

What Is a Crisis?

The Chinese word for crisis presents a good depiction of the components of a crisis. The word *crisis* in Chinese is formed with the characters for *danger* and *opportunity*.

In mental health terms, a crisis refers not necessarily to a traumatic situation or event, but to a person's reaction to an event. One person might be deeply affected by an event, while another individual suffers little or no ill effects. A crisis presents an obstacle, trauma, or threat, but it also presents an opportunity for either growth or decline.

A *crisis* is defined as a temporary state of emotional turmoil and disorganization which follows a crisis event. It is characterized by lowered individual or group ability to cope and there is an elevated potential for positive or negative outcomes. In other words, crises are self-limiting but whether the eventual outcome is positive or negative depends heavily on how they are managed.

Crisis can be defined as one's perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms.

Counseling

Counseling could be defined as an interpersonal communication through which a person is helped to assess his/her current situation, explore his /her feelings, and arrive at a solution to cope with the problem.

Guidance

Guidance is a process of helping individuals and groups achieve the self-understanding and self-direction necessary to make informed choices and move toward personal goals. Guidance, a unique innovation, focuses on the complete development of individuals through a series of services designed to maximize physical, emotional, moral, and psychosocial development, and respond to the personal and social concerns that inhibit individual growth.

What then is crisis counseling/intervention?

Crisis counseling involves helping a person who is/has experiencing (experienced) a crisis to gain some sense of control over the situation. The person usually needs immediate attention. The priority of crisis intervention/counseling is to increase stabilization. Crisis interventions occur at the spur of the moment and in a variety of settings, as trauma can arise instantaneously. Crisis counselors must keep in mind that crises are temporary, no longer than a month, although the effects may become long-lasting. ***More will be said later on this topic.***

Crisis management- DEALING WITH CRISES: this is the process of working through a crisis to solve or cope with problems as they arise.

TYPES OF CRISES

Emotional crisis

It is defined as a temporary state of turmoil and disorganization of some one's thinking and feeling which follows after a crisis event.

For example, a person experiences a situation or event in which he or she perceives to have exhausted his /her coping skills, self esteem, social support and power. These can be situations where a person is making suicidal threats, experiencing threat, witnessing homicide or suicide, or experiencing personal loss. While a person is experiencing a crisis on the individual level it is important for counselors to primarily assess safety. Counselors are encouraged to ask questions pertaining to social supports and networks, as well as give referrals for long term care.

When a person is in a state of emotional crisis, you might see or hear the following:

- Extreme agitation or panic
- References to or threats of suicide, or other types of self-harm
- Threats of assault, both verbal and physical
- Highly disruptive behavior: physical or verbal hostility; violence; destruction of property
- Inability to communicate (for example, slurred or garbled speech; disjointed thoughts)
- Disorientation; confusion; loss of contact with conventional reality

Political crisis

This may come as a result of conflict between the government and the people. When people lose confidence in their government and trust it any longer. As such clashes may erupt and societal or mass trauma can occur in a number of settings and typically affect a large group of society.

For example, instances such as school shootings, terrorist attacks, riots and killings may cause a crisis.

Economic crisis/ financial crisis

Loss of financial stability and heavy debts incurred leads to economic crisis. Where there is financial collapse and recession means that many financial institutions and companies cannot pay off their debt which leads to debt accumulation. As such depositors may not be protected and, this will lead to a financial crisis.

Natural disaster/crisis

What is a disaster? A disaster is a natural or man-made event of severity and magnitude that normally results in death, injury, and property damage that cannot be managed through the routine procedures and resources of government. It requires immediate, coordinated, and effective response by multiple government and private sector organizations to meet the medical, logistical, and emotional needs and to speed recovery of the affected populations.

Natural disasters may include floods, hurricanes, tornadoes, winter storms, and earthquakes. Technological disasters, or man-made disasters, include plane crashes, train wrecks, fires, hazardous material spills, and explosions. Civil disturbances may include terrorism, riots, shootings, bombings, and war.

EFFECTS OF A CRISIS

Crisis events tend to result in a number of psychological dysfunctions:

A crisis may:-

- Stimulate fears concerning the loss of their families and fears related to their bodies.
- Threaten their natural branching away from their family because of the family's need to pull together.
- Disrupt their peer relationships and school life.
- Bring teenagers to show more risk-taking behaviors than normal (reckless driving, use of drugs, etc.).
- Make a person feel overwhelmed by his/her emotions, and may be unable to discuss them with his/her family members.
- Create disorganized thoughts,
- Contribute to preoccupation with insignificant detail,
- Make a person become aggressive, emotional distancing, passive, impulsive,
- Make a person have lowered self-esteem
- Create dependence.

WARNINGS AND CRITICAL SIGNS OF A CRISIS**Question;**

Discuss the early signs of a crisis

Counselors are encouraged to be aware of the typical responses of those who have experienced a crisis or currently struggling with the experience. On the cognitive level they may blame themselves or others for the trauma.

Emotional signs	The person may experience	
	<ul style="list-style-type: none"> • apathy, • depression, • irritability, • anxiety, • panic, 	<ul style="list-style-type: none"> • helplessness, • hopelessness, • anger, • fear, • guilt, • Denial.
Physical responses to a crisis include:	<ul style="list-style-type: none"> • Increased heart rate, • tremors, • dizziness, • weakness, • chills, 	<ul style="list-style-type: none"> • headaches, • vomiting, • shock, • fainting, • sweating, • Fatigue.
Cognitively the person appears	<ul style="list-style-type: none"> • disoriented, • becomes hypersensitive or • confused, • has poor concentration, • uncertain, • Poor troubleshooting. 	

Although the above list is by no means all-inclusive, you should suspect that a person might be distressed if any of the following apply to him / her:

- Trouble sleeping
- Vague physical aches and pains and / or lack of energy
- Loss of interest in activities that s/he once enjoyed
- Depressed or lethargic mood
- Lack of motivation
- Excessive tension or worry
- Restlessness; hyperactivity; pressured speech
- Excessive alcohol or drug use
- Decline in academic performance; drop in class attendance
- Social withdrawal
- Changes in eating patterns
- Self-injury (cutting; scratching; burning)

- Unusual or exaggerated response to events (e.g., overly suspicious; overly agitated; easily startled)
- Deception, lying and keeping his/her activities secret.
- Person feels intensely threatened.
- Individual is completely surprised by what is going on
- Self blame and others for the stress

PHASES OF A CRISIS

The following are phases of a crisis in the absence of any intervention:

- **Phase 1: *Precipitating Event*** – An unusual, unanticipated, stressful or traumatic precipitating event occurs which is perceived as threatening and overwhelming.
- **Phase 2: *Disorganized Response*** - Those affected begin to show signs of distress and become more and more disorganized as behaviors, skills and/or resources used in the past fail to resolve the crisis.
- **Phase 3: *"Blow-up" Phase*** - Those involved lose control of their thoughts, feelings and behaviors and can exhibit very inappropriate and destructive behaviors.
- **Phase 4: *Stabilization Phase*** - The affected individual(s) begins to calm down as they draw on alternative resources. The individual remains very vulnerable at this time and may "blow up" again if she/he feels threatened in any way.
- **Phase 5: *Adaptation Phase*** - The individual finally calms down and regains full control over her/his actions.

Point to note

Individuals may proceed through the stages at their own pace. Reactions may vary from individual to individual. Persons providing disaster mental health services should be able to recognize these stages and provide services that are disaster phase appropriate. Disasters are often times when an individual realizes how connected he/she is to the community. This social bond enables the individual an opportunity to be supported but can lead to pain after social support is withdrawn. Helping a person prepare for each stage can help lessen the disappointment that is involved as he/she proceeds through stages.

PERSONALITY TRAITS, INTERESTS AND ABILITIES NEEDED IN CRISIS COUNSELING

No individual possesses all of the qualities of the perfect counselor. Nevertheless, because of temperament, background and experience, some persons are better suited to become counselors than others. Those individuals whose personal attributes match the demands of the profession are more likely to be personally and/or professionally satisfied with their role as counselors.

Below is a list of some of the important personal attributes of an effective counselor:

- ✚ **Non-judgmental respect for and an interest in the welfare of others;**
- ✚ **Intellectual competence;**
- ✚ **Personal energy;**
- ✚ **Self-awareness, a positive self-image and self-confidence;**
- ✚ **A sense of purpose and satisfaction with life;**
- ✚ **An appreciation for one's strengths and one's weaknesses;**
- ✚ **An ability to maintain appropriate boundaries;**
- ✚ **An ability to communicate effectively;**
- ✚ **An ability to empathize;**
- ✚ **An awareness of and respect for the cultural differences of others;**
- ✚ **Flexibility;**
- ✚ **A sense of humor;**
- ✚ **Respect for confidentiality;**
- ✚ **An ability to be warm, genuine and honest;**
- ✚ **Comfort with power.**

Codes of behavior for crisis counselors

- ➔ Accept responsibility for attempting to enhance the client's well-being.
- ➔ Be committed to doing no harm to clients by avoiding activities that have a high risk of hurting clients, even if inadvertently.
- ➔ Respect the client's right to self-determination. Counselors do not have the right to interfere in the lives of their clients by making decisions for them. Instead, they are charged with helping them to think clearly and weigh the possible consequences of their actions.
- ➔ Be committed to providing equal and fair treatment to all clients based on need.

- Faithfully honor promises made to clients, being careful not to deceive or exploit them.

COMMONLY USED INTERVENTIONS AND TECHNIQUES IN THE COUNSELING PROCESS

Certain interventions or techniques are involved in whatever sort of counseling is undertaken. Below is a list of the most commonly used counseling interventions or techniques.

1. **Listening.** Listening is by far one of the most important counseling techniques. It is the process of "hearing" what the other person is trying to say which calls for close and sustained attention by the counselor. There are three aspects of speech to be noted: the *linguistic aspects* (words, phrases, figures of speech, idiosyncratic forms of speech, etc.), the *paralinguistic aspects* (amount, timing, fluency, tone, etc.) and the *non-verbal aspects* (facial expression, eye contact, gestures, body position, body movement, etc.). The skilled counselor learns to "listen" to all three aspects of speech and tries to resist the temptation to interpret what they "hear". Impressions conveyed by the client's speech should always be clarified with the client.
2. **Skillful questioning and summarizing:** During the counseling process, questions may be asked by the counselor for a number of reasons: to encourage conversation, to clarify, to elicit further information or to explore. *Open questions* are generally preferred in counseling to *closed questions* since they encourage longer, more expansive answers and are rather more free of value judgments and interpretations. Nonetheless, by using open questions it is easy to become intrusive and hence the timing of such questions is vital. In addition, "why", "value-laden" and "leading" questions should generally be avoided. Accurate summarizing helps both the client and the counselor to better place issues into perspective; the counselor should always seek verification of the accuracy of his/her summary from the client.
3. **Providing information:** On occasion the counselor informs or instructs the client in some way and some types of counseling are centered around providing clients with information. Nonetheless, information is best limited to concrete situations, otherwise clients may become dependent on the counselor to provide them with the information which they need, with the result that they become less resourceful.
4. **Giving advice:** A common error is to equate counseling to the giving of advice and quite often clients come to counseling seeking and even demanding advice—"Please tell me what to do." While counselors occasionally have to give advice, they should keep this to a minimum. A counselor's task is not to foster the dependence of their client, but to help them to discover their own solutions to their problems and to accept the consequences of their choices.
5. **Non-judgmental respect:** This refers to the ability to unconditionally view the client with dignity and to value them as a worthwhile and positive human being. This has also been termed "*unconditional positive regard*" and it offers a baseline from which to start the counseling relationship.

6. **Empathetic understanding:** Empathetic understanding refers to the counselor's ability to perceive accurately the feelings of the client and to communicate this understanding to them. Such empathy is developed through a willingness to listen to both what is said by the client and what is implied.
7. **Warmth and genuineness:** With respect to the counseling relationship, the warmth of a counselor refers to their approachability and their willingness to be open with the client; while genuineness refers to the counselor's spontaneity, consistency and authenticity.
8. **Humor:** Humor involves giving a funny, unsuspected response to a question or situation. This requires both sensitivity and timing on the part of the counselor and should never be used to belittle anyone. If used appropriately, it can be a very effective clinical tool for relieving tension and circumventing resistance.
9. **Concreteness:** One of the major tasks of a counselor is to help the client to identify current thoughts and feelings and to remain in the "here-and-now" mode. In this way, current issues are addressed and problem-solving techniques can be applied directly to those present day issues. The client who talks excessively about what used to be or dreams too much about the future, simply avoids the reality of the present. This is not to say that the client should never be allowed to talk about the past or the present when this is necessary. The counselor should also be clear and explicit in their dealings with the client and help the client to express himself or herself clearly.
10. **Reflection:** Reflection refers to the technique of repeating back to the client their last few words or a paraphrase of these words in order to encourage them to elaborate. It is as though the counselor is echoing the client's thoughts and as if the echo serves as a prompt. It is important that the reflection does not turn into a question. If used skillfully and with good timing, reflection can be an important method of helping the client to tell his/her story. On the other hand, if it is overused or used clumsily it can be counterproductive.
11. **Use of positive feedback:** Often given in the form of attention and praise, positive feedback can act as a very powerful tool in reinforcing desired behaviors.
12. **Use of multifocused responses:** Counselors responding to clients in a multifocused manner can enhance their effectiveness. It must be remembered that people receive input from their worlds differently and tuning into the client's preferred modes of perceiving and learning is crucial if change is going to occur. An example of a multifocused response is, "I can feel your anger and see your hurt but I am also hearing your concern."
13. **Confrontation:** Confrontation is not an attack on a client but a challenge for that client to examine, modify or control an aspect of his/her behavior that is currently improperly used or nonexistent. Confrontation when appropriately used can produce growth and prompt an honest examination of oneself. Nonetheless, the counselor needs to be sure that the relationship with the client is strong enough to withstand a confrontation and that the timing is right. Usually, it is more productive to confront a client's strengths

than his/her weaknesses, e.g., challenging a client to make better use of resources available to them.

CRISIS INTERVENTION/MANAGEMENT/PREVENTION

OVERVIEW

A **crisis event** is different from a problem or an emergency. While a **problem** may be stressful and difficult to solve, it can be solved with one's customary problem-solving resources. An **emergency** is a sudden, pressing situation which requires immediate attention, e.g., when someone's life is in danger because of an accident, a suicide attempt or an act of violence.

A **crisis** on the other hand, constitutes circumstances or situations which cannot be resolved by one's customary problem-solving resources. With respect to most people, their mere exposure to a crisis event is not sufficient to produce a state of emotional turmoil. Whether it does or does not, depends on how the situation is appraised and how those affected rate their ability to deal with the event.

Crisis intervention as defined by Mitchell and Resnick (1981) is the immediate and temporary, but active entry into another person or group's situation during a period of stress. This is a form of counseling.

CRISIS COUNSELLING

Crisis counseling is not long term and is usually no more than 1 to 3 months. The focus is on single or recurrent problems that are overwhelming or traumatic. If a trauma or crisis is not resolved in a healthy manner, the experience can lead to more lasting psychological, social and medical problems. Crisis counseling provides education, guidance and support. Crisis Counseling is not a substitute for individuals who need and are not receiving intensive or long term psychiatric care. Crisis counseling may involve outreach, work with in a community and is not limited to office appointments.

Basic Objectives

- ✚ Establish a human connection in a non-intrusive, compassionate manner.
- ✚ Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- ✚ Calm and orient emotionally-overwhelmed or distraught survivors.
- ✚ Help survivors to tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate.
- ✚ Offer practical assistance and information to help survivors address their immediate needs and concerns.
- ✚ Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.

- ✚ Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- ✚ Provide information that may help survivors cope effectively with the psychological impact of disasters.
- ✚ Be clear about your availability, and (when appropriate) linking the survivor to another member of a disaster response team or to local recovery systems, mental health services, public-sector services, and organizations.

Strengths of crisis counseling

- ✚ Crisis counseling includes basic information-gathering techniques to help providers make rapid assessments of survivors' immediate concerns and needs, and to implement supportive activities in a flexible manner.
- ✚ Crisis counseling relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- ✚ Crisis counseling emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- ✚ Crisis counseling includes handouts that provide important information for youth, adults, and families for their use over the course of recovery.

Elements of crisis counseling

There are many descriptions and a great deal written about crisis intervention and crisis counseling. Michael G. Conner (2005) said, "Regardless of the theory and author, there are universal "elements" in the process by which a crisis counselor can help people face and move past distressing and traumatic events in their lives."

The 9 Elements of Crisis Intervention by Michael G. Conner

- 1. Education.** There is a natural ability within most people to recover from a crisis provided they have the support, guidance and resources they need. The very heart of crisis intervention is to face the impact of a crisis. In most cases, a crisis involves normal reactions, which are understandable, to an abnormal situation. Effective crisis counseling provides information; activities and structure that will help us recover and move past the crisis. More importantly, crisis counseling will insure that you do not prolong a crisis and it will help insure you do not create more problems in your life and the lives of others. Confrontation through information and discussion may be an important part of crisis intervention.
- 2. Observation and awareness.** A crisis in our life can be the result of low self-awareness or not recognizing the impact our behavior has on others as well as the impact it has on our self. Increasing your awareness can lead to choices that promote recovery and wellness. You can't help yourself if you cannot see the problem and how

you may be contributing to the crisis. In some cases, family dynamics and communication problems within families can prolong a crisis.

- 3. Discovering and using our potential.** Every crisis represents an opportunity for personal growth and to discover our highest potential and true self. The greatest hero in any crisis is the person who does not believe he or she is a hero, but is never-the-less prepared for the challenge by the undiscovered qualities and abilities that are only discovered when we are facing tragedy and the "inevitables" of life. While support is important, this does not mean that the person in crisis should not be allowed, encouraged and sometimes required to make decisions and take action to resolve the crisis and improve the quality of their life.
- 4. Understanding our problems.** It is the fundamental intention of all people to do the best they can with the resources and abilities they have during a crisis. During any crisis, it is important to recognize or discover our true and deepest intention. You must keep your intentions in mind no matter what you do or how unskillfully you may act. While our intent is usually to make life better, our behavior can be misguided, misunderstood and less effective than we would hope. Self-understanding as well as understanding how others may keep us "stuck" are important keys to recovery.
- 5. Creating necessary structure.** The most important aspect of crisis intervention and counseling is to provide a social "container" for our experience that will allow us to express, explore, examine and become active in ways that help insure the crisis is not prolonged. For each of us, there are necessary activities and routines in our life during times of distress that provide comfort and support. These do not include alcohol, medications or other drugs. Medications should only be used to prevent a physical or psychological breakdown. The purpose, duration, frequency and potential impacts of medications must be defined in order to make informed decisions.
- 6. Challenging irrational beliefs and unrealistic expectations.** Few people, during times of crisis, have the necessary skills to fully examine what they are thinking, what they assume and what they expect from their self and from others. Our thoughts, especially the ones we don't look at, contribute a great deal to how we feel and what we do next in response to our feelings.
- 7. Breaking vicious cycles and addictive behavior.** Many crises are the result of vicious cycles or addictions. For example, drug and alcohol use can not only destroy our life, but it will confuse how we actually feel about our self, others and the world around us. One cannot know how they feel and what they truly want if their feelings are modified by chemicals, medications, alcohol and other drugs. A painful crisis can lead a person to avoid and escape how they feel. Unhealthy escape and avoidance of emotional pain and distress may involve the use of medication, drugs, alcohol, sex, thrill seeking, parties or working excessively. Taking the role of a "victim" can cause others to rescue a person in crisis. Prolonging the crisis by refusal to deal with a crisis can create supportive relationships. When a person becomes dependent on others and "escapes" to feel better, a vicious cycle can develop. Vicious cycles start with behaviors that are intended to avoid or escape emotional pain, but ultimately these avoidance and escape

behaviors create more problems or the same problem we are trying to avoid. The behaviors found in a vicious cycle can actually prolong a crisis.

- 8. Create temporary dependencies.** During a crisis, it is often helpful to form brief relationships with others in order to gain support. Crisis counseling and intervention are very helpful and necessary. A healthy dependency is usually temporary and will always lead to increasing independency. Unhealthy dependencies are long term and create increasing dependency rather than independency.
- 9. Facing fear and emotional pain.** A crisis is usually a time of fear or sadness. How we respond is important. There is "monster" in the world for every person who "runs" in response to their fear or sadness. When we face the darkness in our life, and we are not destroyed by our fears, or sadness, we eventually discover there are no monsters. We discover that we can survive. In time we discover that our pain will fade. Facing emotional pain is the healthiest response. This does not mean we should make our self miserable. But we should not expend a great deal of energy and become involved in activities that help us avoid how we feel and what we think. When people suffer, it is important to help them feel less alone in the world. It is important to help people in crisis solve the problems in their life. People in emotional pain need to be empowered and supported.

SELF HELP CRISIS INTERVENTION STRATEGIES

Sometimes crisis is a part of life, but it is how the crisis is managed that determines how individuals will respond and cope with the crisis. Emotion regulation teaches the person to learn new skills when responding to intense emotions. It also stresses that the individual learn how to be proactive instead of reactive. It is also prudent to let the person know who is struggling, that crisis is an acute situation that triggers an intense emotional response and solutions are available. Individuals with good coping skills look at crisis as a natural part of life. Crisis prevention entails learning new coping skills. Nevertheless, the following can be of help to individuals:-

- ❖ **Focus on What's Important.** When dealing with the aftermath of a crisis, it's important to focus on your resources. Just getting through the day is an accomplishment, so paring down your responsibilities in order to just do that should be key. Order take-out so you can cut down on shopping and cooking, put unnecessary commitments on hold, and just focus on what really needs to be done, so you can conserve your physical and emotional energy.
- ❖ **Find Support.** If others know about your trauma, chances are they will be offering to help; now is the time to take them up on it. Let your loved ones lighten your load by helping with tasks or providing a supportive ear. You can repay the favor later, when you're up to it and they need something. You can feel better from receiving the support, and others will probably feel better by being able to do something to help. That's what

friends do best. having an appropriate support network such as [family](#), friends, church or spouse that will lend their emotional support is paramount.

- ❖ **Process Your Feelings.** Whether you [write in your journal](#), talk to a good friend, or consult a therapist, it's important to put words to your experience in order to better integrate it. As you move through the crisis, you may be tempted to ignore your feelings for fear that you'll 'wallow' too much and get 'stuck', but processing your feelings allows you to move through them and let them go.
- ❖ **Take Care Of Yourself.** In order to avoid adding to your problems, be sure to eat a healthy diet, get enough [sleep](#), [exercise](#) regularly, and do other things to keep your body functioning at its best. Also, try to do some things you normally enjoy, like seeing a movie, reading a good book, or gardening in order to relieve some of the stress that you're going through.
- ❖ **Be Patient with Yourself.** Sometimes people who are dealing with a crisis or trauma wonder if their negative reactions are a sign of weakness, or if they're handling things the 'right' way. While there are more and less healthy ways to handle troubling situations, be patient with your feelings and reactions to things. It's natural to feel 'not yourself' after a major—or even minor—trauma, and accepting yourself and your reactions will help you feel better and process things more easily.
- ❖ **Seek Help If You Need To.** If you experience intrusive thoughts and feelings, have recurrent nightmares, or are unable to move through your life the way you need to because of your reaction to the trauma, even after several weeks, you may want to talk to a professional about your situation to be sure you're getting the support you need. Even if you have no major problems but just feel that it might be a good idea to talk to someone, it's better to err on the side of having extra help. There's no weakness in getting help if you need it; it's a smart and responsible way to take care of yourself.

PREPARING TO DELIVER CRISIS COUNSELLING

In order to be of assistance to disaster-affected communities, the Crisis counseling provider must be knowledgeable about the nature of the event, current circumstances, and the type and availability of relief and support services.

Preparation

Planning and preparation is important when working as a Crisis counseling provider. Up-to-date training in disaster mental health and knowledge of your incident command structure are critical components in undertaking disaster relief work. You may also be working with children, older adults and special populations, all of which require additional in-depth knowledge. In deciding whether to participate in disaster response, you should consider your comfort level with this type of work, your current health, your family and work circumstances, and be prepared to engage in appropriate self-care.

Entering the Setting

Crisis counseling begins when a disaster response worker enters an emergency management setting in the aftermath of a disaster.

- It is essential to establish communication and coordinate all activities with authorized personnel or organizations that are managing the setting.
- Effective entry also includes learning as much as you can about the setting, for example, leadership, organization, policies and procedures, security, and available support services.
- You need to have accurate information about what is going to happen, what services are available, and where they can be found. This information needs to be gathered as soon as possible, given that providing such information is often critical to reducing distress and promoting adaptive coping.

Providing Services

In some settings, Crisis counseling may be provided in designated areas. In other settings, providers may circulate around the facility to identify those who might need assistance. Focus your attention on how people are reacting and interacting in the setting. Individuals who may need assistance include those showing signs of acute distress, including individuals who are:

- Disoriented
- Confused
- Frantic or agitated
- Panicky
- Extremely withdrawn, apathetic, or “shut down”
- Extremely irritable or angry
- Exceedingly worried

Group Settings

While Crisis counseling is primarily designed for working with individuals and families, many components are able to be used in group setting, such as when families gather together for information about loved ones and for security briefings. The components of providing information, support, comfort, and safety can be applied to these spontaneous group situations. For groups of children and adolescents, offering games for distraction can reduce anxiety and concern after hours and days in a shelter setting.

When meeting with groups, keep the following in mind:

- Tailor the discussion to the group’s shared needs and concerns.
- Focus the discussion on problem-solving and applying coping strategies to immediate issues.
- Do not let discussion about concerns lapse into complaints.
- If an individual needs further support, offer to meet with him/her after the group discussion.

Maintain a Calm Presence

People take their cue from how others are reacting. By demonstrating calmness and clear thinking, you can help survivors feel that they can rely on you. Others may follow your lead in remaining focused, even if they do not feel calm, safe, effective, or hopeful. Crisis counseling providers often model the sense of hope that survivors cannot always feel while they are still attempting to deal with what happened and current pressing concerns.

Be Sensitive to Culture and Diversity

Providers of Crisis counseling must be sensitive to culture, ethnic, religious, racial, and language diversity. Whether providing outreach or services, you should be aware of your own values and prejudices, and how these may agree or differ with those of the community being served. Training in cultural competence can facilitate this awareness. Helping to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds is important in helping survivors cope with the impact of a disaster. Information about the community being served, including how emotions and other psychological reactions are expressed, attitudes toward governmental agencies, and receptivity to counseling, should be gathered with the assistance of community cultural leaders who represent and best understand local cultural groups.

Be Aware of At-Risk Populations

Individuals that are at special risk after a disaster include:

- 🌐 Children, especially those:
 - Separated from parents/caregivers
 - Whose parents/caregivers, family members, or friends have died
 - Whose parents/caregivers were significantly injured or are missing
 - Involved in the foster care system
- 🌐 Those who have been injured
- 🌐 Those who have had multiple relocations and displacements
- 🌐 Medically frail children and adults
- 🌐 Those with serious mental illness
- 🌐 Those with physical disabilities or illness
- 🌐 Adolescents who may be risk-takers
- 🌐 Adolescents and adults with substance abuse problems
- 🌐 Pregnant women
- 🌐 Mothers with babies and small children
- 🌐 Disaster response personnel
- 🌐 Those with significant loss of possessions (for example, home, pets, family memorabilia)

🌐 Those exposed first hand to grotesque scenes or extreme life threat

Note

Especially in economically disadvantaged groups, a high percentage of survivors may have experienced prior traumatic events (for example, death of a loved one, assault, disaster). As a consequence, minority and marginalized communities may have higher rates of pre-disaster trauma-related mental health problems, and are at greater risk for developing problems following disaster. Mistrust, stigma, fear (for example, of deportation), and lack of knowledge about disaster relief services are important barriers to seeking, providing, and receiving services for these populations. Those living in disaster-prone regions are more likely to have had prior disaster experiences.

REVIEW QUESTIONS

1. How would you explain the meaning of crisis counseling?
2. What are the chief strengths and objectives of crisis counseling?
3. Briefly sum up the key points in delivering crisis counseling.
4. How should one best prepare to deliver crisis counseling?

CRISIS COUNSELLING CORE ACTIONS

The section explains the core actions entailed in crisis counseling. They are as follows:

- 1.1 Contact and Engagement;
- 1.2 Safety and comfort;
- 1.3 Stabilization (If needed);
- 1.4 Information Gathering: Current Needs and Concerns;
- 1.5 Practical Assistance;
- 1.6 Connection with Social Supports;
- 1.7 Information on Coping; and
- 1.8 Linkage with Collaborative Services.

1.1 CONTACT AND ENGAGEMENT

Goal: To respond to contacts initiated by survivors, or initiate contacts in a non-intrusive, compassionate, and helpful manner.

Your first contact with a survivor is important. If managed in a respectful and compassionate way, you can establish an effective helping relationship and increase the person's receptiveness to further help. Your first priority should be to respond to survivors who seek you out. If a number of people approach you simultaneously, make contact with as many individuals as you can. Even a brief look of interest and calm concern can be grounding and helpful to people who are feeling overwhelmed or confused.

Culture Alert: The type of physical or personal contact considered appropriate may vary from person to person and across cultures and social groups, for example, how close to stand to someone, how much eye contact to make or whether or not to touch someone, especially someone of the opposite sex. Unless you are familiar with the culture of the survivor, you should not approach too closely, make prolonged eye contact, or touch. You should look for clues to a survivor's need for "personal space," and seek guidance about cultural norms from community cultural leaders who best understand local customs. In working with family members, find out who is the spokesperson for the family and initially address this person.

Some survivors may not seek your help, but may benefit from assistance. When you identify such persons, timing is important. Do not interrupt conversations. Do not assume that people will respond to your outreach with immediate positive reactions. It may take time for some survivors or bereaved persons to feel some degree of safety, confidence and trust. If an individual declines your offer of help, respect his/her decision and indicate when and where to locate a Crisis counseling provider later on.

Introduce Yourself/Ask about Immediate Needs

Introduce yourself with your name, title, and describe your role. Ask for permission to talk to him/her, and explain that you are there to see if you can be of help. Unless given permission to do otherwise, address adult survivors using last names. Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention. Speak softly and calmly. Refrain from looking around or being distracted. Find out whether there is any pressing problem that needs immediate attention. Immediate medical concerns have the utmost priority. When making contact with children or adolescents, it is good practice to first make a connection with a parent or accompanying adult to explain your role and seek permission. If you speak with a child in distress when no adult is present, find a parent or caregiver as soon as possible to let him/her know about your conversation.

For example, in making initial contact, you might say:

Adult/ Caregiver

Hello. My name is _____. I work with _____. I'm checking in with people to see how they are doing, and to see if I can help in any way. Is it okay if I talk to you for a few minutes? May I ask your name? Mrs. Williams, before we talk, is there something right now that you need, like some water or fruit juice?

Adolescent/ Child

And is this your daughter? (Get on child's eye level, smile and greet the child, using her/his name and speaking softly.) Hi Lisa, I'm _____ and I'm here to try to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets and toys in those boxes.

Confidentiality

Protecting the confidentiality of your interactions with children, adults and families after a disaster can be challenging, especially given the lack of privacy in some post-disaster settings. However, maintaining the highest level of confidentiality possible in any conversation you have with survivors or disaster responders is extremely important. Talking to co-workers about the challenges of working in the post-disaster environment can be helpful, but any discussions organized for this purpose also need to preserve strict confidentiality.

1.2 SAFETY AND COMFORT

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

Restoration of a sense of safety is an important goal in the immediate aftermath of disaster and terrorism. Promoting safety and comfort can reduce distress and worry. Assisting survivors in circumstances of missing loved ones, death of loved ones, death notification and body identification is a critical component of providing emotional comfort and support.

Comfort and safety can be supported in a number of ways, including helping survivors:

- Do things that are active (rather than passive waiting), practical (using available resources), and familiar (drawing on past experience).
- Get current accurate and up-to-date information, while avoiding exposure to information that is inaccurate or excessively upsetting.
- Get connected with available practical resources.
- Get information about how responders are making the situation safer.
- Get connected with others who have shared similar experiences.

Ensure Immediate Physical Safety

Make sure that individuals and families are physically safe to the extent possible. If necessary, re-organize the immediate environment to increase physical and emotional safety. For example:

- Find the appropriate officials who can resolve safety concerns that are beyond your control, such as threats, weapons, etc.
- Remove broken glass, sharp objects, furniture, spilled liquids, and other objects that could cause people to trip and fall.
- Make sure that children have a safe area in which to play and that they are adequately supervised.
- If there are medical concerns requiring urgent attention or immediate need for medication, contact the appropriate unit leader or medical professional immediately.
- Remain with the affected person or find someone to stay with him/her until you can obtain help.

Other safety concerns involve:

1. Threat of harm to self or others - Look for signs that persons may hurt themselves or others (for example, the person expresses intense anger towards self or others, exhibits extreme agitation). If so, seek immediate support for containment and management by medical, or a security team.
2. Shock - If an individual is showing signs of shock (pale, clammy skin, weak or rapid pulse, dizzy, irregular breathing, dull or glassy eyes, unresponsive to communication, lack of bladder or bowel control, restless, agitated or confused), seek immediate medical support.

Providing Information about Disaster Response Activities and Services

To help re-orient and comfort survivors, provide information about:

- What to do next
- What is being done to assist them

- What is currently known about the unfolding event
- Available services
- Common stress reactions
- Self-care, family care, and coping

In providing information:

- Use your judgment as to whether and when to present information. Does the individual appear able to comprehend what is being said, and is he/she ready to hear the content of the messages?
- Address immediate needs and concerns to reduce fears, answer pressing questions, and support adaptive coping.
- Use clear and concise language, while avoiding technical jargon.

Ask survivors if they have any questions about what is going to happen, and give simple accurate information about what they can expect. Also, ask whether he/she has any special needs that the authorities should know about in order to decide on the best placement. Be sure to ask about concerns regarding current danger and safety in their new situation. Try to connect survivors with information that addresses these concerns. If you do not have specific information, do not guess or invent information in order to provide reassurance. Instead, develop a plan with the person for ways you and he/she can gather the needed information. Examples of what you might say include:

From what I understand, we will start transporting people to the shelter at West High School in about an hour. There will be food, clean clothing, and a place to rest. Please stay in this area. A member of the team will look for you here when we are ready to go.

Child

Here's what's going to happen next. You and your mum are going together soon to a place called a shelter, which really is just a safe building with food, clean clothing, and a place to rest. Stay here close to your mum until its time to go.

Do not reassure people that they are safe unless you have definite factual information that this is the case. Also do not reassure people of the availability of goods or services (for example, toys, food, medicines) unless you have definite information that such goods and services will be available. However, do address safety concerns based on your understanding of the current situation. For example, you may say:

Adult/

Caregiver

Mrs. Williams, I want to assure you that the authorities are responding as well as they can right now. I am not sure that the fire has been completely contained, but you and your family are not in danger here. Do you have any concerns about your family's safety right now?

Adolescent

We're working hard to make you and your family safe. Do you have any questions about what happened, or what is being done to keep everyone safe?

Child

Your mum and dad are here, and many people are all working hard together so that you and your family will be safe. Do you have any questions about what we're doing to keep you safe?

Attend to Physical Comfort

Look for simple ways to make the physical environment more comfortable.

- If possible, consider things like temperature, lighting, air quality, access to furniture, and how the furniture is arranged.
- In order to reduce feelings of helplessness or dependency, encourage survivors to participate in getting things needed for comfort (for example, offer to walk over to the supply area with the person rather than retrieving supplies for him/her).
- Help survivors to soothe and comfort themselves and others around them. For children, toys like soft Teddy Bears that they can hold and take care of can help them to soothe themselves. However, avoid offering such toys if there are not enough to go around to all children who may request them. You can help children learn how to take care of themselves by explaining how they can "care" for their toy (for example, "Remember that she needs to drink lots of water and eat three meals a day—and you can do that, too.").
- When working with the elderly or people with disabilities, pay attention to factors that may increase their vulnerability to stress or worsen medical conditions. When attending to the physical needs of these survivors, be mindful of:
 - ✓ Health problems such as: physical illness; problems with blood pressure, fluid and electrolyte balance; respiratory issues (supplemental oxygen dependency), frailty (increased susceptibility to falls, minor injuries, bruising, and temperature extremes)
 - ✓ Age-related sensory loss:
 - Visual loss, which can limit awareness of surroundings and add to confusion
 - Hearing loss, resulting in gaps in understanding of what others are saying
 - ✓ Cognitive problems, such as difficulty with attention, concentration and memory
 - ✓ Lack of mobility
 - ✓ Unfamiliar or over-stimulating surroundings

- ✓ Noise that can limit hearing and interfere with hearing devices
- ✓ Limited access to bathroom facilities or mass eating areas, or having to wait in long lines (A person who has not needed a wheelchair before the event may need one now)
- ✓ Concern for the safety of a service animal

Attend to Children Who Are Separated from their Parents/Caregivers

Parents and caregivers play a crucial role in children's sense of safety and security. If children are separated from their caregivers, helping them reconnect quickly is a high priority.

- ✚ If you encounter an unaccompanied child, ask for information (such as their name, parents/caregivers and siblings names, address and school), and notify the appropriate authorities.
- ✚ Provide children accurate information in easy to understand terms about who will be supervising them and what to expect next.
- ✚ Do not make any promises that you may not be able to keep, such as promising that they will see their caregiver soon.
- ✚ You may also need to support children while their caregivers are being located or during periods when caregivers may be overwhelmed and not emotionally accessible to their children.

This support can include **setting up a child-friendly space**:

- ✚ Help to create a designated child-friendly space, such as a corner or a room that is safe, out of high traffic areas, and away from rescue activities.
- ✚ Arrange for this space to be staffed by caregivers with experience and skill in working with children of different ages.
- ✚ Monitor who comes in and out of the child area to ensure that children do not leave with an unauthorized person.
- ✚ Stock the child-friendly space with materials for all age ranges. This can include pre-prepared kits with toys, playing cards, board games, balls, paper, crayons, markers, books, safety scissors, tape or glue.
- ✚ Activities that are calming include playing with wooden building blocks, or play dough, doing cut-outs, working on coloring books (containing neutral scenes of flowers, rainbows, trees, or cute animals) and playing team games.
- ✚ Invite older children or adolescents to serve as mentors/role models for younger children, as appropriate. They can do this by helping you conduct group play activities with younger children, read a book to a group of young children or play with a child.
- ✚ Set aside a special time for adolescents to get together to talk about their concerns, and to engage in age-appropriate activities like listening to music, playing games, making up and telling stories, or making a scrap book.

Promote Social Engagement

Facilitate group and social interactions as appropriate. It is generally soothing and reassuring to be near people who are coping adequately with the situation. On the other hand, it is upsetting to be near others who appear very agitated and emotionally overwhelmed. If survivors have heard upsetting information or been exposed to rumors, help to clarify and correct misinformation.

Children, and to some extent adolescents, are particularly likely to look to adults for cues about safety and appropriate behavior. When possible, place children near adults or peers who appear relatively calm, and when possible, avoid putting them too close to individuals who are extremely upset. Offer brief explanations to children and adolescents who have observed extreme reactions in other survivors.

Child/ Adolescent

That man is so upset that he can't calm down yet. Some people take longer to calm down than others. Someone from our team is coming over to help him calm down. If you feel upset, it is important for you to talk to your mum or dad, or someone else who can help you feel better.

As appropriate, encourage people who are coping adequately to talk with others who are distressed or not coping as well. Reassure them that talking to people, especially about things you have in common (for example, coming from nearby neighborhoods or having children about the same age), can help them support one another. This often reduces a sense of isolation and helplessness in both parties. For children, encourage social activities like reading out loud, doing a joint art activity, and playing cards, board games, or sports.

Protect from Additional Traumatic Experiences and Trauma Reminders

In addition to securing physical safety, it is also important to protect survivors from unnecessary exposure to additional traumatic events and trauma reminders, including sights, sounds, or smells that may be frightening. To help protect their privacy, shield survivors from reporters, other media personnel, onlookers, or attorneys. Advise adolescents that they can decline to be interviewed by the media, and that, if they wish to be interviewed, they may want to have a trusted adult with them.

If survivors have access to media coverage (for example, television or radio broadcasts), point out that excessive viewing of such coverage can be highly upsetting, especially for children and adolescents. Encourage parents to monitor and limit their children's exposure to the media, and to discuss any concerns after such viewing. Parents can let their children know that they are keeping track of information, and to come to them for updates instead of watching television. Remind parents to be careful about what they say in front of their children, and to clarify things that might be upsetting to them.

1.3 STABILIZATION (IF NEEDED)

Goal: To calm and orient emotionally overwhelmed or disoriented survivors.

Most individuals affected by disasters will not require stabilization. Expressions of strong emotions, even muted emotions (for example, numb, indifferent, spaced-out, or confused) are expectable reactions, and do not of themselves signal the need for additional intervention beyond ordinary supportive contact. While expression of strong emotions, numbing, and anxiety are normal and healthy responses to traumatic stress, extremely high arousal, numbing, or extreme anxiety can interfere with sleep, eating, decision-making, parenting, and other life tasks. The Crisis counseling provider should be concerned about those individuals whose reactions are so intense and persistent that they significantly interfere with a survivor's ability to function.

Stabilize Emotionally Overwhelmed Survivors

Observe individuals for these signs of being disoriented or overwhelmed:

- Looking glassy eyed and vacant—unable to find direction
- Unresponsiveness to verbal questions or commands
- Disorientation (for example, engaging in aimless disorganized behavior)
- Exhibiting strong emotional responses, uncontrollable crying, hyperventilating, rocking or regressive behavior
- Experiencing uncontrollable physical reactions (shaking, trembling)
- Exhibiting frantic searching behavior
- Feeling incapacitated by worry
- Engaging in risky activities

If the person is too upset, agitated, withdrawn, or disoriented to talk, or shows extreme anxiety, fear, or panic, consider:

- Is the person alone or with family and friends? If so, enlist them in comforting the distressed person. You may want to take a distressed individual to a quiet place, or speak quietly with that person while family/friends are nearby.
- What is the person experiencing? Is he/she crying, panicking, experiencing a "flashback," or imagining that the event is taking place again? When intervening, address the person's primary immediate concern or difficulty, rather than simply trying to convince the person to "calm down" or to "feel safe" (neither of which tends to be effective).

For children or adolescents, consider:

- Is the child or adolescent with his/her parents? If so, briefly make sure that the adult is stable. Focus on empowering the parents in their role of calming their children. Do not take over for the parents, and avoid making any comments that may undermine their authority or ability to handle the situation. Let them know that you are available to assist in any way that they find helpful.
- If emotionally overwhelmed children or adolescents are separated from their parents, or if their parents are not coping well, refer below to the options for stabilizing distressed persons.

In general, the following steps will help to stabilize the majority of distressed individuals:

- Respect the person's privacy, and give him/her a few minutes before you intervene. Say you will be available if they need you or that you will check back with them in a few minutes to see how they are doing and if there is anything you can do to help at that time.
- Remain calm, quiet, and present, rather than trying to talk directly to the person, as this may contribute to cognitive/emotional overload. Just remain available, while giving him/her a few minutes to calm down.
- Stand close by as you talk to other survivors, do some paperwork, or other tasks while being available should the person need or wish to receive further help.
- Offer support and help him/her focus on specific manageable feelings, thoughts, and goals.
- Give information that orients him/her to the surroundings, such as how the setting is organized, what will be happening, and what steps he/she may consider.

Orient Emotionally Overwhelmed Survivors

If the person appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying, it may be helpful to:

- Ask the individual to listen to you and look at you.
- Find out if he/she knows who he/she is, where he/she is, and what is happening.
- Ask him/her to describe the surroundings, and say where both of you are.

If none of these actions seems to help in stabilizing an agitated individual, a technique called **"grounding"** may be helpful. You can introduce grounding by saying:

"After a frightening experience, you can sometimes find yourself overwhelmed with emotions or unable to stop thinking about or imagining what happened."

You can use a method called 'grounding' to feel less overwhelmed. Grounding works by turning your attention from your thoughts back to the outside world. Here's what you do....

- Sit in a comfortable position with your legs and arms uncrossed.

- Breathe in and out slowly and deeply.
- Look around you and name five non-distressing objects that you can see. For example you could say, "I see the floor, I see a shoe, I see a table, I see a chair, I see a person."
- Breathe in and out slowly and deeply.
- Next, name five non-distressing sounds you can hear. For example you could say, "I hear a woman talking, I hear myself breathing, I hear a door close, I hear someone typing, I hear a cell phone ringing."
- Breathe in and out slowly and deeply.
- Next, name five non-distressing things you can feel. For example, you could say, "I can feel this wooden armrest with my hands, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the blanket in my hands, I can feel my lips pressed together."
- Breathe in and out slowly and deeply.
- You might have children name colors that they see around them. For example, you could say, "Next, name five colors that you can see from where you are sitting. Can you see something blue? Something yellow? Something green?"

If none of these interventions aids in emotional stabilization, consult with mental health professionals and/or a psychiatrist, as medication may be needed. Modify these interventions for a person who has difficulty with vision, hearing, or expressive language.

The Role of Medications in Stabilization

In most cases, the above-described ways of stabilizing survivors will be adequate. Medication for acute traumatic stress reactions is not recommended as a routine way of meeting the goals of Psychological First Aid, and medication should be considered only if an individual has not responded to other ways of helping. Any use of medication in survivors should have a specific target (for example, sleep and control of panic attacks), and should be time-limited. Medications may be necessary when the survivor is experiencing extreme agitation, extreme anxiety and panic, psychosis, or is dangerous to self or others.

The Crisis counseling provider should be mindful of the following:

- Exposure to disaster may worsen pre-existing conditions (for example, schizophrenia, depression, anxiety, pre-existing PTSD)
- Some survivors may be without their medications, or face uncertainty about continued access to medications
- Communication with their psychiatrists, physicians, or pharmacies may be disrupted
- Monitoring of medication blood levels may be interrupted

Gather information that will be helpful when referring to a physician, including:

- List of current medications
- Current medications that require ongoing monitoring by a physician
- Access to currently prescribed medications, doctors, and dispensing pharmacy
- The survivor's compliance with medication
- Substance abuse/recovery issues
- Ongoing medical and mental health conditions

You may obtain more information about current medications from family and friends if the survivor is too distressed or confused to give an accurate report.

1.4 INFORMATION GATHERING: NEEDS AND CURRENT CONCERNS

Goal: To identify immediate needs and concerns, gather additional information, and tailor Crisis counseling interventions.

You should be flexible in providing Psychological First Aid, and should adapt interventions for specific individuals, and their identified needs and concerns. Gather enough information so that you can tailor and prioritize your interventions to meet these needs. Gathering and clarifying information begins immediately after contact and continues throughout Psychological First Aid.

Remember that in most Crisis counseling settings, your ability to gather information will be limited by time, survivors' needs and priorities, and other factors. Although a formal assessment is not appropriate, you may ask about:

- Need for immediate referral
- Need for additional services
- Offering a follow-up meeting
- Using components of Crisis counseling that may be helpful

Nature and Severity of Experiences during the Disaster

Survivors who experienced direct life-threat to self or loved ones, injury to self, or those who witnessed injury or death are at increased risk for more severe and prolonged distress. Those who felt extremely terrified and helpless may also have more difficulty in recovering. For information about the survivor's experiences you may ask:

You've been through a lot of difficult things. May I ask you some questions about what you have been through?

Where were you during the disaster?

Did you get hurt?

Did you see anyone get hurt?

How afraid were you?

Provider Alert: In clarifying disaster-related traumatic experiences, avoid asking for in-depth descriptions as this may provoke additional distress. Follow the survivor's lead in discussing what happened. Don't press survivors to disclose details of any trauma or loss. On the other hand, if they are anxious to talk about their experiences, politely and respectfully tell them that what would be most helpful now is to get some basic information so that you can help with their current needs, and plan for future care. Let them know that the opportunity to discuss their experiences in a proper setting can be arranged for the future.

For survivors with these experiences, provide information about post-disaster reactions and coping, and offer a follow-up meeting. For those who were injured, arrange medical consultation as appropriate.

Death of a Loved One

The death of loved ones under traumatic circumstances is devastating, and over time can greatly complicate the grieving process. Ask about the death of loved ones with a question like:

Did someone close to you get hurt or die as a result of the disaster? Who got hurt or died?

For those who experienced the death of a loved one, provide emotional comfort, information about coping, social support, acute grief, and offer a follow-up meeting.

Concerns about Immediate Post-Disaster Circumstances and Ongoing Threat

Survivors may be highly concerned about immediate and ongoing danger. You may ask questions like:

Do you need any information to help you better understand what has happened?

Do you need information about how to keep you and your family safe?

Do you need information about what is being done to protect the public?

For those with these concerns, help with obtaining information about safety and protection.

Separations from or Concern about the Safety of Loved Ones

Separation from loved ones and concern about their safety is an additional source of distress.

If not addressed earlier, get information with questions like these:

Are you worried about anyone close to you right now?

Do you know where they are?

Is there anyone especially important like a family member or friend who is missing?

For survivors with these concerns, provide practical assistance in connecting them with available information sources and registries to help locate and reunite family members.

Physical Illness, Mental Health Conditions, and Need for Medications

Pre-existing medical or mental health conditions and need for medications are additional sources of post-disaster distress. Those with a history of psychological problems may experience a worsening of these problems, and more severe and prolonged post-disaster reactions. Give a high priority to immediate medical and mental health concerns. Ask questions like:

Do you have any medical or mental health condition that needs attention?

Do you need any medications that you don't have?

Do you need to have a prescription filled?

Can you get in touch with your doctor?

For those with medical or mental health conditions, provide practical assistance in obtaining medical or psychological care and medication.

Losses (Home, School, Neighborhood, Business, Personal Property, and Pets)

If survivors have extensive material losses and post-disaster adversities, their recovery may be complicated with feelings of depression, demoralization, and hopelessness. For information about such loss, ask questions like:

Was your home badly damaged or destroyed?

Did you lose other important personal property?

Did a pet die or get lost?

Was your business, school, or neighborhood badly damaged or destroyed?

For those with losses, provide emotional comfort, practical assistance to help link them with available resources, and information about coping and social support.

Extreme Feelings of Guilt or Shame

Extreme negative emotions can be very painful, difficult, and challenging, especially for children and adolescents. Children and adults may be ashamed to discuss these feelings.

Listen carefully for signs of guilt or shame in their comments. To further clarify, you may say:

It sounds like you are being really hard on yourself about what happened.

It seems like you feel that you could have done more.

For those experiencing guilt or shame, provide emotional comfort and information about coping with these emotions.

Thoughts about Causing Harm to Self or Others

It is a priority to get a sense of whether an individual is having thoughts about causing harm to self or others. To explore these thoughts and feelings, ask questions like:

Sometimes situations like these can be very overwhelming.

Have you had any thoughts about harming yourself?

Have you had any thoughts about harming someone else?

For those with these thoughts, get medical or mental health assistance immediately. If the survivor is at immediate risk of hurting themselves or others, stay with him/her until appropriate personnel arrive on the scene and assume management of the survivor.

Availability of Social Support

Family, friends, and community support can greatly enhance the ability to cope with distress and post-disaster adversity. Ask about social support as follows:

Are there family members, friends, or community agencies that you can rely on for help with problems that you are facing as a result of the disaster?

For those lacking in adequate social support, help them connect with available resources and services, provide information about coping and social support, and offer a follow-up meeting.

Provider Alert: In clarifying prior history of substance use, prior trauma and loss, and prior mental health problems (as in the sections below) the Crisis counseling provider should be sensitive to the immediate needs of the survivor, avoid asking for a history if not appropriate, and avoid asking for in-depth description. Give clear reasons for asking (for example, "Sometimes events like this can remind individuals of previous bad times..." "Sometimes individuals who use alcohol to cope with stress will notice an increase in drinking following an event such as this...").

Prior Alcohol or Drug Use

Exposure to trauma and post-disaster adversities can increase substance use, cause relapse of past substance abuse, or lead to new abuse. Get information about this by asking:

Adult/ Caregiver/

Adolescent

Has your use of alcohol, prescription medications, or drugs increased since the disaster?

Have you had any problems in the past with alcohol or drug use?

Are you currently experiencing withdrawal symptoms from drug use?

For those with potential substance use problems, provide information about coping and social support, link to appropriate services, and offer a follow-up meeting. For those with withdrawal symptoms, seek medical referral.

Prior Exposure to Trauma and Death of Loved Ones

Those with a history of exposure to trauma or death of loved ones may experience more severe and prolonged post-disaster reactions and a renewal of prior trauma and grief reactions. For information about prior trauma, ask:

Sometimes events like this can remind people of previous bad times. Have you ever been in a disaster before?

Has some other bad thing happened to you in the past?

Have you ever had someone close to you die?

For those with prior exposure and/or loss, provide information about post-disaster and grief reactions, information about coping and social support, and offer a follow-up meeting.

Specific Youth, Adult, and Family Concerns over Developmental Impact

Survivors can be very upset when the disaster or its aftermath interferes with upcoming special events, including important developmental activities (for example, birthdays, graduation, start of school or college, marriage, vacation). For information about this, ask:

Were there any special events coming up that were disrupted by the disaster?

For those with developmental concerns, provide information about coping and assist with strategies for practical help. It is also useful to ask a general open-ended question to make sure that you have not missed any important information.

Is there anything else we have not covered that you are concerned about or want to share with me?

If the survivor identifies multiple concerns, summarize these and help to identify which issues are most pressing. Work with the survivor to prioritize the order in which concerns should be addressed.

1.5 PRACTICAL ASSISTANCE

Goal: To offer practical help to survivors in addressing immediate needs and concerns.

Exposure to disaster, terrorism and post-event adversities is often accompanied by a loss of hope. Those who are likely to have more favorable outcomes are those who maintain one or more of the following characteristics:

- ✘ Optimism (because they can have hope for their future)
- ✘ Confidence that life is predictable

- ✚ Belief that things will work out as well as can reasonably be expected
- ✚ Belief that outside sources act benevolently on one's behalf (responsive government)
- ✚ Strong faith-based beliefs
- ✚ Positive belief (for example, "I'm lucky, things usually work out for me")
- ✚ Practical provisions, including housing, employment, financial resources

Providing people with needed resources can increase a sense of empowerment, hope, and restored dignity. Therefore, assisting the survivor with current or anticipated problems is a central component of Psychological First Aid. Survivors may welcome a pragmatic focus and assistance with problem-solving.

Discussion of immediate needs occurs throughout a Crisis counseling contact. As much as possible, help the survivor address the identified needs, as problem-solving may be more difficult under conditions of stress and adversity. Teaching individuals to set achievable goals may reverse feelings of failure and inability to cope, help individuals to have repeated success experiences, and help to reestablish a sense of environmental control necessary for successful disaster recovery.

Offering Practical Assistance to Children and Adolescents

Like adults, children and adolescents benefit from clarifying their needs and concerns, developing a plan to address them, and acting on the plan. Their ability to clarify what they want, think through alternatives, select the best option, and follow through develops gradually. For example, many children can participate in problem-solving, but require the assistance of adolescents or adults to follow through with their plans. When appropriate, share the plans you have developed with parents/caregivers, or involve parents/caregivers in making the plans, so that they can help the child or adolescent to carry them through.

Offering practical assistance is composed of **four steps**:

Step 1: Identify the Most Immediate Needs

If the survivor has identified several needs or current concerns, it will be necessary to focus on them one at a time. Some needs, there will be immediate solutions (for example, getting something to eat, phoning a family member to reassure them that the survivor is okay). Others (for example, locating a lost loved one, returning to previous routines, securing insurance for lost property, acquiring care giving services for family members) will not be solved quickly, but the survivor may be able to take concrete steps to address the problem (for example, completing a missing persons report or insurance form, applying for care giving services). As you collaborate with the survivor, help him/her select issues requiring immediate help. For example, you might say:

Adult/ Caregiver

I understand from what you're telling me, Mrs. Williams that your main goal right now is to find your husband and make sure he's okay. We need to focus on helping you get in contact with him. Let's make a plan

on how to go about getting this information.

Adolescent/ Child

It sounds like you are really worried about a couple of different things, like what happened to your house, when your dad is coming, and what will happen next. Those are all important things, but let's think about what is most important right now, and then make a plan.

Step 2: Clarify the Need

Talk with the survivor to specify the problem. If the problem is understood and clarified, it will be easier to identify practical steps that can be taken to address it.

Step 3: Discuss an Action Plan

Discuss what can be done to address the survivor's need or concern. The survivor may say what he/she would like to be done, or you can offer a suggestion. If you know what services are available ahead of time, you can help obtain food, clothing, shelter, medical, mental health, spiritual care services, financial assistance, help in locating missing family members or friends, and volunteer opportunities for those who want to contribute to relief efforts. Tell survivors what they can realistically expect in terms of potential resources and support, qualification criteria, and application procedures.

Step 4: Act to Address the Need

Help the survivor to take action. For example, help him/her set an appointment with a needed service or assist him/her in completing paperwork.

1.6 CONNECTION WITH SOCIAL SUPPORTS

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

Social support is related to emotional well-being and recovery following disaster and terrorism. People who are well connected to others are more likely to engage in supportive activities (both receiving and giving support) that assist with disaster recovery. Social support can come in many forms. These include:

- ❖ Emotional Support: hugs, a listening ear, understanding, love, acceptance
- ❖ Social Connection: feeling like you fit in and have things in common with other people, having people to do things with

- ❖ Feeling Needed: feeling that you are important to others, that you are valued, useful and productive, and that people appreciate you
- ❖ Reassurance of Self-Worth: having people help you have confidence in yourself and your abilities, that you can handle the challenges you face
- ❖ Reliable Support: having people reassure you that they will be there for you in case you need them, that you have people you can rely on to help you
- ❖ Advice and Information: having people show you how to do something or give you information or good advice, having people help you understand that your way of reacting to what has happened is normal, having good examples to learn from about how to cope in positive ways with what is happening
- ❖ Physical Assistance: having people help you do things, like carrying things, fixing up your house or room, and helping you do paperwork
- ❖ Material Assistance: having people give you things, like food, clothing, shelter, medicine, building materials or money

Fostering connections as soon as possible and assisting survivors in developing and maintaining social connections is critical to recovery. Benefits of social connectedness include:

- Increased opportunities for knowledge essential to disaster recovery
- Opportunities for a range of social support activities, including:
 1. Practical problem-solving
 2. Emotional understanding and acceptance
 3. Sharing of experiences and concerns
 4. Normalization of reactions
 5. Mutual instruction about coping

Enhance Access to Primary Support Persons (Family and Significant Others)

An immediate concern for most survivors is to contact those with whom they have a primary relationship (for example, spouse/partner, children, parents, other family members, close friends, neighbors, and clergy). Take practical steps to assist survivors to reach these individuals (in person, by phone, by e-mail, through web-based databases). Other sources of social support may include co-workers and hobby or club members (such as after school club, bridge club, book club, Rotary, or VFW). Survivors who belong to religious organizations may have access to a valuable supportive network that can help facilitate recovery.

Encourage Use of Immediately Available Support Persons

If individuals are disconnected from their social support network, encourage them to make use of immediately available sources of social support (for example, yourself, other relief workers, other survivors), while being respectful of individual preferences. It can help to offer reading

materials (for example, magazines, newspapers, fact sheets), and discuss the material with them. When people are in a group, ask if they have questions. When members of the group are from different neighborhoods or communities, facilitate their in introducing themselves. Small group discussions can provide a starting point for further conversations and social connectedness. When working with frail elderly individuals, you may try to connect them with a younger adult or adolescent volunteer, if available, who can provide social contact and assistance with daily activities. If appropriate, you may offer them the opportunity to assist families by spending time with younger children (reading to them, sitting with them while they play or playing games with them).

When working with youth, bring similar-age children together in a shared activity—as long as they know where their adult caregivers are. Provide art materials, coloring books, or building materials to help younger children engage in soothing, familiar activities. Older children and adolescents can lead younger children in activities. Children may have suggestions of songs to sing or classroom games that they have played at school. Several activities that can be done only with paper and a pencil include:

- Group drawing: have children sit in a circle, the first child begins a drawing. After 10 seconds, that child passes the drawing to the child on their right. Continue until everyone has added to the drawing. Then show the group the final picture. Suggest that the children draw something positive (not pictures of the disaster), something that promotes a sense of protection and safety
- Scribble game: pair up youth, one person makes a scribble on the paper, their partner has to add to the scribble to turn it into something
- Making a paper doll chain or circle chain in which the child writes the name of each person in their support system on a link. For adolescents, you can also ask them to identify the type of support (for example, emotional support, advice and information, material assistance, etc.) that they receive from each person.

Discuss Support-Seeking and Giving

If individuals are reluctant to seek support, there may be many reasons, including:

- Not knowing what they need (and perhaps feeling that they should know).
- Feeling embarrassed or weak because of needing help.
- Feeling guilty about receiving help when others are in greater need.
- Not knowing where to turn for help.
- Worrying that they will be a burden or depress others.
- Fearing that they will get so upset that they will lose control.
- Doubting that support will be available or helpful.
- Thinking, “No one can understand what I’m going through.”
- Having tried to get help and finding that help wasn’t there (feeling let down or betrayed).

- Fearing the people they ask will be angry or make them feel guilty for needing help.

In helping survivors to appreciate the value of social support and to engage with others, you may need to address some of the above concerns.

For those who have become withdrawn or socially isolated, you can be of assistance by helping them to:

- Think about the type of support that would be most helpful.
- Think about who they can approach for that type of support.
- Choose the right time and place to approach the person.
- Talk to the person and explain how he/she can be of help.
- Afterwards, thank the person for his/her time and help.

Let survivors know that, following a disaster, some people choose not to talk about their experiences, and that spending time with people one feels close to without talking can feel good. For example, your message might be:

Adult/ Caregiver

When you're able to leave the Assistance Center you may just want to be with the people you feel close to. You may find it helpful to talk about what each of you has been through. You can decide when and what to talk about. You don't have to talk about everything that occurred; only what you choose to share with each person.

Adolescent

When something really upsetting like this happens, even if you don't feel like talking, be sure to ask for what you need.

Child

You are doing a great job letting grown-ups know what you need. It is important to keep letting people know how they can help you. The more help you get, the more you can make things better. Even grown-ups need help at times like this.

For those who would like to provide support to others, you can help them to:

- Identify ways that they can be helpful to others (volunteer in the shelter or community, help children or older adults).
- Identify a person or persons that they can help.
- Find an uninterrupted time and place to talk or to help them.
- Show interest, attention and care.
- Offer to talk or spend time together as many times as needed.

The focus should not be on discussing disaster-related experiences or loss, but rather on providing practical assistance and problem-solving current needs and concerns.

Special Considerations for Children and Adolescents

You can help children and adolescents problem-solve ways in which they can ask for, and give support to, others around them. Here are some suggestions:

- Talk with your parents/caregivers or other trusted adults about how you are feeling, so that they better understand better how and when to help you.
- Do enjoyable activities with other children, including playing sports, games, board games, watching movies, and so forth.
- Spend time with your younger brothers or sisters. Help them to calm down, play with them, and keep them company.
- Help with cleaning, repairs, or other chores to support your family and community.
- Share things with others.

In some cases, children and adolescents will not feel comfortable talking with others. Engaging them in social or physical activities or merely being present can be comforting. Parents and Crisis counseling providers can be supportive by going for a walk, throwing a ball, playing a game, thumbing through magazines together, or simply sitting together.

1.7 INFORMATION ON COPING**Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning**

Crises and disasters can be disorienting, confusing, and overwhelming, putting survivors at risk for losing their sense of competence to handle problems that they face. Feeling one can cope with disaster-related stress and adversity is beneficial to recovery.

Various types of information can help survivors manage their stress reactions, and deal more effectively with problems. Such information includes:

- What is currently known about the unfolding event
- What is being done to assist them
- What, where, and when services are available
- Post-disaster reactions and how to manage them
- Self-care, family care, and coping

Provide Basic Information about Stress Reactions

If appropriate, briefly discuss common stress reactions experienced by the survivor. Stress reactions may be alarming. Some will be frightened or alarmed by their own responses; some may view their reactions in negative ways (for example, my reactions mean "There's something wrong with me" or "I'm weak"). You should take care to avoid pathologizing survivor responses; do not use terms like "symptoms" or "disorder." You may also see positive reactions, including appreciating life, family, and friends, or strengthening of spiritual beliefs and social connections.

Provider Alert. While it may be helpful to describe common stress reactions and to note that intense reactions are common but often diminish over time, it is also important to avoid providing “blanket” reassurance that stress reactions will disappear. Such reassurances may set up unrealistic expectations about the time it takes to recover.

Review Common Psychological Reactions to Traumatic Experiences and Losses

For survivors who have had significant exposure to trauma and have sustained significant losses, provide basic psycho-education about common distress reactions. You can review these, emphasizing that such reactions are understandable and expectable. Inform survivors that, if these reactions continue to interfere with their ability to function adequately for over a month, psychological services should be considered. The following basic information is presented as an overview for the Crisis counseling provider so that you can discuss issues arising from survivors’ post-disaster reactions.

There are three types of posttraumatic stress reactions:

1. Intrusive reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or mental images of the event (for example, picturing what one saw), or dreams about what happened. Among children, bad dreams may not be specifically about the disaster. Intrusive reactions also include upsetting emotional or physical reactions to reminders of the experience. Some people may feel and act like one of their worst experiences is happening all over again. This is called a “flashback.”

2. Avoidance and withdrawal reactions are ways people use to keep away from, or protect against, intrusive reactions. These reactions include trying to avoid talking, thinking and having feelings about the traumatic event, and to avoid any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, to protect against distress. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities.

3. Physical arousal reactions are physical changes that make the body react as if danger is still present. These reactions include constantly being “on the lookout” for danger, startling easily or being jumpy, irritability or having outbursts of anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention.

It is also useful to discuss the role of trauma reminders, loss reminders, change reminders, and hardships in contributing to distress.

Trauma Reminders can be sights, sounds, places, smells, specific people, the time of day, situations, or even feelings, like being afraid or anxious. Trauma reminders can

evoke upsetting thoughts and feelings about what happened. Examples include the sound of wind, rain, helicopters, screaming or shouting, and specific people who were present at the time. Reminders are related to the specific type of event, such as hurricane, earthquake, flood, tornado, or fire. Over time, avoidance of reminders can make it hard for people to do what they normally do or need to do.

Loss Reminders can also be sights, sounds, places, smells, specific people, the time of day, situations, or feelings. Examples include seeing a picture of a lost loved one, or seeing their belongings, like their clothes. Loss reminders bring to mind the absence of a loved one. Missing the deceased can bring up strong feelings, like sadness, feeling nervous, feeling uncertain about what life will be without them, feeling angry, feeling alone or abandoned, or feeling hopeless. Loss reminders can also lead to avoiding things that people want to do or need to do.

Change Reminders can be people, places, things, activities, or hardships that remind us of how our lives have changed from what they used to be as the result of a disaster. This can be something as simple as waking up in a different bed in the morning, going to a different school, or being in a different place. Even nice things can remind us of how life has changed, and make us miss what we had before.

Hardships often follow in the wake of disasters and can make it more difficult to recover. Hardships place additional strains on survivors and can contribute to feelings of anxiety, depression, irritability, uncertainty, and mental and physical exhaustion. Examples of hardships include: loss of home or possessions, lack of money, shortages of food or water, separations from friends and family, medical or physical health problems, the process of obtaining compensation for losses, school closures, being moved to a new area, and lack of fun activities.

Grief Reactions will be prevalent among those who survived the disaster but have suffered many types of losses, including the death of loved ones, and loss of home, possessions, pets, schools, and community. Loss may lead to feelings of sadness and anger, guilt or regret over the death, missing or longing for the deceased, and dreams of seeing the person again.

Traumatic Grief Reactions occur when children and adults have suffered the traumatic death of a loved one. Some survivors may stay focused on the circumstances of the death, including being preoccupied with how the death could have been prevented, what the last moments were like, and who was at fault. These reactions may interfere with grieving, making it more difficult for survivors to adjust to the death over time.

Depression is associated with prolonged grief reactions and strongly related to the accumulation of post-disaster adversities. Reactions include: persistent depressed or irritable mood, loss of appetite, sleep disturbance, greatly diminished interest or

pleasure in life activities, fatigue or loss of energy, feelings of worthlessness or guilt, feelings of hopelessness, and sometimes thoughts about suicide. Demoralization is a common response to unfulfilled expectations about improvement in post-disaster adversities and resignation to adverse changes in life circumstances.

Physical Reactions may be commonly experienced, even in the absence of any underlying physical injury or illness. These reactions include: headaches, dizziness, stomachaches, muscle aches, rapid heart beating, tightness in the chest, hyperventilation, loss of appetite, and bowel problems.

Provide Basic Information on Ways of Coping

The Crisis counseling provider can discuss a variety of ways to effectively cope with post-disaster reactions and adversity.

Adaptive coping actions are those that help to reduce anxiety, lessen other distressing reactions, improve the situation, or help people get through bad times. In general, coping methods that are likely to be helpful include:

- Talking to another person for support
- Getting needed information
- Getting adequate rest, nutrition, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible
- Telling yourself that it is natural to be upset for some period of time
- Scheduling pleasant activities
- Eating healthy meals
- Taking breaks
- Spending time with others
- Participating in a support group
- Using relaxation methods
- Using calming self talk
- Exercising in moderation
- Seeking counseling
- Keeping a journal
- Focusing on something practical that you can do right now to manage the situation better
- Using coping methods that have been successful in the past

Maladaptive coping actions tend to be ineffective in addressing problems. Such actions include:

- Using alcohol or drugs to cope
- Withdrawing from activities
- Withdrawing from family or friends

- Working too many hours
- Getting violently angry
- Excessive blaming of self or others
- Overeating or under-eating
- Watching too much TV or playing too many computer games
- Doing risky or dangerous things
- Not taking care of oneself (sleep, diet, exercise, etc.)

The aim of discussing positive and negative forms of coping is to:

- Help survivors consider different coping options
- Identify and acknowledge their personal coping strengths
- Think through the negative consequences of maladaptive coping actions
- Encourage survivors to make conscious goal-oriented choices about how to cope
- Enhance a sense of personal control over coping and adjustment

Coping for Families

Establishing family routines to the extent possible after a disaster is important for family recovery. It is especially important to encourage parents and caregivers to try to maintain family routines such as meal times, bedtime, wake time, reading time, and play time, and to set aside time for the family to enjoy activities together.

If a family member has a pre-existing emotional or behavioral problem that is worsened by the current events, discuss with the family strategies that they may have learned from a therapist to manage these problems. Discuss ways that these strategies may be adapted for the current setting. If the family member continues to have difficulties, consider a mental health consultation.

It is especially important to assist family members in developing a mutual understanding of their different experiences, reactions and course of recovery, and to help develop a family plan for communicating about these differences. For example, you might say:

Often due to differences in what each of you experienced during and after the disaster, each family member will have different reactions and different courses of recovery. These differences can be difficult to deal with, and can lead to family members not feeling understood, getting into arguments, or not supporting each other. For example, one family member may be more troubled by a trauma or loss reminder than other family members.

The Crisis counseling provider should encourage family members to be understanding, patient, and tolerant of differences in their reactions, and to talk about things that are bothering them, so the others will know when and how to support them. Family members can help each other in

a number of ways, like listening and trying to understand, comforting with a hug, doing something thoughtful like writing a note, or getting his/her mind off things by playing a game. Parents need to pay special attention to how their children may be troubled by reminders and hardships, because they can strongly affect how their children react and behave. For example, a child may look like he/she is having a temper tantrum, when actually he/she has been reminded of a friend who was hurt or killed.

When disasters confront adults with danger and loss, adolescents may find afterwards that their parents/caretakers have become more anxious about their safety and, consequently, more restrictive in what they allow adolescents to do. You can help adolescents understand this increase in their caregivers' protective behaviors—such as earlier curfews, not letting adolescents go off by themselves without adult supervision, insisting that they call in frequently to let them know they are safe, or not letting adolescents do things that involve some “everyday” risk, like driving a car or doing skateboarding tricks (even if the caregiver formerly permitted it). Remind adolescents that this “strictness” is normal and usually temporary. This will help them avoid unnecessary conflict as the family recovers.

Adolescent

When disasters like this happen, parents/caregivers often become more anxious about their kids' safety, so they often have more restrictions. So, while your parent feels the need to keep you on a tighter leash to make sure you are safe, try to give them some slack. This is usually only temporary, and will probably decrease as things start to settle down.

Assist with Developmental Issues

Children, adolescents, adults, and families go through stages of physical, emotional, cognitive, and social development. The many stresses and adversities in the aftermath of a disaster may result in key interruptions, delays, or reversals in development. The loss of anticipated opportunities or achievements can be a major consequence of the disaster.

How can you help a family cope after a disaster?

Assist with Anger Management

Stressful post-disaster situations can make survivors feel irritable and have difficulty managing their anger. In addressing anger, you can:

- Describe that feelings of anger and frustration are common to survivors after disaster.
- Discuss how the anger is affecting their life (for example, relationship with family members and friends, and parenting).
- Normalize the experience of anger, while discussing how anger can increase interpersonal conflict, push others away, or potentially lead to violence.

- Ask survivors to identify changes that they would like to make to address their anger.
- Compare how holding on to the anger can help or hurt them, versus how coping with, letting go of anger or directing it toward positive activities can help or hurt them.
- Emphasize that some anger is normal and even helpful, while too much anger can undermine what they want to do.

Some anger management skills that you can suggest include:

- Take a “time out” or “cool down” (walk away and calm down, do something else for a while).
- Talk to a friend about what is angering you.
- Blow off steam through physical exercise (go for a walk, jog, do pushups).
- Keep a journal in which you describe how you feel and what you can do to change the situation.
- Remind yourself that being angry will not help you achieve what you want, and may harm important relationships.
- Distract yourself with positive activities like reading a book, praying or meditating, listening to upbeat music, going to religious services or other uplifting group activities, helping a friend or someone in need, etc.
- Look at your situation in a different way, see it from another’s viewpoint, or find reasons your anger may be over the top.
- For parents/caregivers, have another family member or other adult temporarily supervise your children’s activities while you are feeling particularly angry or irritable.
- Children and adolescents often like activities that help them express their feelings, such as drawing pictures, writing in a journal, playing out the situation with toys, and composing a song.
- Help children and adolescents to problem-solve a situation that is angering or frustrating them (like helping them settle a dispute with another child, helping them obtain books or toys, etc.).

If the angry person appears uncontrollable or becomes violent, seek immediate medical attention and contact security.

Address Highly Negative Emotions (Guilt and Shame)

In the aftermath of disasters, survivors may think about what caused the event, how they reacted, and what the future holds. Attributing excessive blame to themselves or others may add to their distress. You should listen for such negative beliefs, and help survivors to look at the situation in ways that are less upsetting. You might ask:

- How could you look at the situation that would be less upsetting and more helpful? What's another way of thinking about this?
- How might you respond if a good friend was talking to himself/herself like this? What would you say to him/her? Can you say the same things to yourself?

Tell the survivor that even if he/she thinks he/she is at fault that does not make it true. If the survivor is receptive, offer some alternative ways of looking at the situation. Help to clarify misunderstandings, rumors, and distortions that exacerbate his/her distress, unwarranted guilt, or shame. For children and adolescents who have difficulty labeling these thoughts, you can write the negative thoughts on a piece of paper (for example, "I did something wrong," "I caused it to happen," "I was misbehaving") and have the child add on to them. You can then discuss each one, clarify any misunderstandings and discuss more helpful thoughts, and write them down. Remind the child or adolescent that he/she is not at fault, even if he/she has not expressed these concerns.

Help with Sleep Problems

Sleep difficulties are common following a disaster. People tend to stay on alert at night, making it hard to fall asleep and causing frequent awakenings during the night. Worries about adversities and life changes can also make it hard to fall asleep. Disturbance in sleep can have a major effect on mood, concentration, decision-making, and risk for injury. Ask whether the survivor is having any trouble sleeping and about sleep routines and sleep-related habits. Problem-solve ways to improve sleep, for example the survivor might try to:

- Go to sleep at the same time and get up at the same time each day.
- Reduce alcohol consumption: alcohol disrupts sleep.
- Eliminate consumption of caffeinated beverages in the afternoon or evening.
- Increase regular exercise, though not too close to bedtime.
- Relax before bedtime by doing something calming, like listening to soothing music, meditating, or praying.
- Limit daytime naps to 15 minutes and do not nap later than 4 PM.

Discuss that worry over immediate concerns and exposure to daily reminders can make it more difficult to sleep, and that being able to discuss these and get support from others can improve sleep over time.

Remind parents that it is common for children to want to remain close to their parents at nighttime, including sleeping in bed with them. Temporary changes in sleeping arrangements are ok, as long as parents make a plan with their children to negotiate a return to normal sleeping arrangements. For example, a parent might say, "We have all been scared by what happened. You can stay in our bedroom for the next couple of nights. Then you will sleep in your bed, but we will sit with you in your bedroom for a while before you go to sleep so you will feel safe. If you get scared again, we can talk about it."

Address Alcohol and Substance Use

When use of alcohol and other substances is a concern:

- Explain to the survivor that many people (including adolescents) who experience stress reactions choose to drink or use medications or drugs to reduce their bad feelings.
- Ask the individual to identify what he/she sees as the positives and negatives of using alcohol or drugs to cope.
- Discuss and mutually agree on abstinence or a safe pattern of use.
- Discuss anticipated difficulties in changing behavior.
- If appropriate and acceptable to the person, make a referral for substance abuse counseling or detoxification.
- If the individual has previously received treatment for substance abuse, encourage him/her to once again seek treatment to get through the next few weeks and months.

1.8 LINKAGE WITH COLLABORATIVE SERVICES

Goal: To link survivors with available services needed at the time or in the future.

Provide Direct Link to Additional Needed Services

As you provide information, also discuss which of the survivor's needs and current concerns require additional information or services. Do what is necessary to insure effective linkage with those services (for example, walk the survivor over to an agency representative who can provide a service, set up a meeting with a community representative who may provide appropriate referrals). Examples of situations requiring a referral include:

1. An acute medical problem that needs immediate attention
2. An acute mental health problem that needs immediate attention
3. Worsening of a pre-existing medical, emotional or behavioral problem
4. Threat of harm to self or others
5. Concerns related to the use of alcohol or drugs
6. Cases involving domestic, child, or elder abuse (be aware of reporting laws)
7. When medication is needed for stabilization
8. When pastoral counseling is desired
9. Ongoing difficulties with coping (4 weeks or more after the disaster)
10. Significant developmental concerns about children or adolescents
11. When the survivor asks for a referral

In addition, reconnect survivors to agencies that provided them services before the disaster including:

- ➔ Mental health services
- ➔ Medical services

- Social support services
- Child welfare services
- Schools
- Drug and alcohol support groups

When making a referral:

- Summarize your discussion with the person about his/her needs and concerns.
- Check for the accuracy of your summary.
- Describe the option of referral, including how this may help, and what will take place if the individual goes for further help.
- Ask about the survivor's reaction to the suggested referral.
- Give written referral information, or if possible, make an appointment then and there.

Promote Continuity in Helping Relationships

A secondary, but important concern for many survivors is being able to keep in contact with responders who they feel have been helpful. Sometimes, survivors feel as if they are meeting a never-ending succession of helpers, and that they have to go on explaining their situation and telling their story to each one in turn. To the extent possible, minimize this. If you are leaving a response site, let the survivor know, and if possible, ensure a direct "hand-off" to another provider, one who will be in a position to maintain an ongoing helping relationship with the person. Orient the new provider to what he/she needs to know about the person, and if possible, provide an introduction.

REVIEW QUESTIONS

Write brief notes on each of the core actions of crisis counseling:

1. contact and engagement
2. safety and comfort
3. stabilization (if needed)
4. information gathering: needs and current concerns
5. practical assistance
6. connection with social supports
7. information on coping
8. linkage with collaborative services