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CARERS OF DISASTER

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Carer (Helper) is one who assists/aids in some distress / misfortune. A helper who assists in disaster can become a hidden victim.

Qualities of a helper:

1. Should be empathic
2. Should have the ability to cope with fear / stress
3. Should have the ability to handle their own emotions to a satisfactory extent
4. Should hve the confidence and the optimism to face the consequences
5. Should have the ability to share and give
6. Should have the ability to maintain their edge
7. Should have leader#hip ability and sometimes act like a role model.

Role of a helper:

1. Handling and treating the physically injured
2. Notification of death
3. Identification of bodies
4. Viewing of the dead
5. Inform about the circumstances of death
6. Visiting the site of death
7. Conducting public memorial service
8. Providing psychosocial support

Stressors & Needs;

- The helper is expected to know, to do , to be in control, to be powerful and resourceful and to fix what has happened.
- The stressors experienced by the helper will depend on certain variables as outlined below.
- The helper came to their roles along and of different pathways. He/she m,ay be the less severely affected among the victims / trained disaster worker/belong to a voluntary organization.
- The role expectations of stressors associated with role performance, could be high. The uncertainty of role expectation may itself produce stress.
- Particular disasters may have complications in themselves
- Certain personality pattern and previous experiences / inner conflicts may have left him / her psychologically vulnerable.

In recent years there has been an increasig awareness that a disaster may bring stressful effects for those involed in a variety of disaster and support roles. These stressors may be severe and will be described in some detail below.

Encounter with death poses a few special problems:

The multiplicity of death, the shocking injuries they may involve, deaths of the young, the unexpected nature of death may all reflect the special traumatic effect of confrontation with human mortality.

Failure to recover all body parts in situations in which intact remains are rare also can be a major cause for stress.

In terms of constillation of symptoms experienced due to above encounters the pattern are very much that of post traumatic stress reactions with reports of bad drea,ms intrusive unpleasant thoughts and sleep disturbance.

Anguish and suffering of others:

Most helpers are likely to have contact with the directly affected victims, sharing their suffering firsthand or hearing from them about their experience.

Workers whose principal function is to offer emotional support may feel great uncertainty and helplessness and this is more likely to be associated with feelings of deression.

The empathic response to the victims loss and grief and any uncertainty of role and training leave the helpers emotionally vulnerable.

Role stressors:

Helpers may be stressed due to the roles they are expected to perform. These are:

- Not being able to accomplish due to practical problems like difficulties in communication, staff problems and inadequate ....
- Exhaustion

- Helplessness due to overwhelming nature of disaster or lack of training

- Interpersonal relationship with other relief organizations

- Family interactions may become a source of strain. This may be due to family not being able to understand and share responsibility, the helper being torn by his responsibility towards victims and family.

FACTORS AFFECTING STRESS AMONG DISASTER WORKERS

Factors affecting stress among disaster workers may be summarised as follows:

Various factors may influence a disaster worker's stress response to disaster. Some of the factors related to the individual which place him/her at an increased risk.

I. Factors related to the individual:

- Poor health
- Pre-existing stresses
- Previous traumatic experience
- Poor coping skills
- Prior disaster experience
- High self expectations

II. Interpersonal factors such as poor support system within the family, family problems, high expectations from family members, seperation from family members.

III. Aspects of the disaster like the unexpected nature of the disaster, type of disaster (man-made disasters more stressful than natural disasters), disasters occurring at night, uncertainty of disaster, longer duration of the disaster and the bigger scope of the disaster.

Sources of stress for disaster workers:

Three main sources of stress have been described.

Arising from the disaster itself

The following stressors of disaster are weighty contributers to the stress reaction of individuals.

- When there is personal loss like a worker,being exposed to toxic substances or a team member dying.

- Traumatic stimuli which might trigger off stress reactions are death of a child the same as one's own, loss of life following prolonged expenditure of energy, victims being known to the helper, baby child dying, hostage situations which presents physical or psychologica; threats to the worker.

Failure due to human error like a situation which have been prevented, civilian dues due to collision with an emergency vehicle.

Occupational stressors

The nature of the disaster work like weighty pressures at work, time pressures, work overload, responsibility overload. These put increased physical, mental and emotional demands on the individual. The work environment such as the work area , poor weather conditions, amount of contact with death, poor living conditions, lack of human resources, frustrations and presence of bystanders.

Organisational stressors

Nature of the organisation itself may be stressful like volunteer organisations have less training, size of the organisation, low reward systems, confusion as regards to ambiguity of roles, poor deligation of responsibilities.

The following section discusses the effect of stress on disaster workers. It is important to understand that (1) no one who sees a disaster is untouched by it and (2) stress reactions are a normal response to an abnormal situation. These are described as :

Stress response during disaster

WORKERS GO THROUGH THE FOLLOWING PHASES:

* Alarm and mobilisation phase
* Action phase
* Let down phase

I. Alarm and Mobilisation phase: This phase involves comprehending the news of the disaster and coordinating plans. There may be several reactions like

(i) Physiological:- Increased pulse, respiration, blood pressure.

(2) Cognitive:- Disorientation, difficulty in concnentration

(3) Emotional :- Shock, anxiety, fear, decreased efficiency.

II. Action Phase:- This may vary in length from days to weeks. In this phase a high level of activity and a high level of stress ococurs. It would be timely to stress that experiencing a few of the listed symptoms does not constitute a problem, however several symptoms may diminish the worker's responsibility.

The physical symptoms described are increased heart beat, respiration, nausea, diarrhoea, sweating, clammy skin, tremors, low back pain, fatigue, appetite change.

The cognitive changes are the next to set in. There may be memory problems, disorientation, poor concentration, difficulty calculating, making poor judgements and loss of objectivity.

The psychological reactions which may occur are anxiety, fear, depnersia, guilt, recurrent dreams of the event, anger, blaming, diminished interest, numbness.

The behavioural symptoms which may occur are crying, hyperactivity, social withdrawal, inability to rest.

III. Stress Responses after Disaster (Let down phase):

Workers experiences may be positive and in addition very painful. There may be mixed reaction after a disaster. It is helpful to understand the transition and transformation, it entails the workers to go through after the disaster. There can be positive and negative consequences of disaster. The positive aspects of the disaster experience are

1. Opportunity to use creativity and leadership potential
2. New relationship
3. Feeling of accomplishment, helpfulness
4. Feeling of excitement, self confidence and a sense of courage

The negative aspects are outlined above.

The ending of disaster will be the let down phase. Hence there may be-

A. Factors related to giving up their roles.

1. Difficulty in letting go
2. Sadness, depression
3. A desire to maintain contact with disaster workers, victims.
4. Anger if no recognition is given for performance
5. Conflict and feeling of estrangement from peers and workers at office who were not included in the disaster operations.
6. Conflict and estrangement with family members.

B. Reactions related to the disaster might include -

1. Feeling of numbness
2. Sadness, Grief
3. Avoidance of activities which arouse recollectiOn of traumatic event
4. A need to talk about the event
5. Fear of recurrence of event
6. Withdrawal, and unwillingness to talk about the event.
7. Irrelevant thoughts of the event can recur.

Timing of stress reactions can be at any time during the above phases. A debriefing should be conducted at any time such a reaction occurs.

How to know when stress reactions become a problem:

1. When duration lasts longer than 6 weeks
2. Any symptoms that seem acutely intense
3. Any symptoms that seriously interfere with an individuals functioning

These are some rough guidelines to be followed by administrators in helping carers to cope with disaster, however, these are covered in much detail elsewhere.

Disaster Planning:

- Normal precautions against physical injuries and their treatment are considered to be covered by the use of protective clothes.

- Safety regulation in policies and instructions in response and first aid and procedures.

- Mental trauma has recently been gien attention to that may result from service at a disaster site.

What is of immediate concern to administration is the development of mechanisms that will enhance the workers ability to perform at the disaster site and facilitate optimal coping with the event. This can be subdivided as below:

Pre-disaster stress Management:

Interventions aimed at reducing the negative consequences of trauma resulting from exposure to a disaster event should be devised before such an event occurs. Some techniques to accomplish this areas follows:

Stress inoculation and Stress auditing:

- Programmes and courses focusing on disaster are infrequent if not nonexistent.

- Training curriculum can however incorporate the results of a stress audit which includes detailed analysis of the information concerning the physical and psychological impact of disasters and other catastrophic situations.

- Stress inoculation training basically consist of the inservice programmes, range of tasks and information covered in such programmes for protective service and rescue personnel. Since catastrophic event is likely to be rare, most of the training programmes have spent less time on the possible mental sequelae of disaster work.

However, if included in a programme information on potential mental problems it would be both timely and extremely helpful to the worker and the organization.

Training should be information covering research on psychological trauma associated with disaster and evaluation of the effectiveness of the current intervention.

Guidelines to be followed:

1. Look at the various duties to be performed in different situations and provide guidelines for time for personnel assigned to particularly stressful tasks.

2. Disaster workers report many strong feelings of fear, anger and hatred. Social support and group cohesion can be built into the procedural response to disaster by paying particular attention to these responses.

3. Although common sense would indicate the advantages of rotating workers offsite on a regular basis to combat fatigue, preliminary research suggests that is better to allow workers to stay on the job as long as possible, preferably until the relief operations come to an end thereby

giving a sense of completion.

4. Loss of control and feelings of vu;lnerability have been reported by,disaster workers. Any adjustment that allows for the maintenance of a sense of control may prevent / relieve mental trauma.

5. Workers to be briefed about various physical and psychological emerge cies to be expected and the appropriate plan of action and management.

6. Less stressful methods for accomplishing specific tasks to be looked into.

POST-DISASTER MANAGEMENT

A relatively new procedure following a disaster is a formally structured debriefing. Two distincts types of protocols have emerged, on educational approach and the other addressing psychological functioning.

Debriefing:

A debriefing is an organised approach to the management of stress response following a critical incident.

Debriefing aims at working through the feelings experienced by the disaster worker. It should aim to

- Examine the carer's role
- Examine the problems encountered and solutions found
- Help the expression of feelings
- Recognize those at risk
- Explain how to cope with stress in a more adaptive manner
- Recognize gains'- Debriefing should be conducted in (5-7) sessions.

Educational debriefing:

Centres on an informational experience, generally providing participants with facts about what is known concerning psychological and behavkoural reactions of others in similar situations and professions.

- Acquaints disaster workers with possible personal reactions.
- To minimize the reactions of any ensuing problems by acknowledging that expressing symptoms can be quite normal, thus leading the way to therapeytic intervention.

The debriefing session commences with the introduction of a two person team compared of a mental health professional and a member of the protective service profession. By presenting the experiences of other protective service workers in similar situations, the session leaders acquaint participants with the physical and psychological effects of disaster relief operations. The symptoms are described as transient, their normal duration being 6 months or less. It is stressed that symptoms normally resolve themselves without psychosocial intervention, or it is not uncommon for some symptoms to last longer, to recur following subsequent traumatic experiences, or to be exacerbated by normal stressors.

Discussion of treatment of such symptoms by a mental health professional including counselling within the context of treatment of other duty incurred injuries creates the impression that mental symptoms and treatment are not unusual or indicative of psychological weakness.

Psychological debriefing has two components:

- Ventilation of feelings about the event
- Discussions of the signs and symptoms of a stress response

Disbriefing involves going through in details the sequence of events as experienced by each participant.

The briefing session should also encourage the expression of positive aspects. The rescuers should share their thoughts and feelings during and after the disaster. This helps to achieve a mastery over the unpleasant feelings and features of disaster work.

Some rough guidelines are given below:

I. When should a debriefing be held and how long it should take.

- The best time to hold a debriefing is about (24-48) hours after the incident.
- It should last for (2-4) hours

II. Who should attend:

Everyone who participated should attend. If the group is too big, it should be split into smaller groups.

III. Who conductsa the debriefing:

Conducted by an experienced mental health facilitator.

HOW HELPERS CAN COPE

This section will discuss approaches that may be helpful to workers in dealing with disaster-related stress. It will suggest interventions that may be helpfull before, during, and after a disaster.

The suggestions presented are guidelines. No single suggestion will work for all people at all times. However, these ideas, in addition to those identified by course participants earlier in the training, are based on a wealth of experience and wisdom from disaster workers.

Predisaster interventions: Prevention

Some of the most important stress management interventions for disaster workers take place predisaster. These activities are important in preparing workers for what they will likely encounter in the disaster situation. Preparation by both the individual worker and the organization can help minimize the effects of stress when it occurs, and can help individuals and the organization cope with stress in a more efficient manner. The following are some useful predisaster interventions.

Predisaster personal emergency prpeparedness plans:

Having a personal and family emergency plan will help individuals to cope with whatever emergencies may occur while they are at home. Every emergency worker should be familiar with hazards and potential emergencies inherent in the local geograpnic area, and should have contingency plans for self and family, but also to the availability of the worker for disaster assignment. The more quickly things can be taken care of at home, the more quickly the worker can report to work relatively free of family worries. Similarly, if the worker is at work when a disaster occurs, peace of mind and concentration will be enhanced if the person's family is prepared and able to cope.

Every family emergency plan should include the following:

- A home inspection to identify hazards and eliminate them
- A plan for different types of emergencies that might occur in the area, such as tornado, hurricane, earthquake, or hazardous materials spill, training for what to do before, during, and after each emergency.
- A home fire safety plan, including smoke detectors, fire extinguishers, and preplanned escape routes
- An evacuation plan: what to take, wjere to go, where to meet or reunite
- A plan to care for children, individuals needing assistance (the ill or those with disabilities) and pets
- Training of every capable family member in how to turn off

utilities and in first aid
- Prominent posting of emergency phone numbers

Emergency supplies and equipment should include the following:

- Food and water for 72 hours; include special diets, infant formula, and pet food
- Portable radio, flashlight, and batteries
- An adequate supply of prescription medications, prescription glasses, extra batteries for hearing aid, etc.
- First aid kit
- Blankets or sleeping bags
- Sanitation supplies
- Fire extinguisher
- Sanitation and personal hygiene supplies
- Alternate lighting; camping lantern, candles, matches
- Safety equipment: hose for firefighting, heavy shores and gloves, work clothes
- Tools
- Cooking supplies: charcoal, sterno, camp stove.

It is a good idea to establish a mutual aid system within the neighbourhood. With a bit of prpeplanning, neighbours can arrange to look out for and assist one another in times of emergencu, pooling supplies as well as skills. Many neighbourhoods develop emergency preparedness plans as part of the neighbourhood crime alert network. Such a mutual aid arrangement can give emergency workers increased peace of mind about their families' welfare.

In addition, every worker who is likely to be called out on emergency assignment on short notice is wise to have an emergency bag prepacked. Supplies should be tailored to the nature of the worker's usual type of assignment. If the assignment is likely to entail any length of time away from home, the bag should include the following:

- Clothes, including sturdy shoes and clothes for inclement weather
- Glasses and medications (including over-the-counter remedies for personal stress reactions - antacids, aspirin, antidiarrhea medicine, etc)
- Personal hygiene supplies
- Paper and pens
- Forms or supplies necessary to the worker's disaster assignment
- Sleeping bag
- Cash and important identification, including official identification to allow access into restricted areas
- Change for pay phones (these circuits usually work when other phone lines are out of service)
- A picture of one's family and at least one comforting object from home
- A good book, a deck of cards, crossword puzzles

Interventions during the disaster

The following are suggestions for management of worker stress during a disaster operation:

Suggestions for line workers:

A. Develop a "buddy" system with a coworker. Agree to keep an eye on each others' functioning, fatigue level, and stress symptoms. Tell the buddy how to know when you are getting stressed (If I start doing so-and-so, tell me to take a break). Make a pact with the buddy to take a break when he or she suggests it, if the situation and command officers allow.

B. Encourage and support coworkers. Listen to each others' feelings. Don't take anger too personally. Hold criticism unless it's essential. Tell each other "you're doing great' and 'Good job'. Give each other a touch or pat on the back. Bring each other a snack or something to drink.

C. Try to get some activity and exercise

D. Try to eat frequently, in small quantities.

E. Humour can break the tension and provide relief. Use it with care, however; people are highly suggestible in disaster situations, and victims or coworkers can take things personally and be hurt if they are the brunt of 'disaster humor'.

F. Use positive 'self-talk' as I'm doing fine, and "I'm using the skills I've been trained to use'.

G. Take deep breaths, hold them, then blow out forcefully (Mitchell, unpublished paper).

H. Take breaks if effectiveness is diminishing, or if asked to do so by commanding officer or supervisor.

I. On long assignments away from home, remember the following:

1. Try to make uour living accommodations as personal, comfortable, and homey as possible. Unpack bags and put out pictures of loved ones.

2. Make new friends, Let off steam with coworkers (O'Callahan 1983)

3. Get enough sleep

4. Enjoy some recreaion away from the disaster scene (O'Callahan 1983)

5. Remember things that were relaxing at home and try to do them now: take a hot bath or shower, if possible; read a good book;

go for a run; listen to music.

6. Stay in touch with people at home. Write or call often . Send pictures. Have family visit if at all possible and appropriate.

7. Avoid excessive use of alcohol.

8. Keep a journal, this will make a great story for grandchildren.

Interventions after the disaster:

The following suggestions may be useful in the first hours, days, and weeks following a disaster.

Suggestion for line workers

A. "Defusing". This may happen quite spontaneously, or may be an organized staff meeting immediately following an incident or operation. It is an informal debriefing in which personnel can begin to talk about their thoughts and feelings about the incident. It may happen over coffee or cleaning of equipment. The key is to keep the tone positive and supportive. No one should be criticized for how they feel or how they functioned. Team members and leaders should check on ech other's well being and provide support to those who seem to be hardest hit by the incident (Mitchell 1983a).

B. Attend a debriefing if one is offered: try to get one organized if it is not offered (Mitchell, unpublished paper)

C. Talk about feelings as they arise, and listen to each others' feelings

D. When listening, try to keep war stories to a minimum. It doesn't really help to hear that once-upon-a-time someone went through something worse (Mitchell, unpublished paper); it doesn't help to hear "it could have been worse, so quit your complaining".

E. Don't take anger too personally (Mitchell, unpublished paper). Anger is a normal feeling after a traumatic event, and it sometimes get vented at coworkers inadvertently.

F. Recognition is important; coworkers should receive appreciaition and positive feedback for a job well done.

G. Eat well and try to get adequate sleep in the days following the event.

H. Relaxation and stress management techniques are helpful.

I. Maingaining a normal routine and "taking care of business" help maintain a sense of order and accomplishment.

J. The transition back into home and family life can be difficult after a disaster or critical incident. Workers should tell the family the story of what happened, including what the worker saw and did. Shwoing pictures, videorapes, or newspaper articles of the event can help. Workers should also encourage their families to tell what it was like for them in the worker's absence; families need to tell their story, too.
