



Tips for Survivors:

COPING WITH GRIEF AFTER A DISASTER OR TRAUMATIC EVENT

Grief is the normal response of sorrow, heartache, and confusion that comes from losing someone or something important to you. Grief can also be a common human response after a disaster or other traumatic event.

This tip sheet contains information about grief, the grieving process, and what happens when the process is interrupted and complicated or traumatic grief occurs. It also offers tips and resources for coping with both types of grief.

Grief is a part of life. It is a strong, sometimes overwhelming reaction to death, divorce, job loss, a move, or loss of health due to illness. It can also occur after disasters or other traumatic events.



What Is Grief?

Grief is a part of life. It is a strong, sometimes overwhelming reaction to death, divorce, job loss, a move, or loss of health due to illness. It can also occur after disasters or other traumatic events. If you are experiencing grief, you may feel empty and numb, or unable to feel joy or sadness. You may also feel angry. You may experience physical reactions, including the following:

- Trembling or shakiness
- Muscle weakness
- Nausea and trouble eating
- Trouble sleeping or difficulty breathing
- Dry mouth

While grieving, you may have nightmares, withdraw socially, and not want to participate in your usual activities.

Eventually, you may also notice positive changes in yourself from your experience of loss, such as the following:

- Becoming more understanding and tolerant
- Having increased appreciation for relationships and loved ones
- Feeling grateful for the presence of those in your community who are loving and caring
- Experiencing enhanced spiritual connection
- Becoming more socially active
- Getting involved in advocacy to help people who have experienced similar losses

How Long Does Grief Usually Last?

Grief is different for every person and every loss. The manner of the death or loss and your personal circumstances can affect how long you experience grief.

If you are experiencing grief now, it may be difficult to imagine an end to the pain you are feeling. Even though your life may not be the same as it was before, the grief will eventually ease, and the grieving process will allow you to accept the loss and move forward with your life.

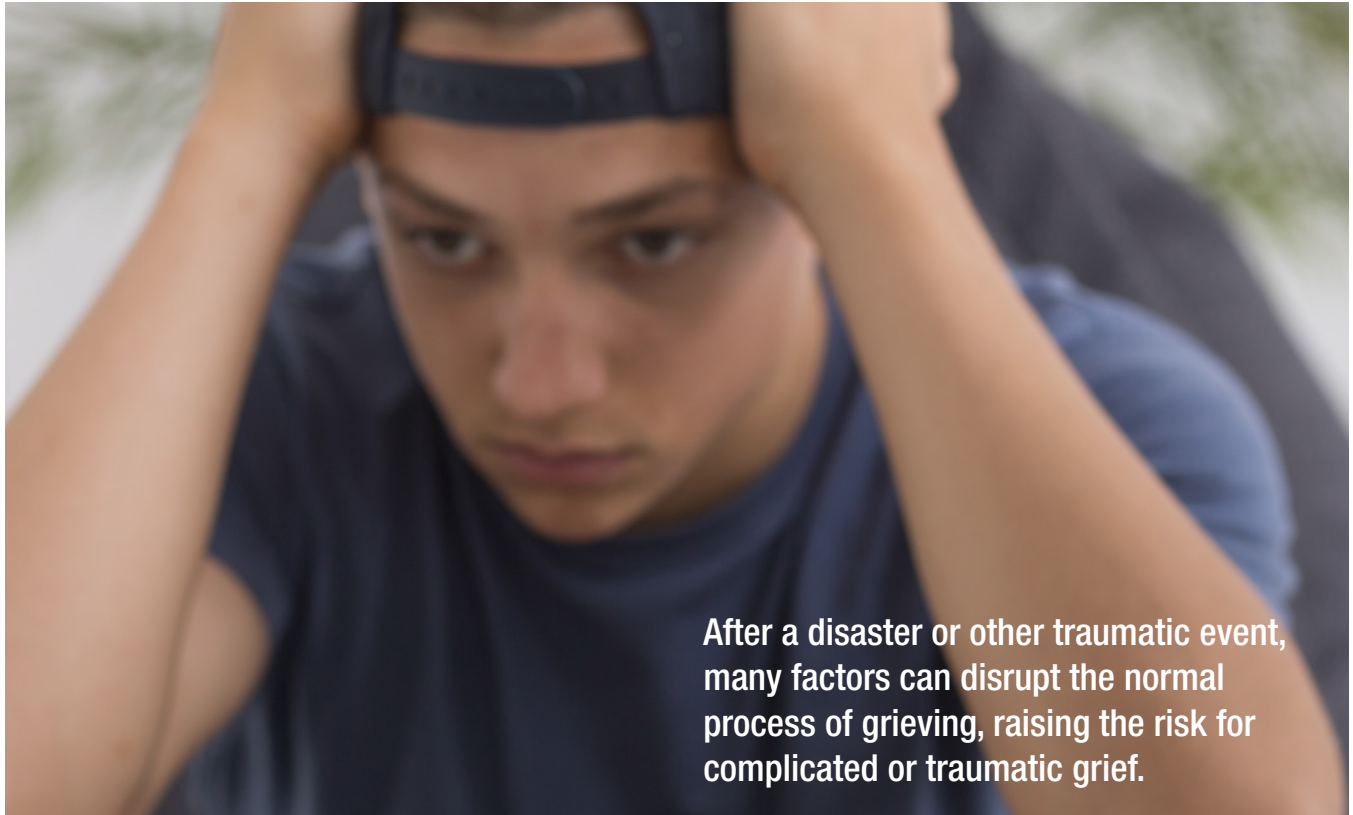


Coping With Grief

You can take steps to help yourself cope with grief. Talking to others who understand and respect how you feel—family members, faith leaders, people you trust—is a helpful way to cope with your grief. Recognize that although you might still have these feelings over a long period, they will likely be less intense over time. Try to take care of yourself physically by exercising, eating healthy meals, and getting enough sleep. Allow yourself to feel joy and sadness, and to cry when you need to.

Going through the grieving process and healing from loss does not mean forgetting about loved ones who have died. You may still feel deeply connected to the person you have lost, but you will also be able to imagine a life without him or her. You will start to be reengaged in daily life and reconnected to others. When moving out of grief, you may start to experience the following:

- Feeling the pain of your loss without resisting or avoiding it
- Adjusting to a new reality in which your loved one is no longer present
- Forming new relationships



After a disaster or other traumatic event, many factors can disrupt the normal process of grieving, raising the risk for complicated or traumatic grief.

If you are not experiencing these changes and adjustments after many months, and you feel “stuck” in your deep and overwhelming feelings of loss, then you may be experiencing what is known as complicated or traumatic grief.

What Is Complicated or Traumatic Grief?

After a disaster or other traumatic event, many factors can disrupt the normal process of grieving, raising the risk for complicated or traumatic grief. Whether a disaster is natural or human-caused, grief at the loss of loved ones may be compounded by sorrow and anger at the loss of home and possessions, as well as fear or anxiety about the loss of a sense of safety and security in the community. In some cases, meeting immediate physical needs after a disaster may take priority over grieving the loss of life, which can delay, prolong, or complicate the normal grieving process.

Complicated or traumatic grief is grief that does not end and does not help you make progress toward getting back to your usual activities and routine. For most people, intense feelings of

grief will lessen gradually over time, beginning to ease within 6 months of the loss. But if you’re experiencing complicated or traumatic grief, you may not feel any reduction of grief over many months or even years. Your feelings of sadness, anger, and loneliness may even become more intense over time.



These are some of the symptoms of complicated or traumatic grief:

- Feeling deeply angry about the death or loss
- Being unable to think about anything but your loved one
- Not wanting any reminders of your loved one at all
- Having nightmares or intrusive thoughts
- Feeling deep loneliness and longing for the person you lost
- Feeling distrustful of others
- Feeling unable to maintain regular activities or fulfill responsibilities
- Feeling bitterness about life and envying others not affected by grief
- Being unable to enjoy life or remember happy times with your loved one

If you are experiencing any of these symptoms, you may need to seek help in order to move forward and begin the healing process. You can find help by using the resources listed on this page, talking to your doctor, or seeing another health care professional.



Helpful Resources

SAMHSA Disaster Technical Assistance Center

Toll-free: 1-800-308-3515

Website: <https://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App

Website: <https://store.samhsa.gov/product/PEP13-DKAPP-1>

Administration for Children and Families

Website: <https://www.acf.hhs.gov>

Mental Health America*

Website: <http://www.mentalhealthamerica.net>

National Alliance on Mental Illness (NAMI)*

Toll-free helpline: 1-800-950-NAMI (1-800-950-6264)

Website: <https://www.nami.org>

Treatment Locators

Behavioral Health Treatment Facility Locator

Toll-free: 1-800-662-HELP (1-800-662-4357) (24/7 English and español)

TDD: 1-800-487-4889

Website: <https://www.findtreatment.samhsa.gov>

MentalHealth.gov

Website: <https://www.mentalhealth.gov>

MentalHealth.gov provides U.S. government information and resources on mental health.

Helplines

SAMHSA Disaster Distress Helpline

Website: <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Call 1-800-985-5990 or text “TalkWithUs” to 66746 to get help and support 24/7.

National Suicide Prevention Lifeline

Toll-free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <https://www.samhsa.gov>

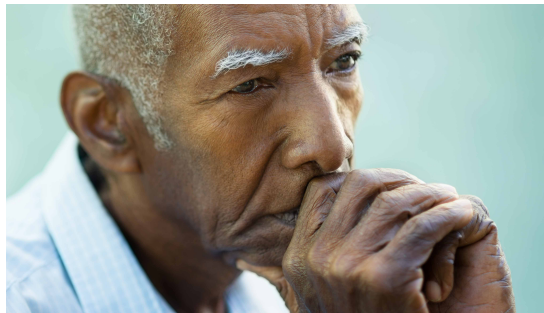
This resource can be found by accessing the National Suicide Prevention Lifeline box on the SAMHSA website.

*Note: The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



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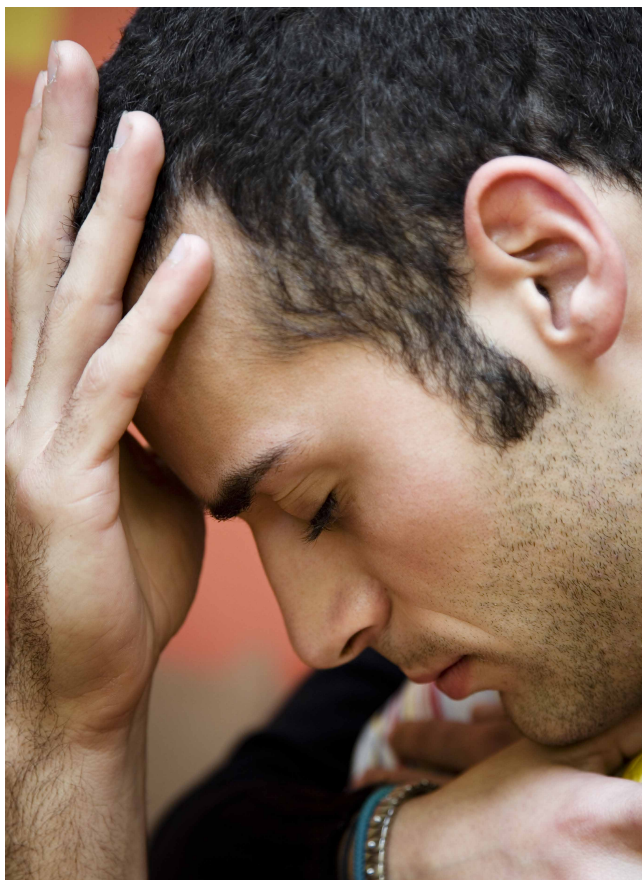
Tips for Survivors of a Disaster or Other Traumatic Event: COPING WITH RETRAUMATIZATION

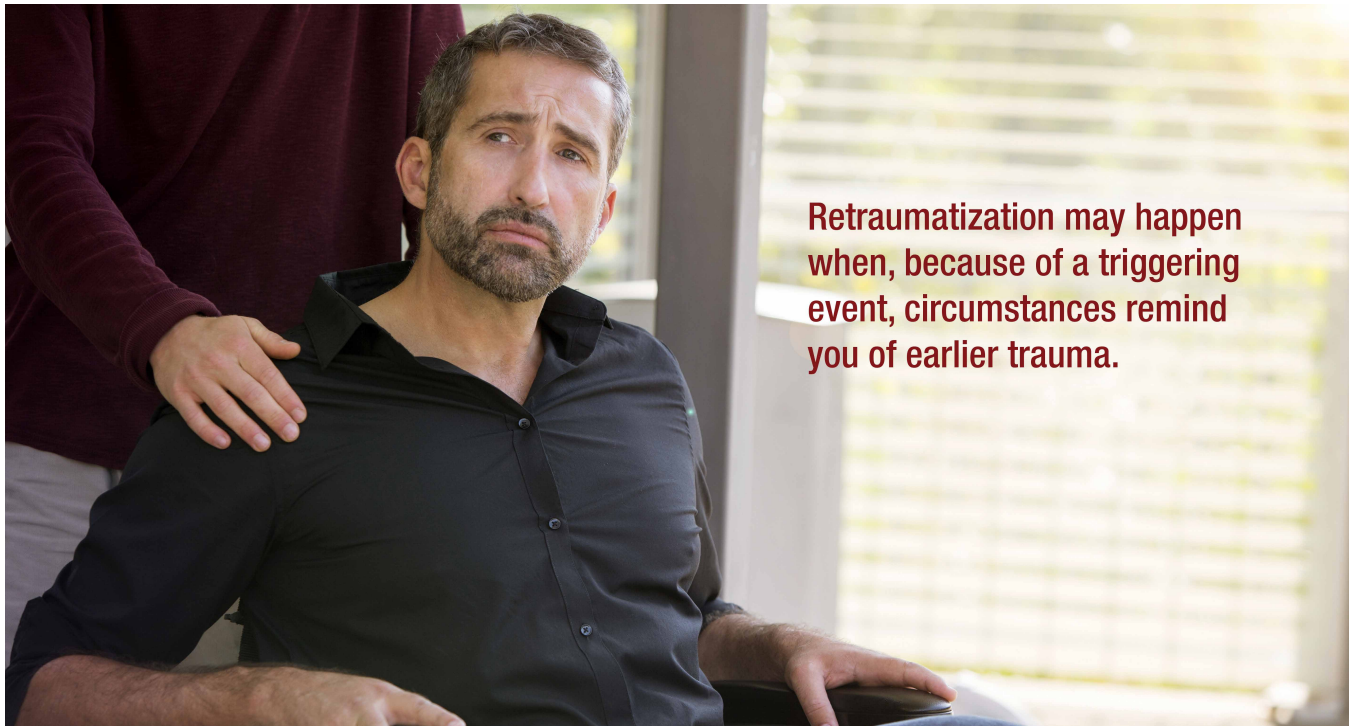
Introduction

According to National Comorbidity Survey data, more than half of men and women had experienced one or more traumas over the course of their lives, with experience of a natural disaster the second most common trauma type (Kessler et al., 1999). For some, traumatic stress reactions to a new event can feel as intense as they were when the original event occurred. This is known as retraumatization. Retraumatization is reliving stress reactions experienced as a result of a traumatic event when faced with a new, similar incident. However, as the result of the passing of time many people do not realize the stress they are experiencing is related to an earlier trauma in their lives. A current experience is subconsciously associated with the original trauma, reawakening memories and reactions, which can be distressing. This type of reaction is common and survivors should realize there are steps that can be taken to manage or relieve symptoms.

This tip sheet covers signs and symptoms of retraumatization, as well as how to know if you may benefit from more help and guidance on how to manage it. The tip sheet also lists resources for support and identifies ways you can build resilience, which is your ability to tap into your skills and access the resources around you when you are going through stressful experiences.

Most survivors of a disaster or other traumatic event are able to work through their traumatic experiences, return to their regular activities, and enjoy their lives. Some people, however, experience retraumatization and could benefit from recognizing trauma symptoms, learning how to manage them, and seeking additional help as needed. If you are experiencing retraumatization and need additional help, try using some of the recommendations noted in this tip sheet, or see the Helpful Resources section of this tip sheet for information about locating a trauma-informed professional.





Retraumatization may happen when, because of a triggering event, circumstances remind you of earlier trauma.

Triggering Events

A triggering event is something that immediately reminds you, your family, or your community of a fear that was experienced during a previous traumatic event, such as a disaster. Retraumatization may happen when, because of a triggering event, circumstances remind you of earlier trauma.

Here are some examples of triggering events that may contribute to retraumatization:

- Anniversary dates or news stories of similar traumatic incidents
- Similar disasters, such as a tornado, hurricane, earthquake, flood, wildfire, or the threat of these disasters
- Events such as an oil spill, mass shooting, or terrorist attack
- Distressing events reported by the media, such as car accidents, physical, sexual, and emotional abuse
- Witnessing a traumatic event or hearing about one that happens to someone else

If you repeatedly experience stress reactions to these events, you may benefit from trauma-informed care to help you overcome retraumatization.



Risk Factors for Retraumatization

There are risk factors that can help you determine the likelihood of experiencing retraumatization. Knowing them can help you determine your risk for retraumatization as well as help you prepare to address potential signs and symptoms of distress. The following are risk factors:

- Having a high frequency of life trauma, such as abuse or neglect
- Being emotionally disconnected from or not feeling love and support from others, such as family members, peers, colleagues, friends, or other loved ones
- Living or working in unsafe situations, such as combat zones or other dangerous environments



- Using unhealthy coping styles, such as practicing avoidance or being in denial of past traumatic events, mismanaging stress (e.g., misusing alcohol, prescription medication, or illegal substances)
- Having a lack of economic and social supports or a lack of access to health and mental health care services

Retraumatization Signs and Symptoms

If you have survived a traumatic experience, you can relive it in any of the following ways:

Thoughts

- Negative thoughts that are associated with fear or other emotions experienced during the trauma
- Flashbacks and nightmares
- Trouble concentrating
- Dissociation (separation of normally related parts of awareness, such as thoughts, perceptions, memories, and identity)

Physical Signs and Symptoms

- Feeling “on edge,” very anxious and tense, or easily startled
- Trouble falling or staying asleep

- Significant changes in appetite and/or weight
- Fatigue and lack of energy
- Experiencing strong reactions to triggers (e.g., fast breathing and heartbeat, sweating)

Behaviors

- Social withdrawal and isolation
- Increasing intake of alcohol and other substances following an incident
- Avoidance of people, places, and situations related to the traumatic event

Emotions

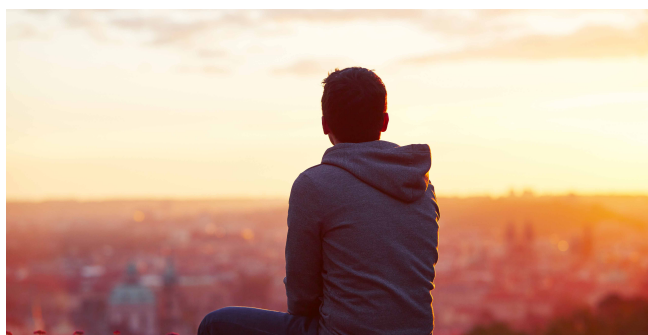
- Intense feelings of guilt, anger, fear, anxiety, horror, sadness, shame, or despair
- Intense distress in reaction to triggers, or circumstances you link to present or past trauma
- Feeling distant from other people
- Feeling unable to control your emotions, such as not being able to calm yourself down, a decreased sense of security and inability to feel love

Tips for Managing and Developing Resilience for Retraumatization

Retraumatization can feel like reopening a wound that has not quite healed. Once you recognize that you are experiencing retraumatization, you may wish to consider dedicating time and effort to your recovery from the traumatic event. The following suggestions can help you manage retraumatization:

- Appreciate the impact of the original trauma. Do not underestimate what you have been through, but also recognize that you are strong and able to recover.
- Understand how and why the event happened.
- Connect with people who understand and help you through trigger events.
- Ensure that you have a support system that is easily accessible and consists of people who know, accept, and care for you.

- Develop effective coping skills (e.g., stress management, self-care, and social support, especially peer support).
- Have a self-care plan that includes strategies for building resilience (e.g., get regular exercise, set aside quiet time for meditation or relaxation).
- Practice your spiritual beliefs or reach out to a faith leader for support.
- Seek care from a trained, trauma-informed provider who can recognize your retraumatization symptoms and offer evidence-based treatment and guidance.



Hope for Your Future

If you experience retraumatization, you may feel discouraged, but remember you can take steps toward feeling better and returning to a full and satisfying life. The past will always be with you, but you can learn new ways to manage triggers, trauma, and stress.

Most importantly, understand that your perceptions can affect your reactions. Be patient with yourself, and keep in mind that people recover from all kinds of setbacks. Take the opportunity to take control of your reactions and your life by determining the best ways to recover.

References

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., Nelson, C. B., & Breslau, N. N. (1999). Epidemiological risk factors for trauma and PTSD. In R. Yehuda (Ed.), *Risk factors for PTSD*. (pp. 23–59). Washington, DC: American Psychiatric Press.



Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): "Hablamos" al 66746

TTY: 1-800-846-8517

Website (English): <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Website (español): <https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <https://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <https://www.suicidepreventionlifeline.org>

Website (español): <https://suicidepreventionlifeline.org/help-yourself/en-espanol/>

Treatment Locator

Behavioral Health Treatment Facility Locator

Website: <https://www.findtreatment.samhsa.gov>

Trauma-Related Resources

Center for the Study of Traumatic Stress, Uniformed Services University

Phone: 301-295-2470

Email: cstsinfo@usuhs.mil

Website: <https://www.cstsonline.org>

National Center for Child Traumatic Stress

Phone: 310-235-2633

Phone: 919-682-1552

Website: <http://www.nctsn.org>

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)

Toll-Free: 1-866-254-4819

Email: NCTIC@NASMHPD.org

Website: <https://www.samhsa.gov/nctic>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: DTAC@samhsa.hhs.gov

Website: <https://www.samhsa.gov/dtac>

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How To Cope With Sheltering in Place

Introduction

Sheltering in place means people are asked by local officials to stay where they are for a period of time. You may be at your own or a relative's home, school, or work. Sheltering in place may be required because of an emergency such as a threat of violence, a weather situation such as a tornado or hurricane, or a public health situation like an infectious disease outbreak. You may hear shelter in place also referred to as a "lockdown."

This tip sheet describes reactions often associated with sheltering in place. It also suggests ways to care for yourself and your family during the experience and provides additional resources you may find helpful.

What To Expect: Typical Reactions

Sheltering in place can be stressful. If you are sheltering because of an immediate threat of violence or severe weather, your first priority is to ensure that you and those in your care are safe—lock the doors, stay away from windows, and stay in interior rooms if possible.

Everyone reacts differently to stressful situations. Typical reactions to sheltering in place because of an immediate problem include:

- Anxiety about the situation
- Fear and worry about your own safety and that of your loved ones from whom you may be temporarily separated
- Concern about being able to effectively care for children or others in your care

- Uncertainty, anger, or frustration about how long you will need to remain sheltered, and uncertainty about what is going to happen

In shelter in place situations lasting longer than a few hours, you may also experience:

- Feelings of isolation, loneliness, sadness, or boredom
- Guilt about not being able to perform normal work or parenting duties
- Fear over loss of income
- Changes in sleep or eating patterns

Ways To Cope During Sheltering in Place

UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. For example, during a situation such as an infectious disease outbreak, the public perception of risk is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- Stay up to date on what is happening, but avoid watching or listening to news reports 24/7 since this can increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- Look to credible sources for information about the situation.

MAKE A PLAN

You can prepare in advance for a potential shelter in place in the following ways:

- Assemble an emergency supplies kit that includes at least 2 weeks' worth of water and shelf-stable food, medications, pet food, flashlights, and extra batteries.
- Ask your employer and your children's school administrators or daycare providers what their plan is for a shelter in place order.
- If you need ongoing medical care for a chronic health, mental health, or substance use condition, learn in advance what to do from your health care or treatment provider in the event that you cannot come to the office or clinic.



- Develop an emergency plan with family members that includes having each other's contact information and ensuring that all members will check in with one another as soon as possible if you are not sheltering in place together.
- Collect fun activities, books, games, and toys that can keep your children entertained, and books, movies, and games that will keep you occupied.

USE PRACTICAL WAYS TO COPE AND RELAX

You can do many things to keep yourself calm while sheltering in place.

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, wash your face and hands, or engage in pleasurable hobbies.
- Pace yourself between stressful activities, and do something fun after a hard task.



- Do activities you enjoy—eat a good meal, read, listen to music, take a bath, or talk to family.
- Talk about your experiences and feelings to loved ones and friends as often as possible, if you find it helpful.
- Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or others, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

STAY CONNECTED

Staying connected with family, friends, and others you trust is one of the most helpful ways to cope with any stressful situation. Because of advances in technology, it's possible to connect with others during a shelter in place situation. You can:

- Take advantage of current technology such as Skype or FaceTime to talk “face to face” with friends and loved ones.



- Check in with people regularly using text messaging.
- Plug into social media sites such as Facebook and Twitter to gain insight into what is going on in the world—just be sure that sources you follow are credible and avoid sites that produce stress or worry.
- Sign up for emergency alerts via text or email to ensure you get updates as soon as they're available.
- Call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.

- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

TALK TO YOUR DOCTORS ABOUT TELEHEALTH

Many health care providers can now interact with patients via Skype, FaceTime, or email. In an emergency requiring sheltering in place for several days or longer, such as an infectious disease outbreak:

- Ask your provider whether it would be possible to schedule remote appointments for mental health, substance use, or physical health needs.



- If you're worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider.
- In the event that your doctor is unavailable during shelter in place and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

What To Expect: After the “All Clear”

After a shelter in place order is lifted, most people will be able to resume normal activities. Some people, including children, may have a hard time getting back to usual routines. To support children:

- Explain that the danger is over and the situation was not their fault.
- Try to get back to normal routines and activities as soon as possible.
- Encourage them to talk or write about their feelings, but don't pressure them.



If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or use of drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed at right for a referral.

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: Text TalkWithUs to 66746

SMS (español): “Hablamos” al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

Website (español): <http://www.disasterdistress.samhsa.gov/espanol.aspx>

SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <http://www.suicidepreventionlifeline.org>

Website (español): <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

Treatment Locator

Behavioral Health Treatment Services Locator

Website: <http://findtreatment.samhsa.gov/locator/home>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: DTAC@samhsa.hhs.gov

Website: <http://www.samhsa.gov/dtac>

**Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*



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Tips for Survivors of a Disaster or Other Traumatic Event:

MANAGING STRESS

Important Things To Know About Disasters and Other Traumatic Events

If you were involved in a disaster such as a hurricane, flood, or even terrorism, or another traumatic event like a car crash, you may be affected personally regardless of whether you were hurt or lost a loved one. You can be affected just by witnessing a disaster or other traumatic event. It is common to show signs of stress after exposure to a disaster or other traumatic event, and it is important to monitor your physical and emotional health.

Possible Reactions to a Disaster or Other Traumatic Event

Try to identify your early warning signs of stress. Stress usually shows up in the four areas shown below, but everyone should check for ANY unusual stress responses after a disaster or other traumatic event. Below are some of the most common reactions.

YOU MAY FEEL EMOTIONALLY:

- Anxious or fearful
- Overwhelmed by sadness
- Angry, especially if the event involved violence
- Guilty, even when you had no control over the traumatic event
- Heroic, like you can do anything
- Like you have too much energy or no energy at all
- Disconnected, not caring about anything or anyone
- Numb, unable to feel either joy or sadness

YOU MAY HAVE PHYSICAL REACTIONS, SUCH AS:

- Having stomachaches or diarrhea
- Having headaches or other physical pains for no clear reason
- Eating too much or too little
- Sweating or having chills
- Getting tremors (shaking) or muscle twitches
- Being jumpy or easily startled



After the Event

Managing Your Tasks

If you've been involved in a disaster or other traumatic event, a number of tasks likely require your attention fairly urgently. First, make sure you are not injured, as sometimes survivors don't realize they've been physically hurt until many hours later. If you realize you've been injured, seek medical treatment before you do anything else. If you need to find a safe place to stay, work on that task next. Make sure to let a family member or friend know where you are and how to reach you. Secure your identification and any other papers you may need, such as insurance, bank, property, and medical records. Completing one task at a time may help you feel like you are gaining back some control, so make a list of the most important things you need to do. Remember to be patient with yourself. Take deep breaths or gently stretch to calm yourself before you tackle each task. Plan to do something relaxing after working for a while.

YOU MAY HAVE BEHAVIORAL REACTIONS, SUCH AS:

- Having trouble falling asleep, staying asleep, sleeping too much, or trouble relaxing
- Noticing an increase or decrease in your energy and activity levels
- Feeling sad or crying frequently
- Using alcohol, tobacco, illegal drugs or even prescription medication in an attempt to reduce distressing feelings or to forget
- Having outbursts of anger, feeling really irritated and blaming other people for everything
- Having difficulty accepting help or helping others
- Wanting to be alone most of the time and isolating yourself

YOU MAY EXPERIENCE PROBLEMS IN YOUR THINKING, SUCH AS:

- Having trouble remembering things
- Having trouble thinking clearly and concentrating
- Feeling confused
- Worrying a lot
- Having difficulty making decisions
- Having difficulty talking about what happened or listening to others

Practical Tips for Relieving Stress

These stress management activities seem to work well for most people. Use the ones that work for you.

Talk with others who understand and accept how you feel. Reach out to a trusted friend, family member, or faith-based leader to explore what meaning the event may have for you. Connect with other survivors of the disaster or other traumatic events and share your experience.

Body movement helps to get rid of the buildup of extra stress hormones. Exercise once daily or in smaller amounts throughout the day. Be careful not to lift heavy weights. You can damage your muscles if you have too much adrenaline in your system. If you don't like exercise, do something simple, like taking a walk, gently stretching, or meditating.

Take deep breaths. Most people can benefit from taking several deep breaths often throughout the day. Deep breathing can move stress out of your body and help you to calm yourself. It can even help stop a panic attack.

Listen to music. Music is a way to help your body relax naturally. Play music timed to the breath or to your heartbeat. Create a relaxing playlist for yourself and listen to it often.

Pay attention to your physical self. Make sure to get enough sleep and rest each day. Don't leave resting for the weekend. Eat healthy meals and snacks and make sure to drink plenty of water. Avoid caffeine, tobacco, and alcohol, especially in large amounts. Their effects are multiplied under stress and can be harmful, just making things worse.



Use known coping skills. How did you handle past traumatic events like a car crash or the death of a loved one? What helped then (e.g., spent time with family, went to a support group meeting)? Try using those coping skills now.

When Your Stress Is Getting the Best of You

Know that distressing feelings about a disaster or traumatic event usually fade over time (2–4 weeks after the event) as you get back to routines—and especially if you have engaged in some ways to help yourself. Try to use some of these tips several times a week.

If you or someone you care about continues to show signs of stress and you are becoming concerned about him or her, you may want to reach out for some extra help. Contact one of the **Helpful Resources** listed on the next page.

Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

Treatment Locators

Mental Health Treatment Facility Locator

Toll-Free: 1-800-789-2647 (English and español)

TDD: 1-866-889-2647

Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov

Website: <http://www.mentalhealth.gov>

*MentalHealth.gov provides U.S. government information
and resources on mental health.*

Substance Abuse Treatment Facility Locator

Toll-Free: 1-800-662-HELP (1-800-662-4357)

(24/7 English and español); TDD: 1-800-487-4889

Website: <http://www.findtreatment.samhsa.gov>

Hotlines

National Suicide Prevention Lifeline

Toll-Free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <http://www.samhsa.gov>

*This resource can be found by accessing the Suicide Prevention
Lifeline box once on the SAMHSA website.*

Workplace Helpline

Toll-Free: 1-800-WORKPLACE (1-800-967-5752)

Website: <http://workplace.samhsa.gov>

Office for Victims of Crime*

Toll-Free: 1-800-851-3420, or 301-519-5500

TTY: 301-947-8374

Website: <http://www.ojp.usdoj.gov/ovc/ovcres/welcome.html>

**Note: Inclusion of a resource in this fact sheet does not imply endorsement by
the Center for Mental Health Services, the Substance Abuse and Mental Health
Services Administration, or the U.S. Department of Health and Human Services.*

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>



HHS Publication No. SMA-13-4776
(Revised 2013)



Tips for Disaster Responders:

RETURNING TO WORK

INTRODUCTION

Disaster responders make valuable contributions to communities across the nation. Whether you work on the front lines or behind the scenes during a disaster response assignment, you provide essential services to those who need them. Disaster response work is both stressful and rewarding, and it provides a unique perspective for everyone involved. The stress created by this experience can sometimes cause adjustment difficulties for disaster responders returning to work. This tip sheet can help ease your transition back to routine work.

STRESS PREVENTION AND MANAGEMENT

Strengthening Stress Management Skills

While it is a good idea to take some time to reorient yourself and get sufficient sleep after a disaster assignment, some experts suggest that responders first go back to work for a day or two to get reacquainted with their colleagues and responsibilities, and then take some personal time off. This may help ease any anxiety about possible unknowns awaiting you at work. The flexibility and amount of personal time varies by employer, so check the policies

of your workplace or consult with your human resources representative for guidance.

Because work conditions in disaster response are not ideal, you may have difficulty taking proper care of yourself during this time. When your disaster response assignment is over, it is especially important to focus on addressing your basic needs. For example, ensuring that you are physically healthy can increase your resilience and decrease the effects of trauma exposure. To prevent and manage your stress, practice the following self-care tips:

- Maintain a healthy diet, and get routine exercise and adequate rest.
- Spend time with family and friends.
- Pay attention to health concerns.
- Catch up on neglected personal tasks (e.g., check mail, pay bills, mow the lawn, shop for groceries).
- Reflect upon what the experience has meant personally and professionally, for both you and your loved ones.
- Make sure you and your loved ones have a preparedness plan.

TIPS FOR DISASTER RESPONDERS:
RETURNING TO WORK

Expecting the Unexpected—Common Difficulties and Tips for Coping With Them

When transitioning from your disaster assignment to your routine duties, you may notice changes in yourself, your coworkers, or your work environment. A few potential difficulties are described below, along with some tips on how to overcome them.

Pace change. The disaster response environment often moves at a pace much faster than that of the normal workplace, and you may find that you have grown accustomed to this rapid pace. When returning to your routine work, it may appear as though people are moving at a much slower pace than you remember. It is easy to misinterpret this behavior. Remember, it is probably you who have changed, not your colleagues. ***Try to refrain from judging, criticizing, or making assumptions about your colleagues' work pace.***

Unrelenting fatigue. Sometimes excessive stress results in never feeling rested. You often experience extreme fatigue when you first return from your assignment, even if you feel like you are getting a sufficient amount of sleep. This may be a result of several factors, such as the stress hormones moving out of your body and allowing



you to relax, or your body trying to recover.

You may need more rest than you realize. If extreme fatigue persists for more than 2 weeks, consider seeing a physician. See the **Helpful Resources** section of this tip sheet for more information on finding support and services.

Cynicism. During disaster work you often see the worst in individuals and systems, and it is easy to become cynical. These feelings are expected and usually diminish over time. ***Review the successes and positive results from your assignment, and try to focus on seeing the best in individuals and systems. Over time, this perspective will help you maintain a more optimistic outlook.***

Dissatisfaction with routine work. Saving lives and protecting our fellow citizens' health and safety can be rewarding and energizing, and most work does not provide such dramatic and immediate reinforcement. When you first return to your regular job, you might feel as though your daily work lacks the same level of meaning and satisfaction. These feelings are common among those who alternate between high-stress environments, such as disaster work, and more traditional professional settings. To counter these feelings, incorporate the positive things you have learned during disaster response into your personal and professional life. ***Recognize that everyone has a job to do and that even the smallest effort contributes to our well-being. Learn to appreciate your routine work as well as everyone else's.***

Easily evoked emotions. Sometimes the combination of intense experiences, fatigue, and stress leaves you vulnerable to unexpected emotions. For example, you may cry more easily than before, be quick to anger, or experience

dramatic mood swings. These are fairly common reactions among disaster responders that typically subside over time. ***In the meantime, be aware of your reactions; discuss your experiences with trusted coworkers, friends, and loved ones; and try to limit comments that might be hurtful or upsetting to others.***

Relating your experiences. While you may want to share your experiences with others, some information may be too difficult for others to hear. ***Exercise care when discussing your disaster response experiences and know that it can be harmful to others to hear you describe disturbing scenes.*** Make sure to refrain from talking about the negative aspects of the work while in the presence of children or others who are emotionally vulnerable. Children are also strongly affected by how their parents cope with traumatic stress. The better you are able to use positive coping skills and address your experiences in a positive manner, the more likely your family will do so as well.

Difficulties with colleagues and supervisors. You may not experience a “welcome back” from your colleagues and supervisors that meets your expectations. Your coworkers may resent the additional workloads they had in your absence or not understand the difficult nature of the work you did. They also may resent the recognition that you are receiving as a responder. ***To cope with any negative feelings you may have about your colleagues, try to express appreciation for their support during your assignment, and take care in relating your experiences.***

Cultural differences. Culture affects how an individual reacts to intense experiences. Some colleagues may want to celebrate you, others may feel you need caretaking, and others may decide that you need time on your own. ***Find***



ways to express your needs so that you are true to yourself but also sensitive to your team members' efforts to be supportive.

When To Seek Help

Stress is an anticipated reaction to situations like disasters and other traumatic events. Sometimes it may be difficult to determine whether your symptoms are a result of a physical illness, stress, or a combination of the two. You may need more support, however, if you experience any of the symptoms below or have other concerns that persist for more than 2 weeks:

- Disorientation (e.g., appearing dazed, experiencing memory loss, being unable to give the date or time or recall recent events)

- Depression (e.g., continuing sadness, withdrawing from others)
- Anxiety (e.g., feeling constantly on edge or restless; having obsessive fear of another disaster)
- Acute psychiatric symptoms (e.g., hearing voices, experiencing delusional thinking)
- Inability to care for oneself (e.g., not eating, bathing, or handling day-to-day life tasks)
- Suicidal or homicidal thoughts or plans; pervasive feelings of hopelessness or despair
- Problematic use or misuse of alcohol, prescription medication, or other drugs
- Domestic violence, child abuse, or elder abuse

If you are experiencing consistent or severe stress, there are several things you can do. You can check to see if your employer provides access to an Employee Assistance Program (or “EAP”). You may also choose to contact your primary care physician who can help to rule out a medical problem or provide a referral to a licensed mental health professional. You can also download SAMHSA’s new Disaster Behavioral Health App and access resources specific to the post-deployment phase, including tips for re-entry (for responders, supervisors, and family members). Additional supports and services can be found in the **Helpful Resources** section below.

Helpful Resources

Substance Abuse and Mental Health Services
Administration Disaster Technical Assistance
Center (SAMHSA DTAC)
Toll-Free: 1-800-308-3515
Website: <http://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

U.S. Department of Veterans Affairs*
National Center for Posttraumatic Stress Disorder (PTSD)
PTSD Information Voicemail: 1-802-296-6300
Website: <http://www.ptsd.va.gov>

U.S. Department of Homeland Security: FirstResponder.gov*
Website: <http://www.firstresponder.gov>

Federal Occupational Health*
Employee Assistance Program for Federal and Federalized
Employees
Toll-Free: 1-800-222-0364
TTY: 1-888-262-7848
Website: <http://www.foh.hhs.gov/>

*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Treatment Locators

Mental Health Treatment Facility Locator
Toll-Free: 1-800-789-2647 (English and español)
TDD: 1-866-889-2647
Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov
Website: <http://www.mentalhealth.gov>
MentalHealth.gov provides U.S. government information and resources on mental health.

Substance Abuse Treatment Facility Locator
Toll-Free: 1-800-662-HELP (1-800-662-4357)
(24/7 English and español); TDD: 1-800-487-4889
Website: <http://www.findtreatment.samhsa.gov>

Hotlines

National Suicide Prevention Lifeline
Toll-Free: 1-800-273-TALK (1-800-273-8255)
TTY: 1-800-799-4TTY (1-800-799-4889)
Website: <http://www.samhsa.gov>
This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

SAMHSA Disaster Distress Helpline
Toll-Free: 1-800-985-5990 Text “TalkWithUs” to 66746
Website: <http://disasterdistress.samhsa.gov>



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(Revised 2014; previously NMH05-0219)



Tips for College Students: AFTER A DISASTER OR OTHER TRAUMA

If you have experienced a disaster such as a hurricane or flood, or other traumatic event such as a car crash, you may have distressing reactions like feeling anxious or afraid. It's also pretty common to think about the event often, even if you were not directly affected and especially if you saw it on television. No reactions are wrong or right. Most responses are just normal ways of reacting to the situation.

Tips for Coping

- **Talk About It.**

One of the most helpful things to do is to connect with others. Don't isolate yourself. Talk with someone about your sadness, anger, and other emotions, even though it may be difficult to get started. Find a peer who will understand and accept your feelings, or a trusted professor, counselor, or faith leader. Call home to talk with your parents or other caregivers (for example, your Resident Assistant if you are living on campus). Share your feelings and concerns with them, or visit the Student Health Center for any physical or emotional concerns.

- **Take Care of Yourself.**

Rest when you need to. Eat healthy meals and snacks when they are available, and drink plenty of water.

- **Calm Yourself.**

Move the stress hormones out of your body:

- Deep breathing or breathing that emphasizes the exhale is really helpful in reducing stress.
- Simple exercises like walking or gentle stretching such as yoga helps get rid of stress.



- **Give Yourself a Break—**

- Turn Off the Television/Radio.**

- Take breaks from watching news coverage of the event or listening to radio reports.

- **Avoid Using Alcohol, Drugs, and Tobacco.**

- They will not help you deal with stress, especially right after a traumatic event. They usually just make things worse.

- **Get Back to Your Daily Routines.**

- Do the things you would normally do, even if you don't feel like it. It's a good way to regain a sense of control and help you feel less anxious.

- **Get Involved in Your Community.**

- Engaging in positive activities like group discussions and candlelight vigils can help bring you comfort and promote healing. They also help you realize you are not alone. Volunteering is a great way to help and can create a sense of connectedness and meaning. Try something you think you'd like to do. For example, answer hotlines, distribute clothing, or join a food drive.

- **Help Others.**

- If you are trying to help a friend, make sure to listen attentively (for example, avoid looking at your cell phone) to find out where he or she is in the coping process. Others may have different responses from you, so try to accept their feelings. If you are concerned about them, contact one of the resources on this tip sheet for help.

- **Remember.**

- If a trauma was caused by a violent act, it is common to be angry at people who have caused great pain. Know that nothing good can come out of more violence or hateful acts.



We tend to remember traumatic events like disasters all our lives, but the pain will decrease over time, and even though it hurts, we usually do get stronger.



Be honest with yourself and accept your feelings—even if you have a sense of uncertainty. Things may seem off balance for a while, but most people start to feel differently after a week or two, especially if they get back to regular routines. Think about what you may have learned that might be helpful to you in the future. Do you feel this tragedy made you more adaptable or more self-reliant?

If you continue to experience emotional distress for 2–4 weeks after a disaster or other traumatic event, or if you just want to talk with a professional, see the **Helpful Resources** on the next page to help you or someone you know recover.

Common Reactions of Survivors of Disasters and Other Traumatic Events

- Having trouble falling asleep or staying asleep
- Feeling like you have no energy or like you are always exhausted
- Feeling sad or depressed
- Having stomachaches or headaches
- Feeling like you have too much energy or like you are hyperactive
- Feeling very irritable or angry—fighting with friends or family for no reason
- Being numb—not feeling at all
- Having trouble focusing on schoolwork
- Having periods of confusion
- Drinking alcohol or using illicit drugs or even legal medications to stop your feelings
- Not having any appetite at all, or just the opposite—finding that you are eating too much
- Thinking that no one else is having any of the same reactions and that you are alone in dealing with your feelings

Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

Treatment Locators

Mental Health Treatment Facility Locator

Toll-Free: 1-800-789-2647 (English and español)

TDD: 1-866-889-2647

Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov

Website: <http://www.mentalhealth.gov>

MentalHealth.gov provides U.S. government information and resources on mental health.

Substance Abuse Treatment Facility Locator

Toll-Free: 1-800-662-HELP (1-800-662-4357)

(24/7 English and español); TDD: 1-800-487-4889

Website: <http://www.findtreatment.samhsa.gov>

Hotlines

National Suicide Prevention Lifeline

Toll-Free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <http://www.samhsa.gov>

This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

National Dating Abuse Helpline*

Toll-Free: 1-866-331-9474 Text "loveis" to 77054

National Domestic Violence Hotline*

Toll-Free: 1-800-799-SAFE (7233); TTY: 1-800-787-3224

Office for Victims of Crime*

Toll-Free: 1-800-851-3420, or 301-519-5500

TTY: 301-947-8374

Website: <http://www.ojp.usdoj.gov/ovc/ovcres/welcome.html>

The Rape Abuse and Incest National Network (RAINN)*

operates the 24/7 confidential National Sexual Assault Hotline.

Toll-Free: 1-800-656-HOPE (1-800-646-4673)

Additional Behavioral Health Resources

National Child Traumatic Stress Network

Website: <http://www.samhsa.gov/traumaJustice>

This behavioral health resource can be accessed by visiting the SAMHSA website and then selecting the related link.

Administration for Children and Families

Website: <http://www.acf.hhs.gov>

*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>



HHS Publication No. SMA-13-4777
(Revised 2013)



Tips for Health Care Practitioners and Responders: HELPING SURVIVORS COPE WITH GRIEF AFTER A DISASTER OR TRAUMATIC EVENT

Introduction

Grief is the normal response of sorrow, heartache, and confusion that comes from losing someone or something important. Grief can also be a common human response after a disaster or other traumatic event. As a health care practitioner or responder, you will need to help others cope with and manage their grief after a disaster or other traumatic event—even if you are experiencing grief yourself.

This tip sheet offers health care practitioners and responders guidelines for communicating with survivors experiencing grief. Background information about the grieving process and what happens when the grief process is interrupted and complicated or traumatic grief occurs is included as well as helpful resources for additional assistance.



Health care practitioners and responders have an opportunity to greatly reduce survivors' fear and anxiety through compassionate communication.

Tips for Communicating With Survivors

Health care practitioners and responders have an opportunity to greatly reduce survivors' fear and anxiety through compassionate communication. Positive or negative intervention at this stage can affect the long-term grief process. Whether talking with a survivor or family member who is coping with a loss, or addressing a group of survivors or other professionals, be sure that you communicate in these ways:

- Clearly identify yourself and your role.
- Communicate calmly. Make eye contact and use an open posture (avoid crossing your arms or legs, lean forward, and stand or sit directly facing the person or group).
- Communicate warmth. Express empathy, use a soft tone and welcoming gestures, and listen carefully.
- Speak slowly. Repeat yourself, if necessary.
- Do not use euphemisms. For example, state very clearly that their loved one has died or is missing.
- Be factual and gentle and do not engage in speculation or make broad statements like "everything will be ok."
- Acknowledge the emotions of those who are suffering. Speak to the person with respect.
- Use concrete questions to help the person focus. Use closed-ended questions—questions the person can answer with a yes or a no, or by providing specific information—and explain why you are asking the question.
- Listen and allow for emotional expressions or crying without interruption.
- Do not answer questions outside of your expertise. Refer people to appropriate experts.
- Avoid using examples from your own life, and keep the focus on those currently suffering.
- Look for cues in body language, and ask if they would like to be left alone.
- Suggest the survivor contact support resources, such as family members, medical professionals, or religious leaders.



What Is Complicated or Traumatic Grief?

After a disaster or other traumatic event, many factors can disrupt the normal process of grieving, raising the risk for complicated or traumatic grief. Whether a disaster is natural or human-caused, grief at the loss of loved ones may be compounded by sorrow and anger at the loss of home and possessions, as well as fear or anxiety about the loss of a sense of safety and security in the community. In some cases, meeting immediate physical needs after a disaster may take priority over grieving the loss of life, which can delay, prolong, or complicate the normal grieving process.

Complicated or traumatic grief is grief that does not end and does not help individuals to make progress toward getting back to their usual activities and routine. For most people, intense feelings of grief will lessen gradually over time, beginning to ease within 6 months of the loss. But those with complicated or traumatic grief may not feel any reduction of grief over many months or even years. Their feelings of sadness, anger, and loneliness may even become more intense over time.

Survivors may experience some of the following symptoms of complicated or traumatic grief:

- Feeling deeply angry about the death or loss
- Being unable to think about anything but their loved one
- Not wanting any reminders of the loved one at all
- Having nightmares or intrusive thoughts
- Feeling deep loneliness and longing for the person they lost
- Feeling distrustful of others
- Feeling unable to maintain regular activities or responsibilities
- Feeling bitterness about life and envying others not affected by grief
- Being unable to enjoy life or remember happy times with their loved one

How Do Disasters Raise the Risk for Complicated or Traumatic Grief?

The circumstances of a natural or human-caused disaster or other traumatic event can affect the way that survivors experience grief. These factors may increase their risk for complicated or traumatic grief:

- Sudden, traumatic, or violent death
- Death of a child
- Multiple deaths and widespread grief
- Lack of tangible evidence of a loved one's death
- The unavailability of support from others, often because they are coping with their own losses
- Devastating loss—including loss of loved ones, property, community, and employment—that overwhelms an individual's coping capacity



What Does Grief Look Like?

Grief is a part of life. It is a reaction to death, divorce, job loss, a move, or loss of health due to illness. It can also occur after natural and human-caused disasters or other traumatic events. Often after a death or loss, people report feeling empty and numb, or unable to feel joy or sadness. Anger is also a common reaction. You'll want to pay attention to survivors' physical reactions to grief and anger, which include the following:

- Trembling or shakiness
- Muscle weakness
- Nausea and trouble eating
- Trouble sleeping and difficulty breathing
- Dry mouth

People experiencing grief may have nightmares, withdraw socially, and have no desire to participate in their usual activities.



How Long Does Grief Usually Last?

When assisting survivors, keep in mind that grief is different for every person and every loss. The manner of the death or loss can affect how long a survivor experiences grief. How long he or she grieves will also depend on personal circumstances.

Survivors who have recently experienced a death of someone close to them, or who have experienced a disaster or other traumatic event, may have difficulty imagining an end to the pain they are feeling. They may also go through and make positive changes in their lives. Survivors may experience the following:

- Feeling the pain of loss without resisting or avoiding it
- Adjusting to a new reality in which a loved one is no longer present
- Forming new relationships

As you work with survivors following a disaster or other traumatic event, keep in mind that there are many resources available at the state and federal level, including 24/7 SAMHSA helplines. You can refer survivors to the appropriate agency listed on this page and encourage them to access additional tips and resources in the SAMHSA tip sheet *Tips for Survivors: Coping With Grief After a Disaster or Traumatic Event*.

Helpful Resources

SAMHSA Disaster Technical Assistance Center

Toll-free: **1-800-308-3515**

Website: <https://www.samhsa.gov/dtac>

SAMHSA Behavioral Health Disaster Response Mobile App

Website: <https://store.samhsa.gov/product/PEP13-DKAPP-1>

Administration for Children and Families

Website: <https://www.acf.hhs.gov>

Mental Health America*

Website: <http://www.mentalhealthamerica.net>

National Alliance on Mental Illness (NAMI)*

Toll-free helpline: **1-800-950-NAMI (1-800-950-6264)**

Website: <https://www.nami.org>

Treatment Locators

Behavioral Health Treatment Facility Locator

Toll-free: **1-800-662-HELP (1-800-662-4357)** (24/7 English and español)

TDD: **1-800-487-4889**

Website: <https://www.findtreatment.samhsa.gov>

MentalHealth.gov

Website: <https://www.mentalhealth.gov>

MentalHealth.gov provides U.S. government information and resources on mental health.

Helplines

SAMHSA Disaster Distress Helpline

Website: <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Call **1-800-985-5990** or text “TalkWithUs” to **66746** to get help and support 24/7.

National Suicide Prevention Lifeline

Toll-free: **1-800-273-TALK (1-800-273-8255)**

TTY: **1-800-799-4TTY (1-800-799-4889)**

Website: <https://www.samhsa.gov>

This resource can be found by accessing the National Suicide Prevention Lifeline box on the SAMHSA website.

*Note: The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).





Tips for Disaster Responders:

UNDERSTANDING COMPASSION FATIGUE

Disaster behavioral health response work can be very satisfying, but it can also take its toll on you. In this tip sheet, you will learn about the causes and signs of compassion fatigue (CF) and tips for how to prevent it from happening to you.

Research indicates that CF is made up of two main components: burnout and secondary traumatic stress.¹ When experiencing burnout, you may feel exhausted and overwhelmed, like nothing you do will help make the situation better. For some responders, the negative effects of this work can make them feel like the trauma of the people they are helping is happening to them or the people they love. This is called secondary traumatic stress. When these feelings go on for a long time, they can develop into “vicarious trauma.” This type of trauma is rare but can be so distressing that the way a person views the world changes for the worse.

The Risks of Being a Disaster Behavioral Health Responder

Willingness to be in the trenches when responding to a disaster is one of the things that makes you credible and trustworthy to survivors. This usually means you live in conditions similar to those of disaster survivors. For example, you may have trouble finding enough food, let alone

nutritious food. You may struggle with lack of personal space and privacy. You are likely to experience disruptions in sleep due to hectic work schedules or surrounding noise. These things can wear you down behaviorally, cognitively, physically, spiritually, and emotionally. You may also become more vulnerable to feeling the acute traumatic stress, sorrow, and anger of the people you help. You may even experience feelings of guilt for surviving the disaster. When this happens, you may have trouble understanding the risks to your own health and safety.

Signs of Burnout and Secondary Traumatic Stress

It is important to acknowledge the limitations of your skills and your own personal risks (such as a history of trauma) and other negative aspects of the disaster response experience (e.g., gruesome scenes or intense grieving) so that you recognize how they may be affecting your feelings as well as your behavior. Some responders may experience several of the following signs of burnout and the more serious component of CF, secondary traumatic stress. Remember, not all disaster behavioral health responders will experience every symptom.

¹ Huggard, P., Stamm, B.H. & Pearlman, P.A. (in press). Physician stress: Compassion satisfaction, compassion fatigue and vicarious traumatization. In C.R. Figley & P. Huggard (Eds.), *First do no self-harm: Understanding and promoting physician stress resilience*. USA: Oxford University Press.

When you experience burnout, a symptom of CF, you may have some of the following feelings:

- As if nothing you can do will help
- Tired—even exhausted—and overwhelmed
- Like a failure
- As though you are not doing your job well
- Frustrated
- Cynical
- Disconnected from others, lacking feelings, indifferent
- Depressed
- As if you need to use alcohol or other mind-altering substances to cope

Signs of secondary traumatic stress, a more serious component of CF, may include the following:

- Fear in situations that others would not think were frightening
- Excessive worry that something bad will happen to you, your loved ones, or colleagues
- Easily startled, feeling “jumpy” or “on guard” all of the time
- Wary of every situation, expecting a traumatic outcome
- Physical signs like a racing heart, shortness of breath, and increased tension headaches
- Sense of being haunted by the troubles you see and hear from others and not being able to make them go away
- The feeling that others’ trauma is yours

If you are experiencing any of these signs of stress, talk with a friend or colleague, seek wise counsel from a trusted mentor, or ask your

supervisor to help you determine a course of action. You may also consider seeking help from a qualified mental health professional.

Tips for Coping With Compassion Fatigue

Traditionally, disaster workers have been trained to screen survivors for negative behavioral health effects. More recently, the field is also focusing on identifying survivor resilience, fostering strengths, and encouraging self-care. Just as you assist survivors in this process, you can apply this approach to yourself on a routine basis—even when not on a disaster assignment—to avoid CF. By focusing on building your strengths and carrying out self-care activities, you are contributing to your behavioral, cognitive, physical, spiritual, and emotional resilience. The following strategies can help you do just that:

- Focus on the four core components of resilience: adequate sleep, good nutrition, regular physical activity, and active relaxation (e.g., yoga or meditation).
- Get enough sleep or at least rest. This is of great importance, as it affects all other aspects of your work—your physical strength, your decision making, your temperament.
- Drink enough fluids to stay hydrated, and eat the best quality food that you can access.
- Complete basic hygiene tasks like combing your hair, brushing your teeth, and changing clothes when possible. Wearing clean clothes can make you feel better.
- Try to wash up, even just your hands and face, after you leave your work shift. Think of it as a symbolic “washing away” of the hardness of the day.

- Make time to learn about the people with whom you work. Taking time for conversations will help foster feelings of positive regard toward yourself and others.
- Engage with your fellow workers to celebrate successes and mourn sorrows as a group.
- Take time to be alone so you can think, meditate, and rest.
- Practice your spiritual beliefs or reach out to a faith leader for support.
- Take time away from the work when possible. Removing yourself from the disaster area can help you remember that not every place is so troubled.
- Try to find things to look forward to.
- Communicate with friends and family as best you can. If you do not have Internet or cell phone access or ways to mail letters, write to loved ones anyway and send the letters later.
- Create individual ceremonies or rituals. For example, write down something that bothers you and then burn it as a symbolic goodbye. Focus your thoughts on letting go of stress or anger or on honoring the memory, depending on the situation.

Prevention

When combined, the self-care practices mentioned above can help prevent the development of CF. Once you begin to routinely practice these healthy habits, they become part of your overall prevention plan. Not only do healthy habits strengthen your ability to cope while in the moment, they can help your body remember how to bounce back to a healthier state. Remember, prevention is part of a good preparedness plan.

Compassion Satisfaction

Compassion satisfaction (CS) refers to the sense of fulfillment you feel for the work you do. It can be a source of hope, strength, and ultimately resilience. This satisfaction with your work is also what allows you to face another day, another disaster, another tragedy. It is the quiet knowledge that what you do makes a difference, and that you possess the same strengths you see and support in the survivors with whom you work. Appreciating each encounter with a disaster survivor can add to your CS and help protect you from CF. Even when things do not go as well as you had hoped, you can try to appreciate these encounters, knowing that you took action and extended yourself to others. In these ways, CS can serve as a natural, protective tool against the negative aspects of disaster response work. By noticing, acknowledging, and appreciating the work you do, you can build CS in yourself and encourage it in your colleagues.



When To Get Help

Regular meetings with your supervisor and peer support group during and after a disaster assignment can be a significant help in managing stress and CF. But when signs and symptoms continue for more than 2 weeks or are truly

bothersome at any point, seek out professional help. You can start by contacting your employee assistance program or a primary care physician, who may be able to rule out any physical concerns and recommend a counselor or therapist familiar with traumatic stress. You can also download the SAMHSA Behavioral Health Disaster Response Mobile App and access a directory of behavioral health service providers in your area. Additional information is provided in the **Helpful Resources** section below.



Helpful Resources

Substance Abuse and Mental Health Services
Administration Disaster Technical Assistance
Center (SAMHSA DTAC)
Toll-Free: 1-800-308-3515
Website: <http://www.samhsa.gov/dtac>

SAMHSA's *National Recovery Month*
Website: <http://www.recoverymonth.gov>

SAMHSA Behavioral Health Disaster Response Mobile App
Website: <http://store.samhsa.gov/product/PEP13-DKAPP-1>

Federal Employee Assistance Program
Toll-Free: 1-800-222-0364
TTY: 1-888-262-7848
Website: <http://foh.hhs.gov/services/EAP/EAP.asp>

National Institute on Drug Abuse
Website: <http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment>

U.S. Department of Homeland Security: FirstResponder.gov*
Website: <http://www.firstresponder.gov>

U.S. Department of Veterans Affairs*
National Center for Posttraumatic Stress Disorder (PTSD)
PTSD Information Voicemail: 1-802-296-6300
Website: <http://www.ptsd.va.gov>

*Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Treatment Locators

Mental Health Treatment Facility Locator
Toll-Free: 1-800-789-2647 (English and español)
TDD: 1-866-889-2647
Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov
Website: <http://www.mentalhealth.gov>
MentalHealth.gov provides U.S. government information and resources on mental health.

Substance Abuse Treatment Facility Locator
Toll-Free: 1-800-662-HELP (1-800-662-4357)
(24/7 English and español); TDD: 1-800-487-4889
Website: <http://www.findtreatment.samhsa.gov>

Hotlines

SAMHSA Disaster Distress Helpline
Toll-Free: 1-800-985-5990 Text "TalkWithUs" to 66746
Website: <http://disasterdistress.samhsa.gov>

National Suicide Prevention Lifeline
Toll-Free: 1-800-273-TALK (1-800-273-8255)
TTY: 1-800-799-4TTY (1-800-799-4889)
Website: <http://www.samhsa.gov>
This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

Workplace Helpline
Toll-Free: 1-800-WORKPLACE (1-800-967-5752)
Website: <http://workplace.samhsa.gov>



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Tips for Survivors of a Disaster or Traumatic Event:

WHAT TO EXPECT IN YOUR PERSONAL, FAMILY, WORK, AND FINANCIAL LIFE

About Disasters and Traumatic Events

Disasters and traumatic events touch all of our lives. About two thirds of the U.S. population have reported experiencing at least one personal traumatic event before the age of 18.¹ Many people experience trauma due to natural disasters such as floods, hurricanes, and other storms and human-caused events like mass violence and terrorism. For some survivors, disasters can remind them of earlier trauma and make it harder to recover. But with good social support and coping skills, most survivors have the ability to recover and are quite resilient. For those who continue to suffer, help is available.

After a Disaster or Traumatic Event

What follows are examples of the types of emotional, behavioral, physical, and cognitive responses that are all common reactions to a disaster or other traumatic event.

WHAT TO EXPECT IN YOUR PERSONAL LIFE

Anxiety, sadness, and trouble sleeping are the most common responses to traumatic events. So are headaches and stomach aches, overeating, and loss of appetite. Grief may be felt intensely on and off for at least a year if someone has lost a loved one in the event.

Anger is a common response experienced more by men, while self-blame appears more often in women. Some people will look at what their lives were like prior to a trauma and make comparisons. Others may be concerned about their own and their family's safety. Additionally, everyone has different ways of coping, which can make people act differently than they usually do.

WHAT TO EXPECT IN YOUR FAMILY LIFE

The effect of a disaster or traumatic event goes far beyond its immediate devastation. It takes time for survivors to grieve and rebuild individual and family lives. Everyday routines may not return to normal for months, or even years, especially following a large-scale disaster or traumatic event. Alternate living conditions (e.g., temporary housing) can disrupt day-to-day activities and create shifts in roles and responsibilities, leading to strains in relationships. These disruptions in routine can make life unfamiliar or unpredictable and change everyone's expectations. Remember, also, that children's stress may be a reflection of how their parents are handling the stress.

¹ Centers for Disease Control and Prevention. (2012). The Adverse Childhood Experiences (ACE) study. Retrieved from <http://www.cdc.gov/ace/findings.htm>.

WHAT TO EXPECT IN YOUR WORK AND FINANCIAL LIFE

Workplace routines may change, or businesses may close altogether, if there is extensive physical damage to buildings and roads. Daily travel and commuting patterns may be disrupted because of the loss of a car or road reconstruction. The stress of a traumatic event may lead to poor work performance, and short tempers may surface at the workplace. Those who experience work disruptions may be unable to regain their previous standard of living, and reduced income may lead to unpaid bills. Seeking financial assistance to rebuild and repair damages can add to the already high levels of stress and frustration caused by the disaster or traumatic event.

WHAT HELPS

Everyone has different ways of coping, but there are some steps to recovery from a disaster or traumatic event that are known to help many people. Start by realizing that you survived the disaster or trauma and that life doesn't have to stop.

- **Talk with someone.** Connecting with and talking to others who accept and understand your feelings is the best way to help yourself. Reach out to a trusted friend, family member, or faith leader and talk about how you are doing.
- **Move your body.** It is the next best way to relieve stress. Try deep breathing, gentle stretching, and walking. These are the simplest exercises that can help. Other types of exercise can also relieve stress (use caution when lifting heavy weights, as excess adrenaline from stress can cause muscle damage).

- **Meditate and listen to music** timed to your breathing. These are effective ways to calm yourself.
- **Promote physical care** by eating healthy meals and snacks, getting enough rest, and drinking plenty of water. Model these behaviors for your family.
- **Reestablish routines.** Get back to doing the things you would normally do every day. This can help you regain a sense of control over your life and reduce anxiety.
- **Know that it's okay to celebrate successes** in the recovery process and have moments of joy even after a trauma. Return to doing things you enjoy as a family and spending time with friends.
- **Try not to let thoughts about the disaster or trauma take over your thinking.** If you are having difficulty making sense of the trauma or are questioning why this event happened, seek out a mental health professional or, if you prefer, speak with a trusted faith-based or spiritual leader.



- **Speak with a financial advisor.**

For help with financial matters, talking with a professional financial advisor may ease your stress and the feeling that you have to manage it alone. An advisor may have useful suggestions for addressing financial concerns, and may be able to help directly or to connect you with resources to help in other ways.



Signs That Survivors Need More Help Managing Stress

Sometimes excessive ongoing stress or medical problems that existed before the disaster or trauma can make recovery difficult. Some of the more serious signs of stress include the following:

- Disorientation or confusion and difficulty communicating thoughts
- Inability to see or hear properly
- Limited attention span and difficulty concentrating
- Feelings of becoming easily frustrated
- Overwhelming guilt and self-doubt
- Feelings of hopelessness
- Frequent mood swings or continuous crying
- Colds or flu-like symptoms
- Reluctance to leave home
- Fear of crowds, strangers, or being alone
- Increased use of illegal drugs, alcohol, or prescription medication.
- Worsening of existing medical problems.

If you or a member of your family experience trouble coping, or these signs continue for more than 2 to 4 weeks, ask for help. Consult a counselor or mental health professional, or see the **Helpful Resources** on the next page. In the workplace, you may be able to get assistance from your human resources department or your company's Employee Assistance Program.

Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

National Child Traumatic Stress Network

Website: <http://www.samhsa.gov/traumaJustice>

This behavioral health resource can be accessed by visiting the SAMHSA website and then selecting the related link.

Federal Emergency Management Agency (FEMA)*

Toll-Free: 1-800-621-FEMA (1-800-621-3362)

Website: <http://www.fema.gov>

Department of Veterans Affairs*

National Center for Posttraumatic Stress Disorder (PTSD)

PTSD Information Voicemail: 1-802-296-6300

Website: <http://www.ptsd.va.gov>

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Website: <http://workplace.samhsa.gov>

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Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>



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