

**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:**

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## 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...*

<b>Adults</b>
<b>Behavioral Symptoms</b> <ul style="list-style-type: none"><li>• Sleep problems</li><li>• Avoidance of reminders</li><li>• Excessive activity level</li><li>• Crying easily</li><li>• Increased conflicts/abuse/domestic violence with family</li><li>• Hypervigilance</li><li>• Isolation, withdrawal</li><li>• Problematic use/abuse of alcohol/drugs/medications</li></ul>
<b>Physical Symptoms</b> <ul style="list-style-type: none"><li>• Fatigue, exhaustion</li><li>• Gastrointestinal distress</li><li>• Appetite changes</li><li>• Somatic complaints</li><li>• Worsening of chronic conditions</li></ul>
<b>Emotional Symptoms</b> <ul style="list-style-type: none"><li>• Depression, sadness</li><li>• Irritability, anger</li><li>• Anxiety, fear</li><li>• Despair, hopelessness</li><li>• Guilt, self-doubt</li><li>• Mood swings</li></ul>
<b>Intervention Suggestions</b> <ul style="list-style-type: none"><li>• Provide supportive listening and opportunity to talk in detail about disaster experience</li><li>• Assist with prioritizing and problem solving</li><li>• Offer assistance for family members to facilitate communication and effective functioning</li><li>• Assess and refer when indicated</li><li>• Provide information on disaster stress and coping, children's reactions and families</li><li>• Provide information on referral resources</li></ul>

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

<b>Older Adults</b>
<b>Behavioral Symptoms</b> <ul style="list-style-type: none"><li>• Withdrawal and isolation</li><li>• Reluctance to leave home</li><li>• Mobility limitations</li><li>• Relocation adjustment problems</li><li>• Symptoms from loss or overuse of medications</li></ul>
<b>Physical Symptoms</b> <ul style="list-style-type: none"><li>• Worsening of chronic conditions</li><li>• Sleep disorders</li><li>• Memory problems</li><li>• More susceptible to hypo/hyperthermia</li><li>• Physical and sensory limitations (sight, hearing) interfere with recovery</li><li>• Symptoms from loss or overuse of medications</li></ul>
<b>Emotional Symptoms</b> <ul style="list-style-type: none"><li>• Depression</li><li>• Despair about losses</li><li>• Apathy</li><li>• Confusion, disorientation</li><li>• Suspicion</li><li>• Agitation, anger</li><li>• Anxiety with unfamiliar surroundings</li><li>• Embarrassment about receiving "handouts"</li><li>• Symptoms resulting from loss or overuse of medications</li></ul>
<b>Intervention Suggestions</b> <ul style="list-style-type: none"><li>• Provide strong and persistent verbal reassurance</li><li>• Provide orienting information</li><li>• Use multiple assessment methods as problems may be under reported - especially medications</li><li>• Assist with possession recovery</li><li>• Obtain medical/financial assistance</li><li>• Reestablish family/social contacts</li><li>• Pay attention to suitable residential relocation</li><li>• Encourage discussion of disaster losses and expression of emotions</li><li>• Provide and facilitate referrals for disaster assistance</li><li>• Engage service providers of transportation, meals, home chores, health and visits as needed</li></ul>

## 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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