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Using this Training Package

Introduction to Mental Health Preparedness is designed to help professionals and volunteers understand the psychosocial consequences of disasters and what behaviors can assist disaster survivors immediately following a disaster. This training has accompanying activities which are an integral part of the training content.

Educational Objectives
On completion of this training program, you will be able to:

1. Describe psychosocial consequences of natural disasters and terrorist events.
2. Be aware of mental health effects of disasters, including anxiety, stress, substance abuse, and resilience.
3. Recognize behaviors that can assist survivors immediately following disasters.
4. Identify additional resources and create an action plan for further study (optional).

Training Audience
This introductory training program is appropriate for professionals and volunteers who may respond to a disaster of any kind and want to increase their awareness of the psychosocial consequences for disaster survivors and responders and the behaviors that can assist others immediately following a disaster.

This can include people from the following fields: public health, medicine, emergency medical services, behavioral health and other health care, as well as emergency management, social services, education, faith, and others. Anyone who may be part of assisting disaster survivors can benefit from this program.

This program is intended to:

- Make you aware that there are mental health consequences to disasters.
- Expose you to the common, normal reactions of survivors to disasters.
- Help you to anticipate these normal reactions of survivors.
- Show what you can do to assist survivors immediately following a disaster.

This program is NOT intended to:

- Train you to assess, diagnose, or treat individuals with post-traumatic stress disorder or other psychiatric illnesses resulting from a disaster.
- Address long-term treatment or counseling needs of disaster survivors.
- Prepare you for your own reactions to the disaster.

This program’s content and photographs from recent disasters may be upsetting; if they do upset you, seek help from a mental health professional.
**Competencies Addressed**

This training addresses the following competencies:

- *Public Health Preparedness and Response Core Competency 1.2* -- Manage behaviors associated with emotional responses in self and others.

- *Core Competency for Public Health Professionals 4A2* -- Consider the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.

- *Core Competency for Public Health Professionals 4A3* -- Responds to diverse needs that are the result of cultural differences.

In addition, this training addresses Public Health Emergency Preparedness (PHEP) Capability 1: Community Preparedness, specifically by engaging partners in this training to promote awareness of how to prevent, respond to, and recover from public health incidents.

**Options for Delivery**

The training is presented in two modules and takes approximately three hours to complete. Module One covers mental health preparedness concepts (2 hours) and Module Two addresses mental health preparedness action steps (1 hour). You should only begin Module Two after completing Module One.

This training can be delivered when individuals assume disaster response duties, such as part of new employee orientation, or can be implemented as just-in-time training for an exercise or actual disaster response.

The training can be implemented in two ways:

- **Computer-based self-study** - Visit this training on the UNC CPHP Training Web Site ([http://cphp.sph.unc.edu/training/HEP_MHP/certificate.php](http://cphp.sph.unc.edu/training/HEP_MHP/certificate.php)). The online materials are identical to those included in this Guidebook and DVD.

- **Facilitated face-to-face training** - Review the Facilitator’s Guidelines and materials contained in this Guidebook and on the accompanying DVD. You may also wish to reference the guided discussion questions provided for each module, though this is not required to receive continuing education credit.
When training is completed, participants may access an online evaluation associated with each module to receive a certificate of completion and/or relevant continuing education credit. Specific information about completion requirements for certificates of completion and continuing education credit is provided at the end of each module.

We hope that you enjoy this series and find the training materials useful. If you have questions or comments about these materials, or are interested in working with UNC CPHP to develop training materials specifically for your staff, contact us at cphp@unc.edu or 919-843-5561.

Materials, Resources, and Equipment
The materials and resources associated with this training package are:

<table>
<thead>
<tr>
<th>Facilitated face-to-face training</th>
<th>Computer-based self-study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training program video in DVD format (To order, contact <a href="mailto:cphp@unc.edu">cphp@unc.edu</a> or 919-843-5563)</td>
<td>Online streaming modules (available at <a href="http://tinyurl.com/MHPonline">http://tinyurl.com/MHPonline</a>)</td>
</tr>
<tr>
<td>Participant Workbook with instructions and activities</td>
<td>Participant Workbook with instructions and activities</td>
</tr>
<tr>
<td>Pre/post-tests (included in participant workbook)</td>
<td>Pre/post-tests (included with online streaming modules)</td>
</tr>
<tr>
<td>Facilitator’s Guide for small group training</td>
<td>Evaluation (included with online streaming modules)</td>
</tr>
<tr>
<td>Evaluation (available online at <a href="http://tinyurl.com/MHPevalonly">http://tinyurl.com/MHPevalonly</a>)</td>
<td>Resources for further study (included with online streaming modules)</td>
</tr>
<tr>
<td>Resources for further study (available on web page provided in workbook)</td>
<td></td>
</tr>
</tbody>
</table>

NOTE:
The following URL: [http://cphp.sph.unc.edu/training/HEP_MHP/certificate.php](http://cphp.sph.unc.edu/training/HEP_MHP/certificate.php)
Can also be accessed at: [http://tinyurl.com/MHPonline](http://tinyurl.com/MHPonline)
The following URL: [http://cphp.sph.unc.edu/training/HEP_MHPp/certificate.php](http://cphp.sph.unc.edu/training/HEP_MHPp/certificate.php)
Can also be accessed at: [http://tinyurl.com/MHPevalonly](http://tinyurl.com/MHPevalonly)

Facilitated face-to-face small group training requires the following equipment:
- DVD player and TV monitor (with speakers if using with group) OR Computer with DVD drive and speakers (and projection screen and LCD projector if using with a group)
- Computer (with Internet connection) and printer (for the workbook)
Continuing Education (CE) Credit
Eligibility for all continuing education credit is determined on an annual basis. To learn what CE credit is currently available for this program, go to: http://tinyurl.com/MHPevalonly

CE credit is awarded to participants who certify completion of the entire program including viewing the presentations, completing the activities, taking the pre/post-tests and answering the questions in the online evaluation.

Instructions for Using This Training Package

Before the face-to-face training:

1. Obtain the DVD from the UNC Center for Public Health Preparedness
2. Download and print a copy of the Participant Workbook in PDF format from http://cphp.sph.unc.edu/trainingpackages/mental_health_prep/
3. The person facilitating the training program should follow the instructions in the Facilitator’s Guide, which may be downloaded from http://cphp.sph.unc.edu/trainingpackages/mental_health_prep/
4. Optional: Presentation thumbnails and audio narration scripts that may be downloaded and used for reference by instructors or to supplement audio script for persons with hearing impairment. The video script is not intended to be used in place of the video.

During the training:

1. Review the Introduction and Module One Overview in the workbook.
2. Complete the pre-test for Module One in the workbook.
3. View the Module One training program video and watch the first segment of the presentation.
4. Stop the video when instructed and complete Activity 1 in your workbook.
5. Re-start the video for the next part of the presentation.
6. Stop the video when instructed and complete Activity 2 in your workbook.
7. Re-start the video for the brief conclusion of Module One.
8. Complete the Module One post-test in the workbook.
9. Review the Module Two Overview in the workbook.
10. Complete the pre-test for Module Two in the workbook.
11. View the Module Two training program video and watch the first segment of the presentation.
12. Stop the video when instructed and complete Activities 3 and 4 in your workbook.
13. Complete the Module Two post-test.
14. Optional: Re-start the video to continue watching the presentation. Stop the video when instructed and complete Activity 5.
15. Re-start the video and watch the final segment of the presentation.
After the training:
1. Each participant must complete the online evaluation in order to receive a certificate of completion and, if applicable, continuing education (CE) credit. All components of the program must be completed before the evaluation is accessed. Participants of the face-to-face training go to http://tinyurl.com/MHPevalonly on the UNC CPHP Training Web Site to access the evaluation.
2. Optional: Web-based training and resources from many organizations for further study; http://cphp.sph.unc.edu/trainingpackages/mental_health_prep/resources.html

Understanding the Training Activities

Activities are an essential feature of the Introduction to Mental Health Preparedness training program. The four activities support the overall learning objectives, enabling participants to explore the concepts presented in the lecture. A fifth activity is recommended but is optional. The activities can be completed in small groups or individually. The Participant Workbook includes instructions and answer keys for each activity.

All activities can be downloaded from the training program’s Web page: http://cphp.sph.unc.edu/trainingpackages/mental_health_prep/

Activities Summary

<table>
<thead>
<tr>
<th>Module</th>
<th>Activity</th>
<th>Learning Objectives</th>
</tr>
</thead>
</table>
| One – Concepts          | 1: Recognize Typical Disaster Responses (with four case studies – see next page for more information) | • Recognize the typical disaster responses including cognitive, affective, behavioral, physical and spiritual  
• Identify differences in the responses of two groups (e.g., parents and children or disaster survivor and responder) |
|                         | 2: Compare Responses to Natural and Manmade Disasters      | • Describe the phases of psychological reactions to disasters  
• Identify and compare the typical responses to natural and manmade disasters |
| Two – Action Steps      | 3: Observe a Psychological First Aid Role Play              | • List the behaviors that responders can perform to assist survivors immediately following a disaster, including promoting safety, calm, connectedness, self-efficacy and help |
4: Recognize Behaviors to Assist Disaster Survivors (with four studies—see next page for more information)

- Recognize the behaviors that responders can perform to assist disaster survivors during the initial contact and engagement phase of response

5: Create an Action Plan (Optional)

- Identify additional online training and technical assistance resources
- Create a plan for enhancing knowledge and skills in mental health preparedness based on personal job responsibilities and interests

Activity 1 and 4 Case Study Options
In this version of Introduction to Mental Health Preparedness, participants (or the training facilitator) can choose one of four case study options that present different threats and populations for activities 1 and 4.

Activity 4 builds on Activity 1, so the same case study option should be chosen for each activity. Participants may complete more than one set of options if time allows.

<table>
<thead>
<tr>
<th>Options for Activity 1 and 4</th>
<th>Populations</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hurricane Evacuation</td>
<td>Single mother and children</td>
<td>17 &amp; 81</td>
</tr>
<tr>
<td>b. Pandemic Influenza</td>
<td>Father and hospital responder</td>
<td>26 &amp; 93</td>
</tr>
<tr>
<td>c. River Flooding</td>
<td>Vietnamese mother and children with limited English proficiency</td>
<td>37 &amp; 102</td>
</tr>
<tr>
<td>d. Toxic Chemical Spill</td>
<td>Elderly and young veterans who are homeless</td>
<td>47 &amp; 115</td>
</tr>
</tbody>
</table>

NOTE: Completion of activities 1, 2, 3 and 4 is required in order to receive a certificate of completion and, if applicable, CE credit.
Acknowledgements

This program draws upon the work of many organizations and individuals who are dedicated to improving the mental health of disaster survivors. Rather than creating a new introductory training program on mental health preparedness, we have selected and synthesized content from many sources and created a program that can be completed in less than four hours.

We gratefully acknowledge the experts whose presentations are excerpted in this program:

- Steven Crimando, MA, BCETS, of the New Jersey Department of Human Services, Division of Mental Health Services and the NJ Center for Public Health Preparedness at University of Medicine and Dentistry of New Jersey;
- George Everly Jr, PhD, and the John Hopkins Center for Public Health Preparedness at the John Hopkins Bloomberg School of Public Health; and
- Patricia Watson, PhD, of the National Center for PTSD.

In addition, we acknowledge the work of:

- The University of Miami DEEP Center (Shultz JM, et al., Behavioral Health Awareness Training for Terrorism and Disasters, 2003, regarding the psychological “footprint”);
- The National Child Traumatic Stress Network and National Center for PTSD (Psychological First Aid Field Manual, 2nd Edition);
- The Substance Abuse and Mental Health Services Administration; and
- The World Health Organization (Psychosocial Care of Tsunami-Affected Populations).

The work of Federal Emergency Management Agency photographer Andrea Booher was especially valuable in illustrating the concepts of mental health preparedness.

We would also like to give special recognition to Lynda Flage, PhD, MPH, who assisted in the preparation of this program, and to the reviewers who provided feedback during the development of this program, including:

- Carolyn Pope, RN, MSN, APN;
- Frances Clark, PhD, MAC;
- Kimberly McDonald, MD, MPH; and
- Carl Cordoni, PhD.

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For additional trainings on a wide variety of topics related to public health preparedness, epidemiology and surveillance, and outbreak detection and investigation, please visit the UNC CPHP Training Web Site at http://cphp.sph.unc.edu/training. Certificates of completion and continuing education credits are available for some trainings.

Formerly known as the North Carolina Center for Public Health Preparedness (NCCPHP), UNC CPHP brings together faculty and staff from the UNC Preparedness and Emergency Response Learning Center (PERLC), the North Carolina Preparedness and Emergency Response Research Center (NCPERRC) and projects on pandemic influenza planning, emerging and re-emerging infectious diseases, emergency law, public health surveillance, mental health preparedness, and applied epidemiology.

Disclaimer: The materials contained in these presentations are obtained from a variety of sources. They are provided solely for educational purposes and are to be used as guidelines and reference materials only. In view of the possibility of human error or changes in medical sciences, neither the authors, nor the publisher, nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete. Viewers are encouraged to confirm the information contained herein with other sources. Viewers should attempt to obtain the most current information when implementing programs or treating patients.
Photography Credits

The photographs used in this program came mostly from federal government sources. The list below provides the slide number, source, and photographer.

Many of the photographs used in the video presentation are drawn from the Federal Emergency Management Agency (FEMA) Photo Library available at www.photolibrary.fema.gov/photolibrary/; additional information about the photo location, date, and event can be found at this Web site using the photo reference number provided below.

Cover: FEMA / Hans Pennink 53835
Slide 1-5: FEMA / Andrea Booher 24746
Slide 1-6: FEMA / Andrea Booher 24755
Slide 1-7: FEMA / Andrea Booher 5709
Slide 1-8: Toledo Area Disaster Medical Assistance Team (TADMAT)
Slide 1-10: FEMA / Andrea Booher 15313
Slide 1-11: National Institute of Environmental Health Sciences
Slide 1-12: FEMA / Liz Roll 14770
Slide 1-16: National Oceanic and Atmospheric Administration (NOAA)
Slide 1-17: FEMA / Andrea Booher 14506
Slide 1-18: FEMA / Andrea Booher 1853
Slide 1-19: FEMA / Andrea Booher 5372
Slide 1-20: FEMA / Patsy Lunch 17520
Slide 1-21: FEMA / Michael Rieger 4061
Slide 1-24: FEMA / Andrea Booher 14500
Slide 1-26: FEMA / Andrea Booher 7148
Slide 1-28: FEMA / Nicholas Lyman 18801
Slide 1-36: FEMA / Andrea Booher 25021
Slide 1-37: NOAA
Slide 1-38: FEMA / Andrea Booher 5358
Slide 1-39: FEMA / Andrea Booher 3787
Slide 1-40: FEMA / Andrea Booher 24953
Slide 1-41: FEMA / Andrea Booher 19875
Slide 1-42: FEMA / Michael Rieger 4213
Slide 1-45: FEMA / Andrea Booher 9987
Slide 1-46: FEMA / Andrea Booher 5370
Slide 1-47: FEMA / Patricia Brach 16125
Slide 1-49: FEMA / Andrea Booher 24814
Slide 1-51: FEMA / Leif Skoogfors 23565
Slide 1-53: FEMA / Greg Henshall 15775
Slide 1-59: FEMA / Adam DuBrowa 26841; Andrea Booher 29731; Michael Raphael 29847; Jocelyn Augustino 10579
Slide 1-60: FEMA / Greg Henshall 17410
Slide 1-64: FEMA / Andrea Booher 15368
Slide 1-65: FEMA / Liz Roll 14782
Slide 1-68: FEMA / John Ficara 32843
Slide 1-85: FEMA / Bob McMillan 15613; Jocelyn Augustino 19188; A Booher 5432
Slide 1-86: FEMA / Andrea Booher 5316
Slide 1-88: FEMA / Andrea Booher 3880
Slide 1-90: U.S. Department of Energy; NOAA
Slide 1-91: FEMA / Andrea Booher 24753
Slide 1-98: FEMA / Andrea Booher 3924
Slide 1-99: FEMA / Leif Skoogfors 23569
Slide 1-100: FEMA / Andrea Booher 3915
Slide 2-2: FEMA / Andrea Booher 29749; Andrea Booher 29746
Slide 2-3: FEMA / Lauren Hobart 7129
Slide 2-4: FEMA / Andrea Booher 19873
Slide 2-5: FEMA / Andrea Booher 10135
Slide 2-6: FEMA / Mark Wolfe 15183
Slide 2-7: FEMA / Jocelyn Augustino 199507
Slide 2-8: FEMA / Mark Wolfe 15484
Slide 2-9: FEMA / Andrea Booher 29748
Slide 2-12: FEMA / Leif Skoogfors 22004
Slide 2-13: FEMA / Andrea Booher 32629
Slide 2-14: FEMA / Andrea Booher 10534
Slide 2-16: FEMA / Win Henderson 16323
Slide 2-18: FEMA / Andrea Booher 4278
Slide 2-19: FEMA / Andrea Booher 15313
Slide 2-22: FEMA / Leif Skoogfors 23850
Slide 2-23: FEMA / Andrea Booher 5428
Slide 2-24: TADMAT
Slide 2-25: FEMA / Ed Edahl 15742
Slide 2-26: FEMA / Larry Lerner 5316
Slide 2-27: FEMA / Ed Edahl 19588
Slide 2-32: TADMAT
Slide 2-33: FEMA / Andrea Booher 9011
Slide 2-34: FEMA / Greg Henshall 19608
Slide 2-35: FEMA / Andrea Booher 15367
Slide 2-40: FEMA / George Armstrong 15550
Slide 2-42: FEMA / Leif Skoogfors 23845
Slide 2-46: FEMA / George Armstrong 18566
Slide 2-48: Florida Center for Public Health Preparedness
Slide 2-52: FEMA / Ed Edahl 17060
Slide 2-54: FEMA / Andrea Booher 9987, Andrea Booher 15313, Jocelyn Augustino 10579, Andrea Booher 29731
Module One: Mental Health Preparedness Concepts
Module One Overview

Educational Objectives
On completion of this training program, you will be able to:
1. Describe psycho-social consequences of natural disasters and terrorist events.
2. Be aware of mental health effects of disasters, including anxiety, stress, substance abuse, and resilience.

Materials
- Training program video
- Participant Workbook
- Optional: Thumbnails of the video presentation slides, supplemental audio narration script and facilitator's guide for small group delivery

Outline

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Learning Activity Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>~5 min</td>
<td>Module One Pre-test</td>
<td>Complete quiz in workbook</td>
</tr>
<tr>
<td>42 min</td>
<td>Mental Health Preparedness Concepts – Introduction to Disasters and Normal Responses</td>
<td>Watch video presentation on the DVD (or online)</td>
</tr>
<tr>
<td>~20 min</td>
<td>Activity 1: Recognize Typical Disaster Responses</td>
<td>Select and complete one case study in workbook</td>
</tr>
<tr>
<td>24 min</td>
<td>Mental Health Preparedness Concepts – Problematic Reactions to Disasters and Stress Responses</td>
<td>Watch video presentation on DVD (or online)</td>
</tr>
<tr>
<td>~15 min</td>
<td>Activity 2: Compare Natural and Manmade Disasters</td>
<td>Complete the activity in workbook</td>
</tr>
<tr>
<td>2 min</td>
<td>Mental Health Preparedness Concepts – Conclusion</td>
<td>Watch video presentation on DVD (or online)</td>
</tr>
<tr>
<td>~5 min</td>
<td>Module One Post-test</td>
<td>Complete quiz in workbook</td>
</tr>
<tr>
<td></td>
<td>Total: Approximately 2 hours</td>
<td></td>
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</tbody>
</table>
Module One Pre-Test

1. Normal reactions to disasters can be grouped into the following types of consequences:
   a. Behavioral and Cognitive
   b. Medical and Psychological
   c. Physical and Spiritual
   d. Responses C and B
   e. Responses A and C

2. The problematic serious mental health responses that may occur weeks or months following a disaster include:
   a. Post-traumatic stress disorder
   b. General anxiety disorder
   c. Hyperactivity and substance abuse
   d. All of the above
   e. None of the above

3. True or false: Communities and individuals that have experienced a disaster are better able to recover if they tend to be very dependent on the outside resources offered.
   a. True
   b. False

4. Some examples of typical disaster responses include:
   a. Headaches
   b. Thrill seeking behaviors
   c. Guilt or shame
   d. Responses A and C
   e. Responses A, B and C

5. True or false: An example of how the mental health consequences of terrorism are different than natural disasters is it instills fear in the future through the potential of a delayed illness.
   a. True
   b. False

6. Factors that can influence disaster reactions and coping skills include:
   a. Religious and political beliefs
   b. Perceptions of family and community
   c. Age and generation
   d. All of the above
   e. None of the above

7. True or false: “Worried well” is the appropriate term for people who request assistance but have no known physical symptoms following a disaster.
   a. True
   b. False
Activity 1: Typical Disaster Responses

Select at least one of the following case study options.

<table>
<thead>
<tr>
<th>Options for Activity 1 and 4</th>
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<tr>
<td>d. Toxic Chemical Spill</td>
<td>Elderly and young veterans who are homeless</td>
<td>47</td>
</tr>
</tbody>
</table>

**NOTE:** Before completing Activity 1 you should have watched the presentation “Mental Health Preparedness Concepts – Introduction to Disasters and Normal Responses” either on DVD or online.
Activity 1: Typical Disaster Responses

Option A: Hurricane Evacuation

As a disaster responder, you will encounter individuals and families that are experiencing many losses. This is the story of one family facing an evacuation announcement. Scenes 1 and 3 are from the perspective of the mother; scene 2 is from the perspective of the daughter. Keep in mind the types of typical phases of disaster responses experienced by survivors.

Learning Objectives
- Recognize the typical disaster responses, including cognitive, affective, behavioral, physical, and spiritual.
- Identify differences in the responses of two groups (e.g., parents and children or disaster survivor and responder).

Instructions
This case study contains 4 short exercises that can be completed in approximately 20 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed all the exercises, compare your answers with the Answer Key on page 23.

3. If you have time, you may wish to complete another option.

4. When you have finished Activity 1, start the video to continue the program.
Scene 1: The Announcement – The Mother’s Story
The evacuation announcement came in around 10 this morning. My three daughters (ages 11, 7, and 4) and I will leave our trailer as soon as possible. I can’t believe this is happening to us! I don’t know where to begin to pack! I am petrified that we won’t be able to get out of here in time. I find myself yelling at the kids to hurry up and grab their stuff fast so we can get to the shelter.

I have no idea where the shelter that we are supposed to go to is located and I’m worried about it. I hope I can get directions from one of the emergency people on the road.

We have to leave our cat at home, because we heard on TV that animals aren’t allowed at shelters. The kids are really upset about that! I don’t know what to do.

Exercise 1
Disasters always happen in a context. List at least three issues that are of great concern for this mother. (Example: She does not know the location of the shelter.)

How is she reacting to these concerns? (Example: She is worried and anxious.)

<table>
<thead>
<tr>
<th>Mother’s Issues/Concerns</th>
<th>Mother’s Responses to Issues</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
Scene 2: Packing to Leave – The Daughter’s Story

My family is moving into a shelter because the water is rising and might swamp our trailer. In a way, I’m excited to go because some of my friends will be there, but I’ve never lived any place else but our trailer. I’m sort of scared.

One of the worst parts about leaving is leaving Patches our cat behind. I keep patting her and crying. I’m worried that Patches will die, and I won’t ever get to see her again. I think that’s it’s unfair that they won’t let us take our cat to the shelter!

Mom keeps yelling at us to hurry up and pack but I can’t seem to concentrate. I just want to sit on my bed and pat Patches. My sisters are irritating me. They are too little to be much help and are just in the way.

I hate it when Mom is upset. It makes me feel upset. I packed Pink Bear, my stuffed animal, and some clothes, my toothbrush, toothpaste, and my two favorite books. I have to leave most of my stuff behind. I hate leaving it! It isn’t fair!!

Exercise 2

Children interrupt disasters in their own way. List three issues that are concerns for the daughter. (Example: living in a place that is not her home.)

How does she respond to each of the issues? (Example: She is worried.)

<table>
<thead>
<tr>
<th>Daughter’s Issues/Concerns</th>
<th>Daughter’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Scene 3: On the Road – The Mother’s Story
I don’t want to drive too far. My car is old, and I’m worried about it breaking down. And if this line doesn’t get moving, we are going to run out of gas right here on the highway and then what?

I work at the Quick Trip at the corner, and barely make enough to make ends meet. I am worried about losing time from work, which will cost me money.

I find that I am really impatient with my kids and I have a pounding headache. They keep bringing up leaving the cat.

I am angry that I am put in this situation. I didn’t want to leave the cat and our stuff behind either. If we had brought a lot of our stuff, I’d have to leave it in the car and it would be stolen.

To top it all off, my middle daughter’s medicine is close to running out. She has asthma and needs to have her inhaler. I wish I could have a drink right now.

Exercise 3
Survivors bring a lot of concerns and issues with them as they come to a shelter. As a disaster responder, you will need to be able to perceive these common responses to disaster and understand that they are often connected to the individual’s context.

Using the “Checklist of Typical Disaster Responses” on the next page, put a check ✓ in the first column by the responses you note displayed by the mother in Scenes 1 and 3.

Using the “Checklist of Typical Disaster Responses” again, put a check ✓ in the second column by the responses you note displayed by the daughter in Scene 2.
# Checklist of Typical Disaster Responses

(Use the first column to mark the mother's responses and the second column to mark the daughter's.)

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<tr>
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<td>Indigestion, nausea, vomiting</td>
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<td></td>
</tr>
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</table>
Exercise 4
What are the similarities and differences between the mother’s and daughter’s concerns/issues and responses?

Similarities:

Differences:
Activity 1: Typical Disaster Responses Answer Key
Option A: Hurricane Evacuation

Exercise 1
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Mother’s Issues/Concerns</th>
<th>Mother’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding what to pack</td>
<td>Feeling overwhelmed with the task</td>
</tr>
<tr>
<td>Getting out in time</td>
<td>Fear, yelling at kids to hurry</td>
</tr>
<tr>
<td>Unsure of the location of the shelter and whether her car can make it</td>
<td>Worried and anxious</td>
</tr>
<tr>
<td>Can’t take the cat</td>
<td>Confusion, difficulty in making a decision</td>
</tr>
</tbody>
</table>

Exercise 2
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Daughter’s Issues/Concerns</th>
<th>Daughter’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing her friends</td>
<td>Excited</td>
</tr>
<tr>
<td>Living in the shelter (has only lived in the trailer)</td>
<td>Scared</td>
</tr>
<tr>
<td>Leaving Patches (the cat)</td>
<td>Worried, afraid, angry</td>
</tr>
<tr>
<td>Upset Mom</td>
<td>Trouble concentrating, upset</td>
</tr>
<tr>
<td>Her sisters</td>
<td>Irritated</td>
</tr>
<tr>
<td>Leaving her stuff behind</td>
<td>Angry, feels unfair</td>
</tr>
</tbody>
</table>
**Exercise 3**
Some possible answers are listed below. The mother’s answers are marked in the first column and the daughter’s answers are marked in the second column.

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<th>Cognitive</th>
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</tr>
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<td>Anxiety</td>
<td>Increased substance use (alcohol/drugs)</td>
</tr>
<tr>
<td>“I can’t seem to concentrate.”</td>
<td>“I’m worried about [finding shelter].”</td>
<td>“I wish I could have a drink right now.”</td>
</tr>
<tr>
<td>Difficulty in decision making</td>
<td>“I am worried about losing time from work...”</td>
<td>Family discord</td>
</tr>
<tr>
<td>“I don’t know what to do”</td>
<td>“I barely make enough to make ends meet!”</td>
<td>“I find myself yelling at the kids.”</td>
</tr>
<tr>
<td></td>
<td>“I’m worried that Patches will die.”</td>
<td>Crying spells</td>
</tr>
<tr>
<td></td>
<td>“I hate it when Mom is upset.”</td>
<td>“I keep patting [the cat] and crying.”</td>
</tr>
<tr>
<td>Physical</td>
<td>Numbing</td>
<td></td>
</tr>
<tr>
<td>Shock symptoms</td>
<td>“I just want to sit on my bed.”</td>
<td></td>
</tr>
<tr>
<td>“I just want to sit on my bed.”</td>
<td>“I just want to sit on my bed...”</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>Guilt, shame</td>
<td></td>
</tr>
<tr>
<td>“I have a pounding headache.”</td>
<td>“I don’t know what to do [about leaving the cat].”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fear, phobia</td>
<td></td>
</tr>
<tr>
<td>“I am petrified that we won’t be able to get out of here in time.”</td>
<td>“I am angry that I am put in this situation.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>“I find myself yelling at the kids.”</td>
<td>“I am angry that I am put in this situation.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td></td>
</tr>
<tr>
<td>“I find myself yelling at the kids.”</td>
<td>“I hate leaving [my stuff]!”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“[Leaving the cat] isn’t fair!”</td>
<td></td>
</tr>
</tbody>
</table>
Exercise 4
Possible similarities and differences between the mother and her daughter in their concerns and responses might include the following:

Similarities:
• Mother and daughter experienced many of the same typical disaster responses: anger, anxiety, stress, fear, and difficulty thinking (concentrating and making decisions).
• Both mother and daughter experience family discord as the family struggles to pack and evacuate in a timely way.
• Both mother and daughter feel anger at circumstances that are out of their control and feel unjust and unfair.

Differences:
• The mother was thinking in more global terms – getting the entire family packed up, the condition of the car, her job security, income, directions, and getting the family safely to the shelter in time. She was feeling the stress and emotions of making difficult decisions about what to pack and leaving the cat behind (watching the children’s reactions). Also, she carries the heavy financial responsibilities of her home and is the provider for her families’ needs (which include the medical needs of her asthmatic daughter).
• The daughter (as a child) orients her emotions and responses to the reactions of her mother and her sisters. She is excited in the anticipation of seeing her friends at the shelter but is concerned about leaving the security of her home. She is particularly upset about leaving her cat.


The Checklist of Typical Disaster Response was compiled using:
• Slides on typical disaster response patterns from Psychosocial Aspects of Bioterrorism & Disaster Response for Public Health Professionals by Steven M. Crimando, sponsored by the New Jersey Preparedness Training Center.
• Mental Health Consequences of Disaster Part 1: Common Mental Health Consequences by Dr. George Everly Jr. of the John Hopkins Center for Public Health Preparedness.
• “Effects of Traumatic Stress in a Disaster Situation Fact Sheet” from the National Center for PTSD.
Activity 1: Typical Disaster Responses

Option B: Pandemic Influenza

This case study tells about the struggles of two people and their families during an outbreak of pandemic influenza in the United States. First you will read background information about the pandemic and the situation of both families. Then you will read a telephone conversation between the father of one family and a hospital nurse and how each person remembers the telephone call.

Learning Objectives
- Recognize the typical disaster responses, including cognitive, affective, behavioral, physical, and spiritual.
- Identify differences in the responses of two groups (e.g., parents and children or disaster survivor and responder).

Instructions
This case study contains 4 short exercises that can be completed in approximately 20 minutes.

1. Read the information provided and complete each exercise, recording your responses in the spaces provided.

2. When you have completed all the exercises, compare your answers with the Answer Key on page 34.

3. If you have time, you may wish to complete another option.

4. When you have finished Activity 1, start the video to continue the program.
Background
Pandemic influenza has been spreading across the United States for three weeks and has already claimed the lives of many previously healthy adults. Most families are struggling to get by with one parent sick and the other working overtime to fill in for absent co-workers. Limited employment, along with the rising costs of medical care and necessities, such as food, water, and housing, have caused many families to dip into their savings to stay afloat. The available news sources publish stories about the number of sick and dead, but give conflicting information about when the pandemic will end, what services are available, or when limits on travel and social gatherings will be repealed. Vaccines are not effective and antivirals are in short supply in the hospitals. Overall, the atmosphere is one of anxiety and distress.

Mr. Jenkins is 32 years old. He experienced the negative effects of pandemic influenza firsthand when his wife first became ill two weeks ago. Because of the public health policies in place and the severity of her symptoms, she was quickly taken to the hospital, where she has remained under isolation. Mr. Jenkins has three young children (ages 2, 5, and 7). He has worked in construction for many years, and Mrs. Jenkins worked as a part-time librarian in the local middle school. The school was closed at the start of the pandemic three weeks ago and she was given unpaid leave. Though the building market was slow at the start of the pandemic, the family managed to get by on one salary. Now that his wife is in the hospital, Mr. Jenkins has had to take leave from his job to stay home with the children. He has been relying on their small amount of savings to buy basic necessities and pay medical costs. Following local recommendations, Mr. Jenkins stockpiled some canned and dried foods, but his supply will only last until the end of the week.

Nurse Brown is 46 years old and faces pandemic influenza every day in her job as a head nurse at the local hospital. She wouldn’t ordinarily be manning the phone lines, but now she works overtime to make up for absent staff members and deal with the surge of new patients. She is married and has two children, ages 12 and 14, but only gets to see them a few times a week because of her work schedule. She spends many nights at the hospital and is often completely exhausted by the work. Her husband lost his job when his company was forced to close and now stays at home with the children. She makes a good salary working at the hospital and is the only provider for her family. She also often gives financial support to other relatives.
The Telephone Call

Nurse Brown: Yes, hello, County Medical, how can I help you?

Mr. Jenkins: Oh, great! I’ve been on hold for over 20 minutes now. I was just about to give up on you. (Kids, be quiet! Daddy’s on the phone. No, you can’t have that right now. Because I said so.)

Nurse Brown: Listen, I’m going to need you to state your question or get off the phone. We’ve had calls backed up all day.

Mr. Jenkins: Right, I know, I was one of them. (Stop that right now!) I just really need someone to talk to. My wife is in the hospital and no one will tell me when she is getting out. I hate to admit it, but I’m barely getting by and I can’t think straight.

Nurse Brown: Please hold. (I’m sorry, sir, I don’t know where your doctor is. No, no, sir, you can’t go out there...I don’t care if you haven’t seen her for a week, rules are rules and patients are not allowed outside of those doors—Nurse Rose, get back on the line and find out what happened to that shipment!)...I’m sorry, what were you saying?

Mr. Jenkins: I really have to say I can’t believe the treatment I am getting here. I really need to talk to someone, and it’s not easy for me to say that—at first it was ok, but now that the pandemic has been going on for almost a month and we’re running out of supplies. My kids are anxious and bored...they won’t stop fighting. I need to know when my wife is coming home. I’m feeling so frustrated, my head is pounding, basically when I wake up in the morning covered with sweat feeling like I’ve been in the same bad dream all night long.

Nurse Brown: Look, I’m not a psychiatrist, our counselor is out sick, and I don’t have access to your wife’s records.

Mr. Jenkins: There must be someone I can talk to. Do you have the phone numbers for other counselors in the area? Who can tell me about my wife?

Nurse Brown: I can give you the hotline number but I’ve heard that the line stays busy. The number is 866-266-1111. And the patient information number is 842-7700. I’ve got to take the next caller now. Goodbye.

[Call ends]
Exercise 1
List at least three issues expressed by Mr. Jenkins and Nurse Brown in the call on the proceeding page.

<table>
<thead>
<tr>
<th>Mr. Jenkins' Issues/Concerns</th>
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</tr>
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</table>
**Mr. Jenkins Reflects on the Telephone Call**
That was a mess. Why don’t they train people to be nice during a crisis? I always thought things would be different in this country—that even if something bad happened we could rely on good information and people taking care of one another. They’ve cut back on programming and our electricity keeps going out. I have no idea what is going on.

The kids get bored so easily and I’m running out of ideas for projects. They want to go outside and play with their friends, but I won’t let them out of my sight. After their mom got sick I just couldn’t risk anyone else getting sick—the insurance is so complicated and our savings are disappearing! I guess I’ve become pretty strict with them. I didn’t used to be so much of a rules guy.

The kids are driving me crazy asking for “mommy” all the time. I feel like she’s been in there forever and I don’t know who to contact to find out how she’s doing. I wish it had been me. I hardly ever get to see my friends anymore because everyone is worried about getting sick. We’re running out of food and the kids just don’t get it—they complain about not having candy, and I completely lose it yelling at them. I’m almost through with my last bottle of whiskey and it worries me how much I rely on it to keep my cool.

**Nurse Brown Reflects on the Telephone Call**
That poor man must have thought I was a horrible person. Things get so crazy here I can’t really think straight and I feel overwhelmed by all of these needs! Since Dr. Jones died I keep thinking I’m going to get sick, too. This morning I couldn’t find a mask anywhere, and I had to talk to patients without it.

I won’t let my kids hug or kiss me anymore because I don’t want them to get sick, and my sister’s children won’t come over to play because they’ve heard I’ve touched people with the flu. I feel bad for making my husband stay home with them. The hospital needs me to work now more than ever and in some ways it is good that I spend most nights here because I don’t have to worry about transmitting the disease to my family. I can’t sleep much and I can’t seem to stop eating junk food from the snack machines.

It’s really tough when I have to tell people that their loved one has died, especially when they didn’t get to say goodbye. I feel guilty that I didn’t save them. I feel like I can never get away from it and it makes my head hurt. At work there is nowhere to go for any peace and quiet, and at home I keep having flashbacks to the most recent death, wondering if I could have done more. I used to think God had a purpose for us all, but after seeing all these good people die, now I just feel lost.
Exercise 2
List any additional concerns of Mr. Jenkins and Nurse Brown.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Exercise 3
Using the “Checklist of Typical Disaster Responses” on the next page, put a check ✓ in the first column by the responses you note displayed by Mr. Jenkins in the telephone conversation and his reflections.

Using the “Checklist of Typical Disaster Responses” again, put a check ✓ in the second column by the responses you note displayed by Nurse Brown in the telephone conversation and her reflections.
**Checklist of Typical Disaster Responses**

(Use the first column to mark Mr. Jenkins’ responses and the second column to mark Nurse Brown’s.)

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<td></td>
</tr>
</tbody>
</table>
Exercise 4
What are the similarities and differences between Mr. Jenkins’ and Nurse Brown’s concerns/issues and responses?

Similarities:

Differences:
## Activity 1: Typical Disaster Responses Answer Key

**Option B: Pandemic Influenza**

### Exercise 1
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Mr. Jenkins' Issues/Concerns</th>
<th>Nurse Brown’s Issues/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge about his wife’s condition and when she will be released from the hospital.</td>
<td>Handling overwhelming call volume.</td>
</tr>
<tr>
<td>Maintaining an adequate supply of food and other necessary items.</td>
<td>Maintaining rules of patient isolation.</td>
</tr>
<tr>
<td>Reassuring and entertaining his children.</td>
<td>Securing adequate medical supplies.</td>
</tr>
</tbody>
</table>

### Exercise 2
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Mr. Jenkins' Additional Issues/Concerns</th>
<th>Nurse Brown's Additional Issues/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial concerns related to paying for his wife’s hospital fees.</td>
<td>Fear of becoming infected with the pandemic.</td>
</tr>
<tr>
<td>Feeling as if he has become an angry, controlling person.</td>
<td>Difficulty finding personal protective equipment.</td>
</tr>
<tr>
<td>Worried about developing a drinking problem.</td>
<td>Loss of connection with children and husband because of work requirements and fear of transmission.</td>
</tr>
</tbody>
</table>
**Exercise 3**
Some possible answers are listed below. Mr Jenkins’ responses are marked in the first column, Nurse Brown’s are marked in the second column.

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Affective</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distractibility</td>
<td>Anxiety</td>
<td>Clinging</td>
</tr>
<tr>
<td>✓ Things get so crazy here I can’t really think straight and I feel overwhelmed by all of these needs!</td>
<td>✓ There must be someone I can talk to. Do you have the phone numbers for other counselors in the area? Who can tell me about my wife?</td>
<td>✓ I won’t let them out of my sight.</td>
</tr>
<tr>
<td>Duration/sequence / time distortion</td>
<td>✓ This morning I couldn’t find a mask anywhere, and I had to talk to patients without it.</td>
<td>Increased substance use (alcohol/ drugs)</td>
</tr>
<tr>
<td>✓ I feel like she’s been in there forever.</td>
<td></td>
<td>I’m almost through with my last bottle of whiskey and it worries me how much I rely on it to keep my cool.</td>
</tr>
<tr>
<td>Flashbacks, nightmares</td>
<td>✓ I keep having flashbacks to the most recent death, wondering if I could have done more.</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td>✓ I keep having flashbacks to the most recent death, wondering if I could have done more.</td>
<td>Fear, phobia</td>
<td>✓ I can’t sleep much</td>
</tr>
<tr>
<td>✓ I feel like she’s been in there forever.</td>
<td>✓ Since Dr. Jones died I keep thinking I’m going to get sick, too.</td>
<td>Family discord</td>
</tr>
<tr>
<td>✓ I feel like she’s been in there forever.</td>
<td>✓ I completely lose it yelling at them.</td>
<td>✓ My kids are anxious and bored…they won’t stop fighting.</td>
</tr>
<tr>
<td>✓ I can’t think straight.</td>
<td>✓ Inability to concentrate</td>
<td>Excessive eating</td>
</tr>
<tr>
<td>✓ I can’t think straight.</td>
<td></td>
<td>✓ I can’t seem to stop eating junk food from the snack machines.</td>
</tr>
<tr>
<td>✓ I feel bad for making my husband stay home with them. I feel guilty that I didn’t save them.</td>
<td>Mild guilt</td>
<td></td>
</tr>
<tr>
<td>✓ I feel bad for making my husband stay home with them. I feel guilty that I didn’t save them.</td>
<td>✓ I feel bad for making my husband stay home with them. I feel guilty that I didn’t save them.</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Spiritual</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>Questioning of faith</td>
<td></td>
</tr>
<tr>
<td>✓ My head is pounding.</td>
<td>✓ I used to think God had a purpose for us all, but after seeing all these good people die, now I just feel lost.</td>
<td></td>
</tr>
<tr>
<td>✓ I can never get away from it and it makes my head hurt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating caused by mental, not physical factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ I wake up in the morning covered with sweat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Exercise 4**
Possible similarities and differences between Mr. Jenkins and Nurse Brown in their concerns and responses might include the following:

**Similarities:**
- Loss of connection with social support networks, including family members and friends.
- Feeling of stress and anxiety due to difficulties maintaining necessary supplies, including food and medicine.
- Feeling overwhelmed by conditions at work and/or at home.
- Feeling inadequate in supporting and comforting their children.
- Feeling mild guilt: Mr. Jenkins wishes he was the one who had gotten sick and Nurse Brown wishes she could have save more people.

**Differences:**
- Mr. Jenkins is concerned about his wife being in the hospital, while Nurse Brown is concerned about her husband being unemployed and having to stay at home with their children.
- Mr. Jenkins is concerned about having enough money to get through the pandemic, while Nurse Brown has accepted a very stressful and overwhelming work schedule in order to provide for her family.
- Nurse Brown is worried about contracting pandemic influenza during her work and getting her children sick, while Mr. Jenkins is frustrated by not being able to see his friends or allow his children to play with their playmates because everyone is concerned about getting sick.
- Nurse Brown is upset by having to tell families that their loved ones have died, while Mr. Jenkins is frustrated by the lack of information he receives about his wife.
- Mr. Jenkins uses alcohol to gain calm every day, while Nurse Brown eats many snacks from the snack machine each day to reduce her stress.

**The Checklist of Typical Disaster Response was compiled using:**
- Slides on typical disaster response patterns from *Psychosocial Aspects of Bioterrorism & Disaster Response for Public Health Professionals* by Steven M. Crimando, sponsored by the New Jersey Preparedness Training Center.
- “Effects of Traumatic Stress in a Disaster Situation Fact Sheet” from the National Center for PTSD.
Activity 1: Typical Disaster Responses

Option C: River Flooding

As a disaster responder, you will encounter individuals and families that are experiencing many losses. This is the story of one family facing an evacuation announcement. Scenes 1 and 3 are from the perspective of the mother; scene 2 is from the perspective of the son. Keep in mind the types of typical phases of disaster responses experienced by survivors.

Learning Objectives
- Recognize the typical disaster responses, including cognitive, affective, behavioral, physical, and spiritual.
- Identify differences in the responses of two groups (e.g., parents and children or disaster survivor and responder).

Instructions
This case study contains 4 short exercises that can be completed in approximately 20 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed all the exercises, compare your answers with the Answer Key on page 44.

3. If you have time, you may wish to complete another option.

4. When you have finished Activity 1, start the video to continue the program.
In this story, we meet the Kwan family. Ly and Thuy Kwan moved from a village in Vietnam outside Ho Chi Minh City to the United States 10 years ago. They have two children; their son Vihn is 12 years old, and their daughter Lan is 8. Ly distributes supplies to several nail salons in the area. Thuy cares for the children and tailors clothes for people at their Catholic church and in the neighborhood.

**Scene 1: The Announcement – The Mother’s Story**

Họ nói nước của sông đang dâng lên cao và sẽ tràn gập thành phố. Chúng tôi phải chạy tán cực vì nhà tôi nằm trong vùng ngập lụt. Chúng tôi đang ở đâu đó trong các tiệm Nail, vi dùng điện thoại bị hư chúng tôi không thể liên lạc được với anh. Tôi không hiểu những điều mà hỡ thông báo trên đài, nhưng đứa con trai 12 tuổi của tôi thì nói là chúng tôi cần phải tán cực ra chỗ khác. Tôi uổc rằng tôi biết được điều mà chúng tôi muốn chúng tôi làm. Có lẽ chúng tôi nên ở lại nhà của chúng tôi và đợi anh về

(Activity continues on next page)
**Scene 1: The Announcement – The Mother’s Story  (Translated)**

They say the water rose over the banks and the river is flooding the city. We have to evacuate because our house is in the flood plain. My husband is at one of the nail salons, and we cannot get in touch with him because the phone lines are down. I cannot understand the announcements they are making on the radio, but my son, who is only 12, says that we have to evacuate. I wish I knew what my husband wanted us to do. Maybe we should just stay in our house and wait for him.

I do not know where to go, or what to pack. I know my husband keeps his pay in several places hidden in the house, but I don’t know where all of them are, and he will be so mad at me if I lose our money.

I am trying to pack a few things for the kids, but I keep running to the front door, hoping to see my husband. I am not getting much done, and my son keeps rushing me. My daughter is crying about her father, and I don’t know what to do. I wish I knew what was going on!

**Exercise 1**
Disasters always happen in a context. List at least three issues that are of great concern for this mother. (Example: She does not know where her husband is.)

How is she reacting to these concerns? (Example: She is rushing to the door to watch for him.)

<table>
<thead>
<tr>
<th>Mother’s Issues/Concerns</th>
<th>Mother’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scene 2: Watching the News Reports – The Son’s Story
I am the man now. I have to be in charge and take care of my family. My Ba is probably stuck at work, and my Ma cannot speak English yet, so it’s all up to me. I have to look out for my Ma and my little sister. I have to protect us. That’s why we’re going to the shelter like they said on the news.

My sister keeps crying and asking for Ba, and it makes me mad. Doesn’t she know that I am in charge? I will take care of her.

I’ve watched every news report I can find, and tried to memorize every word they said. My heart is pounding really fast, and I just keep thinking ‘flood, flood flood’ over and over. I feel like I might explode. We have to leave RIGHT NOW!

I wonder what Ba will say if he comes home and finds us gone. He will probably be mad. I feel bad that we left without him. But it’s all his fault anyway! He should be here to tell us what to do, not me. But now I have to be in charge and I’m scared.

Exercise 2
Children interrupt disasters in their own way. List three issues that are concerns for the son. (Example: Being in charge of his mom and sister.)

How does she respond to each of the issues? (Example: He tries to memorize all pertinent information.)

<table>
<thead>
<tr>
<th>Son’s Issues/Concerns</th>
<th>Son’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Scene 3: On the Road – The Mother’s Story**

We tried to go to our church, but the road was blocked, so my son says we have to go to a shelter like they said on the radio. I hope we can find our way there. This feels so familiar, just like leaving Vietnam all those years ago. I feel like I’m back there again. I never thought I would have to do this again, pack up whatever I can, and run. I thought this was supposed to be a better life. Why has God done this to me? What have I done to deserve this? I don’t want to lose my house!

I feel so terrible for leaving my husband, but I didn’t know what else to do. Maybe I should drive to one of the salons and see if they know anything. Maybe I should just go back home and wait. I don’t know. I am just so tired.

I am anxious about going to the shelter. I don’t like asking for people for help and I am worried about the children getting into trouble or running off. I am scared about losing them in all the chaos. I want them to stay right next to me all of the time.

**Exercise 3**

Survivors bring a lot of concerns and issues with them as they come to a shelter. As a disaster responder, you will need to be able to perceive these common responses to disaster and understand that they are often connected to the individual’s context.

Using the “Checklist of Typical Disaster Responses” on the next page, put a check ✓ in the first column by the responses you note displayed by the mother in Scenes 1 and 3.

Using the “Checklist of Typical Disaster Responses” again, put a check ✓ in the second column by the responses you note displayed by the son in Scene 2.
# Checklist of Typical Disaster Responses

(Use the first column to mark the mother’s responses and the second column to mark the son’s.)

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Affective</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distractibility</td>
<td>Depression</td>
<td>Clinging</td>
</tr>
<tr>
<td>Duration/sequence / time distortion</td>
<td>Anxiety</td>
<td>Isolation (withdrawal)</td>
</tr>
<tr>
<td>Declining school/ work performance</td>
<td>Numbing</td>
<td>Thrill seeking behaviors (risk-taking)</td>
</tr>
<tr>
<td>Recurrent intrusive recollections</td>
<td>Constricted affect</td>
<td>Re-enactments of the trauma</td>
</tr>
<tr>
<td>Flashbacks, nightmares</td>
<td>Fear, phobia</td>
<td>Hypervigilance</td>
</tr>
<tr>
<td>Confusion, disorientation</td>
<td>Intolerance of fear response</td>
<td>Increased substance use (alcohol/ drugs)</td>
</tr>
<tr>
<td>Inability to concentrate</td>
<td>Guilt, shame</td>
<td>Elevated startle reflex</td>
</tr>
<tr>
<td>Difficulty in decision making</td>
<td>Anxiety</td>
<td>Impulsiveness</td>
</tr>
<tr>
<td>Mild guilt</td>
<td>Mood swings</td>
<td>Compensatory sexuality</td>
</tr>
<tr>
<td>Preoccupation (obsession) with event</td>
<td>Sadness</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress</td>
<td>Family discord</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>Crying spells</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A “thousand-yard” stare (distant look)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excessive eating</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock symptoms</td>
<td>Anger at God</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Questioning of faith</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>Abrupt desire to change spiritual belief systems</td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Muscle weakness</td>
<td></td>
</tr>
<tr>
<td>Elevated vital signs</td>
<td></td>
</tr>
<tr>
<td>Excessively rapid heartbeat</td>
<td></td>
</tr>
<tr>
<td>Hyperventilation</td>
<td></td>
</tr>
<tr>
<td>Muscle spasms</td>
<td></td>
</tr>
<tr>
<td>Sweating caused by mental, not physical factors</td>
<td></td>
</tr>
<tr>
<td>Fatigue/exhaustion</td>
<td></td>
</tr>
<tr>
<td>Indigestion, nausea, vomiting</td>
<td></td>
</tr>
</tbody>
</table>
Exercise 4
What are the similarities and differences between the mother’s and son’s concerns/issues and responses?

Similarities:

Differences:
Activity 1: Typical Disaster Responses Answer Key
Option C: River Flooding

Exercise 1
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Mother’s Issues/Concerns</th>
<th>Mother’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Her husband not being home or more reachable</td>
<td>Keeps looking out the door, anxious and guilty</td>
</tr>
<tr>
<td>Doesn’t know where the money is</td>
<td>Anxious</td>
</tr>
<tr>
<td>Doesn’t know what to pack</td>
<td>Anxious, unable to make a decision</td>
</tr>
<tr>
<td>Losing the children</td>
<td>Anxious, wants to keep them close</td>
</tr>
</tbody>
</table>

Exercise 2
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Son’s Issues/Concerns</th>
<th>Son’s Responses to Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dad stuck at work</td>
<td>Anxious, scared, angry, guilty, brave</td>
</tr>
<tr>
<td>Mom doesn’t speak English</td>
<td>Anxious</td>
</tr>
<tr>
<td>Sister is crying</td>
<td>Anger, frustration</td>
</tr>
<tr>
<td>Wanting accurate/up-to-date information</td>
<td>Attention to detail (watches every news report, tries to memorize every word), anxious</td>
</tr>
</tbody>
</table>
### Exercise 3
Some possible answers are listed below. The mother’s answers are marked in the first column and the son’s are marked in the second column.

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Affective</th>
<th>Behavioral</th>
</tr>
</thead>
</table>
| Recurrent intrusive recollections  
“This feels so familiar, just like leaving Vietnam” | Anxiety  
“I am anxious about being in the shelter”  
“I am worried about the children getting into trouble”  
“I am scared about losing [the children] in all the chaos” | Hypervigilance  
“I want them to stay right next to me all of the time” |
| Difficulty in decision making  
“I don’t know what to do.”  
“I don’t know what to pack”  
“Maybe we should just stay in our house and wait for him” | Guilt, shame  
“I feel so terrible leaving my husband”  
“I don’t like asking people for help”  
“I feel bad that we left without him” |
| Preoccupation (obsession) with event  
“I’ve watched every news report I can find and tried to memorize every word they said”  
“I just keep thinking ‘flood, flood, flood’ over and over.” | Fear, phobia  
“I’m scared” |
| Physical | Intolerance of fear response  
“My sister keeps crying and asking for Ba and it makes me mad.” | |
| Elevated vital signs  
“I feel like I might explode” | Global pessimism  
“I thought this was supposed to be a better life.” |
| Excessively rapid heartbeat  
“My heart is pounding really fast” | Anger  
“I makes me mad”  
“It’s his fault anyway!” |
| Fatigue/exhaustion  
“I am just so tired.” | | |
| Spiritual | Anger at God  
“Why has God done this to me?”  
“What have I done to deserve this?” | |
Exercise 4
Possible similarities and differences between the mother and her daughter in their concerns and responses might include the following:

Similarities:
- Mother and son experienced many of the same typical disaster responses: anger, anxiety, stress, fear, and difficulty thinking (concentrating and making decisions).
- Both mother and son feel anger at circumstances that are out of their control and that feel unjust and unfair.
- Both mother and son feel anxious and guilty about leaving the husband/father, and are concerned that they do what he would like them to do.
- Both mother and son want to protect and take care of the little girl.
- Both the mother and the son were feeling the stress and emotions of making difficult decisions about the family.

Differences:
- The son worries mainly about how to get his family to safety, but fails to consider the many other aspects involved in an evacuation, such as money, possessions, and safety at the shelter.
- Unlike the son, the mother is reminded of her escape from Vietnam many years ago, and the stress and trauma that were part of that experience.
- The son, seeing the mother’s frightened and disorganized state, takes control of the situation, and leads the family to safety, whereas the mother is consumed by worry and uncertainty.

The Checklist of Typical Disaster Response was compiled using:
- Slides on typical disaster response patterns from Psychosocial Aspects of Bioterrorism & Disaster Response for Public Health Professionals by Steven M. Crimando, sponsored by the New Jersey Preparedness Training Center.
- “Effects of Traumatic Stress in a Disaster Situation Fact Sheet” from the National Center for PTSD.
Activity 1: Typical Disaster Responses

Option D: Toxic Chemical Spill

This case study tells about the responses of two homeless veterans following a toxic chemical spill. First you will read background information about the event and the two homeless men. Then you will read an account of their experiences as they learn about the disaster and find their way to a public shelter.

Learning Objectives

- Recognize the typical disaster responses, including cognitive, affective, behavioral, physical, and spiritual.
- Identify differences in the responses of two groups (e.g., parents and children or disaster survivor and responder).

Instructions

This case study contains 3 short exercises that can be completed in approximately 20 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed all the exercises, compare your answers with the Answer Key on page 55.

3. If you have time, you may wish to complete another option.

4. When you have finished Activity 1, start the video to continue the program.
Background
At 1:39 p.m. on the afternoon of March 6, a freight train traveling from California to Washington missed a switch and crashed into a parked locomotive. The collision ruptured two of the train’s tank cars, which were carrying 180 tons of chlorine, sending a plume of chlorine gas across the town. Four other tankers carrying chlorine derailed but did not rupture.

Liquid chlorine quickly turns into a poisonous gas that stays close to the ground and spreads rapidly. When chlorine gas comes into contact with moist tissues such as the eyes, throat, and lungs, an acid is produced that can damage these tissues, leading to various health problems including difficulty breathing, and in some cases, even death.

The crash occurred in a valley that may trap the chlorine gas for an extended period of time. As a result, a mandatory evacuation order was given at 3:30 p.m. to residents within a ten-mile radius of the crash site. Shelters were set up in the neighboring town, away from the plume and at a higher elevation.

Earl is a 65-year-old man who served three tours in Viet Nam. Upon returning home from the war, he started drinking heavily, which led to his wife and children leaving, difficulty maintaining employment, and eventually becoming homeless. He has been homeless on and off for the past 20 years.

Robert is a 22-year-old man who returned from his second 15-month tour in Iraq six months ago. Since that time he has found it very difficult to get back to “normal” life. He was living with his girlfriend and their 2-year-old daughter, but his frequent outbursts and isolating behavior made his girlfriend nervous, so she moved in with her family to raise their child. Robert worked in construction before the war started, but the loud sounds of machinery now make him feel jittery and anxious and he has been unable to find steady work. Unable to afford his apartment, he has been homeless for the past two months.
Scene 1: Robert and Earl Learn About the Disaster

Robert: What did that cop want with you, Earl? You look really pissed off...

Earl: You’re damn right I’m pissed off! There was some train crash less than a mile from here, and even though we had nothing to do with it, now WE’VE gotta leave!

Robert: No way! Let’s just go to the VA. It’s a hospital after all. They can’t close that down. Besides, I have an appointment with a counselor in 20 minutes. She’s going to help me see about getting some work and...

Earl: Didn’t you hear a thing I just said, Robert? The cop said that train had some bad chemicals in it and now it’s leaking all over the damn place. Can’t you smell that crap? It was right behind the VA. It’s probably burning my lungs this very minute. They’re not letting anyone near it. Man, this whole world is going to hell!

Robert: But I have to go! If I don’t get work soon, I’ll never get a place to live and I’ll never see my girlfriend and little girl again...you have to help me, Earl!

Earl: Jesus! Calm down! What the hell do you want me to do about it? All I know is that cop said there’s some shelter we can go to and get a hot meal and maybe even a hot shower. And since we haven’t had either in days, I think you should stop complaining and we should find a way over there.

Robert: I...I...I can’t...I can’t go there, Earl. All of those people in that tight space. I just can’t do it. And this smell...it’s making me nauseous. I feel sick to my stomach. And my heart feels like it’s coming out of my chest, it’s beating so fast. Maybe I’m having a heart attack.

Earl: You’re not having a heart attack...now, toughen up already, soldier. The smell is making my stomach turn too, but that’s why we have to get out of here now and find this damn shelter!
Robert: Oh crap...I recognize that smell...it’s like the bombs the insurgents used in Iraq. Jesus, Earl! What if this is a terrorist attack? What are we going to do?

Earl: You’re really starting to get on my nerves, Robert. Now stop talking so I can think...where was that shelter? I think he said in Hillside, but that’s 25 miles away...or was it in Hanover? Hell, I can’t think straight. I need a drink...yeah, that’ll fix me right up.

Robert: No, Earl! You’ve been doing so well with your alcohol classes at the VA. Just try to calm down. You’ll remember eventually...

Earl: Wait...wait...I remember now. It’s Hanover. We can take the bus there. I’ve got some money left from working the exit ramp last night. I don’t know where this shelter is but it’s enough to get us over there.

Robert: (Hears multiple loud sirens.) Get down! Get down! (Falls to the ground and covers his head.) Earl! What are you waiting for? Get down!

Earl: (Sighing) On your feet, son, it’s just the fire trucks and ambulances. It’s OK. (Helps Robert to his feet.) I guess I need to take care of the both of us. Now, come with me. Let’s find that bus stop and get to this so-called shelter.

Exercise 1
List at least three issues expressed by Earl and Robert in the conversation above.

<table>
<thead>
<tr>
<th>Earl’s Issues/Concerns</th>
<th>Robert’s Issues/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
Scene 2: On the Bus to the Shelter – Earl’s Story
I don’t believe what this world has come to. After everything I’ve been through, fighting for my country in Viet Nam and everything --- you’d think something would go right. But nothing ever goes right for me and nothing ever will. And this spill is just the tip of the iceberg.

I’ve tried to quit drinking for so long and finally am making progress at the VA, and then this happens. And now I want a drink more than anything. I’m angry that all of my effort might be for nothing. But drinking clears my head and right now I need a clear head. I’m so turned around and confused I could barely figure out where this damn shelter was located.

I’ve been lucky to meet Robert. We’ve been through some of the same things in life, being in the military and seeing the horrors of war and all. He’s a good kid and he’s had a lot happen to him -- having a family and then having them leave.

I know what that feels like since it pretty much happened to me in the same way. He might be young and a little naïve, but he has a good heart. It’s times like this that we really need each other, but this situation just gets under my skin. I really hate that I got so irritated with him.

Scene 3: Arriving at the Shelter – Robert’s Story
I don’t like this at all…going to this shelter. I feel on edge about being in a strange place with people I don’t know. In Iraq, I learned not to trust people until I know who they are and if they’re trying to kill me. I’m afraid someone in this place might come after me.

One of the worst parts of this whole thing is the smell. It’s what they made bombs out of over there. One of my buddies died right in front of me after he went into a building where one exploded. I can still hear him gasping for breath. This accident just brings everything back…the smells, the blood, the horror of what I saw over there.

I really wish that we could have stayed near the VA. I’ve been seeing a counselor there who had some potential work lined up for me. I’m afraid if I can’t make a living my girlfriend won’t want to come back. I miss her and my daughter so much and just want us to be a family again. I can’t deal with not seeing them. It’s tearing me apart. I think the VA would have helped us through this, but Earl said we had to leave. He has been out here on the street a lot longer than me so I trust him.
Exercise 2
Survivors bring a lot of concerns and issues with them as they come to a shelter. As a disaster responder, you will need to be able to perceive these common responses to disaster and understand that they are often connected to the individual’s context.

Using the “Checklist of Typical Disaster Responses” on the next page, put a check √ in the first column by the responses you note displayed by Earl in Scenes 1 and 2.

Using the “Checklist of Typical Disaster Responses” again, put a check √ in the second column by the responses you note displayed by Robert in Scenes 1 and 3.
## Checklist of Typical Disaster Responses

(Use the first column to mark Earl’s responses and the second column to mark Robert’s.)

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Affective</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distractibility</td>
<td>Depression</td>
<td>Clinging</td>
</tr>
<tr>
<td>Duration/sequence/time distortion</td>
<td>Anxiety</td>
<td>Isolation (withdrawal)</td>
</tr>
<tr>
<td>Declining school/work performance</td>
<td>Numbing</td>
<td>Thrill seeking behaviors (risk-taking)</td>
</tr>
<tr>
<td>Recurrent intrusive recollections</td>
<td>Constricted affect</td>
<td>Re-enactments of the trauma</td>
</tr>
<tr>
<td>Flashbacks, nightmares</td>
<td>Fear, phobia</td>
<td>Hypervigilance</td>
</tr>
<tr>
<td>Confusion, disorientation</td>
<td>Irritability</td>
<td>Increased substance use (alcohol/drugs)</td>
</tr>
<tr>
<td>Inability to concentrate</td>
<td>Anger</td>
<td>Elevated startle reflex</td>
</tr>
<tr>
<td>Difficulty in decision making</td>
<td>Mood swings</td>
<td>Impulsiveness</td>
</tr>
<tr>
<td>Mild guilt</td>
<td>Sadness</td>
<td>Compensatory sexuality</td>
</tr>
<tr>
<td>Preoccupation (obsession) with event</td>
<td>Post-traumatic stress</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>Family discord</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crying spells</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A “thousand-yard” stare (distant look)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excessive eating</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shock symptoms</td>
<td>Anger at God</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td>Questioning of faith</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>Abrupt desire to change spiritual belief systems</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle weakness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated vital signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessively rapid heartbeat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperventilation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle spasms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating caused by mental, not physical factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue/exhaustion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigestion, nausea, vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anger at God</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questioning of faith</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abrupt desire to change spiritual belief systems</td>
<td></td>
</tr>
</tbody>
</table>
Exercise 3
What are the similarities and differences between Earl’s and Robert’s concerns/issues and responses?

Similarities:

Differences:
Activity 1: Typical Disaster Responses Answer Key

Option D: Toxic Chemical Spill

Exercise 1
Some possible answers are listed below.

<table>
<thead>
<tr>
<th>Earl’s Issues/Concerns</th>
<th>Robert’s Issues/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical effects of the chemical spill</td>
<td>Missing his VA appointment</td>
</tr>
<tr>
<td>Remembering where the shelter is located</td>
<td>Finding work and a place to live</td>
</tr>
<tr>
<td>Taking care of Robert</td>
<td>Reuniting with his family</td>
</tr>
<tr>
<td>Drinking to think more clearly</td>
<td>Similarities between the chemical spill and bombs in Iraq</td>
</tr>
<tr>
<td></td>
<td>Fear of staying in a shelter</td>
</tr>
</tbody>
</table>
### Exercise 2

Some possible answers are listed below. Earl’s answers are marked in the first column and Robert’s are marked in the second column.

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Affective</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashbacks, nightmares</td>
<td>Anxiety</td>
<td>Increased substance use (alcohol/drugs)</td>
</tr>
<tr>
<td>“Get down! Get down!” (Falls to the ground and covers his head). “This accident just brings everything back...”</td>
<td>“If I don’t get work soon, I’ll never get a place to live and I’ll never see my little girl again...” “I feel on edge about being in a strange place with people I don’t know”</td>
<td>“I need a drink... yeah, that’ll fix me right up.” “And now I want a drink more than anything. “But drinking clears my head...”</td>
</tr>
<tr>
<td>Confusion, disorientation</td>
<td>Fear, phobia</td>
<td>Elevated startle reflex</td>
</tr>
<tr>
<td>“Hell, I can’t think straight.” “I’m so turned around and confused I could barely figure out where this damn shelter was located.”</td>
<td>“All of those people in that tight space. I just can’t do it.” “I’m afraid someone might come after me.” “I’m afraid if I can’t make a living my girlfriend won’t want to come back.”</td>
<td>“Get down! Get down!” (Falls to the ground and covers his head).</td>
</tr>
<tr>
<td>Physical</td>
<td>Global pessimism</td>
<td></td>
</tr>
<tr>
<td>Elevated vital signs</td>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>“And my heart feels like it’s coming out of my chest, it’s beating so fast.”</td>
<td>“I think you should stop complaining.” “Toughen up already.” “You’re really starting to get on my nerves, Robert.” “...this situation just gets under my skin.”</td>
<td>“I can’t deal with not seeing them. It’s tearing me apart.”</td>
</tr>
<tr>
<td>Indigestion, nausea, vomiting</td>
<td>Anger</td>
<td></td>
</tr>
<tr>
<td>“The smell is making my stomach turn too...” “And this smell...it’s making me nauseous. I feel sick to my stomach.”</td>
<td>“What the hell do you want me to do about it?” “I’m angry that all of my effort might be for nothing.”</td>
<td></td>
</tr>
<tr>
<td>Spiritual</td>
<td>Sadness</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exercise 3
Possible similarities and differences between Earl and Robert in their concerns and responses might include the following:

Similarities:
- Earl and Robert both experienced physical symptoms (i.e., indigestion, nausea, vomiting) following the chemical spill. These may be reactions to the chemical itself, or a reflection of their typical disaster responses.
- Both men were concerned that dealing with the disaster would negatively impact some of the progress each had made in their lives. For Earl, this involved progress toward conquering an alcohol problem, and for Robert, this involved finding steady employment.

Differences:
- Earl's emotions tended to be more outwardly negative in response to the stress of the disaster, becoming angry and irritable at having to deal with the disaster, find the shelter, and to some extent, take care of Robert. In contrast, Robert exhibited a more internally directed stress response. He became fearful and anxious as a result of the disaster.
- Although both Earl and Robert are veterans of combat, only Robert appeared to have flashbacks to his military experience as a result of the disaster. He was fearful of going to a closed-in space (the shelter) and had a flashback to his time in Iraq where the same chemical was used in attacks he witnessed first-hand. Earl did not have a similar reaction.
- Earl’s responses are focused more on the present (e.g., anger at the current situation) while Robert’s responses are focused on the future (e.g., his ability to find steady employment and be reunited with his family).

Sources for background information:
- Department of Veterans Affairs Homeless Veterans Program (www.va.gov/homeless/)
- National Coalition for Homeless Veterans (http://www.nchv.org/)
- Evacuation Behavior in Response to the Graniteville, South Carolina, Chlorine Spill (http://emc.ornl.gov/CSEPPweb/)

The Checklist of Typical Disaster Response was compiled using:
- Slides on typical disaster response patterns from Psychosocial Aspects of Bioterrorism & Disaster Response for Public Health Professionals by Steven M. Crimando, sponsored by the New Jersey Preparedness Training Center.
- “Effects of Traumatic Stress in a Disaster Situation Fact Sheet” from the National Center for PTSD.
Activity 2: Compare Responses to Natural and Manmade Disasters

People react differently to natural and manmade disasters. This activity compares the natural disaster Hurricane Katrina to the manmade disaster terrorist attacks on September 11, 2001.

**Learning Objectives**
- Describe the phases of psychological reactions to disasters
- Identify and compare the typical responses to natural and manmade disasters

**Instructions**
Before completing Activity 2 you should have watched the presentation “Mental Health Preparedness Concepts – Problematic Reactions to Disasters and Stress Responses” either on DVD or online.

This activity has 3 exercises that can be completed in approximately 15 minutes.

1. In Exercise 1, read the facts associated with the natural disaster, determine the phase for the each fact, and record it in the space provided.

2. In Exercise 2, read the facts associated with the manmade disaster, determine the phase for the each fact, and record it in the space provided.

3. In Exercise 3, compare the natural and manmade disasters and record ideas in the space provided.

4. Compare your answers with the Answer Key on page 63.

5. When you have finished Activity 2, start the video to continue the program.
Phases of Psychological Reactions to Disaster

- **Threat** – Before impact, potential hazards threaten the community. Many people may ignore the threats or be unaware of them.

- **Warning** – Communities receive notice of a potential disaster and anxiety starts to build. Some disasters have little or no warning.

- **Impact** – The disaster occurs, and anxiety increases, especially for those closest to the event or with a history of prior trauma.

- **Heroic** – Immediately after the disaster, there can be intense efforts by first responders to rescue others, altruism can be prominent, and survivors may have a sense of hope that things will get better.

- **Honeymoon** – In the weeks or months after the disaster, help from volunteers and government increases, and survivors may experience a short-lived sense of optimism. This varies with the intensity of the disaster and effectiveness of the response.

- **Inventory** – Survivors recognize that disaster resources are limited. They are physically and emotionally exhausted and discouraged.

- **Disillusionment** – Survivors feel abandoned or resentful as disaster assistance agencies and volunteer groups pull out, and anxiety and other psychological responses may deepen.

- **Reconstruction or recovery** – In the months to years after the disaster, individuals and communities rebuild their physical property and recover their emotional well-being. This may be a slow and uneven process.
**Exercise 1**
Read the facts associated with a natural disaster (Hurricane Katrina in August 2005) in the right column and write the phase for each fact in the left column.

**August 29, 2005 – Hurricane Katrina**

<table>
<thead>
<tr>
<th>Phase of Disaster</th>
<th>Natural Disaster Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 29: the storm made landfall as Category 4 with a diameter of 600 miles; 80% of New Orleans was flooded; 2.5 million households in the region were without electricity; of 1,330 fatalities, approximately 70% were older than 60; and approximately 1,000 people were missing.</td>
<td></td>
</tr>
<tr>
<td>Within a week after news and images of the chaos left by the storm, Americans donated more than half a billion dollars; total cash and in-kind contributions two years after the storm totaled $3.5 billion.</td>
<td></td>
</tr>
<tr>
<td>In a survey conducted 5 to 7 months after the storm, 30% of New Orleans residents had PTSD (average prevalence: 3-4%).</td>
<td></td>
</tr>
<tr>
<td>August 28: New Orleans Mayor Ray Nagin declared a State of Emergency and ordered a mandatory evacuation of the city.</td>
<td></td>
</tr>
<tr>
<td>A mix of raw sewage, bacteria, pesticides, oil, and chemicals were found in the area’s waters; 100 million cubic yards of debris were removed from LA, MS, and AL following Hurricanes Katrina and Rita.</td>
<td></td>
</tr>
</tbody>
</table>

Two years after the storm, 11,400 displaced families received extensions to temporary housing vouchers from HUD.

A total of 33,500 people were rescued by the Coast Guard, more than 1.1 million people were evacuated, and 273,000 evacuees were housed in shelters in 27 states and the District of Columbia.
Exercise 2
Read the facts associated with a manmade disaster (terrorist attacks on September 11, 2001) in the right column and write the phase for each fact in the left column.

**September 11, 2001 – Terrorist Attacks**

<table>
<thead>
<tr>
<th>Phase of Disaster</th>
<th>Manmade Disaster Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The nonprofit organization, Families of September 11, Inc., is founded in October 2001; membership is open to anyone affected by the events of 9/11</td>
</tr>
<tr>
<td></td>
<td>Total fatalities in the air = 265 (92 on plane 1, 65 on plane 2, 64 on plane 3, 44 on plane 4); Total fatalities on the ground = 2,725 (2,600+ at World Trade Center (WTC), 125 at Pentagon)</td>
</tr>
<tr>
<td></td>
<td>In the first week after the attack, the entire Red Cross staff of greater NY mobilized: 13 shelters were opened and 6,000 volunteers were activated</td>
</tr>
<tr>
<td></td>
<td>Among survivors, 63.8% experienced 3 or more potentially psychologically traumatizing events, 43.6% were injured, 56.6% reported new or worsening respiratory symptoms, 23.9% had heartburn/reflux and 21% had severe headaches</td>
</tr>
<tr>
<td></td>
<td>Three years after the attack, 10% of World Trade Center sanitation and construction workers had ongoing mental health complaints (down from 22% two weeks after attack)</td>
</tr>
<tr>
<td></td>
<td>Federal government increased funding to combat terrorism by $145-$160 billion between 2001 and 2003, and established the cabinet-level Department of Homeland Security in 2003</td>
</tr>
<tr>
<td></td>
<td>Federal funding to combat terrorism went from $8,757.3 million in FY1999 to $8,419.7 million in FY2000</td>
</tr>
<tr>
<td></td>
<td>First plane hit North Tower WTC at 8:46 am, second plane hit South Tower WTC at 9:03 am; third plane hit Pentagon at 9:37 am, fourth plane crashed in southeast PA at 10:03 am</td>
</tr>
<tr>
<td></td>
<td>Approximately $1 billion donated following the attack with $490 million in the Red Cross Liberty Fund by 12/2002</td>
</tr>
</tbody>
</table>
Exercise 3
What are the primary differences in the phases of these natural and manmade disasters?

<table>
<thead>
<tr>
<th>Phase of Disaster</th>
<th>Hurricane Katrina</th>
<th>Terrorist Attacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat and Warning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroic and Honeymoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory, Disillusionment, Reconstruction or Recovery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Observations of Differences
## Activity 2: Compare Responses to Natural and Manmade Disasters Answer Key

### Exercise 1
Some possible answers are listed below.

### August 29, 2005 – Hurricane Katrina

<table>
<thead>
<tr>
<th>Phase of Disaster</th>
<th>Natural Disaster Facts</th>
</tr>
</thead>
</table>
| Disillusionment    | Two years after the storm, 11,400 displaced families received extensions to temporary housing vouchers from HUD.  
  • *Survivors feel abandoned or resentful as disaster assistance agencies and volunteer groups pull out. Anxiety and other psychological responses may deepen.* |
| Heroic             | A total of 33,500 people were rescued by the Coast Guard, more than 1.1 million people were evacuated, and 273,000 evacuees were housed in shelters in 27 states and the District of Columbia.  
  • *Immediately after the disaster, there can be intense rescue efforts by first responders, altruism can be prominent, and survivors may have a sense of hope that things will get better.* |
| Impact             | August 29: the storm made landfall as Category 4 with a diameter of 600 miles; 80% of New Orleans was flooded; 2.5 million households in the region were without electricity; of 1,330 fatalities, approximately 70% were older than 60; and approximately 1,000 people were missing.  
  • *The disaster occurs, and anxiety increases, especially for those closest to the impact or with a history of prior trauma.* |
| Honeymoon          | Within a week after news and images of the chaos left by the storm, Americans donated more than half a billion dollars; total cash and in-kind contributions two years after the storm totaled $3.5 billion.  
  • *In the week or months after the disaster, help from volunteers and government increases and survivors may experience a short-lived sense of optimism. This varies with the intensity of the disaster and the effectiveness of the response.* |
### Reconstruction or Recovery

In a survey conducted 5 to 7 months after the storm, 30% of New Orleans residents had PTSD (average prevalence: 3-4%).

- *In the months to years after the disaster, individuals and communities rebuild their physical property and recover their emotional well-being. This may be a slow and uneven process.*

### Threat


- *Before impact, potential hazards threaten the community. Many people may ignore the threats or be unaware of them.*

### Warning

August 28: New Orleans Mayor Ray Nagin declared a State of Emergency and ordered a mandatory evacuation of the city.

- *Communities receive notice of a potential disaster and anxiety starts to build. Some disasters have little or no warning.*

### Inventory

A mix of raw sewage, bacteria, pesticides, oil, and chemicals were found in the area’s waters; 100 million cubic yards of debris were removed from LA, MS, and AL following Hurricanes Katrina and Rita.

- *Survivors recognize that disaster resources are limited. They are physically and emotionally exhausted and discouraged.*
**Exercise 2**
Some possible answers are listed below.

**September 11, 2001 – Terrorist Attacks**

<table>
<thead>
<tr>
<th>Phase of Disaster</th>
<th>Manmade Disaster Facts</th>
</tr>
</thead>
</table>
| **Reconstruction or Recovery** | The nonprofit organization, Families of September 11, Inc., is founded in October 2001; membership is open to anyone affected by the events of 9/11  
  - *In the months to years after the disaster, individuals and communities recover their emotional well-being. This may be a slow, uneven, and long process.* |
| **Impact** | Total fatalities in the air = 265 (92 on plane 1, 65 on plane 2, 64 on plane 3, 44 on plane 4); Total fatalities on the ground = 2,725 (2,600+ at World Trade Center (WTC), 125 at Pentagon)  
  - *The disaster occurs, and anxiety increases, especially for those closest to the impact or with a history of prior trauma. The initial fatalities in the planes and buildings caused extreme anxiety and grief for the families and friends of the victims as they waited to find out about their loved ones and live with the loss.* |
| **Heroic** | In the first week after the attack, the entire Red Cross staff of greater NY mobilized: 13 shelters were opened and 6,000 volunteers were activated  
  - *Immediately after the disaster, there can be intense rescue efforts by first responders, altruism can be prominent, and survivors may have a sense of hope that things will get better.* |
| **Inventory** | Among survivors, 63.8% experienced 3 or more potentially psychologically traumatizing events, 43.6% were injured, 56.6% reported new or worsening respiratory symptoms, 23.9% had heartburn/reflux and 21% had severe headaches  
  - *Survivors recognize that disaster resources are limited. They are physically and emotionally exhausted and discouraged* |
| **Recovery** | Three years after the attack, 10% of World Trade Center sanitation and construction workers had ongoing mental health complaints (down from 22% two weeks after attack)  
  - *Survivors feel abandoned or resentful. Anxiety and other psychological responses may deepen.* |
| **Reconstruction or Recovery** | Federal government increased funding to combat terrorism by $145-160 billion between 2001 and 2003, and established the cabinet-level Department of Homeland Security in 2003  
- *In the months to years after the disaster, individuals and communities rebuild their physical property and recover their emotional well-being. This may be a slow and uneven process and not result in return to the earlier state but a “new normal.”* |
| **Threat** | Federal funding to combat terrorism went from $8,757.3 million in FY1999 to $8,419.7 million in FY2000  
- *Before impact, potential hazards threaten the community. Many people may ignore the threats or be unaware of them.* |
| **Impact** | First plane hit North Tower WTC at 8:46 am, second plane hit South Tower WTC at 9:03 am; third plane hit Pentagon at 9:37 am, fourth plane crashed in southeast PA at 10:03 am  
- *The disaster occurs and anxiety increases, especially for those closest to the impact. As the world watches media coverage of the events being replayed, the stress affects millions, even those without contact to victims or responders.* |
| **Honeymoon** | Approximately $1 billion donated following the attack with $490 million in the Red Cross Liberty Fund by 12/2002  
- *After the disaster, help from volunteers increases, and survivors may experience a short-lived sense of optimism.* |
Exercise 3
Here are some prompts for your thoughts and/or group discussion.

<table>
<thead>
<tr>
<th>Phase of Disaster</th>
<th>Hurricane Katrina</th>
<th>Terrorist Attacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat and Warning</td>
<td>Known threat; evacuation ordered one day before impact</td>
<td>Under recognized threat; no warning</td>
</tr>
<tr>
<td>Impact</td>
<td>Huge area impacted, 80% of New Orleans flooded; more than 1,000 fatalities</td>
<td>Geographic area was comparatively small but psychological impact was enormous due to large number of fatalities and lack of warning</td>
</tr>
<tr>
<td>Heroic and Honeymoon</td>
<td>Huge immediate response from volunteers and local/state personnel, followed by federal response</td>
<td>Huge on-going response from volunteers and local, state, and federal personnel, as well as family and friends of victims</td>
</tr>
<tr>
<td>Inventory, Disillusionment, Reconstruction or Recovery</td>
<td>More than 11,000 families still in temporary housing two years after the storm; 30% in New Orleans have PTSD</td>
<td>Unprecedented response may have reduced disillusionment for some, Recovery process may result in a “new normal” with the on-going war on global terrorism</td>
</tr>
</tbody>
</table>

Also think about how the following may impact the differences in mental health consequences when comparing manmade and natural disasters.

1. Intentionality (who caused the disaster)
   - Do you think the deliberate act of terrorism is worse emotionally than a natural disaster (which is sometimes called an “act of God”)?
   - How do you think the “manmade” aspects of Hurricane Katrina (e.g., the levees failing) affected the psychological recovery process?
2. Warning and anticipation

- The Gulf Coast residents knew that hurricanes are likely and received several types of warnings. Were these sufficient to address the mental preparation needed?
- Before 9/11, many people didn’t think that a terrorist event could happen. Now that our country is engaged in a “war against terror,” do you think that we are more psychologically prepared for a terrorist event?

3. Number of people in the community dealing with the physical and mental consequences of the disaster

- The physical consequences of 9/11 were large, both in terms of damage to buildings and human casualties, but very focused geographically. The mental health consequences are still being felt today in the affected areas and populations, as well as nationally and globally.
- The physical consequences of Hurricane Katrina were enormous, as a large region of the Gulf Coast was impacted in terms of buildings and infrastructure as well as human casualties. The mental health consequences are still present due to the large number of people displaced and problems with reconstruction of the area.
Module One Post-Test

1. Normal reactions to disasters can be grouped into the following types of consequences:
   a. Behavioral and Cognitive
   b. Medical and Psychological
   c. Physical and Spiritual
   d. Responses C and B
   e. Responses A and C

2. The problematic serious mental health responses that may occur weeks or months following a disaster include:
   a. Post-traumatic stress disorder
   b. General anxiety disorder
   c. Hyperactivity and substance abuse
   d. All of the above
   e. None of the above

3. True or false: Communities and individuals that have experienced a disaster are better able to recover if they tend to be very dependent on the outside resources offered.
   a. True
   b. False

4. Some examples of typical disaster responses include:
   a. Headaches
   b. Thrill seeking behaviors
   c. Guilt or shame
   d. Responses A and C
   e. Responses A, B and C

5. True or false: An example of how the mental health consequences of terrorism are different than natural disasters is it instills fear in the future through the potential of a delayed illness.
   a. True
   b. False

6. Factors that can influence disaster reactions and coping skills include:
   a. Religious and political beliefs
   b. Perceptions of family and community
   c. Age and generation
   d. All of the above
   e. None of the above
7. True or false: “Worried well” is the appropriate term for people who request assistance but have no known physical symptoms following a disaster.
   a. True
   b. False

The answers can be found on pages 130-131.
Module Two:
Mental Health Preparedness
Action Steps
Module Two Overview

Learning Objectives
On completion of this training program, you will be able to:
1. Recognize behaviors that can assist survivors immediately following disasters.
2. OPTIONAL: Identify additional resources and create action plan for further study.

Materials
- Training program video
- Participant Workbook
- Optional: Thumbnails of the video presentation slides, supplemental audio narration script and facilitator’s guide for small group delivery

Outline

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Learning Activity Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>~5 min</td>
<td>Module Two Pre-test</td>
<td>Complete quiz in workbook</td>
</tr>
<tr>
<td>25 min</td>
<td>Mental Health Preparedness Action Steps: Introduction to Psychological First Aid</td>
<td>Watch video presentation on DVD (or online)</td>
</tr>
<tr>
<td>6 min</td>
<td>Activity 3 Instructions and Role Play</td>
<td>Watch video presentation on DVD (or online)</td>
</tr>
<tr>
<td>~15 min</td>
<td>Activity 3: Psychological First Aid Role-Play</td>
<td>Complete the activity in workbook</td>
</tr>
<tr>
<td>~15 min</td>
<td>Activity 4: Recognize behaviors to assist disaster survivors</td>
<td>Select and complete one case study in workbook</td>
</tr>
<tr>
<td>~5 min</td>
<td>Module Two Post-test</td>
<td>Complete quiz in workbook</td>
</tr>
<tr>
<td>3 min</td>
<td>OPTIONAL: Mental Health Preparedness Action Steps: Resources for Further Study</td>
<td>Watch video presentation on DVD (or online)</td>
</tr>
<tr>
<td>~15 min</td>
<td>OPTIONAL: Activity 5: Action Plan</td>
<td>Complete the activity in workbook</td>
</tr>
<tr>
<td>3 min</td>
<td>OPTIONAL: Mental Health Preparedness Action Steps: Conclusion</td>
<td>Watch video presentation DVD (or online)</td>
</tr>
</tbody>
</table>

Total: approximately 1 hour (not including the optional content)
Module Two Pre-Test

1. True or false: When using Psychological First Aid, first responders should encourage people to meet their own needs.
   a. True
   b. False

2. When offering Psychological First Aid, the types of things you should not do are:
   a. Force people to share their stories with you
   b. Reassure people by telling them you know everything will be OK
   c. Establish a relationship
   d. All of the above
   e. Only responses A and B

3. True or false: When working with a survivor, you would make a referral for additional services if you think they could benefit from additional services.
   a. True
   b. False

4. The best way to manage a survivor who exhibits intense emotions includes to:
   a. Come to an agreement about something
   b. Hold your ground and do not back down
   c. Ask concrete, simple questions
   d. Responses A and C
   e. Response B and C

5. When using Psychological First Aid, you are fostering a survivor’s ability to do the following:
   a. Rely on others to do things for them
   b. Regulate their emotions
   c. Continue task-oriented activities
   d. All of the above
   e. Response B and C
Activity 3: Observe Psychological First Aid

In this activity you have the opportunity to hear a conversation between a survivor of bomb blast and a Red Cross behavioral health volunteer. This role play is an example of how psychological first aid can be administered by someone who has received training; it is not what you are expected to be able to do as a result of this training program.

Learning Objectives
- List the behaviors that responders can perform to assist survivors immediately following a disaster, including promoting safety, calm, connectedness, self-efficacy and help.

Instructions
Before completing Activity 3 you should have watched the presentation “Mental Health Preparedness Action Steps: Introduction to Psychological First Aid” either on DVD or online.

This activity can be completed in approximately 15 minutes.

1. Review the Psychological First Aid Checklist on the next page.

2. Restart the program and listen to the role play of interaction between a Red Cross volunteer and a survivor following a disaster. As you watch the video, listen for the behaviors on the Psychological First Aid Checklist. This is an example of how PFA can be administered by a trained professional. It is not what you are expected to do as a result of this training.

3. Stop the video and check the behaviors demonstrated in the role play. You can check the role play narration in the workbook to recall the specific dialog.

4. Compare your answers with the Answer Key on page 78.

5. When you have finished Activity 3, start the video to continue the program.
Psychological First Aid Checklist

After you have listened to the role play on the video, check all the behaviors you observed on the checklist below. You may refer to the transcript of the narration on the next page. When you are done, compare your answers with the Answer Key at the end of this activity.

- Help people meet basic needs for food and shelter, and obtain emergency medical attention (Safety)
- Provide repeated, simple and accurate information on how to get these basic needs (Safety)
- Listen to people who wish to share their stories and emotions, and remember that there is no right or wrong way to feel (Calm)
- Be friendly and compassionate, even if people are being difficult (Calm)
- Offer accurate information about the disaster or trauma, and the relief efforts underway to help survivors understand the situation (Calm)
- Help people contact friends and loved ones (Connectedness)
- Keep families together. Keep children with parents or other close relatives whenever possible (Connectedness)
- Give practical suggestions that steer people toward helping themselves (Self-Efficacy)
- Engage people in meeting their own needs (Self-Efficacy)
- Find out the types and locations of government and non-government services and direct people to those services that are available (Help)
- When they express fear or worry, remind people (if you know) that more help and services are on the way (Help)

Source: SAMHSA, Psychological First Aid for First Responders: Tips for Emergency and Disaster Response Workers, NMH05-0210.
Psychological First Aid Activity Role Play Narration

Helper: Hi I’m Patricia. I am part of the Red Cross team here.

Survivor: Hi, I’m Eric.

Helper: Is there anything you need?

Survivor: Well, I was just waiting here to see if I would be able to take any of my wife’s stuff home. She was killed in the bombing and it’s been a hell of a time trying to get everything straight. There’s been so much to cover, so many people to call, and I’m just exhausted.

Helper: That’s understandable. So what’s in front of you right now in terms of what you need to do?

Survivor: Well, I was told to wait here until I can get some information and I’m not in the best of moods. It’s really been a long day. I want to get back to the kids and I need to make a bunch of phone calls, and I’m beat.

Helper: Oh, I know that’s a lot to deal with.

Survivor: Yeah, and as if that wasn’t enough, my family has been wanting me to cry or something. Everyone seems to think that until I do something is wrong with me. I know they care about me. It’s just that I don’t think they realize what I’m dealing with here.

Helper: You know that is understandable. From the work I’ve done here, I’ve seen that over and over in families. People don’t always realize what’s going on with other people. And I can tell you, from what I know about a traumatic death like this, what you are going through right now is really to be expected. You know, first things first. You’ve got to take care of the details right now. Get things in order, and on and on. So you are really on track in that way.

Survivor: Well, that’s good to know. Maybe I can tell my family that and they’ll back off. I know I’ve got to take care of business and all, but just between me and you, in some ways I wonder if my family is right? When I’m alone at night I expect to feel something but I just feel numb. It’s the strangest thing. I mean, I love my wife a lot. Why am I not crying? I feel so guilty.

Helper: You know, everyone in every situation is really unique, but I can tell you from what I know about trauma, that when someone dies like this in a sudden and unexpected way, it’s really common for their spouse to feel numb.

Survivor: Really, so I’m not crazy?

Helper: No, not at all. It’s really common to feel numb. That’s what comes before the grief in a lot of ways.

Survivor: That’s so true. It’s right. I’m just in shock. It’s just too much. I can’t believe it half the time.
Helper: I know. Just remember that you might not cry now. You might not cry at the funeral. You might not cry until much later. The focus on the shock of the death can take over for a while until it sinks in. It’s really common for it to delay or interfere with grieving, so it’s important not to also feel bad about yourself on top of all that, for not feeling something like what you or your family would expect. Instead, just let it be. Just let your reactions follow at their own pace. You know?

Survivor: That’s really good to know. I’m actually relieved to hear that. I just never thought about it that way. No one in my family has ever died like this so none of us really know. I’ll have to tell my family this.

Helper: I think that’s a really good idea, and from what you’ve said I know none of this makes it any easier to be a parent either.

Survivor: Yeah, I know. What can I do? I’m not sure how to handle this.

Helper: You know, you’ve got time to deal with that. For now you’ve a lot to handle. Each of you will have your own way of handling this and your own pace.

Survivor: You know, it’s really true; we all have our own personalities. It’s amazing from being related.

Helper: Yeah, and that has to be appreciated and respected. If you can just set up an attitude of a family understanding each other, you’re doing really well. If you’re having a hard time you can tell them something like, I’m not doing so well but in a few months I’ll feel better, but we don’t need to go into that now. You can talk about that later when you have time and less pressure.

Survivor: Okay.

Helper: I don’t want to leave you in the middle of it. If you want to take more time later you can choose the right place and time.

Survivor: Okay.

Helper: I’ll be here from 10 until 6 for another two weeks, and I can also give you a card with a website address and an 800 number for you to call if you have any questions or if you want to talk about anything else.

Survivor: Thanks. That’ll be great.

Helper: Someone will always be at that number whenever you want. There are some good people down there who can talk with you about yourself, your kids, you name it. You know, none of us are experts on how to handle a shock like this in our lives, and sometimes it’s helpful just to bounce your thoughts off of someone else who’s familiar with this.

Survivor: You know, it’s really been good to talk with you. It’s been very helpful.

Helper: No problem. You just keep taking care of yourself and please feel free to call if you ever need anything.

Survivor: Thanks.
Activity 3: Observe Psychological First Aid
Answer Key

The behaviors demonstrated in the scenario are indicated with a check mark; behaviors not performed by the helper are indicated by a circle. In italics you will see at least one example of what the helper said to demonstrate the behavior or an explanation of what was not done and why.

Please note that this is an example of how PFA can be administered by a trained professional. It is not what you are expected to do as a result of this training.

✔ Help people meet basic needs for food and shelter, and obtain emergency medical attention (Safety) The helper says, “Is there anything you need?”

☐ Provide repeated, simple and accurate information on how to get these basic needs (Safety) In this scenario, the survivor did not indicate any basic needs for food, shelter or medical attention, perhaps due to the nature of the incident (a bombing that killed his wife) and the fact that this discussion is taking place weeks after the incident.

✔ Listen to people who wish to share their stories and emotions, and remember that there is no right or wrong way to feel (Calm) The helper says, “That’s understandable. So what’s in front of you right now in terms of what you need to do?” and “I know that’s a lot to deal with.”

✔ Be friendly and compassionate, even if people are being difficult (Calm) The helper says, “You know that is understandable. From the work I’ve done here, I’ve seen that over and over in families. People don’t always realize what’s going on with other people. And I can tell you, from what I know about a traumatic death like this, what you are going through right now is really to be expected. You know, first things first. You’ve got to take care of the details right now. Get things in order, and on and on. So you are really on track in that way.”

☐ Offer accurate information about the disaster or trauma, and the relief efforts underway to help survivors understand the situation (Calm) In this scenario, the helper provides information about trauma (see above), but does not address the overall relief effort.

☐ Help people contact friends and loved ones (Connectedness) In this scenario, the survivor is already in contact with his loved ones so additional help is not indicated.
Keep families together. Keep children with parents or other close relatives whenever possible (Connectedness) While this survivor is connected with his family, the helper offers advice on how the family can function during the grieving process. She says, “If you can just set up an attitude of a family understanding each other, you’re doing really well. If you’re having a hard time you can tell them something like, I’m not doing so well but in a few months I’ll feel better, but we don’t need to go into that now. You can talk about that later when you have time and less pressure.”

Give practical suggestions that steer people toward helping themselves (Self-Efficacy) The helper says, ”You know, you’ve got time to deal with that. For now you’ve a lot to handle. Each of you will have your own way of handling this and your own pace.”

Engage people in meeting their own needs (Self-Efficacy) The helper says, “Just remember that you might not cry now. You might not cry at the funeral. You might not cry until much later. The focus on the shock of the death can take over for a while until it sinks in. It’s really common for it to delay or interfere with grieving, so it’s important not to also feel bad about yourself on top of all that, for not feeling something like what you or your family would expect. Instead, just let it be. Just let your reactions follow at their own pace. You know?”

Find out the types and locations of government and non-government services and direct people to those services that are available (Help) The helper says, “I’ll be here from 10 until 6 for another two weeks, and I can also give you a card with a website address and an 800 number for you to call if you have any questions or if you want to talk about anything else.”

When they express fear or worry, remind people (if you know) that more help and services are on the way (Help) The helper says, “Someone will always be at that number whenever you want. There are some good people down there who can talk with you about yourself, your kids, you name it. You know, none of us are experts on how to handle a shock like this in our lives, and sometimes it’s helpful just to bounce your thoughts off of someone else who’s familiar with this.”

Photo credits: The photographs in this role play were taken by FEMA photographers after the 9/11 terrorist attacks. The photographers are Andrea Booher (3889, 5495, 5477, 5370 and 3915), Lauren Hobart (7142) and Michael Rieger (4008).
Activity 4: Recognize Behaviors to Assist Disaster Survivors

Select the SAME case study option that you chose in Activity 1:

<table>
<thead>
<tr>
<th>Options for Activity 1 and 4</th>
<th>Populations</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hurricane Evacuation</td>
<td>Single mother and children</td>
<td>81</td>
</tr>
<tr>
<td>b. Pandemic Influenza</td>
<td>Father and hospital responder</td>
<td>93</td>
</tr>
<tr>
<td>c. River Flooding</td>
<td>Vietnamese mother and children with limited English proficiency</td>
<td>102</td>
</tr>
<tr>
<td>d. Toxic Chemical Spill</td>
<td>Elderly and young veterans who are homeless</td>
<td>115</td>
</tr>
</tbody>
</table>

**NOTE:** Before completing Activity 4 you should have watched the presentation “Mental Health Preparedness Action Steps: Introduction to Psychological First Aid” either on DVD or online.
Activity 4: Recognize Behaviors to Assist Disaster Survivors

Option A: Hurricane Evacuation

In this activity, we return to the story of a mother and her daughters that began in Module One. Review the situation in Activity 1, Option A: Hurricane Evacuation on page 17 before you begin this activity.

Learning Objectives

- Recognize the behaviors that responders can perform to assist disaster survivors during the initial contact and engagement phase of response.

Instructions

This activity contains 2 short exercises that can be completed in approximately 15 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed both exercises, compare your answers with the Answer Key on page 87.

3. When you have finished Activity 4, complete the post-test.
Scene 4: The Shelter – The Mother’s Story

We finally arrived at the shelter. It is huge and we had to wait in lines, it seemed, for hours. The paperwork! Who feels like doing paperwork at a time like this?

I was having such a hard time keeping my kids with me while I had to “process in.” They wanted to go play with the other kids. And one of my daughters needs to go to the bathroom. This is so irritating!!!

To make matters worse, I realized that in my haste to get out, I had forgotten some of my important papers. Papers that I need here!! What am I going to do?

I feel tired, overwhelmed, thirsty, and angry. Why do we have to go through all this? Where is God? Life was hard enough back home. This is impossible.

Exercise 1: Preparing to Deliver Psychological First Aid

Imagine that you are the public health worker or volunteer meeting this family as they come into the shelter.

Using the Psychological First Aid Overview table on the following page, note the types of issues/concerns that you need to be aware of in preparing for Psychological First Aid. Read through the first two columns and then fill in the information requested in column three based on the scenario above.
## Psychological First Aid Overview

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Our Family</th>
</tr>
</thead>
</table>
| **Maintain a calm presence** | • Your calmness and clear thinking lead others to do same  
• You are modeling a sense of hope | List two reasons that remaining calm will be helpful in dealing with this family. |
| **Be sensitive to culture and diversity** | • Be sensitive to culture and ethnic, religious, racial, and language diversity  
• Beware of your own values and prejudices  
• Get information about the communities being served | List two ways you can be sensitive to cultural issues related to this family. |
| **Be aware of at-risk populations** | Including (partial list):  
• Children  
• Elderly  
• Parents with babies or small children  
• Those with medical needs  
• Pregnant women | Who is at risk in this family? |
| **Know the setting**  
• Available services/facilities  
• Who is in charge | • Know who is in charge when you are assigned to work  
• Orient yourself to:  
  - All services provided  
  - Bathrooms  
  - Food and water  
  - Etc... | List at least three types of services or information that our case study family would want to know when they arrive at shelter. |
| **Provide services**  
• Know your job role | • You will be using some psychological first aid strategies  
**while you are doing your assigned job** | What role/job might you need to perform at the shelter? |
Exercise 2: Contact and Engagement
First contact with disaster survivors is important. If managed in a respectful and compassionate way, it can help establish an effective helping relationship and increase the person’s receptiveness to further help.

Remember, the type of physical or personal contact that is appropriate may vary from person to person and across cultures and social groups (for example, how close to stand to someone, how much eye contact to make, and amount of personal space that is needed). Refer to the slides in the Workbook on “What You Can Do” and “What You Should Not Do” and on cultural issues.

Each of the three scenarios below illustrates a possible contact and engagement situation that you might encounter while working with our family at the shelter. Read each and then choose the best response.

Scenario 1
You have been assigned to greet survivors as they enter the shelter and to guide them to the “processing in” tables. Our family has just arrived.

Your first greeting is (select one of the responses below):

A. You yell, “Hurry in please, and get in line over there to be processed!”

B. You say, “Hello. My name is ___________________. I work with _______________. May I ask your name? Before you move over to the processing line, is there something I can help you with right now?”

C. You say, “Please move to the processing line and keep your kids under control.”

D. You say, “Hello. My name is ___________________. I work with _______________. This is a terrible situation for you all but you will get over it before you know it.”
Scenario 2
You have been assigned to the processing area where you are helping survivors fill out the needed paperwork for the shelter. Our family has just arrived to your station. The mother launches off in an angry tirade:

I can’t believe I have to fill out all this paperwork! This is so unfair!! How do you expect me to do this right now? I have been driving for 5 hours in a traffic jam and my kids are hungry and thirsty. And where the hell is the bathroom in the damn place? I’m dragging all our damn stuff around, because if I set it down, someone will steal it. Do you give a shit what is happening to me?!

Your response is (select one of the responses below):

A. You say in an irritated voice, “Hey look, I didn’t cause this problem. You need to be a little bit more grateful for what we are doing for you here. I’ve been sitting here for 4 hours myself and I’m just as tired as you are!”

B. You say in the same loud tone as the mother, “This won’t take long. We’ll hurry through it and you’ll be done in no time. I’ve got to get on with these other folks.”

C. You say in a calm voice, “I am so sorry that everything feels so unfair and I know the last thing you want to do is fill out this paperwork. Is there something I can do to help you right now with some of your concerns before we get started? May I get someone to help you get to the restroom and get snacks and drinks for you?”

D. You ignore this outburst and say, “What is your last name again?”
**Scenario 3**
You are assigned to serve water and crackers to survivors. Our family arrives at your station. The daughter starts telling you about leaving her cat and you can see how upset she is. She begins to sob out of control.

Your response is (select one of the responses below):

A. You cut her off by handing her some water and say, “Look sweetie, life can be hard. You can always get another kitty. It will be OK.”

B. You sit down by her, put your arm around her, and say, “I had a kitty once. I loved it dearly, just like you love your kitty. My mom made me leave it with my Grandmother and I cried and cried just like you. Don’t worry, you’ll see your kitty again.”

C. You feel uncomfortable by the crying, turn to the mother, and say, “Does she cry like this normally? I am sorry that you had to leave your kitty. I think it’s ridiculous that the shelter doesn’t allow pets.”

D. You get on the child’s level and say “I am so sorry that you had to leave Patches. You have every right to be upset. It is upsetting and I can see why you are sad and angry. May I give you a hug?”
Activity 4: Recognize Behaviors to Assist Disaster Survivors Answer Key

Option A: Hurricane Evacuation

Compare your responses to those in this Answer Key and review the explanations for any incorrect responses.

Exercise 1: Psychological First Aid Overview
Here are some possible responses to the questions in the third column.

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Our Family</th>
</tr>
</thead>
</table>
| Maintain a calm presence | • Your calmness and clear thinking lead others to do same  
|                           | • You are modeling a sense of hope | List two reasons that remaining calm will be helpful in dealing with this family.  
|                           |                                   | The mother is upset, angry, and irritated. By demonstrating calmness and clear thinking, you can help her feel that she can rely on you. She may follow your lead and become calmer herself.  
<p>|                           |                                   | You can model the sense of hope that she cannot feel while she is dealing with what happened and the current pressing concerns she has. |</p>
<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Our Family</th>
</tr>
</thead>
</table>
| Be sensitive to culture and diversity | • Be sensitive to culture and ethnic, religious, racial, and language diversity  
• Beware of your own values and prejudices  
• Get information about the communities being served | List two ways you can be sensitive to cultural issues related to this family.  
*The family lives in a trailer and (based on the mother’s comments) is living at or near poverty. You may need to evaluate your own values and prejudices about a family that may live differently than you do.*  
*This is a single parent family with a mother and her three children (there does not seem to be an involved spouse). You may need to examine your values and prejudices about a family structure that may be different than yours.*  
*Finding out the community from which this family comes will help you assist them in reestablishing any customs, traditions, rituals, family structure, and social bonds they might have. Information about their community will also help you understand how emotions are expressed, attitudes towards governmental agencies, and receptivity to counseling.* |
| Be aware of at-risk populations | Including (partial list):  
• Children  
• Elderly  
• Parents with babies or small children  
• Those with medical needs  
• Pregnant women | Who is at risk in this family?  
*The 3 children*  
*The asthmatic daughter*  
*The mother with younger children* |
### Preparing to Deliver PFA

<table>
<thead>
<tr>
<th>Know the setting</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Our Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Available services/facilities</td>
<td></td>
<td></td>
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<tr>
<td>• Who is in charge</td>
<td></td>
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<tr>
<td>• Know who is in charge when you are assigned to work</td>
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<tr>
<td>• Orient yourself to:</td>
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<tr>
<td>- All services provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bathrooms</td>
<td></td>
<td></td>
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<tr>
<td>- Food and water</td>
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<td></td>
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<tr>
<td>- Etc...</td>
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<tr>
<td>List at least three types of services or information that our case study family would want to know when they arrive at shelter.</td>
<td></td>
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<tr>
<td><strong>What are the services provided at this shelter?</strong></td>
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<tr>
<td>• Medical care and medications?</td>
<td></td>
<td></td>
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<tr>
<td>• Financial assistance?</td>
<td></td>
<td></td>
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<tr>
<td>• Mental health?</td>
<td></td>
<td></td>
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<tr>
<td>• Meals? Special diets?</td>
<td></td>
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<tr>
<td>• Child care?</td>
<td></td>
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<tr>
<td>• Social services?</td>
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<tr>
<td>• Other services?</td>
<td></td>
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<tr>
<td><strong>What part of the building is available to survivors and what areas are off limits?</strong></td>
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</tr>
<tr>
<td><strong>Where is the command center?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What are the procedures for entering for work and for leaving at the end of the shift?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What identification do I need to have and what identification system is used in the shelter?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Provide services

<table>
<thead>
<tr>
<th>Know your job role</th>
<th>You will be using some psychological first aid strategies while you are doing your assigned job</th>
</tr>
</thead>
<tbody>
<tr>
<td>What role/job might you need to perform at the shelter?</td>
<td></td>
</tr>
<tr>
<td><strong>Answers will vary depending on each person’s individual skills and training.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** “Psychological First Aid: Field Operations Guide” by the National Child Traumatic Stress Network and the National Center for PTSD.
Exercise 2: Contact and Engagement

Scenario 1

The best answer is B.

You say, “Hello. My name is ____________________. I work with ________________. May I ask your name? Before you move over to the processing line, is there something I can help you with right now?”

Explanation: You begin your engagement by greeting the family, and introducing and identifying yourself. You are showing respect by asking permission to ask for the mother’s name. You are asking if you help them with any immediate needs before you send them to “process in.”

Other responses and why each is not appropriate:

A. Yelling does not communicating calmness. You are treating the family like “cattle” by herding them into processing without making a positive contact or working at personally engaging the family.

C. You do not make a personal contact and are not engaging the family. You are implying that the children are a problem. You are not helping with any of the immediate needs of the family.

D. You make a nice first contact, but you do not want to make the comment that the situation is terrible and that the family will get over it before they know it.
Scenario 2

The best answer is C.

You say in a calm voice, “I am so sorry that everything feels so unfair and I know the last thing you want to do is fill out this paperwork. Is there something I can do to help you right now with some of your concerns before we get started? May I get someone to help you get to the restroom and get snacks and drinks for you?”

Explanation: You are using a calm voice, showing empathy, and reflecting back the mother’s frustration in filling out the paperwork. You are not reacting to the mother’s outburst. You have anticipated that angry outbursts are normal reactions to an abnormal situation (the disaster event). You realize that helping this family meet their immediate needs of a restroom and food and water will help build a trusting relationship that will allow you to get the necessary “paperwork” completed as well.

Other responses and why each is not appropriate:

A. You are not reflecting calmness and hope. You are reacting to the angry outburst of the mother. Your response focuses on your situation and not that of the family you are serving.

B. Your voice is not communicating calmness and you are focused on “getting the paperwork” job done verses connecting and engaging the mother. The feel of the response is that you are “herding the family” though.

D. Your voice may be calm but you are not connecting personally with the family or promoting a sense of calmness. You are focusing on the task of the paperwork and are not “hearing” the needs of the mother.
**Scenario 3**

The best answer is D.

You get on the child’s level and say “I am so sorry that you had to leave Patches. You have every right to be upset. It is upsetting and I can see why you are sad and angry. May I give you a hug?”

*Explanation:* You are being emotionally and physically present as you listen to the child’s story. You are communicating with the child at her level. You are communicating empathy while validating and normalizing her feelings of being upset about leaving her cat. You are being respectful when you ask if you can give her a hug.

Other responses and why each is not appropriate:

A. You are not listening to her story (you cut her off). You may be uncomfortable and doing something (giving her the water) might make you feel better but is not helping the child. Using expressions such as “sweetie” can be disrespectful; using the child’s name would be better. Lecturing the child is inappropriate and concluding that things will be OK is not helpful.

B. You have listened to her story and gotten on her level (both are good strategies). But you should always ask before physically touching another. You are trying to comfort the child by telling your own story, which is not helpful. You should not make promises that you cannot control.

C. You are uncomfortable with the child’s uncontrollable crying (a normal response in a disaster). You do not offer emotional support to the child. You criticize the shelter policies in front of the family you are serving, which is never appropriate.

**Source:** Answers based on information from “Psychological First Aid: Field Operations Guide” by Terrorism and Disaster Branch – National Child Traumatic Stress Network and the National Center for PTSD and SAMHSA, Psychological First Aid for First Responders: Tips for Emergency and Disaster Response Workers, NMH05-0210.
Activity 4: Recognize Behaviors to Assist Disaster Survivors

Option B: Pandemic Influenza

In this activity, we return to the story of two people and their families during an outbreak of pandemic influenza in the United States. Review the situation in Activity 1, Option B: Pandemic Influenza on page 26 before you begin this activity.

Learning Objectives
- Recognize the behaviors that responders can perform to assist disaster survivors during the initial contact and engagement phase of response.

Instructions
This case study contains 2 short exercises that can be completed in approximately 15 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed both exercises, compare your answers with the Answer Key on page 97.

3. When you have finished Activity 4, complete the post-test.
**Exercise 1: Preparing to Deliver Psychological First Aid**

Imagine that you are the disaster responder. Answer the questions in column three of the table below based on the scenario from Activity 1, Option B: Pandemic Influenza.

### Psychological First Aid Overview

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Mr. Jenkins and Nurse Brown</th>
</tr>
</thead>
</table>
| **Maintain a calm presence** | • Your calmness and clear thinking lead others to do same  
• You are modeling a sense of hope | List two reasons that promoting calm will be helpful to Mr. Jenkins and Nurse Brown. |
| **Instill a sense of safety** | • Be attentive to immediate needs for food, shelter, and other necessities  
• Be sensitive to emotional and physical vulnerabilities | List threats to safety faced by Mr. Jenkins and Nurse Brown and ways to address these threats. |
| **Encourage self-efficacy** | • Provide information about sources of support  
• Refer others to needed services to encourage resiliency | List at least three types of services or information that Mr. Jenkins and Nurse Brown would want to know about. |
| **Promote connectedness** | • Be attentive to those experiencing separation from natural sources of support  
• Provide information about alternative ways to connect with loved ones | List ways in which Mr. Jenkins and Nurse Brown are experiencing separation from loved ones and suggest ways to develop a greater sense of connectedness. |
**Exercise 2: Practicing Contact and Engagement**

Initial contact with people affected by a pandemic is important. If managed in a respectful and compassionate way, it can establish an effective helping relationship and increase the person’s receptiveness to further help. In a pandemic flu scenario, direct contact may be limited to the medical profession and engagement between individuals is more likely to occur through telephone or online conversations. The two scenarios below illustrate a possible contact and engagement situation that you might encounter when working with individuals like Mr. Jenkins and Nurse Brown. Read each and choose the best response.

**Scenario 1**
You are volunteering at a hospital call center and receive a call from a woman who wants to talk to someone who can help her. She says she is under stress having to care for her children, is worried about making ends meet, and is upset that her husband is sick in the hospital. She is talking very quickly.

Your response is (select one of the responses below):

A. You say, “Slow down and get to the point. I don’t have time to sit here while you talk. There are people who are much worse off than you are and you should count yourself lucky.” When she asks about resources, you tell her you don’t know of anything available through the hospital. When she continues to ask you questions, you say you have another call and hang up.

B. You interrupt her to say, “I’m sorry, but everyone is under stress and you should just have patience. It’s been so hard for me to do my job because the hospital is so understaffed. I’d like to put you in contact with someone, but I’m afraid everyone is too busy.” You tell her about a game you like to play with your children to keep them occupied and briefly discuss how your faith has helped you deal with stress. You then suggest that she fill some of her time working as a volunteer and explain how helpful it has been for you. You assure her that everything is going to be fine and tell her not to worry.

C. You listen to her until she pauses, then say, “I’m interested and want to hear more, but I need you to stop for a minute and take two deep breaths, then continue a bit more slowly. It sounds like you have been going through a lot and I’d like to help you think about some solutions.” You ask about her food supply and learn that she is running out of food, so you give her the contact information for emergency food distribution. Then you ask if she has friends or family who are supporting her, and offer the address of a Web site for the parents of children affected by school closures that offers ideas and support, neighborhood networking for online play dates, story times, lessons, and games for kids. You also give her the number of a hotline to support people whose family members have been hospitalized, including the behavioral health access service.
Scenario 2
As director of nursing, you have been named the pandemic preparedness coordinator in your local hospital. Many of the staff members are absent and the hospital has limited its services to individuals infected with the pandemic and emergency cases. The telephones are ringing and family members of patients are complaining about the long wait time before being able to talk to an operator. Several hospital employees you pass in the hallway look exhausted and anxious.

Your response is (select one of the responses below):

A. You give a motivational speech at lunchtime. You ask all staff to be present and congratulate them on the good work they are doing. You provide examples of moments from your past where you felt overwhelmed and persevered. Then you describe an awards system where employees can get certificates of achievement for receiving “patient satisfaction points” and being “caught wearing a smile” throughout the day. You then distribute specially made stickers that say “life is good” and assure your staff that everything will be fine in a few months, noting that even the 1918 pandemic was virtually forgotten. You then end with the reading of the most recent numbers of the sick and the dead to remind the staff of the importance of their work.

B. You invest in an automated call system that allows patients to connect directly with the departments or recorded information they need. You also set aside several rooms throughout the hospital for staff to use for stress relief, providing secure storage space for personal belongings, food items, Internet-linked computers so that staff can communicate with family and friends, and quiet areas where people can nap, relax, stretch, or meditate. You ask volunteers to post links on the hospital website to useful information and organizations offering services to mitigate the effects of the pandemic. You also start a weekly support group meeting for staff to discuss the emotional challenges of working during the pandemic, including concerns about the public perception of medical providers and how the pandemic affects their families.

C. You go directly to the reception desk and ask why people are being put on hold for so long. You tell the staff that they need to drastically improve their response if they want to keep their jobs. As you are walking through the halls, you find a nurse who is sleeping on the floor, wake her, and tell her to get back to work. Then you accept a telephone interview with a reporter from the local newspaper. When asked about the limitations of hospital services during the pandemic you say, “The public should lower their expectations” and, “We are basically overwhelmed. The employees just aren’t prepared to handle this kind of pressure.”
Activity 4: Recognize Behaviors to Assist Disaster Survivors Answer Key

Option B: Pandemic Influenza

Compare your responses to those in this Answer Key and review the explanations for any incorrect responses.

Exercise 1: Psychological First Aid Overview
Here are some possible responses to the questions in the third column.

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Mr. Jenkins and Nurse Brown</th>
</tr>
</thead>
</table>
| Maintain a calm presence | • Your calmness and clear thinking lead others to do same  
• You are modeling a sense of hope | List two reasons that promoting calm will be helpful to Mr. Jenkins and Nurse Brown.  
Both people are under a lot of stress and may not be thinking clearly. Because they both need social support and information, remaining calm will help them prioritize needs and begin to take action to address their concerns. |
| Instill a sense of safety | • Be attentive to immediate needs for food, shelter, and other necessities  
• Be sensitive to emotional and physical vulnerabilities | List threats to safety faced by Mr. Jenkins and Nurse Brown and ways to address these threats.  
Mr. Jenkins is threatened by loss of financial savings, dwindling food supplies, and power outages. Nurse Brown is threatened by lack of private space for calming activities, lack of personal protective equipment, and feeling pressure to work overtime because of financial needs. |
<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Mr. Jenkins and Nurse Brown</th>
</tr>
</thead>
</table>
| Encourage self-efficacy | • Provide information about sources of support  
• Refer others to needed services to encourage resiliency | List at least three types of services or information that Mr. Jenkins and Nurse Brown would want to know about.  
*Both people would want to know about support groups for families of sick individuals, medical workers, or parents of school-aged children.*  
*Mr. Jenkins would want to know about financial help and food distribution. He would also want regular updates about his wife’s health and the ability to contact her directly.*  
*Nurse Brown would want to know about ways to stockpile personal protective equipment.* |
| Promote connectedness | • Be attentive to those experiencing separation from natural sources of support  
• Provide information about alternative ways to connect with loved ones | List ways in which Mr. Jenkins and Nurse Brown are experiencing separation from loved ones and suggest ways to develop a greater sense of connectedness.  
*Mr. Jenkins is experiencing separation from his wife and his friends.*  
*Nurse Brown is experiencing separation from her husband and children.*  
*Both could develop a greater sense of connectedness by finding ways of communicating at a distance through computers or the telephone. They could also take time to keep a journal of letters, drawings, images, and thoughts directed to the absent person.* |
Exercise 2: Contact and Engagement

Scenario 1

The best answer is C.

You listen to her until she pauses, then say, “I’m interested and want to hear more, but I need you to stop for a minute and take two deep breaths, then continue a bit more slowly. It sounds like you have been going through a lot and I’d like to help you think about some solutions.” You ask about her food supply and learn that she is running out of food, so you give her the contact information for emergency food distribution. Then you ask if she has friends or family who are supporting her, and offer the address of a Web site for the parents of children affected by school closures that offers ideas and support, neighborhood networking for online play dates, story times, lessons, and games for kids. You also give her the number of a hotline to support people whose family members have been hospitalized.

Explanation: Telling the caller you are interested in what she has to say, and asking her to stop and breathe before continuing, establishes an atmosphere of respect and calm necessary for a good helping relationship. Focusing on finding solutions to specific problems helps instill a sense of self-efficacy to improve her living conditions, leading to a heightened sense of safety, as she realizes there are organizations that can address her needs. Asking her to talk about friends and family and connecting her with social support networks promotes connectedness.

Other responses and why each is not appropriate:

A. You have not established a sense of calm and you are not thinking clearly. Rushing her call is insulting, and your statement that others are “worse off” fails to validate her feelings and concerns. You do not try to understand her needs and do not connect her to any helpful resources.

B. The majority of your conversation revolves around your personal experiences, which may not be relevant to her situation. Your statement that she “should just have patience” and that “everything is going to be fine” devalues her feelings and fails to acknowledge the severity of the situation. Giving the impression that you know about potential resources, but are unwilling to provide them to her because “everyone is too busy” will only increase the stress and frustration of the caller.
Scenario 2

The best answer is B.

You invest in an automated call system that allows patients to connect directly with the departments or recorded information they need. You also set aside several rooms throughout the hospital for staff to use for stress relief, providing secure storage space for personal belongings, food items, Internet-linked computers so that staff can communicate with family and friends, and quiet areas where people can nap, relax, stretch, or meditate. You ask volunteers to post links on the hospital website to useful information and organizations offering services to mitigate the effects of the pandemic. You also start a weekly support group meeting for staff to discuss the emotional challenges of working during the pandemic, including concerns about the public perception of medical providers and how the pandemic affects their families.

Explanation: Using an automated call system and updating the hospital website will reduce the amount of stress on staff members and will give the public more direct access to a variety of information, promoting their self-efficacy to find the help they need. Setting aside rest and relaxation rooms for hospital staff, enabling electronic contact with family and friends, and starting a staff support group will promote calm and will address the physical and emotional needs of staff, helping to instill a sense of safety and connectedness.

Other responses and why each is not appropriate:

A. Your motivational speech might frustrate rather than inspire. While thanking staff for their good work is important, taking time out of their schedules to share personal anecdotes might be viewed as a waste of time. Some people may view “patient satisfaction points” as insulting under stressful working conditions. Both the advice to smile and the “life is good” stickers ignore the emotions staff and patients are likely to feel during a pandemic. Underplaying the significance of the pandemic is offensive, especially to people who have experienced loss.

C. You do not establish a calm presence and fail to think clearly. You do not model a sense of hope, but instead focus on how overwhelming the challenges are. Your pessimism and anger will likely upset and frustrate staff members, and your public statement of your lack of confidence in your staff will have a negative affect on morale. You may also increase the level of stress and panic among the public who are looking to your hospital for services and advice.
References


Activity 4: Recognize Behaviors to Assist Disaster Survivors

Option C: River Flooding

In this activity, we return to the story of a mother and her children that began in Module One. Review the situation in Activity 1, Option C: River Flooding on page 37 before you begin this activity. Additional resources related to limited English proficiency and Asian culture are provided on page 114.

Learning Objectives
- Recognize the behaviors that responders can perform to assist disaster survivors during the initial contact and engagement phase of response.

Instructions
This activity contains 2 short exercises that can be completed in approximately 15 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed both exercises, compare your answers with the Answer Key on page 108.

3. When you have finished Activity 4, complete the post-test.
Scene 4: The Shelter – The Mother’s Story

We finally got to the shelter. There are so many people here, and it is so loud! I don’t see anyone I know and I don’t know what to do. There are a few signs, but I can’t understand them. They want us to fill out paperwork, but I can’t read the forms either. My son is trying to fill them out for us. They want to know so much personal information! I don’t feel comfortable with this at all.

I thought everything would be clean and organized, but this is a mess. I am so angry that I have to deal with this. I don’t want to sleep here. I’m scared we’ll get robbed. I don’t think my husband would like this at all.

I have so many questions – where are we supposed to sleep, how long do we have to stay here, what is happening to my husband – but there isn’t anyone here who speaks Vietnamese. Why did we come here?

My son is trying to take care of us, but he is beginning to fall apart. I can tell he is exhausted and hungry. I wish I could take care of him! And my daughter has stopped speaking. She just clings to me and looks very scared.

Exercise 1: Preparing to Deliver Psychological First Aid

Imagine that you are the public health worker or volunteer meeting this family as they come into the shelter.

Using the Psychological First Aid Overview table on the following page, note the types of issues/concerns that you need to be aware of in preparing for Psychological First Aid. Read through the first two columns and then fill in the information requested in column three based on the scenario above.
### Psychological First Aid Overview

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Our Family</th>
</tr>
</thead>
</table>
| Maintain a calm presence | • Your calmness and clear thinking lead others to do same  
                              • You are modeling a sense of hope | List two reasons that remaining calm will be helpful in dealing with this family. |
| Be sensitive to culture and diversity | • Be sensitive to culture and ethnic, religious, racial, and language diversity  
                                              • Beware of your own values and prejudices  
                                              • Get information about the communities being served | List two ways you can be sensitive to cultural issues related to this family. |
| Be aware of at-risk populations | Including (partial list):  
                               • Children  
                               • Elderly  
                               • Parents with babies or small children  
                               • Those with medical needs  
                               • Pregnant women | Who is at risk in this family? |
| Know the setting | • Know who is in charge when you are assigned to work  
                               • Orient yourself to:  
                                 – All services provided  
                                 – Bathrooms  
                                 – Food and water  
                                 – Etc... | List at least three types of services or information that our case study family would want to know when they arrive at shelter. |
| Provide services | • You will be using some psychological first aid strategies while you are doing your assigned job | What role/job might you need to perform at the shelter? |
Exercise 2: Contact and Engagement
First contact with disaster survivors is important. If managed in a respectful and compassionate way, it can help establish an effective helping relationship and increase the person’s receptiveness to further help.

Remember, the type of physical or personal contact that is appropriate may vary from person to person and across cultures and social groups (for example, how close to stand to someone, how much eye contact to make, and amount of personal space that is needed). Refer to the slides in the Workbook on “What You Can Do” and “What You Should Not Do.”

Each of the three scenarios below illustrates a possible contact and engagement situation that you might encounter while working with our family at the shelter. Read each and then choose the best response.

Scenario 1
You have been assigned to greet survivors as they enter the shelter and to guide them to the “processing in” tables. The Kwan family has just arrived.

Your first greeting is (select one of the responses below):

A. You yell, “Hurry in please, and get in line over there to be processed!”

B. You say, “Hello. My name is ____________________. Does anyone speak English? We do not have an interpreter here right now. Son, would you please ask your mother if she feels comfortable having you translate for her until we can get an interpreter?”

C. You say, “Please move to the processing line and keep your kids under control. And please try to keep the volume down!”

D. You say, “Hello. My name is ____________________. I work with __________________. This is a terrible situation for you all but you will get over it before you know it.”
Scenario 2
You have been assigned to the processing area where you are helping survivors fill out the needed paperwork for the shelter. The Kwan family has just arrived to your station. The mother cannot speak English, is clearly agitated, and speaks rapidly to her son. He says:

*My father works at some nail salons, and we don’t know where he is. Can you help us find him? She can’t speak English so I’m in charge. Do we have to pay money to be here? We don’t have much money because my Dad hides it and we couldn’t find all of it. And my sister is scared and really has to use the bathroom. Doesn’t anyone here speak Vietnamese?*

Your response is (select one of the responses below):

A. You say in a loud, slow voice, “Please fill out this form.”

B. You tell the son, “Your mother has to fill out these forms, and she needs to hurry it up. I’ve got all these other people to help. Can’t she speak English at all?”

C. You say in a calm voice, “I know that you must be scared, and I am so sorry that everything feels so stressful. I know you don’t want to fill out this paperwork while you are worrying about your Dad. Is there something I can do to help you right now with some of your concerns before we get started? May I get someone to help you and your family get to the restroom?”

D. You say, “Don’t worry honey. I’m sure your Dad will be fine, and this will be over before you know it. Just fill out this paperwork and tell your mom everything will be fine.”
**Scenario 3**
You are assigned to help survivors locate supplies they may need while at the shelter. The Kwan family arrives at your station. The mother is very agitated and uncomfortable, and steals glances at some of the feminine hygiene products, but does not say anything to her son.

Your response is (select one of the responses below):

A. You do nothing and send them on their way, after all, she didn’t ask for anything.

B. You wave some of the supplies back and forth in front of the mother’s face, trying to figure out what she wants.

C. You say to the son, “Does your mom need a tampon? If so, she should just take one and move along.”

D. You say to the son, “I think your mother might have a grown-up question. Would you please tell her that we have called for a translator to come down to the shelter and she is welcome to speak to them?”
Activity 4: Recognize Behaviors to Assist Disaster Survivors Answer Key

Option C: River Flooding

Compare your responses to those in this Answer Key and review the explanations for any incorrect responses.

Exercise 1: Psychological First Aid Overview
Here are some possible responses to the questions in the third column.

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to the Kwan Family</th>
</tr>
</thead>
</table>
| Maintain a calm presence | • Your calmness and clear thinking lead others to do same  
                          | • You are modeling a sense of hope | List two reasons that remaining calm will be helpful in dealing with this family.  
                          |                                   | *The mother is upset, angry, and irritated, and her son is nervous and exhausted. By demonstrating calmness and clear thinking, you can help them feel that they can rely on you. They may follow your lead and become calmer themselves.*  
<pre><code>                      |                                   | *You can model the sense of hope that they cannot feel while they are dealing with what happened and the current pressing concerns they have.* |
</code></pre>
<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to the Kwan Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be sensitive to culture and diversity</td>
<td>• Be sensitive to culture and ethnic, religious, racial, and language diversity&lt;br&gt;• Beware of your own values and prejudices&lt;br&gt;• Get information about the communities being served</td>
<td>List two ways you can be sensitive to cultural issues related to this family.&lt;br&gt;<strong>The mother does not speak English. You will need to try to communicate with her through her son if there are no other resources available, although she may be hesitant to discuss sensitive issues with her son. A trained translator is always preferable to using any family member. Also remember that during times of stress, many people are more comfortable communicating in their native language.</strong>&lt;br&gt;<strong>This family is led by the husband/father, who is not here. You may need to examine your values and prejudices about a family structure that may be different than yours.</strong>&lt;br&gt;<strong>This family is living in a cash system. You may need to examine your values and prejudices about a family that may live in a different socio-economic level than you do.</strong>&lt;br&gt;<strong>Finding out the community from which this family comes will help you assist them in reestablishing any customs, traditions, rituals, family structure, and social bonds they might have. Information about their community will also help you understand how emotions are expressed, attitudes towards governmental agencies, and receptivity to counseling.</strong></td>
</tr>
<tr>
<td>Preparing to Deliver PFA</td>
<td>Expanded Meaning for each Category</td>
<td>Apply to the Kwan Family</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>--------------------------</td>
</tr>
</tbody>
</table>
| **Be aware of at-risk populations** | Including (partial list):  
  - Children  
  - Elderly  
  - Parents with babies or small children  
  - Those with medical needs  
  - Pregnant women | Who is at risk in this family?  
*The children*  
*The mother, who cannot speak English* |

**Know the setting**  
- Available services/facilities  
- Who is in charge  

- Know who is in charge when you are assigned to work  
- Orient yourself to:  
  - All services provided  
  - Bathrooms  
  - Food and water  
  - Etc...  

List at least three types of services or information that our case study family would want to know when they arrive at shelter.  
*What language-assistance services are available?*  
*How do we find information about the storm and loved-ones who are missing?*  
*What part of the building is available to survivors and what areas are off limits?*  
*Where is the command center?*  
*Is someone going to be able to find shelter inhabitants if they receive a phone call?*  
*Is there anyone to look after children if someone needs to leave or make an important phone call?*  

**Provide services**  
- Know your job role  

- You will be using some psychological first aid strategies while you are doing your assigned job  

What role/job might you need to perform at the shelter?  
*Answers will vary depending on each person’s individual skills and training.*

**Source:** “Psychological First Aid: Field Operations Guide” by the National Child Traumatic Stress Network and the National Center for PTSD.
Exercise 2: Contact and Engagement

Scenario 1

The best answer is B.

You say, “Hello. My name is ____________________. Does anyone speak English? We do not have an interpreter here right now. Son, would you please ask your mother if she feels comfortable having you translate for her until we can get an interpreter?”

Explanation: You begin your engagement by greeting the family, and introducing and identifying yourself. You are showing respect by asking permission to speak to the son on behalf of his mother.

Other responses and why each is not appropriate:

A. Yelling does not communicating calmness. You are treating the family like “cattle” by herding them into processing without making a positive contact or working at personally engaging the family.

C. You do not make a personal contact and are not engaging the family. You are implying that the children are a problem. You are ignoring the special needs of this family that may require them to speak to each other more. You are not helping with any of the immediate needs of the family.

D. You make a nice first contact, but you do not want to make the comment that the situation is terrible and that the family will get over it before they know it.
Scenario 2

The best answer is C.

You say in a calm voice, “I know that you must be scared, and I am so sorry that everything feels so stressful. I know you don’t want to fill out this paperwork while you are worrying about your Dad. Is there something I can do to help you right now with some of your concerns before we get started? May I get someone to help you and your family get to the restroom?”

Explanation: You are using a calm voice, showing empathy, and reflecting back the family’s concern over their missing father/husband. You realize that helping this family meet their immediate needs of a restroom will help build a trusting relationship that will allow the mother and son to become calm, which may increase their chances of completing the paperwork. It is important to keep the family together when they go to the restroom, as separation of family members is very stressful and the shelter may have security issues making separation of children and parents unwise.

Other responses and why each is not appropriate:

A. If the mother does not speak English, speaking loudly and slowly will not help her understand you any better, it will only offend the family.

B. You cannot expect the mother to complete the paperwork if she cannot understand English. Likewise, it is your responsibility—not hers—to find someone to interpret for her.

D. Your voice may be calm but you are not connecting personally with the family. You cannot be sure the father is fine and that the situation will be over before they know it, so you should not say this.
Scenario 3

The best answer is D.

You say to the son, “I think your mother might have a grown-up question. Would you please tell her that we have called for a translator to come down to the shelter and she is welcome to speak to them?”

Explanation: You respect that the mother might not feel comfortable speaking about certain subjects through her young son. Other topics parents may not care to address through their child-translators include finances, health, and other sensitive issues.

Other responses and why each is not appropriate:

A. You are not paying attention to what the mother needs or feels.

B. While it is good that you are trying to help the mother get what she needs, you are not respecting her privacy.

C. You are not respecting the mother’s wishes to discuss certain matters in private. Follow her lead; if she does not wish to talk openly about a subject through her child-translator, you shouldn’t either.

Source: Answers are based on information from “Psychological First Aid: Field Operations Guide” by Terrorism and Disaster Branch – National Child Traumatic Stress Network and the National Center for PTSD and SAMHSA, Psychological First Aid for First Responders: Tips for Emergency and Disaster Response Workers, NMH05-0210.
Additional Resources for Understanding Limited English Proficiency Issues in Disaster Response

- Language barriers may exist, and during times of stress and intense emotion, many people are more comfortable communicating in their native language. Mental health programs must make every effort to provide services by bilingual, preferably bicultural staff. Working through a translator is less than ideal, but a trained translator is always preferable to using a family member, especially children, to translate, because of privacy concerns regarding sensitive issues and the importance of preserving family roles. (Myers DG, Wee DF. Disaster mental health services: a primer for practitioners. 2005: 60.)

Background on Asian Cultural Factors for Disaster Response

- Mental illness is thought to result in wrongdoing of one’s family or ancestors, and therefore people may be hesitant to discuss it. (Julia MC. Multicultural awareness in the health care professions. 1996.)
- Asian women may not communicate illness through a male interpreter due to modesty. (Multicultural Awareness in the Health Care Professions)
- Many Southeast Asian refugees show psychiatric symptoms associated with past traumas and current resettlement problems. Very high levels of PTSD and major depression have been seen in this population. (Sue DW, Sue D. Counseling the culturally different: theory and practice. 1999)
- During a disaster, many Vietnamese families would be hesitant to go to a shelter, and would instead go to a church, temple, or the home of a family member or family friend. (Asian American Justice Center)

Selected Web Resources

- Asian American Justice Center: http://www.advancingequality.org/
  Dedicated to advancing the human and civil rights of Asian Americans through advocacy, public policy, public education, and litigation
- Ethnomed: http://ethnomed.org/
  Medical and cultural information on immigrant and refugee groups.
- National Asian Women’s Health Organization: http://www.nawho.org
  Information about health issues and their impact on Asian American women and families.
Activity 4: Recognize Behaviors to Assist Disaster Survivors

Option D: Toxic Chemical Spill

In this activity, we return to the story of two homeless veterans following a toxic chemical spill. Review the situation in Activity 1, Option D: Toxic Chemical Spill on page 47 before you begin this activity.

Learning Objectives
- Recognize the behaviors that responders can perform to assist disaster survivors during the initial contact and engagement phase of response.

Instructions
This case study contains 2 short exercises that can be completed in approximately 15 minutes.

1. Read the background information and complete each exercise, recording your responses in the spaces provided.

2. When you have completed both exercises, compare your answers with the Answer Key on page 121.

3. When you have finished Activity 4, complete the post-test.
Scene 4: The Shelter – Robert’s Story
I knew I wouldn’t like this place before we even walked in the door. There are too many people here... people I don’t know and don’t trust. I’m going to have to keep one eye open the whole time Earl and I are here.

I wonder if my girlfriend and daughter are OK. They live close to the VA so I’m sure they had to leave too. I don’t know how I’d even find them if they’re in one of these places. I just wish I could see them.

I haven’t had a shower in days and everyone just stared at us while we were waiting in line. People backed away, as usual. I don’t think we’re very welcome here at all.

Scene 5: The Shelter – Earl’s Story
After taking the bus and walking two miles, we finally found the shelter. We waited in line for ages, but when we finally got to a table, they wanted us to fill out some stupid paperwork! Are you kidding?!

Those fumes made me sick, and now all of this standing without anything in my stomach... I’m exhausted and I can’t take it much longer. People are walking in with fast food bags. Don’t these idiots know some of us haven’t had a hot meal in days?

Most of these people don’t even look like they need help. Me and Robert, we had no where else to go. No one wants to help us. They never do. This place won’t be any different.

Exercise 1: Preparing to Deliver Psychological First Aid
Imagine that you are the public health worker or volunteer meeting this family as they come into the shelter.

Using the Psychological First Aid Overview table on the following page, note the types of issues/concerns that you need to be aware of in preparing for Psychological First Aid. Read through the first two columns and then fill in the information requested in column three based on the scenario above.
<table>
<thead>
<tr>
<th>Psychological First Aid Overview</th>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Robert and Earl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a calm presence</td>
<td></td>
<td>• Your calmness and clear thinking lead others to do same</td>
<td>List two reasons that remaining calm will be helpful to Robert and Earl?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You are modeling a sense of hope</td>
<td></td>
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<tr>
<td>Be sensitive to culture and diversity</td>
<td></td>
<td>• Be sensitive to culture and ethnic, religious, racial, and language diversity</td>
<td>List at least two ways you can be sensitive to the cultural and diversity issues of Robert and Earl?</td>
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<tr>
<td></td>
<td></td>
<td>• Beware of your own values and prejudices</td>
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<tr>
<td></td>
<td></td>
<td>• Get information about the communities being served</td>
<td></td>
</tr>
<tr>
<td>Instill a sense of safety</td>
<td></td>
<td>• Be attentive to immediate needs for food, shelter, and other necessities</td>
<td>List threats to safety faced by Robert and Earl and describe ways to address them.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Be sensitive to emotional and physical vulnerabilities</td>
<td></td>
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<tr>
<td>Know the setting</td>
<td></td>
<td>• Know who is in charge when you are assigned to work</td>
<td>List at least three types of services or information that Robert and Earl would want to know about when they arrive at shelter.</td>
</tr>
<tr>
<td>• Available services/facilities</td>
<td></td>
<td>• Orient yourself to:</td>
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<tr>
<td>• Who is in charge</td>
<td></td>
<td>− All services provided</td>
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<td></td>
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<td>− Bathrooms</td>
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<td>− Food and water</td>
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<td>− Etc...</td>
<td></td>
</tr>
<tr>
<td>Provide services</td>
<td></td>
<td>• You will be using some psychological first aid strategies while you are doing your assigned job</td>
<td>What role/job might you need to perform at the shelter?</td>
</tr>
<tr>
<td>• Know your job role</td>
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</tbody>
</table>
Exercise 2: Contact and Engagement
First contact with disaster survivors is important. If managed in a respectful and compassionate way, it can help establish an effective helping relationship and increase the person’s receptiveness to further help.

Remember, the type of physical or personal contact that is appropriate may vary from person to person and across cultures and social groups (for example, how close to stand to someone, how much eye contact to make, and amount of personal space that is needed). Refer to the slides in the Workbook on “What You Can Do” and “What You Should Not Do.”

Each of the three scenarios below illustrates a possible contact and engagement situation that you might encounter while working with Robert and Earl at the shelter. Read each and then choose the best response.

Scenario 1
You have been assigned to greet survivors as they enter the shelter and to guide them to the “processing in” tables. Earl and Robert have just arrived.

Your first greeting is (select one of the responses below):

A. You say, “Well, it appears you two might need a shower after you finish being processed! Lucky for you, we have hot showers with soap right down the hall.”

B. You shout, “Please move to the processing line and keep it moving. As you can see, we have a lot of people to get through.”

C. You say, “Hello. My name is ____________________. I work with ________________. May I ask your name? Before you move over to the processing line, is there something I can assist you with right now?”

D. You say, “Hello. My name is ____________________. I work with ________________. This is a terrible situation for you all but it will be over before you know it.”
Scenario 2
You have been assigned to the processing area where you are helping evacuees fill out the necessary paperwork for the shelter. Robert and Earl have just arrived to your station. Earl launches off in an angry outburst and says:

_I can’t believe you want me fill out all this crap! Are you people crazy? We walked all over in that mess to find a bus to this damn town, and it took forever once we got off the bus to get here. Then we had to wait in line for eternity. And I can’t even remember when I last ate something. I’m damn near going to pass out! People are walking into this place with French fries and burgers...do you even give a damn what happens to us??_

Your response is (select one of the responses below):

A. You say in an irritated voice, “Hey look, I didn’t cause this problem. You need to be a little bit more grateful for what we are doing for you here. I’ve been sitting here for four hours myself and I’m just as exhausted and hungry as you are!”

B. You say in a calm voice, “I am so sorry it took so long to get here and I know the last thing you want to do is fill out this paperwork. Is there something I can do to help you right now with some of your concerns before we get started? May I get something for you to eat and drink?”

C. You speak in the same loud tone as Earl and say, “This won’t take long. We’ll hurry through it and you’ll be done in no time. I’ve got to get on with these other folks.”

D. You ignore this outburst and say, “What is your last name again?”
Scenario 3
You are assigned to serve juice and crackers to evacuees. Robert and Earl arrive at your station. Robert sits down and starts telling you about his family leaving him and you can see how upset he is. He drops his head in his hands and starts trembling.

Your response is (select one of the responses below):

A. You take his hand and say, “I have a daughter too. I love her dearly, just like you love your daughter. Last year she went away to camp for the whole summer and I felt just like you. Don’t worry. You’ll see your daughter again.”

B. You cut him off by handing him some juice and say, “Look honey, life can be hard. I’m sure once you start working again they’ll come back and everything will be OK.”

C. You feel uncomfortable by his reaction, turn to Earl, and say, “Does he normally act like this? If you think he might have some kind of breakdown, we need to get the police over here right away.”

D. You sit down across from Robert and say, “I am so sorry about your family. It is upsetting and I can see why you are sad. Would you like to talk more about it?”
Activity 4: Recognize Behaviors to Assist Disaster Survivors Answer Key

Option D: Toxic Chemical Spill

Compare your responses to those in this Answer Key and review the explanations for any incorrect responses.

Exercise 1: Psychological First Aid Overview

Here are some possible responses to the questions in the third column.

<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Robert and Earl</th>
</tr>
</thead>
</table>
| Maintain a calm presence | • Your calmness and clear thinking lead others to do same  
|                          | • You are modeling a sense of hope | List two reasons that remaining calm will be helpful to Robert and Earl?  
|                          |                                   | *Earl is angry and irritated. By demonstrating calmness and clear thinking, you can help him feel that he can rely on you. He may follow your lead and become calmer himself.*  
<p>|                          |                                   | <em>Robert is anxious and fearful. You can model a sense of hope that he may not feel while dealing with what happened and his current concerns.</em> |</p>
<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Robert and Earl</th>
</tr>
</thead>
</table>
| Be sensitive to culture and diversity | • Be sensitive to culture and ethnic, religious, racial, and language diversity  
• Beware of your own values and prejudices  
• Get information about the communities being served | List at least two ways you can be sensitive to the cultural and diversity issues of Robert and Earl?  
*Both men are homeless and living in poverty. You may need to evaluate your own values and prejudices about people who are homeless and/or who live at a different socio-economic level than you do.*  
*Robert likely is experiencing symptoms of PTSD. You may need to examine your own values and prejudices about people dealing with mental illness.*  
*Both men are veterans of controversial wars. You may need to examine your values and prejudices about their participation in the military and/or war.*  
*Finding out the community from which they come will help you assist them in reestablishing structure and a sense of normalcy. Information about their community will also help you understand how emotions are expressed, attitudes towards governmental agencies, and receptivity to counseling.* |
| Instill a sense of safety | • Be attentive to immediate needs for food, shelter, and other necessities  
• Be sensitive to emotional and physical vulnerabilities | List threats to safety faced by Robert and Earl and describe ways to address them.  
*Robert lacks adequate food, a place to shower, feels a sense of vulnerability and loss of personal protection, and a sense of fear and hopelessness about seeing his family again.*  
*Earl also lacks adequate food, feels physically ill from the chlorine, and weakness from the journey to the shelter.* |
<table>
<thead>
<tr>
<th>Preparing to Deliver PFA</th>
<th>Expanded Meaning for each Category</th>
<th>Apply to Robert and Earl</th>
</tr>
</thead>
</table>
| Know the setting        | • Know who is in charge when you are assigned to work  
                          • Orient yourself to:  
                          – All services provided  
                          – Bathrooms  
                          – Food and water  
                          – Etc... | List at least three types of services or information that Robert and Earl would want to know about when they arrive at shelter.  
What are the services provided at this shelter?  
• Financial assistance?  
• Mental health?  
• Meals? Special diets?  
• Hot showers and sleeping accommodations?  
• Social services?  
• Other services?  
What part of the building is available to evacuees and what areas are off limits?  
Where is the command center?  
What are the worker and evacuee procedures for entering and leaving the shelter? What identification do I need to have and what identification system is used in the shelter? |
| Provide services        | • You will be using some psychological first aid strategies while you are doing your assigned job | What role/job might you need to perform at the shelter?  
Answers will vary depending on each person’s individual skills and training. |
| Know your job role      | | |

**Source:** “Psychological First Aid: Field Operations Guide” by the National Child Traumatic Stress Network and the National Center for PTSD.
Exercise 2: Contact and Engagement

Scenario 1

The best answer is C.

You say, “Hello. My name is ____________________. I work with ________________. May I ask your name? Before you move over to the processing line, is there something I can assist you with right now?”

Explanation: You begin your engagement by greeting Earl and Robert, then introducing and identifying yourself. You are showing respect by asking permission to ask for their names. You are asking if you can help them with any immediate needs before you send them to “process in.”

Other responses and why each is not appropriate:

A: Even if your intentions are good, commenting on their hygiene, especially publicly, is disrespectful and would only draw further attention to something they may find very embarrassing. Although cleaning up may be an immediate need for Robert and Earl, it is best to let them ask you about it, or to provide a complete list of the services offered rather than refer to showers as something needed specifically for them.

B: You do not make personal contact with Robert and Earl and are shouting. You are also treating these two men and others as cattle needing to be herded. You are not helping with any of the immediate needs nor promoting a sense of safety.

D: You make a nice first contact, but you do not want to make the comment that the situation is terrible and that it will be over before they know it. The severity and duration of the disaster is not likely known with certainty, and it is impossible to know the personal impact on each of the evacuees to whom you are speaking.
Scenario 2

The best answer is B.

You say in a calm voice, “I am so sorry it took so long to get here and I know the last thing you want to do is fill out this paperwork. Is there something I can do to help you right now with some of your concerns before we get started? May I get something for you to eat and drink?”

Explanation: You are using a calm voice, showing empathy, and reflecting back Earl’s frustration in filling out the paperwork. You are not reacting to his outburst. You have anticipated that angry outbursts are normal reactions to an abnormal situation (the disaster event). You realize that helping Earl meet his immediate needs of food, water, and a place to rest will help build a trusting relationship that will allow you to get the necessary “paper work” completed as well.

Other responses and why each is not appropriate:

A: You are not reflecting calmness and hope. You are reacting to Earl’s angry outburst. Your response focuses on your situation and not that of the people you are serving.

C: Your voice is not communicating calmness and you are focused on “getting the paperwork” job done verses connecting and engaging Earl. The feel of the response is that you are “herding” him through.

D: Your voice may be calm, but you are not connecting personally with Earl, nor promoting a sense of calmness. You are focusing on the task of completing paperwork and are not “hearing” his needs.
Scenario 3

The best answer is D.

You sit down across from Robert and say, “I am so sorry about your family. It is upsetting and I can see why you are sad. Would you like to talk more about it?”

Explanation: You are being emotionally and physically present as you listen to Robert’s story. You are communicating empathy while validating and normalizing his feelings of being upset about his family situation. You are being respectful when you ask if he’d like to talk more about it rather than assuming that he does or does not.

Other responses and why each is not appropriate:

A: You have listened to his story and gotten on his level by sitting down (both are good strategies). But you should always ask before physically touching another. You are trying to comfort him by telling your own story which is not helpful, and may not even be a comparable situation. You conclude by making promises that you cannot control.

B: You are not listening to his story (you cut him off). You may be uncomfortable and so doing something (giving him the juice) might make you feel better but is not helping Robert. Using expressions such as “honey” can be disrespectful; using his name would be better. Lecturing him is inappropriate and concluding that things will be OK is not helpful.

C: You are uncomfortable with Robert’s strong emotional and physical response (both normal responses in a disaster). You do not offer emotional support. Instead, you ask someone else (Earl) if Robert is OK rather than asking Robert himself, which may minimize his feelings. By wanting to involve the police at this point, you are overreacting to what is a very normal reaction by Robert to the disaster.

Source: Answers are based on information from “Psychological First Aid: Field Operations Guide” by Terrorism and Disaster Branch – National Child Traumatic Stress Network and the National Center for PTSD and SAMHSA, Psychological First Aid for First Responders: Tips for Emergency and Disaster Response Workers, NMH05-0210.

Background information from:
- Department of Veterans Affairs Homeless Veterans Program (www.va.gov/homeless/)
- National Coalition for Homeless Veterans (http://www.nchv.org/)
- Evacuation Behavior in Response to the Graniteville, South Carolina, Chlorine Spill (http://emc.ornl.gov/CSEPPweb/)
Module Two Post-Test

1. True or false: When using Psychological First Aid, first responders should encourage people to meet their own needs.
   a. True
   b. False

2. When offering Psychological First Aid, the types of things you should not do are:
   a. Force people to share their stories with you
   b. Reassure people by telling them you know everything will be OK
   c. Establish a relationship
   d. All of the above
   e. Only responses A and B

3. True or false: When working with a survivor, you would make a referral for additional services if you think they could benefit from additional services.
   a. True
   b. False

4. The best way to manage a survivor who exhibits intense emotions includes:
   a. Come to an agreement about something
   b. Hold your ground and do not back down
   c. Ask concrete, simple questions
   d. Responses A and C
   e. Response B and C

5. When using Psychological First Aid, you are fostering a survivor’s ability to do the following:
   a. Rely on others to do things for them
   b. Regulate their emotions
   c. Continue task-oriented activities
   d. All of the above
   e. Response B and C

The answers can be found on pages 132-133.
OPTIONAL Activity 5: Action Plan

In this activity, will develop an action plan for future study in mental health preparedness.

Learning Objectives
- Identify additional online training and technical assistance resources.
- Create a plan for enhancing knowledge and skills in mental health preparedness based on personal job responsibilities and interests.

Instructions
This action plan activity can be completed in approximately 10 minutes.

1. Review the topics for mental health preparedness in the left-hand column on the next page.

2. Think about the skills and knowledge you need to perform your job, as well as the topics that interest you. Put a check in column A for any topics you need and a check in column B for topics in which you are interested.

3. Record a date by which you plan to complete each training in column C.

4. Start the video to view the conclusion of Module Two.

5. After you finish this training program, access the training and technical assistance resources at the Intro to Mental Health Preparedness Web site: http://cphp.sph.unc.edu/trainingpackages/mental_health_prep/. Based on the topics you indicated in columns A and B of your action plan, select the resources you plan to use and record them in column D.

6. When you have completed the training (or reviewed the resource), track your progress by recording the date in column E of your action plan.
# Action Plan for Mental Health Preparedness

**Your Name:** ___________________________  
**Date Created:** ________________________

<table>
<thead>
<tr>
<th>Skill and knowledge topic areas</th>
<th>A. Topics needed for my job/role</th>
<th>B. Topics of personal interest</th>
<th>C. Projected date of completion</th>
<th>D. Training/technical assistance resources I plan to review</th>
<th>E. Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Understanding the mental health consequences of disasters</strong></td>
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<td>• Fundamentals</td>
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<td>• Planning</td>
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<td>• Crisis communication</td>
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<td>• Resiliency</td>
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<td>• Ethical Issues</td>
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<td>• Natural disasters</td>
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<td>• Fundamentals</td>
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<td>• Field operations guide</td>
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<td>• Skill-building</td>
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<td><strong>Caring for first responders</strong></td>
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<td>• Compassion fatigue</td>
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Module One Pre/Pre-Test Answers

1. Normal reactions to disasters can be grouped into the following types of consequences:
   a. Behavioral and Cognitive – Incorrect. Behavioral and Cognitive reactions are correct; however, there is an additional correct response.
   b. Medical and Psychological – Incorrect. Medical and Psychological reactions are too general and are not correct.
   c. Physical and Spiritual – Incorrect. Physical and Spiritual reactions are correct; however there is an additional correct response.
   d. Responses C and B – Incorrect. Behavioral and Cognitive reactions are correct; however Medical and Psychological reactions are not correct.
   e. Responses A and C -- Correct. Normal reactions to disasters can be grouped into four types of consequences: Behavioral, cognitive, physical and spiritual reactions.

2. The problematic serious mental health responses that may occur weeks or months following a disaster include:
   a. Post-traumatic stress disorder -- Incorrect. Post-traumatic stress disorder is correct; however, there is an additional correct response.
   b. General anxiety disorder -- Incorrect. General anxiety disorder is correct; however, there is an additional correct response.
   c. Hyperactivity and substance abuse -- Incorrect. Hyperactivity and substance abuse is correct; however, there is an additional correct response.
   d. All of the above -- Correct. Post-traumatic stress disorder, general anxiety disorder, hyperactivity and substance abuse are all problematic mental health response that may occur following a disaster.
   e. None of the above -- Incorrect. Post-traumatic stress disorder, general anxiety disorder, hyperactivity and substance abuse are all problematic mental health response that may occur following a disaster.

3. True or false: Communities and individuals that have experienced a disaster are better able to recover if they tend to be very dependent on the outside resources offered.
   a. True -- Incorrect. Communities and individuals that have experienced a disaster are NOT better able to recover if they tend to be very dependent on the outside resources offered.
   b. False -- Correct. Communities that are highly dependent on outside resources for recovery tend to be less able to recover than those that are more self-reliant.
4. Some examples of typical disaster responses include:
   a. Headaches -- Incorrect. A headache is correct; however, there is an additional correct response.
   b. Thrill seeking behaviors -- Incorrect. Thrill seeking behaviors are correct; however, there is an additional correct response.
   c. Guilt or shame -- Incorrect. Guilt or shame are correct; however, there is an additional correct response.
   d. Responses A and C -- Incorrect. A headache and guilt or shame are correct; however, there is an additional correct response.
   e. Responses A, B and C -- Correct. Some examples of typical disaster responses include headaches, thrill seeking behaviors and guilt or shame.

5. True or false: An example of how the mental health consequences of terrorism are different than those of natural disasters is that terrorism instills fear in the future due to the potential of a delayed illness from exposure to the terrorist incident.
   a. True -- Correct. Exposure to a terrorist incident may cause lingering fears over long-term consequences to the agents used in the terrorist activity.
   b. False -- Incorrect. Exposure to a terrorist incident may cause lingering fears over long-term consequences to the agents used in the terrorist activity.

6. Factors that can influence disaster reactions and coping skills include:
   a. Religious and political beliefs -- Incorrect. Religious and political beliefs are correct; however, there is an additional correct response.
   b. Perceptions of family and community -- Incorrect. Perceptions of family and community are correct; however, there is an additional correct response.
   c. Age and generation -- Incorrect. Age and generation are correct; however, there is an additional correct response.
   d. All of the above -- Correct. Factors that can influence disaster reactions and coping skills include: religious and political beliefs, perceptions of family and community, and age and generation.
   e. None of the above -- Incorrect. Religious and political beliefs, perceptions of family and community, and age and generation are all factors that can influence disaster reactions and coping skills.

7. True or false: “Worried well” is the appropriate term for people who request assistance but have no known physical symptoms following a disaster.
   a. True -- Incorrect. The term “worried well” is not appropriate as it implies that psychological symptoms are not real and should be ignored rather than acknowledged.
   b. False -- Correct. The term “worried well” is not appropriate as it implies that psychological symptoms are not real and should be ignored rather than acknowledged.
Module Two Pre/Post-Test Answers

1. True or false: When using Psychological First Aid, first responders should encourage people to meet their own needs.
   a. True -- Correct. Psychological First Aid involves encouraging people to meet their own needs as much as possible.
   b. False -- Incorrect. Psychological First Aid involves encouraging people to meet their own needs as much as possible.

2. When offering Psychological First Aid, the types of things you should not do are:
   a. Force people to share their stories with you -- Incorrect. Do not force people to share their stories with you is correct; however, there is an additional correct response.
   b. Reassure people by telling them you know everything will be OK -- Incorrect. Reassure people by telling them you know everything will be OK is correct; however, there is an additional correct response.
   c. Establish a relationship -- Incorrect. Establish a relationship is something you should do when offering Psychological First Aid; however, there is an additional correct response.
   d. All of the above -- Incorrect. Only responses A and B are correct.
   e. Only responses A and B -- Correct. It is not appropriate to force people to share their stories with you or to reassure people by telling them you know everything will be OK.

3. True or false: When working with a survivor, you would make a referral for additional services if you think they could benefit from additional services.
   a. True -- Incorrect. Some reasons for making a referral for additional services are: if a person talks openly about suicide; there is a possibility of child abuse; or if the person is engaging in risky behavior. Simply thinking the person can benefit from additional services is not a reason for making a referral.
   b. False -- Correct. Some reasons for making a referral for additional services are: if a person talks openly about suicide; there is a possibility of child abuse; or if the person is engaging in risky behavior. Simply thinking the person can benefit from additional services is not a reason for making a referral.
4. The best way to manage a survivor who exhibits intense emotions includes to:
   a. Come to an agreement about something – Incorrect. Come to an agreement about something is correct; however, there is an additional correct response.
   b. Hold your ground and do not back down -- Incorrect. Hold your ground and do not back down is not appropriate.
   c. Ask concrete, simple questions -- Incorrect. Ask concrete, simple questions are correct; however, there is an additional correct response.
   d. Responses A and C -- Correct. Two positive strategies for managing a survivor who exhibits intense emotions are to come to an agreement about something and to ask concrete, simple questions.
   e. Response B and C -- Incorrect. Response B is not correct; response C is correct.

5. When using Psychological First Aid, you are fostering a survivor’s ability to do the following:
   a. Rely on others to do things for them -- Incorrect. Encouraging survivors to rely on others is not appropriate.
   b. Regulate their emotions -- Incorrect. Regulate their emotions is correct; however, there is an additional correct response.
   c. Continue task-oriented activities -- Incorrect. Continue task-oriented activities is correct; however, there is an additional correct response.
   d. All of the above -- Incorrect. Responses B and C are correct; response A is not correct.
   e. Response B and C -- Correct. Psychological First Aid help survivors regulate their emotions and perform task-oriented activities.