

# Developmental stages of survivor behavior

CHAPTER 3

## ■ TRAINING MODULE

Module 3:

Sets the stage for recognizing the crisis response and adaptive behavior of survivors across post-disaster time phases.

## ■ WHY HAVE THIS MODULE?

To systematically categorize behavior processes through time phases.

## ■ CONTENT

Presents a composite grid to show the developmental stages of survivor behavior.

## LEARNING OBJECTIVES

After participating in Module 3 the students will:

- Be aware of behavior, thinking, and feelings of survivors with the passage of time post-disaster.
- Be able to conceptualize the sequences of changes as the survivor adapts to different stages of the disaster.

## CONTENT SUMMARY

This module presents a description of survivors' responses as they process their emotions through the different post-disaster time phases. The developmental sequence is similar to that which occurs in clinical resolution of crisis, trauma, and bereavement. Although the reaction sequences are not of fixed duration and flexible approaches are necessary, there appears to be a guiding developmental sequence to crisis resolution. The confounding influences that alter the sequence of responses are labeled the "secondary disaster," which consists of all the bureaucratic and reconstructive procedures that survivors must contend with after the disaster, coupled with their personal problems: loss of employment, marital problems, physical illness, etc.

Each phase of the process will necessitate different teaching content to enable mental health workers to help survivors deal with whatever stage of emotional response they are in when they are first seen by a worker. Each post-disaster phase will require different approaches by the worker.

Each phase—threat, impact, recoil, early aftermath, and late aftermath—is described from four perspectives: biological, psychological, interpersonal, and sociocultural. Examples of behavioral defenses are also given.

## TEACHING RESOURCES

Suggestions for the use the teaching resources in this module:

- a) The time dimension of disaster: Dividing and labeling timeframes in the sequence of a disaster has become common practice in the field of disaster mental health. Each frame has specific characteristics that aid in defining the responses and planning for assistance. Different authors have labeled these frames with different names.
- b) The sequences of observed and documented responses and defense mechanisms are presented in three pages to offer the student a rapid overview of the processes through which survivors pass as they adapt to their new environment. Where no data are available, the spaces have been left empty, but can be filled in as more information becomes available.

Note to Trainer: The following pages are ready to be used as transparencies, on slides, or handouts.

# THE TIME DIMENSION OF DISASTER

Pre-Disaster Conditions		Stages of Disaster						
		1	2	3	4	5	6	7
Warning			Threat	Impact	Inventory	Rescue	Remedy	Recovery

SOURCE: Reprinted from Powell JW. An introduction to the natural history of disaster. In: Wettenhall RL. *Bushfire Disaster: An Australian Community in Crisis*. Sydney: Angus and Robertson; 1975.

## **ANTICIPATION OF DISASTER: WARNINGS AND RESPONSE**

1. Declining urgency, vigilance, and preparedness, but continued belief in reality of disaster impact.
2. Declining urgency and vigilance, belief that prediction was probably a false alarm.
3. Accumulating anxiety and fear, with defensive denial of danger.
4. Accumulating personal tension translated into anger and resentment, felt especially toward authorities.
5. Familiarization with and sensitization to signs of danger and appreciation of its implications.
6. Greater preparation for the eventual emergency, as a result of rehearsals and drills in response to early and repeated warnings.

<b>DEVELOPMENTAL PHASES OF BEHAVIOR IN NATURAL DISASTERS</b>				
	<b>THREAT</b>		<b>IMPACT</b>	
	<b>Behavior</b>	<b>Defense Mechanism</b>	<b>Behavior</b>	<b>Defense Mechanism</b>
<b>Biological</b>			Changes in neurochemi- cal levels in the body Fatigue Exhaustion Over-activity	Health Nutrition Effect on immune response
<b>Psychological</b>	Superstition Rumor Confusion Passive- Negative High sense of invulner- ability Humor	Denial Displacement Reaction formation	Centrality Reversal of usual be- havior Fear Anxiety Cognitive clouding	Denial Action- focus Passivity Docility
<b>Interpersonal</b>	Helping Planning Shopping Community activity "Worry Work"		Helplessness Self-isolation Docility Dependency Indecisiveness Scapegoating Guilt	Extending support Grouping Independent position Rigid beha- vior
<b>Sociocultural</b>	Fatalism Religious activities Community prepared- ness	Human systems 1. Effective 2. Non-effec- tive Fragmented	Family Ties Strengthening of religious feelings Influence of myths	Status Role strength Social support Primary relation- ships

<b>DEVELOPMENTAL PHASES OF BEHAVIOR IN NATURAL DISASTERS (continued)</b>				
	<b>RECOIL</b>		<b>EARLY AFTERMATH</b>	
	<b>Behavior</b>	<b>Defense Mechanism</b>	<b>Behavior</b>	<b>Defense Mechanism</b>
<b>Biological</b>	Insomnia Psychosomatic problems Irritability		Health after- math, ill- ness, inju- ries	
<b>Psychological</b>	Hyperactivity Underactivity Grief- Mourning Depression Narcissistic sensitivity Anxiety	Problem- solving Flexibility Denial Fantasy Repression Action- oriented	Return to normal function Less than normal function Resignation (pathological resolution) (Fixated in ambivalent emotion)	
<b>Interpersonal</b>	Easily "hurt" Difficulty in sharing Competition Frustration w/bureau- cracy	Extending support Altruism Hoarding Rationalization Reaction- formation	Relations with job/ family Reach diffe- rent levels of accom- modation	Use of usual defenses
<b>Sociocultural</b>	Traditional -stronger -weaker Religious activities			Increased/ decreased use of le- gal & reli- gious sys- tems Greater use of medical systems

## **LATE AFTERMATH**

A percentage of the population will continue to show:

### **PHYSIOLOGICAL**

- Recurrent memory of events/hypersensitivity to sounds
- Flashbacks of traumatic moments
- Sleep disturbances/nightmares
- Tiredness/apathy/lack of motivation
- Anger/frustration/irritability
- Increase of psychosomatic problems
- Increased use of drugs/alcohol

### **PSYCHOLOGICAL**

- Suicidal ideas
- Sense of helplessness/lack of control
- Lack of faith in future solutions
- Crying spells
- Depression
- Lack of tolerance/resentment
- Anticipatory fear of new disaster

### **SOCIAL**

- Continuing problems with individuals from the private/government/reconstruction sectors
- Problems with landlords
- Living in overcrowded homes/trailers
- Increase in domestic violence and gangs
- Traffic problems
- Lack of programs for children
- Increase in family tension



## GROUP WORK/EXERCISES

Have trainees watch a film or video and identify the emotional reactions of survivors during the threat and impact phases. Assign each individual an observation role (survivor, worker). Ask them to share their observations with the group.

The following series of videos can be used for this module. All can be obtained from the U.S. Department of Health and Human Services, Center for Mental Health Services.

### *Human Response to Disaster: Training Emergency Service Workers*

Diane Garaventa Myers, William T. O'Callahan, and Jack Peuler. Produced by the National Institute of Mental Health and state of California Department of Mental Health, in cooperation with the Federal Emergency Management Agency. Six 20-minute video-cassettes:

1. *Understanding Disaster and Disaster-Related Behavior*
2. *Impact and Rescue Phases: Issues and Interventions*
3. *Early Recovery Phases: Issues and Interventions*
4. *Late-Phase Recovery (2 months to 1 year): Issues and Interventions*
5. *Children and Disaster*
6. *Disaster Response Personnel: Stress and Coping Techniques* start new paragraph  
This last video will provide trainers with an overview of stress and coping techniques for emergency workers. It discusses stressors affecting disaster workers, types of accidents that are especially critical or traumatic, phases of worker reactions to emergencies, stress symptoms of workers during and after impact, and helpful mental health interventions. It emphasizes and details the technique of debriefing.

### **Suggestions for Use**

This series of videotapes can be used as a whole or in segments to provide introductory lecture material for both mental health and emergency workers.

#### **Exercise 1: Post-disaster response in the first few hours**

Present this example to the group, adjusting it as necessary to the cultural setting of the disaster.

An example of a precipitous change in a life situation is highlighted by the following story, told during a recovery effort after a hurricane. A 48-year-old mother of two adolescents, recently divorced, was trapped in her car by fallen electrical

wires and had suffered severe burns. She had to remain in that dangerous situation for over seven hours until the rescue team extricated her. She was brought to the hospital where she found out that her neighborhood had been severely damaged. No one, however, could inform her whether her two children were safe or tell her to which shelter they had been taken. For several hours she tried to find out, but due to road conditions, disrupted phone lines, and the other priorities of the few disaster workers, she was unable to get information. When interviewed, she expressed anxiety and shock at how she was being “pushed around.” Her speech was rambling; she repeated over and over how she should never have left her children alone. She already felt that the divorce had been traumatic enough to them and now, again, she felt that she was a bad mother. Her sense of helplessness, anguish, disorientation, self-accusation, and continuous and frantic attempts to find out where her children were, coupled with her refusal to listen to or accept any explanations, reflect the first cycle of crisis behavior.

Discussion: Ask the group to identify the psychological and physiological reactions of this survivor.

Divide the group into small subgroups. Ask each group to write a 5-minute script of a family situation describing what they might find following a disaster:

- a) first week in a shelter
- b) first month in a tent
- c) third month in temporary housing
- d) ninth month in permanent housing

The script should involve a worker and a group or family of survivors. A dialogue and description of the setting should be included.

Ask the participants to act out their scripts. A constructive analysis and discussion should follow. (This same situation will be used as a group exercise in Module 4 to practice intervention modalities).

### **Exercise 2: Family post-disaster response**

Present the video *Hurricane Blues* \* or another video illustrating the post-disaster interaction between a father, a mother, and teenaged children.

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\* South Carolina Department of Mental Health, National Institute of Mental Health, and Federal Emergency Management Agency. 1990. Available from Center for Mental Health Services, 5600 Fishers Lane, Room 16C-26, Rockville, MD 20857.

I. Divide the group into subgroups and ask each to list the following based on their observations of the disaster survivors in the video:

- a) Emotional expressions
- b) Behavior of family members
- c) Dynamic interaction
  - 1. Between the children
  - 2. Between the adults
  - 3. Between children and adults

II. As a group, list the objectives of intervention to assist the family.

III. Pick one objective and role-play the intervention technique.

Stop the tape before the counselor presentation and proceed with the exercise. After the exercise is completed, play the counselor presentation and discuss. ■

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# Applied and operational guidelines for assisting post-disaster survivors

## CHAPTER 4

- EDUCATION
- CONSULTATION
- OUTREACH
- CRISIS COUNSELING

## ■ TRAINING MODULE

Module 4:

Introduces post-disaster intervention programs and applied and operational guidelines.

## ■ WHY HAVE THIS MODULE?

To review the purpose, scope, and application of post-disaster assistance guidelines.

## ■ CONTENT

Similarities and differences vis-à-vis other types of mental health intervention programs.

- Special characteristics of post-disaster assistance
- Consultation
- Education
- Outreach
- Crisis Counseling

## LEARNING OBJECTIVES

After participating in Module 4 the students will:

Be able to identify existing outreach methodologies available to disaster mental health workers and plan post-disaster therapeutic interventions.

- Outreach
- Education
- Consultation
- Crisis counseling and support assistance

Referral to specialized programs

- Health
- Mental health
- Substance abuse
- Rehabilitation

## CONTENT SUMMARY

This module presents the basic mental health post-disaster interventions, which include the following:

**OUTREACH:** This procedure is designed to find and assist survivors in expressing and understanding disaster-caused stress and grief reactions.

**CRISIS COUNSELING:** This procedure uses techniques that assist the survivor to return to normal functioning. A small number of survivors will have to be referred for professional assistance from a specialist (e.g., children, elderly persons, substance abusers).

**EDUCATION:** This method of informing the public, agency workers, and mental health professionals can be done through the print media, television, and radio.

**CONSULTATION:** Can be used by experienced workers who will assist the public and private agencies deployed to develop emergency programs.

Training in outreach and crisis counseling is the most operationally driven type of training and will necessitate practical role-playing, as well as ongoing supervision once the workers begin to interact with survivors. Intervention approaches after a disaster need to be adapted according to (1) the characteristics of survivors and (2) the time that has elapsed after the disaster. Continuous awareness of the importance of cultural factors in counseling methods should be a strong focus of the training.

## TEACHING RESOURCES

Suggestions for using the teaching resources in this module: Teaching aids should be selected from the following pages based on the knowledge, functions, and responsibilities of the student population.

- a. Post-disaster education: A list of key educational opportunities is presented for review. Others available in the affected community may be added.
- b. Post-disaster consultation: A list of issues is presented to highlight the nature and objectives of the consultative process.
- c. Educational consultancy on mental health aspects of disaster assistance: Presents the categories that should be considered when planning consulting activities.
- d. Crisis theory and applied principles: A list of activities is presented to highlight the different aspects of intervention.
- e. Planning a post-disaster intervention: Summarizes how the activities change over time and identifies elements found in all programs.
- f. Several sheets define, describe, and operationalize the process of intervention.

**Note to Trainer:** The following pages are ready to be used as transparencies, slides, or handouts.



From disaster experiences to disaster assistance, a template for a post-disaster program is formed.

1. Sequence of human behavior
2. Outreach crisis intervention
3. Planning and mobilizing counseling intervention
4. Consultation
5. Education
6. Program for "special" situations
7. "Burn-out" syndrome among caretakers
8. Utilization of primary care workers
9. Cross-cultural issues in disaster assistance
10. Utilization of the private sector in disaster programs

# POST-DISASTER EDUCATION

1. Communicate post-disaster advice and guidance via the mass media—TV, radio, newspaper—throughout each post-disaster phase.
2. Disseminate educational material to inform the population of “normal reactions in an abnormal situation.”
3. Be prepared and accessible to media professionals to respond to their questions.
4. Be prepared to participate with lay groups to inform them about post-disaster reactions.
5. Write, print, and disseminate pamphlets, documents, cartoons, etc. with advice and guidance for survivors.

# POST-DISASTER CONSULTATION

- Consultation is a process with defined boundaries between two individuals: One individual solicits help with a work-related problem and the other offers information and guidance.
- In post-disaster consultation the objective is:
  - To increase the capacity of the emergency worker to assist survivors
  - To assist the emergency worker in dealing and working with the multiple post-disaster agencies assisting survivors
- The usual problems are:
  - Difficulty obtaining resources
  - Bureaucratic responsibilities, regulations, methodology of multiple agencies
  - Lack of a recognized plan for interagency coordination
  - Different points of view and objectives
  - Power struggles and "turf wars"
  - Interdisciplinary communication

## EDUCATIONAL CONSULTANCY ON MENTAL HEALTH ASPECTS OF DISASTER ASSISTANCE

### CONTENT

Disaster stresses  
Responses of survivors  
What to do  
How to help

### FORMAT:

Video, role-play  
Written presentation  
Discussion  
Problem-solving

### OBJETIVES

Increased awareness  
Increased knowledge  
Enhanced skills

### METHODS:

Print (newspapers, magazines, newsletters)  
Radio, television  
Special seminars

### TARGET GROUPS:

General community  
Authorities  
Victims  
Disaster workers  
Those in contact with victims (health and  
welfare organizations, schools)

Empathy  
Support  
Detection  
Referral

Generalization to some other stressor  
experiences

## DEFINITION

Post-disaster crisis counseling is defined as an active intervention technique that restores survivors' capacity to cope and handle stressful situations and provides assistance for reordering and reorganizing their world; education and interpretation of the overwhelming feelings produced by post-disaster stresses are available to help restore a sense of capability and hopefulness.

### Disaster Phases and Crisis Counseling

- Each post-disaster time phase will be marked by different characteristics and manifestations of crisis.
- In the acute phase, survivors will be dependent on the workers, with few support systems available.
- As time goes by, more resources will become available to assist in crisis intervention and assistance.
- Coping capacity will increase, stress signs will diminish.

## OBJECTIVE OF POST-DISASTER INTERVENTION

- When peoples' assumptions about certain predictable events get disorganized, a complex series of responses are selected, depending on the individual's physiology, psychological functioning, feelings about self, and relationship with others.
- Mitigating the long-term debilitating effects of post-traumatic reactions through crisis counseling, consultation, and education.
- Assisting survivors in organizing themselves and accessing those disasters related services, resources, and opportunities that will help them achieve pre-disaster levels of functioning and equilibrium.

## BOUNDARIES BETWEEN POST-DISASTER CRISIS COUNSELING, TREATMENT, AND ADVOCACY\*

- Post-disaster crisis counseling

As defined by the U.S. Center for Mental Health Services in Washington, D.C., the aim of crisis counseling is to “assist individuals in coping with the psychological aftermath of the disaster, to mitigate additional stress or psychological harm, and to promote the development of understanding and coping strategies which the individual may be able to call upon in the future.”

- Crisis intervention and outreach

Crisis intervention refers to the provision of emotional relief and assistance with problem-solving in the immediate aftermath of a disaster. It is implemented as part of triage operations needed to sort out victims’ levels of need.

- Diagnosis and treatment

Implies the existence of a diagnostic syndrome listed in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. The method and duration of treatment may vary in length and modality, including medication and hospitalization.

- Advocacy

Advocacy implies a confrontational role vis-à-vis the agencies that provide services after a disaster. It aims to obtain services for survivors. Although helping survivors obtain resources is a goal, representing the survivor in an interview or resolving disputes between agencies and survivors is beyond the scope of the crisis counseling program.

### Critical Roles for the Crisis Counselor

In the context of this program guidance, the following are a number of activities usually considered appropriate and within the scope of a crisis counseling program:

- Assisting survivors in realizing and acknowledging that dealing with new and complex organizations is difficult and can be very stressful.
- Assisting survivors in normalizing this experience.

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\* *Program Guidance: Crisis Counseling and Mental Health Treatment—Similarities and Differences*. Washington, D.C.: U.S. Department of Health and Human Services, Center for Mental Health Services; 1995.

- In order to foster stress reduction and behavioral efficiency, assisting survivors in organizing and prioritizing recovery tasks and the external demands placed on them by recovery organizations.
- Through crisis counseling, assisting survivors in understanding defense mechanisms such as displacement and other factors that may contribute to or magnify anger and frustration toward governmental and other organizations.
- Obtaining and maintaining current information about a wide variety of recovery resources so that survivors can be appropriately referred.
- Through counseling and training, assisting survivors in obtaining or maximizing skills in areas that will better enable them to work effectively with recovery organizations. These areas may include communication, problem-solving, conflict resolution, time management, and stress management.
- Representing the mental health perspective on “unmet needs committees.”



## **TECHNIQUES IN CRISIS INTERVENTION**

### **Assisting in Reorganization and Return to Functioning**

1. Correct misconceptions in order to change the cognitive process and enable the survivor to determine reality
2. Analyze dysfunctional self-statements and projections of future misfortunes
3. Train in problem-solving
4. Rehearse options for decision-making
5. Train in methods of self-control
6. Develop techniques for "stress inoculation as prevention"
7. Connect type thinking (past-present) to emotions/congruity of perceptions/reality
8. Develop behavioral techniques to modify behavior
9. Clarify role conflicts in the context of the present reality
10. Identify interpersonal problems and problems of self-concept within social functions

## **ACTIVITIES TYPICALLY OUTSIDE THE SCOPE OF CRISIS COUNSELING**

- Assuming responsibility for representing a survivor in dealings with any organization
- Advocating in an adversarial manner on behalf of a survivor
- Acting as an expert on disaster relief and recovery programs outside crisis counseling
- Development of community resources for disaster relief
- Fund-raising for disaster relief

# CRISIS THEORY AND APPLIED PRINCIPLES

## 1. Goal of Crisis Intervention

To foster mastery through good coping behavior, promoting action directed towards carrying out the tasks generated (made necessary) by environmental changes.

## 2. Objectives:

- a) To identify the problems generated by stressors and the difficulties posed by the need for change
- b) To list alternatives and strategies for action
- c) To build a decision-making model and developing steps for implementing it
- d) To operationalize alternatives
- e) Application of steps and feedback on results

Guidance is task-oriented, focuses on the "here and now." Communicates hope, concern, and confidence about the probability of an eventual successful outcome.

All support system resources should be mobilized, and responsibilities of daily living should be apportioned among members of family.

A balance between rest and work should be encouraged.

Use linking to networks as a strategy.

Facilitate the expression and understanding of painful emotions that are part of all phases.

## **IF YOU DO NOT LIVE IN THIS COMMUNITY**

- Establish your credibility
- Be dependable/responsible
- Be well-informed
- Be genuine
- Be sincere
- Allow yourself time to be educated by key members of the community
- Start slowly
- Learn about the local politics
- Respect boundaries
- Be a good listener, pay attention to verbal and non-verbal cues

## PLANNING AND INTERVENTION POST-DISASTER FOR COUNSELING WORKERS

Post-disaster Activities	1st Phase (timeframe)	2nd Phase (timeframe)	3rd Phase (timeframe)
Psychological Intervention  1. Process 2. Techniques 3. Function 4. Roles 5. Level of responsibility taken by MH professional	<ul style="list-style-type: none"> <li>• Develop procedure (intake documentation, confidentiality, referral system, closure of cases, access to documentation, storing of documentation, etc.)</li> <li>• Triage and outreach</li> <li>• First-aid assistance</li> <li>• Counseling and support</li> <li>• Guidance and advice</li> <li>• Debriefing</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Crisis counseling</li> <li>• Comprehensive assistance</li> <li>• Referral to clinic or hospital for short-term therapy</li> <li>• Clarification and education</li> <li>• Advocacy</li> <li>• Assistance in obtaining resources</li> </ul>	<ul style="list-style-type: none"> <li>• Close cases</li> <li>• Monitor acceptance or referral in the back-up services</li> <li>• Check problematic closed cases</li> <li>• Offer linkage to further services if individual wants or needs follow-up for chronic cases</li> </ul>

## **CRISIS INTERVENTIONS FOR THIRD PHASE**

Direct face-to-face interaction:

24-hour phone service (if available) and walk-in personal outreach service

Individual, family, and group meetings focused on the disaster event and its consequences

Planned follow-up on the action plan with periodic revisions

Referral to appropriate community service agencies with follow-up to make sure the linkage took place

Counseling sessions (aftermath phase) at whatever community locations seem most appropriate (schools, churches, work settings, home)

Appropriate record-keeping and confidentiality methods

Assistance during "anniversary" dates

## **PROCESSES UNDERLYING DYSFUNCTION**

1. Conflicting feelings and reactions.
2. Informational problems, including misinformation and skill deficits.
3. Maladaptive habits.
4. Interpersonal disturbances (over dependency and hostility). Behavior in all manifestations is purposive, although the individual may not be aware of the purpose.
5. Disturbance in cognitive processes and behaviors are related to disturbed feelings, all within a social context.

## GROUP WORK/EXERCISES

**Exercise 1:** Using the scripts-episodes written in Module 3, add script and act out intervention modalities for each disaster stage. Have the observing group identify the techniques by name.

**Exercise 2:** Ask the group of trainees to prepare impact messages to assist the population after a disaster. Choose different sociocultural target groups.

Assign type of message:   For elders  
                                           For children  
                                           For families

**Exercise 3:** Ask the students to review the following profile and develop an intervention.

### **a) Identification of Survivor**

35-year-old white woman, legal secretary, mother of 2 children, aged 3 and 5, divorced, her mother lives with her.

### **b) Effect of Hurricane**

House partially destroyed, needs new roof, had to evacuate and rent a small efficiency apartment. Mother had mild heart attack, had to be hospitalized.

### **c) Diagnosis of Stress Reaction**

Insomnia, pervasive anxiety, irritability, despondency, indecisiveness, difficulty concentrating.

### **d) Risk Factors**

Long drive/commuting time, time pressure between home and job, difficulty with contractors and insurance companies.

### **e) Support Systems**

Neighbors, relatives, assistance on the job, social services available through church group.

### **f) Further Stressors**

Mother's illness; delayed opening of daycare and school; difficult to get child care. Possibility of law office relocating; new rain storm delaying repairs; breakup with a boyfriend.



#### Exercise 4: Predisaster planning and intervention activities

The instructor divides the students into three groups and presents the groups with a situation in which they have a month's notice to plan for the post-disaster mental health needs of the target population.

##### **Group 1:** How would you plan for the **first days after** the disaster?

- Establish what the post-disaster mental health needs of the population will be.
- Prepare a list of mental health workers who will be deployed and train them in crisis intervention. How would you do this?
- Plan for the coordination of mental health work with other specialized disaster-related agencies. What agencies are available in your area? How would you achieve coordination?

##### **Group 2:** How would you plan for the **first month after** the disaster?

- Clarify what the basic needs are at this stage.
- Establish what kind of resources you have available. How do you do this?
- Network to establish communication with co-workers and relatives of victims. What procedures would you use?
- Deploy resources to meet basic needs in different areas, as well as mobilize support for the homeless. What mechanisms or structures would you use? Which organizations would you contact?
- To prevent burn-out among mental health workers, schedule people for not more than three hours of continuous work, organizing workers to take blocks of time off, even if for a short while. With few workers, how do you plan for this objective?

##### **Group 3:** How would you plan mental health work for the **three to six months after** the disaster?

- Develop contingency plans for different groups' needs.
- Get addresses of people who plan to relocate. How do you do this?
- Provide help such as longer-term counseling. What planning is necessary? ■

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