

The Psychological Impact of Disasters, Emergencies, & Critical Incidents

Jean M. LaFauci Schutt, MA, EdM, NCC

PhD Candidate

The George Washington University

Association of Contingency Planners

DC Chapter Meeting

April 30, 2008

Definition of Traumatic Event (DSM-IV, DSM-IV-TR)

The experiencing, witnessing or confronting of an event that involved either:

- actual or threatened death
- serious injury
- threat to physical integrity of self or others

Response includes one or more of the following:

- intense fear
- helplessness
- horror

(American Psychiatric Association, 1994, 2000)

Features of Trauma Response

- Everyone may react differently to a traumatic event.
- Having symptoms after a traumatic event is not necessarily a sign of mental illness or personal weakness.
- Many people have long-lasting problems following exposure to trauma.

Features of Trauma Response

- Intensity of response varies with proximity to trauma.
- Some people exhibit stress responses for a short period of time while similar responses of others may last longer.
- People who have experienced a past trauma may have more intense reactions and may need more time to recover.

Normal Stress Response Following Disaster for Everyone

Common for all in these areas:

- Physical
- Cognitive
- Behavioral
- Emotional

Normal Stress Response

PHYSICAL

- Fatigue
- Sleep problems
- Eating problems
- Headaches
- Nausea
- Increased level of arousal

Normal Stress Response

COGNITIVE

- Confusion
- Poor concentration
- Memory difficulties
- Distressing dreams or nightmares
- Intrusive thoughts or images
- Inattention
- Preoccupation with the event, death or destruction

Normal Stress Response

BEHAVIORAL

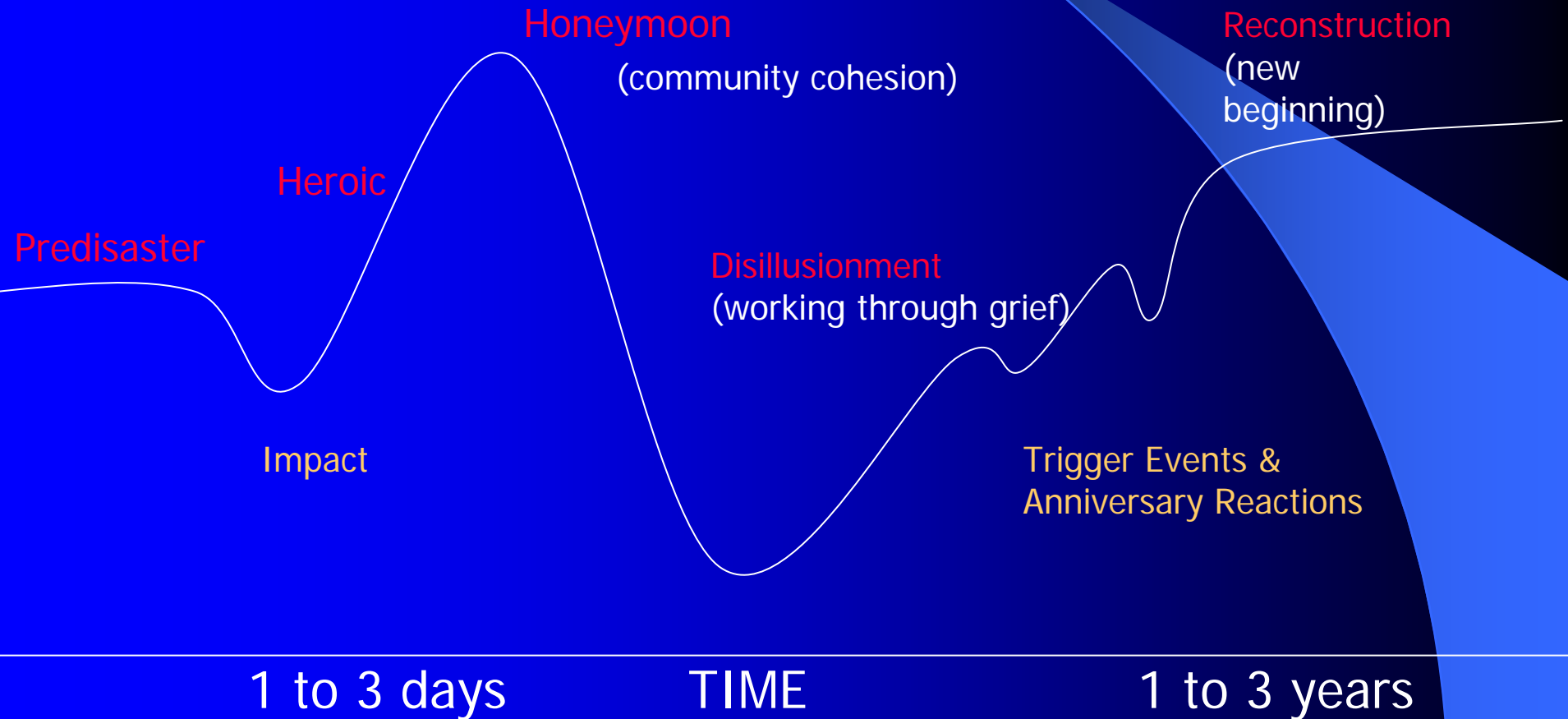
- Withdrawal or Isolation
- Increased compulsiveness
- Increased use of drugs and alcohol
- Hypervigilance
- Reluctance to leave home
- Avoidance of scene or reminders of event
- Increase in aggression

Normal Stress Response

EMOTIONAL

- Fear
 - Denial
 - Numbness
 - Guilt
- Worry/Anxiety
- Sadness
- Anger
- Irritability

Psychological Reactions to Disaster (Zunin/Meyers)



Jean M. LaFauci 2008

When does the normal stress response become Post Traumatic Stress Disorder?

- Symptoms persist for more than a month
- Symptoms *significantly* interfere with daily functioning
- Symptoms are seen in all of the following areas
 - Re-experiencing the event
 - Avoiding or Numbing
 - Increased Arousal

(APA, 1994, 2000)

Re-experiencing the Event

- Flashbacks - sensations
- Traumatic nightmares
- Daytime fantasies
- Persistent intrusive memories of the event

(APA, 1994, 2000)

Avoiding or Numbing

- Marked avoidance of stimuli that arouse recollections of the trauma
 - Thoughts, feelings, conversations, activities, places, people
- Numbing
 - Restricted range of emotions
 - Social withdrawal
 - Inability to recall an important aspect of the trauma

(APA, 1994, 2000)

Increased Arousal

- difficulty sleeping
- irritability
- poor concentration
- hypervigilance
- exaggerated startle response
- motor restlessness

(APA, 1994, 2000)

Event Risk Factors associated with Increased Stress Response

- Extreme and widespread damage to property
- Serious and ongoing financial problems for the community
- Human carelessness or human intent caused the disaster
- High prevalence of trauma in form of injuries, threat to life and loss of life

Adapted from National Center for PTSD, Patricia Watson

Personal Risk Factors for PTSD

Pre-trauma

- PTSD in the past
- History of childhood abuse
- Early attachment issues
- Family history of trauma
- Psychological difficulties
- Substance abuse
- Female gender, younger age, low socioeconomic factors
- Lower intelligence

Adapted from Rony Berger, Psy.D. , Natal, Israel Trauma Center for Victims of Terror and War

Personal Risk Factors for PTSD During Trauma & 24 hrs post

- Degree & intensity of exposure
- Dissociation
- Intrusion & avoidance
- Depression
- Hyper-arousal
- Negative scripts
- Lack of immediate social support

Adapted from Rony Berger, Psy.D. , Natal, Israel Trauma Center for Victims of Terror and War

Personal Risk Factors for PTSD Post-Trauma

- Lack of societal acknowledgement
- Lack of ongoing social support
- Stressful life events
- Unproductive family patterns

Adapted from Rony Berger, Psy.D. , Natal, Israel Trauma Center for Victims of Terror and War

Psychophysiology of Emergencies

Automatic stress response activated by nervous system, telling the body to do things that increase chance of survival:

- **Alarm-** normal activities stop
- **Orientation-** summing up situation
- **Fight, Flight, or Freeze**
- **Discharge of energy**
- **Return to Rest**

Community Resilience Project, *Psychological Preparedness for Stressful Events*

Untrained Response

- Adrenaline Rush, helplessness, dissociation
- Rage, inappropriate target, lashing out to create illusion of control
- Panic, run, emotional reasoning, abandoning authority
- Depression, foreshortened future, immobilization, stop trying

Gorski, T. (2002). Terrorism: Mitigating the effects on addiction, recovery, & relapse.

Trained Response

- Adrenaline Rush, Confidence, Compartmentalization
- Practiced Skills (autopilot), focused attention
- Work rest cycle, post-incident processing

Gorski, T. (2002). Terrorism: Mitigating the effects on addiction, recovery, & relapse.

Psychological Interventions

- CISM (Critical Incident Stress Management techniques such as debriefing)
- Education on stress management
- Outreach to affected populations
- Crisis Counseling
- Distribution of materials on stress reactions and ways of coping
- Referrals to assistance (e.g. concrete needs, mental health, etc.)

Psychological Preparedness: Know Yourself

FIGHTERS: tend to tackle a situation head on, are good at dealing with problems directly, may be overly aggressive

FLIGHTERS: remove themselves from stress, good at getting out of bad situations, may avoid stress by running away

FREEZERS: tend to under-react, good at taking time to wait and see what to do next, may be passive in situations where action is needed

Community Resilience Project, *Psychological Preparedness for Stressful Events*

Jean M. LaFauci 2008

Psychological Preparedness: Build Resources

- Build a social support group and develop effective family/work communications
- Practice until it is automatic
- Improve problem-solving skills
- Develop a variety of coping skills
- Improve health through nutrition, exercise, rest
- Deepen ethical, moral, spiritual understanding

Current Proposed Research Study

- No research on Emergency Management professionals' psychological reactions to their work
- Exploration of trauma exposure, burnout, compassion satisfaction, STS/PTSD symptoms & Model of PTSD development
- Cross-sectional design, Online Survey
- Sample from Emergency Management associations (e.g. IAEM, OAEM)

Contact Information:

Jean M. LaFauci Schutt, MA, EdM

National Certified Counselor

PhD Candidate

The George Washington University

jlafauci@gwu.edu

571-239-0724