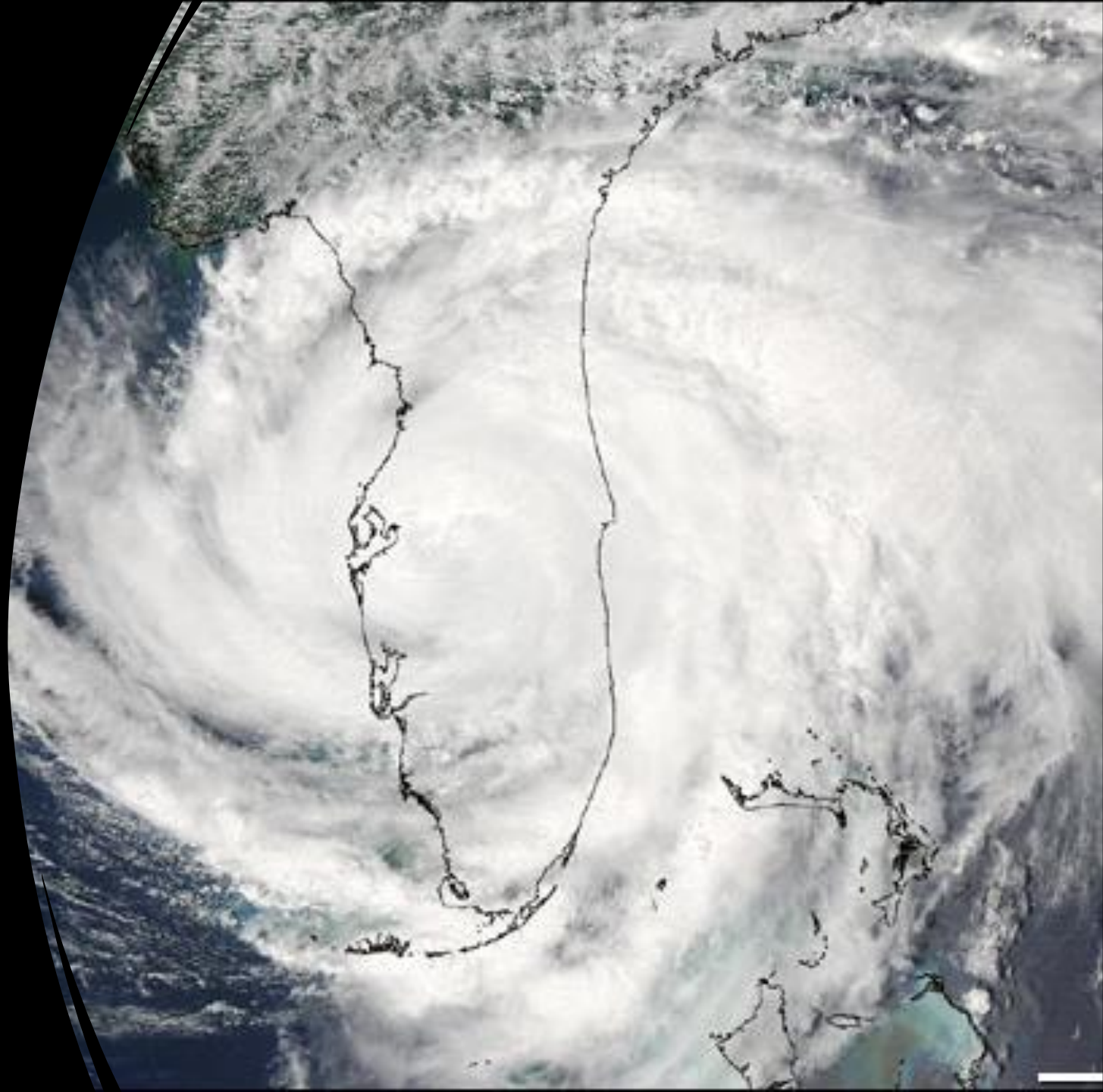


After the Disaster: Mental Health Impacts and How to Respond

Heidi Liss Radunovich, Ph.D., Licensed Psychologist

Professor and Extension Specialist

Department of Family, Youth and Community
Sciences



What we will cover



1. What to expect after the disaster



2. How to support someone who has experienced a disaster



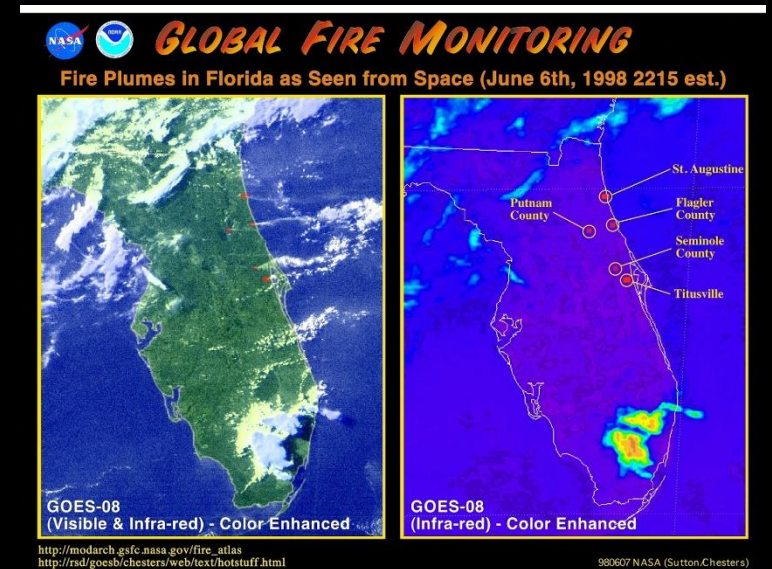
3. Resources

An aerial photograph of a residential neighborhood that has been completely inundated with floodwater. The water is a dark, murky brown color, covering the streets, lawns, and yards. Numerous houses with grey roofs are visible, some with cars parked in their driveways. Several swimming pools are also visible, some of which appear to be partially submerged or surrounded by water. The overall scene depicts the aftermath of a major disaster, likely a hurricane or tropical storm.

What to expect after a disaster

Disaster Stress

- Different events have different stressors; Florida has more than hurricanes:
 - Fires
 - Floods
 - Red tide
 - Oil spills
 - Tornados
 - School shootings/other shootings
 - Terrorism
 - Others



Disaster Stress

- Before the event
- During the event
- After the event
- It is natural and expected to experience disaster stress!



Disaster Stress



- Physical reaction
- Cortisol and adrenaline released
- Fight or flight response
- Impacts short and long term
- Higher levels for long periods can cause health impacts

Signs Disaster Stress

- Increased substance use
- Mood changes, irritability
- Increase in physical symptoms
- Recurrent thoughts
- Avoidance
- Shaken belief systems
- Decline in work performance
- Changes in sleeping, eating
- Discord in relationships
- Marital stress, could see increase in DV



A red pencil is shown in the process of drawing the word "STRESS" in red on a white surface. The pencil is positioned at the end of the word, and there are some red shavings and smudges around the drawing. The background is a gradient from light to dark.

Post-disaster Stress

- While many people experience varying degrees of stress, up to 40% of people have some type of stress reaction or struggle with trauma
- Usually starts shortly after the disaster
- Symptoms usually peak within the first year (often in the 1st few months)



Post-disaster Stress

- Some continue to have long-term problems, depends on the nature of the disaster and impact, but can take months, years
- **Going on to develop Post-traumatic Stress Disorder (PTSD) is less common – around 10% have it at one year out**



Factors Affecting Stress and Emotional Response

- Predictability, time of onset, warnings
- Intensity and duration
- Evacuation
- Media coverage
- Extent of damage and economic impact
- Uncertainty, blame, loss of trust, and anger
- Repeated stressors
- Closures

What about trauma?

- Trauma is a response to extreme stressor
- Life may be threatened
- Exposure to things outside normal human experience (extreme violence, death)
- In some cases, Post-Traumatic Stress Disorder (PTSD)



Primary vs. Secondary Trauma

- Primary: Trauma is directly related to the victim's experience
- Secondary: The traumatic event happened to someone else, or somewhere else



Potential Emotional Responses

- Disaster stress – Expected, unpleasant
- Trauma – Exposed to traumatic event
- Stress reaction - Symptoms significant, may need help
- Post-traumatic Stress Disorder – Intervention needed



The Special Case of PTSD

- There must be a traumatic stressor, but trauma could be secondary rather than primary
- Must experience all four symptom clusters:
 - Intrusive symptoms related to event
 - Avoidance/emotional numbing
 - Physiological Arousal
 - Alterations in mood and thoughts
- Symptoms must be present for at least 1 month (can have delayed onset)
- Must cause impairment in functioning



Delayed onset PTSD

- Symptoms might not appear until some time after the event(s) that caused trauma
- Symptoms might occur months after the events occur
- Sometimes full criteria for PTSD might happen much later (delayed expression)



Factors In Recovery

- Threat to life, severity of disaster exposure
- Coping styles
- Pre-existing emotional problems, past trauma history
- Unique characteristics of the disaster
- Secondary disaster effects (e.g., job loss, economic loss, relocation) and post-disaster experiences
- Social support and resources



Factors in Recovery

- Special issues: First responders, those engaged in disaster recovery
 - Long hours, may push self beyond limits
 - Family separation
 - Additional stress
 - Witnessing disturbing situations
 - Increased risk of trauma
 - Burnout, compassion fatigue, emotional exhaustion
 - Self-care **EXTREMELY** important




Long-Term Problems

- Can have difficulty coping for months, years
- Anniversaries of the event
- Loss
- Anger (and sometimes blame)
- Survivor's guilt
- Finding meaning and reconciling the event with existing belief systems
- Anxiety, PTSD, depression, or substance abuse



Summary

- Stress associated with disaster is expected
- Amount of stress experienced varies
- Showing signs of stress is not weakness or a mental health disorder
- Trauma can also occur
- Most people are resilient, but it can take time, and anniversaries can re-open wounds
- A smaller percent go on to develop PTSD
- Not everyone copes by talking

A photograph of two women sitting on a couch in a therapy session. The woman on the left is holding a clipboard and pen, looking towards the woman on the right. The woman on the right is resting her head on her hand, looking back at the first woman. The background shows a bookshelf with colorful books and a globe. The image has a dark, semi-transparent overlay.

How to support someone who has experienced a disaster



Methods of Providing Support

- Check in on/talk with people
- Encourage use of stress management techniques (routines, seek support, sleep/eat/rest/exercise, limit media intake)
- Distribute information on the impacts of disaster (handouts) and services available
- Develop referral lists for mental health and other resources in your local area

Supportive Communication

- Allow people to tell their story
- Goal is to show care
- Do not directly ask victims to recount their experiences, but support them if they bring it up themselves
 - Reflective listening – show you are listening, repeat what you hear
 - Supportive communications – Encourage good coping, reassure, refer if needed
- Respect individuals who are not ready to talk
- Monitor your reactions – remember, it's not about you
- Don't underestimate the power of checking in on people



7 Supportive Communications

1) Empathy

“How are you holding up?”

2) Normalization

“You are having a normal reaction to abnormal events and situations.”

3) Recognition of efforts to cope

“Everyone copes in his or her own way.”



7 Supportive Communications

4) Self-care

“Make sure you are doing things to keep yourself healthy.”

5) Tolerance for change

“You will find a new normal after this is over.”

6) Instilling hope

“You have made it through some tough times before, and you will make it through this, too.”

7) Accepting help

“It is okay to take some help when you need it.”

Referrals for Additional Help

- Sometimes people need the additional help of a mental health professional
- When talking to someone about additional help, use the acronym AID
 - **A**sk if the person wants more help
 - **I**dentify possible referrals/information
 - **D**eal with reluctance to seek help and stigma
- Sometimes it is easier for someone to seek help for others in their family, instead of themselves



Maintaining Health During Disaster Recovery

- *Leaders must demonstrate healthy habits*
- Good pacing, rest and breaks
- Watch food and water intake
- Good sleep hygiene
- Limit exposure to devastation
- Setting work boundaries
- Breaks for positive coping
- Check in with others
- Look for signs of placing blame or helplessness
- Warning signs to take a break: HALT (hungry, angry, lonely, tired)





Resources

Types of Resources

- Online resources
- UF specific
- Hotlines and referral information

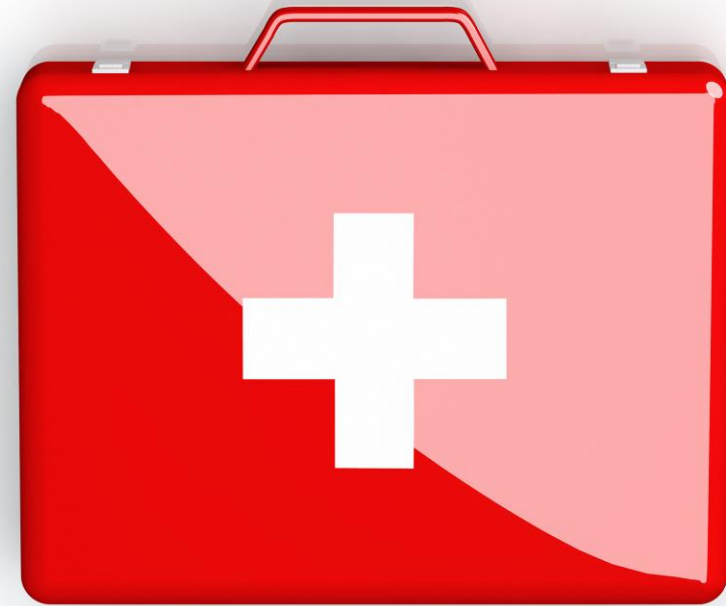


Online information and handouts

- Disaster mental health information and resources from the CDC:
<https://emergency.cdc.gov/coping/index.asp>
- SAMHSA information on disaster distress and recovery:
<https://www.samhsa.gov/disaster-preparedness>
- SAMHSA information on children and families coping with disaster:
<https://www.samhsa.gov/dtac/disaster-survivors/children-and-disaster>
- Mental health before the disaster:
<https://www.apa.org/topics/disasters-response/hurricane-preparation>
- Mental health after the disaster:
<https://www.apa.org/topics/disasters-response/hurricane-stress>
- EDIS document on the effects of the media on disaster coping:
<https://edis.ifas.ufl.edu/publication/FY1499>

Psychological First Aid

- Great curriculum on how to work with people after disaster
- Handouts and additional information
- <https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>





For UF Personnel

- UF Resilience and Well Being Toolkit: <https://worklife.hr.ufl.edu/wellness/resilience-and-emotional-well-being/>
- Employee Mental Health Helpline (352)627-0032; 8-5, M-F
- Employee Assistance Program: <https://eap.ufl.edu>
- CALM app – 1 year free
- Florida EDEN: <https://piecenter.com/fl-eden/>

Referrals for Additional Help

- Good to have local resources
 - <https://findtreatment.gov>
 - 211
- Hotline information
 - Disaster distress hotline: 1-800-985-5990
 - Suicide prevention hotline: 988
 - SAMHSA substance use/mental health hotline: 1-800-662-4357
 - Services for Spanish speaking and deaf/hard of hearing also available



Further Information or Questions

Heidi Radunovich

hliss@ufl.edu

