again. 	<ul style="list-style-type: none"> ▪ When you are reminded, try saying to yourself, “I am upset because I am being reminded of the disaster, but it is different now because the disaster is not happening and I am safe.” ▪ Limit your viewing of news reports so you just get the information that you need.
<p><u>Changes in attitude, view of the world and of oneself</u>: Strong changes in people’s attitudes after a disaster are common, including questioning one’s spiritual beliefs, trust in others and social agencies, and concerns about one’s own effectiveness, and dedication to helping others.</p>	<ul style="list-style-type: none"> ▪ Postpone any major unnecessary life changes in the immediate future. ▪ Remember that dealing with post-disaster difficulties increases your sense of courage and effectiveness. ▪ Get involved with community recovery efforts. 	<ul style="list-style-type: none"> ▪ Getting back to a more structured routine can help improve decision-making. ▪ Remind yourself that going through a disaster can have positive effects on what you value and how you spend your time.

Tips for Adults

Reactions/Behavior	Responses	Examples of things to do and say
<p><u>Using alcohol and drugs, or engaging in gambling or high-risk sexual behaviors:</u> Many people feel out of control, scared, hopeless, or angry after a disaster and engage in these behaviors to feel better. This can especially be a problem if there was pre-existing substance abuse or addiction.</p>	<ul style="list-style-type: none"> ▪ Understand that using substances and engaging in addictive behaviors can be a dangerous way to cope with what happened. ▪ Get information about local support agencies. 	<ul style="list-style-type: none"> ▪ Remember that substance use and other addictive behaviors can lead to problems with sleep, relationships, jobs, and physical health.
<p><u>Shifts in interpersonal relationships:</u> People may feel differently towards family and friends; for example, they may feel overprotective and very concerned for each other's safety, frustrated by the reactions of a family member or friend, or they may feel like pulling away from family and friends.</p>	<ul style="list-style-type: none"> ▪ Understand that family and friends are a major form of support during the recovery period. ▪ It is important to understand and tolerate different courses of recovery among family members. ▪ Rely on other family members for help with parenting or other daily activities when you are upset or under stress. 	<ul style="list-style-type: none"> ▪ Don't withdraw from others because you feel you might burden them. Most people do better after disasters turning to others. ▪ Ask your friends and family how they are doing, rather than just giving advice, or telling them to "get over it." Offer a supportive ear or lend a helping hand. ▪ Say, "We're crabby with each other and that is completely normal, given what we've been through. I think we're handling things amazingly. It's a good thing we have each other."
<p><u>Excessive anger:</u> Some degree of anger is understandable and expected after a disaster, especially when something feels unfair. However, when it leads to violent behavior, extreme anger is a serious problem.</p>	<ul style="list-style-type: none"> ▪ Find ways to manage your anger that help you rather than hurt you. 	<ul style="list-style-type: none"> ▪ Take time to cool down, walk away from stressful situations, talk to a friend about what is making you angry, get physical exercise, distract yourself with positive activities, or problem-solve the situation that is making you angry. ▪ Remind yourself that being angry may harm important relationships. ▪ If you become violent, get immediate help.
<p><u>Sleep difficulties:</u> Trouble falling asleep and frequent awakening is common after a disaster, as people are on edge and worried about adversities and life changes.</p>	<ul style="list-style-type: none"> ▪ Make sure you have good sleep routines. 	<ul style="list-style-type: none"> ▪ Go to sleep at the same time every day. ▪ Don't have caffeinated drinks in the evening. ▪ Reduce alcohol consumption. ▪ Increase daytime exercise. ▪ Relax before bedtime. ▪ Limit daytime naps to 15 minutes, and do not nap later than 4 pm.

Tips for Relaxation

Tips for Relaxation

Tension and anxiety are common after disasters. Unfortunately, they can make it more difficult to cope with the many things that must be done to recover. There is no easy solution to coping with post-disaster problems, but taking time during the day to calm yourself through relaxation exercises may make it easier to sleep, concentrate, and have energy for coping with life. These can include muscle relaxation exercises, breathing exercises, meditation, swimming, stretching, yoga, prayer, exercise, listening to quiet music, spending time in nature, and so on. Here are some basic breathing exercises that may help:

For Yourself:

1. Inhale slowly (one-thousand one; one-thousand two; one-thousand three) through your nose and comfortably fill your lungs all the way down to your belly.
2. Silently and gently say to yourself, “My body is filled with calmness.” Exhale slowly (one-thousand one; one-thousand two; one-thousand three) through your mouth and comfortably empty your lungs all the way down to your stomach.
3. Silently and gently say to yourself, “My body is releasing the tension.”
4. Repeat five times slowly and comfortably.
5. Do this as many times a day as needed.

For Children:

Lead a child through a breathing exercise:

1. “Let’s practice a different way of breathing that can help calm our bodies down.
2. Put one hand on your stomach, like this [demonstrate].
3. Okay, we are going to breathe in through our noses. When we breathe in, we are going to fill up with a lot of air and our stomachs are going to stick out like this [demonstrate].
4. Then, we will breathe out through our mouths. When we breathe out, our stomachs are going to suck in and up like this [demonstrate].
5. We are going to breathe in really slowly while I count to three. I’m also going to count to three while we breathe out really slowly.
6. Let’s try it together. Great job!”

Make a Game of It:

- Blow bubbles with a bubble wand and dish soap.
- Blow bubbles with chewing gum.
- Blow paper wads or cotton balls across the table.
- Tell a story where the child helps you imitate a character who is taking deep breaths.

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Alcohol, Medication, and Drug Use after Disaster

Alcohol, Medication, and Drug Use after Disaster

Some people increase their use of alcohol, prescription medications, or other drugs after a disaster. You may feel that using drugs and alcohol helps you escape bad feelings or physical symptoms related to stress responses (for example, headaches, muscle tension). However, they can actually make these worse in the long term because they interrupt natural sleep cycles, create health problems, interfere with relationships, and create potential dependence on the substance. If your use of alcohol or drugs has increased since the disaster or is causing problems for you, it is important for you to reduce your level of use or seek help in gaining control over your use.

- Pay attention to any change in your use of alcohol and/or drugs.
- Correctly use prescription and over-the-counter medications as indicated.
- Eat well, exercise, get enough sleep, and use your family and others for support.
- If you feel like using larger amounts of either prescribed or over-the-counter medications, consult a healthcare professional.
- Consult with a healthcare professional about safe ways to reduce anxiety, depression, muscle tension, and sleep difficulties.
- If you find that you have greater difficulty controlling alcohol/substance use since the disaster, seek support in doing so.
- If you believe you have a problem with substance abuse, talk to your doctor or counselor about it.

If you have had an alcohol, medication, or drug problem in the past

For people who have successfully stopped drinking or using drugs, experiencing a disaster can sometimes result in strong urges to drink or use again. Sometimes it can lead them to strengthen their commitment to recovery. Whatever your experience, it is important to consciously choose to stay in recovery.

- Increase your attendance at substance abuse support groups.
- If you are receiving disaster crisis counseling, talk to your counselor about your past alcohol or drug use.
- If you have been forced to move out of your local community, talk to disaster workers about helping to locate nearby alcohol or drug recovery groups, or ask them to help organize a new support group.
- Talk with family and friends about supporting you to avoid use of alcohol or substances.
- If you have a 12-Step sponsor or substance abuse counselor, talk to him or her about your situation.
- Increase your use of other supports that have helped you avoid relapse in the past.