

Crisis Counseling Guide to Children and Families in Disasters

George E. Pataki, Governor
New York State

James L. Stone, MSW, CSW, Commissioner
Office of Mental Health

Joe LeViness
Coordinator of Disaster
Mental Health Services



44 Holland Avenue
Albany, New York 12229

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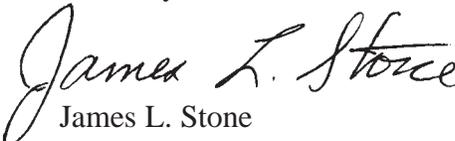
Dear Friends,

Last year Lieutenant Governor Mary Donohue presided over a task force of state, county, and not-for-profit agencies, as well as private citizens. This task force developed resources for schools, parents and guardians to provide them with information and tools to ensure that the children of our state have the safest schools we can provide them with.

The New York State Office of Mental Health has taken a leadership role in disaster response efforts. This manual is a continuation of our quest to provide information to the caretakers on New York State children. At the request of Lieutenant Governor, we are providing the Crisis Counseling Guide to children and families as a reference manual that provides helpful information for school officials, parents, guardians and services providers of New York State children.

As Commissioner of the New York State Office of Mental Health, I am pleased that Lieutenant Governor Donohue has endorsed our efforts that include an array of strategies, information and enhanced services for the children of New York State. I hope that this manual will provide you with useful tools in ameliorating the effects disasters have on our children.

Sincerely,


James L. Stone
Commissioner

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Acknowledgments

Project Staff

Joe LeViness

Coordinator, NYSOMH Disaster Mental Health Services
Phone: (518) 474-2578
Fax: (518) 473-0373
Beeper: (518) 437-2912

Christine Monte

Special Project Consultant

Laura Connell

Special Project Consultant, Russell Sage Graduate School

Task Force on Mental Health Response to Disasters

Neil Fenton, MA

Suffolk County Mental Health Services

Joe LeViness

NYSOMH Bureau of Education and Workforce Development

Pat Ford

NYSOMH Children and Families

Les Radford

NYS Emergency Management Office

John K. Hickey, DSW

Nassau County Department of Mental Health,
Mental Retardation, Developmental Disabilities

Carl Thurnau

NYS Education Department

Dr. Theodore A. Feinberg, PhD

Albany Counseling Services

Mary Elizabeth Nelson, MSW

Director, Center for Mental Health Services

Cover Photo

The Bear Lady

Joe & Monty Sours
2418 Redbud Road, Golden City, MO 64748
E-mail: bearlady@teddybears.com

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Overview

New York State is impacted by a variety of natural and man-made emergencies/disasters. Emergencies/disasters impact entire communities. They are events which may have devastating impact on many populations including the elderly, minorities, children and persons with disabilities. Specific attention has been paid in recent years to the impact that emergencies/disasters may have on children. This guide was created to allow persons who meet the needs of children to prepare and respond to meet these needs.

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Introduction

This guide is intended for use by persons who respond to the disaster mental health needs of children in emergencies and disasters. Human service workers, emergency personnel, community members, and elected officials are responsible for planning and organizing services to meet the needs of children and families impacted by emergencies and disasters.

This guide is the result of the efforts of the New York State Office of Mental Health staff experienced in disaster mental health services for children. In collaboration with the New York State Emergency Management Office, New York State Education Department, American Red Cross, and disaster agencies and organizations, the Office of Mental Health is committed to the continued development of local and state capacity to aid children and families impacted by natural and man-made disasters.

The Crisis Counseling Guide to Children and Families in Disaster covers a variety of topical areas, including the definition of disasters, age-related reactions of children in disasters, school response, program planning, training, and resources. This guide is a practical resource for emergency responders, crisis counselors, human service workers, and school administrators to design and implement crisis counseling services for children and their families.

Special acknowledgment must be given to staff at the local level who have significant expertise in meeting the disaster mental health needs of children and families. They have generously shared their knowledge and experience with emergency management and human service workers. Without their dedication, insight, and contribution, this guide would not be possible.

Background

For the past several years, the New York State Office of Mental Health (OMH) and the New York State Emergency Management Office (SEMO) have been coordinating efforts to further develop a disaster mental health response capacity at the state and local levels. Through the efforts of the 1991 Task Force on Psychological Response to Disasters, each county designated a mental health provider to plan and coordinate a mental health response to disaster and the first *Statewide Plan on Psychological Response to Disasters* was disseminated. Since these initiatives, a significant number of County Mental Health Departments have developed their respective plans.

In the past several years, New York State has been impacted by a series of natural and man-made disasters, including the 1990 Blenheim Pipe Explosion in Schoharie County, the East Coldenham Elementary School Disaster, and the South Bronx Social Club Fire. People across the state have also witnessed the Avianca Plane Crash, World Trade Center Bombing, Long Island Railroad Shooting (Colin Ferguson), January 1996 Floods, TWA Flight 800 Disaster, and the November 1996 Floods. OMH, SEMO, and a variety of local disaster responders, including mental health workers, have been involved in a wide range of disasters and critical incidents.

The provision of disaster mental health services significantly varies in many ways from that of traditional mental health services and emphasizes the provision of services in a manner which attempts to avoid the stigma normally associated with receiving any type of mental health service. In September 1997, the NYS Office of Mental Health's *Disaster Mental Health Services Statewide Plan* was reissued. Since that time the Office of Mental Health and State Emergency Management Office have focused on developing this guide to aid the provision of disaster mental health services specifically to children and families.

The number of critical incidents, emergencies, and natural and man-made disasters that impact children have increased the need to develop the capacity to provide appropriate services. The NYS Office of Mental Health has developed this guide to aid local mental health service providers to implement plans to provide services to children and families.

Defining Disaster

The understanding of disasters and emergencies/critical incidents is important for the planning of disaster mental health services to various populations, including children and families. The nature of disasters is universal. Through research and the vast experience of persons in the emergency management, mental health and human service professions, common characteristics of disasters have been identified. This section provides a general overview of the fundamental concepts of emergency management and disaster mental health.

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What is a Disaster?

A disaster is a natural or man-made event of severity and magnitude that normally results in death, injury, and property damage that cannot be managed through the routine procedures and resources of government.

It requires immediate, coordinated, and effective response by multiple government and private sector organizations to meet the medical, logistical, and emotional needs and to speed recovery of the affected populations.

Natural disasters may include floods, hurricanes, tornadoes, winter storms, and earthquakes. Technological disasters, or man-made disasters, include plane crashes, train wrecks, fires, hazardous material spills, and explosions. Civil disturbances may include terrorism, riots, shootings, bombings, and war. States and localities are subject to increased risks of disaster occurrences in particular areas depending on specific risk factors. State and local emergency management personnel generally conduct hazard analyses to determine which disasters are likely to occur in particular jurisdictions.

Disaster v. Routine Emergencies

Disasters differ from routine emergencies and cause unique problems for private/public organizations as well as the local, state and federal governments affected. Routine emergencies and critical incidents are events to which response demands are able to be met with local resources. Disasters, compared to routine emergencies and critical incidents, possess unique characteristics. The following are characteristics developed by the Federal Emergency Management Agency (FEMA).

- ◆ Create demands that exceed the normal capacities of any one organization and/or government.
- ◆ Cross jurisdictional boundaries.
- ◆ Change the number and structure of responding organizations which may result in the creation of new organizations.
- ◆ Create new tasks and engage participants who are not ordinarily disaster responders.
- ◆ Disable the routine equipment and facilities needed for emergency response.
- ◆ Compound the difficulty of understanding “who does what” in disaster response due to the complexity of governments.
- ◆ Are impacted by lack of standardization in disaster planning and response and complicated coordination in time of disaster. In addition, organizations inexperienced in disaster often respond by continuing their independent roles, failing to see how their function fits into the complex, total response effort.

Routine emergencies and critical incidents are events which do not exceed the normal capacities of any one organization and/or government. These events may include car crashes, suicides, fires, and shootings.

The Nature of Disasters

The nature of disasters may intensify reactions of persons impacted by the event. The scope of the event, personal loss or injuries, and traumatic stimuli, all serve to impact reactions.

Factors Which May Intensify Reactions

- ◆ Lack of warning
- ◆ Abrupt contrast of scene
- ◆ Type of disaster
- ◆ Nature of the destructive agent
- ◆ Time of occurrence
- ◆ Degree of uncertainty and duration of threat
- ◆ Scope of the event
- ◆ Personal loss or injury
- ◆ Traumatic stimuli
- ◆ Human error
- ◆ Lack of opportunity for effective action
- ◆ Properties of the post-disaster
- ◆ Environment

Although specific factors intensify reactions, there are personal risk factors that people often possess prior to the disaster/emergency that make them more vulnerable to disaster-precipitated stress. People often have preexisting stress prior to the disaster/emergency. This stress makes them more vulnerable to the challenges that a disaster/emergency situation brings.

Health

- ◆ Disabled: physical, sight, hearing, speech
- ◆ Health and medical problems, receiving medication

Social

- ◆ Lack of support networks, divorced, widowed
- ◆ Cultural: language barriers, norms and fears about receiving help in dealing with the system

Demographic

- ◆ Age: younger and older have more difficulties
- ◆ Sex: women report more stress than men but little differences have been found in immune and endocrine responses

Past History

- ◆ Past disaster experience/traumatic events
- ◆ Past mental illness or emotional problems

Phases of Disaster

There are several common phases related to disasters/emergencies. These phases do not have a specific length of duration and proceed in order relative to the disaster.

1. Threat
2. Warning
3. Impact
4. Inventory
5. Heroic
6. Honeymoon
7. Disillusionment
8. Reconstruction

Psychological Stages of a Disaster

Heroic

- ◆ Time: impact and immediately after.
- ◆ This is a time of altruism and heroic behavior in the community.

Honeymoon

- ◆ Time: one week to 3–6 months after.
- ◆ This is a time of sharing and help. Social attachment is high.

Disillusionment

- ◆ Time: two months to 1–2 years after.
- ◆ Feelings of disappointment, anger, resentment and bitterness or expectations for recovery and support are not met.

Reconstruction

- ◆ Time: several years following the disaster
- ◆ Physical as well as emotional reinvestment takes place.

Individuals may proceed through the stages at their own pace. Reactions may vary from individual to individual. Persons providing disaster mental health services should be able to recognize these stages and provide services that are disaster phase appropriate.

Disasters are often times when an individual realizes how connected he/she is to the community. This social bond enables the individual an opportunity to be supported but can lead to pain after social support is withdrawn. Helping a person prepare for the disillusionment stage can help lessen the disappointment that is involved as he/she proceeds through stages.

Common Reactions

Though reactions to disasters may vary between individuals, there are common reactions that are normal reactions to the abnormal event. Sometimes these stress reactions appear immediately following the disaster; in some cases, they are delayed for a few hours, a few days, weeks, or even months. These stress reactions may be categorized as physiological, cognitive/intellectual, emotional, and behavioral symptoms and may include the following:

Physiological Symptoms

- ◆ Fatigue
- ◆ Nausea
- ◆ Vomiting
- ◆ Fine motor tremors
- ◆ Ticks
- ◆ Muscle aches
- ◆ Shock symptoms
- ◆ Headaches
- ◆ Profuse sweating
- ◆ Chills
- ◆ Teeth grinding
- ◆ Dizziness

Cognitive/Intellectual Symptoms

- ◆ Memory loss
- ◆ Anomia
- ◆ Decision making difficulties
- ◆ Confusing trivial with major issues
- ◆ Concentration problems/distractibility
- ◆ Reduced attention span
- ◆ Calculation difficulties

Emotional Symptoms

- ◆ Anxiety
- ◆ Grief
- ◆ Depression
- ◆ Irritability
- ◆ Feeling overwhelmed
- ◆ Identification with victims
- ◆ Anticipation of harm to self or others

Behavioral Symptoms

- ◆ Insomnia
- ◆ Substance abuse
- ◆ Gait change
- ◆ Hyper vigilance
- ◆ Crying easily
- ◆ Gallows humor
- ◆ Ritualistic behavior
- ◆ Unwillingness to leave scene

Although these may be normal reactions to the event, persons providing disaster mental health services should recognize when reactions are severe enough to refer an individual for services of a mental health professional.

Age-Related Reactions of Children to Disasters

If an emergency/disaster occurs, it is important to recognize normal reactions of children to the event. Reactions of children are generally age related and specific. This section provides an overview of normal reactions within determined age groups and helpful hints for enabling children to cope with the disaster-precipitated stress. Also included is a list of symptoms which may warrant referral to a mental health professional.

Disaster may strike quickly and without warning. These events can be frightening for adults, but they are traumatic for children. During a disaster, your family may have to leave their home and daily routine. Children may become anxious, confused or frightened. As a parent, you will need to cope with the disaster in a way that will help children avoid developing a permanent sense of loss. It is important to give children guidance that will help them reduce their fears. Ultimately, you should decide what's best for your children, but consider using these suggestions as guidelines.

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Key Concepts

- ◆ Children experience a variety of reactions and feelings in response to a disaster and need special attention to meet their needs.
- ◆ The two most common indicators of distress in children are changes in their behavior and behavior regression. A change in behavior is any behavior the child exhibits that is not typical for them. For example, an outgoing child may become very shy and withdrawn. Regression is where past behaviors occur, such as thumb sucking or baby-talk.
- ◆ Children may experience a variety of reactions and feelings based on their age. Helpful hints for coping with these reactions are listed.

Reactions to disasters may appear immediately after the disaster or after several days or weeks. Most of the time the symptoms will pass after the child readjusts. When symptoms do continue, most likely a more serious emotional problem has developed. In this case, referring the child to a mental health worker who is experienced in working with children and trauma would be necessary.

Reactions by Age Groups

Preschool (1–5 years)

When faced with an overwhelming situation, such as a disaster, children in this age range often feel helpless and experience an intense fear and insecurity because of their inability to protect themselves. Many children lack the verbal skills and conceptual skills needed to cope effectively with sudden stress. The reactions of their parents and families often strongly affect them. Abandonment is of great concern for preschoolers, and children who have lost a toy, pet, or a family member will need extra comfort.

Typical Reactions:

- ◆ Bed-wetting
- ◆ Fear of the darkness or animals
- ◆ Clinging to parents
- ◆ Night terrors
- ◆ Loss of bladder or bowel control, constipation
- ◆ Speech difficulties (e.g., stammering)
- ◆ Loss or increase of appetite
- ◆ Cries or screams for help
- ◆ Immobility, with trembling and frightening expressions
- ◆ Running either toward an adult or in aimless motion
- ◆ Fear of being left alone; of strangers
- ◆ Confusion

Helpful Hints:

- ◆ Encourage expression through play reenactment
- ◆ Provide verbal reassurance and physical comforting
- ◆ Give frequent attention
- ◆ Encourage expression regarding loss of pets or toys
- ◆ Provide comforting bedtime routines
- ◆ Allow to sleep in same room with parents until the child can return to their own room without the post-disaster fear

School Age (5–11 years)

The school-age child is able to understand permanent changes or losses. Fears and anxieties predominate in this age group. Imaginary fears that seem unrelated to the disaster may appear. Some children, however, become preoccupied with the details of the disaster and want to talk about it continuously. This can get in the way of other activities.

Typical responses:

- ◆ Thumb sucking
- ◆ Irritability
- ◆ Whining
- ◆ Clinging
- ◆ Aggressive behavior at home or school
- ◆ Competition with younger siblings for parental attention
- ◆ Night terrors, nightmares, fear of darkness
- ◆ School avoidance
- ◆ Withdrawal from peers
- ◆ Loss of interest and poor concentration in school
- ◆ Regressive behavior
- ◆ Headaches or other physical complaints
- ◆ Depression
- ◆ Fears about weather; safety

Helpful Hints:

- ◆ Patience and tolerance
- ◆ Play sessions with adults and peers
- ◆ Discussions with adults and peers
- ◆ Relaxed expectations at school or at home (temporarily)
- ◆ Opportunities for structures but not demanding chores and responsibilities at home
- ◆ Rehearsal of safety measures to be taken in future disasters

Preadolescence (11–14 years)

Peer reactions are especially significant in this age group. The child needs to know that his/her fears are both appropriate and shared by others. Helping should be aimed at lessening tensions and anxieties and possible guilt feelings.

Typical Responses:

- ◆ Sleep disturbance
- ◆ Appetite disturbance
- ◆ Rebellion in the home
- ◆ Refusal to do chores
- ◆ School problems (e.g., fighting, withdrawal, loss of interest, attention seeking behaviors)
- ◆ Physical problems (e.g., headaches, vague pains, skin eruptions, bowel problems, psychosomatic complaints)
- ◆ Loss of interest in peer social activities

Helpful Hints:

- ◆ Group activities geared toward the resumption of routines
- ◆ Involvement with same age group activity
- ◆ Group discussions geared toward reliving the disaster and rehearsing appropriate behavior for future disasters
- ◆ Structured but undemanding responsibilities
- ◆ Temporary relaxed expectations of performance
- ◆ Additional individual attention and consideration

Adolescence (14–18 years)

A disaster may stimulate fears concerning the loss of their families and fears related to their bodies. It threatens their natural branching away from their family because of the family's need to pull together. Disasters disrupt their peer relationships and school life. As children get older, their responses begin to resemble adult reactions to trauma. They may also have a combination of some more childlike reactions mixed with adult responses. Teenagers may show more risk-taking behaviors than normal (reckless driving, use of drugs, etc. . . .). Teens may feel overwhelmed by their emotions, and may be unable to discuss them with their families.

Typical Responses:

- ◆ Headaches, or other physical complaints
- ◆ Depression
- ◆ Confusion/poor concentration

- ◆ Poor performance
- ◆ Aggressive behaviors
- ◆ Withdrawal and isolation
- ◆ Changes in peer group or friends
- ◆ Psychosomatic symptoms (e.g., rashes, bowel problems, asthma)
- ◆ Appetite and sleep disturbance
- ◆ Agitation or decrease in energy level
- ◆ Indifference
- ◆ Irresponsible and/or delinquent behavior
- ◆ Decline in struggling with parental control

Helpful Hints:

- ◆ Encourage participation in community rehabilitation work
- ◆ Encourage resumption of social activities, athletics, clubs, etc.
- ◆ Encourage discussion of disaster experiences with peers, family, and significant others
- ◆ Temporarily reduce expectations for level of school and general performance
- ◆ Encourage but do not insist upon discussion of disaster fears within the family setting

Referral to a Mental Health Professional

Following a disaster, people may develop Post-Traumatic Stress Disorder (PTSD), which is psychological damage that can result from experiencing, witnessing, or participating in an overwhelmingly traumatic (frightening) event. Children with this disorder have repeated episodes in which they re-experience the traumatic event. Children often relive the trauma through repetitive play. In young children, distressing dreams of the traumatic event may change into nightmares of monsters, of rescuing others or of threats to self or others.

PTSD rarely appears during the trauma itself. Though its symptoms can occur soon after the event, the disorder often surfaces several months or even years later. Parents should be alert to these changes:

- ◆ Refusal to return to school and “clinging” behavior, shadowing the mother or father around the house;
- ◆ Persistent fears related to the catastrophe (e.g., fears about being permanently separated from parents);
- ◆ Sleep disturbances such as nightmares, screaming during sleep and bed-wetting, persisting more than several days after the event;
- ◆ Loss of concentration and irritability;
- ◆ Behavior problems, i.e., misbehaving in school or at home in ways that are not typical for the child;
- ◆ Physical complaints (stomachaches, headaches, dizziness) for which a physical cause cannot be found;

- ◆ Withdrawal from family and friends, listlessness, decreased activity, preoccupation with the events of the disaster.

Professional advice or treatment for children affected by a disaster—especially those who have witnessed destruction, injury or death—can help prevent or minimize PTSD. Parents who are concerned about their children can ask their pediatrician or family doctor to refer them to a child and adolescent psychiatrist. (*The American Academy of Child and Adolescent Psychiatry*. www.aacap.org/factsfam/disaster.htm)

Tips for Parents

Children often imitate their parent's behavior. When parents have coped well with the situation, there is an excellent chance the children will also cope well. When problems are kept hidden and not discussed openly, children may interpret this to mean that something dreadful is going on, often even worse than it really is.

How Parents Can Help Their Children Cope

- ◆ Hug and touch your child often.
- ◆ Reassure the child frequently that you are safe and together.
- ◆ Talk with your child about his or her feelings about the disaster. Share your feelings too. Give information the child can understand.
- ◆ Talk about what happened.
- ◆ Spend extra time with your child at bedtime.
- ◆ Allow children to grieve about their lost treasures; a toy, a blanket, their home.
- ◆ Talk with your child about what you will do if another disaster strikes. Let your child help in preparing and planning for future disasters.
- ◆ Try to spend extra time together in family activities to begin replacing fears with pleasant memories.
- ◆ If your child is having problems at school, talk to the teacher so that you can work together to help your child.

Children depend on daily routines: They wake up, eat breakfast, go to school, play with friends. When emergencies or disasters interrupt this routine, children may become anxious. In a disaster, they will look to you and other adults for help. How *you* react to an emergency gives them clues on how to act. If you react with alarm, a child may become more scared. They see our fear as proof that the danger is real. If you seem overcome with a sense of loss, a child may feel their loss more strongly.

Children's fears also may stem from their imagination, and you should take these feelings seriously. A child who *feels* afraid is afraid. Your words and actions can provide reassurance. When talking with your child, be sure to present a realistic picture that is both honest and manageable. Feelings of fear are healthy and natural for adults and children. But as an adult, you need to keep control of the situation. When you are sure that danger has passed,

concentrate on your child's emotional needs by asking the child what is uppermost in his or her mind. Having children participate in the family's recovery activities will help them feel that their life will return to "normal." Your response during this time may have a lasting impact.

Be aware that after a disaster, children are *most afraid* that—

- ◆ the event will happen again;
- ◆ someone will be injured or killed;
- ◆ they will be separated from the family;
- ◆ they will be left alone.

Advice for Parents: Prepare for Disaster

You can create a Family Disaster Plan by taking four simple steps. First, learn what hazards exist in your community and how to prepare for each. Then meet with your family to discuss what you would do, as a group, in each situation. Next, take steps to prepare your family for disaster such as: posting emergency phone numbers, selecting an out-of-state family contact, assembling disaster supply kits for each member of your household and installing smoke detectors on each level of your home. Finally, practice your Family Disaster Plan so that everyone will remember what to do when a disaster does occur.

Preparations

- ◆ Develop and practice a Family Disaster Plan. Contact your local emergency management or civil defense office, or your local Red Cross chapter for materials that describe how your family can create a disaster plan. Everyone in the household, including children, should play a part in the family's response and recovery efforts.
- ◆ Teach your child how to recognize danger signals. Make sure your child knows what smoke detectors, fire alarms and local community warning systems (horns, sirens) sound like.
- ◆ Explain how to call for help. Teach your child how and when to call for help. Check the telephone directory for local emergency phone numbers and post these phone numbers by all telephones. If you live in a 9-1-1 service area, tell your child to call 911.
- ◆ Help your child memorize important family information. Children should memorize their family name, address, and phone number. They should also know where to meet in case of an emergency. Some children may not be old enough to memorize the information. They could carry a small index card that lists emergency information to give to an adult or babysitter.

After the Disaster: Time for Recovery

Immediately after the disaster, try to reduce your child's fear and anxiety.

- ◆ Keep the family together. Your first thought may be to leave your children with relatives or friends while you look for housing and assistance. Instead, keep the family together as much as possible and make children a part of what you are doing to get the family back on its feet. Children get anxious, and they will worry that their parents will not return.
- ◆ Calmly and firmly explain the situation. As best as you can, tell children what you know about the disaster. Explain what will happen next. For example, say, "Tonight, we will all stay together in the shelter." Get down to the child's eye level and talk to them.
- ◆ Encourage children to talk. Let children talk about the disaster and ask questions as much as they want. Encourage children to describe what they are feeling. Listen to what they say. If possible, include the entire family in the discussion.
- ◆ Include children in recovery activities. Give children chores that are their responsibility. This will help children feel they are part of the recovery. Having a task will help them understand that everything will be all right.

You can help children cope by understanding what causes their anxieties and fears. Reassure them with firmness and love. Your children will realize that life will eventually return to normal. If a child does not respond to the above suggestions, seek help from a mental health specialist or a member of the clergy. (FEMA <http://www.fema.gov/pte/children.htm>)

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Designing Services for Children and Their Families Before and After Disaster

Program planning for disaster mental health services should ideally begin prior to a disaster. Services should be based on the needs of the persons impacted which may vary depending on the disaster situation. Program planners working with children and families should conduct a comprehensive needs assessment in coordination with disaster response agencies. Services should be designed as a result of the needs assessment.

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Disaster Preparedness

The Federal Emergency Management Agency (FEMA) recommends that communities take the following steps to prepare for emergencies/disasters.

- ◆ Ensure local elected officials and emergency managers fully understand the procedures for obtaining state and federal assistance in the event of an emergency
- ◆ Ensure all government agencies have compatible communications. They should be working on the same frequencies and systems to prevent emergency communications system problems. Communications loss can have serious consequences during an emergency.
- ◆ Ensure state and local governments are proactively informing residents of areas protected by levees that flood insurance is a wise and available investment; also, state and local governments should coordinate insurance awareness campaigns in the most vulnerable areas.
- ◆ Arrange for training of emergency responders to ensure that they are ready to respond to a disaster. State emergency management operations, in partnership with FEMA, have excellent training packages. Many training packages are available through home study and CD-ROM and can be invaluable for making sure communities are ready for any disaster.
- ◆ Conduct emergency management exercises before a disaster. These exercises are critical because they allow elected officials, emergency managers, first responders, voluntary agencies, business and industry, and many others to participate in a response operation under simulated conditions. It is through these exercises that you identify actions or procedures that might need to be corrected, which is not possible during a real disaster.
- ◆ Communicate with the public before a disaster strikes about what services are available to them through their local, county, and state governments. Citizens should know ahead of time what telephone numbers to call for assistance, what preparedness measures they can take before disasters, and how to reach voluntary agencies in their communities.
(www.fema.gov/impact/comtips.htm)

Needs Assessment

Needs assessment refers to a set of tools designed to provide accurate and reliable population-based information to emergency managers. The objective is to obtain information about the disaster mental health needs of the community. (www.cdc.gov/nceh/programs/emergenc/disa_epi/desc/surv.htm)

Specific needs assessments may be conducted for determining disaster mental health needs of children and families. In assessing need, it is important to get that information directly from the population you are trying to help and from persons directly responding to the needs of the particular population. Only after the needs assessment is complete can we begin to develop goals, objectives, time frames, activities, and evaluation methods that are appropriate for the specific population(s). (*Needs Assessment, Tips and Technologies.* www.cornell.edu/Admin/TNET/NeedAssess.html)

- ◆ Gather timely and comprehensive information on the scope and impact of the disaster.
- ◆ Support effective decision making at local, state and federal levels.
- ◆ Keep the public accurately informed regarding disaster mental health response.
- ◆ Document the number of persons served and types of reactions exhibited, ensuring confidentiality at all times.
- ◆ Centralize collection of data for decision making and program design.

Program Planning

Based on an accurate needs assessment, disaster mental health programs should be designed and implemented with certain considerations. Ideally, program planning should begin prior to a disaster as a result of collaborative efforts of agencies involved in disaster response and recovery. Persons and individuals responsible for pre-planning should consider the following:

- ◆ Maintain collaboration with agencies involved in disaster response and recovery on a continuous basis.
- ◆ Develop, review and revise disaster plans as appropriate.
- ◆ Provide disaster mental health training to emergency personnel.
- ◆ Participate in all multi-agency disaster drills.
- ◆ Share information related to agency resources and update as appropriate.

Disaster Response

Refer to Prototypical Plan Section for a more comprehensive outline.

- ◆ Contact the local Office of Emergency Management to assess the disaster mental health needs of individuals impacted.
- ◆ Acquire identification for staff.
- ◆ Provide support and services to emergency personnel, human service workers and all persons in need of services in shelters, emergency operations center, homes, or other places where victims may congregate.
- ◆ Contact all appropriate agencies to collaborate with resources and services.
- ◆ Develop public information campaigns related to available disaster mental health services.
- ◆ Follow-up with services to individuals or groups identified as in need of disaster mental health services.
- ◆ Always utilize culturally competent services.

Cultural Competency

(Source: Health and Human Services: Emergency Services and Disaster Relief Branch)

Cultural Characteristics

- ◆ Help-seeking attitudes in the community
- ◆ Community-based resources available in the community
- ◆ Sources of support used by the culture
- ◆ Linguistic needs of the affected groups
- ◆ Level of education in the community
- ◆ Socioeconomic status sources of receiving information
- ◆ History of prior disasters in the area
- ◆ Other existing stressors, e.g., unemployment, health

Some Strategies To Ensure Cultural Competency

- ◆ Assess needs of the impacted group
- ◆ Utilize service delivery approaches that are acceptable to the group, e.g., use natural support networks, social groups, family groups, schools, churches, neighborhood associations, etc.
- ◆ Target a traditional community site for service delivery
- ◆ Utilize ethnic media (radio, TV, newspapers, etc.) in addition to mainstream media as sources of information sources to the public
- ◆ Subcontract with community-based organizations to deliver services (provide technical assistance, training, and feedback based on monitoring)
- ◆ Print educational materials in language appropriate to impacted groups
- ◆ Develop partnerships between the department of mental health services provider agencies and other community-based resources
- ◆ Establish adequate communication linkages between crisis counseling staff members and project central as they operate in the impacted community
- ◆ Involve community leaders and key organizations in identifying needs
- ◆ Use informal icebreakers, potluck dinners, picnics, get-togethers to establish rapport and trust within the community
- ◆ Use community contacts that contract with community-based organizations to gain access to targeted groups
- ◆ Maintain timely communication between project central and crisis counseling operations, e.g., weekly regional team meetings with contract providers, weekly meetings with coordinators, weekly management meetings

Examples of Delivery Sites and Services for Children

For Children

- ◆ preschools
- ◆ public schools
- ◆ private schools
- ◆ libraries
- ◆ boys and girls clubs
- ◆ day care centers
- ◆ camps

Services include:

- ◆ puppet shows
- ◆ art groups
- ◆ theater
- ◆ individual counseling and support
- ◆ songs
- ◆ art contests
- ◆ activities with masks depicting emotions

For Teens

- ◆ public schools
- ◆ private schools
- ◆ language schools
- ◆ YMCA/YWCA
- ◆ boys and girls clubs
- ◆ recreation parks
- ◆ cultural centers

Services include:

- ◆ discussion groups
- ◆ skits
- ◆ contests– art, poetry, essay
- ◆ educational presentations
- ◆ individual counseling and group services

Developing Culturally Appropriate Services

- ◆ Establish culturally competent programs/services that will be utilized by the impacted groups
- ◆ Establish relevant culturally/linguistically appropriate programs and services in accessible locations
- ◆ Inform all levels of the impacted community of culturally competent services

Target Groups

- ◆ Diverse cultures in a community
- ◆ Rural vs. urban
- ◆ Demographic profile of ethnic/cultural/linguistic groups
- ◆ Age groups
- ◆ Special populations, e.g., physically, hearing, visually, or developmentally challenged
- ◆ Immigrant groups
- ◆ Disenfranchised groups
- ◆ Schools
- ◆ Business sector

Family Disaster Planning

It is important for families to prepare for emergencies/disasters that potentially impact their community. Although no one knows exactly where or when an emergency/disaster will occur, planning may mitigate the impact of the disaster. Just as emergency management officials prepare for emergency/disaster response and recovery, families should take the initiative to protect themselves and their property to the best of their ability. Mitigating loss and enhancing coping abilities may serve to decrease the disaster-precipitated stress of the disaster's impact on children and families. Pre-disaster planning may involve the development of a Family Disaster Plan.

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Preparing for Disaster

Family Disaster Plan

Families need to take certain steps in preparing for a disaster. There are four steps to follow in the Family Disaster Plan to prepare for any type of disaster. (*FEMA*)

- ◆ **Step 1.** Find out what types of disasters are most likely to occur in your community and how to prepare for them. Contacting your local emergency management office or American Red Cross chapter for information and guidelines is a good way to get started.
- ◆ **Step 2.** Hold a family meeting. Families should get together to talk about the steps they will take to be ready when disaster happens in their community.
- ◆ **Step 3.** Take action. Each family member, regardless of age, can be responsible for helping the family be prepared. Activities can include posting emergency telephone numbers, installing smoke detectors, determining escape routes, assembling disaster supply kits and taking first aid or CPR courses.
- ◆ **Step 4.** Practice and maintain the plan. The final step emphasizes the need to practice the plan on a regular basis so family members will remember what to do when disaster strikes.

Components of a Family Disaster Plan

A Family Disaster Plan should be organized and discussed with the entire family and include the following components:

- ◆ Discuss the types of disasters that are most likely to happen. Explain what to do in each case.
- ◆ Pick two places to meet: 1) right outside your home in case of a sudden emergency, like a fire; 2) outside your neighborhood in case you cannot return home. Everyone must know the address and phone number.
- ◆ Ask an out-of-state friend to be your “family contact.” After a disaster, it is often easier to call long distance. Other family members should call this person and tell them where they are. Everyone must know your contact’s phone number.
- ◆ Discuss what to do in an evacuation. Plan how to take care of your pets.
- ◆ Teach children how and when to dial 911 or your local Emergency Medical Services number for emergency help.
- ◆ Show each family member how and when to turn off the water, gas and electricity at the main switches.
- ◆ Teach each family member how to use the fire extinguisher (ABC type) and show them where it is kept.
- ◆ Conduct a home hazards hunt.

- ◆ Determine the best escape routes from your home. Find two ways out of each room.
- ◆ Find the safe spots in your home for each type of disaster.
- ◆ Quiz children periodically so they remember what to do.
- ◆ Conduct fire and emergency evacuation drills.
- ◆ Test smoke detectors and fire extinguishers periodically.

Disaster Supply Kit

In case of a disaster, it is important to have emergency supplies on hand. Put together a portable Disaster Supply Kit in the event that you need to evacuate. The supply kit should be contained in something that is easy to take with you (i.e., duffel bags or backpacks) and should include the following:

- ◆ A three-day supply of water (one gallon per person per day) and food that will not spoil.
- ◆ One change of clothing and footwear per person, and one blanket or sleeping bag per person.
- ◆ A first aid kit that includes your family's prescription medications
- ◆ Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries.
- ◆ An extra set of car keys and a credit card, cash or traveler's checks.
- ◆ Sanitation supplies
- ◆ Special items for infants, elderly, or disabled family members
- ◆ An extra pair of glasses
- ◆ Keep important family documents in a waterproof container. Keep a smaller kit in the trunk of your car.

Preparedness and Plans for Specific Disasters

Floods

Before a flood occurs find out if you live in a flood-prone area from your local emergency management office or Red Cross chapter. Ask whether your property is above or below the flood stage water level and learn about the history of flooding for your region. Learn flood warning signs and your community alert signals. Request information on preparing for floods and flash floods.

If you live in a frequently flooded area, stockpile emergency building materials. These include plywood, plastic sheeting, lumber nails, hammer and saw, pry bar, shovel, and sand-

bags. Have check valves installed in building sewer traps to prevent flood waters from backing up in sewer drains. As a last resort, use large corks or stoppers to plug showers, tubs, or basins.

Plan and practice an evacuation route. Contact the local emergency management office or local American Red Cross chapter for a copy of the community flood evacuation plan. This plan should include information on the safest routes to shelters. Individuals living in flash flood areas should have several alternative routes.

Have Disaster Supplies On Hand

- ◆ Flashlights and extra batteries
- ◆ Portable, battery-operated radio and extra batteries
- ◆ First aid kit and manual
- ◆ Emergency food and water
- ◆ Non-electric can opener
- ◆ Essential medicines
- ◆ Cash and credit cards

Emergency Communication Plan

Develop an emergency communication plan. In case family members are separated from one another during floods or flash floods (especially on school days when parents and children are already separated), have a plan for getting back together.

Ask an out-of-state relative or friend to serve as the “family contact.” After a disaster, it’s often easier to call long-distance. Make sure everyone in the family knows the name, address, and phone number of the contact person.

Make sure that all family members know how to respond after a flood or flash flood. Teach all family members how and when to turn off gas, electricity, and water. Teach children how and when to call 9-1-1, police, fire department, and which radio station to tune to for emergency information.

Flood Insurance

Learn about the National Flood Insurance Program. Ask your insurance agent about flood insurance. Homeowner policies do not cover flood damage.

During a flood watch

- ◆ Listen to a battery-operated radio for the latest storm information.
- ◆ Fill bathtubs, sinks, and jugs with clean water in case water becomes contaminated.
- ◆ Bring outdoor belongings, i.e., patio furniture, indoors.
- ◆ Move valuable household possessions to the upper floors or to safe ground if time permits.

- ◆ If you are instructed to do so by local authorities, turn off all utilities at the main switch and close main gas valve.
- ◆ Be prepared to evacuate.

During a flood

- ◆ Turn on battery-operated radio or television to get the latest emergency information.
- ◆ If indoors, get your preassembled emergency supplies.
- ◆ If told to leave, do so immediately.
- ◆ If outdoors, climb to high ground and stay there.
- ◆ If outdoors, avoid walking through any flood waters. If it is moving swiftly, even water 6 inches deep can sweep you off your feet.
- ◆ If you come to a flooded area, turn around and go another way.
- ◆ If your car stalls, abandon it immediately and climb to higher ground. Many deaths have resulted from attempts to move stalled vehicles.

During an evacuation

- ◆ If advised to evacuate, do so immediately.
- ◆ Evacuation is much simpler and safer before flood waters become too deep for ordinary vehicles to drive through.
- ◆ Listen to battery-operated radio for evacuation instructions.
- ◆ Follow recommended evacuation routes—shortcuts may be blocked.

After a flood

Flood dangers do not end when the water begins to recede. Listen to radio or television and do not return home until authorities indicate it is safe to do so. Remember to help your neighbors who may require special assistance—infants, elderly people, and people with disabilities. Inspect the foundation for cracks or other damage. Stay out of the building if flood waters remain around the building. When entering buildings, use extreme caution.

- ◆ Wear sturdy shoes and use battery-powered lanterns or flashlights when examining buildings.
- ◆ Examine walls, floors, doors, and windows to make sure that the building is not in danger of collapsing.
- ◆ Watch out for animals, especially poisonous snakes, that may have come into your home with the flood waters; use a stick to poke through debris.
- ◆ Watch for loose plaster and ceilings that could fall.
- ◆ Take pictures of the damage—both to the house and its contents—for insurance claims.

Look for fire hazards:

- ◆ Broken or leaking gas lines
- ◆ Flooded electrical circuits
- ◆ Submerged furnaces or electrical appliances
- ◆ Flammable or explosive materials coming from upstream

Other

- ◆ Throw away food—including canned goods—that has come in contact with flood waters.
- ◆ Pump out flooded basements gradually (about 1/3 of the water per day) to avoid structural damage.
- ◆ Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are health hazards.

(FEMA Fact Sheet. www.fema.gov/library/floodf.htm)

Tornadoes

When a tornado is coming, you have only a short amount of time to make life-or-death decisions. Advance planning and quick response are the keys to surviving a tornado.

Before a tornado

Conduct tornado drills each tornado season. Designate an area in the home as a shelter, and practice having everyone in the family go there in response to a tornado threat. Discuss with family members the difference between a “tornado watch” and a “tornado warning.” Contact your local emergency management office or American Red Cross chapter for more information on tornadoes.

Have disaster supplies on hand

- ◆ Flashlight and extra batteries
- ◆ Portable, battery-operated radio and extra batteries
- ◆ First aid kit and manual
- ◆ Emergency food and water
- ◆ Non-electric can opener
- ◆ Essential medicines
- ◆ Cash and credit cards
- ◆ Sturdy shoes
- ◆ Develop an emergency communication plan

During a tornado

If at home:

- ◆ Go at once to the basement, storm cellar, or the lowest level of the building.
- ◆ If there is no basement, go to an inner hallway or smaller inner room without windows, such as a bathroom or closet.
- ◆ Get away from the windows.
- ◆ Go to the center of the room. Stay away from corners because they tend to attract debris.
- ◆ Get under a piece of sturdy furniture such as a workbench or heavy table or desk and hold on to it.
- ◆ Use arms to protect head and neck.
- ◆ If in a mobile home, get out and find shelter elsewhere.

If at work or school:

- ◆ Go to the basement or to an inside hallway at the lowest level.
- ◆ Avoid places with wide-span roofs such as auditoriums, cafeterias, large hallways, or shopping malls.
- ◆ Get under a piece of sturdy furniture such as a workbench or heavy table or desk and hold on to it.
- ◆ Use arms to protect head and neck.

If outdoors:

- ◆ If possible, get inside a building.
- ◆ If shelter is not available or there is no time to get indoors, lie in a ditch or low-lying area or crouch near a strong building. Be aware of the potential for flooding.
- ◆ Use arms to protect head and neck.

If in a car:

- ◆ Never try to out drive a tornado in a car or truck. Tornadoes can change direction quickly and can lift up a car or truck and toss it through the air.
- ◆ Get out of the car immediately and take shelter in a nearby building.
- ◆ If there is no time to get indoors, get out of the car and lie in a ditch or low-lying area away from the vehicle. Be aware of the potential for flooding.

After a tornado

- ◆ Help injured or trapped persons.

- ◆ Give first aid when appropriate. Do not try to move the seriously injured unless they are in immediate danger of further injury. Call for help.
- ◆ Turn on radio or television to get the latest emergency information.
- ◆ Stay out of damaged buildings. Return home only when authorities say it is safe.
- ◆ Use the telephone only for emergency calls.
- ◆ Clean up spilled medicines, bleaches, or gasoline or other flammable liquids immediately. Leave the buildings if you smell gas or chemical fumes.
- ◆ Take pictures of the damage—both to the house and its contents—for insurance purposes.

Remember to help your neighbors who may require special assistance—infants, the elderly, and people with disabilities.

(<http://www.fema.gov/library/tornadof.htm>)

Hurricane

Eight Steps of Hurricane/Major Storm Preparation

Step 1: Respect Nature. Weather events, such as hurricanes, are powerful and dangerous. In fact, hurricanes and typhoons kill thousands of people worldwide every year and cause billions of dollars in property damage. Do not underestimate the weather's power. Having a healthy respect for hurricanes, tornadoes, winter storms and severe weather in general is the first step to being prepared.

Step 2: Decide Whether to Go or Stay. You must first decide if you will evacuate your home or stay and ride out the storm. Such a decision should be a family decision and must include considering such factors as:

- ◆ Are you in a storm surge or flood zone?
- ◆ Is your home structurally capable of withstanding hurricane force winds?
- ◆ Do the openings in your home, such as the windows, sliding glass doors, and jalousie doors, have shutters to keep the powerful winds and rain out?
- ◆ Do any of your family members have special medical needs that will require help you cannot provide?
- ◆ Is your home capable of providing a “livable” environment after the storm when all utilities are lost?

Step 3: Make a Personal Plan. Whether you decide to evacuate or stay in your home to ride out a storm, you must get your family together to develop a family disaster plan. There simply will not be time to think of everything when a storm gets close. You will be surprised at the number of issues that need to be discussed once you sit down and start listing them.

If you are going to evacuate:

- ◆ Where will you go?
- ◆ Will you be using a local shelter?
- ◆ Where is the shelter located?
- ◆ What route will you drive to get there?
- ◆ How long will it take to pick up everyone?
- ◆ What will you need to bring with you? (Think 3-day survival kit)
- ◆ How will you care for your pets?
- ◆ What property security needs to be done?
- ◆ Will you need to notify other family members where you will be?

If you are going to stay:

- ◆ Do you have shutters for all windows and openings?
- ◆ How long will it take to put up shutters or boards?
- ◆ Is rising water an issue in your home?
- ◆ How will you cope with any family members with special medical needs?
- ◆ What special supplies and food will you need to have on hand?
- ◆ Do you need to have any special equipment available for after the storm?
- ◆ Do you have a safe place for important documents?
- ◆ Should you notify any out-of-area relatives that you are staying?
- ◆ Are you prepared to live without utilities and normal services for as long as two weeks after the storm?

Step 4: Prepare Your Property in Advance. The time to begin acquiring shutters and protection for your home is now. All openings of your home need to have protection to keep fierce winds and rain out of the building. Experience proves that a home that does not have protected openings is at grave risk for serious damage.

Trees need to be trimmed to minimize the damage they may cause to your home or someone else's. Vehicles left out in the open are often overturned by high winds. If you do not have a garage or carport, locate a protected spot to park your vehicles. A good location might be on the leeward side of the house, away from the main force of the wind.

Identify loose items located outside, such as lawn furniture, grills, toys, yard equipment, etc., that should be brought inside before a storm. When picked up by high winds, these items can become deadly missiles.

Examine your home to see if hurricane straps and connectors were installed to roof trusses, rafters and reaming members. Homes that do not have such protective reinforcements are at risk of losing roofs and walls to strong hurricane force winds.

Step 5: Store Up to 14 Days of Supplies and Equipment. The experiences of Hurricanes Hugo, Bertha, and Fran have taught us that we need to be prepared to live without our utilities and basic services for up to two weeks or more. Most of us are ill-prepared to do so. It is not immediately obvious what we would need for such an adventure. A useful exercise may be to try to live for one day without your utilities and begin making a list of essential items that become evident. Parents should try an occasional “one-day camp-in” with their children. This will make it less traumatic for children (and their parents) when they are forced to live without all the things we take for granted. The following list should provide a start on this Step:

Food (canned, dry, non-perishable)	Cooler	Gloves & goggles
Baby needs– formula, diapers	Non-electric can opener	Small tools
Water (bottled or home-filled before the storm) one gallon/per person/per day	Ice	Cleaning supplies
	Dry goods, paper towels	Brooms & mops
	Toiletries	Pails & buckets
Canned sodas	Flashlight w/spare batteries	Ladders
Disposable plates, cups, utensils	Portable radio or TV w/spare batteries	Plywood & nails
Plastic garbage bags		Rakes & shovels
Medicines – Rx as well as aspirin	Bleach	Chain saw, gas, oil
First Aid supplies	Clothes and dish detergent	Duct & masking tape
Mosquito repellent	Clothesline and pins	Rolls of plastic
Clean clothes and sturdy shoes	Games, cards & quiet toys	Wheelbarrow
Pet food	Battery operated clock	Rope
Lantern and fuel (not candles)	Camp stove & fuel	Axes, hatchets, pruners
Bedding (1 blanket or sleeping bag per person)	Butane Lighter or matches	
	Fire extinguisher – ABC Type	

It is also important to fuel all vehicles before the storm hits. In addition, remember to get to the ATM or bank and secure some cash since banks will probably be closed for some time after a severe storm. Finally, keep a photo I.D. that also shows your home address. This may become important when asking a police officer or National Guardsman for permission to re-enter your neighborhood.

Step 6: Rehearse Your Plan. The best plan in the world will not do you or your family any good if no one can remember it. When a major storm approaches, things need to happen fast. There are usually too many tasks to be done by one person. Many people will be tied up at their workplace for some time prior to the storm’s arrival. (Emergency Management personnel and emergency responders will be tied up during and for several days following

any major weather event.) The only real way to ensure that everything gets done is to assign everyone in your family a list of preparation activities, or allot a substantial amount of lead time if you do not have anyone to help you.

Try actually putting up shutters one weekend to determine how long the process really takes. For those who will be evacuated, practice a drive to the shelter, including stops along the way to pick up other family members and friends. Driving time may be extended by hours when the real thing comes along, so be sure to plan accordingly. During Hurricane Andrew, many people discovered that what had been a 15-minute drive to the shelter actually took four hours because of the massive traffic jams.

Step 7: Watch Weather Reports Closely. Storms and weather fronts, especially tornadoes and hurricanes, can move very quickly. Hurricanes typically move at a forward speed of 8 to 25 miles per hour. While this may seem quite slow, such movement can advance an approaching storm up to 200 miles during the course of a normal work day. As a hurricane or other storm moves closer to your area, begin monitoring the weather reports every hour. Do not get caught by surprise by not taking advantage of the excellent media coverage of weather related events.

Step 8: Take Action. A growing concern of hurricane forecasters and emergency management officials is the problem of many people refusing to take action until a definite hurricane or severe storm warning is issued. Do not cut it too close. Numerous hurricanes have brushed by the coast or hovered off-shore for days. Such storms have been within one day of landfall if their directions had changed. This does not allow adequate time for preparation or evacuation. Good judgement and early action are everyone's responsibility! When the time comes for action, do so without hesitation. There is never enough time to get ready for nature's fiercest weather. Give yourself and your family a head start. It's worth it!

Some final thoughts for those who work outside the home:

- ◆ What is your organization's hurricane/severe storm plan and how do you fit in?
- ◆ Will you be asked to stay at work during weather emergencies?
- ◆ If you are required to stay, when will you be allowed to return home?
- ◆ If you are at home, when should you report to work?
- ◆ What personal equipment or supplies do you need to bring with you?
- ◆ Is your workplace secure from storm damage?
- ◆ What skills or talents outside of your normal job role can you bring in to assist following a severe storm?
- ◆ Will your family be able to cope with the storm aftermath in your absence?
- ◆ Do you have any recommendations for hurricane/severe storm preparedness in your department?
- ◆ If your work operation is closed down for several weeks, how will you handle the loss of pay?
- ◆ Will people at your work place be laid off if the business cannot get back in operation for an extended time?

(<http://www.dem.dcc.state.nc.us/pio/8STEPS.HTM>)

Prototypical Plan

For a disaster plan to be effective, organizations and individuals must clearly understand their roles and responsibilities in the planning, emergency, and response processes. Functions, duties, and responsibilities must be described in the formal plan as clearly as possible. The following prototypical plan for developing disaster mental health response capacity is based on existing plans and the experiences of disaster mental health professionals. This plan is intended to provide an outline of possible duties of mental health responders in a disaster situation. The outline should be modified to reflect the needs and resources of each service provider area.

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Pre-Disaster Planning: Responsibilities of Organizational Levels

Local Government Commissioner/Director of Mental Health

- ◆ Provides or designates a local mental health provider to develop, implement, and evaluate the plan for a disaster mental health response capacity.
- ◆ Ensures that the disaster mental health plan is integrated into the local mental health planning process and the local emergency management office's disaster preparedness plan.
- ◆ Provides or designates a local mental health provider to develop Memoranda of Understanding and Interagency Agreements with American Red Cross and other agencies.

OMH Central Office

Serves as liaison to the NYS Disaster Preparedness Commission (DPC) and State Emergency Management Office (SEMO).

OMH Disaster Preparedness Liaison

- ◆ Serves as liaison to the NYS Disaster Preparedness Commission (DPC) and State Emergency Management Office (SEMO).
- ◆ Receives requests for assistance during a disaster from SEMO and local agencies.
- ◆ Coordinates a response of OMH facilities and designated local service providers.
- ◆ Mobilizes Central Office assistance, e.g., coordination with state and federal agencies, identification of expert responders/training resources, and location of supplies and equipment.
- ◆ Ensures that each OMH facility and County Mental Health Department within the region designates two disaster preparedness liaisons.
- ◆ Assists local mental health providers and facilities in developing interagency agreements and disaster mental health response plans.
- ◆ Integrates OMH Central Office disaster plan with the DPC Comprehensive State Emergency Management Plan.

County Disaster Coordinators

Local designated mental health provider designates two or more mental health professionals as County Disaster Coordinators to oversee the disaster mental health response capacity as part of their regular duties.

- ◆ Develop, implement, and evaluate a written plan for disaster mental health response capacity that specifies roles and responsibilities of mental health responders.
- ◆ Review and update the plan as needed.
- ◆ Participate in local, official disaster drills for the area service provider.
- ◆ Develop a County Disaster Mental Health Response Team, including professionals and paraprofessionals.
- ◆ Identify key members in County Disaster Mental Health Response Team who will be responsible for decision making during the disaster response and recovery phases.
- ◆ Coordinate the informational and training needs of the County Disaster Mental Health Response Team.
- ◆ Maintain a list of disaster resources, including language interpreters, contact persons in other agencies, and mental health responders expert in special populations and Post-Traumatic Stress Disorder.
- ◆ Provide staff with identification cards recognized and approved by emergency management staff and law enforcement officials.
- ◆ Develop Memoranda of Understanding and Interagency Agreements with American Red Cross and other agencies.

County Disaster Mental Health Response Team

Mental health professionals and paraprofessionals who are specifically trained to provide disaster mental health services.

- ◆ Participates in specialized disaster mental health and critical incident stress debriefing training.
- ◆ Serves as a backup for the County Disaster Coordinators as needed.
- ◆ Provides education and consultation on disaster mental health to other mental health professionals, emergency management personnel, and human service providers.
- ◆ Collaborates with County Disaster Coordinator to identify special populations, including elderly, children, minorities, and people who use mental health services, who may require special assistance and develops special service strategies for these populations.
- ◆ Participates in local, official disaster drills for area service provider.

Disaster Response

County Disaster Coordinators

- ◆ Receive requests for assistance from local emergency personnel.
- ◆ Receive authority from the local mental health Commissioner/Director to initiate response.
- ◆ Coordinate the disaster mental health response with local emergency management operations.
- ◆ Communicate with the NYS Office of Mental Health and other county mental health departments to request assistance if appropriate.

Initial Phase

- ◆ Conduct a needs assessment to determine who was impacted and who needs help immediately.
- ◆ Mobilize the County Disaster Mental Health Response Team to assemble at a designated site(s). If necessary, send staff directly to where they are needed. Catch up with them later. Put one or two persons in charge at each site.
- ◆ Brief staff regarding the scope of the disaster, existing community resources, communications, travel, contact persons with other organizations, process to receive pay (if applicable), record-keeping procedures, schedule of work times, other policies and procedures.
- ◆ Deploy County Disaster Mental Health Response Team members to their respective assignments with necessary supplies.
- ◆ Coordinate disaster mental health training for staff and volunteers who have not been trained prior to the disaster.
- ◆ Provide for demobilization and defusing of mental health responders.

Middle Phase

- ◆ Reassess disaster mental health needs of victims, relatives and others and evaluate services to date.
- ◆ Maintain contact with County Disaster Mental Health Response Team to notify them of changing needs, potential problems.
- ◆ Coordinate response efforts with other organizations.
- ◆ Debrief members of the County Disaster Mental Health Response Team and other emergency responders on a routine basis.

Final Phase

- ◆ Reassess needs, evaluate services to date, and plan for transition to recovery phase.

County Disaster Mental Health Response Teams

Initial Phase

- ◆ Meet with County Disaster Coordinators at designated site to be briefed on the scope of the disaster, existing community resources, communications, travel, pay process (if applicable) record-keeping procedures, schedule of work times, location.
- ◆ Gain access to work sites and contact persons with whom disaster mental health services are being coordinated.
- ◆ Assess and triage those in need of disaster mental health intervention.

Middle Phase

- ◆ Provide crisis counseling services through outreach to victims, their families, and other community members.
- ◆ Link disaster victims with human service agencies which provide support services.
- ◆ Respond to psychiatric emergencies.
- ◆ Provide referrals to local mental health providers.
- ◆ Provide consultation to other community agencies.
- ◆ Maintain records of services provided.

Final Phase

- ◆ Reassess needs, evaluate services to date, and plan for transition to recovery phase.

Disaster Recovery

County Disaster Coordinators

- ◆ Assess need for disaster recovery services based on service records and other indicators.
- ◆ Develop a phase-appropriate disaster recovery program that matches the needs of the community and individual survivors.
- ◆ Develop training and plan for staff working on recovery program.
- ◆ Assign staff to recovery projects.
- ◆ Provide consultation to community organizations that will be in contact with disaster victims in the recovery phase.
- ◆ Provide regular debriefing sessions for staff involved in recovery projects.
- ◆ Monitor and evaluate recovery service delivery and modify program plan as needed.

County Disaster Mental Health Response Team

- ◆ Provide phase-appropriate disaster mental health services including individual and group counseling, community education and consultation.
- ◆ Refer disaster victims to local mental health providers and other human service providers.
- ◆ Provide debriefings for emergency responders.

Post-Disaster

- ◆ Provide debriefing for members of the program staff and other emergency responders by a trained facilitator.
- ◆ Critique the disaster project using feedback from members of other disaster response and recovery organizations, victims, and members of program staff.
- ◆ Generate recommendations to improve disaster mental health planning response and recovery activities by local mental health providers and other disaster response organizations.
- ◆ Update disaster mental health plan based on lessons learned, as needed.

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Sample Plan

The following plan was developed from the review of a variety of existing county plans and the knowledge and experience of members of the Disaster Mental Health Task Force. This plan may serve as a model for county mental health departments to develop their own comprehensive disaster mental health response plans. For the purposes of this section, “Empire County” exists as a purely fictitious county within New York State. Also included is a sample BOCES plan to be modified for use by school districts as necessary.

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EMPIRE COUNTY

Disaster Mental Health Emergency Response Plan

Note: A formal disaster mental health plan should outline its basic purpose and principles of operation in conjunction with defining roles and responsibilities.

Purpose

In the event of a disaster in Empire County severe enough to require a disaster mental health response, the Empire County Mental Health Department will implement this disaster mental health emergency response plan.

This plan is consistent with the general principles and methods of the current County Emergency Response Plan. This plan identifies responsibilities of the County Disaster Coordinator and members of the County Disaster Mental Health Response Team. The plan identifies activities for short-term crisis counseling, long-term recovery counseling, public education, consultation, and linkage and referral/advocacy activities for disaster victims, their families, and other members of the impacted community. Also included are Critical Incident Stress Debriefing (CISD) activities to be implemented for emergency response workers.

Principles

A disaster is a natural or man-made event of severity and magnitude that normally results in deaths, injuries, and property damage and that cannot be managed through the routine procedures and resources of government.

It requires immediate, coordinated, and effective response by multiple government and private sector organizations to meet the medical, logistical, and emotional needs and speed recovery of the affected populations.

In a disaster, most victims are normal persons who function well with the responsibilities and stresses of everyday life. However, a disaster may add additional stress to the lives of these individuals. The signs of stress may be physiological, cognitive/intellectual, emotional, or behavioral. These stress reactions are normal reactions to an abnormal event. Sometimes these stress reactions appear immediately following the disaster. In some cases, they are delayed for a few hours, a few days, weeks or even months.

People who have pre-existing stress before the disaster and/or who may have particular needs that merit special attention from the disaster worker include:

- ◆ Children
- ◆ Disabled
- ◆ Elderly
- ◆ Economically disadvantaged
- ◆ Multi-cultural and racial groups

- ◆ People requiring emergency medical care
- ◆ People who have experienced previous traumatic events
- ◆ People diagnosed as mentally ill or emotionally disturbed
- ◆ People who lack support networks: divorced, widowed
- ◆ Human service and disaster relief workers

Disaster victims will be found among all populations in a disaster area. Disaster workers should provide appropriate intervention for all types of disaster victims, including counseling, public education, linkage and referral/advocacy services.

Because many people do not see themselves as needing mental health services following a disaster and will not seek out such services, a traditional, office-based approach to providing services has proven ineffective in a disaster. Disaster mental health responders must actively seek out those impacted by the disaster in community settings, including schools, shelters, community centers, public meetings and their homes. Disaster mental health responders must avoid the use of terminology generally associated with traditional mental health services including such terms as diagnosis, therapy or treatment.

Critical Incident Stress Debriefing

The County Disaster Coordinator will provide for on-scene or near-scene support for first responders (fire, EMS, police) who may experience disaster-related stress. Critical Incident Stress Debriefing will be available for first responders within 24–72 hours after the disaster impact.

The following is a list of responsibilities for County Disaster Coordinators and the County Disaster Mental Health Response Team during the response and recovery phases of a disaster in Empire County.

Disaster Response

County Disaster Coordinators

- ◆ Receive requests for assistance from local emergency personnel.
- ◆ Receive authority from the local mental health Commissioner/Director to initiate response.
- ◆ Coordinate the disaster mental health response with local emergency management operations.
- ◆ Communicate with the NYS Office of Mental Health and other county mental health departments to request assistance, if appropriate.

Initial Phase

- ◆ Conduct a needs assessment to determine who was impacted and who needs help immediately.
- ◆ Mobilize the disaster team to assemble at a designated site(s). If necessary, send staff directly to where they are needed. Catch up with them later. Put one or two persons in charge at each site.
- ◆ Brief staff regarding the scope of the disaster, existing community resources, communications, travel, contact persons with other organizations, process to receive pay (if applicable), record-keeping procedures, schedule of work times, other policies and procedures.
- ◆ Deploy County Disaster Mental Health Response Team members to their respective assignments with necessary supplies.
- ◆ Coordinate disaster mental health training for staff and volunteers who have not been trained prior to the disaster.
- ◆ Provide for demobilization and defusing of mental health responders.

Middle Phase

- ◆ Reassess disaster mental health needs of victims, relatives and others and evaluate services to date.
- ◆ Maintain contact with County Disaster Mental Health Response Team to notify them of changing needs, potential problems.
- ◆ Coordinate response efforts with other organizations.
- ◆ Debrief members of the County Disaster Mental Health Response Team and other emergency responders on a routine basis.

Final Phase

- ◆ Reassess needs, evaluate services to date, and plan for transition to recovery phase.

County Disaster Mental Health Response Teams

Initial Phase

- ◆ Meet with County Disaster Coordinators at designated site to be briefed on the scope of the disaster, existing community resources, communications, travel, pay process (if applicable) record-keeping procedures, schedule of work times, location.
- ◆ Gain access to work sites and contact persons with whom disaster mental health services are being coordinated.
- ◆ Assess and triage those in need of disaster mental health intervention.

Middle Phase

- ◆ Provide crisis counseling services through outreach to victims, their families, and other community members.
- ◆ Link disaster victims with human service agencies which provide support services.
- ◆ Respond to psychiatric emergencies.
- ◆ Provide referrals to local mental health providers.
- ◆ Provide consultation to other community agencies.
- ◆ Maintain records of services provided.

Final Phase

- ◆ Reassess needs, evaluate services to date, and plan for transition to recovery phase.

Disaster Recovery

County Disaster Coordinators

- ◆ Assess need for disaster recovery services based on service records and other indicators.
- ◆ Develop a phase-appropriate disaster recovery program that matches the needs of the community and individual survivors.
- ◆ Develop training and plan for staff working on recovery program.
- ◆ Assign staff to recovery projects.
- ◆ Provide consultation to community organizations that will be in contact with disaster victims in the recovery phase.
- ◆ Provide regular debriefing sessions for staff involved in recovery projects.
- ◆ Monitor and evaluate recovery service delivery and modify program plan as needed.

County Disaster Mental Health Response Team

- ◆ Provide phase-appropriate disaster mental health services including individual and group counseling, community education and consultation.
- ◆ Refer disaster victims to local mental health providers and other human service providers.
- ◆ Provide debriefings for emergency responders.

Post-Disaster

- ◆ Provide debriefing by a trained facilitator for members of the program staff and other emergency responders.
- ◆ Critique the disaster project using feedback from members of other disaster response and recovery organizations, victims, and members of program staff.
- ◆ Generate recommendations to improve disaster mental health planning response and recovery activities by local mental health providers and other disaster response organizations.
- ◆ Update disaster mental health plan based on lessons learned, as needed.

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BOCES Sample Plan

The sample BOCES plan developed by Suffolk County may be modified for use by school districts as necessary.

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Sample BOCES Plan

Developing a Plan

The process of developing a plan is just as important as the final document itself. For plans to be truly effective, local agencies that will be called upon to respond to emergencies must have input during the planning process. Those individuals within the school district who will play vital roles in orchestrating a successful response to a school emergency must also be represented.

For these reasons, school districts are urged to develop their emergency plans through the use of Emergency Planning Committees. The committee should include the designated School District Emergency Coordinator and members from the following areas: the Superintendent's Office; the Board of Education; principals from each of the levels of schools within the district; the teachers; transportation; buildings and grounds; health; food services; students; non-public schools; parents; the community chief executive's office; fire department; emergency medical service; and the police agency.

A good first step in developing an effective emergency plan is to conduct a Hazard Analysis to determine the kinds of emergencies to which the district is vulnerable. To accomplish this, expertise from Emergency Planning Committee members, as well as outside agencies such as BOCES and the local emergency management office, should be utilized. Once the Hazard Analysis has been developed, the Planning Committee can make use of the hazard-specific procedural guidelines found in this manual.

School district emergency management procedures can be organized in the following manner to maximize their effectiveness when a crisis occurs:

- ◆ **School District Emergency Plan:** a district-wide plan that includes general procedures for district personnel to follow when an emergency affects any of the schools within the district's boundaries. It also incorporates Board of Education policy and necessary information regarding contacts at each school (i.e., both public and non-public) within a district.
- ◆ **Building Emergency Plans:** consistent and compatible with the district-wide plan, school procedures that organize an individual building's response to an emergency. The general policies of the district plan are followed to establish how staff will protect themselves and the students.
- ◆ **Classroom Procedures:** specific "what to do" procedures for teachers and staff during various kinds of emergencies. One useful option is to develop a small flip chart that describes actions for teachers to take based upon the particular kind of emergency (e.g., tornado, chemical spill, bomb threat).

A good emergency plan needs to be periodically reviewed, tested and updated to remain a valid working tool during emergency situations. Activations of the plan in response to real emergencies should be followed by critique sessions to identify flaws and recommend improvements. The better support for an emergency plan, the better a district can respond to an emergency. A good planning effort also presents liability protection and a responsible public image.

Sample School District Emergency Plan

Daily Activities Following the Death of a Student

- ◆ Emergency Staff Meeting before school to discuss the plan for the day and to review responsibilities. The Crisis team should meet as a team to review assignments.
- ◆ Faculty should initiate a discussion in each home room or first period class providing information on what happened, allowing discussion, and informing students of what support services are and where they are located.
- ◆ A regular school schedule should be followed, but with great flexibility in allowing students to talk in hallways and classes about the death, or go to various individual and group counseling rooms for help.
- ◆ If necessary, students should be excused from tests and homework.
- ◆ A variety of school/community personnel should be made available to students and staff during the day.
- ◆ After school a second general staff meeting is held to review the day and prepare for tomorrow.
- ◆ The Crisis Team should meet at the end of the day to review their response, specific student needs and what activities are needed in subsequent days. An outside debriefer should be asked to run this meeting.

Guidelines for Helping Bereaved Students

All children, regardless of age, experience loss and grief. When given a safe environment in which to express what they are experiencing, the child's grief can become a process of growth and healing. The following guidelines are meant to provide just such an environment.

- ◆ Do not deny children their feelings. Give them permission to express what they are experiencing without shame.
- ◆ Do not judge one child's reactions by another's.
- ◆ Reassure them that anger, guilt, sadness and tears are normal responses.
- ◆ Tell them that you are sad about the loss.
- ◆ Encourage children to talk about their feelings, but respect their right not to talk if they choose not to. Suggest alternative means of expressing themselves such as drawing their feelings, writing a short story or poem, sculpting with clay, listening to music which seems to capture their feelings, choreographing a dance, etc.
- ◆ Assist children in understanding that to heal they will need time for solitude as well as time with their friends and family.
- ◆ Let them know that a person can be very sad even though he or she may not be crying.

- ◆ Help children to recognize their anger and to find non-hurtful, constructive ways of venting it.
- ◆ Encourage them to discuss guilt as a normal feeling after a death. Let them know they are only human and that we all continue to learn as we experience more of life. Look for signs of “magical thinking” among young children.
- ◆ Charitable and other altruistic acts (e.g., raising money for charity to combat a disease that has taken the life of a classmate), provide socially constructive means of mourning.
- ◆ Be aware of children’s intellectual and emotional limitations and understand their developmental stages.
- ◆ Provide honest, clear and direct answers to questions about the death, the funeral and other aspects of the loss.
- ◆ Adults are role models for the way children grieve. Do not be afraid to express your own sadness.
- ◆ Expect that the grief process will be variable. Explain to children that they will experience high and low feelings, that there is nothing wrong with them.
- ◆ Do not make decisions for children or attempt to put a time frame on their grief process. Respect their individual and unique journeys with grief.
- ◆ Encourage children to take care of themselves and to understand that alcohol and other drugs only delay the grieving process. Grief, even though painful, must be worked through in order for healing to occur.
- ◆ Give hope, encouragement and tender loving care.

Goals for Postvention

- ◆ Facilitate grieving among staff and students.
- ◆ Promote education.
- ◆ Reduce fear and misunderstanding.
- ◆ In the case of suicide, prevent future suicides.

Planning a Response

Selection of the Crisis Response Team

Each school should compose a crisis response team of perhaps three to five members with authority to make decisions in times of crisis. The team will be responsible for both planning and implementation of postvention activities. Among its members should be staff who have some respect in the school, are sensitive to student and faculty needs, are committed to personal involvement in a crisis response, are able to be decisive, and who are relatively

calm under fire. The crisis response team would continually review the planning needs, and along with the building principal, if he or she is not on the team, be responsible for directing the school's response to death.

Identification of Media Liaison Person

One person within the school district should be designated to handle all contact with newspaper, television, radio and magazine reporters and attempt to shield school personnel from media intrusion. Media personnel should not be allowed in school or on school grounds. All school students and staff should be firmly instructed to refer any phone or personal contact, whether in school or at home, to the media liaison person whose phone number should be readily available and who should receive instructions on what information to release from the crisis response team. Press releases should be made available to the media as a basis for dealing with them. In general, the less publicity the death receives the better. Publicity usually hurts those closest to the person who died.

Identification of Family Liaison Person

The crisis response team should designate a representative of each school to initiate immediate and appropriate contact with the family of the dead student, to express the empathy and concern of the school, to answer parents' questions regarding school plans, to ascertain family wishes and plans regarding the funeral, wake and memorials, to discreetly obtain the information about the death and the circumstances surrounding it and to offer to help the family with support, contact with community resources or perhaps to offer tangible help like driving, food, babysitting, or talking with siblings. The family liaison person should be educated about helpful and unhelpful responses to grieving people, be sensitive to family privacy, and use good judgement about maintaining some contact with the family during the weeks ahead. The crisis response team may choose one family liaison person for all situations or a different one may be designated for each crisis based on the person's relationship to the deceased student or his/her family.

Organization of Staff Telephone Network

A telephone network should be developed wherein each school staff member is called as soon as possible after the incident has occurred, given the brief basic facts and notified of the time and place of the emergency staff meeting to be held, usually before the next school day. Care should be taken to reach not only faculty, but all auxiliary and related personnel as well. Furthermore, selected staff members in schools throughout the district should be notified, particularly in schools attended by siblings or schools from which support staff may be borrowed to help during the crisis.

Identifying Crisis Consultant

Your EAP person should be able to provide these functions since they are trained in crisis response work. Staff members may know the student who has died and may be personally affected by the death making it difficult for them to operate within their role. The role of

the consultant should be to assist with or review the postvention plan with the crisis response team, address the emergency staff meeting, generally be available for intervention or feedback during postvention and to support school staff during the crisis.

Identifying Community Response People

The Suffolk County Crisis Response Team has mobilized a group of experienced counselors, psychiatrists, clergymen, psychologists, social workers, and nurses who have experience with crisis situations. They are available if needed. It would be advisable if the school team identified a similar group of people to whom students could be referred for further help.

Develop Suggestions for Classroom Discussion

During either home room or first period class each teacher should announce to the students what has happened, give the pertinent facts about the death in a low key, unsensational manner, describe the schedule for the day, and mention the people and places in school where help is available. The purpose is to ground the students in reality, reduce rumors and gossip, provide an accurate basis for discussing and grieving the death and assure the students that help is here if they need it. Once the students are informed, the teacher should allow for and facilitate a discussion encouraging students to share their reactions, thoughts and feelings to the death, recognizing that, while many students will have heard about the death before, others may not have known until the teacher announced it.

Identification of Crisis Center and Counseling Rooms

If the scope of the event is large enough, one room needs to be set up as a general headquarters and information center. Someone should be in that room at all times during the day after the tragedy to relay information and answer questions on how to locate the principal, superintendent, nurse, psychologist, crisis response team, etc.

Additionally, rooms should be set aside and their existence clearly publicized the day after the death for individual and small group counseling or where students can go but not be alone. Each room should be manned by a trained school or community resource person. One of these rooms, though loosely supervised by staff, may be designated as a quiet room where a student can go to be alone and silent.

Formulation of School Policy on Funerals

The crisis response team in each building needs to formulate a school policy on funerals which addresses questions like: Will the school be closed for the funeral? Will notes from parents be required for students to attend the funeral or memorial service? Will the school provide bus transportation to the funeral? Will students, absent the day of the funeral, be penalized? How will teachers who insist on having a test the day of the funeral be handled? Will any in-school memorial services be held? Each school needs to answer these questions for themselves.

Formulation of a Policy on School Memorials

The crisis response team, in conjunction with students, parents and building administrators, needs to formulate a general policy on what sort of memorial is appropriate to pay tribute to the person who has died. Will relatives of the deceased be consulted? Yearbook dedications, scholarship funds, special events, plaques, or tree plantings are some of the ways that have been chosen to memorialize the memory of the life that was shared.

Availability of Readings on Death

Many people affected by death find great comfort or help in reading about the grieving process, other people's experience with death, suicide, or suggestions on how to be helpful to their friends in a time of crisis. Accordingly, books on death should be on hold in the library and the school librarian should be prepared to place on an easily accessible table or counter a number of books or pamphlets on death, grief, and suicide to be readily available for those students and staff who may find them helpful.

Plan for Calling in Substitute Teachers

Due to their own grief or personal difficulties with death, some teachers may be unable to function normally, let alone help with student reactions. This leads to the suggestion that the crisis response team develop a plan for calling in a number of substitute teachers who will be available to fill in whatever ways the days' events dictate.

Plan for Morning-After Staff Meeting

The school day following the tragedy should begin with an emergency meeting of all school staff, teachers, custodians, nurses, counselors, administrators, substitute teachers, cafeteria workers, resource room staff, etc., and include outside resource people. Up to forty-five minutes should be allowed for this meeting which should take place before the normal start of the school day. The meeting has two purposes; the first handled by the principal, the second by the crisis consultant.

The principal should begin the meeting by announcing the specifics about what happened, giving as much information about the death, funeral and family wishes as possible. Staff will function best if they are well informed. Succinct staff questions should be answered and the plan for the day should be spelled out including introduction of community response people, family liaison people and crisis response teams, location of the crisis center room and counseling rooms, and plans for the after school meeting.

The crisis consultant will then address the group on what to expect from and how to respond to students, what to say in the home room or first class, and the importance of paying attention to the staff members own feelings and reactions about death.

Identification and Contact with At-Risk Students

The school staff should make an intense effort to identify two kinds of at-risk kids: boyfriends, girlfriends, and close friends of the dead student; and students who, though perhaps not close to the student who died, are known to be very depressed, under great stress, or readily set off for other reasons. They should be offered not only individual help but also the opportunity to meet as a group to work through some of the loss issues.

Drafting a Letter to Parents

During the school day a letter to parents should be drafted so it can be sent home with the students. The letter should sensitively and succinctly state what has happened, how the school has responded thus far, plans the school has for the coming days, suggestions on being especially aware of and supportive to their child, names and phone numbers of community resources to call for information or help, and contain an announcement of the parent/community meeting.

Plan for After-School Staff Meeting

After the first day following the death, a second staff meeting should be held for all school staff. The meeting may be led by the principal or the crisis response team. The purpose is to review the day's events attending to what went well and what didn't, identify which students need the most attention and how to help them, make any needed adjustments in the postvention plan, enunciate any continuing postvention plans, and allow staff to raise questions for the crisis consultant or response team.

Debriefing of the Crisis Response Team

Since the bulk of the intensive intervention work is left to the crisis response team, pupil personnel team, nurses, community response group, etc., it is important that the group of people most directly involved receive a debriefing by the crisis consultant. This allows the crisis response team, et. al., to review their work, discuss their own reactions and feelings, continue to identify student and staff needs, and generally feel taken care of in a very charged emotional event. These debriefings should be held daily until the crisis is abated and the more normal everyday routines return.

Plan for Parent/Community Evening Meeting

This is an option for our BOCES. Experience shows that such a meeting may be more important in a small or isolated community than in a larger one. If chosen as an option, the principal, crisis response team and crisis consultant should speak at the meeting with the crisis consultant bearing the brunt of the load and emphasizing what to expect during the grieving process and how to be helpful to students and adults affected by the death.

Plan for Postvention Evaluation

After the crisis is over, usually a few weeks after the death, there will still be some students and perhaps staff who will be grieving deeply and need support or counseling for some time to come. However, for most of the school, life will be more or less back to normal. During the time after the crisis, the crisis response team needs to organize a meeting of those staff most directly involved in postvention to discuss and evaluate the process. Prior to the meeting, feedback should be solicited from other people who were involved in postvention. This information can be fed into the meeting. The purpose of the meeting is to ascertain what worked well and what did not, what modifications in the plan are needed, and to thank or give feedback to those who helped the school cope with the crisis.

Responsibility Guide

Principal

As the chief officer of the building, you are responsible for the implementation of the Crisis Response Plan. The attitude you present about the importance of the plan and how sensitively it should be carried out will set a tone for how the entire school responds.

Your active participation and leadership is necessary from the first step of receiving the notification of death to after the immediate crisis is over when you evaluate its effectiveness. You may feel an obligation to be the strong shoulder for everyone to lean on, which can be difficult if you are experiencing your own grief. You will also get pressures from school staff and outsiders to keep things as normal as possible, and, sometimes, pressure not to implement the plan at all. Your help should come directly from the crisis response team and the crisis consultant. Do not hesitate to call on their expertise.

Responsibilities:

- ◆ Receive notification of death
- ◆ Verify information
- ◆ Notify Superintendent
- ◆ Notify Crisis Response Team and Crisis Consultant, call meeting
- ◆ Notify Media Liaison
- ◆ Schedule special staff meeting
- ◆ Hire substitute teachers (if necessary)
- ◆ Write announcement to be read in class
- ◆ Write phone inquiry statement
- ◆ Attend special staff meeting
- ◆ Write and send letter to parents
- ◆ Notify other principals
- ◆ Grant release time for funeral attendance

- ◆ Send condolence note to family
- ◆ Attend funeral, if desired

Crisis Response Team

From the moment the team is called into action, until the post-crisis evaluation, the team is part of a very important healing process. By implementing the steps you are responsible for, you will be helping your students and staff by:

- ◆ Reducing the fear and anxiety that accompanies the death of a student.
- ◆ Educating them to the dynamics of grief and preparing them for what they might experience when a death occurs.
- ◆ Providing an opportunity to express their feelings in an accepting environment.
- ◆ Demonstrating that each individual is an important member of your school community, that every life has worth and should be remembered.
- ◆ De-romanticizing death by suicide.

Responsibilities:

- ◆ Initiate phone tree
- ◆ Notify family liaison
- ◆ Call outside consultants
- ◆ Contact student leaders
- ◆ Open Crisis Centers
- ◆ Distribute literature
- ◆ Notify librarians to put grief books on reserve
- ◆ Attend faculty/staff meetings
- ◆ Plan Community Meeting

Teachers

Teachers are the primary contact with the students. They will look to you for information and as a role model on how to act, and as their chief support person. The factual information about the death should be that given you by your administration. Giving different information can cause confusion and anxiety.

You must determine how to adjust your lesson plan in order to allow students to express their emotions, discuss feelings, clarify misinformation, and instill a feeling of sincerity and caring. It is okay to express your feelings and cry in front of the students.

You should help identify at-risk students and direct them to the proper help. Attend all staff meetings for updates on the situation and to express your feelings with colleagues. Use the support people available to you. Attend the funeral if you so wish.

Responsibilities:

- ◆ Read announcement
- ◆ Modify classes
- ◆ Talk with students, clarify misinformation
- ◆ Use activities that encourage expression of feelings and remembering deceased
- ◆ Express own feelings
- ◆ Give grief information
- ◆ No judgement of grief
- ◆ Referrals when necessary
- ◆ Support students
- ◆ Use support resources for yourself
- ◆ Use in-school and community resources to talk with students
- ◆ Attend funeral if desired

Guidance Counselors

You probably have been able to talk with and may have even developed a relationship with some of the students. The feeling of trust they have for you will make it easier for them to express feelings to you. Your professional experience will allow you to assess those students you see or who have been referred to you. If your professional opinion is that a student is at risk, you should make a referral to the psychologist, social worker, or outside resource. Contact with the student's family to express concern is also advisable.

Responsibilities:

- ◆ Operate crisis centers
- ◆ Talk with students
- ◆ Clarify misinformation
- ◆ Encourage students to express feelings
- ◆ Express own feelings
- ◆ Give grief information
- ◆ No judgement of grief
- ◆ Give priority to referrals
- ◆ Support students
- ◆ Use support resources for yourself
- ◆ Make referrals to psychologist, social workers, M.D.'s
- ◆ Contact parents, if necessary
- ◆ Attend funeral to support students

School Psychologist and Social Worker

In your position, you act as a primary in-school referral person. Your education and experience make you the staff person most qualified to carry out or assist outside consultants with: in-school counseling of students and staff, providing information and assistance to school staff, completing assessment intervention forms when necessary and making referrals to the proper resources for an at-risk student. You may also have a role in working with parents of at-risk students.

Responsibilities:

- ◆ Primary referral
- ◆ In-school counseling of students
- ◆ Staff consultation and education
- ◆ Complete student assessment
- ◆ Make referrals to appropriate community resource
- ◆ Contact and work with parents
- ◆ Attend funeral to support students

School Nurse

By taking care of students' physical and emotional needs throughout the year, the nurse generally develops a good rapport in an office that is somewhat of a neutral territory. Students usually feel comfortable and non-threatened there.

You can expect to have more students visiting the nurse's office after a death. Many will describe some of the physical symptoms that are associated with grief. Others may want to talk or lie down. They will be hurting and not know that grief is causing it. Encourage them to talk and express their feelings. Tell them it is okay to feel that way or to even cry. If you determine a student is at risk, they should be referred to the crisis counselor, school psychologist, or school social worker.

Responsibilities:

- ◆ Care for physical needs of students
- ◆ Allow students to express emotions
- ◆ Provide a comfortable location
- ◆ Make assessment of students
- ◆ Make referrals when necessary
- ◆ Attend funeral to support students

Family Liaison

The staff member designated as the family liaison person has a very important responsibility. The impressions the family receives from talking to this person will be the impression they have of the entire school's response to their child's death. The family liaison should be able to communicate in a sensitive and caring way.

The first call should be made the day after the principal has verified the information. This time period will give the school an opportunity to implement its crisis plan and will allow the family to recover from the shock of the first 24 hours. By this time they will also have funeral arrangements made and you will need this information for the school.

In your first call, identify who you are, express your own sympathy and that of the staff. Share any personal feelings you had about the deceased student that would be appropriate.

After they respond, let them know why you are calling—to see if they need anything, to let them know the school's response, to listen to their plans for the funeral, do they want it private or can students attend, would it be okay to make an announcement to the school about the time of the funeral, would they mind a group attending the funeral, would it be all right for students to come alone or with parents, and can I stay in contact with you over the next few days to see how you're doing.

Daily contact with the family can continue, with their permission, for a couple of days after the funeral; then for the next month or two, a call once a week would prove helpful to the parents.

Responsibilities:

- ◆ Contact family
- ◆ Offer help
- ◆ Inform family of school procedures
- ◆ Help to gather personal items of deceased student
- ◆ Attend funeral if desired
- ◆ Keep in contact with family after funeral

Media Liaison

The person should be someone who handles the pressure of media interviews with a cool head. Just the facts should be given without interpreting them. The media should be provided with a press release that describes what is known about the incident that has caused the death. This will be the basis for questions. Media should be directed to a specific site for questions, they should not be allowed to roam school grounds, nor have easy access to students. Staff and students should be cautioned about what they say to the media. Sometimes resentments build up when answers are given to questions that typecast a student in an unfavorable or questionable light.

You can be certain that the media will also show up at the wake or funeral if they can get a reaction from students or staff. It might be important to contact the funeral parlor to determine what accessibility the press will be given.

Responsibilities:

- ◆ Only person to talk to media
- ◆ Notify media you are contact person
- ◆ Keep media out of school
- ◆ Attend funeral if desired

Other Staff Responsibilities

Support Staff

- ◆ Listen to students if approached
- ◆ Take or direct students to crisis centers
- ◆ Take phone calls and questions from parents
- ◆ Make referrals to in-school staff
- ◆ Attend funeral if desired
- ◆ Use support services/attend staff meetings

Librarian

- ◆ Put appropriate reading and A/V material on hold
- ◆ Listen to students if approached
- ◆ Take or direct students to crisis centers
- ◆ Make referrals to in-school staff
- ◆ Attend funeral if desired
- ◆ Use support services/attend staff meetings

Grief Consultant

- ◆ Advise crisis response team throughout postvention process
- ◆ Attend staff meetings to present material and answer questions
- ◆ Attend parent meetings and run bulk of information giving
- ◆ Provide information and counseling to staff
- ◆ Conduct debriefing session with crisis team and pupil personnel team

Eastern Suffolk BOCES Crisis Response Plan

Postvention Steps

After a critical incident has occurred, the building Crisis Response Team should:

Step 1: Consult with administrators and others to:

- ◆ Determine advisability of team involvement,
- ◆ Determine nature of team involvement, if needed,
- ◆ If team is needed, acquire release from currently assigned responsibility,
- ◆ Inform District Superintendent of nature of the incident.

Step 2: Acquire facts and circumstances as to the nature of the trauma/loss.

Step 3: Determine those groups and/or individuals most affected by the trauma (target population).

Step 4: Assist building administrator in the following areas:

- ◆ Arrange staff meeting,
- ◆ Formulate staff meeting agenda,
- ◆ Dissemination of information to staff, parents, students, media, etc. (e.g., letters, etc.),
- ◆ Determine logistical needs (e.g., work space, crisis center, counseling rooms, class schedules, etc.)

Step 5: Assignment of team members and other staff to individual tasks.

Step 6: Provide Crisis Team Services

- ◆ Conduct faculty meeting with all building staff.
- ◆ Provide educational information to teachers to be used in class.
- ◆ Conduct classroom meetings with Team member and teacher in seriously affected classes.
- ◆ Assess needs and arrange for follow-up meetings with individuals and small groups.
- ◆ End of day staff meeting to update staff and administrators and plan for next day.
- ◆ Crisis Team “debriefing” at the end of day.
- ◆ Provide substitutes and aides as back-up staff for teachers.
- ◆ Offer a separate room for parent contact, if necessary.
- ◆ Crisis workers in offices to aid office staff to deal with parents’ telephone calls and questions.

- ◆ Remind staff about “Teachable Moments”
 - death and grief education
 - personal safety
 - sorting rumor from fact
 - anatomy of the injury (e.g., what type, extent, what it means)

Step 7: Assist in creating a committee that can coordinate and plan for memorial contributions, expressions of sympathy, scholarship funds, etc., should be composed of staff, students, and parents.

Step 8: Follow-up plans for ending Crisis Team involvement.

- ◆ Staff meeting
 - alert staff to important aspects of responses to grief and loss
 - respond to individual staff questions and needs
 - provide feedback to teachers regarding individual student needs
 - referral of literature
- ◆ Refer students and others to appropriate building personnel or other helping resources in the community.
- ◆ Arrange for meeting with Crisis Response Team to determine effectiveness of the Crisis Response Plan in addressing the needs in this particular incident.

(Eastern Suffolk BOCES Crisis Response Plan)

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Key Concepts of Disaster Mental Health

Key Concepts of Disaster Mental Health have developed as the result of the knowledge of experienced mental health personnel who have provided disaster mental health services in response to a variety of natural and man-made disasters. These concepts are also supported by research studies of persons impacted by disasters. Disaster mental health personnel should incorporate these concepts into their plan for delivering services.

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Key Concepts of Disaster Mental Health

No One Who Sees a Disaster Is Untouched By It

In any given disaster, loss and trauma will directly affect many people. In addition, there are many other individuals who are emotionally impacted simply by being part of the affected community.

A disaster is an awesome event. Simply seeing massive destruction and terrible sights evokes deep feelings. Often, residents of disaster-stricken communities report disturbing feelings of grief, sadness, anxiety, and anger, even when they themselves are not victims. Such strong reactions confuse them when, after all, they were spared any personal loss. Everyone who sees a disaster is, in some sense, a victim.

Even individuals who experience a disaster “second hand” through exposure to extensive media coverage can be affected. This includes children whose parents lose track of how much disaster material their children are seeing or hearing.

There Are Two Types of Disaster Trauma

There are two types of disaster trauma that occur jointly and continuously in most disasters: individual and collective.

Individual trauma is defined as “a blow to the psyche that breaks through one’s defenses so suddenly and with such brutal force that one cannot react to it effectively.” Individual trauma manifests itself in the stress and grief reactions which individual survivors experience.

Collective trauma is a “blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community.” Collective trauma can sever the social ties of survivors with each other and with the locale. These may be ties that could provide important psychological support in times of stress. Disaster disrupts nearly all activities of daily living and the connections they entail. People may relocate to temporary housing away from their neighbors and other social supports such as churches, clinics, child-care, or recreation programs. Work may be disrupted or lost due to business failure, lack of transportation, loss of tools, or a worker’s inability to concentrate due to disaster stress. For children, there may be a loss of friends and school relationships due to relocation. Fatigue and irritability can increase family conflict and undermine family relationships and ties.

Most People Pull Together and Function During and After a Disaster, But Their Effectiveness Is Diminished

There are multitudes of stressors affecting disaster survivors. In the early “heroic” and “honeymoon” phases there is much energy, optimism, and altruism. However, there is often a high level of activity with a low level of efficiency. As the implications and meaning of

losses become more real, grief reactions intensify. As fatigue sets in and frustrations and disillusionment accumulate, more stress symptoms may appear. Diminished cognitive functioning (short-term memory loss, confusion, difficulty setting priorities and making decisions, etc.) may occur because of stress and fatigue. This can impair survivors' ability to make sound decisions and take necessary steps toward recovery and reconstruction.

Disaster Stress and Grief Reactions Are Normal Responses To Abnormal Events

Most disaster survivors are normal persons who function reasonably well under the responsibilities and stresses of everyday life. However, with the added stress of disaster, most individuals will usually show some signs of emotional and psychological strain. Reactions include post-traumatic stress and grief responses. These reactions are normal reactions to an extraordinary and abnormal situation, and are to be expected under the circumstances. Survivors, residents of the community, and disaster workers alike may experience them. These responses are usually transitory in nature and very rarely imply a serious mental disturbance or mental illness. Contrary to myth, neither post-traumatic stress disorder nor pathological grief reactions are rampant following a disaster.

The post-traumatic stress process is a dynamic one, in which the survivor attempts to integrate a traumatic event into his or her self-structure. The process is natural and adaptive. It should not be labeled pathological (i.e., "disorder") unless it is prolonged, blocked, excessive, or interferes with regular functioning to a significant extent.

Grief reactions are a normal part of recovery from disaster. Not only may individuals lose loved one, homes, and treasured possessions, but hopes, dreams, and assumptions about life and its meaning may be shattered. The grief responses to such losses are common and are not pathological (warranting therapy or counseling), unless the grief is an intensification, a prolongation, or an inhibition of normal grief.

Relief from stress, the ability to talk about the experience, and the passage of time usually lead to the reestablishment of equilibrium. Public information about normal reactions, education about ways to handle them, and early attention to symptoms that are problematic can speed recovery and prevent long-term problems.

Many Emotional Reactions of Disaster Survivors Stem From Problems of Living Caused By the Disaster

Because disaster disrupts so many aspects of daily life, many problems for disaster survivors are immediate and practical in nature. People may need help locating missing loved ones; finding temporary housing, clothing, and food; obtaining transportation; applying for financial assistance, unemployment insurance, building permits, income tax assistance; getting medical care, replacement of eyeglasses or medication; obtaining help with demolition, digging out, and cleanup.

Disaster Relief Procedures Have Been Called “The Second Disaster”

The process of obtaining temporary housing, replacing belongings, getting permits to rebuild, applying for government assistance, seeking insurance reimbursement, and acquiring help from private or voluntary agencies is often fraught with rules, red tape, hassles, delays, and disappointment. People often establish ties to bureaucracies to get aid they can get nowhere else. However, the organizational style of the aid-giving bureaucracies is often too impersonal for victims in the emotion-charged aftermath of the disaster. To complicate the matter, disasters and their special circumstances often foul up the bureaucratic procedures even of organizations established to handle disaster. Families are forced to deal with organizations that seem or are impersonal, inefficient, and inept.

Most People Do Not See Themselves As Needing Mental Health Services Following a Disaster, and Will Not Seek Out Such Services

Many people equate “mental health services” with being “crazy.” To offer mental health assistance to a disaster survivor may seem to add insult to injury — “First I have lost everything and now you think I’m mentally unstable.” In addition, most disaster survivors are overwhelmed with the time-consuming activities of putting the concrete aspects of their lives back together. Counseling or support groups may seem esoteric in the face of such pragmatic pressures. Very effective mental health assistance can be provided while the worker is helping survivors with concrete tasks.

Survivors May Reject Disaster Assistance of All Types

People may be too busy cleaning up and dealing with other concrete demands to seek out services and programs that might help them. Initially, people are relieved to be alive and well. They often underestimate the financial impact and implication of their losses, and overestimate their available financial resources. The bottom-line impact of losses is often not evident for many months or, occasionally, for years.

The heroism, altruism, and optimism of the early phases of disaster may make it seem that “others are so much worse off than I am.” For most people, there is a strong need to feel self-reliant and in control. Some people equate government relief programs with “welfare.” For others, especially recent immigrants who have fled their countries of origin because of war or oppression, government is not to be trusted. Pride may be an issue for some people. They may feel ashamed that help is needed, or may not want help from “outsiders.” Tact and sensitivity to these issues are important.

Disaster Mental Health Assistance Is Often More “Practical” Than “Psychological” in Nature

Most disaster survivors are people who are temporarily disrupted by a severe stress, but can function capably under normal circumstances. Much of the mental health work at first will

be to give concrete types of help. Mental health personnel may assist survivors with problem solving and decision making. They can help them to identify specific concerns, set priorities, explore alternatives, seek out resources, and choose a plan of action. Mental health staff must inform themselves about resources available to survivors, including local organizations and agencies in addition to specialized disaster resources. Mental health workers may help directly with some problems, such as providing information for filling out forms, helping cleanup, locating health care or child care, finding transportation. They may also make referrals to specific resources, such as assistance with loans, housing, employment, permits.

In less frequent cases, individuals may experience more serious psychological responses such as severe depression, disorientation, immobilization, or an exacerbation of prior mental illness diagnosis. These situations will likely require a referral for more intensive psychological counseling. The role of the disaster mental health worker is not to provide treatment for severely disturbed individuals directly, but to recognize their needs and help link them with an appropriate treatment resource.

Disaster Mental Health Services Must Be Uniquely Tailored To the Communities They Serve

The demographics and characteristics of the communities affected by disaster must be considered when designing a mental health program. Urban, suburban, and rural areas have different needs, resources, traditions and values about giving and receiving help. It is essential that programs consider the ethnic and cultural groups in the community, and provide services that are culturally relevant and in the language of the people. Disaster recovery services are best accepted and utilized if they are integrated into existing, trusted community agencies and resources. In addition, programs are most effective if workers are from the community and its various ethnic and cultural groups are integrally involved in service delivery.

Mental Health Staff Need To Set Aside Traditional Methods, Avoid the Use of Mental Health Labels, and Use an Active Outreach Approach To Intervene Successfully in Disaster

The traditional, office-based approach is of little use in disaster. Very few people will come to an office or approach a desk labeled “mental health.” Most often, the aim will be to provide human services for problems that are accompanied by emotional strain. It is essential not to use words that imply emotional problems, such as counseling, therapy, psychiatric, psychological, neurotic, or psychotic. Mental health staff may identify themselves as human service workers, crisis counselors, or use other terminology that does not imply that their focus is on pathology. Workers seem less threatening when they refer to their services as “assistance,” “support,” or “talking” rather than labeling themselves as “mental health counselors.”

Mental health staff need to use an active outreach approach. They must go out to community sites where survivors are involved in the activities of their daily lives. Such places include impacted neighborhoods, schools, disaster shelters, Disaster Application Centers, meal sites, hospitals, churches, community centers, and the like.

Survivors Respond To Active Interest and Concern

They will usually be eager to talk about what happened to them when approached with warmth and genuine interest. Mental health outreach workers should not hold back from talking with survivors out of fear of “intruding” or invading their privacy.

Interventions Must Be Appropriate To the Phase of the Disaster

It is important that disaster mental health workers recognize the different phases of disaster and the varying psychological and emotional reactions of each phase. For example, it will be counterproductive to probe for feelings when shock and denial are shielding the survivor from intense emotion. Once the individual has mobilized internal and external coping resources, he or she is better able to deal with feelings about the situation. During the “heroic” and “honeymoon” phases, people are seeking and discussing the facts about disaster, trying to piece reality together and understand what has happened. They may be more interested in discussing their thoughts than talking about feelings. In the “disillusionment” phase, people will likely be expressing feelings of frustration and anger. It is not usually a good time to ask if they can find something “good” that has happened to them through their experience.

Most people are willing and even eager to talk about their experiences in a disaster. However, it is important to respect the times when an individual may not want to talk about how things are going. Talking with a person in crisis does not mean always talking about the crisis. People usually “titrate their dosage” when dealing with pain and sorrow, and periods of normalcy and respite are also important. Talking about ordinary events and laughing at humorous points is also healing. If in doubt, ask the person whether they are in the mood to talk.

Support Systems Are Crucial To Recovery

The most important support group for individuals is the family. Workers should attempt to keep the family together (in shelters and temporary housing, for example). Family members should be involved as much as possible in each other’s recovery.

Disaster relocation and the intense activity involved in disaster recovery can disrupt people’s interactions with their support systems. Encouraging people to make time for family and friends is important. Emphasizing the importance of “rebuilding relationships” in addition to rebuilding structures can be a helpful analogy.

For people with limited support systems, disaster support groups can be very helpful. Support groups help to counter isolation. People who have been through the same kind of situation feel they can truly understand one another. Groups help to counter the myths of uniqueness and pathology. People find reassurance that they are not “weird” in their reactions. The groups not only provide emotional support, but survivors can share concrete information and recovery tips. They benefit from the guidance of other experienced sur-

vivors. Besides the catharsis of sharing experiences, they can identify with others who are recovering and feel hope for their own situation. Mental health staff may involve themselves in setting up self-help support groups for survivors, or may facilitate support groups.

In addition, mental health workers may involve themselves in community organization activities. Community organization brings community members together to deal with concrete issues of concern to them. Such issues may include social policy in disaster reconstruction, or disaster preparedness at the neighborhood level. The process can assist survivors with disaster recovery not only by helping with concrete problems, but by reestablishing feelings of control, competence, self-confidence, and effectiveness. Perhaps most important, it can help to reestablish social bonds and support networks that have been fractured by the disaster.

(Center for Mental Health Services, Crisis Counseling Assistance and Training Workshop Manual, Emmitsburg, MD, 1994)

Disaster Mental Health Training

A key component to the development of a disaster mental health response capacity to provide services to children impacted by disasters is the formation of a Disaster Response Team. The team should be comprised of professionals and paraprofessionals who have participated in special training. This section provides an overview of types of training for team members and other human service workers who will be in contact with children in a disaster or emergency. Also included is a list of persons at the federal, state and local level that may be used as training resources.

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Developing Disaster Mental Health Training

Goals of a Disaster Mental Health Worker

- ◆ Provide services to child(ren) and families that are appropriate for the type of emergency/disaster.
- ◆ Assess condition and immediate needs of child(ren) and family including food, shelter, clothing, medical treatment.
- ◆ Refer children and other family members to agencies and organizations that provide needed services.
- ◆ Follow-up on referrals.
- ◆ Decrease the internal and external stressors which affect the child(ren) and family.
- ◆ Provide opportunities for child(ren) and families to verbalize their feelings and provide emotional support to aid recovery.
- ◆ Guide the family through the emergency/disaster and provide tools and techniques for the family to help themselves to recover.

Pre-Training Tasks

Gain knowledge of agencies/organizations that provide services in an emergency/disaster situation and the services they provide.

Knowledge of community agencies and organizations that provide disaster services including basic needs such as food, clothing, shelter and transportation is extremely useful for crisis counseling staff. Stress of the disaster victim may be relieved by meeting their immediate needs. Knowledge of public and private agencies that provide financial assistance is also a benefit to the disaster mental health worker. Workers should know the process of referral for these services and should make referrals as appropriate.

Gain acceptance from the community.

It is important for disaster mental health workers and the services they provide to be accepted by the community. Disaster intervention agencies, civic leaders, and disaster victims must understand the purpose of the provision of disaster mental health services. If disaster mental health workers are not linked with appropriate emergency/disaster agencies/organizations, coordination of services may be difficult.

Identify sources of trainers.

Although the most obvious source of training personnel are professional community mental health service providers including crisis treatment centers, psychiatric centers, and hospitals, recruitment of trainers should not be limited solely to these sources.

Development of a Disaster Mental Health Response Team

Specialized training in Disaster Mental Health is critical in the development of a cadre of mental health professionals and paraprofessionals who will provide effective intervention in a disaster. In order to keep skills current and to accommodate staff turnover, ongoing in-service training should be provided at the state and local levels.

Mental health professionals frequently assume that their clinical training and experience are more than sufficient to enable them to respond adequately. Unfortunately, traditional mental health training does not address many issues found in disaster-affected populations. (FEMA, 1988) When selecting professional and paraprofessional team members, Disaster Coordinators should make sure that team members possess the following characteristics. Team members must:

- ◆ Be indigenous to the communities they serve, as they will be aware of issues in the community and not viewed as “outsiders” by the disaster victims.
- ◆ Possess experience working with various populations in need, including children, elderly, minorities, and disadvantaged. This expertise is invaluable in a disaster situation.
- ◆ Be capable of providing disaster mental health services through non-traditional methods. Working in a disaster may require public education activities, including public speaking at community meetings or church gatherings. Crisis counseling is often provided in victims’ homes, coffee shops, meal sites or other informal places. Disaster workers should be able to function in these environments.
- ◆ Be sensitive to cultural issues and be able to provide services that are culturally appropriate.

Training Topics

Disaster mental health training for team members should be disaster phase-appropriate and include topics that will allow staff to adapt to the ever-changing disaster environment. The following topics are suggested for training of professionals, paraprofessionals, and human service workers.

Disaster Mental Health Training for Professionals

Understanding Disaster and Disaster-Related Behavior

- ◆ Definition of disaster
- ◆ Myths and realities of human behavior in disaster
- ◆ Factors affecting the psychological response of individuals to disaster (factors related to the disaster, the individual, and the social situation)
- ◆ “At-risk” groups following disaster
- ◆ Phases of disaster

- ◆ Psychological, cognitive, behavioral, and affective responses to disaster
- ◆ Differential assessment of normal responses vs. those requiring intervention

Special Populations in Disaster: Issues and Interventions

- ◆ Children
- ◆ Older adults
- ◆ People with disabilities
- ◆ People diagnosed with mental illness
- ◆ Ethnicity and disaster
- ◆ People with previous traumatic experiences

Roles, Responsibilities, and Resources in Disaster

- ◆ The disaster declaration process
- ◆ Chain of command among local, state, and federal authorities
- ◆ Local, state, and federal mental health programs
- ◆ Purpose and objective of the FEMA crisis counseling programs
- ◆ Government and voluntary agency resources and services for disaster survivors

The Disaster Recovery Process

- ◆ Loss and grief
- ◆ Post-traumatic stress
- ◆ Interplay of individual recovery and community recovery processes

Key Concepts of Disaster Mental Health

- ◆ Survivors' perception of needs
- ◆ Scope of community needs
- ◆ Milieu and time factors
- ◆ How effective disaster mental health interventions differ from traditional psychotherapy
- ◆ Spectrum and design of mental health services in disaster
- ◆ Sites for disaster mental health service delivery

Effective Interventions with Disaster Survivors

- ◆ Disaster preparedness
- ◆ Crisis intervention
- ◆ Brief treatment
- ◆ Post-traumatic stress strategies
- ◆ Age-appropriate child interventions and school programs
- ◆ Debriefing

- ◆ Group counseling and support groups
- ◆ Stress management techniques

Effective Interventions at the Community Level

- ◆ Casefinding
- ◆ Outreach
- ◆ Mental health training
- ◆ Public education, including effective use of media
- ◆ Consultation
- ◆ Community organization
- ◆ Advocacy

Disaster Work and Mental Health: Prevention and Control of Stress Among Workers

- ◆ Source of stress for workers (including mental health workers)
- ◆ Stress management for workers, before, during and after the disaster.

Disaster Mental Health Training for Paraprofessionals

Paraprofessionals without prior human service experience may need training in the following topics as well as comprehensive disaster mental health training.

- | | |
|--|--|
| ◆ Basics of crisis intervention | ◆ How to link clients with resources |
| ◆ Establishing rapport | ◆ Ethics (confidentiality, boundaries, relationship with client, etc.) |
| ◆ Active listening and responding skills | ◆ Attending to feelings |
| ◆ When to refer to mental health | ◆ Risk factors for suicide |
| ◆ Legalities (duty to report to child protective services, etc.) | ◆ Group dynamics |
| ◆ Interviewing techniques | ◆ Helpful and unhelpful styles of assistance |
| ◆ Paraphrasing and interpretation | ◆ Nonverbal communication |
| ◆ Cognitive reframing techniques | |

(Center for Mental Health Services, Crisis Counseling Assistance and Training Workshop, 1994 Manual, Emmitsburg, MD)

Disaster Mental Health Training for Human Service Workers

Various human service workers in the community are in contact with disaster victims hours, days, weeks, months, or years after the disaster. These workers may include police, firefighters, nurses, clergy, and others.

It is helpful for these workers to be familiar with specific disaster mental health issues that may affect disaster victims and the community. With knowledge of the basic disaster mental health concepts, they may be able to provide successful intervention themselves and/or appropriately refer to a crisis counselor or mental health professional.

Disaster mental health training for human service workers may include the following topics:

Topic 1: Understanding a Disaster

A. Disaster description

B. Definition of a disaster

1. What is a disaster?
2. Disasters versus routine emergencies
3. Types of disasters
4. Types of victims
 - ◆ Factors which may intensify reactions to disaster
 - ◆ Personal risk factors
 - ◆ Phases of a disaster

Topic 2: Human Response to Disaster

A. Disaster myths

B. Normal reactions to abnormal events

1. Identifying stress
 - ◆ Physiological
 - ◆ Cognitive/Intellectual
 - ◆ Emotional
 - ◆ Behavioral

C. Uncommon responses

D. Long-term effects

E. Post-Traumatic Stress Disorder– What is it?

Topic 3: Key Concepts of Disaster Mental Health

Topic 4: Special Populations in Disaster: Issues and Interventions

A. Common needs and reactions

B. Special needs groups

1. Age
 - ◆ Children
 - ◆ Middle
 - ◆ Elderly

2. Socioeconomic status
3. Cultural and racial groups
4. Institutionalized persons
5. People in emotional crisis
6. People requiring emergency medical care
7. Human service and disaster relief workers

Topic 5: The Helping Process

- A. The ethics of interviewing
- B. Procedures of helping
- C. The art of listening
- D. Problems of living
- E. Help and seek behaviors

Training Resources

Neil Fenton, MA

Suffolk County Mental Health Services
225 Rabro Drive E
Hauppauge, NY 11788
(516) 853-3121

John K. Hickey, DSW, ACSW

Deputy Commissioner
Nassau County Department
of Mental Health
240 Old Country Road
Mineola, NY 11501
(516) 571-2213

Brian Flynn, EdD

National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4735

Issac Monserrate, ACSW

Assistant Commissioner
Crisis Intervention Services
NYC Department of Mental Health
93 Worth Street, Suite 414
NY, NY 10013
(212) 219-5599
Fax: (212) 219-5609

Michael Lesser, MD

Medical Director
Crisis Intervention Services
NYC Department of Mental Health
93 Worth Street, Suite 414
NY, NY 10013
(212) 219-5402
Fax: (212) 219-5609

Joe LeViness, Coordinator

Disaster Mental Health Services
NYS Office of Mental Health
Capital District Psychiatric Center
75 New Scotland Avenue
Albany, NY 12208
(518) 474-3432
(518) 474-2578
Fax: (518) 473-0373

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APPENDIX 1

New York State Board of Cooperative Education Services (BOCES)

BOCES Emergency Management Contacts

In essence, schools are the second home for children and the staff. After a disaster or tragic event that touches the lives of children, teachers and support staff and mental health personnel are needed to assess the mental health status of those affected by the event.

The District Superintendents for the Boards of Cooperative Educational Services (BOCES) are the school emergency management communication liaisons for all public and nonpublic schools, including nursery schools. The District Superintendent's office, in the region involved, will be able to provide assistance and communication to county mental health officials during times of crisis.

This section provides a listing of contact persons for each New York State County BOCES. In the event of a disaster that effects any school in the impact area, BOCES responds to the disaster needs of the children, school personnel, and community. Area BOCES coordinate their efforts with those of other disaster response agencies.

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New York State Education Department

BOCES Emergency Management Contacts

Broome-Delaware-Tioga BOCES

Dr. Lawrence A. Kiley
District Superintendent of Schools
Broome-Delaware-Tioga BOCES
435 Glenwood Road
Binghamton, NY 13905-1699
(607) 763-3309

Capital Region BOCES

Dr. Barbara Nagler
District Superintendent of Schools
Capital Region BOCES
1031 Watervliet-Shaker Road
Albany, NY 12205
(518) 456-9215

Cattaraugus-Allegany-Erie-Wyoming BOCES

Mr. John Grant
District Superintendent of Schools
Cattaraugus-Allegany-Erie-Wyoming BOCES
Center at Olean
1825 Windfall Road
Olean, NY 14760
(716) 372-8293 Ext. 246

Cayuga-Onondaga BOCES

Dr. Gary A. Gilchrist
District Superintendent of Schools
Cayuga-Onondaga BOCES
5980 South Street Road
Auburn, NY 13021
(315) 253-0361

Champlain Valley Educational Services

Mr. Craig L. King
District Superintendent of Schools
Champlain Valley Educational Services
P.O. Box 455
1585 Military Turnpike
Plattsburgh, NY 12901
(518) 561-0100

Delaware-Chenango-Madison-Otsego BOCES

Mr. Alan D. Pole
District Superintendent of Schools
Delaware-Chenango-Madison-Otsego BOCES
6678 County Road 32
Norwich, NY 13815-3554
(607) 335-1233

Dutchess BOCES

Dr. John C. Pennoyer
District Superintendent of Schools
Dutchess BOCES
578 Salt Point Turnpike
Poughkeepsie, NY 12601
(914) 486-4800

Erie 1 BOCES

Mr. Donald A. Ogilvie
District Superintendent of Schools
Erie 1 BOCES
355 Harlem Road
West Seneca, NY 14224-1892
(716) 821-7001

Erie 2-Chautauqua-Cattaraugus BOCES

Mr. Donald A. Ogilvie, Interim
District Superintendent of Schools
Erie 2-Chautauqua-Cattaraugus BOCES
8685 Erie Road
Angola, NY 14006
(716) 549-4454 / 1-800-228-1184

Franklin-Essex-Hamilton BOCES

Mr. David J. DeSantis
 District Superintendent of Schools
 Franklin-Essex-Hamilton BOCES
 P.O. Box 28
 West Main Street Road
 Malone, NY 12953
 (518) 483-6420

Genesee Valley BOCES

Ms. Beverly L. Ouderkirk
 District Superintendent of Schools
 Genesee Valley BOCES
 80 Munson Street
 LeRoy, NY 14482
 (716) 344-7903

Hamilton-Fulton-Montgomery BOCES

Dr. Geoffrey H. Davis
 District Superintendent of Schools
 Hamilton-Fulton-Montgomery BOCES
 P. O. Box 665
 Johnstown, NY 12095-0665
 (518) 762-4634

Herkimer-Fulton-Hamilton-Otsego BOCES

Dr. John L. Stoothoff
 District Superintendent of Schools
 Herkimer-Fulton-Hamilton-Otsego BOCES
 352 Gros Boulevard
 Herkimer, NY 13350
 (315) 867-2022

Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES

Mr. Charles H. Bohlen, Jr.
 District Superintendent of Schools
 Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES
 20104 State Route 3
 Watertown, NY 13601
 (315) 788-0400 / 1-800-356-4356

Madison-Oneida BOCES

Dr. Edward A. Shafer
 District Superintendent of Schools
 Madison-Oneida BOCES
 P. O. Box 168
 4937 Spring Road
 Verona, NY 13478-0168
 (315) 361-5510

Monroe #1 BOCES

Dr. Gregory J. Vogt
 District Superintendent of Schools
 Monroe #1 BOCES
 41 O'Connor Road
 Fairport, NY 14450
 (716) 383-2200

Monroe #2 - Orleans BOCES

Mr. C. Tod Eagle
 District Superintendent of Schools
 Monroe #2 - Orleans BOCES
 3599 Big Ridge Road
 Spencerport, NY 14559
 (716) 352-2410

Nassau BOCES

Dr. Jerry W. Shiveley
 District Superintendent of Schools
 Nassau BOCES
 Salisbury Center
 718 The Plain Road - P. O. Box 1034
 Westbury, NY 11590-0114
 (516) 396-2200

Oneida-Herkimer-Madison BOCES

Dr. Steven Kalies
 Interim District Superintendent of Schools
 Oneida-Herkimer-Madison BOCES
 P.O. Box 70 - Middle Settlement Road
 New Hartford, NY 13413
 (315) 793-8561

Onondaga-Cortland-Madison BOCES

Dr. Lee G. Peters
District Superintendent of Schools
Onondaga-Cortland-Madison BOCES
P.O. Box 4754
6820 Thompson Road
Syracuse, NY 13221
(315) 433-2602

Orange-Ulster BOCES

Dr. William J. Bassett
District Superintendent of Schools
Orange-Ulster BOCES
53 Gibson Road
Goshen, NY 10924
(914) 291-0110-9777

Orleans-Niagara BOCES

Dr. Peter T. Kachris
District Superintendent of Schools
Orleans-Niagara BOCES
4232 Shelby Basin Road
Medina, NY 14103
1-800-836-7510 Ext. 201

Oswego BOCES

Mr. Weston T. Hyde
District Superintendent of Schools
Oswego BOCES
179 County Rt. 64
Mexico, NY 13114
(315) 963-4222

Otsego-Delaware-Schoharie-Greene BOCES

Dr. William R. Miles
District Superintendent of Schools
Otsego-Delaware-Schoharie-Greene BOCES
Otsego Northern Catskills
Frank W. Cyr Center
Stamford, NY 12167
(607) 652-1209

Putnam-Northern Westchester BOCES

Mr. Donald J. McKenzie
District Superintendent of Schools
Putnam-Northern Westchester BOCES
200 BOCES Drive
Yorktown Heights, NY 10598-4399
(914) 248-2300

**Questar III
(Rensselaer-Columbia-Greene BOCES)**

Dr. Ann P. Myers
District Superintendent of Schools
Questar III (Rensselaer-Columbia-Greene BOCES)
200 Schuurman Road
Castleton, NY 12033
(518) 477-8771

Rockland BOCES

Dr. Larry R. Pedersen
District Superintendent of Schools
Rockland BOCES
65 Parrott Road
West Nyack, NY 10994
(914) 627-4701

St. Lawrence-Lewis BOCES

Dr. Linda R. Gush
District Superintendent of Schools
St. Lawrence-Lewis BOCES
139 State Street Road
P.O. Box 231
Canton, NY 13617
(315) 386-4504

Schuyler-Chemung-Tioga BOCES

Mr. Robert J. Reidy, Jr.
District Superintendent of Schools
Schuyler-Chemung-Tioga BOCES
459 Philo Road
Elmira, NY 14903
(607) 739-3581

Southern Westchester BOCES

Mr. Stacy J. Holmes
District Superintendent of Schools
Southern Westchester BOCES
17 Berkley Drive
Rye Brook, NY 10573
(914) 937-3820

Steuben-Allegany BOCES

Mr. Rene L. Bouchard
District Superintendent of Schools
Steuben-Allegany BOCES
6666 Babcock Hollow Road
Bath, NY 14810
(607) 776-7631

Eastern Suffolk BOCES

Dr. Eric L. Eversley
District Superintendent of Schools
Eastern Suffolk BOCES
201 Sunrise Highway
Patchogue, NY 11772
(631) 289-2200

Western Suffolk BOCES

Dr. David E. Gee
District Superintendent of Schools
Western Suffolk BOCES
507 Deer Park Road
Dix Hills, NY 11746
(631) 549-4900

Sullivan BOCES

Mr. Martin D. Handler
District Superintendent of Schools
Sullivan BOCES
6 Wierk Avenue
Liberty, NY 12754-2908
(914) 292-0131

Tompkins-Seneca-Tioga BOCES

Dr. R. Timothy O'Neill
Interim District Superintendent of Schools
Tompkins-Seneca-Tioga BOCES
555 Warren Road
Ithaca, NY 14850
(607) 257-1551

Ulster BOCES

Mr. William Le Doux
District Superintendent of Schools
Ulster BOCES
175 Route 32 North
New Paltz, NY 12561
(914) 255-3040

**Washington-Saratoga-Warren-Hamilton-
Essex BOCES**

Dr. Gerald Carozza
District Superintendent of Schools
Washington-Saratoga-Warren-Hamilton-
Essex BOCES
10 Lacrosse Street
Hudson Falls, NY 12839-1415
(518) 746-3310

Wayne-Finger Lakes BOCES

Dr. Joseph J. Marinelli
District Superintendent of Schools
Wayne-Finger Lakes BOCES
131 Drumlin Court
Eisenhower Building
Newark, NY 14513-1863
(315) 332-7400

APPENDIX 2

Resources and References

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Web Sites

American Red Cross

<http://www.redcross.org>

Center for Mental Health Services Knowledge Exchange Network (KEN)

<http://www.mentalhealth.org/emergserv/>

Disaster Mental Health Institute at the University of South Dakota

<http://www.usd.edu/dmhi>.

Disaster Mental Health Links

<http://gladstone.uoregan.edu~dvh/pg5.html#DISMAT>

Disaster Mental Health Presented by John D. Weaver

<http://ourworld.compuserve.com/homepages/johndweaver/>

Federal Emergency Management Agency

<http://www.fema.gov/>

University of Illinois at Urbana-Champaign, Disaster Resources

<http://www.agg.uiuc.edu/~disaster/disaster.html>

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