

Camping at Home

May 23, 2018

Dealing with Disaster Trauma

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Portions of the following were excerpted from the CERT Basic Participant Manual, available for download at <https://www.portlandoregon.gov/PBEM/article/357880>

During a disaster, you may see and hear things that will be extremely unpleasant.

Direct psychological trauma could result from:

- Your own personal losses
- Working in your neighborhood
- Assisting neighbors, friends, coworkers who have been injured
- Not feeling safe and secure

Vicarious trauma, which is also referred to as compassion fatigue or secondary victimization, is a natural reaction to exposure to a survivor's trauma. A person who identifies too strongly with a survivor may take on that survivor's feelings. Vicarious trauma is an "occupational hazard" for helpers.

Taking on the survivors' feelings as your own can affect your ability to do your job as a rescuer and can also have longer term impact. Taking ownership of others' problems will compound your own stress and impact your overall effectiveness.

Be alert to signs of disaster trauma in yourself, as well as in disaster victims and other survivors so that you can take steps to alleviate stress.

POSSIBLE PSYCHOLOGICAL SYMPTOMS

Some of the types of disaster-related psychological and physiological responses that you may experience or observe others experiencing are:

- Irritability or anger
- Self-blame or the blaming of others
- Isolation and withdrawal
- Fear of recurrence
- Feeling stunned, numb, or overwhelmed
- Feeling helpless
- Mood swings
- Sadness, depression, and grief

- Denial
- Concentration and memory problems
- Relationship conflicts/marital discord

POSSIBLE PHYSIOLOGICAL SYMPTOMS

- Loss of appetite
- Headaches or chest pain
- Diarrhea, stomach pain, or nausea
- Hyperactivity
- Increase in alcohol or drug consumption
- Nightmares
- The inability to sleep
- Fatigue or low energy

WELL-BEING

There is a range of actions that can be taken before, during, and after an incident to help manage the emotional impact of a disaster.

Knowing in advance the possible psychological and physiological symptoms of disaster trauma is one step in managing the impact.

WAYS TO REDUCE YOUR OWN STRESS

Only you know what reduces stress within yourself and expending the effort required to find personal stress reducers is worthwhile before an incident occurs.

You can take the following preventive steps in your everyday life:

- Get enough sleep.
- Exercise regularly.
- Eat a balanced diet.
- Balance work, play, and rest.
- Allow yourself to receive as well as give.
- Connect with others.
- Use spiritual resources.

In addition to preventive steps, you should explain to your loved ones and friends how to support you.

- Listen when you want to talk.
- Don't force you to talk if you don't want to.

You may also want to share with your loved ones and friends the information on possible disaster-related psychological and physiological symptoms discussed earlier

WORKING WITH SURVIVORS' TRAUMA

Crisis survivors can go through a variety of emotional phases, and you should be aware of what you may encounter

- In the impact phase, survivors generally do not panic and may, in fact, show no emotion.
- In the inventory phase, which immediately follows the event, survivors assess damage and try to locate other survivors. During this phase, routine social ties tend to be discarded in favor of the more functional relationships required for initial response activities (e.g., search and rescue).
 - In the rescue phase, as emergency services personnel (including CERTs) respond, survivors are willing to take direction from these groups without protest.
 - Survivors are likely to be very helpful and compliant during the rescue phase.
- In the recovery phase, the survivors appear to pull together against their rescuers, the emergency services personnel.
- Survivors may express anger or blame to the rescuers as they transition to the recovery phase.
 - You should expect that survivors will show psychological effects from the disaster—and you should expect that some of the reaction will be directed toward you.

TRAUMATIC CRISIS

A crisis is an event that is experienced or witnessed in which people's ability to cope is overwhelmed:

- Actual or potential death or injury to self or others
- Serious injury
- Destruction of their homes, neighborhood, or valued possessions
- Loss of contact with family members or close friend

Traumatic stress may affect:

- Cognitive functioning. Those who have suffered traumatic stress may act irrationally, in ways that are out of character for them, and have difficulty making decisions. They may have difficulty sharing or retrieving memories.
- Physical health. Traumatic stress can cause a range of physical symptoms — from exhaustion to health problems.
- Interpersonal relationships. Those who survive traumatic stress may undergo temporary or long-term personality changes that make interpersonal relationships difficult.

MEDIATING FACTORS

The strength and type of personal reaction to trauma vary depending on:

- The person's prior experience with the same or a similar event; the emotional effect of multiple events can be cumulative, leading to greater stress reactions.
- The intensity of the disruption in the survivors' lives; the more the survivors' lives are disrupted, the greater their psychological and physiological reactions may become.
- The meaning of the event to the individual; the more catastrophic the victim perceives the event to be to him or her personally, the more intense his or her stress reaction will be.
- The emotional well-being of the individual and the resources (especially social) that he or she has to cope; people who have had other recent traumas may not cope with additional stresses.
 - The length of time that has elapsed between the event's occurrence and the present; the reality of the event takes time to "sink in."

You can't know — and should never assume to know — what someone is thinking or feeling. Keep the phases in mind.

You should not take the survivors' surface attitudes personally. You may expect to see a range of responses that will vary from person to person, but the responses they see will be part of the psychological impact of the event — and probably will not relate to anything that you have or have not done.

STABILIZING VICTIMS

The goal of on-scene psychological intervention should be to stabilize the incident scene by stabilizing individuals. While any medical needs must be addressed first, you can provide psychological intervention in the following ways:

- Observe individuals to determine their level of responsiveness and whether they pose a danger to themselves or to others.
- Get uninjured people involved in helping. Engaging survivors in focused activity helps them cope, so give them constructive jobs to do such as organizing supplies. This strategy is especially effective for survivors who are being disruptive.
 - Help survivors connect to natural support systems, such as family, friends, or clergy. Provide support by:
 - Listening to them talk about their feelings and their physical needs. Victims often need to talk about what they've been through — and they want someone to listen to them.
- Empathizing. Caring responses show victims that someone else shares their feelings of pain and grief.

BEING AN EMPATHETIC LISTENER

Being an empathetic listener requires the listener to listen and to let the victim talk. Good listeners will:

- Put him- or herself in the speaker's shoes in order to better understand the speaker's point of view. Draw upon past experiences, or try to imagine how the speaker is feeling. In order to limit the effects of vicarious trauma, be careful not to completely take on the speaker's feelings.
- Listen for meaning, not just words, and pay close attention to the speaker's nonverbal communication, such as body language, facial expressions, and tone of voice.
- Paraphrase the speaker periodically to make sure that you have fully understood what the speaker has said and to indicate to the speaker that you are listening. This reinforces the communication process.

Survivors that show evidence of being suicidal, psychotic, or unable to care for themselves should be referred to mental health professionals for support. (This will be infrequent in most groups of survivors.)

WHAT NOT TO SAY

When providing support, you should avoid saying the following phrases. On the surface, these phrases may be meant to comfort the survivors, but they can be misinterpreted.

- "I understand." In most situations we cannot understand unless we have had the same experience.
- "Don't feel bad." The survivor has a right to feel bad and will need time to feel differently.
- "You're strong" or "You'll get through this." Many survivors do not feel strong and question if they will recover from the loss.
 - "Don't cry." It is okay to cry.
- "It's God's will." With a person you do not know, giving religious meaning to an event may insult or anger the person.
- "It could be worse," "At least you still have ...", or "Everything will be okay." It is up to the individual to decide whether things could be worse or if everything can be okay.

Rather than provide comfort, these types of responses could elicit a strong negative response or distance the survivor from the listener.

It is okay to apologize if the survivor reacts negatively to something that was said.

REFERENCES

- psychiatry.org
- state.nj.us
- counsellingconnection.com
- redcross.org.au