

# Understanding Disaster Stress & Telephone Crisis Support Skills





# About This Program



This program is narrated. If you have speakers or headphones, please turn them on now.



# Our Goals Include...



- Provide accurate information about the emotional and behavioral response to disasters and other emergencies.
- Prepare public contact professionals to assist the public by phone during times of crisis or emotional distress.



# This Program *Is* Intended to...

- Describe common types of disasters and crisis events.
- Define Disaster Stress Reactions.
- Introduce verbal de-escalation skills for telephone support.
- Offer guidance on managing secondary traumatic stress and prevent burnout.



# This Program is *Not* Intended to...



- Train participants in mental health or counseling skills.
- Substitute for psychological support for those suffering from high levels of emotional distress in the wake of a disaster or other critical incident.



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# Section One



Types and Scope of Disasters



# Types of Traumatic Events

- Natural Disasters
- Technological Disasters
- Disasters of Human Intention
- Other Interpersonal Violence
- Sudden Traumatic Loss
- Serious Medical Illness
  - *Many others*







# Key Concepts

- Everyone who experiences a disaster is affected by it in some way.
- People pull together during and after a disaster.
- Stress and grief are common reactions to uncommon situations.
- People's natural resilience will support individual and collective recovery.





# Key Concepts

(cont.)

## Typical outcomes of disaster:

- Some will have severe reactions.
- Few will develop diagnosable conditions.
- Most do not seek treatment.
- Survivors often reject help.





# Disaster Tolls Escalate

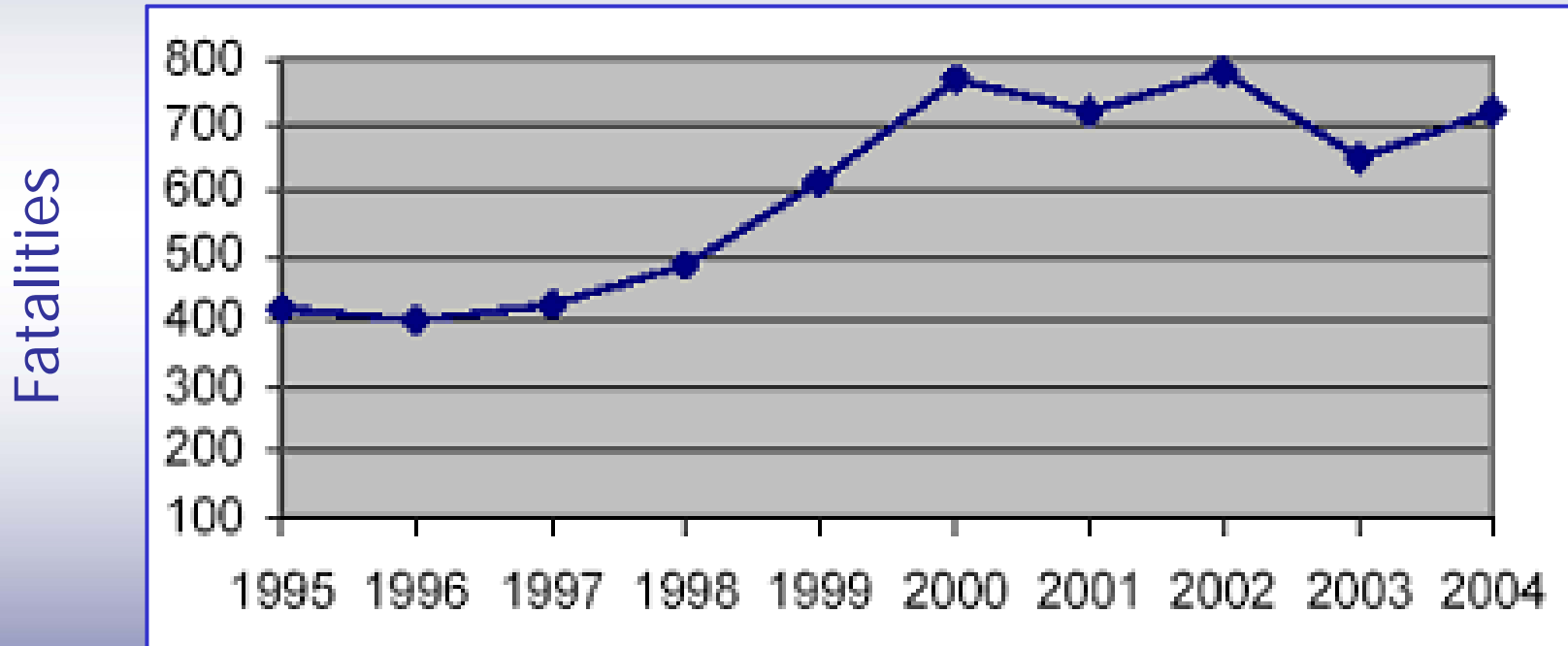
- 120 natural disasters per year in the early 1980s, which compared with the current figure of about 500 per year
- The number of people affected by extreme natural disasters has surged by almost 70 percent
  - 174 million a year between 1985 to 1994
  - 254 million people a year between 1995 to 2004

The Oxfam 2008 study was compiled using data from the Red Cross, the United Nations and specialist researchers at Louvain University.



# Changing Disaster Trends

Total number of reported disasters by year  
(1995 to 2004)



Source: EM-DAT, University of Louvain, Belgium

# World Population Growth

billions

10

8

6

4

2

0

1750

1800

1850

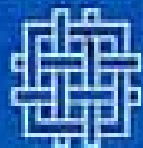
1900

1950

2000

2050

- Developing regions
- Industrialized regions



World  
Resources  
Institute

Sources: United Nations Population Division and Population Reference Bureau, 1993.





# Section Two



The Emotional & Behavioral  
Impact of Disasters





# Mental Health Consequences



- 3/4 of the U.S. population will be exposed to some event that meets the stressor criteria for PTSD.
- About 11-15% of the individuals who are exposed to such traumatic events go on to develop full blown PTSD syndrome.
- The prevalence of psychiatric illness in disaster-affected communities generally increases by 20% in the 3 years following the incident.
- Following the Oklahoma City Bombing, 41% of survivors had diagnosable mental health conditions.

*(WHO, 1992; Green, 1994)*

# Impact of Events

## Two types of trauma:

### – Individual trauma:

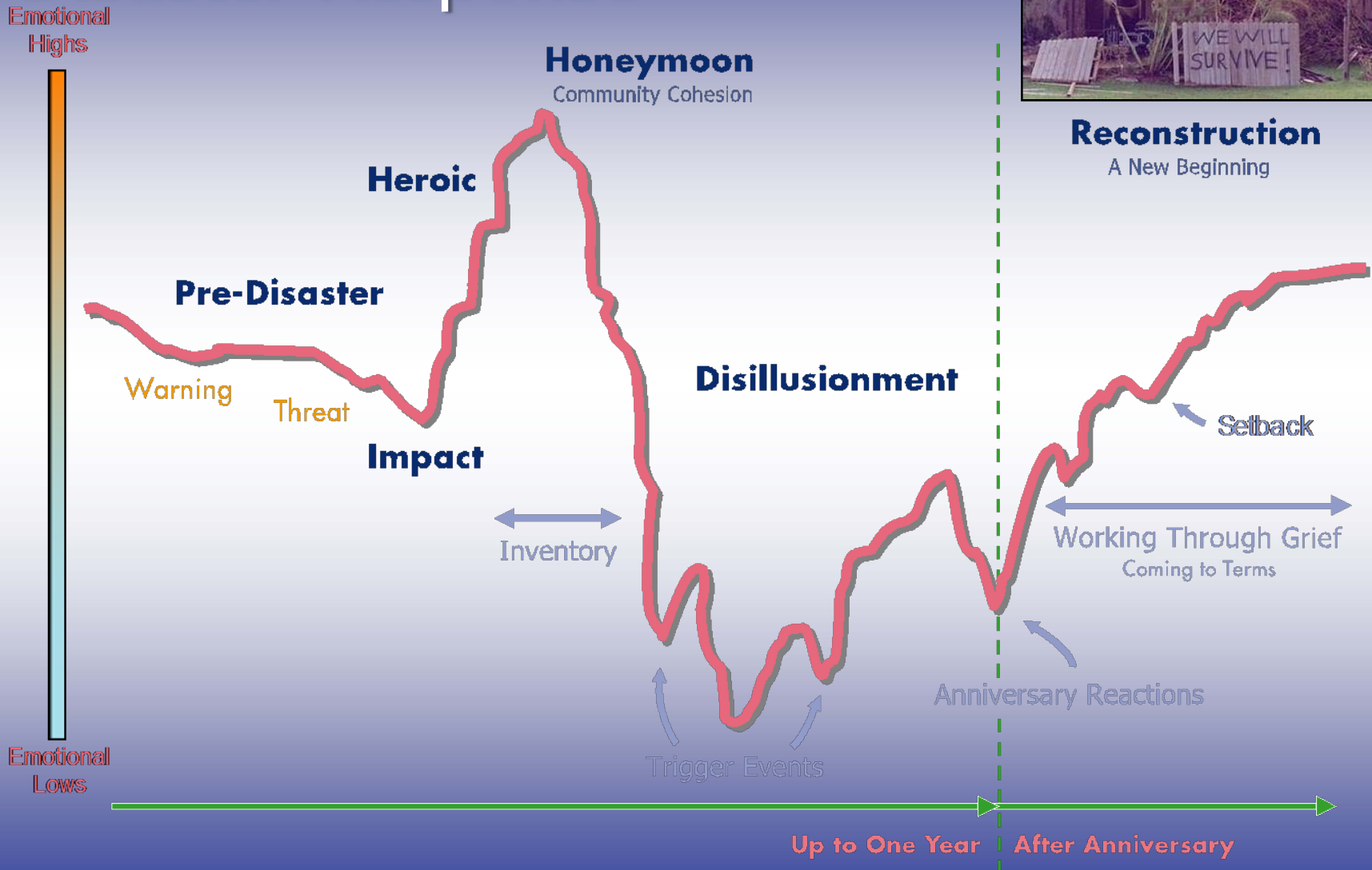
- May cause stress and grief.
- May cause fatigue, irritability, hopelessness, and relationship conflicts.

### – Collective trauma:

- May damage community support.
- May affect individual coping.



# Typical Phases of Disaster Response



# Disaster Stress Defined

“Traumatic stress refers to the emotional, cognitive, behavioral and physiological experiences of individuals who are exposed to, or who witness, events that overwhelm their coping and problem solving abilities”

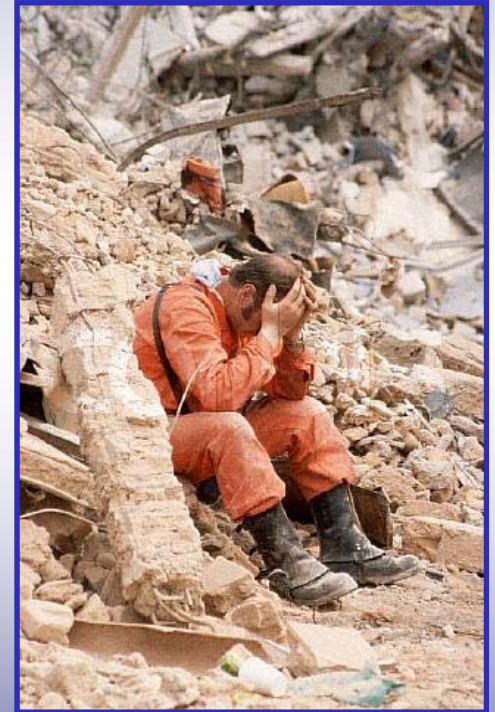
Lerner & Shelton, 2001



# Disaster Stress Reactions

“Traumatic stress disables people, causes disease, precipitates mental disorders, leads to substance abuse, and destroys relationships and families. Additionally, traumatic stress reactions may lead to Posttraumatic Stress Disorder (PTSD).”

Lerner & Shelton, 2001





# Typical Disaster Stress Reactions

## Physical

- Shock symptoms
- Insomnia
- Loss of appetite
- Headaches
- Muscle weakness
- Elevated vital signs

## Emotional

- Depressed, anxious
- Numbing
- Constricted affect
- Guilt, shame, doubt
- Intolerance of response
- Global pessimism

## Thinking

- Distractibility
- Duration/Sequence distortion
- Declining work/school performance
- Recurrent intrusive recollections
- Flashbacks, Nightmares

## Behavioral

- Clinging, isolation
- Thrill seeking, counter-phobic
- Re-enactments of the trauma
- Increased substance abuse
- Hypervigilance
- Elevated startle reflex





# Spiritual and Existential Reactions

Spiritual and personal beliefs influence how people make sense of the world:

- Survivors may seek the comfort that comes from spiritual or personal beliefs.
- Spiritual or personal beliefs will assist some survivors with coping and resilience.
- Survivors may question their beliefs and life structure.



# Potential Long-term Effects



- Free-floating anxiety and hypervigilance.
- Underlying anger and resentment.
- Uncertainty about the future.
- Prolonged mourning/inability to resolve losses.
- Diminished capacity for problem solving.
- Isolation, depression, hopelessness.
- Health problems.
- Significant lifestyle changes.



# Section Three



## Telephone Support Skills



# Telephone Activity During Crises



During times of crisis, call-takers may experience:

- Increased call volume
- Increased demand for information
- Distressed calls about status of loved ones
- Callers voicing anger at the organization or system

# Communicating in a Crisis is Different

In a CRISIS, all affected people:

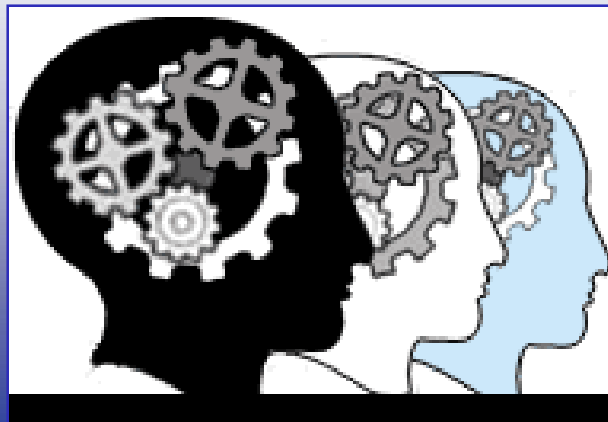
- Receive information differently
- Mentally process information differently
- Act on information differently



# Normal Verbal Communication

On a good day:

- People can listen for about 90 minutes.
- People can remember about 7 things.
- People have time to ask questions.
- People have time to make decisions.







# Decision Making in a Crisis is Different

- People simplify.
- Cling to current beliefs.
- Remember what was seen or previously experienced.
- Want to know what people like them are going to do (look for leaders).



# Communicating in a Crisis is Different

- Public must feel empowered – reduces fear and victimization.
- Mental preparation reduces anxiety.
- Taking action reduces anxiety.
- Uncertainty must be addressed.
- Revert to rudimentary “fight or flight” reasoning.
- Limited intake of new information.

# The Message, The Messenger & The Means

- People judge the messenger before the message.
- People judge the messenger in terms of trust.
- Information about trust comes from non-verbal communication as well as verbal.
- Implications:
  - Be credible.
  - Be sincere and genuine.
  - Remember facts play virtually no role compared to perception.





# Four Key Elements to Build Trust

- Express empathy in first 30 seconds.
- Competence.
- Honesty.
- Commitment.





# Objectives During a Crisis Call

- Increase knowledge and understanding
- Enhance trust and credibility.
- Establish dialogue and availability.

# The Message



Clear: Average Grade Level: 4 – 6 (AGL)

Concise: 27 words, 9 seconds, 3 messages

(27/9/3)

3 Key Messages, or 1 message with 3 parts.

Brief.

Develop messages that are clearly understood.



# Guiding Principles in Providing Emotional Support

- Do not give false assurances.
- Recognize the importance of taking action
- Provide and ensure linkage to other sources of support.
- Focus on strengths and resilience.
- Encourage self-reliance.
- Respect feelings and cultures of others.

NJ's Disaster Mental Health HelpLine is an excellent source of support:

**(877) 294- HELP (4357) or TTY (4356)**





# Projecting Warmth

- Soft tone.
- Smile.
- Open/welcoming gestures.
- Allow the person you are talking with to dictate the pace of the call. (This can vary according to cultural or personal differences).





# Listening and Responding

- Seek to understand first, then to be understood.
- Concentrate on what is being said.
- Be an active listener (affirming sounds).
- Be aware of your own biases/values.
- Listen for feelings.
- Do not rehearse your answers.



# Listening and Responding

(cont.)

- Pause to think before answering.
- Do not judge.
- Use clarifying questions and statements.
- Avoid expressions of approval or disapproval.
- Do not insist on the last word.
- Ask for additional details.



# Using Ventilation and Validation

- Allow caller to express frustration or anger.
- Keep ventilation within boundaries.
- Do not defect roles!
- Avoid clichés... “I know how you feel.”
- Use active listening techniques.





# Assisting theirate Caller

## Maintaining an Alliance with Agitated Callers:

- Focus on the importance of working with the caller.
- Use techniques for remaining non-judgmental.
- Give callers feed-back that you are trying to help them.
- Use “we” language to develop a bond.
- Ask the caller for ideas for a resolution.
- Let the caller know you “get it”-- watch para-verbals.



# Paraverbal Communication

How we deliver out words or verbal intervention:

- 1) Volume
- 2) Rate
- 3) Tone
- 4) Inflection

*Apply the “entrainment” technique.*





# Empathic Listening

An active process to discern what a person is saying:

- Don't be judgmental.
- Don't ignore or fake attention.
- Carefully listen to what a person is really saying.
- Use silence and restatement to clarify messages.
- Reflection can be used to clarify.



# Setting Limits with Abusive Callers

- De-personalize the attack ... Refocus on the problem.
- Allow reasonable ventilation.
- Remain actively engaged...not enraged!
- Set Limits which are:

*Clear ... Concise ... Enforceable*

If the caller becomes verbally explosive:

*Set firm limits ... Allow limited ventilation ... De-escalate*



# Section Four



## Basic Psychological First Aid



# Psychological First Aid is...

- Psychological first aid (PFA) is as natural, necessary and accessible as medical first aid.
- Psychological first aid means nothing more complicated than assisting people with emotional distress resulting from an accident, injury or sudden shocking event.
- Like medical first aid skills, you don't need to be a doctor, nurse or highly trained professional to provide immediate care to those in need.

# Do

## Promote Safety

- Help people meet basic needs for food, shelter, and obtain emergency medical attention.
- Provide repeated, simple and accurate information on how to obtain these.





# Do

## Promote Calm

- Listen to people who wish to share their stories and emotions and remember there is no wrong or right way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the disaster or crisis event, and the assistance available to help victims understand their situation.



# Do



## Promote Connectedness

- Help people quickly connect with friends or loved ones.
- Keep families together. Keep children and parents or other close relatives together when ever possible.

# Do

## Promote Self-Efficacy

- Give practical suggestions that steer people towards helping themselves.
- Engage people in meeting their own needs.



# Do

## Promote Hope

- Find out the types of help available to people and direct people to those services.
- Remind people (if you know) that more help and services are on the way when they express fear or worry.





# Don't

- Force people to share their stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences).
- Give simple reassurances like “everything will be OK” or “at least you survived” (statements like this diminish calmness).

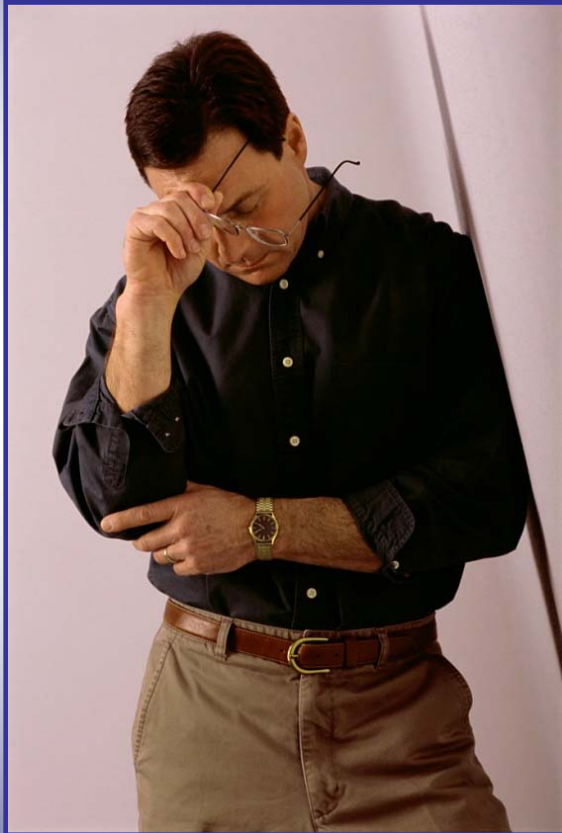


# Don't

- Tell people what you think they should be thinking or feeling or how they should have acted (this decreases self-efficacy).
- Make promises that may not be kept.
- Criticize existing relief efforts or existing services in front of people in need of these services (this undermines hope and calmness).



# Section Five



## Self Care for Call-Takers





# Call Taker Self Care



- Compassion Fatigue (Figley, 1992) is an occupational hazard in care givers.
- Compassion Fatigue is referred to as “the cost of caring too much.”
- Internal support may be a productive means of team member ventilation and validation.



# Vicarious Trauma

Vicarious traumatization is a process of change resulting from empathic engagement with trauma survivors.

It can have an impact on the helper's sense of self, world-view, spirituality, affect tolerance, interpersonal relationships, and imagery system of memory.

*-Hudnall Stamm*



# Vulnerabilities of Call-Takers

- Cumulative stress from hearing disaster stories.
- Not Understanding how much listening and talking help.
- Feeling overwhelmed by the depth of grief, anger or frustration expressed by survivors
- Over-identification or enmeshment with survivors.
- Unrealistic expectations of reliving emotional pain.





# When Call-Takers Need Help



- Take on the anger and frustration of the survivor.
- Call-Taker begins to take on the system.
- Refer anyone who shows strong emotions to higher levels of care.
- Cannot end helping relationship when goals have been met.
- Work too much overtime.
- Blurring boundaries, survivors call them at home.



# Burnout

“A state of extreme dissatisfaction with one’s work, characterized by:

- 1) excessive distancing from survivors;
- 2) impaired competence;
- 3) low energy;
- 4) increased irritability;
- 5) other signs of impairment and depression resulting from individual, social, work environment and societal factors”





# Compassion Fatigue

A state of tension and preoccupation with the individual or cumulative trauma of callers as manifested in one or more ways:

- 1) re-experiencing traumatic events;
- 2) avoidance / numbing of reminders; and
- 3) persistent arousal.

Figley,C., 1994



# Burnout or Compassion Fatigue?

Unlike burnout, the distressed Call-Taker experiences:

- Faster onset of symptoms.
- Faster recovery from symptoms.
- Sense of helplessness and confusion.
- Sense of isolation from supporters.
- Symptoms disconnected from “real causes.”
- Symptoms triggered by additional events.



# Interventions with Compassion Fatigue

**Respect**- empathy, not sympathy, appreciate sources of stress, stress normalcy of reactions.

**Educate**- about the range of reactions, burnout vs. fatigue.

**Stabilize**- help become functional for self, supporters and callers.

**Pamper**- increase endurance with attention to own needs.

**Empower**- enabling them to discover and take credit for relief and solutions.

**Calm**- concentration on hope and recovery.

**Transfer**- to another person or support group for longer term post-crisis attention.





# Conclusion



Lessons Learned



# Lessons Learned

- People have an enormous capacity to heal through natural support *systems-don't get in the way.*
- We need to overcome the stigma that surround mental health services.
- We need to trust in the resilience of the human spirit!.



# For More Information

New Jersey Division of Mental Health & Addiction Services  
Disaster & Terrorism Branch

Disaster Mental Health

Help Line            877-294-HELP

Office Tel            609-777-0728



Web            [www.disastermentalhealthnj.com](http://www.disastermentalhealthnj.com)

