



Coping with Technological Disasters Appendix D:

Resources for Professional Training

*Prepared by: Prince William Sound Regional Citizens' Advisory Council
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This appendix provides in-service training suggestions, modules, and resources for teachers, law enforcement, clergy, and others. The materials included are broken down into three sections: a training content guide; a resource guide with links to additional information to help support in-service trainings; and a guide of activities for educators and parents to help children process their feelings following the trauma of a disaster.

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Introduction

Local community professionals will need training in the special needs that will arise after technological disasters. This appendix provides suggestions and links to resources to help communities develop in-service trainings for teachers, mental health professionals, law enforcement, clergy, and other professional members of society who will need to recognize, counsel, and refer individuals with these special needs.

The materials included are broken down into three sections: a training content guide; a resource guide with links to additional information to help support in-service trainings; and a guide of activities for educators and parents to help children process their feelings following the trauma of a disaster.

Trainers are advised to select the content most applicable to their audience and time available, and tailor the content for the professional context and the community's needs.

Suggestions: Organizing and administering in-service trainings

- Select a qualified mental health professional, from the community if possible, to administer each in-service training program. The professional should review the in-service training materials and tailor them for the impacted community. The training content guide can be utilized to prepare an in-service training (approximately two hours in length) that can be customized for the audience.
- Contact the local school superintendent, Chief of Police or Sheriff, local religious organizations, mental health providers, and public health professionals to arrange the time and place for the training. In some communities, the Mayor may be the best initial contact to influence law enforcement participation. Deliver in-service programs in facilities convenient for the relevant group of professionals (schools, police department briefing room, places of worship, etc.).
- Additional materials such as handouts, videos, and terminology sheets can augment training materials as needed. The resource guide section includes additional information for various groups: law enforcement, educators, clergy, and others.
- Provide a feedback and evaluation form or survey for all in-service training participants. Evaluate strengths and weaknesses of the training and invite suggestions for program improvement.

Acknowledgements

The 2021 update of this appendix made use of information from many agencies, institutions, and organizations, including but not limited to:

- National Institutes of Health
- Substance Abuse and Mental Health Services Administration
- Institute of Mental Health
- University of Missouri Disaster and Community Crisis Center
- Department of Veterans Affairs
- Association for Supervision and Curriculum Development
- American Bar Association
- United Nations
- National Child Traumatic Stress Network

If you would like to know more, links to the various organization's websites are provided within this appendix.

In-Service Training Content Guide

The following section is a guide of suggested content to draw from in developing an in-service training. All content should be tailored to the professional context and community's need.

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I. Types of Disasters

Definitions

Disaster: The American College of Emergency Physicians defines disaster as, “an event that requires resources beyond the capability of a community and requires a multiple agency response.” The World Health Organization defines it as “a sudden ecologic phenomenon of sufficient magnitude to require external assistance.” In either case, disasters are defined by what they do to people.

Natural disaster: Threats involving natural forces include thunderstorms, floods, tornados, hurricanes, winter storms, droughts, wildfires, landslides, earthquakes, tsunami (tidal waves), and volcanos.

Human-caused disaster: War, pollution, nuclear explosions, fires, hazardous materials exposures, explosions, radioactive disasters, transportation accidents, oil spills, and acts of terrorism.

Complex human disaster: A combination of civil strife and conflict leading to a mass exodus of people and the events that follow, such as disease and destruction of property.

Natech disasters: Technological accidents triggered by a natural hazard or disaster, which result in consequences involving hazardous substances (e.g., fire, explosion, toxic release).

Resources:

- **“Defining Disaster: The Emergency Department Perspective”** by Joseph Zibulewsky, MD. The article was originally published by in Baylor University Medical Center’s Proceedings in April 2001. The article is available in full on the National Institutes of Health’s archive, PubMed Central at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1291330/>
- **PubMed Central**, a free full-text archive of biomedical and life sciences journal literature at the U.S. National Institutes of Health's National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/>

II. Phases of Disaster

Phase 1: The Pre-Disaster Phase

- Characterized by fear and uncertainty
- Disasters with no warning: vulnerability, lack of security, fears for the future, loss of control
- Disasters with warning: guilt or self-blame for failure to heed the warnings
- The pre-disaster phase may be short (as in a terrorist attack) or long (as with a hurricane)

Phase 2: The Impact Phase

- Characterized by a range of intense emotional reactions
- Reactions vary according to the type of disaster – slow, low threat vs. rapid, dangerous disasters
- Reactions can range from shock to overt panic – initial confusion/disbelief followed by focus on self-preservation and family protection
- The impact phase is usually the shortest of the six phases of disaster

Phase 3: The Heroic Phase

- Characterized by a high level of activity with a low level of productivity
- A sense of altruism; many community members exhibit adrenaline-induced rescue behavior
- Risk assessment may be impaired
- The heroic phase often passes quickly into phase 4

Phase 4: The Honeymoon Phase

- Characterized by a dramatic shift in emotion
- Disaster assistance is readily available; community bonding occurs; optimism for a quick return to normal
- Opportunities are available for providers and organizations to establish and build rapport with affected people and groups, and for them to build relationships with stakeholders
- The honeymoon phase typically lasts only a few weeks.

Phase 5: The Disillusionment Phase

- A stark contrast to the honeymoon phase
- Communities and individuals realize the limits of disaster assistance; discouragement and stress take a toll
- Negative reactions, such as physical exhaustion or substance use, may begin to surface
- Gap between need and assistance leads to feelings of abandonment
- There may be increasing awareness of need for services and acceptance of support
- Disillusionment phase can last months and even years; often extended by one or more trigger events, including the anniversary of the disaster or court decisions/media exposure

Phase 6: The Reconstruction Phase

- Characterized by an overall feeling of recovery
- Assumption of responsibility for rebuilding lives; people adjust to a new “normal” while continuing to grieve losses
- Begins around the anniversary of the disaster; may continue for some time
- Following catastrophic events, the reconstruction phase may last for years

Source: “**Phases of Disaster**” from the Substance Abuse and Mental Health Services Administration (SAMHSA). More information is available in the full article: <https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

III. General Principles of Disaster Relief

Disasters, whether natural or human-caused can cause extensive destruction, injury, death, and profound mental health consequences.

Six General Principles for Disaster Relief

1. People are resilient.
2. Even though most people do not develop psychiatric illness after exposure to disaster trauma, most people will experience at least some emotional distress.
3. One size does not fit all for survivors of disasters and some people may develop psychiatric disorders after exposure to disaster trauma.
4. Psychiatric disorders need to be identified and treated appropriately.
5. Posttraumatic stress disorder (PTSD) is usually the most common psychiatric disorder to develop after exposure to disaster trauma.
6. New alcohol and other drug use disorders do not regularly commence after disasters. Although alcohol and drug use may increase in some groups after certain disasters, this occurrence does not regularly translate into new substance use disorders.

Source: “A Fact Sheet for Disaster Mental Health Planners,” developed by Carol S. North in 2014. The fact sheet can be found in full on the The University of Missouri’s Disaster and Community Crisis Center website:

https://dcc.missouri.edu/assets/doc/dcc_community_mh_response_factsheet.pdf

IV. Resilience

Human Needs In Disasters:

“The impact of a natural disaster is often measured by a handful of numbers: the number of fatalities and injuries, the number of homes and buildings destroyed, the cost of cleanup and repair. It doesn’t often account for the emotional wounds inflicted on survivors.”

Source: BrainFacts.org’s article “**Natural Disasters Take a Toll on Mental Health**” about resilience in survivors of Hurricane Katrina:
<https://www.brainfacts.org/diseases-and-disorders/mental-health/2018/natural-disasters-take-a-toll-on-mental-health-062818>

Resilience:

1: the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress

2: an ability to recover from or adjust easily to misfortune or change

- Merriam-Webster

Protective Factors

Research into disasters shows that certain traits and skills can help make individuals and communities more resilient after a disaster.

Individuals

Individual factors can include greater education levels; having a greater capacity for hope or optimism; an ability to reframe what has happened in a more positive, energizing, or helpful way; the ability to use distraction when appropriate to reduce distress; the capacity to fit coping strategies to the context in a flexible way, among others.

Communities

Studies have also shown that social support is a key factor in helping communities be more resilient, as well as to recovery following disasters and mass violence. It has been shown to facilitate well-being and limit psychological distress. Social connectedness can help with problem-solving, understanding accepting emotions, sharing traumatic experiences, normalizing reactions and experiences, and coping.

Source: More about these individual and social factors and skills can be learned from the National Child Traumatic Stress Network’s online program “Skills for Psychological Recovery,” and the accompanying Field Operations Guide. These resources focus on fostering many of these adaptive skills. More: <https://www.nctsn.org/resources/skills-psychological-recovery-spr-online>

Community-level factors

“A socially cohesive and well-resourced community has been shown to be better positioned to identify and assist those in need, disseminate information across the community, and advocate for outside aid following disasters and mass violence,” according to the U.S. Department of Veterans Affairs’ National Center for PTSD.

Source: https://www.ptsd.va.gov/professional/treat/type/disaster_risk_resilience.asp

Coping Tips for Traumatic Events and Disasters

Having coping strategies in place before a disaster helps improve resilience.

“People can experience a wide range of emotions before and after a disaster or traumatic event. There’s no right or wrong way to feel. However, it’s important to find healthy ways to cope when these events happen.”

Source: More information is available in the Substance Abuse and Mental Health Services Administration “Coping Tips for Traumatic Events and Disasters,” available here: <https://www.samhsa.gov/find-help/disaster-distress-helpline/coping-tips>

Natural Helping Systems

From: Mississippi-Alabama Sea Grant Consortium, Peer Listening Training

During disasters, those most affected are often reluctant to use traditional mental health services. Peer listeners have been found to be an effective alternative to formal services.

Peer Listening

People in disaster-affected communities can be trained to use listening skills in order to support members of their communities and serve as bridges between individuals dealing with the pandemic (or other disasters) and formal mental health services.

Source: <http://masgc.org/peer-listening>

The Peer Listener Training Program was first developed by the Prince William Sound Regional Citizens’ Advisory Council after the 1989 Exxon Valdez oil spill. The program was later adapted by The Mississippi-Alabama Sea Grant Consortium for use after Hurricane Katrina and the 2010 Gulf of Mexico oil spill. See Appendix F for more information.

V. Equity and Disasters

Disasters are not always experienced equitably. Technical disasters can happen at industrial sites like power plants or refineries, where nearby populations at risk may not have the ability and resources to cope with the disaster. As facilitators prepare for and conduct their in-service training, it is important to be mindful of those most at risk and to consider their vulnerabilities throughout the process.

Article: “‘Embed Equity’ in Disaster Response, Experts Say” American Bar Association website, Sept 28, 2020:

“Curtis Brown, co-founder of the Institute for Diversity and Inclusion in Emergency Management and Virginia’s state coordinator of emergency management, spoke about how systemic racism heightens vulnerability...It’s a ‘sad, continuous narrative,’ Brown said, where ‘exclusionary practices failed to value every life equally.’ If we ‘embed equity’ in emergency management, he said, it will limit fatalities, reduce costs and improve outcomes.”

“Although disasters affect everyone,...they usually reveal inequality, which... is thought of ‘as a sad consequence of these disasters.’ Indeed, it is assumed that the inequality has always been there, and that the disaster didn’t create it. But that thinking ‘relies on a premise that has not been shown in research.’”

Source:

<https://www.americanbar.org/news/abanews/publications/youraba/2020/0928/embed-equity-in-disaster-response/>

Article: “America’s Sordid Legacy on Race and Disaster Recovery” by Connor Maxwell in the Center for American Progress, April 5, 2018:

“Unless the federal government prioritizes equity in preparedness and recovery policy, environmental hazards will continue to bring ruin, displacement, and death to communities of color.”

Source:

<https://www.americanprogress.org/issues/race/news/2018/04/05/448999/americas-sordid-legacy-race-disaster-recovery/>

Publication: “Consideration of Marginalized and Minority Groups in a National Disaster” United Nations Office for Disaster Risk Reduction, Words into Action Guidelines, 2017:

“This chapter will cover the essential stages of designing, implementing and monitoring a national risk assessment (NRA) that is inclusive of all within society. It will focus on different marginalized groups, whose differences need to be considered by the policymakers, officials and risk specialists when developing an NRA.”

Source:

https://www.preventionweb.net/files/52828_kconsiderationofmarginalized%5b1%5d.pdf

Article: “Disaster Preparedness and Seeking Equity Amidst COVID-19” by Shakiba Mashayekhi in UC Berkeley Social Science MATRIX, May 6, 2020:

“An interview with Sarah Vaughn, Assistant Professor in the UC Berkeley Department of Anthropology, on how different communities prepare for and respond to pandemics and disasters.”

Source: <https://matrix.berkeley.edu/research/disaster-preparedness-and-seeking-equity-amidst-covid-19>

Publication: “Disasters Through the Lens of Disparities: Elevate Community Resilience as an Essential Public Health Service” by Maureen Lichtveld, MD, MPH in the American Journal of Public Health. January 2018:

“To date, we have failed our most vulnerable communities in a three-pronged fashion: (1) failing to recognize that a community’s degree of disaster preparedness directly influences its capacity to recover, (2) failing to address disaster recovery as a long-term process requiring sustained investments of financial resources and human capital, and (3) ignoring disparities as chronic stressors that communities face.”

Source: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304193>

Article: “Ending ‘Acceptable Losses’ in Disasters: How Emergency Management Can Help Build More Equitable Communities” by Chauncia Willis at Route Fifty (Connecting State and Local Government Leaders), April 28, 2020:

“Disasters disproportionately affect the most vulnerable. The emergency management enterprise can help reverse this trend by prioritizing and investing in equity.”

Source: <https://www.route-fifty.com/public-safety/2020/04/prioritizing-equity-emergency-management/164975/>

Publication: “Greater Impact: How Disasters Affect People of Low Socioeconomic Status” a Disaster Technical Assistance Center Supplemental Research Bulletin by the Substance Abuse and Mental Health Services Administration (SAMHSA), July 2017:

“This issue of the Supplemental Research Bulletin focuses on how people in poverty, with low incomes, and of low socioeconomic status (SES) experience disasters. [The bulletin] explore[s] the differences in risk perception and disaster preparedness, response, and recovery.”

Source: https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-low-ses.pdf

Article: “Mission Possible: Preparing and Responding to Disasters through a Health Equity Lens” by Amy Wolkin, DrPH, MSPH, Centers for Disease Control. September 6, 2018:

Source: <https://blogs.cdc.gov/healthequity/2018/09/06/disasters/>

VI. Warning Signs and Risk Factors for Emotional Distress

Research has shown that adults, children, and even infants are affected by disasters in different ways. Find warning signs and risk factors from the Substance Abuse and Mental Health Services Administration.

Source: “Warning Signs and Risk Factors for Emotional Distress”

<https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>

Older adults can be affected in different ways. They may have better coping skills than younger adults but may have health issues that leave them more vulnerable.

Source: “Are Older People More Vulnerable to Long-Term Impacts of Disaster?”

from the journal *Clinical Interventions in Aging*, by Rafiey H, Momtaz YA, Alipour F, Khankeh H, Ahmadi S, Sabzi Khoshnami M, Haron SA <https://www.dovepress.com/are-older-people-more-vulnerable-to-long-term-impacts-of-disasters-peer-reviewed-fulltext-article-CIA>

Source: “Elderly People with Disabilities and Natural Disasters: Vulnerability of Seniors and Post Trauma,” in *Journal of Gerontology & Geriatric Medicine* by Danielle Maltais, 2019 <https://www.heraldopenaccess.us/openaccess/elderly-people-with-disabilities-and-natural-disasters-vulnerability-of-seniors-and-post-trauma>

First Responders

First responders and recovery workers include: fire fighters, police officers, emergency medical technicians, dispatchers, and other fire, emergency, and medical personnel; military service men and women; clergy; staff and volunteers serving with disaster-relief organizations, including sheltering, animal rescue, food service, and crisis counseling.

Warnings Signs of Stress in Responders and Recovery Workers

“First responders and recovery workers are not only physically and emotionally tested during an emergency, but they also may have loved ones in the area for whom they are concerned. They also are often the last to seek help for work-related stress.”

Source: “Warning Signs and Risk Factors for Emotional Distress” from the Substance Abuse and Mental Health Services Administration (SAMHSA).

<https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>

Education

Support for students

“Public health emergencies and disasters affect millions of children worldwide each year... An emergency or disaster can be destructive to a child’s physical environment, as well as affect their mental health. As a teacher, you are committed to keeping schools safe and supporting children and their families. If your students experience an emergency or disaster, there are steps you can take to help your students cope and recover.”

Source: “Returning to School After an Emergency or Disaster: Tips to Help Your Students Cope” by the Center for Disease Control and Prevention
<https://www.cdc.gov/childrenindisasters/school-return-after.html>

“One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.”

Source: “Trauma Facts for Educators” by the National Child Traumatic Stress Network,
https://www.nctsn.org/sites/default/files/resources//trauma_facts_for_educators.pdf

Support for Educators

“The [trauma-informed] school trains staff in social/emotional skills that promote the physical, social, emotional, and academic wellness of all teachers and staff, and support school climate of physical and psychological safety.”

Source: “Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework” from the Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/nctsi-creating-supporting-sustaining-trauma-informed-schools-a-systems-framework.pdf

“Secondary traumatic stress (STS) is the emotional distress that arises when someone vicariously experiences the traumatic experiences of another individual. Sometimes known as compassion fatigue, the toll of tending to someone’s painful experiences can create very real symptoms in caregivers, including teachers.”

Source: “The Impact of Secondary Trauma on Educators” by Karen Baicker in the ASCD Express, March 12, 2020 <http://www.ascd.org/ascd-express/vol15/num13/the-impact-of-secondary-trauma-on-educators.aspx>

**Links to more resources on Secondary Trauma Stress is also available in the next section, Disaster Impacts.*

VII. Disaster Impacts

Secondary Trauma

“Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD)... The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.”

Source: “**Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals**” By the National Child Traumatic Stress Network, 2011
<https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals>

“Anyone working with survivors of trauma and violence is at risk of being negatively impacted by the varied effects of vicarious trauma.”

Source: “**The Vicarious Trauma Toolkit**” by the U.S. Department of Justice’s Office for Victims of Crime <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>

“Compassion Fatigue” focuses on those individuals who provide therapy to victims of posttraumatic stress disorder (PTSD)—crisis and trauma counselors, Red Cross workers, nurses, doctors, and other caregivers who themselves often become victim to secondary traumatic stress disorder (STSD) or “compassion fatigue” as a result of helping or wanting to help a traumatized person.”

Source: “**Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized**” by Figley, C. R. (Ed.). (1995). Brunner/Mazel psychological stress series <https://psycnet.apa.org/record/1995-97891-000>

SAMHSA Disaster Technical Assistance Center (DTAC) provides various resources and useful information in their resource collection.

Source: “**Disaster Behavioral Health Information Series (DBHIS) Resource Collections**” <https://www.samhsa.gov/dtac/dbhis-collections>

Intimate Partner or Family Violence (IPV)

“Disasters, both natural and human-caused, can generate significant stressors for individuals, families, and communities, and research has documented an increase in the prevalence and severity of violence against women following these events... A growing number of studies have documented an increase in the severity and prevalence of IPV in post-disaster contexts... Communities have reported as much as a 50% increase in police reports of domestic violence after a disaster.”

Source: “**Intimate Partner Violence and Disasters: A Framework for Empowering Women Experiencing Violence in Disaster Settings**” by Jennifer M. First, Nathan L. First and J. Brian Houston in the Journal of Women and Social Work, 2016
https://nnedv.org/wp-content/uploads/2019/09/First-2017-Intimate-partner-violence-and-disasters_-A-framework-for-emp...pdf

Child Abuse

“The World Health Organization indicates that child abuse and neglect may be “highly prevalent” after disasters... In North Carolina, the counties most affected by Hurricane Floyd saw a five-fold increase in cases of very young children with abuse-related traumatic brain injury... Reports of child abuse and neglect were significantly higher in the months after Hurricane Hugo and the Loma Prieta Earthquake.”

Source: “A Fact Sheet for Disaster Responders and Providers” by University of Missouri Disaster and Community Crisis Center, a Partner in the National Child Traumatic Stress Network, 2016
https://dcc.missouri.edu/assets/doc/dcc_child_abuse_and_disasters.pdf

“Anecdotal evidence and a small number of systematic studies indicate that intimate partner violence, child abuse and sexual violence are highly prevalent after disasters. Additional evidence suggests that the long-term effects of a disaster can lead to increased levels of crime and community violence. Elder abuse, youth violence and violence related to the distribution of emergency aid have not been studied systematically but are likely to affect communities after a disaster.”

Source: “Violence and disasters” by the World Health Organization
https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf

Mental Health

“In the aftermath disaster and mass violence, almost everyone who experienced the event will have stress reactions. For most people, these reactions will gradually decrease over time, but some survivors and responders - especially those with specific risk factors - may experience longer-term or severe responses.”

Source: “The Impact of Disaster and Mass Violence Events on Mental Health” by the U.S. Department of Veterans Affairs’ National Center for PTSD,
https://www.ptsd.va.gov/professional/treat/type/violence_trauma_effects.asp

“Even after the torrential rains end, or the flood recedes, or the fire burns out, many people continue to feel an enormous amount of stress and anxiety. And, scientists predict catastrophic weather events will become more frequent (and more extreme) with rising global temperatures, putting more people at risk for mental health problems.”

Source: “Natural Disasters Take a Toll on Mental Health” by Brainfacts.org
<https://www.brainfacts.org/diseases-and-disorders/mental-health/2018/natural-disasters-take-a-toll-on-mental-health-062818>

“Millions of people have been directly affected by disaster and mass violence, yet the vast majority of them recover from any stress reaction they experience. At the same time, some survivors will develop psychological disorders such as major depression, generalized anxiety, and posttraumatic stress disorder (PTSD). Many more experience non-specific distress, somatic complaints and other medical health conditions. Risk and resilience (or protective) factors influence the impact of a disaster or mass violence on affected individuals.”

Source: “**Risk and Resilience Factors After Disaster and Mass Violence**” by the U.S. Department of Veterans Affairs’ National Center for PTSD
https://www.ptsd.va.gov/professional/treat/type/disaster_risk_resilience.asp

Substance Abuse

During and after a disaster, there are risks for many with existing substance disorders and particularly for those who also experience a mental health disorder. For those who are in recovery for substance abuse, experiencing a disaster can trigger strong urges to drink or use again.

“Due to damages disasters cause, survivors may be unable to access their usual treatment and services for substance use disorders as well as health and mental health conditions.”

Source: “**Substance Use Disorders and Disasters**” by the Substance Abuse and Mental Health Services Administration <https://www.samhsa.gov/dbhis-collections/substance-use>

“Some people increase their use of alcohol, prescription medications, or other drugs after a disaster. They may feel that using drugs and alcohol helps to escape bad feelings or physical symptoms related to stress responses (for example, headaches, muscle tension). However, these substances can actually make these symptoms worse in the long term, because they interrupt natural sleep cycles, create health problems, interfere with relationships, and create potential dependence on the substance.”

Source: “**Alcohol, Medication, and Drug Use after Disaster**” from the Psychological First Aid Field Operations Guide by The National Child Traumatic Stress Network, 2012
<https://www.nctsn.org/resources/pfa-alcohol-and-drug-use-after-disasters>

“Analysis of combined data from 10 disasters studied with consistent methods revealed a 19% postdisaster prevalence of alcohol use disorders, but only 0.3% of the sample developed a new (incident) postdisaster alcohol use disorder in the first few months after the disaster.”

Source: “**Postdisaster Course of Alcohol Use Disorders in Systematically Studied Survivors of 10 Disasters**” by Carol S. North, MD, MPE; Christopher L. Ringwalt, DrPH; Dana Downs, MSW
<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/211053>

VIII. Disasters and the Media

“Disasters can be chaotic, confusing, and frightening events, both for those who experience them directly and for those who learn about them through the media... This fact sheet provides an overview of how media coverage of a disaster may affect your child and suggests strategies that parents can use to address these effects.”

Source: Helping your child cope with media coverage of disasters: A fact sheet for parents” by The National Child Traumatic Stress Network
https://dcc.missouri.edu/assets/doc/products/disaster_media_factsheet_for_parents_dcc.pdf

Resource Guide

This section contains links to additional information and resources of interest to help support in-service trainings. These resources have been selected to deepen understanding of the impacts of disasters for the benefit of various user groups.

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General

“Black Feminism and Radical Planning: New Directions for Disaster Planning Research,” Fayola Jacobs in *Planning Theory*. March 2018.

After Hurricane Katrina’s devastation of the United States’ Gulf Coast, conversations about flooding became focused on the interconnections between so-called “natural” disasters, poverty, gender and race. Although research has long shown that women, people of color and low-income communities are more vulnerable to natural hazards, the disproportionate effects of Hurricane Katrina and subsequent federal and state disaster response efforts forced the national spotlight on the institutional and systemic nature of racism, classism and sexism. Using Black feminism and radical planning theory, two lenses that provides a comprehensive framework for understanding racism, classism and sexism, this article examines the concept and literature of social vulnerability.

<https://doi.org/10.1177/1473095218763221>

“Challenges for Resuming Normal Life After Earthquake: A Qualitative Study on Rural Areas of Iran,” Public Library of Science, October 17, 2014.

“Growing evidence is indicating that some of disaster affected people face challenges to resume normal life several months after an earthquake... This study aimed to explore challenges of return to normalcy in rural earthquake-stricken areas of Iran.”

<http://currents.plos.org/disasters/index.html%3Fp=13549.html>

“Citizen Disaster Communication Assessment,” University of Missouri Disaster and Community Crisis Center.

This document can be used by responders, organizations, and researchers to understand how people use communication to cope with disasters before, during, and after the event.

https://dcc.missouri.edu/assets/doc/CDCA_Assessments.pdf

“Coping with Disasters,” in the book *International Encyclopedia of the Social & Behavioral Sciences* (pp.3713-3718).

“Distinctions among coping with natural and technological disasters, coping in emergency workers and primary victims, measurement of coping, and relationships between coping and health are discussed.”

https://www.researchgate.net/publication/283999161_Disasters_Coping_with

“Defining Disaster: The Emergency Department Perspective,” Joseph Zibulewsky, MD. Baylor University Medical Center Proceedings. April 2001.

A thorough review of disasters – definitions, incidents, response and outcomes – in the U.S.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1291330/>

Disaster Behavioral Health Information Series (DBHIS) Resource Collections

Substance Abuse and Mental Health Services Administration's (SAMHSA) Disaster Technical Assistance Center (DTAC) provides various resources and useful information for those in the disaster behavioral health field. This page includes a comprehensive list of the topics covered in their collections.

<https://www.samhsa.gov/dtac/dbhis-collections>

“Research After Disasters: A 20-Year Retrospective,” NCTSN webinar. 2009.

<https://www.nctsn.org/resources/research-after-disasters-20-year-retrospective>

University of Missouri Disaster and Community Crisis Center

“The Disaster and Community Crisis Center (DCC) at the University of Missouri focuses on enhancing preparedness, recovery, and resilience in children, families, schools, and communities affected by disaster and community crisis. DCC is an interdisciplinary center with expertise in mental and behavioral health, social work, public health, communication, mass media, social media, and journalism.”

<https://dcc.missouri.edu/>

Adults

“Coping Tips for Traumatic Events and Disasters,” SAMHSA – Substance Abuse and Mental Health Services Administration.

<https://www.samhsa.gov/find-help/disaster-distress-helpline/coping-tips>

“Coping With Disaster Fact Sheets,” Missouri Department of Mental Health

Includes many tip sheets for a dozen topics related to coping with disaster. “Adult” tip sheets are available for the following areas: Families in Tough Times, Adults, College Students, Emergency Response Workers, Facing Fear, Grief and Loss, Older Adults After a Disaster, Difficult Economic Times, Disasters and Traumatic Events, Traumatic Event Anniversaries, Emotional First Aid for Adults, Sheltering in Place, The Road to Resilience, Survivors – Coping with Anger.

<https://dmh.mo.gov/disaster-services/coping-fact-sheets>

Psychological Impact of Natural Disasters in Adults

By Anka A. Vujanovic, Ph.D., and Matthew W. Gallagher, Ph.D. September 2017.

<https://www.uh.edu/class/news/archive/2017/august-september/natural-disasters-impact-adults/>

“Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress,” SAMHSA – Substance Abuse and Mental Health Services Administration.

<https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-Managing-Stress/SMA13-4776>

“Women and Disasters,” SAMHSA – Substance Abuse and Mental Health Services Administration

SAMHSA Disaster Technical Assistance Center (DTAC) produced this bulletin in October 2020. It focuses on women and disasters. It covers research on how women experience disasters—both women in general and subgroups, such as pregnant women and older women. It considers disaster preparedness among women, effects of disaster on women, and risk and protective factors. It touches on approaches for disaster behavioral health programs to ensure they meet the needs of pregnant women and women at risk of gender-based violence (GBV).

<https://www.samhsa.gov/sites/default/files/dtac/women-disasters-october-supplemental-research-bulletin.pdf>

Child Abuse

“Disasters and Child Abuse: A Fact Sheet for Disaster Responders and Providers,” MU Disaster and Community Crisis Center and the National Child Traumatic Stress Network (NCTSN). 2016.

This fact sheet highlights potential connections between disasters and child abuse or neglect, and offers strategies for responders to promote child safety.

https://dcc.missouri.edu/assets/doc/dcc_child_abuse_and_disasters.pdf

“Child Trauma: Physical Abuse,” National Child Traumatic Stress Network (NCTSN).

Includes Effects, Interventions and Resources.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/physical-abuse>

“Child Trauma: Sexual Abuse,” National Child Traumatic Stress Network (NCTSN).

Includes Effects, Interventions, NCTSN Resources, and External Resources.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse>

Children and Teens

“Age-Related Reactions to a Traumatic Event,” National Child Traumatic Stress Network (NCTSN). 2010.

Describes how young children, school-age children, and adolescents react to traumatic events and offers suggestions on how parents and caregivers can help and support them.

<https://www.nctsn.org/resources/age-related-reactions-traumatic-event>

“Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters,” Substance Abuse and Mental Health Services Administration. September, 2018.

This issue of the Supplemental Research Bulletin focuses on mental health and substance use (behavioral health) conditions in children and adolescents following exposure to natural disasters such as hurricanes, tornadoes, and earthquakes.

<https://www.samhsa.gov/sites/default/files/srb-childrenyouth-8-22-18.pdf>

“Child Trauma: Disasters,” National Child Traumatic Stress Network (NCTSN).

Natural disasters include hurricanes, earthquakes, tornadoes, wildfires, tsunamis, and floods, as well as extreme weather events such as blizzards, droughts, extreme heat, and wind storms. These events can lead to many adversities for children and families, including displacement, loss of home and personal property, changes in schools, economic hardship, loss of community and social supports, and even the injury and death of loved ones.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters>

“Coping With Disaster Fact Sheets,” Missouri Department of Mental Health

Includes many tip sheets for a dozen topics related to coping with disaster. “Children and Youth” tip sheets are available for the following areas: Helping Young Children Heal (Crisis); Helping Young Children Heal (Tornado); Age Related Reactions to a Traumatic Event, Death, Grief, and Mourning; Coping Facts (Children and Youth); Emotional First Aid; Talking to Children about Death/Attending Services; Psychological and Emotional Aftermath (Earthquake); Traumatic Grief – Tips for Caregivers; Traumatic Grief – Tips for Caregivers; Reaction to Disasters; Talk to Children (Tornadoes); Sibling Death and Childhood Traumatic Grief; Serious Emotional Disturbance.

<https://dmh.mo.gov/disaster-services/coping-fact-sheets>

“Disaster Preparedness: For Families of Children and Youth with Special Health Care Needs,” State of Alaska Department of Health and Social Services. 2015.

<http://dhss.alaska.gov/dph/wcfh/Documents/disability/CYSHCNBookletWebAccessible.pdf>

“FEMA for Kids,” U.S. Department of Homeland Security.

<https://www.fema.gov/blog/fema-kids>

“Helping Children Cope with Emergencies,” Centers for Disease Control, Caring for Children in a Disaster.

Regardless of your child’s age, he or she may feel upset or have other strong emotions after an emergency. Some children react right away, while others may show signs of difficulty much later. How a child reacts and the common signs of distress can vary according to the child’s age, previous experiences, and how the child typically copes with stress.

<https://www.cdc.gov/childrenindisasters/helping-children-cope.html>

The National Child Traumatic Stress Network

NCTSN includes significant resources related to natural disasters and their impact on children. “Natural disasters include hurricanes, earthquakes, tornadoes, wildfires, tsunamis, and floods, as well as extreme weather events such as blizzards, droughts, extreme heat, and wind storms. These events can lead to many adversities for children and families, including displacement, loss of home and personal property, changes in schools, economic hardship, loss of community and social supports, and even the injury and death of loved ones.”

<https://www.nctsn.org/>

“Picturing Resilience Intervention (PRI),” Resources found at the MU Disaster and Community Crisis Center website.

The Picturing Resilience Intervention (PRI) is a group intervention designed to promote resilience and coping skills among youth following a disaster, community crisis, or other challenges resulting from the usual stresses of daily life.

<https://dcc.missouri.edu/pri.html>

“Ready Kids,” by Ready.gov.

Disasters happen everywhere, and every member of the family can prepare. Preparedness for the future starts today.

Whether you’re a kid or teen yourself, a parent or loved one, or work with youth, Ready Kids has tools and information to help before, during and after disasters.

<https://www.ready.gov/kids>

“Resilience and Coping Intervention (RCI),” Resources found at the MU Disaster and Community Crisis Center website.

RCI is a group coping exercise that is appropriate for children, adolescents, adults, and families. RCI encourages group members to share their thoughts and feelings about their experiences and to identify appropriate and successful coping strategies. It engages group members in dialogue about issues that are difficult to discuss and it is skill-enhancing. RCI sessions can focus on disasters, community trauma, or other challenges.

<https://dcc.missouri.edu/rci.html>

“Tips for Talking to Children and Youth After A Disaster or Traumatic Event: A Guide for Parents, Caregivers and Educators,” Substance Abuse and Mental Health Services Administration. 2012.

This fact sheet helps parents and teachers recognize common reactions of children after experiencing a disaster or traumatic event. It highlights reactions by age group, offers tips for how to respond in a helpful way, and recommends when to seek support.

<https://store.samhsa.gov/product/tips-talking-helping-children-youth-cope-after-disaster-or-traumatic-event-guide-parents/sma12-4732>

“Understanding Child Trauma,” Substance Abuse and Mental Health Services Administration.

Recognize the signs of child traumatic stress with the informative infographic developed by SAMHSA’s National Child Traumatic Stress Initiative (NCTSI).

<https://www.samhsa.gov/child-trauma/understanding-child-trauma>

“Using Data and Services to Meet the Disaster Mental Health Needs of Youth and Families: A Planning and Resource Guide,” The University of Missouri Disaster and Community Crisis Center.

This guide helps disaster planners (those working or volunteering with the government or any organization active in disaster response) address youth and family disaster mental health issues in disaster planning and response.

https://dcc.missouri.edu/assets/doc/needs-of-youth_family-in-disaster_final.pdf

“Young Children’s Books and Activities About Disasters: A Resource Sheet for Parents and Childcare Providers,” The University of Missouri Disaster and Community Crisis Center in partnership with the National Child Traumatic Stress Network (NCTSN).

Learning about disasters can help children who have experienced a disaster communicate their thoughts and feelings about the event. Learning can also help children be better prepared if a disaster occurs in the future.

This Resource Sheet provides suggests books and activities that can help young children understand and discuss disasters. Parents and childcare providers can read these books or participate in these activities with children.

https://dcc.missouri.edu/assets/doc/dcc_disaster_childrenresources.pdf

Clergy

“10 Guidelines for Pastoral Care During the Coronavirus Outbreak,” by Eileen R. Campbell-Reed. The Christian Century. March 10, 2020.

How can we accompany people through this valley of anxiety, fear, and death?

<https://www.christiancentury.org/blog-post/guest-post/10-guidelines-pastoral-care-during-coronavirus-outbreak>

“Christian Theology and Disasters: Where is God in All This?” By Donal P. O’Mathuna. From Disasters: Core Concepts and Ethical Theories. pp. 27-42.

https://link.springer.com/chapter/10.1007%2F978-3-319-92722-0_3

“Clergy Toolkit,” U.S. Department of Veterans Affairs. National Center for PTSD.

Includes Making a Referral, Supporting Those in Treatment, Measuring Spiritual Impact and Clergy Self-Care.

<https://www.ptsd.va.gov/professional/treat/care/toolkits/clergy/pastoralClergy.asp>

“Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy,” by Stephen B. Roberts.

The first comprehensive resource for pastoral care in the face of disaster—a vital resource for clergy, seminarians, pastoral counselors and caregivers of all faith traditions.

<https://www.amazon.com/Disaster-Spiritual-Care-Practical-Responses/dp/159473240X>

“Engaging Faith-based and Community Organizations: Planning Considerations for Emergency Managers,” Department of Homeland Security. June 2018.

<https://www.fema.gov/sites/default/files/2020-07/engaging-faith-based-and-community-organizations.pdf>

“Faith-Based Communities and Spiritual Leaders,” Substance Abuse and Mental Health Services Administration.

This installment of the SAMHSA Disaster Behavioral Health Information Series (DBHIS) focuses on how spiritual leaders and faith-based communities can support behavioral health after disasters, and how faith-related support can be included in disaster behavioral health response. It includes 41 links to disaster response resources across the spectrum of faith-based organizations.

<https://www.samhsa.gov/dbhis-collections/faith-based?term=Faith-Based-DBHIS>

“Role of Pastors in Disasters Curriculum Development Project: Preparing Faith-Based Leaders to be Agents of Safety,” Journal of Homeland Security and Emergency Management, Randolph Rowel, organ State University Larry A. Mercer, Washington Bible College Gladys Gichomo, Morgan State University. 2011.

<http://www.operationoc.org/Portals/41/images/partners/Role%20of%20Pastors%20in%20Disaster%20DHS.pdf>

“The Role of Religious Leaders in the Restoration of Hope Following Natural Disasters,”

AGE Open, Tatsushi Hirono and Michelle Emery Blake. 2017.

https://www.researchgate.net/publication/317027491_The_Role_of_Religious_Leaders_in_the_Restoration_of_Hope_Following_Natural_Disasters

Displacement

“Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach,” Missouri Department of Mental Health.

People experiencing homelessness typically have limited resources and likely have past exposure to traumatic events. Therefore, they may be at higher risk of adverse physical and psychological reactions following a public health emergency or disaster. Trauma-informed approaches can help disaster responders effectively serve homeless individuals and families.

<https://www.phe.gov/Preparedness/planning/abc/Pages/homeless-trauma-informed.aspx>

“Domestic Disaster Displacement (3D) Manual: Working with People Who Have Been Displaced,” J. Brian Houston, Betty Pfefferbaum, Gil Reyes, Karen F. Wyche, Russell T. Jones, Matthew Yoder. University of Oklahoma Health Sciences Center. 2009.

https://dcc.missouri.edu/assets/doc/Disaster_Displacement_Manual_v1_2009_Final.pdf

Educators

“Child Trauma Toolkit for Educators” National Child Traumatic Stress Network (NCTSN). 2008.

Provides school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system.

<https://www.nctsn.org/resources/child-trauma-toolkit-educators>

“Helping Students Cope With Media Coverage of Disasters: A Fact Sheet for Teachers and School Staff,” MU Disaster and Community Crisis Center. 2011.

Disasters can be chaotic, confusing, and frightening events, both for those who experience them directly and for those who learn about them through the media.

https://dcc.missouri.edu/assets/doc/products/disaster_media_factsheet_for_schools_dcc.pdf

Also available in Spanish:

https://dcc.missouri.edu/assets/doc/products/DCC_Media_Teacher_SPANISH.pdf

“Helping Youth After Community Trauma: Tips for Educators,” National Child Traumatic Stress Network. 2014.

Lists common reactions educators might see in the students with whom they work and suggestions on how they may help after community trauma. This tip sheet describes how traumatic events, such as a natural disaster, school violence, or the traumatic death of a peer or educator, can affect students’ learning, behavior, and relationships.

<https://www.nctsn.org/resources/helping-youth-after-community-trauma-tips-educators>

“The Impact of Secondary Trauma on Educators,” by Karen Baicker. ASCD Stress-Busting Strategies for Educators. March 12, 2020.

<http://www.ascd.org/ascd-express/vol15/num13/the-impact-of-secondary-trauma-on-educators.aspx>

“Large-Scale Natural Disasters: Helping Children Cope,” National Association of School Psychologists, School Safety and Crisis. 2017.

“Large-scale disasters, such as major hurricanes or earthquakes, can have a strong emotional effect even for people not directly affected by the disasters. The scope of devastation and loss of life can be very disturbing and hard to comprehend. Common reactions include sadness, concern for loved ones in affected areas, anxiety over a large scale disaster occurring at home, and the strong desire to help. Adults can help children by supporting their emotional and psychological needs, helping them understand the events factually, and providing the opportunity to process their reactions, as needed.”

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/natural-disaster-resources/large-scale-natural-disasters-helping-children-cope>

“Mental Health Topics For Schools and Teachers,” Children’s National Website.

<https://childrensnational.org/visit/resources-for-families/wellness-resources/mental-health-resources>

Ready.gov site for Educators and Organizations to prepare for disasters.

Includes Resources for Educators and Organizations, including curriculum and emergency planning resources, as well as a Resource Library.

<https://www.ready.gov/kids/educators-organizations>

“Resilience and Coping Intervention for Schools (RCI-S),” By, Sandra F. Allen, Ph.D. MU Disaster and Community Crisis Center. 2014.

An Interview Guide Designed to Help Students Discuss Challenges and Identify Strategies That Increase Resilience and Improve Coping Skills.

https://dcc.missouri.edu/assets/doc/rci_schools_manual_2015.pdf

“Returning to School After an Emergency or Disaster: Tips to Help Your Students Cope,” Centers for Disease Control. September 1, 2020.

Includes activity pages, links and Spanish versions of the paper.

<https://www.cdc.gov/childrenindisasters/school-return-after.html>

“Self-Care Strategies for Educators During the Coronavirus Crisis, Supporting Personal Social and Emotional Well-Being,” by Christina Pate, WestEd Crisis Response Resource. May 2020.

With many lives significantly disrupted, millions of students at home, and entire communities sheltering in place, the challenges and stresses that educators face today are unprecedented. In this rapidly changing context, teachers are called upon to continue educating their students, often teaching from home while also supporting families and communities in new ways. But in order to support others, educators must support themselves first. In fact, across helping professions generally, self-care is considered an ethical imperative.

<https://www.wested.org/resources/self-care-strategies-for-educators-covid-19/>

“Taking Care of Yourself,” from Tips for Helping School-Age Children After Disasters. National Child Traumatic Stress Network. 2014.

During this time, you and your colleagues may be experiencing different reactions. There are several ways you can find balance, be aware of your needs, and make connections. Use this list to help you decide which self-care strategies will work for you.

https://www.nctsn.org/sites/default/files/resources/fact-sheet/taking_care_of_yourself.pdf

“Trauma Facts for Educators,” from the National Child Traumatic Stress Network (NCTSN). 2008.

Provides teachers with facts about the impact of trauma on students. This fact sheet, a part of the Child Trauma Toolkit for Educators, includes information on trauma reactions and how teachers can help.

<https://www.nctsn.org/resources/trauma-facts-educators>

“Warning Signs and Risk Factors for Emotional Distress,” from the Substance Abuse and Mental Health Services Administration (SAMHSA). 10/6/20.

Learn about the common warning signs and risk factors for emotional distress that children, adults, and first responders often experience.

<https://www.samhsa.gov/disaster-distress-helpline/warning-signs-risk-factors>

ASCD

A professional association for educators.

www.ascd.org

First Responders

“Adjusting to Life at Home: Tips for Families of Returning Disaster Responders,” Substance Abuse and Mental Health Services Administration – (SAMHSA). 2014.

This fact sheet offers tips and strategies families can use to help disaster response workers return home and adjust to daily life. It describes things to keep in mind while adjusting to the return of a loved one, signs of stress, and when to seek help.

<https://store.samhsa.gov/product/Adjusting-to-Life-at-Home/SMA14-4872>

“Disaster Behavioral Health Responders: Compassion Fatigue, Stress, Cultural Awareness, and Substance Abuse,” Substance Abuse and Mental Health Services Administration – (SAMHSA) 2014.

This fact sheet explains the causes and signs of compassion fatigue, which is the burnout and secondary trauma disaster response workers can experience. It offers self-care tips for coping and discusses compassion satisfaction as a protective tool.

<https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/sma14-4869>

“The Effects of Trauma on First Responders,” Substance Abuse and Mental Health Services Administration – SAMHSA the Dialogue. 2018.

https://www.samhsa.gov/sites/default/files/dtac/dialogue-vol14-is1_final_051718.pdf

“Emergency Responders: Tips for Taking Care of Yourself,” Centers for Disease Control.

Responding to disasters is both rewarding and challenging work. Sources of stress for emergency responders may include witnessing human suffering, risk of personal harm, intense workloads, life-and-death decisions, and separation from family. Stress prevention and management is critical for responders to stay well and to continue to help in the situation. There are important steps responders should take before, during, and after an event. To take care of others, responders must be feeling well and thinking clearly.

<https://emergency.cdc.gov/coping/responders.asp>

“A Fact Sheet for Disaster Responders and Providers,” Univ. of Missouri Disaster and Community Crisis Center, a Partner in the National Child Traumatic Stress Network, 2016.

https://dcc.missouri.edu/assets/doc/dcc_child_abuse_and_disasters.pdf

“Helping Staff Manage Stress When Returning to Work: Tips for Supervisors of Disaster Responders,” Substance Abuse and Mental Health Services Administration – SAMHSA. September 2014.

This fact sheet offers tips supervisors can use to help ease the transition and manage stress for disaster response workers returning to work. It helps people recognize and reduce potential difficulties in the workplace and enhances positive consequences for all staff.

<https://store.samhsa.gov/product/Helping-Staff-Manage-Stress-When-Returning-to-Work/sma14-4871>

“The Mindfit Resiliency Project: Bringing Mindfulness Practices to First Responders.”

The Mindfit Project offers adaptations of the mindfulness intervention in order to meet the needs of law enforcement personnel and other first responders. The site includes books, websites, and apps; mindfulness practice handouts; links to meditation centers, and more.

<http://www.mindfitproject.com/resources#/stress-firstresponders>

“Preventing and Managing Stress,” Centers for Disease Control Fact Sheet. September 2014.

This fact sheet provides tips to help disaster response workers prevent and manage stress while on assignment. It includes strategies to help responders prepare for their assignments, take stress-reducing precautions, and manage stress in the recovery phase.

<https://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873>

“Secondary Traumatization in First Responders: A Systematic Review,” by Ania Greinacher, Cassandra Derezza-Greeven, Wolfgang Herzog, and Christoph Nikendei. European Journal of Psychotraumatology, 2019.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6346705/>

“Tips for Disaster Responders: Understanding Compassion Fatigue,” from SAMSHA.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4869.pdf>

Grief and Loss

“Coping Facts for Grief and Loss,” Missouri Department of Mental Health.

<https://dmh.mo.gov/media/pdf/coping-facts-grief-and-loss>

“Coping with Grief & Loss After a Natural Disaster,” by John M. Grohol, Psy.D., PsychCentral. May 2020.

Includes links to numerous articles chosen to assist individuals coping with grief responses after disaster.

<https://psychcentral.com/disaster/>

“Cultural Guidelines: Tips for Working with Families After a Sudden or Unexpected Death,” Missouri Department of Mental Health. October 2014.

Culture includes the beliefs, customs, and arts of a particular society, group, or place. How people respond to issues of death or dying is directly related to their cultural backgrounds. Anyone who works with families should be sensitive to their culture, ethnic, religious, and language diversity. This tip guide provides practical cultural guidelines for working with families who have experienced sudden and unexpected death.

<https://dmh.mo.gov/media/pdf/cultural-guidelines-tips-working-families-after-sudden-or-unexpected-death>

“Tips for Survivors: Coping with Grief After a Disaster or Traumatic Event,” Substance Abuse and Mental Health Services Administration. 2017.

Grief is the normal response of sorrow, heartache, and confusion that comes from losing someone or something important to you. Grief can also be a common human response after a disaster or other traumatic event.

This tip sheet contains information about grief, the grieving process, and what happens when the process is interrupted and complicated or traumatic grief occurs. It also offers tips and resources for coping with both types of grief.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma17-5035.pdf>

Human Health/Health Providers

“After the cap: Risk assessment, citizen science and disaster recovery,” by McCormick, S. in Ecology and Society, 2012.

In this paper the author examines the potential utility of crowdsourcing information as part of a citizen science effort to rapidly assess potential risk factors and health outcomes following a disaster.

<https://doi.org/10.5751/ES-05263-170431>

“Community attachment and negative affective states in the context of the BP Deepwater Horizon disaster,” by Lee, M. R., & Blanchard, T. C. in American Behavioral Scientist. 2012.

This study was a survey of three coastal community parishes in Louisiana that were directly impacted by the Deepwater Horizon oil spill.

<https://doi.org/10.1177/0002764211409384>

“Cumulative disaster exposure and mental and physical health symptoms among a large sample of Gulf Coast residents,” by Lowe, S. R., McGrath, J. A., Young, M. N., Kwok, R. K., Engel, L. S., Galea, S., & Sandler, D. P. in Journal of Traumatic Stress. 2019.

This study emerged from the broader GuLF STUDY and focused specifically on the impacts of cumulative exposure to multiple disasters on mental health.

<https://doi.org/10.1002/jts.22392>

“The Deepwater Horizon oil spill through the lens of human health and the ecosystem,” by Lichtveld, M., Sherchan, S., Gam, K. B., Kwok, R. K., Mundorf, C., Shankar, A., & Soares, L. in Current Environmental Health Reports. 2016.

This is a review paper examining available research related to impacts from the Deepwater Horizon oil spill on human health and ecosystems with the intention of helping to strategically focus recommendations for future funding.

<https://doi.org/10.1007/s40572-016-0119-7>

“Disruption of routine behaviors following the Deepwater Horizon oil spill,” by Parks, V., Drakeford, L., Cope, M. R., & Slack, T. in Society and Natural Resources, 2018.

The authors of this paper investigate the influence of the Deepwater Horizon oil spill’s impact on routine behaviors (e.g., sleep patterns, social engagement, daily chores/tasks, job productivity, etc.) in oil spill impacted communities, particularly communities that rely upon natural resources (renewable and nonrenewable).

<https://doi.org/10.1080/08941920.2017.1377794>

“The Early Psychological Impacts of the Deepwater Horizon Oil Spill on Florida and Alabama Communities,” by Grattan, L. M., Roberts, S., Mahan Jr., W. T., McLaughlin, P. K., Otwell, W. S., & Morris Jr., J. G. in *Environmental Health Perspectives*. 2011.

The purpose of this study was two-fold: 1) determine the level of psychological distress and coping strategies in a community that was indirectly impacted by Deepwater Horizon; and 2) to determine whether those that experienced economic loss as a result of the spill showed signs of greater distress than those with stable income.

<https://doi.org/10.1289/ehp.1002915>

“Enhancing disaster resilience by reducing stress-associated health impacts,” by Sandifer, P. A., & Walker, A. H. in *Frontiers in Public Health*. 2018.

The authors of this review outline eight actions that can be taken to improve disaster resilience through inclusion of stress alleviation in disaster planning.

<https://doi.org/10.3389/fpubh.2018.00373>

“Fishing households, social support, and depression after the Deepwater Horizon oil spill,” by Parks, V., Slack, T., Ramchand, R., Drakeford, L., Finucane, M. L., & Lee, M. R. in *Rural Sociology*. 2019.

The authors of this study evaluate the role of social support in the ability of members of a fishing community to mentally and emotionally recover following the Deepwater Horizon oil spill.

<https://doi.org/10.1111/ruso.12297>

“The GuLF study: A prospective study of persons involved in the Deepwater horizon oil spill response and clean-Up,” by Kwok, R. K., Engel, L. S., Miller, A. K., Blair, A., Curry, M. D., Jackson, W. B., Stewart, P. A., Stenzel, M. R., Birnbaum, L. S., & Sandler, D. P. in *Environmental Health Perspectives*. 2017.

The Gulf Long-term Follow-up Study (GuLF STUDY) was a prospective cohort study designed to examine the human health impacts among oil spill response and cleanup workers following the Deepwater Horizon oil spill.

<https://doi.org/10.1289/EHP715>

“The human health risk estimation of inhaled oil spill emissions with and without adding dispersant,” by Afshar-Mohajer, N., Fox, M. A., & Koehler, K. . *Science of the Total Environment*. 2019.

This paper examines the potential risk of pulmonary disease following exposure to both volatile organic compounds (VOCs) and airborne fine particulate matter (PM) following an oil spill in seawater.

<https://doi.org/10.1016/j.scitotenv.2018.11.110>

“Lung Function in Oil Spill Response Workers 1-3 Years After the Deepwater Horizon Disaster,” by Gam, K. B., Kwok, R. K., Engel, L. S., Curry, M. D., Stewart, P. A., Stenzel, M. R., McGrath, J. A., Jackson II, W. B., Jensen, R. L., Keil, A. P., Lichtveld, M. Y., Miller, A. K., & Sandler, D. P., in *Epidemiology*. 2018.

Evaluation of lung function results from >7,700 adults living in the Gulf states that participated in Deepwater Horizon oil spill response (workers) or were trained to do so but were unhired (non-workers).

<https://doi.org/10.1097/EDE.0000000000000808>

“Then and now: Lessons learned from community- academic partnerships in environmental health research,” by Lichtveld, M., Goldstein, B., Grattan, L., & Mundorf, C. in *Environmental Health: A Global Access Science Source*, 2016.

The authors examine the evolution of community involvement in environmental health research over the past several decades with particular focus on the community partnerships in the aftermath of the Deepwater Horizon oil spill.

<https://doi.org/10.1186/s12940-016-0201-5>

“Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue,” Substance Abuse and Mental Health Services Administration (SAMHSA). July 2020.

This tip sheet explores stress and compassion fatigue, as well as signs of distress after a disaster. It identifies ways to cope and enhance resilience, along with resources for more information and support.

<https://store.samhsa.gov/product/Tips-for-Healthcare-Professionals-Coping-with-Stress-and-Compassion-Fatigue/PEP20-01-01-016>

Intimate Partner Violence

“Disasters and Domestic Violence: A Fact Sheet for Disaster Responders and Providers,” in Disaster and Community Crisis Center, University of Missouri, A Partner in the National Child Traumatic Stress Network. 2014.

This fact sheet provides an overview of disasters and domestic violence and describes strategies for how disaster responders and providers can assist families that experience disaster and domestic violence.

https://dcc.missouri.edu/assets/doc/dcc_domestic_violence_and_disasters.pdf

“Intimate Partner Violence and Disasters: A Framework for Empowering Women Experiencing Violence in Disaster Settings,” by Jennifer M. First, Nathan L. First and J. Brian Houston in the Journal of Women and Social Work. 2017.

Disasters, both natural and human-caused, can generate significant stressors for individuals, families, and communities, and research has documented an increase in the prevalence and severity of violence against women following these events. This article reviews research documenting the prevalence and severity of violence against women in disaster settings and provides a framework for intimate partner violence professionals to cultivate resources and capacities that promote women’s safety and well-being before, during, and after a disaster.

<https://journals.sagepub.com/doi/abs/10.1177/0886109917706338>

“Intimate Partner Violence and Natural Disasters: Actions Steps and Resources for Survivors, Communities, Families, and Psychologists During COVID-19,” by American Psychological Association Committee on Women in Psychology. October 13, 2020.

<https://www.apa.org/topics/covid-19/partner-violence-disasters>

“National Domestic Violence Hotline”

<https://www.thehotline.org/>

“Understanding the Impact of Hurricane Harvey on Family Violence Survivors in Texas and Those Who Serve them,” Texas Council on Family Violence. June 2019.

<https://tcfv.org/wp-content/uploads/2019/08/Hurricane-Harvey-Report-FINAL-and-APPROVED-as-of-060619.pdf>

“Violence and Disasters,” World Health Organization. 2005.

https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf

Mental Health

“Behavioral Health Disaster Response App,” Substance Abuse and Mental Health Services Administration. Found on NCTSN link. 2015.

Makes it easy to provide quality support to survivors. Users can navigate pre-deployment preparation, on-the-ground assistance, post-deployment resources, and more—at the touch of a button from the home screen. Users also can share resources, like tips for helping survivors cope, find local behavioral health services, as well as self-care support for responders for all stages of deployment.

<https://www.nctsn.org/resources/samhsa-behavioral-health-disaster-response>

“Disaster Behavioral Health Interventions Inventory,” Substance Abuse and Mental Health Services Administration (SAMSHA), May 2015.

This Supplemental Research Bulletin is an inventory rather than a review of current research in the field of disaster behavioral health (DBH). The inventory primarily comprises disaster-specific interventions, although several may also be used to assist people who are suffering with distress or disorders associated with other types of traumatic events.

<https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>

“Disaster Behavioral Health,” Tip Sheet, U.S. Department of Health & Human Services, Public Health Emergency, Sept. 2020.

<https://www.phe.gov/Preparedness/planning/abc/Pages/disaster-behavioral.aspx>

“Mental Health in Emergencies,” World Health Organization.

This fact sheet details the mental health impacts following emergencies with an international perspective.

<https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>

“Mental Health Response to Community Disasters: A Fact Sheet for Disaster Mental Health Planners, Responders, and Providers,” by Carol S. North, MD, MPE in University of Missouri Disaster and Community Crisis Center, A Partner in the National Child Traumatic Stress Network. 2014.

Useful tip sheet, which includes “General Principles for Disaster Mental Health” and a “Framework for Mental Health Response to Disaster.”

https://dcc.missouri.edu/assets/doc/dcc_community_mh_response_factsheet.pdf

“Natural Disasters Take a Toll on Mental Health,” by Knvul Sheikh in BrainFacts.org. 2018.

The impact of a natural disaster is often measured by a handful of numbers: the number of fatalities and injuries, the number of homes and buildings destroyed, the cost of cleanup and repair. It doesn’t often account for the emotional wounds inflicted on survivors.

<https://www.brainfacts.org/diseases-and-disorders/mental-health/2018/natural-disasters-take-a-toll-on-mental-health-062818>

“No Associations of Psychological Symptoms and Suicide Risk with Disaster Experiences in Junior High School Students 5 Years After the 2011 Great East Japan Earthquake and Tsunami,” by Kawahara K, Ushijima H, Usami M, Takebayashi M. in *Neuropsychiatr Dis Treat*. 2020.

Disaster experience was not associated with psychological symptoms (PTSD, depression, anxiety) and suicide risk in junior high school students 5 years after the Great East Japan Earthquake and Tsunami. The suicide risk appears to be the same as that in the general population in Japan. However, attention should be paid to externalization problems and depressive symptoms, an important suicide risk factor, even 5 years after the Great East Japan Earthquake and Tsunami.

<https://doi.org/10.2147/NDT.S269835>

“Psychological Impact of Natural Disasters in Adults,” by Anka A. Vujanovic, Ph.D., and Matthew W. Gallagher, Ph.D. September 2017.

<https://www.uh.edu/class/news/archive/2017/august-september/natural-disasters-impact-adults/>

“Warning Signs and Risk Factors,” Substance Abuse and Mental Health Services Administration (SAMSHA). October 2020.

The impact of crises may affect people in different ways. Learn how to recognize the warning signs and risk factors for emotional distress related to natural and human-caused disasters.

<https://www.samhsa.gov/disaster-distress-helpline/warning-signs-risk-factors>

Older Adults

“Are the elderly more vulnerable to psychological impact of natural disaster? A population-based survey of adult survivors of the 2008 Sichuan earthquake,” by Jia Z, Tian W, Liu W, Cao Y, Yan J, Shun Z in BMC Public Health. March 2010.

<https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-10-172>

“Caring for elderly adults during disasters: improving health outcomes and recovery,” by Laura Banks in Southern Medical Journal. 2013.

<https://pubmed.ncbi.nlm.nih.gov/23263321/>

“Coping Facts for Older Adults After a Traumatic Incident,” Missouri Department of Mental Health.

<https://dmh.mo.gov/media/pdf/coping-facts-older-adults-after-traumatic-incident>

“Disaster vulnerability of elderly and medically frail populations,” by Tara Heagele and Dula Pacquiao in Health Emergency and Disaster Nursing. 2016.

https://www.istage.jst.go.jp/article/hedn/advpub/0/advpub_2016-0009/_pdf

“Elderly People With Disabilities And Natural Disasters: Vulnerability Of Seniors And Post Trauma,” by Danielle Maltais in the Journal of Gerontology & Geriatric Medicine. 2019.

<https://constellation.uqac.ca/5840/1/elderly-people-with-disabilities-and-natural-disasters-vulnerability-of-seniors-and-post-trauma.pdf>

“The Impact of Disaster on Older Adults – PTSD: National Center for PTSD,” U.S. Department of Veterans Affairs, National Center for PTSD.

Research has been mixed about whether older adults are at higher risk for post-traumatic psychopathology. Normative aging suggest older adults may be at lesser risk because they have had a lifetime to develop coping abilities. However, with chronological aging comes health decline and other factors that may leave older adults more vulnerable during and after a disaster.

https://www.ptsd.va.gov/professional/treat/type/disaster_older_adult.asp

“The impact of natural disasters on the elderly,” by E. Paul Cherniack, American Journal of Disaster Medicine. 2008.

<https://pubmed.ncbi.nlm.nih.gov/18666509/>

Parenting

NOTE: Many additional resources for parents can be found in the Children & Teens section of this resource guide.

“Helping Your Child Cope with Media Coverage of Disasters: A Fact Sheet for Parents,” MU Disaster and Community Crisis Center, A Partner in the National Child Traumatic Stress Network (NCTSN). 2011.

This fact sheet provides an overview of how media coverage of a disaster may affect your child and suggests strategies that parents can use to address these effects.

https://dcc.missouri.edu/assets/doc/products/disaster_media_factsheet_for_parents_dcc.pdf

Also available in Spanish:

https://dcc.missouri.edu/assets/doc/products/DCC_Media_Parent_SPANISH.pdf

“Prepare Your Family,” at Ready.Gov.

Being prepared for disasters starts at home. Everyone can be part of helping to prepare for emergencies. Young children and teens alike can be a part of the process. As a parent, guardian, or other family member, you have an important role to play when it comes to protecting the children in your life and helping them be prepared in case disaster strikes.

On this page you’ll find materials to build your family emergency plan, information for how you can help children cope if they’ve experienced a disaster, and tips to help your children be ready when disaster strikes. With these tools, both kids and their families can be prepared whether they’re at home, school, or anywhere else.

<https://www.ready.gov/kids/prepare-your-family>

Resilience

“Peer Listening Program,” Mississippi-Alabama Sea Grant Program.

The current COVID-19 pandemic has shifted the way we work and recreate. These changes have caused increased levels of stress, isolation and anxiety. During disasters, those most affected are often reluctant to use traditional mental health services. Peer listeners have been found to be an effective alternative to formal services.

<http://masgc.org/peer-listening/training>

“Resilience and Coping Intervention (RCI),” by Sandra F. Allen, Ph.D. from MU Disaster and Community Crisis Center, a Partner with the National Child Traumatic Stress Network (NCTSN). 2014.

An Interview Guide Designed to Help Children and Adolescents Discuss Challenges and Identify Strategies That Increase Resilience and Improve Coping Skills.

<https://dcc.missouri.edu/rci.html>

“Risk and Resilience Factors After Disaster and Mass Violence,” U.S. Department of Veterans Affairs, National Center for PTSD.

https://www.ptsd.va.gov/professional/treat/type/disaster_risk_resilience.asp

“The Road to Resilience,” Missouri Department of Mental Health.

This brochure is intended to help readers with taking their own road to resilience. The information within describes resilience and some factors that affect how people deal with hardship. Much of the brochure focuses on developing and using a personal strategy for enhancing resilience.

<https://dmh.mo.gov/media/pdf/road-resilience>

“Self-Care After Disasters,” U.S. Department of Veterans Affairs, National Center for PTSD.

Disasters affect people who experience and respond to the event. Natural and technological disasters impact survivors, bereaved family members, witnesses to the event, and friends of those involved.

https://www.ptsd.va.gov/gethelp/disaster_selfcare.asp

“SPR – Skills for Psychological Recovery (SPR),” from the National Child Traumatic Stress Network.

Skills for Psychological Recovery (SPR) is an evidence-informed modular intervention that aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity. Individuals affected by a disaster or traumatic incident, whether survivors, witnesses, or responders to such events, may struggle with or face new challenges following the event.

<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr>

“Taking Care of Yourself,” the National Child Traumatic Stress Network.

During this time, you and your colleagues may be experiencing different reactions. There are several ways you can find balance, be aware of your needs, and make connections. Use this list to help you decide which self-care strategies will work for you.

https://www.nctsn.org/sites/default/files/resources/fact-sheet/taking_care_of_yourself.pdf

“Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress,” Substance Abuse and Mental Health Services Administration (SAMHSA). January 2013.

This fact sheet offers tips for preventing and managing stress when dealing with the effects of trauma, mass violence, or terrorism. It lists tips for relieving stress and seeking professional help.

<https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-Managing-Stress/SMA13-4776>

“Trauma Stewardship: An everyday guide to caring for self while caring for others,” by Van Derhoot Lipsky, L. 2009.

This book is written for anyone who is doing work with an intention to make the world more sustainable and hopeful—all in all, a better place—and who, through this work, is exposed to the hardship, pain, crisis, trauma, or suffering of other living beings or the planet itself. It is for those who notice that they are not the same people they once were, or are being told by their families, friends, colleagues, or pets that something is different about them.

<https://traumastewardship.com/inside-the-book/>

Brainfacts.org

A public information initiative of The Kavli Foundation, the Gatsby Charitable Foundation, and the Society for Neuroscience.

www.brainfacts.org

U.S. Department of Veteran’s Affairs’ National Center for PTSD

The world's leading research and educational center of excellence on PTSD and traumatic stress.

<https://www.ptsd.va.gov/>

Secondary Trauma

“Beyond the Victim: Secondary Traumatic Stress,” by Charles Figley. (From the book, *Beyond Trauma: Cultural and Societal Dynamics*).

Charles Figley is a seminal figure in the field of Secondary Trauma.

https://www.researchgate.net/publication/316139846_Beyond_the_victim_Secondary_traumatic_stress

“SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach,” Prepared by SAMHSA’s Trauma and Justice Strategic Initiative. July 2014.

https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

“Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals,” from the National Child Traumatic Stress Network (NCTSN).

A fact sheet including STS experiences, who is at risk, how to identify, strategies for prevention, strategies for intervention and worker resiliency.

<https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals>

“Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress,” from SAMSHA, the Substance Abuse and Mental Health Administration. 2017.

<https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-/sma17-5047>

“The Vicarious Trauma Toolkit,” U.S. Department of Justice, Office of Justice Programs.

Includes a definition of Vicarious Trauma, what happens to those exposed to Vicarious Trauma, who is at risk of being affected by Vicarious Trauma, what are some common negative reactions to vicarious trauma, suggestions for coworkers, suggestions for supervisors, suggestions for family members and more.

<https://ovc.ojp.gov/program/vtt/introduction>

“Secondary Traumatization in First Responders: A Systematic Review,” by Ania Greinacher, Cassandra Derezza-Greeven, Wolfgang Herzog, and Christoph Nikendei. *European Journal of Psychotraumatology*, 2019.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6346705/>

Substance Abuse

“Alcohol and Drug Use After a Disaster or Emergency,” from MyHealth Alberta.

<https://myhealth.alberta.ca/Alberta/Pages/alcohol-drug-use-after-disaster-emergency.aspx>

“Alcohol, Medication, and Drug Use After Disaster,” National Child Traumatic Stress Network (NCTSN) Tip Sheet.

A handout from NCTSN’s Psychological First Aid Manual (PFA).

<http://currents.plos.org/disasters/index.html%3Fp=13549.html>

Note: The complete Psychological First Aid Manual (PFA) can be accessed on the Veterans Affairs PTSD website:

https://www.ptsd.va.gov/professional/treat/type/PFA/PFA_2ndEditionwithappendices.pdf

“Post Disaster Course of Alcohol Use Disorders in Systematically Studied Survivors of 10 Disasters.” by Carol S. North, MD, MPE; Christopher L. Ringwalt, DrPH; Dana Downs, MSW; Jim Derzon, PhD; Deborah Galvin, PhD. February 2011. (From the Archives of General Psychiatry)

<https://pubmed.ncbi.nlm.nih.gov/20921113/>

Substance Abuse and Mental Health Services Administration (SAMSHA) Disaster Distress Hotline.

Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor. Dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster.

<https://www.samhsa.gov/find-help/disaster-distress-helpline>

“Disaster Events and Services for Persons with Co-Occurring Substance Abuse and Mental Health Disorders,” Substance Abuse and Mental Health Services Administration (SAMSHA).

<http://cretscmhd.psych.ucla.edu/nola/Video/MHR/CSAT/outreach/04-COCEDisasterEventsText-SAMHSAapproved.pdf>

“Substance Use Disorders and Disasters,” Substance Abuse and Mental Health Services Administration (SAMSHA).

This installment of the SAMHSA Disaster Behavioral Health Information Series focuses on substance use and misuse and substance use disorders after disasters. Resources are filtered to identify particular audiences of interest (i.e. Law Enforcement, Parents and Caregivers, etc.).

<https://www.samhsa.gov/dbhis-collections/substance-use>

Activities for Educators and Parents Working with Kids

The information provided in this section was developed for the original Growing Together program in 1995 and revised for the guidebook in 2004. We have included it here (2021 revision) because we continue to find the core content relevant.

These activities are prompts that can be used to help children process their feelings following the trauma of a disaster. It is important to give them opportunities to express them in a safe space and manner.

Short Term Interventions

Defusing

- Assist the child in expressing their experiences and feelings:
- General events: Talk/draw about the oil spill in general: What causes oil spills?
- Event specific: Talk/draw about the local oil spill you just experienced.
- Personal: Talk/draw about you and your families experience with the oil spill.

Elaborating on Talking And Drawing

Ask Questions:

- Where were you when it [the disaster/event] happened?
- What were you doing?
- Where were your friends?
- Where was your family?
- What was your first thought when it happened?
- What were you thinking about during it?
- What did you see?
- What happened?
- What changed? (include lifestyle/living conditions)
- What did you hear?
- What did you do after it?
- How did you respond?
- What did you lose?
- How did you feel?
- What did other people around you do?
- What was the silliest thing you did?
- Were you or anyone else you know injured?
- What happened to the animals around you?
- What dreams did you have after it?
- What reminds you of it?
- When do you think about it?
- What do you do differently since the disaster/event?
- How do you feel now?

- What makes you feel better?
- How have you gotten through rough times before?
- What would you do differently if it happened again?
- How did you help others? How would you help next time?

Most of these questions would be helpful at any time after a disaster/event, from one day following to one or more years later.

Talking Methods Activities

- child tells a story - allows metaphors
- puppets “tell” or “live” a story
- have an open discussion – using previous questions: ask for volunteers to begin with talk “general to specific”
- use photos, drawings, etc. to facilitate discussions
- use video prior to discussion to get it going
- create a skit, play, or do role-playing, related to the disaster
- do “show and tell” related to the event
- inform/educate the children about the event to make it less threatening to talk about; make it “familiar”

Drawing Methods/Activities

Introduce Drawing as:

- another way of talking, but silently
- a means of expression used by many

Drawings should be presented to the child as an option for expression, not as a required activity.

Remember to use previous questions to help lead these activities: A question can become a theme for drawing.

Activities:

- Draw/write a book together
- Write journals with pictures
- Do a collective drawing - a MURAL
 - Murals tell a “collective” story
 - Murals develop/support teamwork
 - They feel “safer” for some children as opposed to individual art
 - Teacher should do very little drawing.
 - Give the mural a “place of honor” in the classroom.
 - Allow children to tell teacher what to draw.
 - Make it accessible every day for viewing, additions, etc.
 - Fill it in on an ongoing basis

- Celebrate it: use it to demonstrate getting through something tough, facilitate discussions about it, etc.
- take photos/slides of it when “complete”
- Draw aspects of the event (people, places, activities, etc.)
Suggest lots of options, not specifics, e.g., “Draw a person you saw doing something helpful after the [disaster]”
- Create a Collage:
 - Use a leading question such as “where were you when it happened?”
 - Teacher may draw/paste central image
 - Children cut and paste photos, magazine pictures, articles, fabric pieces, etc. around central them, they may also want to draw directly onto it
 - Collage is the safest form of drawing because child is using other’s symbols; the child feels he/she is “losing less of self”
 - Collages can be extremely powerful
 - They provide “boundaries” for the child; this can act as a safety net (emotionally) for some

Tips, cautions, and principles for drawing methods

- Allow a full range of expression; some kids draw recognizable “things”, other draw “abstracts”; respect all varieties
- Allow children to discard their artwork
- Emphasize to the children that their work will not be judged, graded, or necessarily shown to others - don’t exhibit the artwork if a child does not want it shared by others
- Reassure them that there is no “right way” to draw
- Allow use of various mediums (pastel, crayons, pencils, markers, etc. --avoid paint)
- It’s preferable to do the drawing method with more than one adult present
- Exercise as little control as possible over the artwork

Concluding drawing activities

- A key element of the Drawing Method is discussion of the activities, afterwards. This discussion can help to bring closure to the experience; an important step of the process of expressing feelings
- Allow those who want to, to talk about their drawings
- Others will “close” by listening to others
- Use open-ended questions in this process

Drawing and talking activities

Activity #1

Start Classroom meetings/class discussions on issues involving feelings and relationships.

Suggested Ages - elementary for a 20-minute period, junior or senior high school during homeroom or study hall

- Plan topics related to what the children/teenagers may be feeling. Examples might center around when there is not enough money for children's school needs, or spending, what it is like when parents fight, what happens if the family loses the family business due to the long-term effects of the oil spill, what would happen if the family needed to move.
- Class discussion on - "What would you do if..." "...your family lost their family business" "...your parents lost their jobs" "...your family had to move"
- As teacher, introduce topic and begin by telling briefly about your own feelings or those of a close friend in a similar situation
- Set ground rules - whatever is shared in the classroom meeting is private and shouldn't be repeated outside of the classroom
- It is O.K. to express feelings and no one in the group may laugh
- Once the topic has been introduced, it is your responsibility to keep the topic on track

Activity #2

Have a bulletin board display of articles and cartoon related to the oil spill.

- Have students bring in newspaper articles, magazine articles, pictures taken from home of the effects
- Emphasize the need to maintain a healthy outlook. Include cartoons to keep a healthy attitude about the situation
- Post a list of healthy coping patterns. Emphasize hopeful outlooks and optimistic alternatives. Examples:
 - Talk to someone you trust
 - Share what is bothering you
 - Listen to music and relax
 - Get some physical exercise
 - Do something that you enjoy
 - Give yourself a chance to think