Refugee Services
National Partnership
for Community Training
Gulf Coast Jewish Family & Community Services

Emergency and Psychological Preparedness: Supporting Survivors and Ourselves During Crises

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In partnership with:

Harvard Program in Refugee Trauma

What is your agency's current emergency protocol?

- Does your organization have an emergency preparedness plan?
- Has your organization ever had to put your Emergency Preparedness plan into action?
- What is your top concern related to supporting survivors during a crisis?

Emergency Preparedness

- What is an emergency plan
- How to have a conversation with clients
- How to be prepared
- Common reactions to emergencies

Have a conversation:

- Why plan for an emergency?
- Talk about the most likely events.
- Where to meet?
- Will you stay or go?
- Child care?
- Pet care?
- Elder care?
- Additional needs? (medications, etc.)

Nine Essential Items for Emergency Preparedness

- Water
- Food
- Clothes
- Medications
- Flashlight
- Can Opener
- Radio
- Hygiene Items
- First Aid

Stress, anxiety, and depression are common reactions after a disaster. Warning signs of distress may include:

- Sleeping too much or too little
- Stomachaches 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, smoking or 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.

The first thing to remember…

We have a common bond with our patients, because we are all affected in one way or another.

Photo: NorthEndWaterfront.com

1. Ask the question. Let them talk.

- In the few days ahead, ask your patients **if they have been traumatized by the events**.
- Let them talk and tell you **in what way** and **how they have been coping** with the situation.
- This will give you an opportunity to see if this tragedy is seriously affecting them, bringing back old memories and losses such as 9/11; making their medical problems worse; and/or exacerbating an existing mental health problem (e.g. anxiety, PTSD, depression).

2. Sleep

Check to see if your patients are having **sleep disturbances**, especially nightmares. You may want to provide reassurance - see item 4.

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.

Case 1: Very sad patient from Afghanistan

An evaluation was in the process of being conducted on a middle-aged, married woman from Afghanistan. She was extremely sad and sobbing throughout the interview. Two years before, her son was kidnapped, tortured, and brutally murdered, so badly his face could not be identified. A year before this, the patient had also been kidnapped and held by her captors for two weeks. After the bombing in Boston, she felt that she was no longer safe in this country and that the bombers had come from Afghanistan to kill her. She locked herself in her room.

4. PTSD symptoms are normal

- Reassure the 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 relatively soon.

5. Social Instruments of Coping

- Recommend to patients the **3 major** social instruments of coping:
  - **altruism** (i.e. helping others)
  - **work** (or school studies)
  - **spirituality**

- Do not be afraid or worry you'll offend the patients by speaking to them openly about their spiritual beliefs and practices.

6. Check with Children

- Make sure their kids and teens are OK. **Encourage patients to check in with their children**.
- It is helpful to turn off the TV news, which is revisiting all the gruesome details of the tragedy over and over again.
- Stimulating high emotional arousal in young children from TV images of violence is never a good situation. Young children may think the events are recurring, leading to a lot of fear and anxiety.

7. Listening is Best

Empathic and sensitive **listening is your best therapy**. Only a small percentage of patients will need medication or a mental health referral.

8. Express solidarity

- Most importantly, **show solidarity with your patients**.
- This is a situation when the health care practitioner and the patient have shared a tragic and disturbing event.
- You can express your solidarity with the patient; the patient will really appreciate it.

Case 2: Are you frightened too?

Mr. KP is a torture survivor from Asia who has been in treatment in the clinic for 3 years. He has successfully been able to overcome his trauma symptoms. After the Boston bombing, his symptoms returned. He felt unsafe for himself and his children. He asked his therapist whether he's having a normal reaction to the bombing and whether the therapist is also frightened.

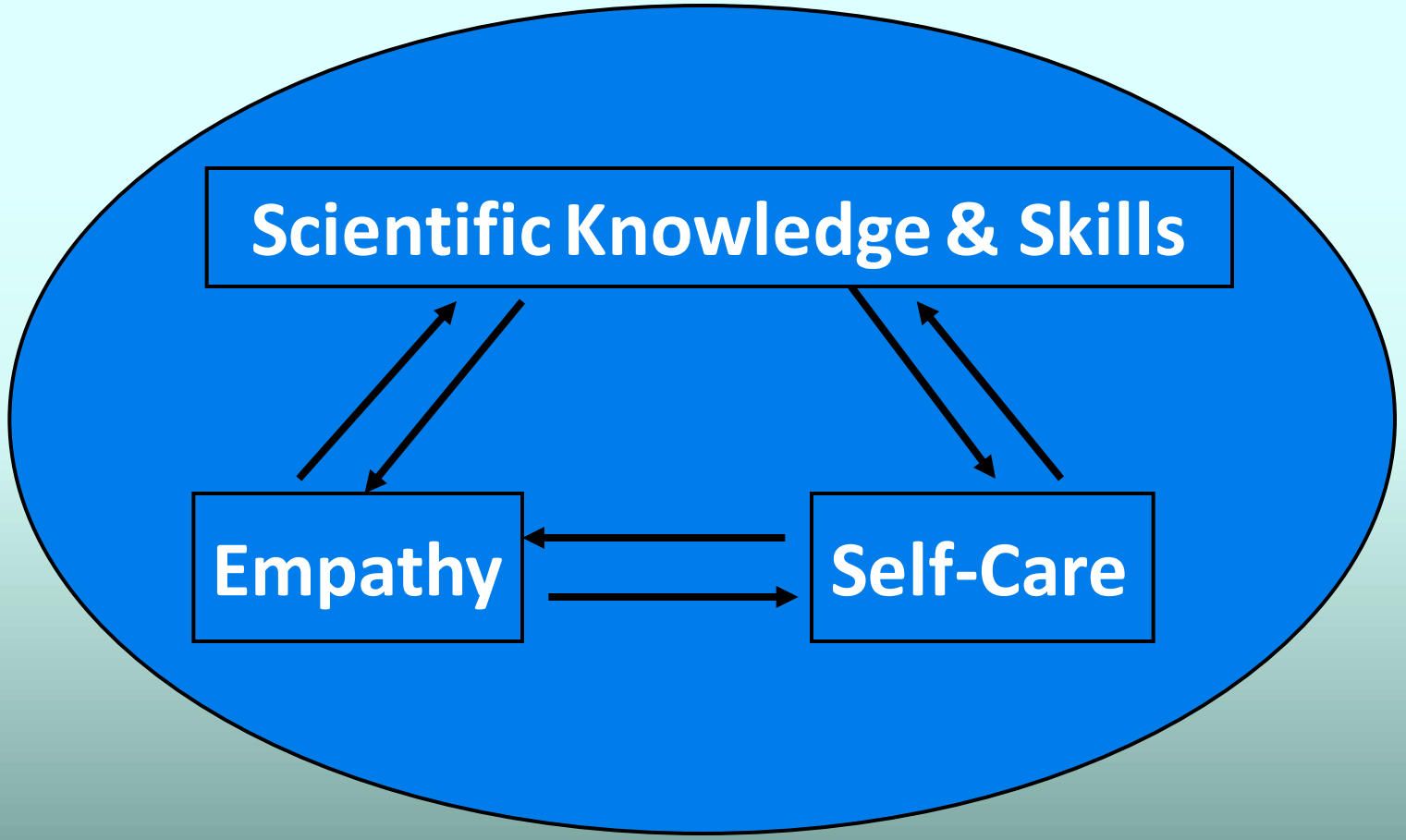
9. Self-care

- **Practice your own self-care**
- You will be experiencing a lot of distress
- You will need a way of dealing with this event yourself

10. Peer supervision

- **Peer supervision is highly recommended**.
- At periodic meetings with your fellow healthcare professionals (which are not group therapy), discuss those cases related to the tragedy that are bothering you.
- You can receive and give support to your colleagues.
- Peer supervision is one of the best things you can do to enhance staff morale and group self-care.

Balint Group Model



For more information

- For more information on supporting our patients during this recovery phase, the following website may be helpful:

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

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

www.hprt-cambridge.org

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

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For more technical assistance information, please contact:

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