A. Age Groups

1. Children may be subjected to heavily crowded conditions as families move in together with insufficient beds and food, and parents may be too distracted by their addiction to assist them through the changes. Children may be allowed to play in unsafe, debris-strewn areas (e.g. disposable diapers not dumped in the trash) where addicted parents do not clean up.
2. Teenagers may be cared for in various family members' households as addicted parents fail to deal with the necessity of finding new resources. Teenagers often became involved with drugs themselves and drop out of school.
3. Addicted adults largely immerse themselves in their addictions and do little to restore living conditions; addicted parents neglect their children.
4. Some elderly survivors may resort to drinking in their homes because they are anxious and depressed or they recall near-death experiences in the disaster, but they may be resistant to treatment.

Many drug addicts are heads of household who must support their families under very harsh living conditions. Their situation, especially in the first weeks, is desperate. They may have started or intensified their use of drugs and alcohol as a way of coping with their difficult circumstances. This group is also affected by the relocation problem and loss of support systems. All these problems, coupled with a lack of hope, may aggravate the use of alcohol and drugs. Frustration and despair can worsen the addiction.

Young people are faced with a change of residence and schools. This problem is accompanied by a loss of support systems. In most cases, they are relocated in an environment that is difficult, and their situation is exacerbated by the fact that they have to attend different schools.

As a result of peer pressure, many of them may join gangs, creating or worsening a drug or alcohol problem. Many of these youngsters stop going to school and start dealing drugs or commit other crimes to support their drug habit.

B. Sex Differences

1. Males

Male survivors make up the majority of substance abusers in post-disaster areas. Men have a greater tendency to become frustrated due to the stereotypical idea that they are the providers for the family. Fulfilling this role becomes much harder after a disaster. The loss of their homes, the inability to provide sufficiently for their families, and sometimes the loss of the family aggravate substance abuse problems. Many may become homeless and commit crimes to support their addiction. Others, unable to withstand the stressful situation and under the influence of alcohol and drugs, may start to verbally and physically abuse their families.

Another problem among male addicts is peer pressure. Some who lose their jobs due to the disaster may seek employment in the construction field, which

generally is booming in disaster areas. They will be surrounded by people who come from all over the country to work on the reconstruction. Alcohol and drug abuse is sometimes a problem among these people.

2. Females

Many female addicts are single mothers with small children. They are normally given priority for housing, usually in trailers, where they do not have to pay rent. These survivors also often receive public assistance or subsidies to cover the cost of food. Even though their situation appears to be stable, there may be nothing to eat in their homes and their children may not have suitable clothing to attend school because their mothers are spending the money on drugs and alcohol. There are many female addicts who are already in trouble with public child protective services because their babies tested positive for cocaine or other drugs at the time of birth. After the disaster, they may stop attending their mandatory treatment programs. They may request help in obtaining outpatient treatment that they are required to complete, but there may not be an outpatient treatment program available, or the available ones may not provide child care while the client is receiving services.

Addicted mothers may tend to physically abuse their children. This situation may be exacerbated by the traumatic experience of a disaster. Some females addicts make efforts toward getting a job, but due to their instability they are unable to keep their jobs.

C. Types of trauma found among survivors who are substance abusers

1. Loss of home.
   a) Not many "hard core" addicts are homeowners before a disaster. After a disaster, the alcohol-drug addiction problem tends to worsen. May addicts may spend a substantial amount of any money they receive from insurance companies or public assistance agencies on drugs and alcohol.
2. Loss of employment
   a) Addicts may lose their employment after a disaster due to the destruction of their workplace or lack of transportation. Their vehicles may also be destroyed. Loss of employment means less money, but for addicts this situation does not reduce their use of alcohol/drugs. On the contrary, the frustrating situation often contributes to increased substance abuse.
   b) Unemployed addicts need money to support their habit. For that reason, they may get involved in illegal activities, such as dealing drugs, robbery, and burglary.

The loss of their living quarters, combined with the fact that they are too distracted, confused, or sick to take the necessary steps to secure other housing, may impel them to settle in the remains of any domicile that remains standing after the disaster.

Loss of or separation from family members, some of whom may move to trailer parks or other parts of the city, adds to their loneliness.

If they move in with relatives, disparities in levels of acculturation between household members adds to the problem. This inconsistent family interaction becomes a major obstacle to counselors working with substance abuse cases. Incongruities in perceptions between different generations, in addition to the addict's deficient communication skills, make it very difficult to work on concepts such as co-dependency or create appropriate support systems.

Homelessness is another problem among survivors who are substance abusers. For diverse reasons, most of these survivors choose to live in makeshift camps, which makes follow-up almost impossible. Even if the counselor is able to locate them, they usually "disappear" again.

Yet another problem is unstable participation in the workforce. Work opportunities are not always available. In the case of the Hurricane Andrew disaster, this problem was compounded by "labor ripoffs." Many of these survivors reported at least one incident in which they were hired by a contractor who did not pay them.

■ DESCRIPTION OF EMOTIONAL STATUS

The most frequently recurring feeling found among this population after the Hurricane Andrew disaster was the stress produced by occupational and financial concerns (i.e., the frustration produced by their inability to get a job, lack of proper skills, and their legal and or "survivor" status). Another recurring feeling reported by many substance abusers was a strong feeling of inadequacy, usually associated with insufficient income to support their families.

Resignation and helplessness was commonly found, especially among survivors who had unresolved marital problems, and/or acculturation problems between family members.

Fear was also found among most survivors who were substance abusers. This feeling was usually manifested as displaced anger and distorted perceptions that led to maladaptive behaviors and reactions to severe stress.

Although some signs of anxiety were visible among minority population, in general, survivors who had been directly exposed to war and its consequences appeared more severely traumatized. Apparently, disasters trigger recurrent emotions and behaviors associated with destruction and chaos (i.e. intrusive thoughts of war-related deaths of family members or friends).

■ METHODS FOR IDENTIFYING SURVIVORS WHO ARE SUBSTANCE ABUSERS

Mental health teams should conduct door-to-door outreach assessments. All team members should participate in this operation. One question that should be asked in all households is whether there is a problem of substance abuse. If the interviewed family member admits to a drug/alcohol problem in the family, the team member

conducting the assessment interview should refer the family to a substance abuse specialist.

Since not many people readily admit such a problem, the members of the team should be trained to recognize the signs of substance abuse in the family, such as beer cans outside, a messy house, lack of food, neglected children, smells, and, especially, hesitation in answering questions. They should be instructed that if they suspect a substance abuse problem, they should make a referral. The technique is to win the survivor's trust by asking unrelated questions and engaging the person in conversation. Sooner or later, in most cases, the survivor will open up and admitted to a drug/alcohol problem.

■ ASCERTAINING SURVIVORS' STATUS AND NEEDS

Once a survivor has admitted to having a drug/alcohol problem and agreed to receive help, the counselor should refer and assist him/her in finding an assessment and treatment agency.

Unless survivors readily acknowledge a substance abuse problem for which they want assistance, the counselor's intervention should take the form of empathic concern about their present circumstances and provision of any material assistance possible over a period of time until trust is established. Then the counselor can broach the subject of treatment, discussing options to fit their circumstances. If survivors are resistant, the counselor should let some time pass, during which their situation often becomes worse. The counselor can then approach them again, always making sure that they know how to reach help if they want it.

The objectives are to get substance abusers into treatment if possible or to plant the idea of getting treatment later if it is not possible to do so immediately in the disaster situation. An attempt should also be made to link the substance abuser's family members to sources of assistance.

1. When a survivor will not admit to having a problem with drugs/alcohol, the counselor should look for an excuse to come back to the house and try to get acquainted further with the survivor, establish rapport, and earn the survivor's confidence. The counselor should engage the survivor in a general, social conversation.
2. If the family is willing to cooperate, the family intervention approach can be used to assist in referral of the survivor for treatment. When possible, as many family members or significant others as possible can arrange a meeting with the survivor, and the counselor can proceed with the referral. This method, followed by arrangement with a treatment facility to receive the survivor, has proved effective.
3. Some survivors suffer from both drug addiction and mental health problems. They should be referred to a mental health facility.

TEACHING RESOURCES

GROUP WORK/EXERCISES

Exercise 1: Family post-disaster response

Videotape: *Hurricane Blues* (Available from Emergency Services and Disaster Relief Branch, Center for Mental Health Services, Washington, D.C., United States), or a similar video.

1. The instructor divides the students into groups, and assigns each group to list one of the following after viewing the video:
   - Emotional expressions
   - Behavior of family members
   - Dynamic interaction:
     a) Between children
     b) Between adults
     c) Between children and adults
2. As a group, the students list the objectives of intervention to assist the family.
3. Each student picks one objective and role-plays the technique of intervention.

Note: The instructor should stop the tape before the counselor presentation portion and proceed with the exercise. After the exercise is completed, play the counselor presentation portion and discuss.

Exercise 2

Videotape: *Children and Disaster* (available from Emergency Services and Disaster Relief Branch, Center for Mental Health Services, Washington, D.C., United States), or a similar video.

The instructor shows the videotape and the entire group discusses the presentation and intervention techniques.

Exercise 3

The instructor asks the students to list the problems posed by the subpopulation of survivors with mental illness and HIV/AIDS.

Exercise 4

The instructor asks the students to write a script and act out several episodes of situations faced by elderly survivors.

DISASTER WORKERS

INTRODUCTION TO ASSISTING WORKERS AND SECONDARY VICTIMS OF DISASTERS

Exposure to traumatic stress among rescue and post-disaster workers participating in emergency operations may lead to the development of cumulative stress reactions, including post-traumatic stress disorder (PTSD), depression, and signs of "burn-out." Systematic assistance, providing the opportunity to receive help and specific modalities of intervention known as "defusing" and "debriefing," will help support these workers and reduce the impact of disaster effects. The trainer will present the description of the different techniques and formats.

Workers in all aspects of disaster relief—whether emergency services, shelters or clothing/food services operated by nongovernmental organizations, governmental rehabilitation and reclamation services, or human service workers—expose themselves to unprecedented personal demands in their desire to help meet the needs of survivors. For many, the disaster takes precedence over all other responsibilities and activities, and the workers devote all their time to disaster-created tasks, at least in the immediate post-impact period. They should be trained to expect "burn-out," so that they may recognize the signs, not only in themselves but also in their fellow workers. All levels of administration and management personnel should also be alert to burn-out so that they can assist workers in a disaster. As some order returns, many of the workers return to their regular jobs, but at the same time attempt to continue with their disaster work. As mentioned previously, the result of the overwork is the burn-out syndrome, a state of exhaustion, irritability, and fatigue which creeps up on the individual unrecognized and undetected, markedly decreasing his/her effectiveness and capability.

The best way to forestall the burn-out syndrome is to expect it, be alert to its early signs, and actively seek to relieve stress. Four primary areas of symptomatology have been identified.

SYMPTOMS

Thinking

Mental confusion, slowness of thought, inability to make judgments and decisions, loss of ability to conceptualize alternatives or to prioritize tasks, loss of objectivity in evaluating own functioning, etc.

Psychological

Depression, irritability, anxiety, hyperexcitability, excessive rage reactions, loss of control, etc.

Somatic

Physical exhaustion, loss of energy, gastrointestinal distress, appetite disturbances, hypochondria, sleep disorders, tremors, etc.

Behavioral

Hyperactivity, excessive fatigue, impulsiveness, inability to express oneself verbally or in writing, etc.

Disasters bring together emergency service workers from diverse backgrounds. Some arrive immediately with clear responsibility and government-mandated priority assignments. Others arrive with different levels of previous experience and skills and different assigned post-disaster jobs. All emergency workers—for example, "first responder" teams—attempt to be helpful and proceed to rescue the wounded, gather the dead, and use triage methods to determine the priority of intervention. They work long hours with little thought to food or sleep. This group of workers represents a challenge for planning and operationalizing a program of post-disaster intervention. Programs geared toward the different teams that work with survivors for long periods of time should be put in place to monitor and prevent stress reactions.

The importance of contemporary approaches to identify, understand, and assist post-disaster workers suffering from stress reactions has been documented. Jeffrey Mitchell and colleagues have produced training materials outlining the history of critical incident stress and common reactions and symptoms experienced by emergency workers (see Reading List).

The same conceptual "building-blocks" of knowledge presented in the basic mental health component of this book provide guidelines for assisting workers in the daily performance of their painful jobs. Workers are also under severe stress—especially those who are both survivors and rescue workers—due to time pressures and job commitments.

Each type of post-disaster worker works within different organizations that interrelate within the common goal of disaster assistance. Multiple individuals are recruited to a site to help, with little opportunity to identify or work out a good fit between worker and assignment. This situation generally produces role conflict, ambiguity, and discomfort. Workers generally have multiple functions. They often attend to diverse, and at times, conflicting, needs of survivors. The mental health worker should focus on the emotional impact of these stressors on disaster workers, as well as their reactions, behavior, and feelings, as a guide for selecting the best methods of helping them do their jobs. These reactions can range from good coping and growth to pathological and chronic sequelae that leave a dysfunctional individual and persist for months after the worker has returned to his/her home and previous job. Multiple variables interact at a given historical moment in the life of the worker, which accounts for such widely divergent outcomes.

An important concept that encompasses many aspects of this occupational stress has been labeled "burn-out," which is characterized by mental and emotional exhaustion with physiological manifestations—sleep disturbances, appetite problems, increased irritability—all of which interferes with work. The phenomenon of burn-out has many sources, but an obvious major one is that most disaster workers are not taught or assisted during the relief operation to look for, identify, and address their own physical and emotional needs. They do not acknowledge that their needs are normal in these very abnormal situations and that, unless they meet their needs continuously, they will not be able to function in a supportive, consistent, and sensitive manner to help survivors.

Various approaches are available to disaster trainers, planners, and program directors to prevent burn-out and assist workers as they function in disasters. These methods help workers acquire techniques and skills for coping with stress. The importance of exercise, diet, relaxation, and recreation is now recognized in employment conditions and should be emphasized in ongoing training activities for workers.

Mental health crisis counselors who are employed to assist survivors are also now available to assist other workers in debriefing meetings and critical incident stress debriefing sessions.

■ DEBRIEFING

Debriefing focuses on the cognitive and emotional reactions of workers who are trying to cope with novel internal sensations that accumulate from their work experiences. Debriefing interventions are done in small groups, with specific objectives and confidentiality boundaries. The structure of the debriefing includes the following sequence of processes:

- Description of the workers' activities in interacting with survivors: Participants share and reconstruct scenarios—visual, auditory, and olfactory.
- Identification and recognition of paradoxical or unusual emotional reactions of workers: This reduces misconceptions, corrects misinformation, and identifies methods of stress reduction.
- Recognition of ambivalent feelings in some situations and their significance for the worker.
- Linkage of feelings to physiological manifestations: Workers are helped to see the linkage between some of their feelings and the disturbance of sleep, appetite, impulse control, and irritability that they may experience following a stressful assignment.
- The mental health worker summarizes the discussion, answers questions, and reinforces the message that emergency workers' responses are normal reactions to abnormal situations. This approach also provides an opportunity to support and reinforce coping efforts.

A critical incident session is generally conducted with individuals who have participated in extremely traumatic situations and are experiencing signs of psychophysiological stress that they are finding it difficult to cope with and overcome. A very important condition of such sessions is that they should be completely confidential and nonjudgmental.

CRITICAL INCIDENT RESPONSE

An incident occurs: it is sudden, random, and stressful. It affects not only the survivor, but the workers as well. The incident can shatter their sense of safety and well-being and temporarily destroy their ability to function normally.

This reaction is called a "critical incident response." Although individuals will react with differing degrees of intensity and recover at varying rates, most individuals will go through some form of critical incident response, which may involve an alteration between two states: numbness and hyperarousal, or being in control and powerlessness.

The objective of the Critical Incident Stress Debriefing (CISD) is to offer catharsis and education. The CISD should be offered within the first few days following the incident. The participants will be encouraged to share their feelings and reactions so that they can be helped to understand what has happened, put it into context, and learn the normal reactions expected in the specific situation.

DEFUSING

This process allows workers to vent or "blow off steam" in an informal, unstructured setting that can be organized following a day's work. At these meetings, guidance, advice, and information can be exchanged. If needed, these meetings can be followed by a formal, planned CISD or debriefing meeting.

The following pages are ready for use as transparencies, slides, or handouts.

BURN-OUT IN WORKERS

Definition
A state of mild, moderate, or severe exhaustion, irritability, and fatigue which markedly decrease an individual's effectiveness.

Coping Process
Process through which the worker tolerates or decreases the negative effects of an experience or masters a threatening situation.

Functions and Role Shift: Mental Health Worker to Disaster Worker

- Common knowledge base
- Different and novel variety of functions
- New attitudes — co-professional
- Rhythm and timing — crisis contingencies
- Evolution in expectations and attitudes of non-mental-health disaster assistance workers
- Participatory and collaborative consultation

BASIC CONCEPTUAL FRAMEWORK BIO-PSYCHO-SOCIAL ORGANISM

Support Systems (Mediators — Regulators)

Assistance (at every level) to the individual in the aftermath of 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 (feed-back on performance)
- Provide concrete aid and serve as counselors
- Problem-solving options and prioritization of solutions
- Supporting activity, supporting empowerment in the face of adverse conditions

CONDITIONS PRESENT IN OCCUPATIONAL STRESS

- Time pressures
- Work overload
- Minimal positive reinforcement
- High probability of conflict
- Prolonged expenditure of energy and attention to survivors
- Coincidental incidents of crisis involving several survivors at the same time
- Personal crisis in the life of the post-disaster worker

BURN-OUT AS A PSYCHOPHYSIOLOGIC PROCESS AND STRATEGIES FOR MANAGING DISTRESS

PREVENTION THROUGH MANAGEMENT

1. Learn to recognize the stresses inherent in high-risk work and develop preventive strategies for mitigating those stresses.
2. Learn to recognize and assess signs and symptoms of stress when they occur and develop approaches and goals for managing such stress (coping and use of support systems).
3. Become aware that prevention and treatment strategies can potentially decrease or eliminate negative effects of stress and its consequences:

   Decline in job performance

   Burn-out

   High turnover rate

   Health problems

   Family problems for workers

4. Support system and resources available to workers for dealing with crisis situations — debriefing, counseling, education — are preventive methods for avoiding burn-out.

BARRIERS TO THE USE OF PREVENTIVE METHODS TO DIMINISH STRAIN AND BURN-OUT

1. High professional standards and high self-expectations among workers influence appraisal of a situation
2. Reluctance or discomfort in discussing feelings, especially those that might connote weakness and reflect doubt about one's performance (self-appraisal)
3. Need to deny or suppress feelings during difficult situations in order to function: discomfort in acknowledging and discussing those feelings when they emerge and produce strain
4. Concern that acknowledging psychological assistance will reflect negatively on job performance evaluations, opportunities for promotion (values, belief systems)
5. Workers may have difficulties in judging their own reactions and performance when they are overwhelmed and distressed
6. Shame and guilt over the contrast between the worker's personal situations and that of survivors

BUFFERS TO MITIGATE BURN-OUT

1. Extensive training protects from physical and emotional strain
2. Available repertoire of coping strategies
3. Realistic self-expectations and role boundaries
4. Control of over-identification with survivors
5. Awareness of fantasies of "omnipotence"
6. Minimal role confusion
7. Modification of identified negative coping
8. Practice of positive coping
9. Comfort in using support system and helpful supervision

CHARACTERISTICS OF CRITICAL INCIDENTS & PSYCHOLOGICAL RESULTS

Support Guidelines for Workers

1. Workers should have a plan for communicating with and locating their families.
2. Workers should be aware of conditions in the field before reporting to their work sites.
3. Workers should obtain necessary supplies, including information on disaster worker stress management and self-care.
4. Workers should ascertain chain of command and supervision from operations center to field staff.
5. Teams should establish roles and responsibilities.
6. Workers should develop team coordination with other community resources, e.g., Red Cross, disaster health and mental health services.
7. Workers should watch for signs of stress among their colleagues and receive continuing training, guidance, and supervision.

CRITICAL SITUATION STRESS DEBRIEFING PROCESS

1. High-risk workers are potentially vulnerable to physical and psychological responses to human suffering, crisis situations, and death.

2. Effective methods exist to help workers cope with what they are experiencing in dealing with overwhelming crisis situations.

3. A "critical incident" can be defined as one that generates unusually strong feelings in the worker and can become a memory that triggers previous emotional reactions.

4. Debriefing is a new form of supervision and crisis resolution for high-risk workers involved in jobs entailing conditions of daily stress.

5. This process helps alleviate the worker's stress responses following tragic situations in dealing with crisis survivors. It also helps prevent delayed stress reactions which may appear weeks later.

VICTIMS AND HELPERS

Helpers as Hidden Victims

	MOTIVATION		REPONSE	OUTCOME
"HELPERS"	Personal Motivation Perceptions of Disaster Perception of Helping Past Experience Personality Factors	Altruistic Response (positive Curiosity)	Coping by: Active Doing Mastery Review Supportive Relationships Emotional Release	Positive: Good Helping, Positive Life Experience Negative: Poor Helping, Negative Life Experience Psychological Disorder
"VICTIMS"	Death Encounter Loss and Other Stresses	Anguish of Others	Role Stresses	

GOALS OF DEBRIEFING*

1. Ensure that the participant's basic needs are met.
2. Have the participants share, verbally reconstruct, and ventilate the most acute, intense emotions and memories of the disaster.
3. Help the participants to explore the symbolic meaning of the event.
4. Nurture reassurance about the "normality" of the participants' reactions and reduce feelings of uniqueness.
5. Facilitate group support and enhance peer social supports.
6. Reduce misconceptions and correct misinformation about events and about "normal" and "abnormal" stress reactions.
7. Encourage, teach, and reinforce coping efforts.
8. Assist group in discussing methods for reducing tension and anxiety.
9. Help facilitate the return to routine pre-incident functioning and encourage group assistance.
10. Screen and refer "high-risk" participants for professional assistance.
11. Emphasize that one purpose of debriefing is to reconstruct what really happened so that others may benefit from the lessons learned.

* Based on the publications by JT Mitchell et al. (see Reading List).

POST TRAUMA STRESS DEBRIEFINGS

Post trauma recovery trainings are most effective when they occur 2 to 5 days after the incident.

Debriefings should be mandatory for all personnel involved in the incident and should follow this format:

A. Introduction to Debriefing

To begin the debriefing, any necessary introductions are made. The ground rules, including confidentiality, are discussed and the agenda is presented.

B. Telling the Story

Each debriefing participant describes his/her experiences and feelings during the critical incident.

C. Sharing Responses and Reactions

Each debriefing participant describes his/her post-trauma responses.

D. Understanding the Responses and Reactions

Information concerning post-trauma stress is presented, including the normal results of exposure to post-trauma stress and expectations for recovery.

E. "Contracting" for Recovery

Each participant develops a plan for recovery that will assist in the management of post-trauma stress and reduce the possibility of long-term post-traumatic stress.

F. Closing

The debriefing is terminated and contact is made with participants.

Small group debriefings include a follow-up session three to four weeks after the initial session.

(This debriefing process is a modification of the Post-shooting Debriefing developed by the U.S. Federal Bureau of Investigation and Jeff Mitchell's Critical Incident Stress Debriefing.)

SMALL GROUP DEBRIEFING

No more than 15 participants

Primary goal: Management of post-trauma consequences and assessment by debriefers

- All participants discuss their experiences for the purpose of sharing details and the benefits of venting their feelings.
- All participants report their post-trauma consequences.
- Support provided to each participant from other group members, department, and debriefers.
- Discussion of event by each participant.
- Understanding by listening to other participants and information provided concerning the normalcy of post-trauma responses.

CRITICAL INCIDENT DEBRIEFING

- Participants are selected for further services based on facilitators' assessment of condition and severity of post-trauma consequences.
- Duration of at least two to three hours; difficult to control time.
- Follow-up must occur.
- Assessment by debriefing faciiitators of all participants and determination of the need for further services. Referrals to more intense services as required.
- Follow-up in a few weeks to observe any development of long-term reactions and provision of another assessment.

POST-TRAUMA STRESS DEBRIEFING

Suggested Post-trauma "Do's and Don'ts"

Depending on the traumatic incident and post-trauma consequences, these are examples of coping skills for debriefing participants.

DO	DON'T
Get ample rest	Drink alcohol excessively
Maintain a good diet and exercise	Use legal or illegal substances to numb feelings.
Take time for leisure activities	Withdraw from significant others
Structure your life as much as possible but recognize you may not always follow through	Stay away from work
Find and talk to supportive peers and/or family members about the incident	Reduce amount of leisure activities
Learn about post-trauma stress	Have unrealistic expectations for the success of post-disaster counseling recovery
Spend time with family and friends	Look for easy answers to help survivors
Expect the incident to produce strong emotions	Make major life changes or decisions at this time
Get extra help from a post-trauma reaction specialist, clergy person, supervisor	Be too hard on yourself or others-reflect on issues and try to put them into perspective

TRAUMATIC INCIDENT STRESS DEBRIEFING ACTION PLAN

EXERCISE, RELAXATION, SPIRITUAL ACTIVITIES, REST

Activities to help my recovery
(in the immediate future and the long term):

To take care of myself I will. . .
(Plan and carry out a coping activity)

Today:

This Week:

This Month:

GROUP WORK/EXERCISES

- Ask each member of the group to present a difficult event that has occurred in his/her life.
- Obtain a video that shows the techniques of debriefing. React to the process; analyze the steps.
- List the "do's" and "don'ts" when assisting a disaster worker using "critical incident debriefing."
- Role-play a "defusing" session with a small subgroup of students and have the rest of the students observe and analyze the procedures used. ■

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