

FIELD GUIDE

**Mental Health  
Intervention  
in the Event of  
a Disaster**

## **Contacts**

The Director of the Indiana Division of Mental Health and Addiction designated a State Mental Health Disaster Program Coordinator and one backup person to respond to the mental health needs of the citizens of the State of Indiana in the event of a disaster. Both positions are located in the Indiana Division of Mental Health and Addiction Office.

The State Mental Health Disaster Program Coordinator will take the lead in the event of a disaster. Backup personnel have been designated to assist or take the lead in the event that either or both of the state coordinators cannot act in that capacity.

**For immediate assistance with any urgent disaster related information or request, call the following numbers as necessary or appropriate:**

### **State Mental Health Disaster Coordinator**

Andrew Klatte

Office Phone 317-232-7935

Cell Phone (work) 317-431-7464

Fax 317-233-3472

Andrew.Klatte@fssa.in.gov

### **Backup State Mental Health Disaster Coordinator**

Stephanie Stscherban

Office Phone 317-232-7864

Cell Phone (work) 317-431-7461

Fax 317-233-3472

Stephanie.Stscherban@fssa.in.gov

## Table of Contents

I. Key Concepts .....	4
II. Psychological First Aid.....	5
III. Disaster Intervention Skills .....	7
IV. When to Refer .....	8
V. Reaction/Intervention Suggestion Tables.....	9
VI. Communicating with the Public .....	14
VII. Population Exposure Model.....	15
VIII. Immediate Trauma Responses .....	16
IX. Delayed Trauma Responses .....	18
X. Behaviors to Monitor .....	20
XI. At-Risk Populations .....	21
XII. Spiritual Perspective .....	22
XIII. Community Response Phases.....	23
XIV. Self-Care.....	24
XV. Acronyms .....	25

# I. Key Concepts

- No one who sees a disaster is untouched by it.
- Disaster stress and grief reactions are normal responses to an abnormal situation.
- Many emotional reactions of disaster survivors stem from new and/or existing problems of everyday living brought about or exacerbated by the disaster.
- Following a disaster, many individuals do not recognize the need for mental-health assistance.
- Survivors may reject disaster assistance of all types.
- Disaster mental health assistance is often more practical than psychological in nature.
- Disaster mental health assistance is a practical intervention targeting acute stress reactions and immediate needs.
- Mental health workers need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully after a disaster.
- Survivors respond to active, genuine interest and concern.
- Interventions must be appropriate to the phase of the disaster.
- Social support systems are crucial to recovery.
- Self-care for responders is essential.

## **II. Psychological First Aid**

### **Objectives**

- Establish a connection with survivors in a non-intrusive, compassionate manner.
- Provide physical and emotional support.
- Address immediate needs.
- Answer pressing questions and current concerns.
- Gather additional information.
- Offer practical assistance and information.
- Connect survivors to social support.
- Support and acknowledge coping efforts and strengths.
- Encourage survivors to take an active role in their own recovery.

### **Core Actions**

- Contact and engagement
- Safety and comfort
- Stabilization
- Information gathering: needs/concerns
- Practical assistance
- Connections and social supports
- Information on coping
- Assist in connecting and working with agencies as well as services available to the community

# **Psychological First Aid** *Continued...*

## **Guidelines**

- Be present...respect person's privacy...give alone time, if needed.
- Allow individuals to "tell their stories" without using leading and/or intrusive questions.
- Listen to survivor's story...not the story you want to hear or think they are going to tell.
- Be sensitive to culture and diversity.
- Be aware of your own values and biases and how these may coincide or differ with those of the community served.
- Be aware of possible mistrust, stigma, fear and lack of knowledge about relief services.
- Do not make assumptions about what a person is experiencing or that everyone will be "traumatized".
- Do not assume that everyone needs to talk with you.
- Look for threat of harm to self or others.
- Be aware if you need to connect person with someone else.
- Help move individual from "victim to survivor".
- Speak to adolescents in an adult-like manner, to avoid sounding condescending.

## **Remember Disaster/Trauma Can:**

- Reduce ability to concentrate
- Disrupt attention span
- Disrupt cognitive skills
- Lead to regression in individuals and to less effective ways of coping
- Result in anger issues
- Increase substance use and abuse

## III. Disaster Intervention Skills

### Key Skills

- Listen
- Offer acceptance of what is said
- Be accessible

### Active Listening

- Allow silence
- Attend non-verbally
- Reflect feelings
- Allow expression of emotions
- Clarify what is said to you

### Problem-Solving

Workers can guide survivors through the problem-solving steps to assist with prioritizing and focusing action.

1. **Identify and define the problem.** “Describe the problems/challenges she/he faces right now.”
2. **Assess the survivor’s functioning and coping.** “How has she/he coped with stressful life events in the past? How is she/he doing now?”
3. **Evaluate available resources.** “Who might be able to help with this problem? What resources/options might help?”
4. **Develop and implement a plan.** “What steps will she/he take to address the problem?”

### Core Interventions

- Clarification
- Reflection
- Summarizing
- Acknowledging
- Encouraging
- Focusing
- Informing
- Paraphrasing
- Questioning

## **IV. When to Refer**

The following reactions, behaviors, and symptoms signal a need for the responder to consult with the appropriate professional, and in most cases, to sensitively refer the survivor for further assistance.

- Disorientation
- Significant Depression
- Anxiety
- Mental Illness
- Inability to care for self
- Suicidal or homicidal thoughts or plans
- Problematic use/abuse of alcohol or drugs
- Domestic violence, child abuse or elder abuse
- Prolonged, disruptive display of anticipated initial behavioral and emotional reactions to the disaster



## V. Disaster Reaction/Intervention Suggestion Tables

**Remember: trauma can result in regressive behavior.**

<b>Ages 1 through 5</b>
<b>Behavioral Symptoms</b> <ul style="list-style-type: none"><li>• Resumption of bed-wetting, thumb sucking, clinging to parents</li><li>• Fear of the dark</li><li>• Avoidance of sleeping alone</li><li>• Increased crying</li><li>• Unrealistic/inhibiting fear of event re-occurring</li></ul>
<b>Physical Symptoms</b> <ul style="list-style-type: none"><li>• Loss of appetite</li><li>• Stomachaches</li><li>• Nausea</li><li>• Sleep problems, nightmares</li><li>• Speech difficulties</li><li>• Tics</li></ul>
<b>Emotional Symptoms</b> <ul style="list-style-type: none"><li>• Anxiety</li><li>• Fear</li><li>• Irritability</li><li>• Angry outbursts</li><li>• Sadness</li><li>• Withdrawal</li><li>• Excessive crying</li></ul>
<b>Intervention Suggestions</b> <ul style="list-style-type: none"><li>• Give verbal assurance and physical comfort</li><li>• Provide comforting bedtime routines</li><li>• Permit the child to sleep in parents' room temporarily</li><li>• Encourage expression regarding losses (i.e. deaths, pets, toys)</li><li>• Monitor media exposure to disaster trauma</li><li>• Encourage expression through play activities</li></ul>

## V. Disaster Reaction/Intervention Suggestion Tables *Continued...*

### Ages 6 through 11

#### **Behavioral Symptoms**

- Decline in school performance
- Aggressive behavior at home and/or school
- Hyperactivity or silly behavior
- Whining, clinging, acting like a younger child
- Increased competition with younger siblings for parents' attention
- Unrealistic/inhibiting fear of event re-occurring

#### **Physical Symptoms**

- Change in appetite
- Headaches
- Stomachaches
- Sleep disturbances, nightmares

#### **Emotional Symptoms**

- School avoidance
- Withdrawal from friends, familiar activities
- Angry outbursts
- Obsessive preoccupation with disaster, safety

#### **Intervention Suggestions**

- Give attention and consideration
- Relax expectations of performance at home/school temporarily
- Set gentle/firm limits on acting out
- Provide structured but undemanding home chores and rehabilitation activities
- Encourage expression (verbal and play) of thoughts and feelings
- Listen to the child's repeated retelling of a disaster event
- Involve the child in preparation of family emergency kit, home drills; rehearse safety measures
- Coordinate school disaster program: peer support, expressive activities, disaster education and planning, identify at-risk children

## V. Disaster Reaction/Intervention Suggestion Tables *Continued...*

### Ages 12 through 18

#### **Behavioral Symptoms**

- Decline in academic performance
- Rebellion at home and/or school
- Decline in previous responsible behavior
- Agitation or decrease in energy level, apathy
- Delinquent behavior
- Social withdrawal
- Substance use

#### **Physical Symptoms**

- Appetite changes
- Headaches
- Gastrointestinal problems
- Skin eruptions
- Complaints of vague aches and pains
- Sleep disorders

#### **Emotional Symptoms**

- Loss of interest in peer social activities, hobbies, recreation
- Sadness or depression
- Resistance to authority
- Feelings of inadequacy and helplessness

#### **Intervention Suggestions**

- Give attention and consideration
- Relax expectations of performance at home/school temporarily
- Encourage discussion of disaster with peers, significant adults
- Avoid insistence on discussion of feelings with parents
- Encourage physical activity
- Rehearse safety measures
- Encourage resumption of social activities, athletics, clubs, etc.
- Encourage participation in community rehabilitation and reclamation work
- Coordinate school disaster program: peer support, expressive activities, disaster education and planning, identify at-risk children

## V. Disaster Reaction/Intervention Suggestion Tables *Continued...*

### Adults

#### **Behavioral Symptoms**

- Sleep problems
- Avoidance of reminders
- Excessive activity level
- Crying easily
- Increased conflicts/abuse/domestic violence with family
- Hypervigilance
- Isolation, withdrawal
- Problematic use/abuse of alcohol/drugs/medications

#### **Physical Symptoms**

- Fatigue, exhaustion
- Gastrointestinal distress
- Appetite changes
- Somatic complaints
- Worsening of chronic conditions

#### **Emotional Symptoms**

- Depression, sadness
- Irritability, anger
- Anxiety, fear
- Despair, hopelessness
- Guilt, self-doubt
- Mood swings

#### **Intervention Suggestions**

- Provide supportive listening and opportunity to talk in detail about disaster experience
- Assist with prioritizing and problem solving
- Offer assistance for family members to facilitate communication and effective functioning
- Assess and refer when indicated
- Provide information on disaster stress and coping, children's reactions and families
- Provide information on referral resources

## V. Disaster Reaction/Intervention Suggestion Tables *Continued...*

### Older Adults

#### **Behavioral Symptoms**

- Withdrawal and isolation
- Reluctance to leave home
- Mobility limitations
- Relocation adjustment problems
- Symptoms from loss or overuse of medications

#### **Physical Symptoms**

- Worsening of chronic conditions
- Sleep disorders
- Memory problems
- More susceptible to hypo/hyperthermia
- Physical and sensory limitations (sight, hearing) interfere with recovery
- Symptoms from loss or overuse of medications

#### **Emotional Symptoms**

- Depression
- Despair about losses
- Apathy
- Confusion, disorientation
- Suspicion
- Agitation, anger
- Anxiety with unfamiliar surroundings
- Embarrassment about receiving "handouts"
- Symptoms resulting from loss or overuse of medications

#### **Intervention Suggestions**

- Provide strong and persistent verbal reassurance
- Provide orienting information
- Use multiple assessment methods as problems may be under reported - especially medications
- Assist with possession recovery
- Obtain medical/financial assistance
- Reestablish family/social contacts
- Pay attention to suitable residential relocation
- Encourage discussion of disaster losses and expression of emotions
- Provide and facilitate referrals for disaster assistance
- Engage service providers of transportation, meals, home chores, health and visits as needed

## VI. Communicating with the Public

**ALWAYS refer media to the Public Information Officer (PIO) FIRST.**

### TIPS

- Do no harm. Your words have consequences – select them carefully.
- Use empathy and care — focus more on informing than impressing them. Use everyday language.
- Do not over-reassure.
- Say only those things you would be comfortable reading on the front page.
- Don't use "No Comment." It will look like you have something to hide.
- Don't get angry. When you argue with the media, you always lose...publicly.
- Acknowledge people's fears.
- Don't speculate, guess or assume. If you don't know something, say so.
- Advise survivors on media interaction.

**When making a statement to the public or press, build trust and credibility with these guidelines:**

<b>A Framework for a Message</b>
<b>Introduction</b> <ul style="list-style-type: none"><li>• Express your personal concern</li><li>• Explain the organization's commitment/intent</li><li>• Explain the crisis response team's work</li></ul>
<b>Key Message</b> <ul style="list-style-type: none"><li>• Have a maximum of 3 talking points</li><li>• Provide information to support the 3 talking points</li></ul>
<b>Conclusion</b> <ul style="list-style-type: none"><li>• Have a summarizing statement</li></ul>

## **VII. Population Exposure Model**

**Use of these groupings may assist Team Leaders in developing a Psychological First Aid plan for the affected community.**

### **Group I**

- Seriously injured victims
- Bereaved family members

### **Group II**

- Victims with high exposure to trauma
- Victims evacuated from disaster zone

### **Group III**

- Bereaved extended family members and friends
- Rescue and recovery workers with prolonged exposure
- Medical examiner's office staff
- Service providers directly involved with death notification and bereaved families

### **Group IV**

- People who lost their homes, jobs, pets, valued possessions
- Mental health providers
- Clergy, chaplains, spiritual leaders
- Emergency health care providers
- School personnel involved with survivors, families or victims
- Media personnel

### **Group V**

- Government officials
- Groups that identify with target victim group
- Businesses with financial impacts

### **Group VI**

- Community-at-large

## **VIII. Immediate Trauma Responses**

### **Cognitive**

- Memory impairment
- Slowed thought process
- Difficulty:
  - Making decisions
  - Solving problems
  - Concentrating
  - Calculating
- Limited attention span
- Surreal
- Recurring/intrusive images or dreams

### **Behavioral**

- Changes in behavior:
  - Withdrawal
  - Silence or talkativeness
  - Under/over eating
  - Under/over sleeping
  - Improper humor
- Lack of interest in usual satisfying activities
- Over interest in anything that distracts
- Relapse in chemically dependent person
- Problematic use/abuse of alcohol, drugs, and/or medications

### **Emotional**

- Flood of emotions – anxiety, fear, joy, loneliness, anger, confusion, guilt
- Irritability
- Depression:
  - Helplessness
  - Hopelessness
  - Haplessness
- Overwhelmed...numb
- Unrealistic/inhibiting fear of event re-occurring



## **Immediate Trauma Responses** *Continued...*

### **Physical**

- Fatigue that sleep does not alleviate
- Flare-ups of old medical problems
- Headaches
- Muscle and/or joint discomfort
- Digestive problems
- Sleep disturbances
- Hyperventilation

### **Spiritual**

- Changes in relationships with:
  - Family members
  - Friends
  - Co-workers
  - Self
  - Higher Power
- Questioning beliefs and values
- Re-evaluation of life structure

## **IX. Delayed Trauma Responses**

### **Cognitive**

- Slowed thought processes
- Disorientation
- Cynicism
- “They” syndrome
- Hallucinations – escapism and/or flashbacks

### **Behavioral**

- Change in behavior:
  - Withdrawal
  - Silence/talkativeness
  - Under/over eating
  - Under/over sleeping
- Lack of interest in usual satisfying activities
- Over interest in anything that distracts
- Poor school/work performance...absences
- Problematic use/abuse of alcohol, drugs, and/or medications – possible relapse of previous addiction
- Separation of life areas
- Sexual acting out
- Violence

### **Emotional**

- Denial
- Derogatory labels
- Excessive use of jargon
- Sick or “carried away” humor
- Sense of “omnipotence”
- Intellectualization
- Excessive use of excuses
- Emotional abuse of others
- Unrealistic/inhibiting fear of event re-occurring

## **Delayed Trauma Responses** *Continued...*

### **Physical**

- Chronic low energy
- Stress related to medical problems
- Migraines
- Muscle and/or joint problems
- Frequent injuries
- Ulcers, colitis, high blood pressure, high cholesterol, heart irregularities

### **Spiritual**

- Changes in relationships:
  - Promiscuity
  - Sudden separation, divorce, marriage, co-habitation
- Social withdrawal, isolation
- Fantastic view of life
- Little or no view of own future
- No clear sense of own wants or needs

## **X. Behaviors to Monitor**

### **Immediate**

- Denial or inability to acknowledge the situation occurred
- Shock...numbness
- Dissociate behavior...appearing dazed, apathetic
- Confusion
- Very emotional
- Disorganized
- Difficulty making decisions

### **Delayed (weeks or months)**

- Increased:
  - Fears or anxiety
  - Aggression and oppositional behavior
  - Irritability and emotional liability
- Decreased:
  - Work or school performance
  - Concentration
  - Frustration tolerance
- Regression in behavior
- Depressive feelings
- Denial
- Sleep or appetite changes
- Withdrawal...social isolation
- Attention-seeking behavior
- Risk-taking behavior
- Physical problems
- Peer...work...family problems
- Unwanted, intrusive recollections...dreams
- Loss of interest in activities once enjoyed

## **XI. At-Risk Populations**

**Any group of individuals whose unique characteristics may put them at risk during an event, especially those with language/cultural barriers.**

- Children
- Elderly
- All responders
- Immigrants/Illegal Aliens
- Ethnic minorities
- Poor
- Displaced or alienated individuals
- Persons living alone
- Single parents
- Developmentally/Physically challenged
- Individuals with:
  - Limited social support network
  - Previous disaster or trauma exposure (PTSD survivors)
  - History of poor coping skills
  - Pre-existing psychopathology or emotional concerns
  - Pre-existing physical health concerns
  - Limited English proficiency
  - History of substance abuse/addiction

## **XII. Spiritual Perspective**

### **Traumatic events challenge assumptions about:**

- Relationships among people and with personal spiritual beliefs
- Life, death, and the afterlife
- How people and the world should be
- How everyday life should be lived

### **Faith — As a result of trauma or disaster:**

- Faith is reinforced
- Faith is challenged
- Faith is rejected
- Faith is transformed

### **When responding to spiritual issues:**

- **Don't** try to explain or ignore answers to spiritual questions
- **Don't** try to impose spiritual answers on survivors
- **Don't** validate or affirm a spiritual belief or interpretation – even if asked to do so
- **Don't** give a spiritual response that you think the victim is looking for
- **Do** affirm the right to question their spiritual beliefs... normalize their search for spiritual answers
- **Do** assist in connecting survivors with their spiritual base and advisors

## **XIII. Community Response Phases**

**Consistent awareness of phases will assist responders with their intervention strategies.**

### **Pre-Event**

- Pre-impact phase
- Warning
- Threat

### **Event**

- Impact

### **Post-Event**

- Inventory
- Rescue
- Heroic
- Honeymoon — community cohesion
- Disillusionment
- Reconstruction...Remedy...Mitigation
- Adjustment
- Anniversaries and trigger events

## **XIV. Self-Care**

### **Pre-deployment Preparation & Training**

- NIMS training
- PFA training
- Personal/family plan
- Develop personal skills & competencies
- Make a self-care plan

### **Deployment Self-Care**

- Participate in all meetings & know what's going on
- Recognize cognitive distortions
- Know when to take a break
- Be flexible
- Eat, drink, and exercise
- Practice your spirituality

### **Post-deployment**

- Participate in after action meetings
- Catch up on your rest
- Exercise
- Be honest with yourself
- Give yourself time to process the event
- Find someone who will listen & tell your story



## **XV. Acronyms**

- APS – Adult Protective Services
- CIRR – Critical Incidence Report Request
- COOP – Continuity of Operations Plan
- CPS – Child Protective Services
- DHS – Department of Homeland Security
- DNR – Department of Natural Resources
- DMHA – Division of Mental Health & Addiction
- EAP – Employee Assistance Program
- EMAC – Emergency Management Assistance Compact
- EMS – Emergency Medical Services
- EOC – Emergency Operations Center
- ESF – Emergency Support Function
- FCO – Federal Coordinating Officer
- FEMA – Federal Emergency Management Administration
- FSSA – Family & Social Services Administration
- IAP – Incident Action Plans
- ICS – Incident Command System
- IDA – Indiana Department of Agriculture
- IDHS – Indiana Department of Homeland Security
- IDEM – Indiana Department of Environmental Management
- IDOA – Indiana Department of Administration
- IDOT – Indiana Department of Transportation
- IEDC – Indiana Economic Development Corporation
- IIFC – Indiana Intelligence Fusion Center
- ISDH – Indiana State Department of Health
- IBOAH – Indiana Board of Animal Health
- IPA – Indiana Project Aftermath
- ISDA – Indiana State Department of Administration

## **Acronyms** *Continued...*

ISP – Indiana State Police

IURC – Indiana Utility Regulatory Committee

LHD – Local Health Department

LEMA – Local Emergency Management Agency

MDI – Military Department of Indiana

NIMS – National Incident Management System

PIO – Public Information Officer

PPE – Personal Protective Equipment

SAMHSA – Substance Abuse and Mental Health Services Administration

SCO – State Coordinating Officer

SOP – Standard Operating Procedures

SRP – State Response Plan

TSA – Transportation Security Administration

VOA – Volunteers of America

VOAD – Voluntary Organizations Active in a Disaster

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**State of Indiana**  
**Family and Social Services Administration**  
**Division of Mental Health and Addiction**  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, INDIANA 46204-2739  
317-232-7800 • FAX 317-233-3472

[www.IN.gov/fssa](http://www.IN.gov/fssa)

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