

Historical overview

Mental health role

Sociocultural characteristics

CHAPTER 1

■ TRAINING MODULE

Module 1:

Introduces the applied content of mental health participation in post-disaster programs.

■ WHY HAVE THIS MODULE?

To place in context the role of mental health workers within a multidisciplinary post-disaster setting

To present sociocultural guidelines for understanding post-disaster reactions in differing populations.

■ CONTENT

- Historical overview
- The mental health worker as a disaster assistance participant/helper.
- Key sociocultural variables affecting post-disaster behavior.

LEARNING OBJECTIVES

After participating in Module 1 the student will:

- Possess knowledge of key historical developments in the field of post-disaster intervention.
- Be able to identify the role, skills, and attitudes of the mental health worker within a multiagency and multidisciplinary post-disaster setting.
- Be able to identify the sociocultural factors influencing post-disaster reactions in the survivor population.
- Be able to identify the cultural diversity issues that may arise during assessment, crisis counseling, and post-disaster interventions.
- Recognize important similarities and differences between cultural groups.

CONTENT SUMMARY

HISTORICAL OVERVIEW

Important events in the development of disaster mental health programs in the United States are described as an example of how a country has responded to the needs of a population. If the training is taking place in another country, the trainer should obtain information on how that country has developed its post-disaster mental health systems and resources.

MENTAL HEALTH ROLE

The role of the post disaster worker is evolving and restructuring its boundaries as more workers have an opportunity to acquire and share experiences in intervention worldwide. Most workers, who have no experience with disasters, must either acquire new techniques or shift their usual mode of work and theoretical focus to a new system of guidelines and at the same time develop the skills, knowledge, and attitudes needed to work with individuals who are not responding in a pathological way but are exhibiting normal reactions to an abnormal situation. A description of the appropriate skills and attitudes is provided.

SOCIOCULTURAL CHARACTERISTICS

In a disaster, an awareness of different sociocultural populations will help workers assist survivors from diverse backgrounds. Therefore, content based on experience and knowledge of specific cultures from the region in which the disaster has occurred should be incorporated throughout the training process.

In different cultures behavior develops out of the many roles a survivor played before the disaster. This role was molded by status and economic position. It carries with it symbols of culturally defined expectations about the patterns of relationships and behavior within a particular social system. The array of roles and behaviors may be perceived differently by a worker from another culture. Differences in customs and languages, if ignored, lead to failure and frustration. In delivering services to persons of different racial and ethnic groups, language, and socioeconomic levels, it is essential that outreach efforts be channeled through representatives or facilities within their own cultural area.

A list of concepts is included to establish the basic principles of assisting a population from a different culture than that of the worker.

TEACHING RESOURCES

Suggestions for using the teaching resources in this training module:

- a. The role of the mental health worker. A list of behavior categories identifying and contrasting the disaster mental health worker with a mental health clinician is presented and should be analyzed and discussed by the group as a review of content.
- b. The “shift” process should be emphasized as a difficult process that requires continued awareness throughout all phases of the program.
- c. A list of key variables describing the behavior of sub-populations should be identified within the populations affected by the disaster.

Bicultural communication problems should be identified so that workers become conscious of their own values, attitudes, and behavior toward survivors.

Note to Trainer: The following pages are ready to be used as transparencies, slides, or handouts.

THE ROLE OF THE MENTAL HEALTH WORKER AS A POST-DISASTER PARTICIPANT

Role definition

Functions

Skills

Responsibilities

Theoretical and practical guidelines to support their work
with survivors

Attitudes

Decision-making and power

Professional boundaries vs. amorphous boundaries

Prioritization of needs and resources

Advocacy

Functions and role shift in the mental health profession

- Commonality with traditional knowledge
- Different and novel variety of functions
- New attitudes - co-professional
- Rhythm and timing - crisis contingencies
- Evolution in expectations and attitudes of non-mental health workers
- Disaster-assistance workers - responsibilities different from those of mental health workers
- Participatory and collaborative consultation

THE EFFECT OF SURVIVOR'S SOCIOECONOMIC LEVEL ON THE DEVELOPMENT OF PSYCHOLOGICAL SYMPTOMS AFTER A DISASTER

Many studies of the general population have shown that persons of low income and low educational levels are at higher risk for prolonged serious psychological problems than persons in higher socioeconomic classes.

- Persons at lower socioeconomic levels are more likely to seek medical than psychological treatment.
- Intensive outreach may be needed to reach these groups in times of emergency if they are to receive the care they need (NIMH 1983).
- People in middle- and upper-income levels are likely to be more aware of their problems and less resistant to accepting needed help.
- Upper-income persons may be less inclined than those in lower- and middle-income groups to welcome outreach and "free" services (NIMH 1983).

DEFINITION

Acculturation

The complex process of accommodation of the total cultural content: one dimensional and two dimensional. Capacity to keep one's own values while incorporating values of another culture comfortably.

Behavior perceived as determined by

role-sociocultural
norms-sociocultural
self-concept-intrapsychic
interpersonal agreements-characteristic
of bonds and loyalties

+

Social cognition

intrapersonal-other people's cultural
expectations
emotional attachments-personal priorities
the value associated with perceived consequence of behavior

■ CULTURAL ISSUES

Trainers will have to identify the cultural groups within the survivor population and adapt their training approaches based on the knowledge they have or need to acquire to help the individuals affected by the disaster. Based on this knowledge, they will need to modify their skills to intervene and assist effectively in crisis counseling. The trainers will have to adapt the resources and exercises to cultural factors and practice approaches and attitudes with the assistance of teachers native to the area. The training should incorporate continuous supervision and awareness of the unique responses of different cultural groups.

■ OPERATIONAL GUIDELINES

Cultural variations in the manifestation and conceptualization of crisis responses need to be recognized and used to modify approaches to crisis counseling. As the services are organized, fully accessible outreach and culturally appropriate interventions should be offered. The concept of bridging—teaching and training multiethnic, multidisciplinary teams—should be planned for a community where survivors will represent diverse populations.

In teaching team members about a particular culture, the trainer should focus not only on beliefs and practices that may impinge on effective counseling, but also on adaptive strategies, strengths, and support elements in the community. Community outreach techniques have to be developed and become an integral aspect of the delivery of culturally appropriate services. As part of this outreach approach, characteristics of the social matrix, value and worldview, family structure, child-rearing practices, and sex role relationships should be taken into account.

Adding these areas of knowledge will facilitate or improve counselors' work with survivors in cultures different from their own and provide them with a transcultural perspective in the application of crisis counseling. This, in turn, will improve their interpretative skills by providing information that will enable the counselors to better understand the conceptual framework of the survivors and sharpen the interaction skills that will decrease survivors' culturally based resistance to accept assistance after the disaster.

The examination of belief systems, values, and cultural dimensions in a transcultural context will facilitate the development of a mode of perception that questions the "universality" of responses to trauma and will thus enable the counselor to seek alternate interpretations of behavior.

Any training model designed to foster cross-cultural effectiveness and sensitivity must recognize the compelling and central role of both religious belief and church affiliation in strengthening and promoting adaptive coping among survivors in the specific community where the disaster has struck. The importance of outreach and linkage with key religious figures should be emphasized, as many survivors may benefit from referral to religious institutions for advisory and support services.

The training model for effective and sensitive cross-cultural post-disaster counseling should incorporate the following content:

- Recognize the difference between race, culture, ethnicity, and related key concepts that will have an influence in responses to the effects of the disaster.
- Understand that, since most of our cultural learning takes place unconsciously, we grow up thinking that our values, beliefs, and behaviors are “right” and “natural.”
- Understand that counselors should be aware of their own cultural learning as well as that of the survivors and recognize the differences.
- Become aware that cultural groups learn different patterns of thinking and perception.
- Become aware of how language influences thinking and behavior.
- Learn how certain values held by counselors of one culture may interfere with the counseling process when they are working with survivors of a different culture.
- Have increased cognitive awareness of and respect for the influence of culture on the survivor’s beliefs, values, and behaviors.
- Understand that there is no one culture which has access to universal “truth.” Beliefs, behaviors, and values are best viewed as being appropriate to the social and physical environment in which the culture has developed.

Benefits of this type of training:

Knowledge of Content

1. Significant increases in the counselor’s cultural knowledge.
2. Significant decreases in the counselor’s social, affective, and attitudinal distance from other cultures.
3. Significant increases in comprehension of and respect for cultural values.
4. Behavioral demonstration of significant increase in counseling effectiveness with survivors of different cultures.
5. Acquisition of a transcultural perspective to enable generalization of counseling skills across a variety of target populations used in an integrative manner that is relevant to survivors.

Knowledge of Skills

Traditionally, post-disaster workers have utilized counseling and service modalities which have been developed and applied almost exclusively with the values and frame of reference of the majority population. Professional practice has shown that many of these modalities lack certain critical applicability and success with minority and other populations. Modification of skill methods is an attempt to bridge the conceptual and operational gaps that exist between basic crisis counseling and

counseling that is sensitive to the needs of minorities, for example, survivors who are foreigners or members of an indigenous group. To this end, the manual is designed to provide counselors with the opportunity to enhance their practical skills so that they can be simultaneously effective and supportive.

The following guidelines will help counselors introduce the modifications needed to adapt their basic counseling skills to diverse cultural survivors:

- Be aware of the ways in which multicultural differences between counselor and counselee affect the post-disaster crisis counseling process.
- Add post-disaster counseling skills to your repertoire which are most appropriate to the life experiences of the affected population.
- Recognize that all crisis workers are culturally conditioned to respond in certain ways in the counseling process (e.g., in terms of time orientation, relationship with survivors).
- Develop cross-cultural counseling skills and attitudes.
- Begin to make behavioral changes in your counseling style with multicultural survivors from ethnic groups other than your own.
- Increase your ability to choose appropriate questions, correctly interpret responses, and plan the most appropriate post-disaster treatment plan.
- Develop skill in handling beginnings and endings of cross-cultural post-disaster counseling sessions and relationships.
- Develop skill in handling direct requests for advice from survivors.
- Develop skill in handling requests for self-disclosure.
- Be able to handle expressions of distrust from a survivor of an ethnic background different from your own, and be able to differentiate this from paranoia.
- Develop skill in differentiating resistance from fear of transgressing a cultural norm.
- Develop skill in handling requests for referral to another mental health agency and assist in the linking process.
- Become aware of the problems which may arise in applying a crisis intervention technique developed for use within one specific culture to a survivor from a different culture.

■ GROUP WORK/EXERCISES

Exercise 1

The instructor asks the students to list differences between a mental health clinician and a post-disaster mental health worker.

Exercise 2

The instructor asks the students to list the problems they envision a mental health worker will have developing and carrying out the new role of emergency disaster worker.

Exercise 3

The instructor asks the students to discuss their own awareness of how different populations might respond to a disaster, including African-Americans, Hispanics/Latinos, Asians, and Caribbean peoples.

■ HOW SPECIFIC CULTURAL AND RACIAL GROUPS AFFECT INTERVENTION DECISIONS — Discuss each point.

- a. In recent years, disaster relief workers have emphasized the importance of socially and culturally appropriate interventions. Differences of custom and language, if ignored, lead to failure and frustration.
- b. In delivering services to persons of different race or ethnicity, language, and socioeconomic levels, it is essential that outreach efforts be channeled through representatives or facilities within the subcultural area.

Migrant and refugee populations present special problems, especially when there is a large influx of a group into the disaster area. While the vast majority will surmount the stresses of departure from their cultures, many will require the skilled assistance of mental health workers.

Many members of minority groups do not seek help, partly because of culturally biased perceptions toward counseling and partly because of the inappropriateness and inaccessibility of services. Thus, when they do seek help, their problems are likely to be serious.

Where culturally sensitive post-disaster mental health services are available, survivors do use them. Successful services for these populations typically have the following characteristics: bilingual staff, integration of cultural patterns into counseling modes, involvement of the family and community in treatment, integration of the survivor into family and community systems, encouragement of the survivor's self-sufficiency, and cultural awareness training for counselors.

Exercise 4

Objective of this exercise:

1. To begin questioning the processes by which one infers the correlates and reasons for observable behavior (i.e., what does behavior represent, what does it mean?)
2. To analyze certain culture-normative behaviors against which individual behavior might be measured, understood, and supported.
3. To examine and understand one's own reaction to a time-limited crisis experience in a cultural setting different from that with which one ordinarily identifies.

Choose a case that highlights cultural differences and cast the post-disaster crisis counselor in an unfamiliar role-simulation of a survivor from another culture, so that the counselor becomes aware of his/her own culturally bound values in interpreting someone else's behavior.

EXERCISE 4

Please circle the number that you feel best described the counselor's behavior.

Performance Level

High - Low

- | | | | |
|--|---|---|---|
| 1. Helps the survivor feel comfortable. | 1 | 2 | 3 |
| 2. Defines purpose of the interview. | 1 | 2 | 3 |
| 3. Clarifies own role as helping person. | 1 | 2 | 3 |
| 4. Establishes rapport with survivors. | 1 | 2 | 3 |
| 5. Uses appropriate vocabulary. | 1 | 2 | 3 |
| 6. Responds appropriately to survivor's questions. | 1 | 2 | 3 |
| 7. Ask facilitating questions. | 1 | 2 | 3 |
| 8. Addresses the presenting problem appropriately. | 1 | 2 | 3 |
| 9. Facilitates taking of important decisions. | 1 | 2 | 3 |
| 10. Allows survivor expression with minimal inappropriate interruptions. | 1 | 2 | 3 |
| 11. Has respectful and attentive manner. | 1 | 2 | 3 |
| 12. Shows knowledge of resources to deal with with survivors' complaints and refers to appropriate agency. | 1 | 2 | 3 |
| 13. Shows understanding of survivors' socio-cultural context in dealing with problems. | 1 | 2 | 3 |
| 14. Conveys reassurance or hope that problems can be resolved. | 1 | 2 | 3 |
| 15. Educates survivor in how to deal with problems related to the post-disaster reality. | 1 | 2 | 3 |

Please answer the following as though you were a survivor.

- | | | | |
|---|---|---|---|
| 16. How well did this counselor deal with your complaint? | 1 | 2 | 3 |
| 17. How well did this counselor understand your problem? | 1 | 2 | 3 |
| 18. How much would you want to return to this person if you needed other kinds of help? | 1 | 2 | 3 |

EXERCISE 4: CROSS-CULTURAL COMMUNICATION

Poor communication is often the result of multiple factors. Please indicate below the five items which you believe are the most serious barriers to effective cross-cultural communication.

1. Sender has poor knowledge of subject or is inadequately prepared.
2. Sender does not believe in message or approach behind it.
3. Receiver has poor knowledge of subject or is inadequately prepared.
4. Receiver is not interested in subject.
5. Sender or receiver is temporarily preoccupied.
6. Unintentional failure of people to say what they mean.
7. Sender and receiver have very different vocabularies, values, worldview.
8. Cultural differences between communicators set up social distance.
9. Socioeconomic differences between communicators.
10. Communicators have different assumptions.
11. Status differences (as leader-member) between communicators.
12. One of the communicators has negative or hostile reactions to the other.
13. One of the communicators tends to be a "yes man" to the other.
14. One or both parties is unintentionally miscommunicating.
15. Outside interference or distractions.
16. Pressure of time.
17. Inadequacy of words to express difficult concepts, relationships, or situations.
18. Same words have different meanings.
19. Inadequate feedback system.
20. Sender and receiver belong in different subgroups.
21. Differences in age between persons.
22. (Add any other you've identified.)

After you select five items that impede communication between a counselor and a survivor of different cultures, suggest methods to minimize the situation.

READING LIST

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**A review of basic and
applied knowledge
for the development
of post-disaster
intervention
guidelines**

CHAPTER 2

■ TRAINING MODULE

Module 2:

Introduces “building-block knowledge” to guide post-disaster intervention.

■ WHY HAVE THIS MODULE?

To present the basic content for understanding survivor reactions and formulating post-disaster interventions.

■ CONTENT

Basic concepts of mental health:

- Stressor/stress reactions
- Coping and adaptation
- Loss and mourning
- Social support
- Crisis response and resolution

LEARNING OBJECTIVES

At the end of the presentation students will:

- Be able to identify theories of stressor/stress response, loss and mourning, social support systems, crisis response and resolution.
- Be able to identify the basic building blocks of knowledge to guide post-disaster intervention.
- Possess the knowledge needed to recognize survivors' reactions and formulate post-disaster interventions.

CONTENT SUMMARY

This module presents additional basic knowledge that supports the understanding of survivors' post-disaster behavior as an expression of their response to trauma. The group of responses that have been selected to aid in the understanding of post-disaster behavior has been found to be present in survivors as a universal reaction worldwide. Nevertheless, it is important to emphasize that, although basic human reactions to trauma are universal, facial and bodily reactions, emotionality, expressiveness, and voice tone are influenced by cultural factors. The discrete areas of knowledge will help reinforce the knowledge which experienced workers already possess but which will be used differently in post-disaster intervention. Inexperienced workers will acquire the knowledge they need to assist survivors. All the areas of knowledge relate to the reactions of survivors coping with a changed environment.

The information presented in the following areas reviews known content but focuses it toward identifying, recognizing, and understanding human responses after a disaster:

- Stressor/stress reactions
- Coping and adaptation
- Loss, grieving, and mourning
- Social support systems
- Crisis response and resolution

TEACHING RESOURCES

Suggestions for using the teaching resources in Chapter 2:

- a. Social Readjustment Rating Scale: This document can be used to identify a list of stressful events that may occur after a disaster. It will illustrate the painful process faced by survivors.

- b. Several documents define in more detail the conceptual systems approach to understand human adaptation mechanisms.
- c. The stress model developed by the Institute of Medicine illustrates the interaction of variables that enter into play after a disaster. The principal contribution of this model is its emphasis on identifying reactions versus consequences (long-lasting with possible pathological outcomes).

Note to Trainer: The following pages are ready to be used as transparencies, slides, or handouts.

SOCIAL READJUSTMENT RATING SCALE

Rank	Life Event	Mean Value	Rank	Life Event	Mean Value
1.	Death of Spouse	100	21.	Foreclosure of Mortgage or Loan	30
2.	Divorce	73	22.	Change in Responsibilities at Work	29
3.	Marital Separation	65	23.	Son or Daughter Leaving Home	29
4.	Prison Sentence or Jail Term	63	24.	Trouble with In-Laws	29
5.	Death of a Close Family Member	63	25.	Outstanding Personal Achievement	28
6.	Personal Illness or Injury	53	26.	Wife Begin or Stop Work	26
7.	Marriage	50	27.	Begin or End School	26
8.	Fired at Work	47	28.	Change in Living Conditions	25
9.	Marital Reconciliation	45	29.	Revision of Personal Habit	24
10.	Retirement	45	30.	Trouble with Boss	23
11.	Change in Health of Family Member	44	31.	Change in Work House or Conditions	20
12.	Pregnancy	40	32.	Change in Residence	20
13.	Sex Difficulties	39	33.	Change in Schools	20
14.	Gain of New Family Member	39	34.	Change in Recreation	19
15.	Business Readjustment	39	35.	Change in Church Activities	19
16.	Change in Financial State	38	36.	Change in Social Activities	18
17.	Death of a Close Friend	37	37.	Mortgage or Loan Less Than \$10,000	17
18.	Change to Different Line of Work	36	38.	Change in Sleeping Habits	16
19.	Change in Number of Arguments with Spouse	35	39.	Change in Number of Family Get-togethers	15
20.	Mortgage Over \$10,000	31	40.	Change in Eating Habits	15
			41.	Vacation	13
			42.	Christmas	12
			43.	Minor Violations of the Law	11

From Holmes and Rahe. Social readjustment rating scale. In: Dohrenwend BS, Dohrenwend BP (eds.). *Stressful life events: their nature and effects*. New York: Wiley Interscience; 1974: Table 3, p. 216.

REACTIONS TO AN UNPREDICTABLE ENVIRONMENT

An individual placed within an environment where his/her "usual" behavior no longer leads to a formerly predictable outcome nor has an impact (control) on that environment will experience an increased level of anxiety—acute, constant, or chronic. This human reaction affects the internal functions which controls behavior (physiologic and psychologic) which in turn increases susceptibility to:

- ACTING OUT
- DISTORTED BEHAVIOR
- ILLNESS
- PSYCHIC DISORGANIZATION

BIO-PSYCHO-SOCIO- CULTURAL MODEL

**OFFERS A CONCEPTUAL BASIS FOR
UNDERSTANDING POST-DISASTER
REACTIONS AND COUNSELING
INTERVENTION**

The bio-psycho-socio-cultural model is a scientific model constructed to take into account all the dimensions of an organism (plus its functions) within an environment. It is based on a systems approach incorporating human relations expressed in psychological and behavioral terms.

THE BIO-PSYCHO-SOCIO-CULTURAL SYSTEM

1. The organism is a dynamic, evolving system of information exchange and processing. It changes and shifts after receiving the early signals of the disaster.
2. It exists in an ever-changing environment where information transfer occurs within and between the brain and the environment. The impact on the senses (visual, auditory) sets up different processes that influence perception.
3. The interrelationship of subsystems consists of a large variety of communication signals transmitted in a regular or irregular rhythmic manner. Most of the signals are unfamiliar and increase irregular rhythms.
4. The organism is an intricate communication system of information exchanged by means of signals coming from external and internal sources and affecting the rhythm of these communication signals (neurological, hormonal, endocrine). These biological systems shift affecting behavior after the disaster.
5. Stressful experience perturbs these rhythms and affects function, at times disorganizing them. This helps us understand some changes of behavior post-disaster.
6. Function is a unifying and dynamic concept that focuses on an integrated approach of the organism in its world. The patterns of physiology and behavior are inextricable. Coordinated, so that any disorganization affects function.
7. Any perturbation of one component of the organism will lead to a change in function, which forms the basis of stress response theory. Supports our understanding of disaster response.
8. Specific integrated, coordinated, and appropriate responses to each stressful experience occur. At times, depending on individual characteristics, these responses may be inappropriate, excessive, or inadequate, in which case symptoms may occur during certain phases post-disaster.

* Key concepts supporting an understanding of survivors as documented in Weiner H. *Perturbing the Organism: The Biology of Stressful Experience* Chicago. University of Chicago Press; 1992.

CONCEPTUAL FRAMEWORK FOR "STRESS RESPONSE"

Interaction Between:

Stressor (X) = Reactions (Y) + Consequence (Z)

Sequelae to Reactions Depend on Characteristic of Stressor,
Person Resources, and Task Required

Nature of Social Environment



(Outcome)

(Growth, Temporary Difficulty, Trauma)

Function of



1. Pervasiveness/persistence of stressor;
2. Life timing;
3. Reactive resources;
4. Opportunity/ability to act on environment;
5. Meaning attached to the experience

Institute of Medicine *Research on Stress and Human Health*. Washington, D.C.: National Academy Press; 1981. [Report of a study by the Institute of Medicine, Division of Mental Health and Behavior].

CONCEPTUAL FRAMEWORK FOR "STRESS RESPONSE" (Continued)

DEFINITIONS:

- Stressors (Activators) - Events or conditions that elicit physical or psychosocial reactions (in a particular individual under specific conditions) - intensity, quantity, temporal pattern relationships.
- Reactions - Biological or psychosocial responses of an individual to a stressor - vary in intensity, effectiveness, or appropriateness of response within temporal patterns - temporary, transitory, difficulties.
- Consequences - Physical or psychosocial results of prolonged/cumulative effect of the reaction (some are positive/favorable).
- Mediators - Filters and modifiers that define the context in which the stressor-reaction-consequence (X-Y-Z) sequence occurs - Produces individual variations in the X-Y-Z sequence. They can be biologic, psychologic, social. Social support systems facilitate the development of coping strategies that help people contain distress within tolerable limits, maintain self-esteem, preserve interpersonal relationships, meet the requirement of new situations.

STRESSOR-STRESS RESPONSE

- Stressors are intense stimuli that arouse the central nervous system, prompting it to “kick in” a specific psychophysiologic response of the organism programmed for survival.
- Initial response of “fight-flight preservation” {systems} impacts on other biologic systems of organism.
- These processes, in turn, energize unique individual behaviors that vary depending on (1) personality, (2) competence, (3) past experience (historical), and (4) cognitive interpretation of the event
- Length and strength of the impact will influence psychophysiologic reactions expressed as behavior, feeling, ideas, and somatic signs.

CONCEPT OF “PSYCHOSOCIAL STRESSOR”

Interpersonal relationships affect intrapsychic-biological states through a psychosocial process.

Stressor stimulates emotional arousal which is associated with biologic reaction of stress, stimulating adaptive-coping reactions that lead to effective dealing with the environment and human relationships and helping us meet our expectations.

BASIC CONCEPTUAL FRAMEWORK BIO-PSYCHO-SOCIAL ORGANISM

Support systems (mediators-regulators)

Assistance (at every level) to the individual in the aftermath of a disaster, person-to-person exchange.

- Provide support for identification
- Exchange of helpful information
- Opportunity to share coping techniques
- Support increased sense of worth
- Reinforcement for change and maintenance of effort (feedback on performance)
- Provide concrete aid and serve as advocates
- Problem-solving options and prioritization of solutions
- Support activity, support empowerment in the face of adverse conditions

COPING (CONTENDING)

Coping is the behavior that protects us from becoming psychologically and physiologically disorganized.

Coping usually incorporates action-oriented behavior responses. It also employs cognitive, emotional, and perceptual appraisal processes.

1. May attempt to change the source of the stress.
2. May attempt to redefine the threat situation (meaning, degree of severity).
3. Attempts to find accommodation and compromise (passive acceptance; resignation; religious beliefs; destiny).

REPERTOIRE OF EFFECTIVE COPING SKILLS

- 1. Ability to orient oneself rapidly**
- 2. Planning of decisive action**
- 3. Mobilization of emergency problem-solving mechanisms**
- 4. Appropriate use of assistance resources**
- 5. Ability to deal simultaneously with the affective dimensions of the experience and the tasks that must be carried out**
- 6. Appropriate expression of painful emotions**
- 7. Acknowledgement of pain, without obsessing over troubled feelings**
- 8. Development of strategies (contingency plans) to convert uncertainty into manageable risk—"process of situational mastery" (worry work/rehearsal for life change stress)**
- 9. Acknowledgement of increased dependency needs and seeking, receiving, and using assistance**
- 10. Tolerance of uncertainty without resorting to impulsive action**
- 11. Reaction to environmental challenges (repertoire of "active mastery skills") and recognition of their positive value for growth**
- 12. Use of non-destructive defenses and modes of tension relief to cope with anxiety**

NEGATIVE COPING

1. Excessive denial, withdrawal, retreat, avoidance, frequent use of fantasy, poor reality testing
2. Impulsive behavior, venting rage on weaker individuals and creating scapegoats
3. Over-dependent, clinging, counter-dependent behavior, inability to evoke "caring" feelings from others
4. Emotional suppression, possibly leading to "hopeless-helpless-giving up" syndrome
5. Use of hyperritualistic behavior with no purpose
6. Fatigue and poor regulation of rest-work cycle
7. Addiction
8. Inability to use support systems

CRISIS THEORY - DEFINITION

“State of Crisis” - The organism is in a temporary, state of disequilibrium. precipitated by a stressor characterized as “inescapable”. An intense situation that overwhelms our usual coping mechanisms.

- There is disruption of the usual “steady state” patterns—biologic, psychologic, cognitive, behavioral, interpersonal, social (emotional fluctuation).
- The situation can be an overwhelming concrete disaster or a subtle symbolic event linked to emotionally laden meaning that amplifies and distorts responses to reality events. We may also go into crisis over an anticipated event.
- Past, present, and future may blur, predisposing to, precipitating, and perpetuating a crisis.
- The stressor precipitates an intense situation that overwhelms the individual’s usual coping mechanisms.
- A disruption of the usual “steady state” patterns—biologic, psychologic, cognitive, behavioral, interpersonal, and social patterns keep fluctuating over time toward a final equilibrium (individual variations).

GROUP WORK/EXERCISES

Group activity

Exercise 1. Show a film that presents disaster workers in action.

The film should show actual scenes from various disasters, including a flood, tornado, and hurricane, with disaster workers functioning in various settings. Before showing it, ask the students to do the following:

- Let yourself identify with the experience of individuals in the film. See whom you identify with most strongly.
- Pay particular attention to the disaster workers in the film. What do you think it would be like to be in the various roles portrayed in the film?

Following the film, these questions might be used for discussion:

- Which scenes in the film affected you most? What were your feelings as you watched those scenes?
- Whom did you identify with in the film? What do you imagine it would have been like for you to be in their place?
- Which disaster workers did you identify with in the film? What do you think it would have been like to be in their roles?

Exercise 2. Material required: newsprint and felt-tipped pens, or blackboard and chalk.

Ask workers to list characteristic reactions and how to identify them:

- a) Stress-response
- b) Crisis reactions
- c) Bereavement - initial phase - last phase
- d) Coping - healthy and unhealthy

Exercise 3. Have workers tell their own experiences of how support systems assisted them in coping with a crisis.

Exercise 4. Stress response reactions

Present the following vignette to the students.

The situation of Mr. M., a 38-year-old salesman who had suffered severe injuries and lost his wife and only child in a major flood in the Midwestern United States,

exemplifies a stress reaction to loss of loved ones, home, and job. Mr. M. was interviewed on the second day after the disaster. He had objected to some routine questioning about what he had lost, aimed at finishing his loss record documentation. When faced with the concrete task of describing the recent events, he broke down and started to cry. He composed himself in a few minutes, excused himself, and tried to explain how “strange” it was for him to feel tense and frightened all the time. He related this condition directly to the time he became aware of the flooding waters and to the consequences that followed. He described difficulty in swallowing and feelings of dread whenever anyone approached him. He could not concentrate enough to understand what people asked him. Instead, he became aware of his heart “racing” and his stomach contracting, and he experienced heightened feelings of irritability. He felt he could not stand another demand or intrusion into his life and wanted to be left alone. Everything was too much of an effort for him. He believed the “doctors” were efficient but cold and insensitive and that they added to his stress.

Questions:

- 1) Identify the physiologic and psychological reactions.
- 2) What stage of response can be identified by these signs?

Exercise 5: Life events

An example of a precipitous change in a life situation is highlighted by the following story, told during a recovery effort after a hurricane. A 48-year-old mother of two adolescents, recently divorced, was trapped in her car by fallen electrical wires and had suffered severe burns. She had to remain in that dangerous situation for over seven hours until the rescue team extricated her. She was brought to the hospital where she found out that her neighborhood had been severely damaged. No one, however, could inform her whether her two children were safe or tell her to which shelter they had been taken. For several hours she tried to find out, but due to road conditions, disrupted phone lines, and the other priorities of the few disaster workers, she was unable to get information. When interviewed, she expressed anxiety and shock at how she was being “pushed around.” Her speech was rambling; she repeated over and over how she should never have left her children alone. She already felt that the divorce had been traumatic enough to them and now, again, she felt that she was a bad mother. Her sense of helplessness, anguish, disorientation, self-accusation, and continuous and frantic attempts to find out where her children were, coupled with her refusal to listen to or accept any explanations, reflect the first cycle of crisis behavior.

Questions:

- 1) Identify the physiologic and psychological reactions.
- 2) What stage of response can be identified by these signs? ■

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