

Emergency and Psychological Preparedness: Supporting Survivors and Ourselves During Crises

Many clients and staff can be negatively affected by emergency situations. The first thing to remember is that we have a common bond with our clients and patients, because we are all affected in one way or another. Preparing for emergencies can also be therapeutic. Many clients are afraid of 'it' happening again. Talking through possible scenarios can provide survivors with the opportunity to feel more secure.

HAVING A CONVERSATION:

- Talk to your clients about what to expect from your agency in the event of an emergency.
- Emergency events affect people differently.
- Think ahead about which clients are high-risk and have a system in place to care for them.
- Collect community resources prior to an emergency and talk to your clients about them.
- Despite this conversation, remember that clients may not contact us when they are in distress.
- We also cannot assume that we know what is a trigger for the client.

COMPONENTS OF THE CONVERSATION

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| <p>1- Why plan for an emergency?</p> <ul style="list-style-type: none"> • peace of mind • safety • survival <p>2- Talk about the most likely events.</p> <ul style="list-style-type: none"> • disease • fire • flood • weather • mass transit accident • HAZMAT spill • terrorism | <p>3- Where to meet?</p> <ul style="list-style-type: none"> • friend • relative • landmark • in town • out of town <p>4- Will you stay or go?</p> <ul style="list-style-type: none"> • go to a shelter • shelter-in-place • another safe place <p>5- Child care?</p> <ul style="list-style-type: none"> • by whom • where • their needs | <p>6- Elder care?</p> <ul style="list-style-type: none"> • by whom • where • their needs <p>7- Pet care?</p> <ul style="list-style-type: none"> • by whom • where • their needs <p>8- Additional needs?</p> <ul style="list-style-type: none"> • medications • children's needs • other family members who need special assistance |
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Stress, anxiety, and depression are common reactions after a disaster.

WARNING SIGNS OF DISTRESS MAY INCLUDE:

- Sleeping too much or too little
- Stomach aches or headaches
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Drinking alcohol, using tobacco more than usual; using illegal drugs
- Eating too much or too little
- Not connecting with others
- Feeling like you won't ever be happy again

This information guide is based on an NPCT webinar on this topic, presented by Richard Mollica, M.D., M.A.R. This webinar is archived on our website, www.gcjfc.org/refugee under [Webinars](#). This webinar was made in collaboration with the [Harvard Program in Refugee Trauma](#) and the [National Capacity Building Project](#) at the [Center for Victims of Torture](#).

RESOURCES

Psychological First Aid: Field Operations Guide. Agency for Healthcare Research and Quality

<http://www.innovations.ahrq.gov/content.aspx?id=117>

Emergency preparedness checklist for case management and home care services. Montgomery County, Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response. (2007). The Montgomery County, Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response. Retrieved from

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SAMHSA disaster kit. Substance Abuse and Mental Health Services Administration. (2011). Substance Abuse and Mental Health Services Administration. Retrieved from http://store.samhsa.gov/product/SAMHSA-Disaster-Kit/SMA11-DISASTER?WT.ac=EB_20130425_SMA11-DISASTER

Mollica R. F. (2006). **Healing Invisible Wounds.** Vanderbilt University Press, Nashville

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10 RECOMMENDATIONS FOR THE EMOTIONAL AND PHYSICAL AFTERMATH OF CRISES:

1 - Ask the question; let them talk

One of the most important things providers can do is to ask their clients about their experience so they can share how they are coping with the situation. Many people who have experienced past trauma such as sexual or domestic violence can be reactivated by violent attacks.

2 - Sleep

Sleep is fundamental. People who have experienced trauma may very likely have nightmares. Insomnia and sleep problems can be addressed if known.

3 - Feeling safe

In all disasters, make sure people feel safe, secure, and know where all their family members are located and if they are OK.

4 - PTSD symptoms are normal

Reassure patients that it is completely normal to have some symptoms of PTSD; including: nightmares, poor sleep, ruminating on the events, worries about their safety, and depressive symptoms such as sadness, despair, and discouragement about the world situation. For the great majority, these symptoms will resolve themselves relatively soon.

5 - Social instruments of coping - Recommend to patients the three major social instruments of coping:

- altruism (helping others)
- work (or school studies)
- spirituality - Do not be afraid or worry that you will offend patients by speaking to them openly about their spiritual beliefs and practices.

6 - Check with children

Encourage patients to check in with their children. Watching the news is important, especially in the first moments after a crisis event. However, children should not be exposed to media because research shows that children may think the event is still ongoing, rather than in the past, which can lead to anxiety and fear. When the images and events are replayed repeatedly, they become a “toxic” trauma story for people watching, which can increase emotional arousal without providing a solution. In this situation, the best option is to turn off the news media.

7 - Listening is best

Empathic listening is important for all clients. Most acute stress/PTSD symptoms will resolve without medication. We also cannot assume we know what is triggering for clients; only by empathic listening will we learn what part of the current tragedy is affecting the clients.

8 - Express solidarity

When the health care provider and patient have shared the experience of a tragic event, you can show solidarity with the patient in a simple way, such as expressing your shared concern for your loved ones, your shared fear and worry for your children. This action can help build a better community, society, clinic, and treatment program.

9 - Self-care

Self-care protocols are important to put in place as well. Stress for first responders and those who work with survivors can be enormous. Every torture treatment program needs a self-care protocol. In agencies without self-care, research shows an increase in burnout and number of days taken off from work. Self-care actually increases productivity. A tragic event like this is an opportunity to have a sensitive conversation about self-care within your agency. A successful self-care policy can be developed with intentionality and leadership by key stakeholders.

10 - Peer supervision

One of the best ways to approach self-care is by supporting each other as colleagues. At meetings with fellow providers, discuss patient cases related to the tragedy that are bothering each of you. Providers can listen and offer support. This practice enhances morale and group self-care. For example, Balint Group Model: An important element of the self-care protocol can be holding Balint groups. In these groups peers come together to support each other in their work and share with their colleagues. Research shows that regularly holding Balint groups can increase staff morale.

Richard F. Mollica, M.D., M.A.R. is the Director of the Harvard Program in Refugee Trauma (HPRT) of Massachusetts General Hospital and Harvard Medical School. He received his medical degree from the University of New Mexico and completed his Psychiatry residency at Yale Medical School. While at Yale he also trained in epidemiology and received a philosophy degree from the Divinity School. In 1981, Dr. Mollica co-founded the Indochinese Psychiatry Clinic (IPC), one of the first clinical programs for refugees in the United States. Over the past two decades HPRT and IPC have pioneered the mental health care of survivors of mass violence and torture. HPRT/IPC's clinical model has been replicated throughout the world.

NPCT is a training and technical assistance program which enhances awareness about the impact of political torture and teaches skills to respond appropriately using trauma-informed care principles. It is a partnership of the Florida Center for Survivors of Torture (FCST), the Harvard Program in Refugee Trauma (HPRT) and the Bellevue/NYU Program for Survivors of Torture (PSOT). The [National Partnership for Community Training](#) and the [Florida Center for Survivors of Torture](#) are programs of Gulf Coast Jewish Family & Community Services. This publication was funded by the Office of Refugee Resettlement. For more information on this document, for research purposes, or references please contact