

Gulf Oil Spill: Get the Facts

Community Responder's Handbook

Gulf Oil Spill: Get the Facts

How People Respond to Disaster

In talking to individuals or groups about any technological disaster, it is important to remember that everyone in the community, and often beyond, is affected by what has happened. The reactions you will see will vary greatly based on the individual's perceptions of the event and on their coping skills. Do not assume that because someone does not talk about the event or does not display emotion surrounding the event that they are not just as affected as the person who is always talking about it and displays a lot of emotion. Also do not assume that you know how someone else feels. It is also important to recognize that reactions to a disaster change over time. This is a normal process. For some people their reactions will lessen while others will show a greater

The way a person reacts to a disaster is related to:

- The degree of intensity of the disaster (the bigger the event is to the individual and community the bigger the reaction tends to be), and the loss that is experienced by the person. The greater the loss, as perceived by the individual, the greater their reaction tends to be in general and the more at risk they are to develop mental health issues later.
- A person's resilience (the ability to rebound from trauma) and how they have learned to cope in general play a major role in how that person will respond to a disaster. Individuals who have learned healthy ways to cope with disappointment, anger, stress, frustration, etc. while still just as impacted by the disaster tend to have less long term mental health issues. This is one of the reasons why it is so important during this crisis to focus on hope and resiliency for the individual as well as the community.
- Other stressful events that a person is coping with including those unrelated to the disaster affect how well the person can cope with the current event. Individuals and the community can at times feel overwhelmed and at such times may lose sight of any of the positive things that they and others are doing.
- The portion of the community who have sustained personal losses also impact how the individual may react to disaster. For some seeing others affected can bring a sense of shared community and working together for a common goal. For others the greater losses are overwhelming and may immobilize the person. Additionally if a large percentage of the community is negatively impacted community resources may be inadequate to support the community's needs during and after the disaster.
- The culture of the individual and community also plays a major role in how individuals are affected by disaster. A person's basic belief system and how they react are influenced by their culture. It is important to accept that individuals we are trying to help may have different belief systems than our own. During the crisis and recovery is not the time to try to convince someone to change their cultural beliefs. Approach individuals with a nonjudgmental attitude and one of respect.

Resilience is the key to recovery for both the individual and for the community. Resiliency is the ability to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence, and hope. The goal of outreach therefore is helping the individual find positive ways to cope with their situation now and in the future. By focusing on resiliency the possible long term mental health effects that are related to a disaster can be avoided for many.

How is the Gulf Oil Spill different from other disasters that we have experienced in this area?

Not all disasters are the same, nor are their effects on the individual or community the same. Part of the impact depends on the individual's and the community's ability to cope with the short-term and long-term effects of the disaster and their overall resilience. Research does show that there are some common differences between naturally occurring disasters and disasters that are man made. Outlined below are some generalities related to natural and short term disasters.

Natural disasters are naturally occurring events such as hurricanes, tornadoes, floods, etc that affect the environment and leads to financial, environmental and/or human losses. Technological disasters are man-made catastrophic events which result in toxic contamination of the environment and leads to financial, environmental and/or human losses.



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Natural disasters typically follow a pattern of:

- **warning** : the event might happen in your area, which allows at least minimal time to prepare, to flee, to gather together, etc
- **threat**: event is expected to impact your area
- **impact**: the event happens-the hurricane hits your area
- **rescue**: the event is over and you help those in immediate need get to safety
- **inventory**: you assess the damage done to personal property and to the community
- **remedy**: begin process of fixing most immediate infrastructures
- **recovery**: individuals and community rebuild toward pre-disaster conditions
- **rehabilitation**: restoration of community and impacted environmental areas

Technological disasters are largely unpredictable in nature. With technological disasters the individual and community are immediately at the impact stage and may remain at this stage for a long period of time. While still at the impact stage communities and individuals have to also work on recovery. This chronic impact leads to prolonged distress and stress which takes a toll on the individual and the community.

Following a natural disaster there tends to be an outpouring of help and coordinated relief efforts. With technological disasters the tendency is to wait for the entity responsible for the disaster to take responsibility and lead the clean-up efforts. At the same time there may be outside organizations coming in to lead recovery efforts that do not coordinate with the local agencies. Individuals have to rely on community resources which may be scarce or inadequate to meet the demands of the event.

After a natural disaster the community and individuals tend to pull together in a united effort to return to pre-disaster conditions. A therapeutic community with common goals and directions is formed. With a technological disaster, the response is not as coordinated and is not as focused on the community and individual recovery as it is on containing the disaster. Outsiders with little or no connection to the area may be leading the recovery efforts. The uncertainties and fears related to the long-term consequences of a technological disaster foster high levels of stress, anxiety and conflict. Individuals have to seek help, which is often a very confusing and lengthy process. Involvement in long term litigation also adds to the stress level and can create conflict within the community as the goals of the litigation may be different for parties involved. All of this can lead to disruption and corrosion within the community. Instead

of working together and healing together, individuals may find themselves at odds with others and organizations.

In both a natural disaster and a technological disaster individuals and the community may suffer from ongoing stress related to secondary trauma. Secondary trauma is the indirect consequences of the disaster. This may include supply and housing shortages, job loss, economic impacts, ongoing disruptions in daily life, litigation, flood of media, conflicts among politicians and government entities. The secondary impacts may occur later and cause longer term consequences in a technological disaster.

After a natural disaster the individual and community can rebuild toward a pre-disaster state of being and toward closure. The ecosystem can begin recovery and re-growth. The impacts of a technological disaster are long-term, often unknown, and lack closure. Often there remains possible ongoing physical health, mental health, economic, and ecological problems/damage – as well as lingering primary and secondary effects on the community and individual.

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Some common community reactions to a technological disaster include:

- Outsiders taking over
- Frustration by magnitude of the circumstances
- Lack of trust about the responders and their long term goals
- Threats to public health
- Threats to local resources
- Lack of communication
- Suspended or overwhelmed business functions
- Varying viewpoints leading to divisiveness
- Employment disruption; workers leaving to work on response
- Excess demands on public services
- Wanting to volunteer but not knowing where, or training is needed
- Concerns regarding future financial stability of the community
- Feeling a loss of control and power
- Collective anger, hopelessness, depression

Unique to our Community

There are several factors unique to our area that impact how we as individuals and as a community react to the oil spill. These include our identity with the beach and the cumulative effects of disaster.

Our Identity

Our beaches play a huge role in our lives. Commercial and sport fishing, tourism, restaurants, and recreational activities, etc. all rely on our beaches and the Gulf waters. But beyond that, many individuals, identify personally with the beaches. Even those who rarely go to the beach still identify it as “my beach”. This identity of the individual and community to our beaches may make our reactions different or more intense than what you see in other types of disasters. It has the potential to bring people together to work on a common cause and can help in the recovery process.

Cumulative Effect of Disaster

Our area has been hit hard in recent years by hurricanes and the economic downturn. During these tough times we have learned skills that have helped us cope. We need to rely on these skills to help us deal with the oil spill and its effects. The downside to having been through previous disasters is that dealing with continued stress on an ongoing basis is draining.

Normal Reactions to Disaster

Everyone who deals with any type of a disaster, including the Gulf oil spill will have some type of reaction to it. It is important to let people know that how they are feeling is normal given the

situation. Talking about your feelings and staying connected to others is one of the best things you can do to help deal with these feelings. Listed below are some normal reactions to disaster and what you might see as you are working with people effected by the oil spill.

- Anxiousness
- Shock
- Numbness
- Disbelief
- Denial
- Sadness
- Grief
- Anger
- Wanting to strike back
- Withdrawal
- Isolation
- Trouble concentrating
- Trouble making decisions
- Disturbing memories
- Sleep problems
- Appetite problems
- Stress related health problems
- Conflict with family and co-workers

Offering reassurances to people about how they are feeling is a tremendous help and support to them. Not everyone will experience stress reactions or long-term emotional effects.

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Phases of Psychological Recovery

As individuals work through their feelings related to the disaster they often go through various stages. There is no set time frame to any of the stages, and sometimes the person may move back to a previous stage instead of forward to the next stage. Some individuals will also skip stages. Having a general understanding of what stage a person is in can help you tailor your responses better. It also helps you to identify what types of skill building could help the person as they move through the different stages. The stages are described below.

Heroic

The person experiences very strong emotions (both positive and negative) and may need help in coping with them. The person may be very altruistic and focused on helping others and not as aware of their own needs.

Honeymoon

There are promises of help and reconstruction from outside agencies and sources; the person feels optimistic about their ability to recover with this support.

Disillusionment

The person begins to feel pessimistic and perhaps experiences some feelings of hopelessness. Promises of help are tangled in red tape or not forthcoming. The day-to-day experiences of dealing with the aftermath of the disaster seem overwhelming.

Reconstruction

The person is able to recognize the control that they do have in their own lives and begin to work on rebuilding their own life and in helping the community rebuild.

Children and the Oil Spill

Children can also be affected by the oil spill. It is important to pay attention to what they are saying and how they are acting. Children often express their feelings through play. Do not be alarmed if you see this. It is normal way for children to act out events. How a child copes is often determined by how their parent/caregiver copes. Children detect their parent's fears and anxiety even if they do not know what has caused them. Adults can help children cope with trauma by developing positive ways to cope themselves. Talk to children in an age appropriate manner about what is going on. Do not feed their anxiety but do not ignore it either.

Children may need more verbal reassurance and time with loved ones during times of disaster. Make sure you plan for this. Spending quality time with your children can also help you cope

better. Do not forget the importance of play time for children (and adults). Carve out time to do fun things together.



Children are influenced by media coverage. Limiting how much media exposure they get can help reduce the traumatizing effects of overexposure to talk and images of the oil spill. Being available to discuss items seen on TV, the internet, heard on the radio, or read in the paper is helpful.

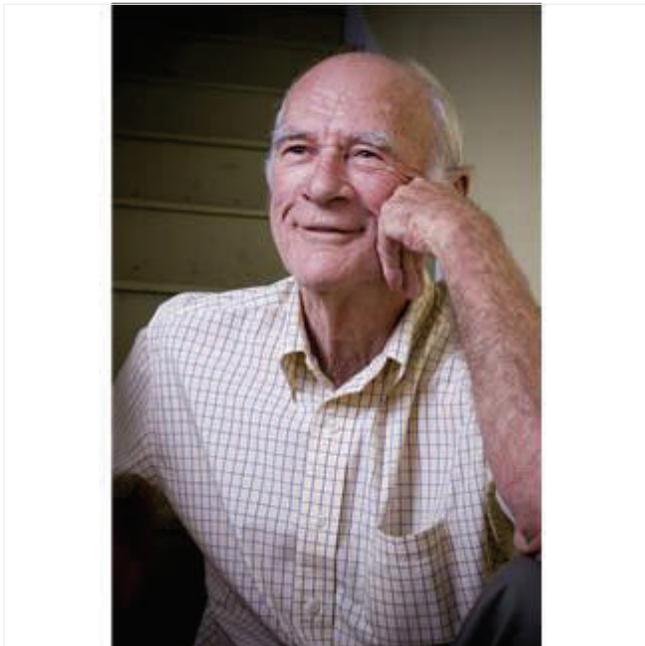
For some children finding a way to contribute to the recovery efforts can be comforting. Cleaning the beach may be too traumatic and not age appropriate, but saving pennies or collecting rags for the local wildlife rescue shelter, or other such activities give the direction and purpose. We all like to feel like we have something to contribute.



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The Elderly and Disasters

The elderly can be more vulnerable to the affects of disaster especially if they have to rely on others to have some of their basic needs met. This reliance can increase fear and anxiety during a disaster. Poor physical health, isolation, and limited financial resources also contribute to higher stress reactions following a disaster. Offering support and connecting the elderly to others is an important part of helping them cope with the current disaster.



However the elderly have strengths that help them cope, often times better than younger adults. The older you are the more you have experienced of life. This gives you a different “lifetime” perspective than what a younger person is capable of. Additionally you have experienced and recovered from trauma in the past and can use this knowledge to help you get through the current effects of the oil spill. Often the elderly are more resilient and less anxious post disaster than others in the community.

Individuals Living With Mental Illness or Substance Abuse and Disasters

Vulnerable individuals such as those who are living with mental illness and/or substance abuse may have a more difficult time coping with the stresses related to a disaster. The stimuli associated with the disaster such as the media, having to fill out complicated forms, changes in regular routines, loss of resources,

loss of recreational activities, etc can contribute to increased anxiety and fears. Many individuals living with mental illness and/or substance abuse have been victims of other trauma and this current disaster may bring up feelings related to their other trauma.

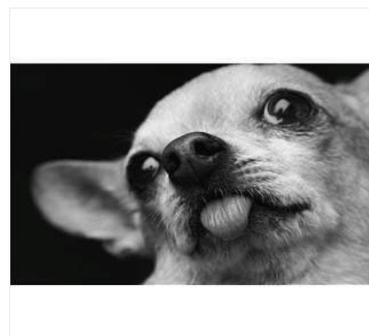
You will need to know the local behavioral health resources so that you can make referrals as needed.

Individuals Living in Group Facilities and Disaster

Individuals who live in a group type facility for any reason are vulnerable to increased stress related to the disaster and its aftermath. Limited mobility and dependence on others may increase the anxiety, panic, fear and frustration felt by the person. The impact of evacuation, relocation, changes in caregivers, and changes in routine can be very difficult and the reactions you see may be extreme. It is important to keep the residents informed and to offer reassurance about their safety and wellbeing. Allowing the residents to talk about their experiences and their feelings is a vital part of their recovery process. Allowing the residents to participate in pre and post disaster planning can be beneficial and can help them cope better with the situation by giving them a sense of empowerment and control.

Pets and Disasters

Do not forget about people’s pets during disasters. For some this may be the most important relationship they have. Listen as people tell you about their pets and do not minimize the feelings they express. Pets are affected by their owners stress as well as at times directly related by the disaster itself. Pet’s behaviors and personalities may change temporarily following a disaster. Following a disaster, keep dogs leashed when outside as things may look and smell different to the dog. If possible spend extra time with your animal and offer reassurance to them. If it is a disaster where animals have gotten separated from their owners you need know what resources are available to help the person reunite with their pet.



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Health Problems Associated with the Gulf Oil Spill

A technological disaster like the Gulf oil spill creates fear about potential health related problems that may develop. Below are some of the potential problems that have been identified by the Centers for Disease Control and Prevention. Providing factual information is one way to calm fear.

Key Points for Working with Persons Impacted by Disaster

Outlined below are some key points to remember when you are working with individuals who have been affected by the oil spill.

- It is crucial to recognize people's strengths as well as the suffering they have experienced. While survivors' suffering must be acknowledged, and compassion and empathy conveyed to them, it is also important that those who care for them believe in and support their capacity to master this experience.
- People have their own pace for processing trauma. It is important to convey to them that they should listen to and honor their own inner pace.
- People should be encouraged to use natural supports and to talk with friends, family, and co-workers - at their own pace. They should follow their natural inclinations with regard to how much and with whom they talk.
- Information and education help people's understanding and should be an integral part of the support and care systems.
- Use formal and informal educational opportunities to affirm the normalcy and value of each person's reactions, concerns, ways of coping, and goals for the future.
- Supportive networks are critical and should be retained, reinforced and rebuilt. These networks help people in the ongoing recovery process, both through the exchange of resources and practical assistance, and through to the emotional support they provide to deal with the disaster and its aftermath.
- When a disaster hits, everyone is impacted, but the reactions they experience will be individualized as will how they cope with the situation. Do not assume you know how someone feels.
- The way a person/community reacts to disaster and to offered help is influenced by their culture. You will find many different cultures within a community. You need to be respectful of others beliefs.
- People may reject disaster assistance of all types. It is okay for them to do so. Do not feel slighted or take it personally. Do not try to force someone to talk about their feelings or experiences related to the oil spill. Do not try to force resources on them if they are not wanted.
- Recognize normal reactions and those that require more intensive services. Most people will cope appropriately with their stress and may not need outside intervention. Others may need referral for mental health services. Know when and how to make such referrals.
- Many emotional reactions are related to problems of daily living brought about by the oil spill. This includes economic stresses. Know where and how to refer for help.
- Know available resources so that you can give appropriate referral information as needed.
- Be prepared to listen to other people's feelings about how the oil spill has affected them. This can be difficult to hear, so make sure you take care of yourself and talk to others as you need to.
- Do offer reassurance and hope but do not minimize a person's feelings or experiences. People respond to active, genuine interest, and concern.
- Exposure/over exposure to media accounts of the disaster can trigger stress responses and even PTSD responses for some. Limiting exposure is recommended especially for children and vulnerable individuals.
- Recognize that ethnic and racial minority groups may be especially hard hit due to socioeconomic conditions
- Language barriers may exist-know how to access translators if needed
- If someone wants to speak with a professional give them the appropriate referral information. It is helpful for you to listen actively and supportively, but do not probe for details and emotional responses. Let the person say what they feel comfortable saying without pushing for more. Validate and normalize their feelings.
- For those who have previously experienced traumatic events, subsequent traumatic experiences may stir up memories and increase symptoms related to previous traumas. Thus, some people will feel like the most recent trauma is opening old wounds. These symptoms should also be normalized and are likely to abate with time. It may be helpful to ask people what strategies they have successfully used in the past to deal with trauma reactions, and encourage them to continue using these techniques.
- Individuals who continue to experience severe distress that interferes with normal functioning after three months are at higher risk for continued problems. These individuals should be referred for appropriate treatment.

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Disaster Peer Counseling Skills

Disaster peer counseling involves both listening and guiding. Survivors typically benefit from both talking about their disaster experiences and being assisted with problem-solving and referral to resources. The following section provides "nuts-and-bolts" suggestions for workers.

Establishing Rapport

Survivors respond when workers offer caring eye contact, a calm presence, and are able to listen with their hearts. Rapport refers to the feelings of interest and understanding that develop when genuine concern is shown. Conveying respect and being nonjudgmental are necessary ingredients for building rapport.

Active Listening

Workers listen most effectively when they take in information through their ears, eyes, and "extrasensory radar" to better understand the survivor's situation and needs. Some tips for listening are:

Allow silence –

Silence gives the survivor time to reflect and become aware of feelings. Silence can prompt the survivor to elaborate. Simply "being with" the survivor and their experience is supportive.

Attend nonverbally –

Eye contact, head nodding, caring facial expressions, and occasional "uh-huhs" let the survivor know that the worker is in tune with them.

Paraphrase –

When the worker repeats portions of what the survivor has said, understanding, interest, and empathy are conveyed. Paraphrasing also checks for accuracy, clarifies misunderstandings, and lets the survivor know that he or she is being heard. Good lead-ins are: "So you are saying that . . ." or "I have heard you say that . . ."

Reflect feelings –

The worker may notice that the survivor's tone of voice or nonverbal gestures suggests anger, sadness, or fear. Possible responses are, "You sound angry, scared etc., does that fit for you?" This helps the survivor identify and articulate his or her emotions.

Allow expression of emotions –

Expressing intense emotions through tears or angry venting is an important part of healing; it often helps the

survivor work through feelings so that he or she can better engage in constructive problem-solving. Workers should stay relaxed, breathe, and let the survivor know that it is OK to feel.

Problem-Solving

Disaster stress often causes disorganized thinking and difficulty with planning. Some survivors react by feeling overwhelmed and become either immobilized or unproductively overactive. Workers can guide survivors through the following problem-solving steps to assist with prioritizing and focusing action.

- Identify and define the problem: Describe the problems/ challenges you are facing right now.
- Selecting one problem is helpful, identify it as the most immediate, and focus on it first. The problem should be relatively solvable, as an immediate success is important in bringing back a sense of control and confidence.
- Assess the survivor's functioning and coping: How have you coped with stressful life events in the past? How are you doing now?
- Through observation, asking questions, and reviewing the magnitude of the survivor's problems and losses, the worker develops an impression of the survivor's capacity to address current challenges. Based on this assessment-the worker may make referrals, point out coping strengths, and facilitate the survivor's engagement with social supports. The worker may also seek consultation from medical, psychological, psychiatric, or disaster relief resources.
- Evaluate available resources: Who might be able to help you with this problem? What resources/options might help?
- Explore existing sources of assistance and support such as immediate and extended family, friends, church community, health care providers, etc. and how the survivor might obtain their help. Refer the survivor to the appropriate relief agencies and assess if the survivor is able to make the calls and complete the required applications. Assist with accessing resources when necessary.
- Develop and implement a plan: What steps will you take to address this problem?
- Encourage the survivor to say aloud what he or she plans to do and how. Offer to check-in with the survivor in a few days to see how it is going. If the worker has agreed to perform a task for the survivor, it is very important to follow through. Workers should promise only what they can do, not what they would like to do.

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A Word of Caution

When confronted with a disaster survivor's seemingly overwhelming needs, workers can feel the understandable impulse to help in every way possible. Workers may become over involved and do too much for the survivor. This is usually not in the best interest of the survivor. When survivors are empowered to solve their own problems, they feel more capable, competent, and able to tackle the next challenge. Workers should clearly understand the scope of their role in the disaster relief effort and recognize that empowering survivors is different from doing for them.

Confidentiality

A helping person is in a privileged position. Helping a survivor in need infers a sharing of problems, concerns, and anxieties—sometimes with intimate details. This special sharing cannot be done without a sense of trust, built upon mutual respect, and the explicit understanding that all discussions are confidential and private. No case should be discussed elsewhere without the consent of the person being helped (except in an extreme emergency when it is judged that the person will harm himself or others). It is only by maintaining the trust and respect of the survivor that the privilege of helping can continue to be exercised.

The Art of Communication

Communicating begins when you express your belief in the person. Show that you respect and accept him simply based on his humanity rather than what he does or fails to do. Expressing empathy, but not pity, will nourish the need for understanding without implying that the individual is less of a person for having a problem. Conveying that you hold a genuine interest in and concern for the individual confirms that you see him/her as fully worthy of your attention. Being honest and requiring the same in return indicates that you want to be on the same level as the person, rather than superior or inferior to one another. Also, your support is a statement that this person is stock worth investing in. What attitudes and values do you communicate?

Rapport building involves making another feel comfortable in order to facilitate a trusting and sharing relationship. You accomplish this by conveying that you are his friend and confidante; you both are alike in many ways; and you really do care about his physical and emotional comfort.

How to Communicate

We can now look at the different channels through which we express ourselves. An increased awareness of these different channels will help you convey positive attitudes and other messages more effectively to others.

All communication is in either verbal or nonverbal forms. We will discuss each of these forms in terms of their use in rapport building.



Verbal Communication

Your vocalizations are one of the most direct means of communication you can use. You directly convey your positive attitudes toward others by saying, “You are special” or “You have my support.” Some guidelines for speaking are:

- Be specific and concrete in speaking to individuals, otherwise you may not communicate anything at all.
- Consider the individual's frame of reference and speak in terms that are understandable.
- Use plenty of examples, illustrations, and analogies to get your points across, but be sure they are within the individual's frame of reference.
- Note “loaded” words and phrases that trigger negative emotional responses and avoid using them.
- Show respect by simply calling the person by the name he prefers. Do not condescend by using “hun” or other pet names.
- Make sure your verbal and nonverbal messages are congruent to avoid inconsistency and confusion.

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Nonverbal Communication

Nonverbal behaviors serve several functions. They may serve to substitute verbal expressions, accent or supplement verbal transmissions, regulate the flow of conversation, and communicate emotions. Nonverbal behaviors include: body language, space, paralanguage (how something is said), and personal effects. All of these forms of nonverbal behaviors can be viewed as separate “channels” of communication. Nonverbal communication is relatively spontaneous so it is somewhat difficult to control. Nonetheless, you can work at becoming more aware of your nonverbal signals. Body language can be expressed by facial expressions, eye contact, posture, touch, and space.

Facial Expressions

Facial expressions account for more than half of the message transmission between people. Your face transmits emotion. What’s more, people can send deceptive messages better with their faces than with other areas of their bodies. Thus, it is a powerful channel of communication. When you are trying to express empathy, interest, or acceptance, be careful that your facial expression is not blank, indicative of halfhearted emotion, or signaling some other attitude. Also, be aware of how much of the individual’s meaning is conveyed in his/her facial expressions.

Eye Contact

Another major form of nonverbal communication is eye contact. The duration of eye contact between people is meaningful as an index of liking. It has been found that speakers trying to deceive their listeners are likely to engage in little eye contact – an impression you do not want to convey. Thus, a longer duration of eye contact between you and the individual is desirable to ensure communication of warmth and trustworthiness. Prolonged staring, however, conveys dominance, induces anxiety in others, and makes them feel obligated to interact with you.

Posture

Bodily posture can provide information about a person’s level of tension or relaxation. A casual posture intended to maximize comfort is associated with feeling relaxed in a situation. Since you want to appear relaxed to create a comfortable climate, assume a fairly casual, comfortable posture. At the same time, reflect the seriousness of the interaction by not being overly relaxed in your posture. For example, feet on the desk would be considered too lax.

Your posture also indicates your attitudes toward another. Leaning forward communicates interest and a positive attitude. It would be beneficial to lean forward at times throughout your initial interaction. If the other person does the same, read it as a positive gesture. Sit squarely facing the person. Sitting at an angle conveys dislike and defensiveness. Also, maintain an open posture by not keeping your arms folded in front of you for long periods of time. Avoid having objects such as your purse or jacket, in front of you or on your lap.

Touching

Touching behavior is usually interpreted as a sign of friendliness. Touching, however, may make the other person feel uncomfortable, as if you were invading his/her personal space. If you find that touching is acceptable, touch him/her in saying hello, goodbye, or congratulations (handshake, pat on the back, pat on the shoulder); in emphasizing your point, when joking or making a good point; or in giving support, for example. Be aware of how much touching behavior the person can tolerate.

Space

Depending on the culture, everyone requires varying amounts of personal space – that is, the space around each individual which person feels “belongs” to him/her. If someone steps into or “invades” our diameter, we feel anxious, and sometimes defensive. A good rule of thumb to use in your initial meeting is to interact at a distance of an arm’s length away. Then consider how the person feels about getting closer. Observe how much closer you can move without making him/her feel uncomfortable. This is an important consideration when you feel you’d like to extend a touching gesture towards him/her. Try to sense how much to “back off”, if necessary. Be aware that if a person is known to have aggressive or violent behavioral problems, you may want to begin farther than an arm’s length away.

Paralanguage

Paralanguage deals with how something is said. Manipulating the loudness, pitch, rate, and rhythm of your voice affects the message you are trying to transmit. Make a conscious effort to use paralanguage in ways perceived as empathetic, friendly, interested, sincere, non-threatening, calm, and confident. Paralanguage is especially crucial in phone encounters because it is the only nonverbal communication that the person can use to get to know you.

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Personal Effects

Personal objects communicate something about you. These will be very important in building a good first impression. Some examples might be a button with a particular saying on it, jewelry, articles of clothing, pictures of loved ones, posters, pets, knick-knacks, flowers/plants, jars of candy, or books. Use such objects to communicate about the type of person you are – caring, loving, goal-oriented, concerned, happy, nice, welcoming, intelligent, street-smart, young at heart, and so forth. This type of nonverbal communication can be manipulated in personal first encounters, but obviously not in phone encounters.

Listening

Listening is crucial not only to know what the person is saying, but also to communicate that you are listening by giving verbal and nonverbal feedback. The following sections discuss “tuning in” to what the person is saying and, while listening, giving him appropriate feedback.

Matching Verbal and Nonverbal Behaviors

Matching behaviors is not a new concept. We match behaviors quite naturally everyday in playing out the different roles we take on – student, parent, friend, or case manager. We may act one way with a certain friend and another way with a different friend. You can subtly adapt to or match to the individual’s behaviors which may make him/her feel more at ease. By adapting, or “matching”, his/her communication behaviors, the similarities between you are more apparent. Just as we tend to feel more comfortable in surroundings that are similar to our own, we tend to feel more comfortable around people whose behavior is similar to our own. This does not entail altering your personality or individuality in any major way. Adapt to the individual and the occasion in very minor ways – just enough to make him feel more comfortable and build rapport. Match verbal and nonverbal behaviors in a subtle manner to avoid the appearance of playing a mimicking game.

Verbal Behaviors

To match behaviors verbally, adapt to the person’s level of speaking. Consider his/her diction and level of articulation. Try not to speak “above” them by using intellectual phrasing or

special terminology and jargon. At the same time, do not speak “below” the person’s level of speech by oversimplifying ideas and concepts. Put your message in terms which the person understands best.

Nonverbal Behaviors

In adapting to the person’s nonverbal behaviors, it is important to attend to body language, personal distancing, paralanguage, and personal effects. With respect to body language, match the person’s level of eye contact and body posture. You should maintain a high level of eye contact (without staring), but there may be cultural reasons why this might make the person feel uncomfortable. If you sense that the person avoids eye contact, clue into this possibility and match accordingly.

If the person has a very relaxed posture, you may want to be more casual. If he/she tends to be very rigid and nervous, however, tense your posture a little more. For example, if he sits down and slips both arms behind the chair back and tips backward in the chair, you might match this behavior by simply slipping one arm over the back of your chair. On the other hand, if he sits up rigidly with feet together and hands pressed under the thighs, you might adapt to this by crossing your legs at the ankles and keeping your hands on your lap.

To match personal space preference, note how close someone prefers to get you in standing and in sitting. (Does he/she lean forward, closer to you? Does he/she actually move the chair backward? Does he/she initiate any touching behavior?) Match your distancing to what the individual prefers and keep this preference in mind when regulating how much closer or how much farther away to move.

Paralanguage is another area to adapt. For example, if he/she talks especially loud and you speak more timidly or softly, raise your voice a little. If he/she is shy and quiet, lower your voice if you tend to be loud and forceful. Match the persons speaking rate and rhythm in subtle ways when appropriate.

Your style of dress makes a statement. This is not so much adapted to the individual as to the occasion. It is common sense to avoid dressing too formally if the situation does not warrant it. This only makes the other person feel uncomfortable. On the other hand, your dress should reflect that you are a professional and that you take your job seriously, not casually.

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Dealing with Anger

Some of the people you talk to will be angry about the oil and its impact on their life. Here are a few tips for dealing with angry people.

- Do not respond in kind. Do not attack the person. Do not take what they are saying personally.
- Stay calm, use a lowered tone of voice
- Remain nonthreatening by avoiding direct eye contact, standing with arms at your side and hands open, and to the side of the person.
- Validate the person's feelings but do not join them in blaming, bashing others or negativity.
- Do not try to use logic to reason the person out of their emotional response.
- Communicate directly and clearly.
- Use reflective listening.
- Do not tell the person to "calm down"



If the situation becomes threatening you should leave. You do not have to stay in a situation that has the potential for danger or is abusive.

What to Say and What Not to Say

The following are some of the do's and don'ts for the crisis responder. What you say can provide help, support and encouragement or can add to the trauma the person may already feel by being blaming, insensitive, or discounting. It is important to allow trauma survivors their own experiences, feelings, and perspectives.

Do say:

- These are normal reactions to a disaster
- It is understandable that you feel this way
- You are not going crazy
- It wasn't your fault, you did the best you could
- Things may never be the same, but they will get better, and you will feel better
- What have you done in the past when things were tough?

Don't say:

- It could have been worse
- You can always get another pet/car/house
- It's best if you just stay busy
- I know just how you feel
- You need to get on with your life
- It was God's will
- You shouldn't feel that way
- You have got to be strong
- You should be over that by now
- Something good will come of this
- You are so lucky to have...
- You need to get on with your life
- Just turn it over to God
- You are not handling this right
- Time heals all wounds
- You will get over it
- You shouldn't think about it
- You shouldn't talk about it
- Why did you do that?

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Common Reactions to Disaster and Suggested Interventions

While each person reacts differently to a disaster there are some common reactions that you can expect to see, depending upon the person's age and development. These are all normal reactions to a crisis experience. Below are listed some of the more common responses with some suggestions of how to cope with them.

AGE 1-5

Behavioral Symptoms	*Resumption of bed-wetting, thumb sucking, clinging to parents *Avoidance of sleeping alone *Increased crying	*Fears of the dark
Physical Symptoms	*Loss of appetite *Stomach aches *Nausea *Speech difficulties *Tics	*Sleep problems, nightmares
Emotional Symptoms	*Anxiety *Fear *Irritability *Angry outbursts *Sadness *Withdrawal	
Intervention Options	*Give verbal assurance and physical comfort *Provide comforting bedtime routines *Avoid unnecessary separations *Permit the child to sleep in parents' room temporarily *Encourage expression regarding losses (i.e., deaths, pets, toys) *Monitor media exposure to disaster trauma *Encourage expression through play activities	

AGE 6-11

Behavioral Symptoms	*Decline in school performance *Aggressive behavior at home or school *Hyperactive or silly behavior *Whining, clinging, acting like a younger child *Increased competition with younger siblings for parents' attention	
Physical Symptoms	*Change in appetite *Headaches *Stomach aches *Sleep disturbances, nightmares	
Emotional Symptoms	*School avoidance *Withdrawal from friends, familiar activities *Angry outbursts *Obsessive preoccupation with disaster, safety	
Intervention Options	*Give additional attention and consideration *Relax expectations of performance at home and at school temporarily *Set gentle but firm limits for acting out behavior *Provide structured but undemanding home chores and rehabilitation activities *Encourage verbal and play expression of thoughts and feelings *Listen to the child's repeated retelling of a disaster event *Involve the child in preparation of family emergency kit, home drills *Rehearse safety measures for future disasters *Coordinate school disaster program for peer support, expressive activities, education on disasters, preparedness planning, identifying at-risk children	

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Age 12-18

Behavioral Symptoms	*Decline in academic performance *Rebellion at home or school *Decline in previous responsible behavior *Agitation or decrease in energy level, apathy *Delinquent behavior *Social withdrawal
Physical Symptoms	*Appetite changes *Headaches *Gastrointestinal problems *Skin eruptions *Complaints of vague aches and pains *Sleep disorders
Emotional Symptoms	*Loss of interest in peer social activities, hobbies, recreation *Sadness or depression *Resistance to authority *Feelings of inadequacy and helplessness
Intervention Options	*Give additional attention and consideration *Relax expectations of performance at home and school temporarily *Encourage discussion of disaster experiences with peers, significant adults *Avoid insistence on discussion of feelings with parents *Encourage physical activities *Rehearse family safety measures for future disasters *Encourage resumption of social activities, athletics, clubs etc. *Encourage participation in community rehabilitation and reclamation work *Coordinate school programs for peer support and debriefing, preparedness planning, volunteer community recovery, identifying at-risk teens

Older Adults

Behavioral Symptoms	*Withdrawal and isolation *Reluctance to leave home *Mobility limitations *Relocation adjustment problems
Physical Symptoms	*Worsening of chronic illnesses *Sleep disorders *Memory problems *Somatic symptoms *More susceptible to hypo- and hyperthermia *Physical and sensory limitations (sight, hearing) interfere with recovery
Emotional Symptoms	*Depression *Despair about losses *Apathy *Confusion, disorientation *Suspicion *Agitation, anger *Fears of institutionalization *Anxiety with unfamiliar surroundings *Embarrassment about receiving "hand outs"
Intervention Options	*Provide strong and persistent verbal reassurance *Provide orienting information *Use multiple assessment methods as problems may be under reported *Provide assistance with recovery of possessions *Assist in obtaining medical and financial assistance *Assist in reestablishing familial and social contacts *Give special attention to suitable residential relocation *Encourage discussion of disaster losses and expression of emotions *Provide and facilitate referrals for disaster assistance *Engage providers of transportation, chore services, meal programs, home health, and home visits as needed.

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Crisis Response Workers	
Behavioral Symptoms	*Increase or decrease in activity level *Substance use or abuse *Difficulty communicating or listening *Irritability, anger, frustration *Inability to rest or relax *Crying *Decreased concentration *Decrease in job performance, absenteeism *Avoidance behaviors *Excessive worry, hyper-vigilance *isolation *Difficulty giving or accepting support or help
Physical Symptoms	*GI problems *Headaches, aches, pains *visual disturbances *Weight gain or loss *Sweating, chills *Tremors, muscle twitching *Heightened startle response *Sleep disturbance, chronic fatigue *Immune system disorders *Memory problems
Emotional Symptoms	*Feeling heroic, euphoric, or invulnerable *Feeling inadequate, like a failure *Denial *Anxiety, fear *Depression *Guilt *Apathy *Grief *Loss of objectivity *Anger *Blaming *Decreased ability to experience pleasure
Intervention Options	*Take regular breaks *Contact family and friends as regular as possible *eat nutritious meals on as regular a schedule as possible *Sleep/nap when able *Practice relaxation breathing and other techniques *Avoid use of alcohol, tobacco, drugs and excessive use of caffeine *Pace self between low and high stress activities *Participate in debriefing activities *Talk or write about your experiences and feelings *Exercise *Practice stress management techniques *Seek help from others

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When to Refer for Mental Health Counseling

Referrals to mental health and other health care professionals should be made when you encounter individuals with severe disaster reactions or complicating conditions. The following reactions, behaviors, and symptoms signal a need for the worker to consult with the appropriate professional and, in most cases, to sensitively refer the person for further assistance.

- **Disorientation** - dazed, memory loss, inability to give date or time, state where he or she is, recall events of the past 24 hours or understand what is happening
- **Depression** - pervasive feelings of hopelessness and despair, unshakable feelings of worthlessness and inadequacy, withdrawal from others, inability to engage in productive activity
- **Anxiety** - constantly on edge, restless, agitated, inability to sleep, frequent frightening nightmares, flashbacks and intrusive thoughts, obsessive fears of another disaster, excessive ruminations about the disaster
- **Mental Illness** - hearing voices, seeing visions, delusional thinking, excessive preoccupation with an idea or thought, pronounced pressure of speech (e.g., talking rapidly with limited content continuity)
- **Inability to care for self** - not eating, bathing or changing clothes, inability to manage activities of daily living
- **Suicidal**- direct signs of suicide include talking about suicide, seeking a way to commit suicide, making preparations; indirect signs include (remember acronym IS PATH WARM) ideation (thoughts of suicide), substance abuse, purposelessness, anxiety, trapped feeling, hopelessness, withdrawal, anger, recklessness, mood changes
- **Homicidal thoughts or plans**
- **Problematic use of alcohol or drugs**
- **Domestic violence, child abuse, or elder abuse**
- **Ongoing severe distress** - that interferes with normal functioning

Referrals

Referrals can be made by calling the local community mental health provider. In the case of a person who is suicidal or homicidal the police should be contacted so that the person can get immediate help.

If you witness or suspect child abuse you should call the Florida Abuse Hotline at 1-800-962-2873.

Take Care of Yourself

It is important that as you go about helping others that you do not forget to take of yourself as well. The following are some tips for your own wellbeing.

- Be sure to follow safety procedures. Do not place yourself in danger.
- Take regular breaks. If you get overly tired you will not be able to perform at your best.
- Practice some of your favorite relaxation techniques. Just stopping and taking a few deep breathes now and then can be helpful.
- Eat regular meals, stay hydrated, exercise and get a good nights rest.
- Stay in contact with friends and family.
- Avoid using alcohol, drugs, caffeine, or tobacco to help you cope.
- Talk to others about your feelings. It is hard to listen to others with out being effected.

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