

Long Term Recovery: After the Outside Attention Dies Down

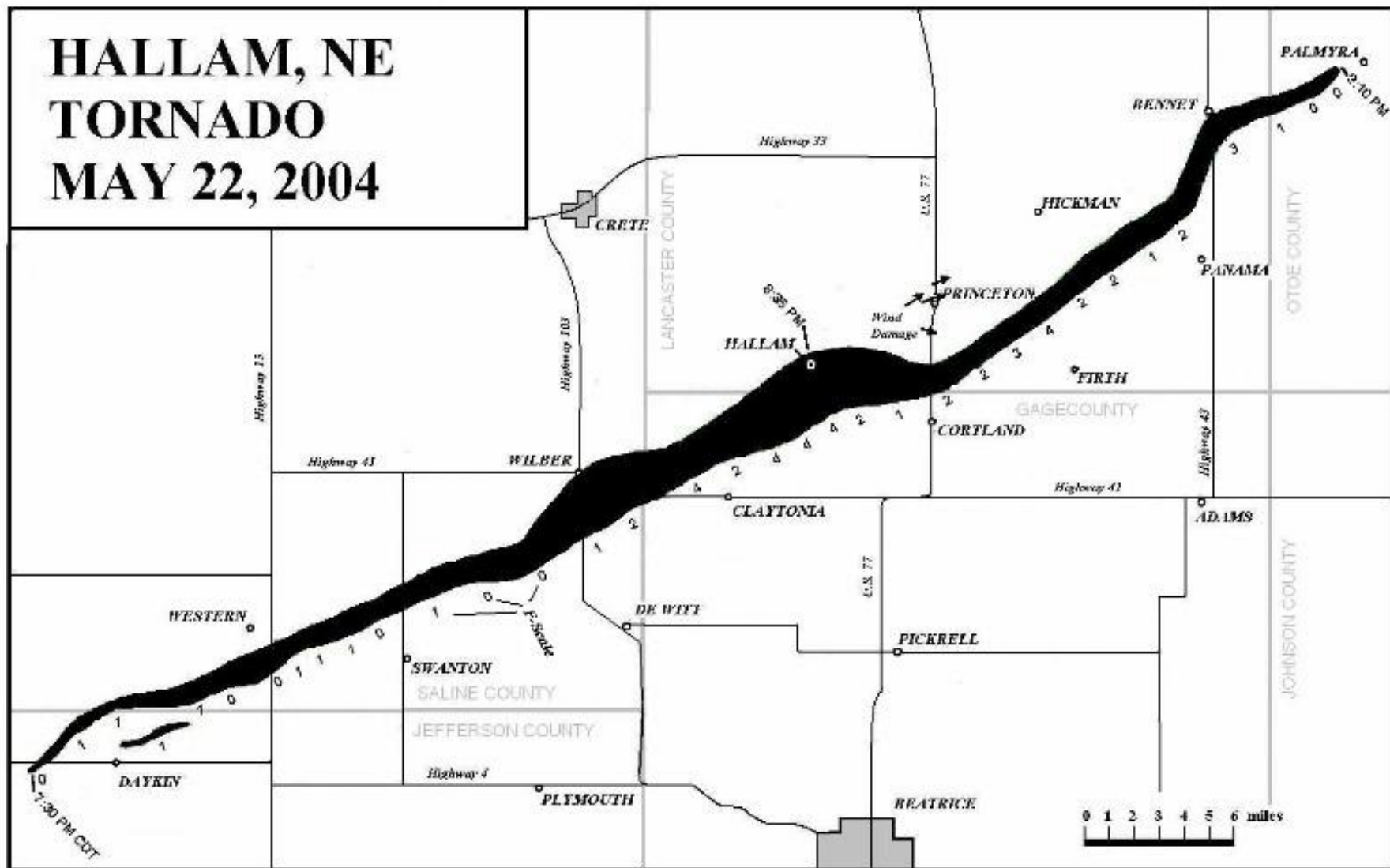
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BASED ON STORM SURVEYS BY NWS OMAHA VALLEY AND EMERGENCY MANAGEMENT



Traditional Mental Health vs. Crisis Counseling

Traditional	Crisis Counseling
<ul style="list-style-type: none">• Is primarily office-based	<ul style="list-style-type: none">• Is primarily home and community-based
<ul style="list-style-type: none">• Focuses on diagnosis and treatment of mental illnesses	<ul style="list-style-type: none">• Assesses strengths, adaptation, and coping skills
<ul style="list-style-type: none">• Attempts to impact personality and functioning	<ul style="list-style-type: none">• Seeks to restore pre-disaster functioning
<ul style="list-style-type: none">• Examines content	<ul style="list-style-type: none">• Accepts content at face value
<ul style="list-style-type: none">• Encourages insight into past experiences and influence on current problems	<ul style="list-style-type: none">• Validates appropriateness of reactions and normalizes experience
<ul style="list-style-type: none">• Has a psycho-therapeutic focus	<ul style="list-style-type: none">• Has a psycho-educational focus

Key Concepts of Disaster Mental Health



- ⊗ No one is untouched
- ⊗ People pull together during and after
- ⊗ Traditional mental health must be set aside
- ⊗ Must be more practical than psychological
- ⊗ Stress and grief are common reactions to an uncommon situation
- ⊗ Natural resilience and support systems will support recovery



Key Concepts of Disaster Mental Health

- ⊗ Survivors often reject help
 - ⊗ Many reactions stem from problems of living caused by the disaster
 - ⊗ Survivors respond best to active interest and concern
 - ⊗ Interventions must be appropriate to the phases of disaster and uniquely tailored to the community
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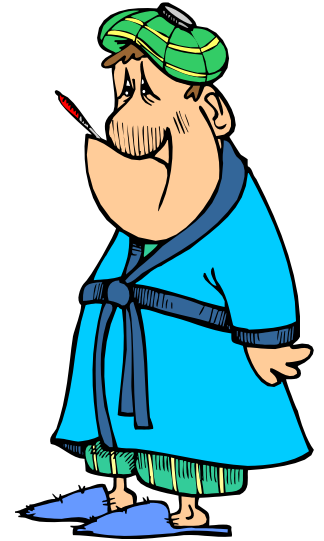
Key Concepts of Disaster Mental Health

- ⌘ Small percentage of people will have severe adverse emotional, psychological, or substance use/abuse reactions
 - ⌘ Typically survivors do not seek mental health or substance abuse treatment services
 - ⌘ Two types of trauma
 - Individual
 - Collective
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Individual Reactions

⊗ Physical

- Gastrointestinal problems
- Headaches, other aches and pains
- Weight loss or gain
- Sweating or chills
- Tremors or muscle twitching
- Chronic fatigue or sleep disturbances
- Immune system disorders
- Positive Responses: alertness and activation



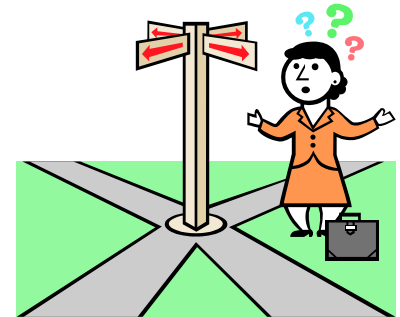
Individual Reactions

• Emotional Reactions

- Grief
- Anxiety or fear
- Denial
- Guilt
- Depression
- Feeling heroic, euphoric, or invulnerable.
- Positive Responses: feeling challenged, involved, and pressured to act



Individual Reactions



❖ Cognitive Reactions

- Memory problems, disorientation, or confusion
 - Recurring dreams/nightmares or flashbacks
 - Preoccupation with disaster
 - Avoidance or lack of concentration;
 - Difficulty setting priorities or making decisions
 - Questioning spiritual beliefs.
 - Positive Responses: determination, sharper perception, and fearlessness
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Individual Reactions

⊗ Behavioral Reactions

- Substance use or abuse
 - Difficulty communicating or listening
 - Hyper-vigilance, excessive worry, or frequent crying
 - Avoidance of activities/places that trigger memories
 - Positive Responses: affiliation, helping response, and altruistic behavior
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Risk and Resilience Factors

What is Resilience?

re·sil·ience

Function: *Noun*

- The capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.
 - An ability to recover from or adjust easily to misfortune or change.
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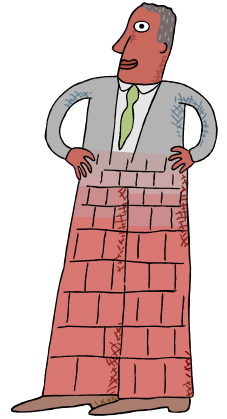


Risk and Resilience Factors

- ⊗ Life Situation
 - ⊗ Individual Characteristics
 - ⊗ Disaster/Trauma Experience
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Factors That Promote Resiliency

- ⊗ Family and social support
- ⊗ Higher educational level
- ⊗ Successful mastery of past losses/disasters
- ⊗ Absence of avoidance-coping and blaming
- ⊗ Presence of self-esteem, perceived control, self-efficacy, and hope
- ⊗ Availability of accurate information
- ⊗ An effective and caring emergency response





Severe Reactions

- ⊗ Depressive disorders;
 - ⊗ Suicidal ideation/behavior;
 - ⊗ Substance misuse/abuse;
 - ⊗ Acute stress disorder;
 - ⊗ Posttraumatic stress disorder;
 - ⊗ Dissociative disorders; and
 - ⊗ Anxiety disorders.
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Put Yourself in Their Shoes

⌘ On each card write:

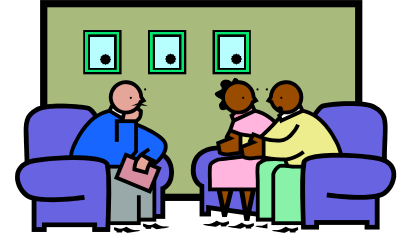
- Blue cards - name of a person close to you
- Red cards - one of your favorite belongings
- Yellow cards - something you enjoy, an activity, or hobby.

⌘ These are the three things you will have lost in a disaster

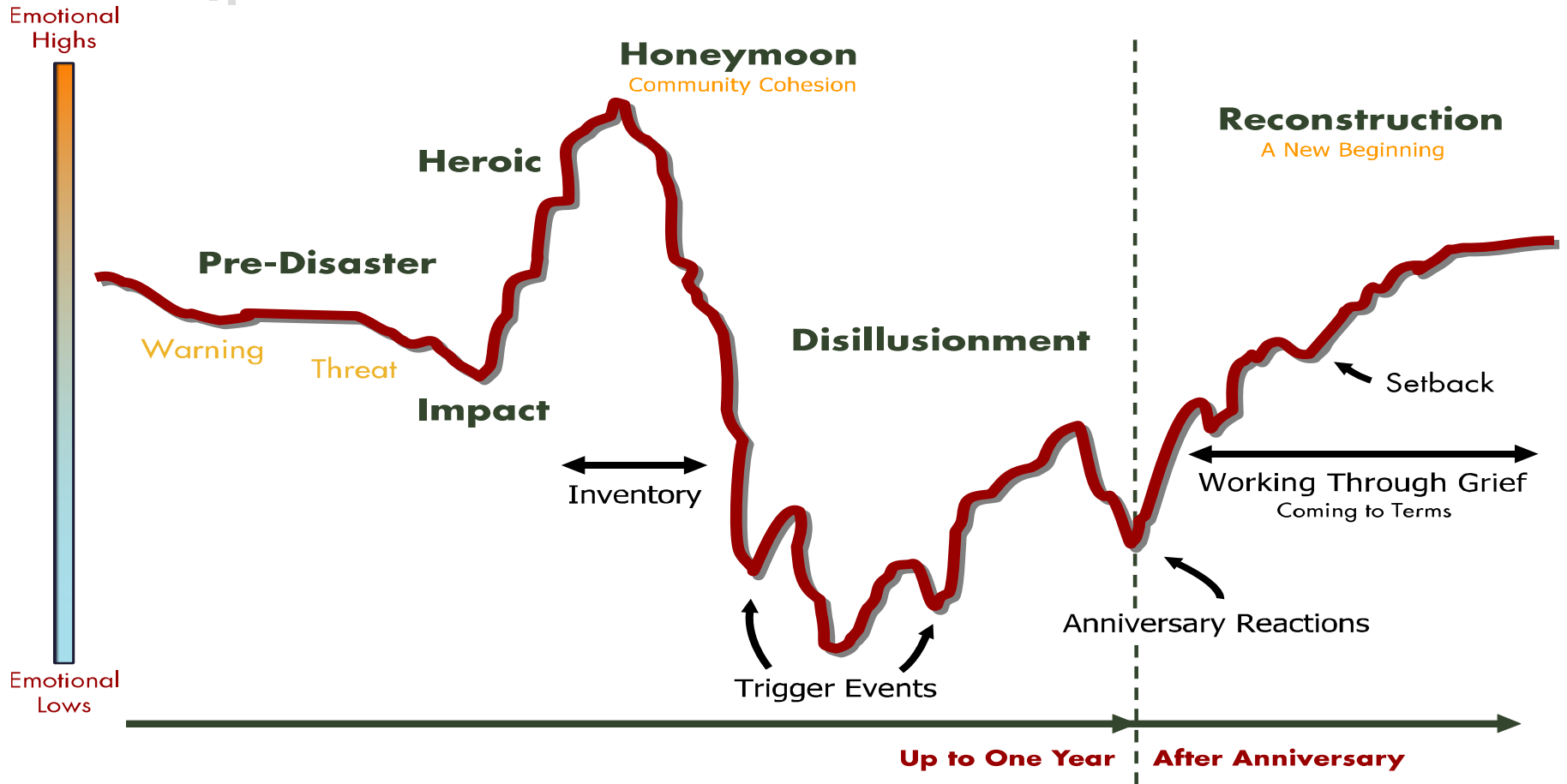
⌘ Discuss with the group how you feel about losing these things or people

Key CCP Services

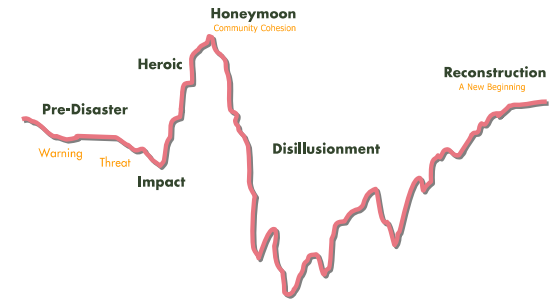
- ⊗ Outreach
- ⊗ Assessment and referral
- ⊗ Individual or group counseling
- ⊗ Education on common stress reactions
- ⊗ Community support
- ⊗ Group activities



Phases of Disaster

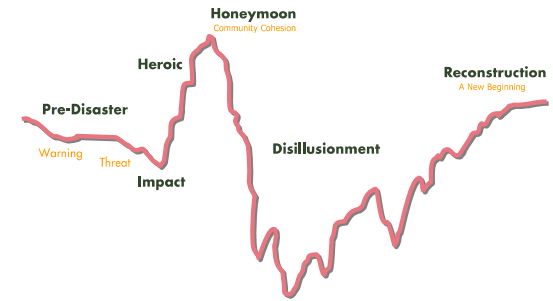


Pre-Disaster Phase



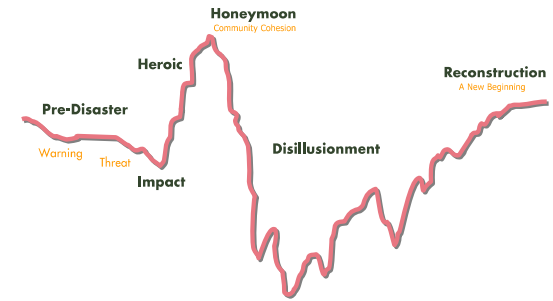
- ❖ Disasters with no warning can cause:
 - Feelings of vulnerability or lack of security
 - Fears of future unpredicted tragedies
 - Sense of loss of control or inability to protect self and family.
- ❖ Disasters with warning can cause guilt or self-blame for failure to heed warnings.

Impact Phase



- ⊗ Scope and size have different psychological impacts
- ⊗ Impact reactions can range from shock to overt panic
- ⊗ Initial confusion/disbelief is quickly followed by a focus on self-preservation and protection of family
- ⊗ Family separation causes considerable anxiety

Heroic Phase



- ⊗ Adrenaline-induced rescue behavior
- ⊗ Survivors experience high activity level with low productivity
- ⊗ Risk assessment may be impaired
- ⊗ Sense of altruism
- ⊗ Evacuation and relocation have psychological significance



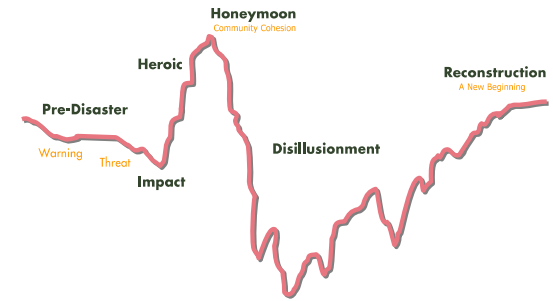
CCP Support Begins

⊗ Activities include:

- Education
- Outreach
- General Assistance

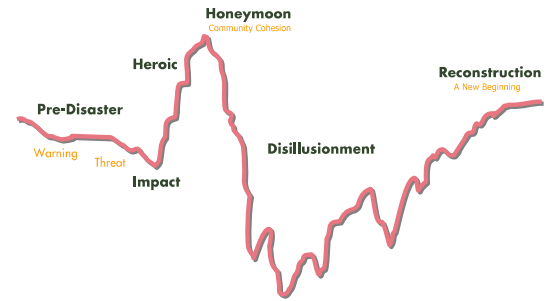
⊗ Building of rapport with survivors and communities

Honeymoon Phase



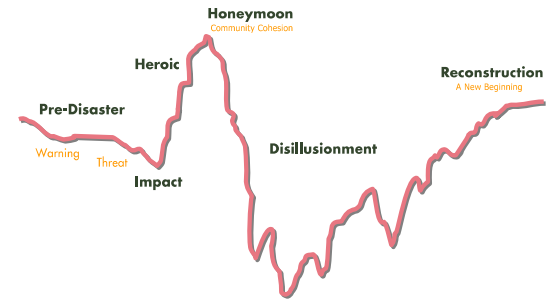
- ⊗ Disaster assistance is readily available
- ⊗ Community bonding occurs
- ⊗ Optimism exists

Disillusionment Phase



- ❖ Communities engage in an inventory process
- ❖ Survivors realize the limits of disaster assistance
- ❖ Physical exhaustion may surface
- ❖ Optimism turns to discouragement
- ❖ Increased need for substance abuse services
- ❖ Reality of losses sets in
- ❖ Gaps exist between assistance and need

Disillusionment Phase



- ❖ Diminishing assistance leads to feelings of abandonment
- ❖ Unrelenting stress and fatigue take a toll
- ❖ Larger community returns to "business as usual"
- ❖ Conflicts occur between neighbors



Honeymoon vs. Disillusionment

Honeymoon

:: Survivors

- Glad to be alive
- All is new
- Adjusting

:: Community

- Wants to help
- Accepting
- Novel

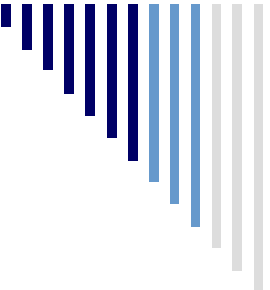
Disillusionment

:: Survivors

- Growing weary
- Anger/Frustration
- New symptoms

:: Community

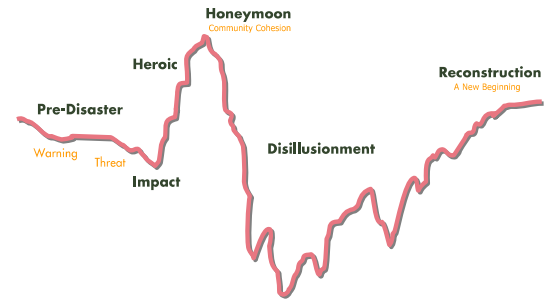
- Old news
 - Not as responsive
 - Expectations high
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Activities During Disillusionment Phase

- ⊗ Increased demand for services
 - ⊗ Change from mostly individual activities to include more group activities
 - ⊗ Increase long-range planning
 - ⊗ Begin discussion about anniversary celebrations
 - ⊗ Continue educational efforts
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Reconstruction Phase



- ⊗ The anniversary of the event can trigger adverse reactions and set back recovery
- ⊗ The reconstruction process may continue for years
- ⊗ Survivors assume responsibility for rebuilding their lives
- ⊗ People adjust to a new "normal"
- ⊗ There is a general recognition of growth and opportunity



Activities During Reconstruction Phase

- ⊗ Another peak in services
 - ⊗ Focus is now mainly on group activities
 - ⊗ Continue educational efforts
 - ⊗ Role is more supportive and links to community services
 - ⊗ Assist in anniversary celebrations
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Questions

