

# **Domestic Disaster Displacement (3D) Manual:**

## **Working with People Who Have Been Displaced**

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**Terrorism and Disaster Center**  
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A PARTNER IN  
**NCTSN**

The National Child  
Traumatic Stress Network

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# **Domestic Disaster Displacement Manual (3D): Working with People Who Have Been Displaced**

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## Chapter 1: Introduction

**Displacement** – The process of leaving one's home when the home cannot be lived in any longer or is destroyed due to a disaster

This manual is intended for people who work with displaced individuals, children, or families. It is designed to provide an understanding of what displacement is and the steps necessary to help people cope with being displaced from their homes. This manual is for anyone who works within the **Displacement System of Care**.

The Displacement System of Care is explained fully in Chapter 3, but for now, what you should know is that when people are displaced from their homes following a disaster, several different sectors will respond to help. These sectors in the Displacement System of Care include local government agencies, faith-based organizations, non-profit community social service organizations, disaster response organizations (like the Red Cross), schools, and the federal government. These different sectors—together—represent a *system* of care, which we call a Displacement System of Care. Ideally, these sectors work together to provide that help.

Each sector within the Displacement System of Care includes individuals working to achieve the goal of their own organization to help displaced people. For example, those working for the Department of Housing could be part of the Displacement System of Care if they help displaced people find temporary or long-term housing.

This manual is for those individuals—any of the professionals or volunteers—who work in a sector within the Displacement System of Care. These individuals share the common goal of helping displaced people get the help they need, understand what their options are, and begin the process of recovery.

Throughout this manual, we refer to the person who is working with displaced people as a **provider**. Even though some individuals working in the Displacement System of Care might be volunteers instead of providers (for example, people who volunteer for faith-based organizations or the Red Cross might think of themselves as volunteers first), the reality is that anyone working with displaced persons in any sector within the Displacement System of Care is actually *providing* services. These services vary from professional mental health services, to information about how to find housing, to simply being available to talk with



someone who is having a difficult time and provide encouragement or support. In the end, all of these individuals are providing something to displaced people and are considered providers.

One more note about language: this manual provides information and resources to help anyone who has been displaced following a disaster, whether they are an individual, a child, a family, or any other group of people. Because this manual is not specific about who is being served by the providers in the Displacement System of Care, the terms used to refer to those who have actually been displaced in this manual will be *displaced persons*, *displaced people*, or *people who have been displaced*. While these terms are rather vague, they convey the broad scope of people being helped within the Displacement System of Care.

## **What This Manual Will Cover**

This manual will speak to a variety of issues. Upon completion of this manual, the Displacement System of Care provider will understand:

- What happens in the process of being displaced
- What the Displacement System of Care is
- How the Displacement System of Care supports people who have been displaced
- What is included in a case management approach to displacement
- How case management can help people who have been displaced
- What resources and services displaced people need
- How to help displaced people locate resources and services in the host community
- How being displaced may impact mental health
- How to support problem-solving for people who have been displaced
- How social networks may impact the displacement experience
- How to assess social networks
- How culture affects the displacement experience
- How displacement may affect the host community



## **Planning and Response Resources**

This manual is intended for use by individuals and organizations both in preparing for and responding to a displacement situation. In some places, the manual will also describe sources where providers can find additional information.





## Chapter 2: What is Domestic Disaster Displacement?

**Displacement** occurs when an individual or a family is forced to leave their home.

Displacement can occur for many reasons. Displacement might be caused by war, political conflict, famine, or other events. In addition to these social or political events, displacement might be the result of someone being evicted from his or her home for financial reasons.

While there are many possible reasons why displacement might occur, this manual is about disaster displacement, which occurs when an individual or family is forced to leave their home because the home is made uninhabitable or is destroyed by a disaster.

In addition to focusing on displacement caused by disasters, this manual specifically focuses on **mass disaster displacement**, which is displacement caused by a major disaster that damages or destroys multiple homes, an entire community, or even a city.

While a single family might be displaced following a house fire, this is not mass displacement. The displacement of one family following a fire is certainly tragic and would be considered a disaster to that family, but the local community can adequately respond to that situation and provide the family with the resources needed to recover from the fire. In episodes of mass displacement, the local community is likely to be overwhelmed by the number of people who have been displaced due to the disaster.



Finally, this manual is limited to a discussion of mass disaster displacement that occurs domestically, within the United States; therefore, it does not address international or foreign displacement. In sum, this manual addresses instances of **mass domestic disaster displacement**: displacement that occurs within the United States, affects a large number of people, and occurs as the result of a disaster. While the manual addresses this very specific type of displacement, the general term “displacement” will be used throughout.



## Disasters

Disasters trigger the displacement process. The characteristics of the particular disaster that causes displacement will influence the overall displacement process and the experiences of those people who are displaced. Because mass displacement is caused by a disaster, it is necessary to discuss what a disaster is before we explore the process of being displaced.

Alexander McFarlane and Fran Norris define a **disaster** as “a potentially traumatic event that is collectively experienced, has an acute onset, and is time-delimited; disasters may be attributed to natural, technological, or human causes”. The World Health Organization provides a somewhat different definition of disaster: “A severe disruption, ecological and psychosocial, which greatly exceeds the coping capacity of the altered community.”

By considering different definitions of disasters, we can identify the following key aspects of a disaster:

### **A disaster is severe.**

By saying a disaster is severe means the impact of a disaster is significant. A thunderstorm with winds that blow some shingles off houses might be a frightening experience, but such a storm likely lacks the severity necessary to be considered a disaster. Compare such a storm to a tornado that completely destroys homes; the tornado would be severe enough to be a disaster.

### **A disaster is collectively experienced.**

Disasters are experienced by more than just one person or a single family. A traffic accident may injure a driver and be quite frightening, but such an event is not considered a disaster. A disaster affects many people and the community structures that serve them.



### A disaster has ecological and psychosocial impacts.

Disasters impact the **environment**: A disaster may destroy homes, buildings, or trees.

**people**: People who have experienced a disaster may change their behavior as a result of the experience and are likely to be frightened by the event.

**and society**: Disasters cause a community or the overall society to respond to what has happened and may cause them to develop new laws to mitigate the effects of a future disaster.

### A disaster exceeds the coping capacity of the local community.

When a disaster occurs, the local community needs help responding and recovering.

*If the community in which a traumatic event takes place does not need assistance from outside resources, such as in the case of a house fire or an average thunderstorm, the event is not a disaster.*

### A disaster has an acute onset and is time-delimited.

Disasters start at a specific time, such as when a hurricane makes landfall, and end at a specific time later. Disasters do not go on forever; they have a beginning and an end.

### A disaster is the result of natural, technological, or human causes.

**Natural** disasters involve “acts of God,” such as hurricanes, tornadoes, earthquakes, and other naturally occurring acts.

**Technological** disasters are the result of non-intentional industrial accidents, such as a meltdown at a nuclear power plant or a bridge collapse.

**Human-caused** disasters include events such as terrorist attacks, when one or more people are purposefully trying to harm or frighten other people.

Some disasters may have **mixed** causes such as an airplane crash that occurs in bad weather.

While disasters may share key characteristics, not all disasters are the same; they can be different in many ways, and these differences have an impact on how disasters affect people and society.



Some of the ways in which disasters vary include:

<b>Warning</b>	A disaster may occur suddenly and without warning (like in a surprise terrorist attack) or a disaster might allow time for a warning that lets people prepare for the event (such as the warnings that precede many hurricanes).
<b>Duration</b>	The duration of a disaster refers to how long the disaster lasts. Some disasters may end quickly, such as a tornado; others may go on for an extended time, such as wildfires that burn for several days.
<b>Predictability</b>	A predictable disaster is one that could have been expected, whereas an unpredictable disaster is more surprising. For example, one might not be completely surprised to experience an earthquake in California, because much of the state experiences such events. Therefore, an earthquake in this region is somewhat predictable.  On the other hand, the bombing of the federal building in Oklahoma City was unpredictable, because at the time of the disaster, not many people would have expected a terrorist attack to occur in the middle of the United States.
<b>People affected</b>	Some disasters affect people who live together in an existing community (such as a hurricane that hits a coastal community) and other disasters impact people who have come together temporarily from different areas (like in a terrorist bombing of a building or the crash of a commercial airplane).
<b>Cause</b>	Disasters might have natural causes (e.g., tornadoes, hurricanes, earthquakes), technological/unintentional causes (e.g., highway bridge collapse, accident at a chemical plant), or intentional human causes (e.g., terrorist attacks, political violence).



<b>Devastation</b>	Devastation addresses how many homes, businesses, and buildings were destroyed. Some disasters destroy and damage several neighborhoods, while others may affect an entire city.
<b>Casualties/Injuries</b>	Casualties and injuries describe how many people were hurt or killed because of the disaster.

By considering each of these elements of a disaster, we can develop an understanding of the scope of the disaster. Recognizing these elements also allows us to comprehend how people are affected by a disaster. For example, a disaster that occurs suddenly may be much more traumatic than a disaster for which there was a warning that allowed people to prepare or even evacuate. Likewise a disaster that impacts several neighborhoods might be more manageable than one that affects an entire city, not only in terms of conducting a disaster response, but in terms of how people feel about or react psychologically to the disaster. A major disaster that impacts an entire city might be much more difficult to process or handle for those involved than a smaller, more limited disaster.

### **The Impact of a Disaster on Displacement**

Just as not all disasters are the same, neither are all displacement situations the same. In fact, what the disaster “looks” like (the disaster’s duration, predictability, devastation, and other characteristics) will affect how people experience the displacement situation.

For example, a disaster that strikes suddenly and causes people to be displaced will be a very different experience and will have different repercussions than displacement that occurs as the result of a disaster for which there was warning. A disaster with no warning (like an earthquake or a terrorist attack) will not allow anyone to evacuate. The displaced people will have to leave their homes rapidly after the disaster without any planning or preparation.

On the other hand, if a disaster is expected and a warning can be provided, such as when a wildfire approaches, there is an opportunity for people to evacuate. As a result, if the displaced person left home before the disaster struck and was able to bring with him or her at least some personal possessions, then this person might be better able to cope with being displaced.

Therefore, the specifics of the disaster shape the displacement situation and experience.



This manual will help providers understand how different aspects of a disaster and the displacement situation affect people who have been displaced, and it will provide information about how you can help displaced people. This information will help you gauge the displaced person's experience and assess that person's needs, thereby creating an informed road map to help those people who have lost their homes, and even perhaps their place of work, school, neighborhood, community, and even city.

## **Mass Displacement**

This manual will address the needs that arise when an individual or family is displaced as the result of a disaster. Again, the manual is intended to be used in situations of mass displacement in which the local community's resources are overwhelmed.

The most dramatic recent example of mass displacement occurred following Hurricane Katrina in 2005. Hurricane Katrina caused over 1,500 deaths and forced over one million people, including 372,000 school-aged children in kindergarten through the twelfth grade to be displaced. In Louisiana alone, over 200,000 residents left the state and moved or were taken to more than 5,500 different cities. Over 200,000 people were displaced by Hurricane Andrew in 1992, but most returned to their communities. During the California wildfires in 2007, 500,000 people were evacuated and faced displacement.

With regard to Hurricane Katrina, many of the people who were displaced from New Orleans relocated to Baton Rouge, Louisiana. Others went to Houston or Dallas, Texas, and some went as far away as Alaska, Washington, Minnesota, and Maine. In fact, every state in the U.S. received survivors from Hurricane Katrina. This meant that many Katrina survivors were not only displaced from their homes, but they were displaced from their neighborhoods, their communities, their cities, and even their state. This manual addresses this sort of massive displacement.

Mass displacement situations are particularly difficult because the local community does not have resources to handle the displacement situation. This is why displaced people might go to or be taken to other communities or cities. In the case of Hurricane Katrina, the city of New Orleans lay flooded, so it was necessary for many people from New Orleans to travel to other cities and towns to stay for an indefinite period until it was safe to return. Those who have been displaced when an entire community or city is damaged or destroyed lose more than just their homes. They lose the place where they work and therefore their jobs; they lose their schools, churches, and synagogues; they may lose all of or part of their social networks; they also lose the idea of home and the familiarity of a



place in which they have been born or lived much of their lives. This manual helps providers understand and address these needs.

## Defining Displacement

The first step in helping someone who has been displaced is to understand the displacement process—that is, what exactly happens when someone is displaced.

The following table includes definitions and a framework for comprehending the displacement process and experience. It is necessary to provide specific definitions for what happens when someone is displaced so that readers of this manual and providers working in the field have a shared understanding of what displacement is. This basic information will in turn serve as the basis and context for the information provided in the rest of the manual.

First, we define some terms used when discussing the displacement experience. A complete list of terms used in this manual is found in the Glossary.

<b>Case Manager</b>	A professional who organizes and coordinates services and supports for people who have been displaced following a disaster.
<b>Displacement</b>	The process of being forced to leave one's home because the home is made uninhabitable or is destroyed as the result of a disaster. Mass domestic disaster displacement occurs on a broad scale, affecting many homes, entire communities, or even entire cities.
<b>Displacement Systems of Care</b>	A comprehensive spectrum of health, mental health, and social service organizations that function collectively to meet the multiple needs of people who have been displaced from their homes or communities following a disaster.
<b>Evacuate</b>	To leave or move from a dangerous area.
<b>Evacuation Site</b>	A place where people who have left their homes go to avoid danger.
<b>Evacuee</b>	A person who evacuates or is evacuated from a dangerous area.



<b>First Responder</b>	A professional who is responsible for emergency response and protection of life and property in the early stages of a disaster.
<b>Host Community</b>	The community that receives and provides resources and lodging to people displaced following a disaster.
<b>Mass Displacement</b>	Displacement that involves many people and that overwhelms the capacity of the local community to respond.
<b>Move</b>	To go from one residence location to another.
<b>Provider</b>	An individual who provides services to or helps displaced people.
<b>Relocate</b>	To move or be moved to a new place.
<b>Recovery Environment</b>	The geographical area and psychosocial context in which individuals attempt to make up for losses experienced as the result of a disaster.
<b>Resettle</b>	To establish a residence in a new region.
<b>Shelter</b>	An evacuation site intended to house people for a few days (before, during, and after a disaster).
<b>Transit</b>	The process of moving from one location to another.

## **The Process of Being Displaced**

The process of being displaced from one's home following a disaster involves multiple steps, phases, and decisions. Sometimes these steps, phases, and decisions are controlled by the person being displaced; other times they are controlled by whoever is in charge of the evacuation before, during, or after a disaster (such as the National Guard or local law enforcement).



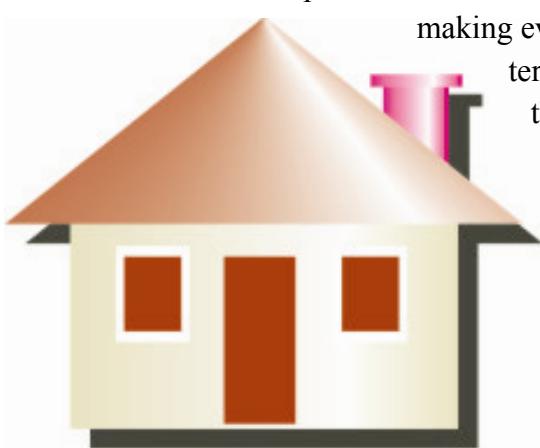
To appreciate how being displaced affects people requires an understanding of what happens during the displacement process. The displacement process is described in the following section. Each “place” that a person might go to during displacement is discussed. These places include the person’s original home, shelter, and settlement. Also discussed is the movement between places such as evacuation and transit. This section also includes information about how each of these places and periods of movement affect people who have been displaced and the implications for providers.

Before a disaster occurs, an individual or family resides in their original home. This original home is the first place in the displacement process and therefore begins the description of the displacement experience.

### Original Home

The place that people live before a disaster is known as the *original home* in the displacement process (see Figure 1 for a schematic representation of the complete displacement process). The original home might be a house, an apartment, a senior living center, a group home, or any other place in which people live on a daily basis.

While some disasters are completely unpredictable, and to some extent, all disasters have an element of surprise, other disasters can be anticipated. For these disasters, such as hurricanes, the period before the disaster strikes (known as a “pre-event period”) provides an opportunity for people to prepare specifically for the impending disaster. This pre-event period may be long and may offer ample opportunity to address many general issues. For instance, regions likely to be affected by hurricanes recognize hurricane season and sometimes prepare as part of routine activities. There may also be some warning before a specific event occurs—the likely path of a hurricane is known days before it hits making evacuation and other preparations possible. Other disasters, terrorist incidents for example, may hit with no warning except the general known threat within the country.



The pre-event period provides opportunities to educate and warn the public, to gather resources to withstand the disaster, and to conduct an orderly evacuation of the area, all of which may increase the likelihood of surviving the disaster. These preparations—or the lack thereof—will also affect the displacement experience. People who are evacuated with enough warning to leave with personal



belongings are better equipped for the displacement experience, both in terms of possessing things they need and emotionally, than are people who must evacuate hurriedly during or after the event and who are unable to prepare for the journey ahead.

Evacuating before a disaster allows people some control over where they go. People who do not evacuate before a disaster might be forced to evacuate during or after the event without being able to control where they end up.

If pre-event evacuation improves the chance of surviving the disaster and also improves the displacement experience, why would some people choose not to evacuate if a disaster is looming?

Individuals might not evacuate because:

- They did not get the information that a disaster is likely
- Even though a disaster is possible they do not believe they are at risk
- They do not have the resources (e.g., car, money, somewhere to go) to evacuate

In some disasters there may be no warning, affecting the evacuation process. Terrorist attacks typically occur without warning. Displacement following disasters that occur without warning may be particularly difficult because so many more people have to be evacuated during the confusion and chaos following the disaster.

This manual is not intended to provide advice, planning, or input on evacuation plans or procedures. Evacuation in the context of displacement affects people who have been displaced. These impacts are physical, in that some evacuation situations allow people to bring personal possessions with them and other evacuations do not, and emotional, in that some evacuations will be planned and orderly, and others may be hurried and terrifying.

## **Disaster**

For displacement to occur, a disaster has to destroy homes or make homes uninhabitable. More people being displaced increases the likelihood that the local community cannot handle the situation. If the community cannot absorb those who have been displaced, then displaced people will likely need the help of another, external community, which is known as the ***host community***.



## Shelter

**Shelters** and **evacuation sites** will be established in some disasters. Shelters serve two main functions. First, they provide a refuge for people who want to avoid harm. For example, if a family lives on the coast and a major hurricane is forecast, the family might go to a shelter located several miles inland to avoid the wind and flooding that might prove harmful if they were to stay in their home.

Secondly, shelters serve as a place to go following a disaster when homes are damaged to a point where they are uninhabitable. In the previous example, if the family living on the coast decided to stay at their home during the storm, but during the hurricane the home was flooded and badly damaged by winds, then following the storm the family might be forced to seek shelter in an evacuation site because their home is now uninhabitable.

Shelters often serve both of these functions for a single group of people. A family might go to an evacuation site before a storm to seek protection, and then have to stay at the evacuation site for a period after the disaster because their home and/or community was damaged or destroyed.

Though shelters provide a refuge from a disaster, they are generally not intended to be inhabited for long periods of time. Shelter sites might include emergency evacuation sites, which are intended to be inhabited for only a few days, or temporary shelters, which are intended to function for a few days or at the most, a few weeks.

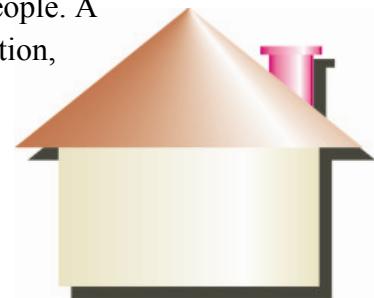
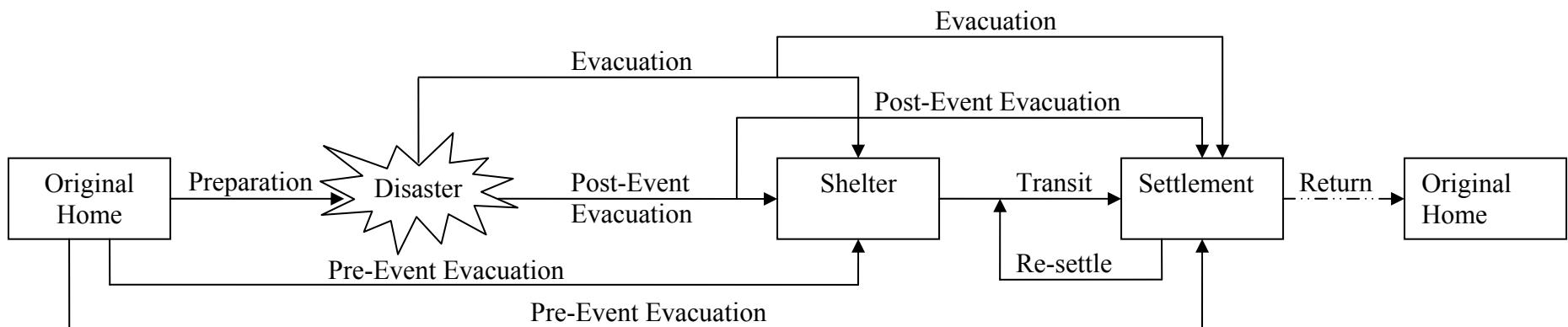


Figure 1. Displacement Schematic



Note: Boxes represent phases of displacement and take place in a single location. Arrows between boxes represent movement within the displacement experience.

Adapted from Drachman, D., & Shen-Ryan, A. (1991). Immigrants and refugees. In A. Gillerman (Ed.), *Handbook of Social Work Practice with Vulnerable Populations* (pp. 618-646).

Following Hurricane Katrina, many people who did not evacuate New Orleans went or were taken to the Superdome in New Orleans, which functioned as the refuge of last resort. The Superdome was intended to serve as a shelter for only a few days; it was an emergency shelter. Once the Superdome was finally evacuated, many of the displaced people who had stayed there were taken to the Astrodome in Houston, Texas. The Astrodome functioned as a temporary shelter, in that it was supposed to house people for a few days or at most a few weeks. Ultimately, both emergency and temporary shelters are temporary.

**Transit** is the process of moving between shelters or settlements during the displacement process. When people who were in the Superdome in New Orleans were taken by bus to the Astrodome in Houston, Texas, this was an episode of transit. The people were moved from one place to the next. The process of transit might involve people getting in their own cars and driving to another place of refuge. Whether people move between evacuation sites or shelters on their own, or are moved by an authority, the act of moving is known as transit.

To summarize, in the model of displacement presented in this manual, evacuation is the process of going from one's home to an initial shelter, and transit is the process of moving from one shelter to another.

## **Settlement**

In a disaster that does not involve significant displacement, the time spent in an evacuation site is often the last step in the experience before people return home. However, when displacement occurs and a person's home (or community) is destroyed or is made uninhabitable, alternate long-term housing is likely to be needed. If a major disaster damages an entire community, alternate housing will be required outside the home community.



After Hurricane Katrina, people who were displaced from New Orleans relocated to Baton Rouge, Louisiana; Houston, Texas; Dallas, Texas; Bragg, Oklahoma, and even in far away states on the West or East Coasts of the United States. Because of the massive destruction that occurred in New Orleans, the Katrina survivors who were displaced to communities far from home faced the prospect of being unable to return to their homes for a long time. Therefore, a period of settlement is necessary.

**Settlement** is the time in which displaced people find permanent housing. Displaced people who have settled in a community will also begin to seek employment, schools for their children, and medical services, and become involved in the community to some extent.



However, settlement is not final. Displaced people might settle in one community for a time, and then decide to go somewhere else, perhaps to be closer to family or because of available employment, and settle at that location for some time. The settlement phase likely lasts longer and is more permanent than the preceding time spent at an evacuation site, but the time spent in the settlement phase can vary widely. Some displaced people might spend only one or two months settling in a new community before either moving to a different community or returning home. Others may remain settled for years.

### **Returning to Original Home**

The final stage in the displacement process occurs when displaced persons return to their original home, though this final stage will not occur for all displaced people. Some people who have been displaced to a new community might choose to stay in the new community permanently instead of returning home; this choice makes sense when considering that displaced persons might easily spend over a year settling in a new community before they are even able to go back to their original home. During this time they may find work, enroll their children in school, and begin their lives in the new place. After all of this effort to adapt to a new community, the prospect of returning home to a community that has been badly damaged, and perhaps is still not functioning normally, might not be that appealing, no matter how much the displaced people would like to be back home.



Therefore, for some displaced people, the end of the process might be permanent relocation and settlement in a new place. For others, returning home is the final step. Still others might return to their original home and find their community no longer functional, causing them to go somewhere else after all.

The process of displacement is not simple. There are difficult decisions to be made at every step of the process. This manual provides information and resources that will help providers and displaced people work together to make the best decision in these difficult circumstances.

### **Displacement Issues That Providers Should Keep In Mind**

No two people who have been displaced will have the same experience. When working with displaced people, providers must keep in mind each person's individual experience.

Displacement experiences and pre-existing conditions will be discussed throughout the manual, but here are some things to consider when working with displaced people:



**Remember that not all evacuation experiences are the same**

Displacement experiences will always involve an evacuation experience, but rarely will they be the same.

Here are some issues to consider when trying to understand someone's displacement experience:

- ✓ When did the person evacuate—before, during, or after the disaster?
- ✓ Was there warning, and how much warning did the person have that evacuation was necessary?
- ✓ Did the person self-evacuate or was the person forced to evacuate?
- ✓ If a person did not self-evacuate, why did the person choose to stay? Did the person not believe they were at risk, did the person not have the resources (a car, money, somewhere to go) to evacuate?
- ✓ Did the person have assistance in the evacuation process?
- ✓ Did the family stay together during evacuation?
- ✓ What belongings was the person able to take with them?
- ✓ Was the person exposed to danger during the process?
- ✓ After evacuating, where did the person go? How long was the person there? What was it like? Where did the person go next?

**Remember that not all displaced people are the same**

Just because displaced people might come from the same area does not mean that they are the same.



Ways that people might differ include:

- ✓ Economic status – some people might have many resources; others might have very little.
- ✓ Social network – resources include family, friends, and other social connections. Some people might have an intact social network, others might have a large social network that extends beyond the place they live and can help them when they are displaced. Still others might lose their entire social network in the displacement.
- ✓ Urban/rural – people might come from urban areas and others from rural areas.
- ✓ Age – a wide-range of age groups will be present in a mass-displacement event. Providers will have to recognize developmental differences in the reactions of people. Children will have different needs and reactions than will adults. Seniors will also have different needs than adults or children.
- ✓ Disability and special-needs status – individuals with disabilities will have special needs that must be addressed and that may affect their displacement experiences.
- ✓ Culture – multiple cultures may exist within a single displacement population. This may mean different beliefs, values, traditions, and methods of coping. These differences must be recognized and accounted for in a provider's work.



## **Why displacement is so challenging**

People who have been displaced may be:

- Disoriented – they are in unfamiliar surroundings.
- Disconnected from social support – they are separated from loved ones.
- Disconnected from pets – they may be worried about pets they had to leave behind.
- Disconnected from information – they are unable to get news about what is going on and about what happened to family and friends or their homes.
- Disconnected from belongings – they may be without things they need in daily living, be without their cherished possessions, and may have no access to money.
- Disconnected from familiar activities and routines – they may be without a job and their children may be unable to attend school.
- Disconnected from familiar resources – they are suddenly unaware of where to go for medical help or other services, they may be without transportation.

This manual aims to assist professionals and volunteers in helping displaced people deal with various issues and in providing the information displaced people need to make good decisions throughout the displacement process.





## Chapter 3: Case Management and System of Care Collaboration

People who have been displaced due to a disaster may be overwhelmed by their situation. In addition to being displaced from their home and many of their possessions, they may also have been separated from their family members, friends, neighborhoods, jobs, churches, transportation, and more. Because of these varied losses, multiple service sectors must be engaged to address their needs. The network of service sectors helping people who have been displaced constitutes the Displacement System of Care.

**System of Care**, as a generic term, is the collective institutions, organizations, and agencies that assist people in need. A Disaster System of Care and Displacement System of Care are both specific types of systems of care. A **Disaster System of Care** refers to the institutions, organizations, and agencies that assist people following a disaster, and a **Displacement System of Care** refers to the institutions, organizations, and agencies that assist people who have been displaced following a disaster.

The Displacement System of Care is most relevant to this manual. A Displacement System of Care will include numerous service sectors, such as:

- a social service agency sector that provides case management and other services,
- an education sector that provides schooling for displaced children and families,
- a faith-based sector that provides spiritual and emotional support, and may also provide goods such as food and clothes to people who have been displaced,
- a health care provider sector that delivers medical care for people who have been displaced,
- a mental health care provider sector that provides crisis counseling and other mental health services for people who have been displaced,
- a disaster relief sector that provides financial assistance following a disaster.

Additional sectors may be activated in a displacement situation. Not all displacement situations will involve the same sectors.

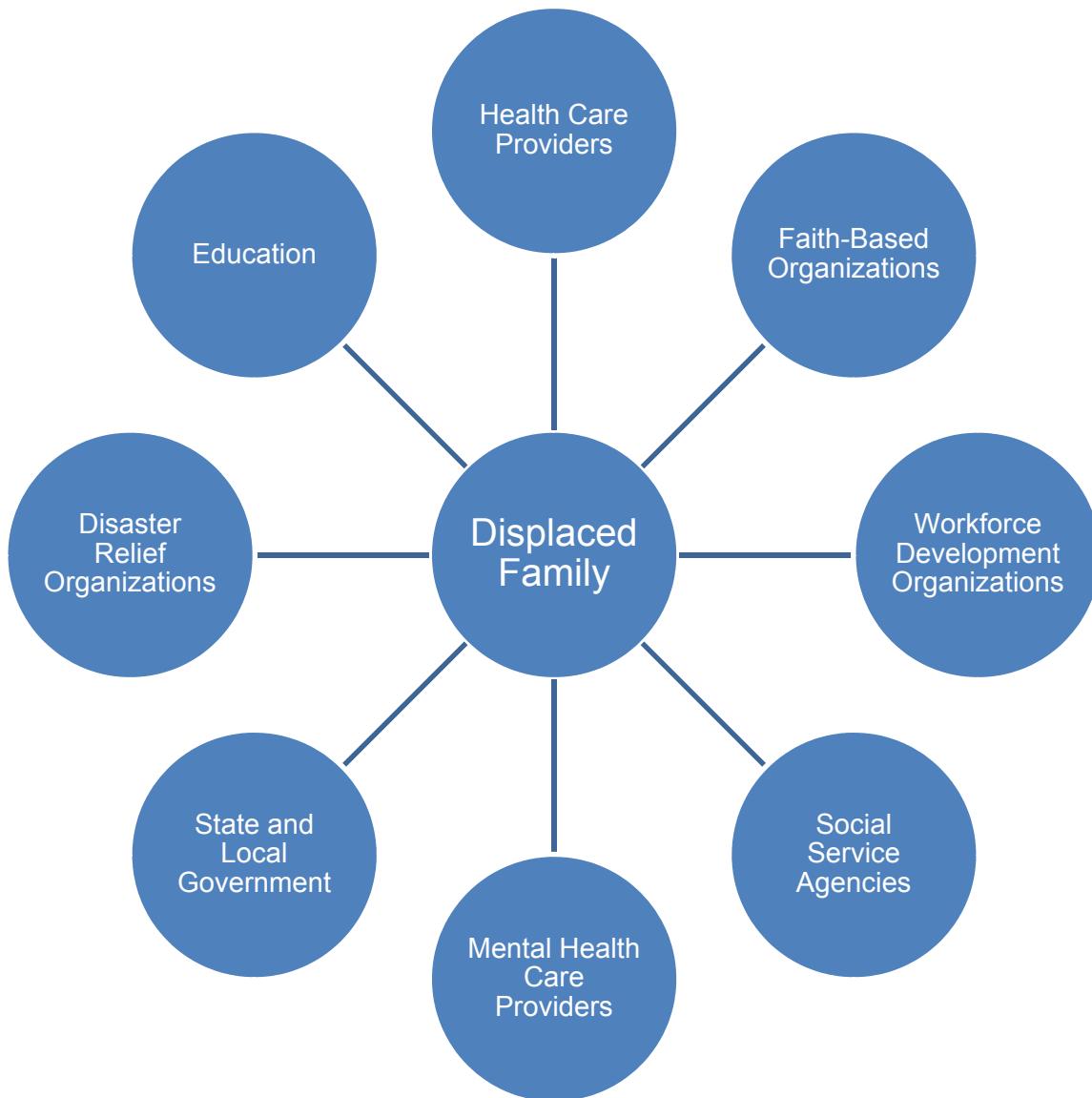
Sectors within a Displacement System of Care may involve a single organization or they may be comprised of numerous organizations. For example, the education sector may include a single school district while the faith-based sector may include many different churches, synagogues, mosques, and temples, as well as non-denominational organizations that are not places of religious worship. Some sectors may be large and complex while others may be smaller and more direct in their orientation and goals. Some sectors may exist before the disaster while others may emerge in the aftermath of a disaster.



Just like not all displacement situations are the same, not all Displacement Systems of Care will require the same organizations; therefore, no manual can provide an exact description of what a Displacement System of Care will look like.

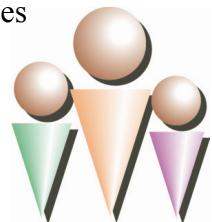
To understand a Displacement System of Care, it is best to picture the system from the perspective of the people or families the system serves. In the case of displacement, the System of Care might look like this:

### **Displacement System of Care Example**



In this example, several different sectors assist displaced families. Within each sector are one or more organizations that provide assistance to people who have been displaced. In this example, the Federal Emergency Management Administration (FEMA - part of the disaster relief sector) might provide temporary housing for displaced families, a local church (part of the faith-based sector) might provide meals and clothes, a local school district (within the education sector) might provide schooling and a social environment for children, and a community mental health center (part of the mental health providers sector) might deliver crisis intervention and counseling. Ideally, all of a displaced family's needs are addressed by the sectors in a Displacement System of Care.

While many or all of the organizations and agencies that provide services through the Displacement System of Care may have existed prior to the disaster, the system is activated in response to a disaster that causes displacement. The system provides specialized resources and services until those who are displaced no longer need the resources and services available from the Displacement System of Care. At that time, the system becomes dormant and can be activated again in the future if another disaster occurs. While the specific sectors may continue doing their usual non-displacement related work (for example, schools in the education sector will continue teaching students), the Displacement System of Care is no longer needed to address displacement. In this way, the Displacement System of Care is temporary.



As a whole, the Displacement System of Care is not activated or managed by an outside or commanding entity. This means any coordination or communication between organizations and sectors within the system must be initiated and conducted by representatives from sectors within the system. For example, representatives from the social service agencies sector might decide that all of the sectors within the Displacement Systems of Care should be communicating with each other. These representatives (proactive people from the social service agencies sector) would then suggest to the other sectors how communication and coordination between the sectors might take place. The coordination of sectors within a system is a grassroots process, in that communication is established *within* the system and not mandated from *outside* the system.

While the process of communication and coordination among sectors in a Displacement System of Care can be established after a disaster, system coordination will be more effective if communication processes are established before a disaster. If sectors that plan to respond in a displacement situation establish relationships with each other and develop agreements for coordination and communication before a disaster, then the system will be in place when a disaster occurs. Such a state of readiness is preferable to one in which no sector is aware of who the other sectors are or how to get in touch with them.



Coordination and communication within the Displacement System of Care is important because all of the sectors within the system play a role in helping individuals and families recover from the displacement experience. None of the sectors provides everything a displaced person needs. This means that to adequately help people who have been displaced, the sectors and organizations within the Displacement System of Care must be aware of and collaborate with each other effectively.

### **Displacement System of Care Awareness**

Providers who are aware of the overall Displacement System of Care are better prepared to help a displaced family. People who are helping displaced families normally work for a specific organization or within a single sector. This means an individual provider may be working to address only a portion of a displaced person's needs. This focus on a portion of overall need makes sense, as organizations and sectors work best when addressing their area of expertise.

However, those working in the Displacement System of Care will be more effective if they are able to help displaced persons navigate that system effectively, and being able to provide this type of assistance may improve the speed with which a family recovers. Remember, displaced people may know nothing about available services in the area and they may not even know anything about the community in which they have relocated. Therefore, you can provide valuable assistance to displaced people and families by identifying available services in the local community and by facilitating access to these resources.

For example, you are working or volunteering for an organization such as the Salvation Army, and your primary job entails delivering hot meals and clean clothes to people who have recently been displaced. If you also have knowledge of the local clinics that offer medical care where displaced people go for FEMA assistance, and what churches in the area are providing housing, then you can expand the assistance you offer to displaced families by suggesting services and options for locating assistance they may need. The awareness of other services in the Displaced System of Care makes you an effective and informed provider.

### **Displacement System of Care Coordination**

While knowing about the overall Displacement System of Care will allow each provider and sector to guide people to services, such awareness also improves the operation of the overall Displacement System of Care. Imagine a Displacement System of Care where no providers communicate: such a situation could easily result in duplication of services. Without coordination, multiple agencies may focus on a single service or commodity. For example,



following a disaster several churches, in an effort to help, might decide to invest their resources in getting clothes for displaced people. Unknowingly, the mayor might make a public call for clothes to be donated at specific locations. This may result in truckloads of clothing that go unused when a coordinated effort could have addressed a wider range of need. The outpouring of support is great, but the goods and services provided are excessive because efforts are duplicated. If providers in the system are communicating, then churches and the mayor realize that the need for clothes is being addressed and that needs such as transportation, food, and medical care can be a focus.

Some organizations or sectors are limited in what they can offer either because of their skills or available resources. Faith-based organizations may focus on providing a specific commodity like clothing or blankets or toys. Mental health providers will likely concentrate on counseling. Disaster relief organizations, on the other hand, may provide assistance with housing, transportation, and meals. Organization, coordination, and communication are essential to both assess the impact and need, and to meet these needs through resources and services.

### **Case Management in a Displacement System of Care**

Because the needs of displaced people may be great—particularly in situations of mass displacement when an entire community or city may be damaged or destroyed—case management becomes essential. A case manager in a Displacement System of Care could be affiliated with any organization in the system. In mass displacement, these case managers could be funded by the state or local government.

Not everyone working with displaced people will be a case manager. However, it is helpful for anyone working in a displacement environment to understand the purpose of case management. In an optimal situation, **case managers** help displaced people access *all* of the services in a Displacement System of Care, including those services you provide. The

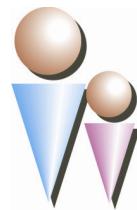
### **Planning and Response Resources**

There are several ways that organizations within the Displacement System of Care can coordinate their efforts before and after a disaster. For example, the Coordinated Assistance Network (CAN; [www.can.org](http://www.can.org)) and the Aidmatrix Network ([www.aidmatrix.org](http://www.aidmatrix.org)) are Internet sites that can help facilitate the coordination of social services following a disaster. Organizations and providers might also coordinate their activities through the local or national Voluntary Organizations Active in Disaster (VOAD; [www.nvoad.org](http://www.nvoad.org)) or through a FEMA funded Emergency Operations Center (EOC). Additionally, organizations in the Displacement System of Care may decide to establish Long Term Recovery Committees (LTRC) to organize recovery resources and services over the long-term.



displacement case manager's role is to help displaced individuals or families assess their short- and long-term needs, develop a recovery plan, and navigate the Displacement System of Care to locate and access necessary resources and services with the ultimate goal of returning the displaced individual or family to self-sufficiency.

For example, a displaced family may have immediate needs for food, clothing, housing, employment, medical care, and transportation. In order to help a family address these needs, a case manager must know what resources and services are available in the community and assist the family to connect with these resources and services. Ideally, case managers will not simply refer displaced individuals or families to services, but will remain involved to be sure that the resources and services are accessed, and to evaluate the need for additional resources and services. The case manager will continue to help the family access these resources and services until the family no longer needs them and is able to meet their needs independently of the Displacement System of Care.



One barrier to receiving services may simply be the complex process that many governmental organizations use to provide services to people who have been displaced. For example, following a major disaster, temporary housing may be available from FEMA, but the forms and protocol for receiving this assistance might be quite complicated. Therefore, a case manager may need to help a displaced person navigate the bureaucratic process. Other barriers to receiving service may emerge from the displaced persons themselves. People who are displaced may not be accustomed to accessing social services, and therefore may need reassurance and guidance in the process. This sort of human emotional management is often required of case managers as they help individuals and families navigate the Displacement System of Care to benefit from available and needed resources.

## The Case Management Process

Case management cannot begin until the initial emergency of the disaster has passed. While case management will not begin immediately, many professionals and volunteers will help people right after a disaster. For example, first responders are on the scene right after a disaster. During this acute disaster response the goal is to protect life and property, and to address the immediate needs of people affected by a disaster. In addition to first responders, disaster relief entities like the Red Cross or the Medical Reserve Corps may be working in close proximity to the disaster site very soon after the event has occurred. Professionals and volunteers working in the acute disaster environment should utilize the principles of Psychological first aid (PFA – see Chapter 5) when interacting with people affected by a disaster.



Acute disaster response is not the subject of this manual. This manual focuses on assisting providers who work with displaced people once the immediate emergency of a disaster has passed. Therefore case management might occur after the safety of a displaced person has been assured, which might happen very early in a disaster. Case management might be available the day after a disaster. It could begin in an emergency shelter. Sometimes case management may not begin for several days or even weeks after a disaster. Exactly *when* case management begins depends upon certain issues, such as how long it takes to stabilize the area and the people who have been displaced, and how prepared the response community is to provide systematic assistance to displaced people.

### Intake and Triage

The first step in case management is the intake process. Intake can be conducted by any number of providers; the person conducting the intake is likely to be from the organization that will eventually provide case management, but is not necessarily a case manager. The *intake* process obtains basic information from a displaced person or family and determines eligibility for case management. Eligibility for case management will vary for each displacement situation and will depend on the specific requirements established by the organization providing the case management.

In addition to determining eligibility for case management, the intake process should also gather information about the individual's or family's basic needs. This information will be used to triage displaced people seeking assistance. *Triage* in the case management process is similar to triage in a medical situation: it means that people with the most immediate needs get assistance first. For example, if five families complete the intake process, and one of the families indicates a need for food, clothing, and shelter, while the other families indicate they need assistance only with transportation and employment, then the family that needs food, clothing, and shelter will receive assistance first. This family could be immediately referred to an emergency shelter to address their needs.



The intake and triage process assesses only the most basic needs of people and families, and it does so quickly and without great detail. Again, the purpose of this process is to make sure people and families qualify for case management, prioritize who gets help based on need, and refer those who need the most immediate help to services quickly. A more detailed needs assessment will be conducted with each person and family later in the case management process.

To determine current needs of each person and family, the intake and triage process should assess the following:

✓ What are the person/family's current needs?

- Food
- Medicine
- Medical Care
- Shelter/Housing
- Clothing
- Mental Health Care
- Child Care
- Transportation
- Employment

✓ Does the person/family have any special needs?

- Physical disability or handicap
- Age (very young or elderly)
- Specific medical needs

### **Individual and Family Needs Assessment**

The intake and triage process is more about stabilizing individuals and families and identifying severe need than it is about beginning the process toward self-sufficiency. ***Case management***, which can begin once the triage is complete, is a robust set of activities that allows a provider to help an individual or family recover from a disaster.

Once an individual or family has completed the intake process and had their immediate needs addressed, the case manager should then conduct a thorough ***needs assessment***, which should determine both current and anticipated needs. The assessment should identify basic needs



(such as food and shelter), health status, mental health status, financial situation, current employment, and available social or family support. The potential needs of people who have been displaced and possible resources to address those needs are described in detail in the following chapter. What is important to note here is that a range of potential needs should be assessed in the individual or family needs assessment.

A picture of the displaced person's current needs should emerge through the individual or family needs assessment process. Based on the results of the assessment, the case manager and the individual or family should develop a recovery plan. This recovery plan should provide an outline for how the individual or family will return to self-sufficiency. Accessing resources and services from the Displacement System of Care will be essential to this recovery plan. Once the recovery plan is developed, the case manager should help the displaced person or family link to needed resources and services available in the Displacement System of Care. This means that if part of the recovery plan is to access funds from FEMA to pay for housing in the new community, the case manager should assist with this process and make sure it is successful, rather than simply telling the individual or family about the resource and hoping they are able to access it. Connecting with services and addressing barriers that prevent individuals or families from accessing those services is key in the case management model.



**Linking** an individual or family to services or resources is, in part, an educational process. By telling someone who has been displaced what is available and how to access it, the case manager is educating the individual or family about the new environment. This education will facilitate self-sufficiency as the process teaches the individual about what is available.

Beyond connecting the individual to services, the case manager may have to advocate for the person who has been displaced. For example, in a displacement situation, housing in a host community may be or may suddenly become scarce, resulting in increased security deposits or rental costs for short-term housing. Because someone who has been displaced may be suddenly unemployed or not have access to his or her full financial resources, these requirements may be prohibitive. Therefore, it may be helpful or even necessary for the case manager to negotiate with landlords and rental companies on behalf of individuals or families who have been displaced.

Once the assessment and linking processes are complete, the case manager should continue to follow up with the person who has been displaced. This follow-up can be informal, something as simple as a phone call to check on their progress and if they need any further assistance. Beyond these informal, regular follow-ups, the case manager may also formally re-assess the displaced family to determine if and how needs have changed and what challenges persist.



This reassessment could be done by repeating the process used to initially determine individual or family needs, so that their needs can be compared and tracked throughout the process.

Eventually the displacement case management process will end, either because the displaced person or family has returned to self-sufficiency and no longer needs case management services, or because the allotment of case management available for a displaced person or family has run out. If displacement case management ends before the displaced person or family is self-sufficient, the case manager should refer the displaced person or family to traditional social service case management and agencies for further assistance.

In other words, if a case manager is working with someone who has been displaced, and because of program requirements or due to a lack of continued program funding, case management for that person comes to an end while the person still needs assistance, the displaced person should then be referred to the social service agency that can provide long-term assistance. This process will help ensure that displaced people who are still in need of services are not abandoned but are helped by more permanent social services and programs.

**Planning and Response  
Resource: Katrina Aid Today**

In the wake of Hurricane Katrina, Katrina Aid Today, a program administered by the United Methodist Committee on Relief (UMCOR), provided extensive case management to people displaced by Hurricane Katrina. The Katrina Aid Today website ([www.katrinaaidtoday.org](http://www.katrinaaidtoday.org)) provides examples of case management intake and individual or family needs assessment forms that were used following Hurricane Katrina. These forms are excellent examples of how to collect information from people and families in the disaster case management process. The website also provides other information about disaster case management.





## **Chapter 4: Assessing and Meeting the Needs of Displaced People**

The needs of people who have been displaced due to a disaster are potentially great. Displacement following a disaster means people may no longer have many or any of their personal possessions, a place to live, a job, food, access to health care, access to friends and family, and more. Experiencing a disaster or losing one's home due to a disaster may make people angry, upset and/or afraid, and it may affect their problem-solving or decision-making abilities (see Chapter 6). Therefore providers who are working with displaced people should be aware of the potential impact of the displacement experience on people and families and of the range of possible needs.

In ideal situations, case managers will be available to help assess the needs of displaced people and families, and to refer people to services that address these needs (see Chapter 3 for a discussion of displacement case management). However this ideal will not always be reality; thus the aim of this chapter is to help all providers understand the range of possible needs of displaced people.

While this manual will outline the potential needs of people who have been displaced, it is not possible to anticipate what services will be available in every displacement situation. Much of the work of identifying these services will need to be done through communication and coordination among the sectors within the Displacement System of Care (see Chapter 3).

This chapter provides a description of the possible needs of people who have been displaced, followed by suggested resources to meet those needs.

### **POTENTIAL NEED: Food and Clothing**

Two basic, high-priority, urgent needs of people who have experienced a disaster or have been displaced are food and clothing. This need will likely exist in both temporary and long-term displacement events. Disaster relief organizations, which typically run emergency shelters, often supply food and clothing in the immediate aftermath of a disaster. Once the disaster response phase of the emergency has passed, the provision of food and clothing will likely come from other sectors of the Displacement System of Care, such as community or faith-based organizations. Coordinating the dispersal of food and clothing will be much easier in a Displacement System of Care that is organized through communication among the various sectors.



## POTENTIAL NEED: Health Care

Health care, like food and clothing, is an urgent, high-priority need for people who have been displaced due to a disaster. First responders will facilitate medical care for people who have been injured in the disaster or evacuation. Other people who may not need immediate emergency medical attention may require routine health care. For example, someone who has been displaced may not have been injured enough to be triaged to medical care by a first responder, but could still need medical attention quickly.

Perhaps more common will be people who were not injured in the disaster or evacuation, but who have been displaced to a new community and who have an acute or ongoing medical condition. For example, someone with diabetes who does not have access to medication or blood sugar testing supplies would need referral to health care and/or pharmaceutical services. Someone else with high blood pressure may need a similar referral. Still others with even more serious or rare pre-existing health conditions may require immediate attention. For example, someone might have schizophrenia and would require consultation with a psychiatrist. Another person may have a physical handicap. Such conditions place people into the category of ***special needs*** (see Page 44), a term used in reference to people whose needs are notably distinct from those of the general population.

Providers in the Displacement System of Care must know where to refer people who need medical services. Pharmaceutical services are also essential for people who have escaped a disaster-affected area without all of their prescription medications. Being able to handle prescription needs independent of full health care services may in turn reduce the strain on healthcare providers. Providers can contact local community health clinics, a local hospital, or the state medical association to identify available services in the area. Health providers or medical associations in the Displacement System of Care may establish a call center to address medical questions, in which physicians, nurses, and other medical professionals provide basic medical advice and referrals over the phone for people who have been displaced. Such a system would help coordinate all health care services available in the Displacement System of Care.

## POTENTIAL NEED: Shelter or Housing

Shelter and housing will likely be a major need in any situation involving mass displacement. Emergency shelters established before (when warning allows) and after a disaster may be managed by disaster relief organizations such as the American Red Cross, but these shelters are not intended for long-term use. Therefore, once the emergency phase of the disaster passes, people may be moved to more permanent housing. This process may be managed by



the Federal Emergency Management Administration (FEMA) or state and local public housing agencies. Providers can assist displaced people with housing needs by providing the following services:

<b>Help people who have been displaced access federal or state disaster housing assistance</b>	The process by which individuals and families apply for and receive federal or state housing assistance is often complicated, confusing, and not well communicated or advertised by the government agencies responsible for providing the assistance. Therefore, providers should learn the assistance process themselves, be able to clearly and simply communicate the process to those needing assistance, and be able to answer questions throughout the application process.
<b>Provide emergency support for people with unmet housing needs</b>	Federal or state housing assistance may not be available right after a disaster. While the specifics of a housing assistance program are being finalized by federal or state agencies, mass displacement may result in displaced people staying in places not intended for living, such as their cars. These people will need housing help before formal assistance programs are established. Providers from the Displacement System of Care may need to advocate for displaced people by negotiating with apartment landlords to secure housing units that are immediately available for rental, that have short lease terms, and that require no down payment.
<b>Assist people who have been displaced with future moves</b>	In situations of mass displacement, it is possible that people will move more than once before becoming settled or returning home. For example, after spending some time in an emergency shelter, a family may move to a FEMA-supplied trailer, only to move again at a later time to a rented apartment, and then to move again to a house in the host community. Each of these moves may require assistance from providers in the Displacement System of Care. Providers should remember that just because a family has been relocated does not mean that family is settled or no longer needs assistance.
<b>Provide referrals for needs associated with housing</b>	In addition to needing housing, people who have been displaced may need household furnishings and assistance paying for utilities. Furniture needs might be met by community, faith-based, or disaster relief organizations. These organizations or federal or state agencies may assist with utilities.



## POTENTIAL NEED: Mental Health Services

The displacement process is multi-faceted, complex, and full of decision points, so the process may be incredibly stressful.

Orderly and planned evacuations, in which people are able to take their belongings and evade the experiences of direct exposure to the disaster will probably be less traumatizing than a forced evacuation that occurs during or after the disaster.

Evacuation and displacement may even have less adverse consequences than remaining in an area in which people encounter horrific experiences and in which resources are depleted.

Displacement and relocation also carry the risk for adverse experiences depending on a variety of factors including the kind and amount of disruption and loss, danger and time en route, reception of the host community, and the availability of resources and support.

Over time, displaced and relocated people may have to deal with an accumulation of stresses and adverse conditions and situations. Some people will return to their original homes and some will make multiple moves. These disruptions may bring hope or despair or both. Uncertainty about the duration of displacement and separation from family, friends, pets, and familiar surroundings, institutions, and customs may be unsettling. Lost time in work or school, establishing new relationships, integrating into new schools and other social structures, learning to trust in the new environment, stigma, feeling misunderstood or different, feeling isolated, and grieving losses create challenges for children and their families. Traumatic reminders may add to difficulty adjusting. People may feel ‘passed around’ from agency to agency especially if support services and systems are not well developed or integrated.

Research conducted in the wake of Hurricanes Katrina and Rita illustrates some of the mental health effects that result from mass displacement. For example, one survey found that 68% of adults who were

**Planning and Response**  
**Resource: National Child Traumatic Stress Network**  
**(<http://www.nctsn.org>)**

The National Child Traumatic Stress Network has a variety of resources for children and families who have experienced a disaster and for providers and mental health professionals who work with them. Resources are available to address hurricanes, tornadoes, earthquakes, fires, tsunamis, and more. Information is available to assist parents in helping their own children following a natural disaster, and tools are provided that can be used by disaster volunteers, medical or mental health professionals, and school personnel. The NCTSN web site is an excellent source of information that can help providers prepare for or respond to disasters that do or do not cause displacement.



relocated to trailers or hotels following Hurricane Katrina reported symptoms of depression, anxiety, or other psychiatric disorders. In another study, Hurricane Katrina survivors reported an increase in anxiety, adjustment problems, and depression. Families surviving the storm also reported increased family disruption and domestic conflicts. The New Orleans suicide rate in the year following Hurricane Katrina is estimated to have increased by 25% and the murder rate increased 37%.

Also, adults who reported high levels of stress following Hurricane Katrina were 2.5 times more likely to report having children with mental health issues; therefore the mental health of parents in turn affects the mental health of children. Children living in trailers or hotels following Hurricanes Katrina and Rita experienced difficulties with stress; 44% of children were reported to exhibit new mental health problems, including depression, anxiety, and difficulty sleeping after the hurricane. A survey of schoolchildren in New Orleans found that 54% met the criteria for mental health referral. Child reactions to the trauma of being displaced will likely vary according to the age of the child. See Appendix A for information on how children of different ages may react to experiencing a disaster and being displaced, and for information on how to help these children deal with the disaster/displacement trauma.

Mental health services for displaced children and families needs to be identified or established within the Displacement System of Care. Following a disaster, counseling may be provided through a state-run Crisis Counseling Program, or other mental health services may be provided through local mental health agencies. If you are unsure what services are available, check with the local mental health association, the local chapter of the National Alliance for the Mentally Ill (NAMI), or the local chapter of Federation of Families for Children's Mental Health for information about what services are available for children and families.

### **Strategies for helping displaced people**

It may be difficult to normalize an experience for people who have relocated to a new environment, but they should benefit from expressing feelings and having their feelings validated. Many people who will not need mental health services may well need psycho-education, social services and support, and advocacy.

Services for the displaced population may be established rapidly and may not be well conceptualized or integrated. Families may feel the effects of being “passed around.” It may help them to develop a log recording the agencies that have served them, the contact people at those agencies, and even their case numbers.



## POTENTIAL NEED: Transportation

When people have been displaced from their homes following a disaster they may also be displaced from the way that they normally get around. People who were evacuated during or after the disaster may have left without their cars or vehicles. Other people may have relied on public transportation before the disaster and simply not have a car to use while they are displaced.

Given the high cost of cars or other means of transportation, it may be difficult to provide new vehicles for people who have been displaced. However, providers should find out if state or federal disaster assistance provides financial assistance for securing a vehicle. If not, providers should determine if local banks are offering special automobile loans for people who have been displaced. Providers should also check with local community or faith-based organizations to see if these groups can provide assistance locating vehicles. Local churches might see the value in securing a few vehicles that can be shared by people who have been displaced, or churches might be able to use church vans or busses to help with transportation needs.

If personal transportation cannot be located for some people who have been displaced, then providers should educate those people on the local mass transportation system. This education would involve providing displaced people with bus or train maps and schedules, and explaining the procedure for navigating the public transportation system. Remember that some people who have been displaced will not have experience using mass transportation so this process could be new, while other people may be used to a much more robust mass transportation system than that available in the host community.

In some situations, mass transportation in the host community may not routinely serve those who have been displaced. For example, if a large number of displaced people are staying in an apartment complex on the outskirts of town in an area not routinely served by the local bus system, then providers should advocate for the needs of people who have been displaced. The provider should bring this need to the attention of the local mass transportation authority, which might be convinced to add a new bus route. If the transportation authority is not aware of the need, then such adjustments will never be made. Therefore, providers advocating for the needs of displaced people may be essential.



Addressing the transportation needs of people who have been displaced will often take creativity and determination on the part of the provider. Transportation is typically an expensive service and therefore it may be a need that is difficult to fill. However, when advocating for assistance with transportation, whether it be with the mass transportation authority, the state or federal government, or local community or faith-based agencies, remember to emphasize the importance of transportation to the recovery process. Without transportation it will be difficult for people who have been displaced to find new jobs, to shop, to attend religious services, to attend local events, and to integrate into the community. When people do not have transportation they are limited in their interaction with the community and options when considering what church to attend, how involved to be in local organizations and schools, and how much they can realistically participate in their social network. Therefore, transportation is an important need for displaced people who are attempting to rebuild their lives.

## POTENTIAL NEED: Employment

If people have been displaced to a new community following a disaster and are unsure how long the displacement will last, or if it is clear they will be displaced for a lengthy period, then it is likely those people will need to begin considering how they will make a living in the new environment. Attaining gainful employment is an essential step in the path towards self-sufficiency and recovery.

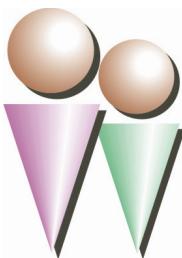
The amount of assistance people will need finding employment will likely vary widely from person to person. Some people who were displaced will be professionals in high-demand fields who need little more than the local classified ads to find employment in the new community. Other people, however, will need much more assistance. People with few job skills will likely have difficulty finding employment in the new environment. In reality, these people may have had difficulty finding employment in their home community before the disaster because their job skills may only qualify them for work in low-paying positions that require little or no expertise.

The typical goal of disaster assistance is to get people back to a lifestyle similar to the one they were leading before the disaster—to return people to their “normal.” However, when people have been displaced and have lost a great deal, is it enough to simply get them back to where they were before the disaster, especially if where they were before the disaster included working in low-paying jobs that provided no real future for advancement and personal improvement? It may be that simply returning people to these sorts of jobs in the new community is the best that can be done following mass relocation. Or, it may be that the scope of the displacement experience and the resources that become available provide opportunities to not only help return people to their “normal” lives, but also to help those whose “normal”



was less than ideal improve their situation. Therefore a relocation experience may be an excellent time to provide job training to people who would benefit from increasing their employable skills. This may be necessary if there are not enough jobs, but this may also be an excellent time for the community to invest in improving the employment potential of people who have been relocated.

Another issue to consider involves the differences in job markets between the home and the host community. Before the disaster an individual may have been living in a place where, for example, the construction industry was very active. Therefore that person may have made a good living building houses. In the host community, there may be far fewer construction jobs available meaning the person's skill is not in demand. Providers should help someone in this situation attain new skills, or help the individual identify other communities in which he or she is more employable. However, remember that making multiple moves can be stressful and this stress should be considered when making the decision to move again because of employment.



A final issue is employment standards. That is, what was considered professional and qualified in the home community may not be professional and qualified in the host community. For example, someone who has been displaced may have been working as a chef in the home community, but in the host community the individual's qualifications warrant a job as a line-cook, a much lower paid position. These different employment standards may have an economic impact on people who have relocated, but there can be an emotional impact as well. To go from running a kitchen, creating menus, and making decisions as a chef to working for someone else in a more automated and systematic fashion as a line cook, all as a result of a disaster that also took one's home and neighborhood, can be demoralizing. Again, in this situation, additional job training or relocation to another community may be necessary.

Employment resources for people who have relocated will likely be available throughout the Displacement System of Care. Perhaps the first place to check for employment resources is the local or state labor or workforce development agency. These agencies should already have databases of job listings and opportunities for job training. Additional funds provided by the federal or state government to address employment needs resulting from the displacement disaster may also be given to these agencies. Many communities have other non-governmental, non-profit workforce development or training agencies, and local community colleges and vocational schools may have job training programs and listings of employment opportunities. Providers should familiarize themselves with the organizations and the local services that address employment needs. Additionally, other social service and faith-based organizations in the Displacement System of Care may have job training or placement

programs. If all of these job assistance services can be coordinated through a single entity or presented at a job fair for people who have been displaced, then it is more likely that people who need a job can locate the assistance they require.

## **POTENTIAL NEED: Financial**

In addition to needing help obtaining health services, a place to live, and transportation, people who have been displaced may have a general financial need. This financial need may exist because banks in the disaster community are not fully operational and displaced people cannot access their financial resources, or because they do not have access to the things needed to access their funds in banks (e.g., their credit or debit cards, or official identification). This need may also result from the fact that many people live without savings or other emergency resources; a major disruption that prevents them from working or interrupts the delivery of a paycheck causes serious financial shortfalls.

Whatever the exact cause of the financial need, assistance may be available from the Displacement System of Care. The most likely source of financial assistance will come from the federal or state government. The Federal Emergency Management Agency (FEMA) may provide immediate financial assistance (perhaps in the form of gift cards) to people who have been displaced. Providers can help people who have been displaced by letting them know the process through which to attain this assistance and by providing support in completing the application process. Other social or community organizations may also be able to provide financial assistance. It is recommended that financial assistance that comes from sectors of the Displacement System of Care other than the federal or state government be properly administered and coordinated to prevent abuse of this service.

## **POTENTIAL NEED: Legal Services**

People who have been displaced may have a variety of legal needs. Appleseed, a non-profit network of public interest law centers, reported that people who have been displaced may need legal assistance with landlord-tenant disputes, lost identification papers, family law issues, insurance issues, and consumer finance issues such as making credit card, mortgage, and rent payments sometimes on properties that are no longer inhabitable. Providers should identify sources of legal assistance for people who have been displaced. This assistance may come from non-profit law centers in the community or could come from attorneys in the community who provide free legal services, legal clinics, or legal advice via a phone hotline to people who have been displaced. Additionally, law schools may operate clinics and the state bar association may organize services to help with legal issues associated with displacement.



Finding legal assistance for people who have been displaced may be difficult. Law services are often expensive and the need for legal assistance may not be immediately recognized in the community. Therefore providers will likely need to advocate for legal assistance by contacting legal providers in the community, explaining the need, and coordinating any assistance offered.

## POTENTIAL NEED: Schools/Child Care

Schools will be a major need for families with school-age children who have been displaced. Getting children back into school is a good first step in returning them to a normal routine after being displaced. If families will stay in emergency shelters for a lengthy amount of time, then it may be worthwhile to establish classes or a school in the shelter. Having a school in a shelter is often preferable to bussing children from the shelter to a nearby school, as often children and families are anxious about separating from each other, particularly after a disaster. It also avoids a resource drain for nearby schools that may have difficulty integrating new students.

Once children and families have moved from an emergency shelter into host communities, then schools in those communities must establish a process to enroll displaced children. A school district may identify a single school to enroll all of the displaced children or it may send displaced children to schools throughout the district. Keeping displaced children together in one school establishes a community of children who have experienced similar circumstances and can therefore support each other, while sending the displaced children to schools throughout the school district may allow the schools to better handle the sudden increase in enrollment. A discussion of which strategy is best should be made with the involvement of school officials, members of the host community, and representatives from displaced families.



Attending a new school can be difficult for any child, but beginning at a new school after being displaced to a new community may be particularly challenging for children. Teachers and other school staff should be sensitive to the stress experienced by displaced students. Host community teachers and school staff should be aware of the impact of trauma on students and know how to respond to their reactions. In addition to general challenges with students who have been displaced, children with learning, behavior, emotional, or other problems may have the most difficult school transition experience. Host community schools will want to be aware of these issues and have mechanisms to identify and help such children.



**Planning and Response Resource:  
Terrorism and Disaster Center of the  
National Child Traumatic Stress  
Network**

Schools that are hosting displaced children should develop strategies to help those children deal with the trauma of being displaced and help the children integrate into the new school setting. In addition to possibly needing to hire more teachers, school administration may also need to locate additional counselors to help children cope with traumatic experiences. Schools may wish to offer group- or individual-based interventions to help children process and normalize their displacement experiences. Interventions such as Kids Dealing with Disasters (KiDD) and Strength After Trauma (START) offer manualized, modular interventions that can be used with displacement students. Training on these interventions can be attained through organizations such as the Terrorism and Disaster Center of the National Child Traumatic Stress Network (<http://tdc.ouhsc.edu>). Schools may also contact the local mental health association or local community mental health centers if they need assistance implementing these interventions.

Interventions are also available to help displaced and host-school students work together to develop an understanding of the displacement experiences from both perspectives. **Listen to the Children**, an intervention also available from the Terrorism and Disaster Center of the National Child Traumatic Stress Network (NCTSN), provides displaced and host-school children an opportunity to discuss what has happened and identify coping strategies that can be used by students both in the current situation and with future crises or challenges.

Schools will need to address any differences in educational standards or academic priorities between what displaced students experienced in their home community and what exists in the host community. Schools in the pre-disaster community may have had more rigorous academic schedules and standards, so that displaced students in a host community school may be bored with the curriculum for their grade-level. Schools will need to decide how to address this gap so that the students do not become discontented with the new school. The opposite situation may also prove true.

Displaced students may be academically behind the students in the host community. Schools should also be aware that if displaced students come into a host community school with less knowledge and skills than host community students, there will be significant opportunity for host community students (and eventually the broader community) to label the displaced students as “slow.” Such a stigma could be demoralizing for displaced students, so schools should do what they can to prevent such perceptions from taking root.

Even if there are no differences in academic performance, schools may experience conflict between displaced students and the students from the host community. Cultural differences (see Chapter 8) may exacerbate this conflict as differences in the way that students talk, dress, or act will create the appearance of division between the groups. School staff should be proactive in addressing this conflict by having students come together to discuss the displacement experience from the perspective of both displaced and host community students, and to talk about the differences and similarities

between the groups. Interventions such as “Listen to the Children” (see Page 43) can help with this process.

One of the greatest challenges for schools that receive displaced students will likely be stretched resources. While some additional resources may be allocated to schools to help provide services to displaced children, these resources may not be sufficient or may not come at all. Stretched resources are a difficulty for schools as they have to provide more teaching to students. Schools will also likely need to increase school mental health services. The potential trauma of being displaced coupled with potential for a “culture shock” of being in a new community and school, means that mental health and counseling services will likely be in great demand after displacement occurs.

In addition to schools, childcare may be a significant need for displaced families. Parents who do not have access to childcare may not be able to work as much as they need to, and this may impede the journey to self-sufficiency. To allow time for parents to seek and obtain employment, sources of childcare should be identified in the Displacement System of Care. Childcare might be provided by various community social service or faith-based agencies.

## POTENTIAL NEED: Special Needs

In a mass displacement, some of the people displaced will certainly have special needs. The term ***special needs*** is used in reference to people whose needs are notably distinct from those of the general population. This may be because the needs themselves are unusual or because the degree or intensity of the need is so much greater than average.

Populations of people with special needs typically include:

- children,
- elders,
- people with disabilities,
- and people with pre-existing physical or mental health issues.

Individuals with special needs will likely need special assistance to take care of themselves; therefore, providers working in the Displacement System of Care need to identify people with special needs to provide adequate care. For example, the medically ill may need medical attention before other people who have been displaced. If the special needs of the medically ill are not identified by providers, then these medical needs may not be addressed adequately or quickly enough resulting in serious problems.



Providers should consider contacting advocacy groups in the local community that work on issues related to the specific special need they encounter, such as the local Alzheimer association, local association on mental retardation, local mental health association, council on aging, or others.

### **Additional Potential Needs**

This chapter reviewed the potential needs of people who have been displaced and suggested resources to meet those needs. However, providers should remember that not every displacement situation is the same; therefore, in some displacement situations needs may emerge that are not listed here. Providers should work through the case management process (see Chapter 3) to determine what the specific needs are for displaced individuals and families.

Also, while suggestions and resources for meeting needs were described in this chapter it is not possible to anticipate the specific resources and services available in every displacement situation. Much of the work of identifying available resources and services will need to be done through communication and coordination among the sectors within the Displacement System of Care (see Chapter 3).





## Chapter 5: Psychological First Aid for Displaced People

Anyone who has been displaced from their home by a disaster can be expected to experience abnormally high levels of stress. Even under the best conditions, displaced disaster survivors will face situations that are challenging in ways that exceed their normal experience and expectations. They will also need to rely upon others for things that they might typically expect to manage for themselves, and they may find themselves in situations where they are managed by others in ways that leave them little choice but to comply, such as in the case of being evacuated from their homes by police or National Guard troops.

These conditions and experiences contribute to a persistently high level of stress, and if people are to be healthy and have a chance to recover, stress is something that needs to be managed as best as possible. Managing stress on our own can be a source of pride and independence, but it is also common in our daily lives to turn to family, friends, co-workers, and other people we trust for help with managing our stress. Coping with being displaced makes it even more likely that we will need some help in this regard. Therefore, it is important for providers working with people who have been displaced to practice some basic skills that are likely to ease some of the stress of being displaced. Helping people who have been displaced manage their stress can make the tasks of relief and recovery a little less challenging by improving a person's capacity for coping with the crisis at hand.

***Psychological first aid*** (sometimes known as PFA) is an approach to crisis stress management that is designed to allow people without advanced training and education in disaster mental health to lend psychologically effective assistance to disaster survivors. Much as first aid and cardiopulmonary resuscitation (CPR) are forms of emergency assistance that are taught to youths and adults who are not trained medical providers, so “psychological” first aid offers a framework for providers who may or may not have mental health training. Psychological first aid allows providers to approach their interactions with displaced people in ways that are supportive and constructive. Psychological first aid has received considerable attention from the healthcare and mental health communities; protocols and manuals have been developed by a variety of domestic and international agencies like the American Red Cross, the Federation of Red Cross and Red Crescent Societies, and a collaboration between the National Child Traumatic Stress Network (NCTSN) and the National Center for Post-Traumatic Stress Disorder (NCPTSD). This chapter was developed to provide a practical and concise summary of the various models of psychological first aid for use with people who have been displaced.



The psychological first aid model that this chapter relies on primarily is the NCTSN/NCPTSD's Psychological First Aid Field Operations Guide. Readers who want to

learn more about NCTSN/NCPTSD's psychological first aid model should consult the complete Psychological First Aid Field Operations Guide which is available on the NCTSN website (<http://www.nctsn.org>). This chapter provides information that is basically a brief pamphlet on first aid. Providers should understand that this chapter summarizes information that should allow them to use psychological first aid with displaced people to offer minimal assistance while not making the situation any worse. In other words, "first, do no harm."

## **Principles of Psychological First Aid**

Psychological first aid is designed to assist displaced people to cope with stress resulting from any aspect of the displacement process. The methods employed in psychological first aid are similar to those that providers tend to use when responding compassionately to people in distress, but they are intended to allow more than simply an empathic conversation. More than that, psychological first aid provides a clear set of actions and objectives for engaging in constructive problem-solving that can yield tangible improvements in the coping capacity of someone who has been displaced. It must be clear from the outset, however, that the central objective of psychological first aid is not to do everything for the displaced person, but instead to lend assistance that bolsters the individual's own coping abilities and access to resources.

The following is a list of the "core actions" of the NCTSN/NCPTSD model of psychological first aid:

**Contact and engagement:** This consists of responding to contacts initiated by displaced people or initiating such contacts in a compassionate and helpful manner without being intrusive.

**Safety and comfort:** Once an engaging relationship has begun to form, the goal is to protect against risks of harm while also seeking to provide an environment that improves the comfort level of the person who has been displaced.

**Stabilization:** To the extent that the person who has been displaced is emotionally overwhelmed or disoriented, the goal is to help him or her achieve a calmer and more stable state of mind.

**Information gathering:** The immediate needs and concerns of someone who has been displaced are not entirely obvious. Thus the provider must gather accurate information from the individual to identify needs, concerns, and priorities to focus their work toward the most beneficial goals.



**Practical assistance:** Providing practical assistance to displaced people goes a long way toward relieving distress and increasing comfort. Doing so in a compassionate but non-intrusive fashion blends psychological first aid with a very basic form of helping.

**Connection with social supports:** Displacement often separates people from the usual sources of social support that they would turn to in a time of crisis. These separations can become intense sources of distress. Helping people who have been displaced establish contact with their most precious sources of prior social support (such as close relatives or dear friends) can help relieve stress. Displaced people also need to establish contact with those to whom they typically provide support (such as children or aged parents). It may be possible to help them develop new social support relationships with previously unknown persons (such as caseworkers, other survivors, or support groups).



**Information on coping:** Most of us can admit a need to learn better ways to cope with life's challenges, and displaced people are often coping with unfamiliar and distressing conditions that would exceed anyone's coping capacity. Providing information about commonly experienced stress reactions and relatively effective coping methods may enable people who have been displaced to better monitor their own stress reactions and coping needs.

**Linkage with collaborative services:** Providers working in displacement situations are often informed of support services and resources that could prove useful to people who have been displaced. Linking displaced people with available services and helping to facilitate ready access to providers can not only serve material goals, but can also provide relief from the emotional stress that comes with being deprived of resources and feeling unable to improve upon one's own situation.

## Using Psychological First Aid

### Setting

Psychological first aid can be used in almost any situation where people are significantly distressed. In a displacement situation this might mean using psychological first aid during an evacuation procedure or at a shelter, a medical assistance site, a feeding site, a community facility (such as a school), a relief agency site, a work site, or a home. In all of these examples, the people who have been displaced will be involved in recovering from a traumatic situation and may improve their ability to function or cope when the principle actions of psychological first aid are used as part of the overall relief effort.



## **Survivors**

Displacement can affect anyone. Psychological first aid is simple and practical enough to be practiced with people of most any age or background, as long as adequate sensitivity is exercised regarding their individual and group differences in age, gender, religious affiliation, and ethnic or cultural background. By remembering that psychological first aid is a tailored response to the expressed needs and preferences of the person who has been displaced, the provider using psychological first aid can work with the displaced person to incorporate any individual differences into the needs and preferences that are identified in the context of the psychological first aid interaction.

## **Providers**

The providers in a displacement situation are as diverse and varied a group as the people they seek to assist. Some providers will be more comfortable than others with attending to the emotional and psychological aspects of the displacement experience. While psychological first aid is meant to be accessible to the entire range of relief personnel and volunteers, it is also understood that people will differ in the degree of their involvement and enthusiasm for using psychological first aid. This is a matter of personal preference, temperament, and judgment, and no one who is uncomfortable or unsuited to using psychological first aid should feel obligated to do more than that with which they are comfortable and competent.



### **Things to remember while using psychological first aid:**

- ✓ Use gentle initiative to connect warmly with people who have been displaced and invite discussion of immediate needs and concerns that may be adding to their stress.
- ✓ Pay close attention to safety issues, since these may carry the highest risk of potential harm.
- ✓ Issues such as pain, thirst, hunger, and fatigue deserve significant and immediate attention; a basic element of managing stress is to reduce discomfort whenever possible.
- ✓ Model and convey a relative sense of calm in the face of adversity, while also being polite and helpful within the limits of your resources and expertise.
- ✓ Provide basic information that orients displaced people to important aspects of the situation, and encourage dialogue about how you and others might best be helpful.
- ✓ While it may be useful for survivors to share their emotional and psychological reactions to the displacement experience, psychological first aid is not formal counseling. Therefore do not lose sight of practical needs or wants that you might be able to address.
- ✓ Look for ways to help people find supportive connections with others, especially if they are separated from those they care most about. Close personal relationships are the most important sources of security and social support for most people, but other personal connections of a less emotional kind can also be helpful and comforting.
- ✓ Observe with respect how people who have been displaced are coping. Look for ways to support existing coping styles while also offering suggestions for additional coping alternatives.
- ✓ Make a point of being knowledgeable about available services and other resources, and help connect the displaced person with the kinds of support they might otherwise miss.
- ✓ Know the limits of your abilities; don't over-promise or otherwise convey false hopes, and take care not to become over-involved or unprofessional. Professionalism and self-care will protect you and others from avoidable harm.



## Psychological First Aid Example Scenarios

What follows are brief illustrative scenarios of how the psychological first aid core actions might be practiced with different people in different situations.

### **Scenario 1: Psychological first aid with an unattached, older adult during an evacuation procedure**

Joan, a volunteer firefighter, is going door-to-door as part of an evacuation procedure preceding the landfall of a hurricane. In the hallway of an apartment building she encounters an older man carrying a duffle bag, who appears to be confused or disoriented. Joan calls out to the man to evacuate immediately and he responds, “I don’t know where to go.”

Joan approaches the man calmly and explains that she is a volunteer firefighter assisting with the evacuation. The man identifies himself as Bill and says that he has nowhere to go and that he thinks he should just hunker down to ride out the storm. Joan asks Bill if anyone else in the building will remain behind to help him; he explains that he doesn’t know what anyone else is doing and that he lives alone and takes care of himself. Joan replies that the mayor has declared a mandatory evacuation and that Bill should come with her to a safer place until the storm passes. Bill reluctantly accepts the need to evacuate, but shows little motivation or sense of direction for taking effective measures on his own behalf.

Now, let’s apply the psychological first aid core actions in this scenario to consider how Joan has utilized them in her interaction with Bill and discuss what other opportunities for implementing psychological first aid actions or principles exist in this example.

**Engagement:** Joan has gently begun to engage with Bill by initiating contact in a compassionate and helpful manner. Because she is assisting with evacuation, the situation requires her to be a bit more assertive than might normally be desirable, but she handles the engagement with respectful professionalism. Her approach is likely to help her gain Bill’s confidence so that she can work with him to ensure his safety and support his capacity to cope with this emergency.

**Safety and comfort:** As the engaging relationship between Joan and Bill forms, they must begin to agree upon a plan to protect Bill from preventable risks and examine any options that might provide an environment in which Bill could comfortably ride out this emergency. There are obvious time pressures in this situation, but Joan might still be able to help Bill gather the belongings he will need to be comfortable while staying at a shelter. She can also ascertain



any health conditions and other special needs that Bill might have, such as medications or health-related appliances (e.g., a walker, glasses, hearing aid, pacemaker), and then use that information to help him gather “safety and comfort” items, along with copies of prescriptions or other documents that could prove useful to healthcare workers.

**Stabilization:** Rather than being emotional or excited, Bill seems to be more confused or numb, and is perhaps resigned to the risks in his situation. This is similar to what is called “immobilization,” meaning that the person shows little sign of being ready to take any initiative toward self-help. Thus, it may be helpful for Joan to assist Bill to focus on the risks associated with the storm and to motivate him to be as mobile, decisive, and proactive as he is able.

**Information gathering:** From the beginning of engagement, Joan has been gathering information from Bill that helps her understand his specific situation and his personal resources, capacities, needs, concerns, and priorities. She will use this information to help her address Bill’s immediate needs in the most practical and effective manner possible. In addition to Bill’s physical and health needs, Joan should also inquire about persons or groups that have been providing him with social support. Given the emergency conditions, Joan might best begin by learning about any friends, family, or neighbors living in the immediate vicinity who could provide Bill with some rapid short-term assistance. When available, mobile phones and other technology can be used to facilitate communication between people who are displaced and others who can provide social support.

**Practical assistance:** Joan is providing Bill with practical assistance by helping him take inventory of his needs and resources, and may go further by directly providing him with survival (such as water) and comfort (such as blankets or foul-weather clothes) items that may be available. As the evacuation proceeds, she may also find opportunities to help Bill access greater assistance than is immediately available.

**Connection with social supports:** Joan’s immediate impression is that Bill is socially isolated with few sources of social support. This assumption needs to be tested by asking Bill some non-intrusive questions about who he knows in the building and the adjacent neighborhood, and gauging from Bill’s replies the potential for facilitating immediate local social support. The circumstances of the disaster displacement and assistance from Joan could even lead to the reactivation of dormant relationships. Joan may also be able to serve as an advocate and intermediary, helping to connect Bill with new sources of social support such as caseworkers, other survivors, or support groups.

**Information on coping:** Some of the information Joan is likely to seek from Bill will directly or indirectly reveal how he is coping with the disaster and will have implications for how he



tends to cope with major stressful events. Joan's psychological first aid techniques should focus on all of Bill's coping strategies with a particular encouragement of coping methods that are likely to maintain his physical and psychological wellbeing. Joan should also reassure Bill that everyone experiencing this emergency is coping with unfamiliar and distressing conditions that would exceed anyone's coping capacity, discuss with him some of the most commonly experienced stress reactions, and explore with him some relatively effective strategies people can use to cope with their own stress.

**Linkage with collaborative services:** As a volunteer firefighter, Joan may have access to information about support services and resources for people who are being evacuated that could be helpful to Bill. She should look for ways of linking him with available and appropriate services. The gap between success and despair is often small; assistance and advocacy by relief workers can help to prevent or relieve the emotional stress that comes with being deprived of resources and feeling unable to improve upon one's own situation.

**Concerns in this scenario:** If this were a real life situation, it would surely be more complicated than as described in this scenario. Everything would be unfolding under disaster conditions and the need for rapid action might overrule the desire for patience and deliberation. Nevertheless, it would be important to proceed carefully and with compassion, and it could be a mistake to make hurried decisions instead of efficiently asking good questions that would inform more effective actions. Herding displaced disaster survivors without regard for their individual needs and desires could create extreme and unnecessary stress and hardship. Thus, although Joan is not a mental health provider and Bill might not be in need of mental health care, investing in the development of a patient, compassionate, and collaborative relationship—as intended by psychological first aid—could improve the outcome for this and other disaster survivors.

On the other hand, Joan might also learn that Bill takes medications intended to treat a mental health condition, which might not be surprising considering he appears to be a relatively isolated and detached older adult, and which may indicate a heightened risk for depression. These speculations are meant to suggest that Joan will need to be open to learning that Bill has special needs that may exceed the limits of psychological first aid and that can best be served by connecting Bill with expert services appropriate to his needs.



### **Scenario 2: Psychological first aid with a separated child at a shelter**

Brad is a relief worker at an emergency shelter that is receiving disaster survivors displaced by an earthquake. While greeting people who are arriving at the shelter, Brad encounters an unaccompanied 9-year-old girl. Brad approaches the girl and identifies himself both by name and as a member of the shelter staff. When he asks the girl her name, she replies that she is Connie Mansfield and lives at 391 Edison Lane. Brad asks Connie if she is traveling with anyone and her eyes well with tears as she replies that she is looking for her mother, whose name is Cynthia Stewart and who works at Workman Building Supply. When asked when she last saw her mother, Connie begins to sob while describing how her mother dropped her off at school that morning and that was the last time that they were together. Brad tells Connie empathically that he is sorry that she can't find her mother and explains to her that he and his coworkers at the shelter are there to protect her and will help her find her family. Brad then walks Connie over to the registration desk where he explains to his coworker Judy that Connie is separated from her mother and Brad shares all of the information that he has gathered so far. Judy welcomes Connie and asks her to have a seat; she thanks Brad and he returns to greeting new arrivals.

Judy explains to Connie that she herself is a mother and that her children are in the care of their father while she works at the shelter. She asks Connie if anyone has been helping her or traveling with her since the earthquake struck and Connie replies that she started walking home alone from school after the earthquake, but that she couldn't get there because the bridges were destroyed. She met some other kids along the way and they told her to go to the shelter where the old shopping mall used to be so she could find her mother. By now Judy has the gist of the situation and explains to Connie that she will need to get some more information so that she can help Connie find her mother.

Now, let's apply the psychological first aid core actions in this scenario to consider how they have been applied and discuss what other opportunities for implementing psychological first aid core actions exist.

**Engagement:** After Brad initiated contact, Judy engaged Connie in a calm and deliberate conversation designed to elicit the kind of basic information a child is typically able to provide. Judy conveyed a sense of warmth, kindness, and concern for Connie's wellbeing and shared the information that she is a mother to help put Connie at ease. That is not based on the assumption that mothers are better able to help children in situations like this one, but instead reflects an understanding that children often like to know something about the otherwise



unknown person who offers to provide help. Thus, Brad and Judy each made a point of identifying themselves by name and explained that they had roles as part of the shelter that included trying to help Connie. Now that Judy has shared the information that she is a mother, she can refer back to that fact later as she develops her helping relationship with Connie.

**Safety and comfort:** Both Brad and Judy were immediately concerned for Connie's welfare and sought to determine if she was under the supervision of an adult. Once Brad learned that Connie was traveling alone and was separated from her family, he sought to connect her with a trusted adult who could provide protection and support while seeking to reconnect the child with her family. As Judy proceeds to develop her relationship with Connie, she is vigilant to detect any present risks along with any other information about what has happened to the child since she was last under the supervision of adults at her school. Judy will also need to inform the head of shelter security that she is interviewing an unaccompanied minor and that information will in turn be conveyed to the appropriate authorities (such as the police and child protective services). Judy's psychological first aid knowledge and her experience with children informs her of the importance of helping Connie to be comfortable while the process of reuniting her with her family is pursued. The perfect objects that will comfort a child under these conditions may not be readily available, but there is always something that can be done to help place a child more at ease. For example, shelters often have soft blankets, stuffed toys, quiet areas, and "comfort foods" that can be used to help stressed children relax until the situation can be improved.

**Stabilization:** Connie exhibits the normal reactions of a child her age, given that she is separated from her family and must rely upon help from strangers. The anxiety she feels is completely understandable, but is also stressful and could get better or worse depending upon the events that follow and how she is treated. As night begins to fall and the likelihood increases that Connie will spend the night in the shelter, efforts will be made to locate family members or other trusted adults (such as neighbors). Meanwhile, the shelter workers will do their best to make Connie comfortable. The main method of stabilizing her anxiety is to show her that everything that can be done on her behalf is being done so that she can occasionally turn her attention away from the things that worry her most and experience moments of distraction and relief. It is possible for adults to overdo the lavishing of supportive attention upon a child like Connie, which can become over-stimulating and counterproductive. Judy may be aware of this and seek to create stability by providing a structuring environment that offers an oasis of calm in the midst of a crisis.

**Information gathering:** Brad first initiated engagement and Judy has since continued gathering information about this specific situation for the purpose of ensuring Connie's immediate safety and comfort while attempting to locate a parent or adult guardian. Judy must



cast the information net as wide as necessary. For example, Judy asks about Connie's school so that she can potentially contact a teacher or another employee with helpful information. Judy is also asking the kind of questions that will help her and the shelter staff meet Connie's needs and prevent problems such as food allergies or lack of medical treatment for an injury or a preexisting health condition.

**Practical assistance:** Judy and other shelter staff members are providing Connie with basic needs like food, water, and safe and sanitary restroom facilities. But as they do so, they are also sensitive to this child's unfortunate circumstances and responsive to her need for protection and emotional support.

**Connection with social supports:** Judy's first move in this regard was to provide immediate direct social support while searching for a way to connect Connie with a more familiar and potentially valuable source of social support. Meanwhile, it is also possible to make good use of the supportive qualities of others in the shelter, and this is not limited just to those who comprise the shelter staff. There may be opportunities for Connie to interact with other children (that is, peer support) and with the parents of other children in the shelter, and these interactions may provide sources of comfort and distraction. It may also be possible to put Connie in telephone or e-mail contact with family or friends who can provide emotional support and who may also prove helpful with the process of reunification.

**Information on coping:** Connie's tears and sobs when speaking with Brad suggest that she is anxious or frightened by the separation, and yet her composure under such pressure also indicates that she is coping relatively well. Judy's psychological first aid knowledge informs her that she can inquire about and attend to signs of distress without probing so intrusively that she risks making the child feel even worse. If Connie expresses or exhibits signs that she is struggling to cope with the situation, Judy can discuss with her the things that Connie is doing to cope and should also consider asking Connie to think about how she has coped in the past with other difficult situations. Depending on Judy's familiarity with children's ways of coping and her comfort with providing psychological first aid, she could also suggest some alternative coping strategies that might add to Connie's existing abilities. This should be handled carefully, however, and not lapse over into becoming a mental health intervention. If mental health professionals are available, it would be advisable to enlist their assistance if the child appears to be suffering emotionally.



**Linkage with collaborative services:** Given this child's age and the circumstances, there is little linking with collaborative services to be done beyond that which has already been mentioned. The key collaborative services to consider in the scenario are those designed for

the protection of children (e.g., law enforcement and child welfare agencies) and any health or mental health services that might be needed.

**Concerns in this scenario:** In a real life situation, this story might take some very different turns. There would certainly have been an effort to account for all of the children at the school, but it is not clear what the condition of the school was when Connie set out on foot and there is always some likelihood of children wandering away. It also seems evident that Connie's family would be looking for her, but there is no way of knowing the welfare of her mother or what attempts have been made to establish the child's whereabouts. Thus, the shelter staff and law enforcement must now piece together information and work toward reuniting the child with her family while keeping her safe and as comfortable as possible.

While it is obvious that an unaccompanied child will be distressed and that the child's family members will be worried and perhaps frantic to locate the child, it should also be understood that this scenario is likely to produce considerable stress among the shelter staff and most of the adults who become involved in the situation. The feelings of responsibility for protecting a child can interact with less positive feelings like helplessness or frustration, and there is also a tendency to assign blame for circumstances that people think "just shouldn't happen." Clearly this scenario requires a clear focus on accomplishing the key objectives of protecting a child while striving to establish contact with her family, but it is also a situation in which emotions are likely to run high. Such a situation will benefit from providers utilizing the psychological first aid framework that provides a model for managing emotional needs while pursuing practical objectives.

### **Scenario 3: Psychological first aid with frustrated parents at a school hosting displaced students**

Richard teaches history at Skyline Middle School. The size of his classes has recently increased due to an influx of students from a neighboring school where most of the facilities were destroyed by flooding. Richard has observed how he and his students have struggled to adjust to the crowded conditions and decreased comfort levels of the school created by adding a dozen or more new students to classes in a school where most of the students have known each other since the earliest grades.

Although Richard has long taken pride in his ability to take gentle but firm control of rooms filled with restless adolescents, he has lately felt outmatched by the number of students and the classroom conditions, and has found it necessary to keep his students on an ever-shortening leash. Richard is particularly concerned about the posturing and jockeying for dominance among students from the



“home-team” and the students from the neighboring school who were displaced from their own turf and seem determined to reestablish their status in their new school. As the end of the day nears, Richard is preparing to meet with the parents of a student named Stan, who joined his class a few weeks earlier and has been both pleasant and disruptive. The meeting was requested by Stan’s parents, and Richard is unsure of their agenda beyond that it will concern their son and his involvement in Richard’s class.

When Stan’s parents arrive, they introduce themselves as Ron and Shirley. Following the basic exchange of niceties and the sharing of occupational and educational background information, the boy’s parents introduce the main issue they have come to discuss. Their son Stan has become increasingly defiant of their authority and is now threatening to quit school. Stan hates everything and everyone at Skyline and is mad at his parents for making him go to a school where he is miserable. When his parents asked him if there was at least one decent teacher at Skyline, he named Richard, so they are hoping that Richard will have a clear perspective toward their son and be able to offer some insight into how and why Stan has changed so quickly from a respectful and studious child to a volatile and contentious malcontent.

Richard is surprised at their descriptions of their son and the situation, having not known Stan’s demeanor prior to the displacement situation and having not guessed that Stan perceived him to be a good teacher. Richard is also a little uncomfortable when advising parents about the adjustment of their children, though he recognizes that this is among the roles teachers are asked to play. In this situation, having represented his school at a district-wide training on psychological first aid, Richard perceives the displacement experience as a major influence on Stan’s behavior.

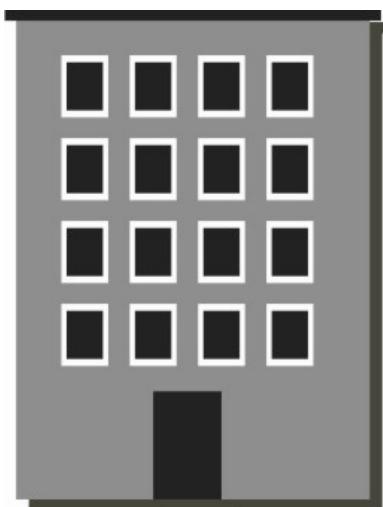
Now, let’s apply the psychological first aid core actions in this scenario to consider how they have been applied and discuss what other opportunities for implementing them exist.

**Engagement:** In this instance, it is the parents who initiated the contact, and Richard has in turn begun to engage with them in a constructive dialogue about their son. The parents have made it clear what they want from the conversation and Richard knows that he is less than fully comfortable with the role they have assigned him. But Richard is also concerned and touched by what he has learned about Stan, and feels helping these parents to better understand how they can help their son is important. Richard structures the initial engagement by pursuing his own agenda, which is to provide Stan’s parents with some background information about his own history with the school so that they have a sense of him as a



professional. Then he gives them an overview of what he has observed in the school and in his classroom since the disaster struck and especially since their son arrived at Skyline. He also answers any questions the parents pose as he proceeds through this brief description; as a result of this approach, a relationship of information sharing, mutual respect, and empathic concern begins to form.

**Safety and comfort:** Richard is more concerned about making Stan's parents comfortable than he is concerned about safety. After all, the crisis of the flood has now passed and they all survived. But then Richard senses that the parents do not feel very safe faced with the changes in their son's behavior, and he realizes that they may have unspoken concerns beyond the risk to their son's education if he quits school. Thus, in the process of establishing a comfortable situation for the conversation to take place, Richard asks the parents directly if they are concerned in any way for the safety of their child or themselves or for anyone else.



Ron and Shirley ponder this at first, and then Shirley offers that she has general concerns about youth suicide and worries that some of the children in her son's class may be at risk because of the disaster. Also, now that Stan is behaving so erratically and in ways that are atypical for him, she fears that his attitude might worsen and that he could become a casualty of the disaster. Ron counters that Stan has never said or done anything to indicate that he is at risk for self-harm, and attributes Shirley's concern to the influence of television stories. Shirley admits that this is more a matter of her gut feelings than of anything objective. Richard

makes a point of mentioning that he is not qualified to consult with them on mental health issues. The parents in turn assure Richard that they understand the limits of the relationship and only want to learn from him what any teacher could know, which is his insight into how their son is doing in school, how he is getting along with the other kids, and what options they have at Skyline for trying to improve the situation. Richard then informs Ron and Shirley that, in the event that they have the slightest cause to fear for Stan's safety or the safety of others, they should immediately contact law enforcement or a local mental health professional to seek assistance. The parents agree to do just that and apologize for possibly exaggerating the situation based on their reaction to their son's unusual behavior.

**Stabilization:** In this scenario the only clear instability is found in the anxiety of the parents. There is also a concern about Stan's ability, but he is not present and not a participant in this interaction. Therefore, there is little that can be done to stabilize Stan's functioning and the emphasis is on informing and empowering the parents to provide a stabilizing influence.



**Information gathering:** Richard can be more helpful if he has a sense of what these parents have been seeing in their son's behavior and what they have been hearing about the situation he faces at Skyline. As a middle school teacher, Richard is particularly concerned about issues related to aggression, sexual interests and rivalries, and bullying. Ron and Shirley describe Stan as being a well adjusted boy and have noticed that he is more secretive now, less candid with them, and seldom has friends over to their home. Stan makes disparaging comments about school and about life, doesn't seem to be studying, and spends most of his time watching TV, listening to music, or messing around on the computer. The "blow-up" came this past weekend when his mother asked him about his new friends at Skyline and Stan began to pace and shout about having no friends and about being miserable since starting at this new school. When his mother suggested that he just needs to give it some more time, Stan fired back that he was out of time and would quit school rather than stay at Skyline any longer.

When Richard remarked that Stan had in fact been attending his classes so far this week, Ron said that he thought Stan was just bluffing to scare his mother into pulling him out of school so that he could spend more time in his room. This exchange left Richard feeling uncomfortable about his position and he began to feel that this was heading into a therapy session. Richard needs to maintain enough gentle discipline to keep the discussion within the limits of his abilities and suggest a referral resource if that appears to be appropriate.

**Practical assistance:** To this point, Richard has learned little about how the family was affected by the disaster and has tried to focus on the central issues related to Stan's adjustment to Skyline. For that reason he has not attended to any disaster-related practical needs the family might have, but remembering his psychological first aid framework he asks, "So what has been the overall effect of the disaster and displacement on your family?"

Ron and Shirley look unprepared for the question and stammered a bit before describing that they had been out of their home for the first week, that they had moved back in to the habitable parts of their house after that, and that they are currently repairing the damage. When Richard narrows his question to the effects on Stan, the parents add that Stan's room was mostly destroyed and that he has moved what is left of his belongings into the attic. They have replaced some items, but the new stuff is not the same as what they lost. They comment further that Stan at first complained about the loss of their "good stuff," but that he is seemingly getting used to the new realities of their situation. Probing further, Richard learns that the new realities include that Stan's father is working longer hours and the place where Shirley was employed was so damaged that she lost her job and is now collecting unemployment. When the parents are at home they spend much of their time handling business details related to disaster damage, insurance claims, and repairs. Stan pitches in sporadically. Richard realizes that the parents are doing quite well considering their situation



and can think of nothing more that he can offer of practical value. But he also sees that he is getting information of value that better informs him about the situation of his new student and the student's family.

**Connection with social supports:** Richard asks the parents about changes in their social support network and Stan's sources of social support, especially regarding friends and activities. He learns that the family lives far from relatives and relies on friends and co-workers for social support. The parents remark that Stan has seen the most change because he was involved in the school band and other activities before the flood, and that some of his best friends in school were not transferred to Skyline because they live in different neighborhoods. Richard now gets a sense that Stan's social support network has been a casualty of the disaster and suggests to the parents that they look into this with Stan so that they might encourage him to reconnect with friends he might be missing and might also get connected with activities at Skyline which are similar to those (like music) he has previously enjoyed. Richard also mentions that the local PTA is aware that there are parents and students displaced by the flood and it is offering support by holding a special meeting tailored for families affected by the disaster. Richard offers to meet with Stan and discuss some of the activities that are available at the school. He also decides to meet with the school's administration to advocate for a more active social support policy for the displaced students that is sensitive to the issues and avoids creating further negative attention or stigma.

**Information on coping:** Richard has already learned a great deal about how Stan and his parent's are coping; however, the meeting has been brief and he only knows the parent's perspective. He suspects that what Stan would say about the situation might be very different and equally informative. While Richard has the sense that Stan and his parents are coping fairly well, he decides to ask directly about what they think is the most challenging thing or things with which they must cope. Ron and Shirley look at each other and smile uncomfortably, then Shirley sighs and says that their biggest worry is that the worst things are yet to come. They were relieved to have come out of the disaster alive and in relatively good shape, but each week seems to be harder than the last and now they are worried that Stan will be "the next disaster."

At this point Richard gets an overwhelming feeling that he is swimming out of his depth. He quickly shifts the subject back to a happier view by offering his opinion that Stan is not doing so badly for a boy his age who was displaced by a disaster and had his world turned upside down. He then compliments Ron and Shirley on their resilience in the face of a terrible situation and expresses admiration for their strength and determination. The parents look mildly relieved, but then Ron asks if Richard can think of anything that they are missing or that they might do to better cope with their situation. Richard comments that it sounds like all



of their time is dedicated to work of some kind, and offers that they might look for more opportunities to enjoy fun things as a family. Ron and Shirley agree that they have been “obsessed” with getting things back to normal and comment to each other that they need to find time to recharge their batteries, and that they shouldn’t leave Stan to his own devices as often as they have. Richard also suggests that they look for other sources of support that sprang up around the disaster such as support groups for parents and/or teens. Then, with a sense of dread, Richard says, “And if you think some kind of counseling is in order for your family or for Stan, then it would make sense to look into it sooner than later.” Ron sits quietly and Shirley says thoughtfully, “So do you think that we need that kind of help?” Richard replies that he is not qualified to answer that, but it is clear that their entire family is more stressed since the disaster and that they are particularly worried about the possibly of things getting worse for Stan. If that is correct, he adds, then it would be reasonable to speak with an experienced professional counselor. Richard feels that he has done his best to encourage further thought between these parents regarding what kind of help they might want to seek and leaves it at that.

**Linkage with collaborative services:** As Ron and Shirley stand to depart, Richard remembers that he has a few flyers in his desk that list local disaster-related resources for parents and children. He grabs a copy for the parents to take home and writes his phone number, e-mail address, and the contact information for the PTA on the flyer. He also asks for a phone number or e-mail address that he can use to follow up with them if he thinks of anything else to add. Finally, Richard thanks Ron and Shirley for coming to see him and reminds them that he will speak with Stan about activities and other resources at Skyline that might contribute to making Stan feel more a part of things at his new school.

Concerns in this scenario: In a real life situation, the personalities and issues involved in this situation could be radically different. The teacher is in a difficult situation, because he is neither a counselor nor a mental health professional, and he is not comfortable giving advice about things that are not “academic.” Nevertheless, he was able to use the core actions of psychological first aid in a way that enriched his ability to understand the situation and to be supportive to the parents. He was also careful to realize when he was getting into a risky situation. A big part of psychological first aid is to know your limits and have an idea of how to maintain your composure while finding ways of remaining supportive without crossing boundaries. Richard also realized that he had not been fully aware of the ways in which displacement had affected some of the children in his school. The meeting with Stan’s parents had the effect of strengthening Richard’s interest and commitment to contributing personally to supporting displacement recovery in his school and the community.



## Summary

The three scenarios described in this chapter follow the same sequence of core actions in a somewhat synthetic way, but their purpose is to promote thinking about ways that you and others can practice the psychological first aid actions and skills in situations that you might encounter in a displacement situation.

The scenarios demonstrate how psychological first aid core actions can be safely and effectively performed by different kinds of people across a variety of situations. In each scenario, the person practicing psychological first aid is careful to be unobtrusively supportive and engaging while offering information that the recipient might consider useful. In these scenarios, no mental health interventions were practiced and no discernable harm was done. Instead, the fundamental helping skills of psychological first aid were practiced to facilitate the ability of people affected by displacement to access supportive resources while expressing their own needs and priorities to a caring and helpful provider. In the event that mental health expertise might be needed, psychological first aid core actions would suggest encouraging an individual to consider pursuing that kind of assistance, but the psychological first aid provider would not be an appropriate source of that help.

Many practitioners of psychological first aid are also mental health professionals and these practitioners may be qualified to provide mental health assistance beyond the limited constraints of psychological first aid under some conditions. However this will not be the case in all situations, and psychological first aid is appropriate for use by non-mental health providers in a variety of situations. For this reason, the description of psychological first aid in this chapter closely followed the core action principles and made no distinction or comparison between psychological first aid as it might be practiced by some mental health professionals, and as it is meant to be practiced by any provider who is working with displaced people.



## **Chapter 6: Strengthening the Problem-Solving Skills of Displaced People**

People who have been displaced face many challenges. Much of what was previously normal for people before they were displaced will have changed and a return to life as they knew it may be difficult. People who have been displaced seek ways to recover from the experience. To fully recover they will need effective problem-solving skills. Solving problems can be daunting in the best of times, but in the context of displacement and relocation, problem-solving may be overwhelming. Providers working with displaced people can help by teaching and supporting systematic, patient, and collaborative problem-solving.

This chapter describes a flexible model for assisting people with problem-solving while avoiding the dangers of becoming intrusive or controlling, or of fostering unhealthy dependency. The process is laid out in a sequence of steps and requires only minimal practice before being ready to use. The most direct goal is to provide temporary assistance in defining problems and then matching them with *practical*, *available*, and *acceptable* solutions. Indirect benefits include relief of distress, improved sense of personal effectiveness, and the inspiration of hope.

The cultural appropriateness of how a problem is both defined and resolved must also be considered and can be essential to finding a solution to the problem. Therefore, as providers you must fully consider the cultural values and expectations that are part of the displaced person's understanding of their goals and their options for achieving those goals. This does not mean you have to completely understand the culture of those they are trying to help. Instead, it may work best to have the displaced individual indicate whether the solutions to a problem are culturally acceptable to them.



## **Problem-Solving Following Disaster**

The extreme stress of a disaster may affect people in ways that hamper good problem-solving. For example, following a disaster people may:

- ✓ Feel helpless and/or hopeless.
- ✓ Have difficulty making decisions.
- ✓ Have difficulty concentrating on any one thing for very long.
- ✓ Act impulsively, without deliberation or consideration of consequences.
- ✓ Have difficulty identifying and accessing available resources.
- ✓ Be unable to fully survey the present circumstances due to the imposing demands of monitoring threats to safety (i.e., tunnel vision).
- ✓ Possess a limited ability to plan ahead due to fixation on immediate concerns.
- ✓ Have difficulty identifying solutions and evaluating their relative merits.
- ✓ Have difficulty evaluating the effectiveness of their actions for achieving goals.
- ✓ Have difficulty anticipating the long-term and unintended consequences of decisions.



## **Problem-Solving and Resilience**

The ability to solve problems is among a person's most critically important adaptive functions. It is readily learned in childhood and is a necessary skill for achieving even the simplest of goals. Under adverse conditions, problem-solving performance is more likely to be impaired even among relatively high functioning children and adults. Therefore, psychologists and educators have identified problem-solving as a key area for intervention with children and adults who demonstrate significant difficulties with adjustment and adaptation. The four basic problem-solving steps in Table 1 have been articulated by a variety of authorities and are widely adopted by for use in problem-solving interventions.

## **Assisted Problem-Solving**

When trying to help displaced individuals with problem-solving, first explain why people who have been displaced are likely to benefit from assisted problem-solving. These reasons include:

- The displacement experience is extraordinarily difficult and calls for temporary assistance from family, neighbors, and friends.
- The displacement experience is unfamiliar and calls for temporary assistance from people who are more familiar with what is available and what might work in this situation.
- The effects of high stress include temporary difficulty with decision-making, which is why a structured method can be helpful during the recovery period.

Table 6-1: Four Basic Steps in Problem-solving:

1. What is the problem?
2. What are the possible solutions?
3. Which solution should I choose?
4. How did I do?



**1** The first step in assisted problem-solving is to define the nature of the problem in the most basic terms without imposing unnecessary judgments or assigning blame. Part of what is being defined in this step is an alternative situation that would be preferable to the problematic one. The definition of the problem limits what can serve as a solution, so it is important to adopt a definition that allows the problem to be solved. For instance, a family displaced by a disaster is likely to prioritize getting back into their home or into housing of comparable comfort and security. In many instances, however, that will not be possible and therefore it is not a good objective for direct problem-solving. Instead, it may be possible to focus problem-solving efforts on ways to better cope with the most distressing immediate aspects of the existing housing situation. This allows for a constructive solution-focused process, rather than what can prove to be a frustratingly futile exercise, making the present dissatisfaction worse. By defining the issues within the present housing situation and breaking them down into more manageable bits, it may be possible to improve the situation appreciably and thereby relieve some of the tension and discomfort.

**2** The second step is perhaps the most challenging because the goal is to generate as many solutions to the problem as possible. The hardest part of this step is when the displaced person can generate only one option, or even no options, and it is then tempting for a provider to suggest solutions. Remember that achieving the objectives of this intervention requires that the displaced person develop strengthened problem-solving abilities, which will not happen if the provider identifies solutions to the problem. Therefore, you should be patient and encouraging in a way that supports the displaced person's confidence and capacity for considering alternative courses of action. Allow the displaced person to think of their own possible solutions.

**3** The third step is part problem-solving and part decision-making. If only one solution was generated on the second step, then there is no alternative and no decision to make. But if two or more alternatives are identified, then the displaced person can consider the pros and cons of each option and make a decision based on the relative merits of each. Someone who has been displaced may find it difficult to evaluate the costs and benefits of competing options, or may struggle to find words for expressing the undesirable aspects of pursuing a particular solution. In this case, rather than pressing the point of defining the source of a person's resistance to an alternative, it can be more productive to simply move them toward choosing from among the remaining options or generating additional options. Ultimately, if the goal is to be achieved a solution must be chosen before moving on. Providers should be alert to the danger of dismissing all solutions because none of them is good enough. In respect to the saying, "The perfect is the enemy of the good," providers should encourage a willingness to accept the best *available* solution and avoid the trap of waiting until something better comes along.



**4** The fourth step is to evaluate the effectiveness of both the solution and the problem-solving process itself. This step allows for learning from both the process and the outcome, and must come primarily from the displaced person with minimal input from the provider. The role of the provider is to help identify or affirm aspects of what happened so that the person is better able to fully appreciate the effect of his or her chosen solution. It is ideal if this process leads to a boost in the person's confidence in his or her own problem-solving abilities, and that they internalize a method for solving problems of greater complexity and difficulty.

The four steps described in Table 6-1 sufficiently capture the essence of the problem-solving process. For some, it may be more helpful to use the more complex and complete seven-step problem-solving model outlined in Table 6-2 and discussed below.

Table 6-2: Seven Thorough Steps in Problem-solving

<b>Step 1</b>	Describe the problem and its psychosocial effects.
<b>Step 2</b>	Describe a goal or outcome that would be preferable to the existing problem.
<b>Step 3</b>	Use “brainstorming” as a means of generating multiple possible solutions.
<b>Step 4</b>	Evaluate the pros and cons of each option.
<b>Step 5</b>	Design a detailed and flexible plan for implementing the preferred solution.
<b>Step 6</b>	Implement the plan and make any adjustments needed for achieving the goal.
<b>Step 7</b>	Evaluate the effectiveness of the plan to achieving the desired outcome.

***Elaborated problem-solving steps:***

**1. Ask the person to describe an existing problem to work on together.**

This should be a problem that is interfering with the person's ability to achieve a better situation or is undermining his or her resilience.



**2. Ask the person to describe a goal or outcome that would be preferable to the existing problem.**

The goal needs to be one that is possible to achieve, and it is preferable that the first goal is one with adequate existing resources. If you are given a goal that is impractical or impossible to achieve, redirect the person's attention to the need to start with a goal that is relatively simple to achieve and advance to more ambitious goals once he or she learns the method.

**3. Assist the person in generating multiple possible solutions (i.e., alternatives) by “brainstorming.”**

It is common for people to generate only one or two solutions. These may in fact be the best or only solutions, but instruct the person to generate more than one or two options. This activity will counteract the rigid thought process and impulsive decision-making that often accompanies a crisis.

It is acceptable to indulge in some wishful thinking at first, but impractical or impossible solutions need to be discussed and dismissed from consideration. Nevertheless, be careful not to prematurely foreclose the generation of hopeful ideas, or you may stifle creative problem-solving and discourage full participation.

**4. Evaluate the remaining options by considering the pros and cons of each (i.e., cost-benefit analysis). Then ask the person to choose a solution.**

Multiple solutions may be chosen if they fit together and promise a better outcome than is likely with any single alternative.

**5. Design a plan for implementing the preferred solution by developing a detailed sequence of logical steps with adequate flexibility and the inclusion of supportive allies.**

The plan should be detailed rather than vague or impractical.

The plan should be flexible enough to ensure that it can be modified in response to unforeseen or changing conditions (e.g., “Plan B”).

Most solutions cannot be achieved without substantial support from family, friends, school personnel, relief agencies, and other allies.



**6. Implement the plan and make any necessary adjustments to the plan as it unfolds.**

Sticking to the design of a plan requires commitment. Be sure to assess how committed a person is to following through on the plan and provide support for either strengthening the person's confidence or revising the plan to make it more practical.

If possible, provide a means of moral support for the person implementing the plan by scheduling some check-in appointments at convenient periods or junctures in the plan. A timely and effective check-in could mean the difference between success and failure.

**7. Evaluate the effectiveness of the chosen solution and implementation plan in terms of the success in achieving the desired outcome.**

Allow for "silver linings," which are instances where the achieved outcome is a good one, but is not the same as the intended goal.

Identify lessons that were learned by the person in the process of formulating and enacting the plan. These may include both positive and negative lessons, with an emphasis on the usefulness of the lesson for improving future solutions.

This step is the culmination of a process designed to increase confidence, competence, and autonomy. It is critically important that the process itself and the lessons learned are the kind that can support hopefulness and a resilient adjustment.

### **Adult Problem-Solving Example**

Review the problem-solving example below. Each problem-solving step is provided with an example response from someone who has been displaced due to a disaster. This example is presented in response to the sample problem:

#### **Where can I get counseling or other help to cope with being displaced?**

**Step 1: Describe the problem and its psychosocial effects.**

I'm having trouble coping with the stress of being displaced. I feel easily irritated and I get frustrated when I can't get help or straight answers from people. I don't mean to be rude and I feel bad sometimes, but this is the worst thing that has ever happened to me. I think that the madder I get, the less people want to help me, so I've got to control my feelings. And I'm starting to take it out on people I love, so it's hurting our relationships.



<p><b>Step 2: Describe a goal or outcome that would be preferable to the existing problem.</b></p>	<p>I'd like to get some help solving some of my problems. I'd like some straight answers and I'd like to see some good results come from all the effort. And I'd like to have more peace of mind and not keep getting frustrated and angry with people. The way I've been feeling, I need to see a shrink or something!</p>
<p><b>Step 3: Use "brainstorming" as a means of generating multiple possible solutions.</b></p>	<p>I could just have a nervous breakdown and then maybe people would help me out and be nicer than they are now.</p> <p>I could just accept that things aren't going to get better for a long time and try to ride this out.</p> <p>I could pray for guidance or help.</p> <p>I could try to stay calm and act like this is my job right now.</p> <p>I could see a counselor or therapist and try to get some help with my feelings.</p>
<p><b>Step 4: Evaluate the pros and cons of each option.</b></p>	<p>If I have a nervous breakdown, I won't have to cope any more, but they might take control of my life or take my kids away. I would feel ashamed that I lost control.</p> <p>If I just accept the situation, then I will feel less pressure to fix things, but I will also feel more helpless and kind of depressed.</p> <p>I feel better when I pray, but I doubt that it will be enough to get me out of this mess.</p> <p>Staying calm and acting like a professional is a good idea, but I don't know if I can keep that up all the time.</p> <p>A counselor or therapist might be able to help me, but I'm not sure how much good just talking will do and I don't want anybody thinking that I'm crazy.</p>



**Step 5: Design a detailed and flexible plan for implementing the preferred solution.**

I don't know anything about seeing a therapist and I'm super busy anyway. I also can't afford to waste money on this, especially if it won't work. It would help if I could get the therapy for free or at a low price. It would also help if I don't have to travel very far out of my way to get it. I would need some way of knowing who to go to, since I have no idea how to find a therapist in this new community. Perhaps I could contact the community mental health association or the state department of mental health and see if any counseling services are available in the area for people who have been displaced. Surely I am not the only one who could use this sort of help. They may be able to tell me where to get help, hopefully someplace close to where I am living and maybe even for free or low cost.

**Step 6: Implement the plan and make any adjustments needed for achieving the goal.**

Contacting the local mental health association was a good plan. I actually kind of feel better already just because I'm not so confused anymore about my options and I feel like I can do something instead of feeling helpless. I also know that getting some counseling is confidential and that there's nothing I need to be ashamed of because it's normal to need some help with coping after being displaced. I know who I can contact for a referral and I know how to find out about the fee and the location and how I can get there and back. I also have a list of things that I want to work on and some idea of how often I can go and on what days and times.

**Step 7: Evaluate the effectiveness of the plan in achieving the desired outcome.**

Going to counseling to talk about being displaced has really been helpful. It has allowed me to express how I am feeling, which makes me feel better. And I don't feel like I am crazy or over-reacting, I realize this would be a challenging experience for anyone. I am going to continue with counseling and am beginning to focus on solving some of the other problems I am facing as a result of being displaced.



**Problem-solving Exercise:** Review the sample problems below. Select one problem and imagine how you would systematically address it with an adult, adolescent or child by using the 7-Step Problem-solving format (see Pages 69-71). Problems are seldom so simple that they don't include some complicating thoughts and emotions, so don't forget to consider the psychological and social aspects of the problem for each individual.

### **Sample Problems**

#### **Adult Problems**

- How can I find out which services I might be eligible for?
- How can I learn how to apply for services?
- How can I find out how lost loved ones are doing?
- How can I find work?
- How can I replace my identifying documents?
- How can I find reliable transportation?
- How can I find reliable and secure childcare?
- Where can I get counseling or other help with coping?

#### **Adolescent Problems**

- How can I get in touch with friends from before the disaster?
- How can I cope with how my parents are acting since the disaster?
- How can I make new friends since the disaster?
- How can I get my education back on track?
- Where can I get counseling or other help with coping?
- How can I find work?
- How can I find reliable transportation?

#### **Child Problems**

- How can I get in touch with friends from before the disaster?
- How can I make new friends since the disaster?
- How can I get used to my new school?
- How can I get used to my new neighborhood?
- How can I get back some of the things I had before the disaster?
- How can I stop worrying about what's going to go wrong next?
- How can I help my parents not be sad about the disaster?



## **Chapter 7: The Importance of Social Networks for Displaced People**

When people are displaced from one community to another, those people may also be displaced from their social network. Social network is the term used to describe the interactions, bonds, or social ties that link individuals. A social network can be comprised of family members, friends, and organizations or institutions (e.g., religious groups; child welfare organizations; social, professional, or neighborhood associations). A person's social network can provide a basis for many important functions in life such as social interactions, companionship, intimacy, cultural identification, access to resources (emotional and material), and social mobility.

People who have been displaced may have dramatically disrupted social networks. This means they may no longer have access to the family, friends, and acquaintances who normally listen to their stories and provide comfort and empathy, give them advice, or simply provide meaning and value to everyday life.

In order to help someone who has been displaced understand how to deal with losses of his or her social network, providers should ask the displaced person what his or her social network was like prior to the disaster and what it is like now. Having this type of discussion will help the person who has been displaced understand what resources are missing in the host community as a result of an altered social network, and it will provide the impetus to develop strategies for addressing these needs.

For example, a displaced person may have relied on someone from the social network in his or her original home community to provide child care while he or she went to work. As a result of the social network changing due to displacement, that person will likely need a different source of child care. Less obvious, perhaps, a person who has been displaced may no longer have immediate access to a good friend who provided daily emotional support for life's challenges, difficulties, and even accomplishments. The effect of such a loss on the emotional health of the person who has been displaced may not be obvious to them. If a provider can help the displaced person identify this loss, then the provider can also help the displaced person develop strategies for addressing the resulting need (e.g., the provider could encourage the displaced person to make new contacts through social events in the host community or to participate in support group of other people going through similar experiences).

When helping people assess their social network, providers must consider all types of social networks: formal, kin, extended kin, and friends. Each of these is described below.



**Formal network.** Social networks made up of institutions are called formal networks, and are characterized by organized resources and programmatic efforts. Formal networks do not serve the entire community. Rather, they are selected by individuals according to their perceived need. Examples are religious organizations, health and mental health services, the police department, day care centers for children and the elderly, and educational institutions.

Prior to displacement a family may have had a close relationship with a religious organization, in that they were active in the organization along with their family and friends. Thus, the religious organization was also the place where they interacted with their network of friends and family. Alternatively, a health clinic may have been integral to the social network of the family only as a resource for health care and as such was independent from friends and family networks. In both examples, a displaced family will wish to replace these formal networks (religious organization and health clinic) in the host community.

**Kin network.** Kin networks are comprised of biologically-related relatives (children, adult-children, parents, siblings, half-siblings, grandparents, aunts, uncles, nieces, nephews). These networks may be multigenerational. Providers should not assume that because kin networks are biologically based, family members necessarily share close interpersonal relationships, provide emotional and material support, or function in a reciprocal fashion. Not everyone is emotionally close to his or her biological family. This is an issue to be explored with the displaced individual or families. Other types of social networks described below may be more important for some displaced people.

**Extended kin network.** Extended kin are the supportive people who are not members of the kin network. Various cultural groups can include close family and friends in these networks. Children may refer to these people as “aunt” or “uncle” but they are not blood relatives. They are given these honorary titles because they are very close friends of the child’s family. For example, some cultural groups have religious traditions of naming godparents (non-biological) for their children. These individuals would be part of the extended kin network.



**Friendship network.** A friendship network includes friends of varying ages. For youth, friendship networks can influence psychosocial development and mental health. For youth who are displaced, a good question to ask is how easy or difficult is it to make new friends in a new school? For those who are older, ask about difficulties encountered in making friends in the host community. Try to determine the barriers to making friendships and if there is a resistance to making new friends.



## Social Network Assessment

For families that have been displaced, discussing who comprises the social networks and the types of social support provided pre- and post-disaster is an important aspect of assessing how to help. This can be done in the interview process, but an additional assessment tool that can help in this process is the Ecological Map (Eco-map).

### Eco-map

The Eco-map, which was developed by Ann Hartman, is an effective visual tool used to describe the structure and strength of kin, extended kin, friendship, or formal networks. The Eco-map is a way to gain information on the availability of support among and between individuals, families, or organizations in their social networks. It is a simple tool and doesn't require high literacy; therefore it can be used with children and adults.

A person can talk and tell their story when completing the Eco-map. Because the Eco-map is visual, it can be updated at each meeting to show changes in the support network and the dynamic nature of these relationships. Through this process a more in-depth understanding of the characteristics and function of the social networks prior to and after being displaced can be attained. Completing an Eco-map can help a displaced person anticipate and prepare for life in a host community by considering appropriate replacements for lost social networks and the new network resources that can be tapped.

In addition to describing who is in the social network, the Eco-map allows the displaced person to draw the importance of a person or institution in his or her social network by the size of the circle. Larger circles mean a relationship involving more frequent contact, and smaller circles indicate a less frequent relationship. There are also ways to indicate positive or conflict-laden connections within the social network. Therefore the Eco-map indicates the intensity and strength of the support in the network, the sources of that support, and the sources of stress in the network.

Through the Eco-map one can assess *if* and *how* social networks are recreated in a host community (e.g., how new friendships, neighborhood social networks, faith-based social networks, or other formal networks emerge). Knowledge of a displaced person's social network, what it looked like both before and what it looks like now after displacement, will identify issues for the displaced individual, as well as provide an opportunity to identify resources to address those issues.



### **Directions for Completing an Eco-map**

The inner circle is the person or the family unit (see the example on Page 81). The other circles surrounding it represent the elements in their social network (individuals, groups, organizations). The size of the circle represents **frequency** of contact. A small circle means there isn't much contact compared to a large circle where there is a lot or high frequency of contact. It is up to the person completing the Eco-map to determine what low and high contact means. For example, some people talk to a relative once per week and think that is frequent. Those who speak daily to a relative may think that once per week is infrequent.

The **type** of the connection is represented by the lines. A solid line is a strong/positive connection, a dotted line is a weak/positive connection, and a crossed line is a stressful, conflicted, or problematic relationship. In the example above, talking daily to a family member may be highly stressful. Thus, the circle for that family member is large (meaning a lot of contact) and the line drawn would be crossed (indicating a stressful relationship). If this is too complicated a person can describe the nature of the relationship and write the description along the connecting line.

The following pages provide instructions for completing an Eco-map, example Eco-maps, and a blank Eco-map. These pages may be photocopied and given to the displaced individual or family, allowing them to work through the Eco-map along with providers. These pages can also be printed from a PDF file available at <http://tdc.ouhsc.edu>.



### **Instructions for Completing an Eco-map**

The diagram on Page 81 is an Ecological Map (Eco-map). The purpose of this Eco-map is to illustrate relationships you have with different people or organizations.

Place yourself in the center circle. The location of the other circles is irrelevant. The size of the other circles represents the frequency of interaction with the other people or organizations. A small circle indicates that little interaction takes place, whereas a large circle means you frequently have contact with that person or organization.

The type of relationship with each person or organization is described by the connecting line drawn from you to that circle. A solid line indicates a strong/positive relationship with the person or organization. A dashed line indicates a weak/positive relationship. A crossed line indicates a stressful relationship. Some relationships may be both positive and stressful. When this happens you may want to think about the relationship and decide what the relationship is most like (e.g., “My relationship with my parents is often stressful. We don’t always see eye-to-eye, but ultimately they love me and would help me with anything I ever need, so most of all it is a strong/positive relationship”). You would then use the strong/positive line to represent the relationship. You may decide it is more accurate to use two lines for a relationship because you can’t decide what best describes a relationship (e.g., “My relationship with my brother is so stressful. We are always at odds about what is best for my parents, but he is the only sibling I have and when things have been really tough he has been there for me, so it’s strong and positive and stressful all in one”). It’s your choice about how best to label your relationships.

In the example on Page 81, the Brown family is displaced from their community. They have drawn their relationship with organizations or sectors they interact with in the host community. The most frequent contacts (largest circles) are with the Red Cross, law enforcement, school, FEMA, and housing. As you can see from the diagram, the stressful relationships (crossed lines) are with the Red Cross and FEMA. Housing has a solid line indicating that although the contact is frequent, it is a strong/positive relationship. School and law enforcement have a dotted line indicating a weaker relationship that is still positive. Transportation, employment, and food/clothing services are organizations that the Brown family has less contact with, indicated by the smaller circles. The Brown family has even less frequent contact with mental health, churches, recreation, and day care, shown in the smallest circles.

Another Eco-map example is provided on Page 82. This example shows Fiona Brown’s relationships with family and friends. Fiona most frequently interacts with her spouse, her grandparents, her friend Sue, her neighbor Mary, and her Aunt Joy and Uncle Bob, these

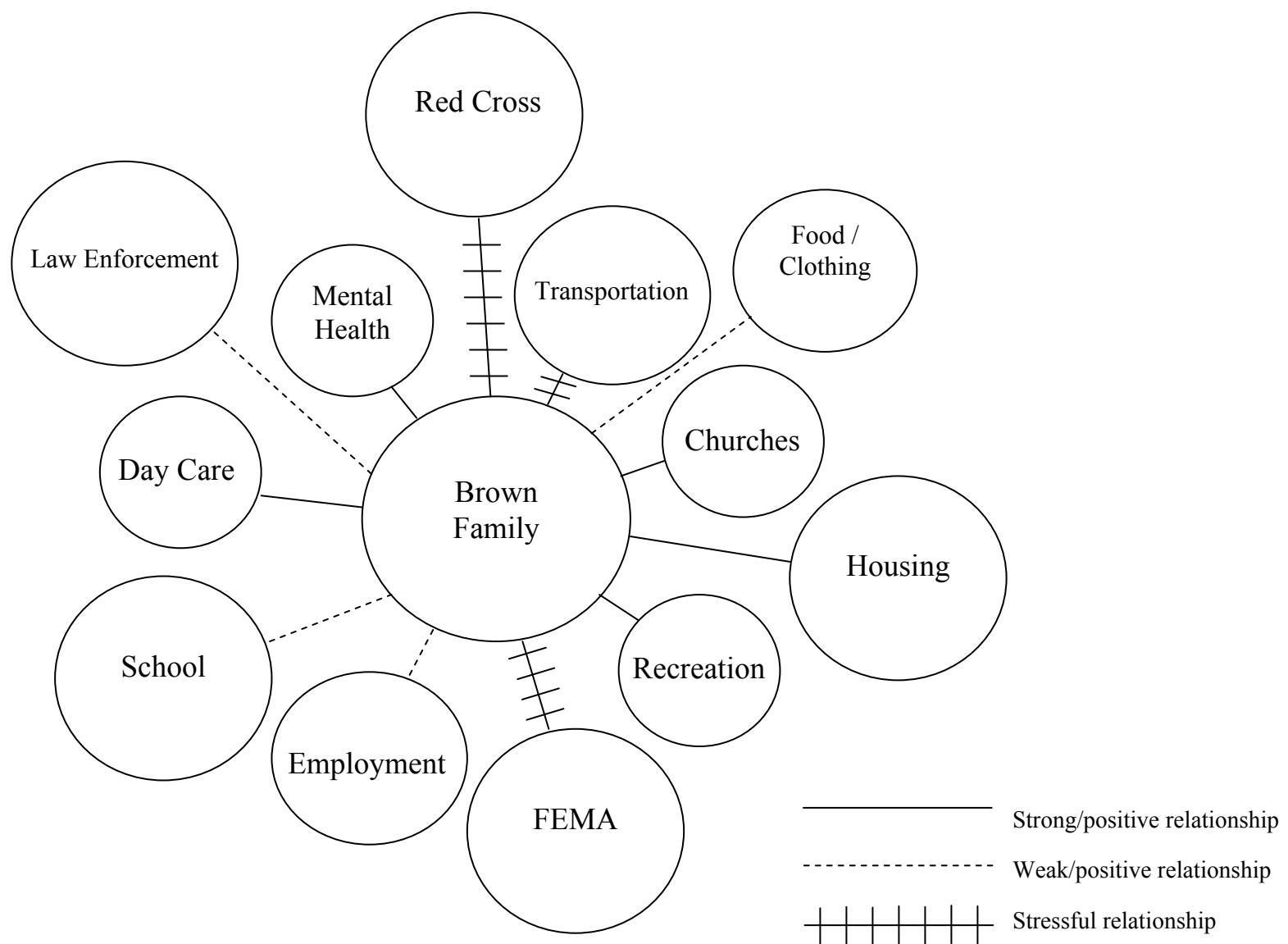


relationships all have the largest circles. Of the people Fiona frequently interacts with, her relationship with her spouse is stressful (crossed line); her relationships with her friend Sue, Neighbor Mary, and Aunt Joy and Uncle Bob are strong and positive; and her relationship with her grandparents is weak, but still positive. The other relationships on Fiona's Eco-Map involve less frequent contact (children, day care worker, teacher, and co-worker John) and are all positive, though the relationship with co-worker John is weak.

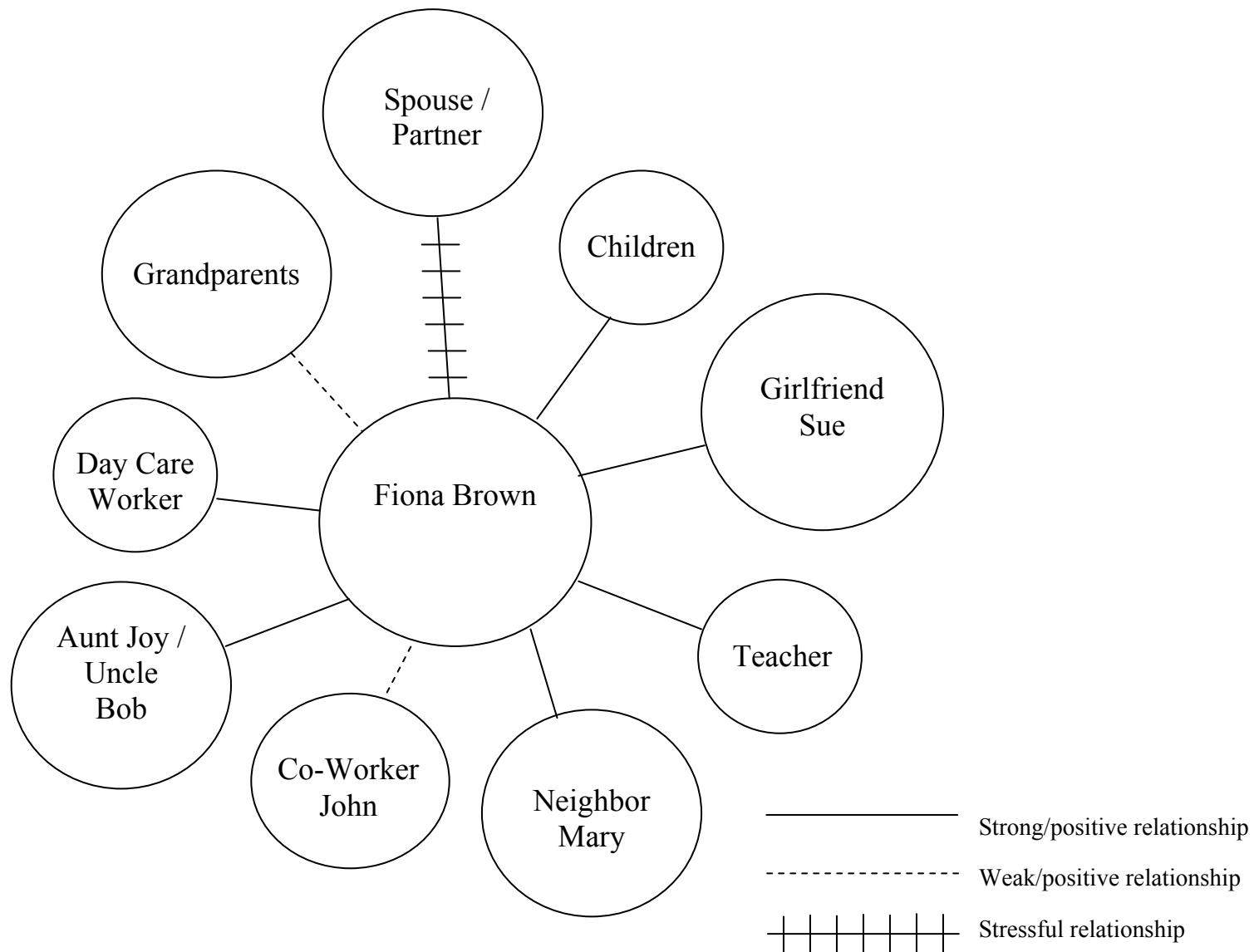
Complete your own Eco-map using the blank map provided on Page 83. You can focus on mapping organizations or sectors you interact with, you can focus on friends or family, or you can include both. Use the map to get an idea of where you draw support from in your daily life. Think about what relationships in your life are positive and what relationships are more stressful. This should help you realize how these relationships affect your life and help meet your needs.



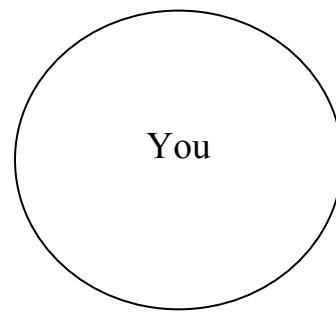
### Example: Eco-map of Formal Networks



## Example: Eco-map of Combined Kin, Extended Kin, and Friendship Network



## Eco-Map



Use this diagram to display your relationships with other people (or with groups and agencies you have contact with). Placing yourself in the middle, use circles to indicate relationships with other people and organizations.

**Large** circles indicate *frequent* contact with the person/organization.  
**Small** circles indicate *less frequent* contact with the person/organization.

Lines indicate the *type* of the relationship.

- |           |                              |
|-----------|------------------------------|
| —————     | Strong/positive relationship |
| - - - - - | Weak/positive relationship   |
|           | Stressful relationship       |



## Chapter 8: The Effect of Culture on the Displacement Experience

Providers working with people who have been displaced should understand the many ways culture may affect the displacement experience. Being forced to leave a community because of a disaster and relocate to another place (the host community) is stressful, and an already difficult displacement experience may be complicated further by the cultural differences between a person's home community and the host community. Providers should be aware of these cultural differences and consider how they might affect those displaced people. In addition to the impact of differing cultures on the experience of those who have been displaced, the infusion of people deemed to be "outsiders" may also affect the host community and its residents.

### Culture

**Culture** refers to our heritage, history, traditions, language, values, and ways of behaving. Culture is passed down from generation to generation. Culture reflects the lifestyle practices of particular groups of people who share beliefs, values, and behaviors. While these aspects of culture relate to people, the concept of culture can also be applied to the places people live and work, and to the groups in which people socialize. Culture determines the ways people interact to become part of the community, workplace, or social group.

### Ethnicity

**Ethnicity** is the term used when people claim heritage with a particular group. When a person self-identifies with a specific group (or groups), that person is said to have an ethnic identity. For example, if an American identifies with his or her Irish or Mexican heritage, that person's ethnic identity would be Irish-American or Mexican-American. People can identify with more than one ethnic group and thus have a multi-ethnic heritage. The ethnic identity of people who are not born in the United States may be defined by their country of origin.



## Comparing Culture and Ethnicity

We can think of ethnicity as a group membership and culture as the way in which this group membership is expressed in beliefs, values, and behaviors among people.

The culture of a community is not necessarily related to an ethnic identity. For example, a poor rural southern community could be primarily inhabited by White residents of different European heritage. This does not mean that the culture of that community is influenced primarily by the ethnic composition of the community (i.e., White European).

Instead, the culture of the community may be primarily shaped by beliefs, values, and behaviors that are influenced by being a part of the south, being rural, and being poor.

**Culture:** Heritage, history, traditions, language, values, and ways of behaving

**Ethnicity:** Identification with a specific group

When working with displaced persons, you may need to collect information on their culture and/or ethnicity. The most common way to collect this information is to use the federal government's categories, which are organized by culture, race, and ethnicity into American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, White/Caucasian (not Hispanic), and Hispanic/Latino. The federal government's categories combine racial and ethnic categories. For many years, people who claimed more than one ethnic heritage were unable to check more than one box because the government was focused on race rather than ethnicity. This is no longer the case.

Providers should keep in mind two concerns when using these categories. The first is that the categories are limited and may not completely reflect a person's cultural or ethnic heritage. Thus, a person who considers him or herself to be African-Caribbean because he or she is from Jamaica may not want to check the Black/African American category. Instead that person may check the "other" category. The second issue is that some providers may incorrectly assume they know an individual's ethnicity. For example, a brown skinned man who looks stereotypically American Indian might actually be Hispanic/Latino or Asian Indian heritage (e.g., Pakistani or East Indian). For this reason providers should allow people to self-identify their cultural and ethnic identity.

People behave in ways that reflect cultural values based on ethnic heritage, but these cultural patterns of behavior and ways of thinking exist along a continuum. That is, some people are more strongly identified with their culture than are others. For this reason, providers should not assume that people within a certain ethnic or cultural group are all similar. For example, a

person can be of Hispanic/Latino heritage but not speak Spanish. To assume that language is a defining cultural characteristic of such a person would be a mistake.

## Life Status Characteristics

In addition to culture and ethnicity, providers should also consider how characteristics of a person's life influence the displacement experience.

Life status characteristics include:

- ✓ Age
- ✓ Gender identity
- ✓ Social class
- ✓ Marital status
- ✓ Disability status
- ✓ Family structure
- ✓ Educational attainment
- ✓ Job history
- ✓ Health and mental health history
- ✓ Disaster history
- ✓ Displacement history

Individuals within a group of people who have been displaced may differ greatly in their life status characteristics. This is one reason the approach to helping people who have been displaced will not be the same for each displaced person.

For example, regardless of ethnicity a family with financial resources will have a different type of adjustment to a new community compared to a poor family. Similarly, a two-parent family with two children will likely have an easier time finding housing than a multigenerational family with four children.

For racial and ethnic minority families who have experienced racism and discrimination, adjustment to a new community can be very different than that experienced by a white family,



especially if the host community is not culturally diverse. As a provider, it is important to consider the contemporary ways racism can be expressed and can result in harm and disadvantage to displaced people.

Psychologist Stanley Sue writes about a concept called racial micro-aggressions that are experienced by minority people in the United States. The aftermath of Hurricane Katrina provided some examples of this concept. For example, African American survivors of Hurricane Katrina reported what Stanley Sue calls micro-insult experiences (negative stereotype labels) upon presenting their identification when writing checks in host-community stores. These survivors were told “Oh, you are one of them.” If the Katrina survivor responded that he or she was offended, and if the ensuing reply from the person who made the comment was, “Don’t be so sensitive,” they experienced micro-validation, meaning the perpetrator has denied the experience of the victim. As a provider, listen carefully to stories like these from people who have been displaced to help understand how and if racism has affected their experiences in the host community.

## Organizing Themes for Cultural Groups

### Collectivist vs. Individualist

Cultural differences can be most pronounced in the core values and beliefs that people hold about their relationships with other people. Scholars have used the terms “collectivist” and “individualist” to describe these distinctions.

Cultures that are more **collectivist** in orientation are characterized by group goals, respect for group decisions, and sacrifice of one’s self-interests for the greater good of the group. These cultures value obligations to the group, harmonious relationships, and obligatory reciprocity. Communication can be indirect and polite. The cultures that are traditionally viewed as collectivists are Asian, American Indian, African American, and Hispanic/Latino.

Cultures that are more **individualistic** value personal goals over group goals. Individuals assert opinions when they disagree strongly with other members of their group. Personal success is viewed as coming from one’s ability, competition is valued, reciprocity is voluntary, and debate and confrontation are acceptable. Communication is direct. Cultures that are traditionally viewed as individualistic are American middle/upper-class and Euro-American groups. There are exceptions, however, such as Italian-American families where collectivist approaches to behavior are important.

Providers should be aware that there are variations within cultural groups and among individuals. For example, people from collectivist cultures may adapt more individualistic styles in the workplace and maintain collectivistic values with their families.

### **Social Patterns**

Researchers have also described social patterns of behavior for Asian American, African American, American Indian, and Hispanic/Latino groups. While there are a few similarities between social patterns and the concept of collectivistic versus individualistic cultures, it is also helpful to organize culture by domains that incorporate social patterns of behavior.

Social domains include communication, relationship structure, orientation to others, time perspective, and views of health and mental health.

These domains are described in general terms and are not absolute. These social patterns exist along a continuum and are shaped by factors such as social class and are defined by income, education, and occupation. These social patterns are best thought of as guidelines from which to conceptualize your work with people who are displaced.

#### **Social Patterns of Behavior Across Cultures**

1. Communication: Open/Restrained
2. Relationship structure: Hierarchical/Egalitarian
3. Orientation to others: Individual/Competitive, Interdependent/Group
4. Time perspective: Future/Present
5. Views of health and mental health: Mind/Body

### **Communication**

Patterns of verbal communication can range from open to reserved expression of feelings. African Americans and Hispanics/Latinos are viewed as being more open in expressions of feelings than are Native Americans and Asian Americans, where restraint and communication patterns are more influenced by authority relationships. Following are some different aspects of communication patterns.



<b>Relationships</b>	<p>A hierarchical relationship is one in which deference is given to older persons. African American, Hispanic/Latinos, Native Americans, and Asian Americans view elders with respect. Among these groups, African Americans may exhibit more egalitarian relationships across generations and between women and men compared to the other cultural groups. Knowing these relationship patterns can help you avoid mistakes in developing your relationship with various age groups of displaced people. For example, you should not call older men and women by their first name; rather they should be addressed more formally as “Mr., Ms., or Mrs.” If they want you to use their first name, let them tell you. You can address youth by their first names.</p>
<b>Orientation toward others</b>	<p>As opposed to Euro-American norms that typically reward individually-centered, assertive, and competitive social behaviors, African American, Hispanic/Latinos, Native Americans, and Asian Americans place a high value on group and family cooperation. For these reasons, displaced persons from non-Euro-American cultural groups who are placed in a competitive environment in the host community may feel uncomfortable and out-of-place. Conversely, non-Euro-American cultural groups would not mind group situations where people can share experiences or resources.</p>
<b>Time perspective</b>	<p>African American, Hispanic/Latinos, Native Americans, and Asian Americans are more present-oriented as compared to focusing on long-range goals for the future. This “here and now” orientation fits with the displacement situation in which focusing on meeting current needs and solving short-term problems may be the most beneficial for people who have been displaced.</p>
<b>Health/mental health distinctions</b>	<p>African American, Hispanic/Latinos, Native Americans, and Asian Americans view the need for help and conceptualize health/mental health problems in different ways. For example, many Hispanic/Latino people make a distinction between physical and mental well-being and utilize religious, folk, or superstitious explanations to explain and treat health and/or mental issues. American Indian people do not make a distinction between mind and body; rather they believe that people co-exist with nature to achieve harmony. For African Americans, mental illness can be viewed as determined by fate and God, while Asian Americans may consider mental illness as a failure of the family. These beliefs exist along a continuum to be explored on a case-by-case basis.</p>

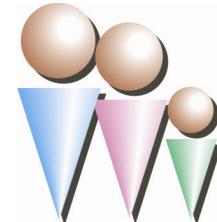


## **Working with Displaced People from Different Cultural Groups**

What are the cultural formulations of the “problem” as influenced by the above issues? Do the persons who are displaced view the problem in the same way as the provider? These are questions for providers to explore.

When working with displaced persons, being aware of the collectivistic to individualistic values and social patterns dimensions is important in the helping process. For example, African Americans are from a collectivistic culture. The 2000 census indicated that 84% of African Americans who resided in New Orleans at the time of Hurricane Katrina were born there. This means that a residentially-stable population was involuntarily displaced. This fact, in addition to the knowledge that African American culture is a collectivistic culture, can help you understand better how to anticipate working with individuals or families with these characteristics.

You, as a provider, could anticipate that a person displaced from New Orleans would want a harmonious relationship with the provider that is characterized by sensitivity, respect, and trust. The displaced person could start communication in an indirect but polite manner to get to know you rather than with statements of demands (of course, all people become demanding after long periods of time with repeated attempts to access services that are not forthcoming). People will want to tell the story of their displacement experience. They will not rush. The expectation would be that you are a good listener and will be honest in your dealings with the displaced person. You can increase self-awareness about their own cultural sensitivity by listening carefully and observing non-verbal aspects of behavior.



If a provider comes from an individualistic orientation, then he or she may become annoyed at certain collectivist behaviors and communication styles. If this occurs, then the provider should recognize these negative reactions and consider how such reactions might affect the helping process. Developing self-awareness will help providers working with culturally diverse groups of displaced persons.

### **Privilege**

**Privilege** is the advantage one person has over another, which results in higher status in a specific situation. For example, in a classroom setting a teacher has privilege over a student because the teacher determines what activities do or do not occur in the classroom. The teacher is responsible for grading a student’s performance and thus judging how well the student is performing in the classroom. Providers should be aware of the ways that they have privilege over people who have been displaced and consider how these privileges may affect

the interaction between the provider and the person who has been displaced. Examples of privilege include:

***Power privilege***

Providers have the capacity to dispense resources, services, and information; therefore they have the power when interacting with people who have been displaced.

***Race and ethnic privilege***

Providers may be from a different group than the people who have been displaced. For example, providers who are White come from the dominant or majority race group in the United States. As such, White providers may have different experiences from people who are minorities and who may have been denied privileges by the majority.

***Language privilege***

Providers may be helping language minority populations who cannot speak or understand English, therefore the ability to communicate in the majority language would be a privilege.

***Social class privilege***

Providers may be of higher social class (income, education, and occupation) than the displaced person being helped.

***Heterosexual privilege***

Heterosexual providers have privilege over gay, lesbian, bisexual, or transgendered displaced persons.

***Able-body privilege***

Able-bodied providers have privilege over displaced persons with disabilities.

This list is not exhaustive, and we urge providers to identify other characteristics that may give rise to privilege. The goal is for providers to help monitor self-awareness about these areas of possible privilege as they help displaced persons.



## **Understanding the Impact of Stigma on Displaced People**

**Stigma** is a term first used by psychologist Erving Goffman to describe how a person can have a characteristic that distinguishes him or her from others in an undesirable way. Those who view a person as less desirable, based on some characteristic(s), develop negative opinions about that person, which are called stigmas. Stigmas turn into stereotypes and co-occur with the use of negative labels for the stigmatized person or group, status loss for the stigmatized person or group, and discrimination and prejudice toward the stigmatized person or group. Basically, stigma is a negative attitude or stereotype about people, and these negative attitudes or stereotypes can turn into discriminatory actions.

How does stigma develop? Stigmas arise when people develop categories of things they dislike about people. When these categories of negative characteristics are applied to any member of a specific group of people, these automatic, negative associations are called stereotypes. Examples of groups that may be stigmatized in our society are single mothers, people with dark skin color, the mentally ill, or, perhaps, people who are displaced to a new community, especially if the displaced people are dissimilar to the residents of the host community. Dissimilarity can be based on ethnicity or race, on a lack of English fluency or accented English, on physical appearance such as obesity or unattractiveness, or on social class differences. If displaced people possess characteristics that are viewed negatively by the host community, then the people who are displaced are stigmatized by members of the host community.

Stigmas may be obvious or they may be concealed by a person. Examples of stigmas that might be concealed are homosexuality, illiteracy, religion, mental illness, and some health conditions such as epilepsy. A person who has a stigma that is concealable may choose not to disclose it to a provider or to others in the host community. For example, someone who has mental illness may not disclose this fact to a provider because the person is concerned about how the provider will react to such a disclosure. This is problematic in the case management process because a provider cannot help someone who has been displaced address his or her mental health needs if the provider does not know the need exists.

When a person is stigmatized, his or her social interactions with others may be affected. A stigmatized person can often feel the effect of the stigma. On a cognitive level, a stigmatized person may become preoccupied with thinking he or she is going to be treated differently when interacting socially, may become suspicious of others, and may become a vigilante in looking for signs of discrimination to confirm the suspicion of discrimination. On an emotional level, a person can suffer anxiety, depression, hostility, demoralization, shame, or guilt as a result of being stigmatized. These are only possible outcomes. Not all people who



are stigmatized will respond in the same way, but providers should be aware that being stigmatized can take a toll on people who have been displaced.

In a displacement situation, negative perceptions of displaced people (and the resulting stigma) may be cultivated in the local or national media. For example, if a host community receives a large number of displaced people, and the levels of crime or violence in the community also increase, then the media may report that displacement has caused an increase in crime. Residents of the host community, seeing such media reports, might therefore conclude that the people who have been displaced are violent or criminals. In this situation, displaced people may become stigmatized simply because they have been displaced. If host community residents assume displaced people are violent, then displaced people inherently possess a non-desirable characteristic.

Providers will need to be sensitive to the potential for displacement stigma to occur in a host community and of the potential emotional impact of stigma on people who have been displaced. Remember that stigma associated with being displaced may turn into discrimination, which may prevent displaced people from being offered employment or being able to locate housing. If displacement stigma begins to take hold in a host community, then providers may need to advocate for displaced individuals who are having difficulty acquiring jobs or housing as the result of stigma, prejudice, or discrimination. If stigma associated with displacement is precipitated through the local media, providers may need to contact local television, radio stations, or newspapers and advocate for the people who have been displaced by addressing misconceptions or providing examples of how displaced people are a positive addition to the community.

### Culture Assessment: Culturagram

For people who have been displaced, acknowledging the impact of culture on their experience is an important aspect of helping them adjust to being in a new environment. A Culturagram can be used to understand how culture affects the displacement experience.

The ***Culturagram*** on page 96 is adapted from Elaine Congress who used it in therapy with culturally diverse families. This tool can be used in a variety of situations, including when working with displaced families. The purpose of the Culturagram in this context is to assess the impact of culture on a person who has been displaced. It aids in individualizing displaced persons from different cultural backgrounds.

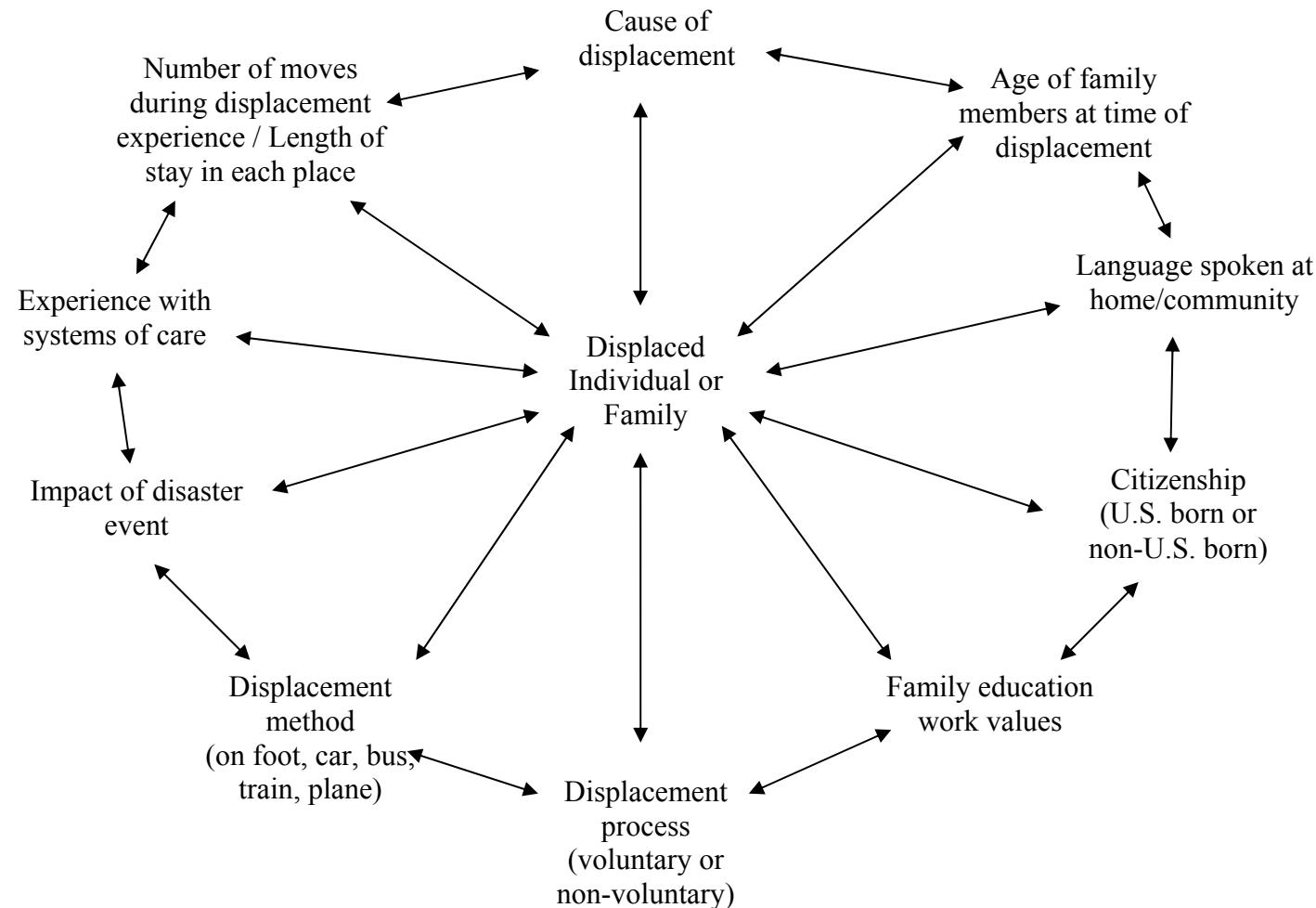


You may wish to develop questions for each content area of the Culturagram. Below are some suggestions:

<b>1. Reasons for leaving home:</b>	Assess if the evacuation was voluntary or involuntary and identify the survivor's opinions about returning or staying in the current living situation. Is the host community the first community the displaced person resided in since being displaced? Was the displaced person's original community urban, suburban, or rural, and how does that compare to the host community?
<b>2. Length of time in the community:</b>	If the displaced person has experienced multiple moves, ask about the length of time in each place and the factors that influenced how long he or she stayed in each one.
<b>3. Language:</b>	Ask about not only the language spoken at home (if a language minority family), but also the colloquisms. For example, is it "pop" or "soda," or a "sack" or "bag" of groceries? These words mean different things in different regions of the country.
<b>4. Holidays and special events:</b>	Have any of these been celebrated in the host community? What traditions were maintained or lost?
<b>5. Family, education, and work values:</b>	What are the individual's values with regard to family, education, and work? Who in the family should get advanced education and who should support the family? Are appropriate jobs available in the host community?
<b>6. Impact of the disaster event:</b>	Questions in this area may elicit spirituality responses. Some displaced persons may discuss their response with references to a divine being or their spiritual beliefs as supportive aspects in their experience. Others may make references to a divine being punishing or abandoning them. Listen to how these conversations are shaped by these beliefs.



## Culturagram in Displacement Assessment



Adapted from: Congress, E. (1994). The use of culturagrams to assess and empower culturally diverse families. *Families in Society*, 75, 531-540

## Chapter 9: Displacement and the Host Community

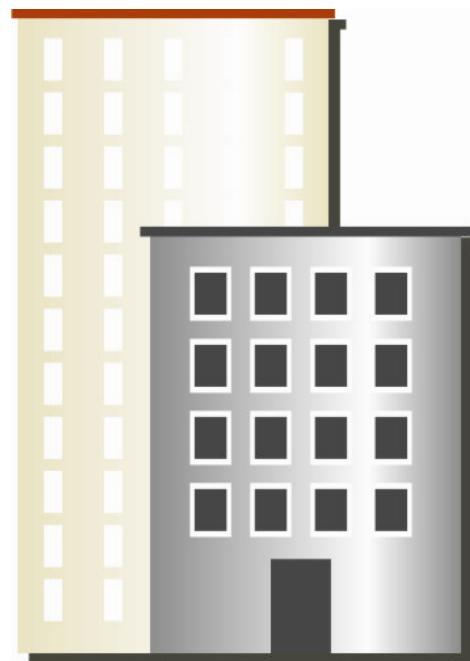
While most of this manual has addressed how the displacement experience affects people who have been displaced, providers must also consider how displacement affects the host community, which is the community that receives and provides resources and lodging to people displaced following a disaster.

While the displacement experience will undoubtedly affect people who have been displaced, displacement may also cause problems for a host community. Especially if:

- large numbers of people are relocated to a host community,
- there are socioeconomic and/or cultural differences between displaced populations and the host community, and/or
- there are no or little additional resources provided to assist the people who have been displaced.

These issues may lead to stigma for the relocated residents and friction between the displaced persons and host communities.

Friction between displaced persons and host communities may occur for several reasons. Residents of the host community may feel like resources that resources normally used to improve or sustain the host community are now being redirected to help the people who have been displaced. Members of the host community may also see the cost of living and housing increase rapidly because of the sudden appearance of many new residents, and this increase in costs can be a burden to host community residents. Also, host community members may equate the presence of displaced people with an increase in crime, violence, and other problems.



While host community members may initially welcome people who have been displaced to their community, as time goes on their attitudes toward the displaced may change, and they may be less open to helping people who have been in community for several months or years.

Many of the questions asked throughout this manual about the experience of people who have been displaced can also be asked about the host community also. For example:

Answers to these types of questions may predict future issues that could arise between the displaced and host communities. For example, if a host community was not expecting disaster evacuees, then the community may be overwhelmed by their needs when the evacuees arrived. This could contribute to eventual resentment on the part of the host community toward the displaced people about how resources are allocated. Conversely, if a host community was well-prepared and welcomed evacuees, then perhaps goodwill could be maintained throughout the displacement experience.

- ✓ Did the host community know that displaced people were coming, or were the evacuees simply brought to the community without warning?
- ✓ Did the host community offer to take the displaced people?
- ✓ Was the process of receiving evacuees orderly?
- ✓ What problems were encountered during the evacuation process?
- ✓ What were the experiences of the volunteers working with displaced people in the evacuation shelters?
- ✓ Did the community become more crowded after the evacuees arrived?
- ✓ Did crime increase following the arrival of the evacuees?
- ✓ Did jobs become more difficult to find after the evacuees arrived?
- ✓ Were there problems in schools after evacuee students enrolled?
- ✓ What was the local media coverage like? Did it portray displaced people negatively or positively?



## The Media

Providers should be aware of how displaced people are portrayed in the host community and national news media. If displaced people are depicted in the media as requiring an inordinate amount of resources and services, or as taking resources that would have normally gone to host community members, then these portrayals may lead to resentment among host community members towards the people who have been displaced. This resentment may even occur in host community members who have no direct experience with people who have been displaced, but have just seen stories about those people in local media.

Negative media depictions of displacement may also be demoralizing to the people who have been displaced. Imagine experiencing a disaster, losing your home, being displaced to a new community, attempting to recover from a massive loss in a new place, and then seeing yourself being depicted in the media as part of a group who is a drain on the local community or is responsible for an increase in violence and crime. Such a situation could be very disheartening.

If providers are concerned about negative media depictions of displaced people, then they or the organizations with which they work should contact local news organizations and provide information and examples to correct these problematic depictions. Local media may not be conscious of the way they are portraying those who have been displaced, or the negative information may be simply all that they have readily available. Therefore, it will be helpful for providers to counterbalance negative depictions of people who have been displaced, providing media-based advocacy for those displaced people.



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## **Appendix A: Children's Reactions to Disasters and Displacement**

Each child is unique in the ways that he or she responds to disaster or displacement.

Children may not talk about their experiences regarding the disaster, but that does NOT mean they are “over it” or unaffected emotionally. Children may repeatedly talk about, dream about, or act out while playing various parts of their traumatic experience.

The following lists identify some common reactions to trauma. While these behaviors can all be normal responses to trauma, *the key is to look for changes in the child’s behavior or any behavioral regression.*

Jim Greenman identified the following common reactions to trauma in *What Happened to My World? Helping Children Cope with Natural Disaster and Catastrophe*.

### **Children Under Five**

Common reactions to trauma:

- Bedwetting
- Fear of the dark, monsters, or animals
- Fear of being left alone; fear of strangers
- Clinging to familiar adults
- Nightmares
- Toileting accidents
- Speech difficulties
- Loss of or increase in appetite
- Cries or screams for help
- Confusion
- Behavior that tests others

What children under five need:

- Normal routines and favorite rituals
- Peaceful home and child care experiences
- Ample and quality time with calm, loving, reassuring adults
- Verbal reassurance, as well as acknowledging that they may be feeling scared
- Physical reassurance, as in hugs and cuddles

- Knowledge of where loved ones are at any given time, where loved ones are going and return times
- Opportunities to be heard
- Special time and reassurance at bedtime
- Opportunities for them to play, draw, or use other media to express themselves
- Opportunities for them to be away from the situation and focus of the disaster
- Limited exposure to the media and to adult conversations about the disaster
- Opportunities for them to be physically active

## **Primary School-Age Children**

Common reactions to trauma:

- Regressive behavior
- Fears about another disaster occurring
- Irritability, whining, clinging
- Nail biting or thumb sucking
- Nightmares and fear of the dark
- Competition with siblings for parental attention
- Depression
- Loss of interest or poor concentration in school
- Withdrawal from peers
- Avoiding school
- Aggressive behavior at home or school
- Headaches or other physical complaints
- A need to take on more responsibility and care for others

What primary school-age children need:

- Normal routines and favorite rituals
- A peaceful home and school experience
- Ample time to be with calm, loving, reassuring adults
- Verbal and physical reassurance, as well as acknowledging that they may be feeling scared
- Knowledge of where their loved ones are at any given time, where loved ones are going and return times
- Guided exposure to the news media and adult discussion
- Opportunities for them to talk and play with peers and adults
- Opportunities for them to express themselves through art or other creative materials
- Opportunities for them to be physically active

- Acceptance from adults of play and dramatic conversation that reflect the current events in their lives and the feelings associated with them
- Relaxed expectations at home or school during the crisis period

## **Teenagers**

Common reactions to trauma:

- Appetite or sleep disturbances
- Headaches or other physical complaints
- Increase or decrease in energy level
- Indifference, withdrawal, or isolation
- Loss of optimism of the present and the future
- Dark humor, cynicism, or depression
- Poor concentration or confusion
- Poor performance at school or truancy
- Fighting with siblings or friends
- Loss of interest in enjoyable activities
- Attention-seeking behaviors at home and school
- Risk-taking behavior or fear of taking risks
- Rebellion in the home, aggressive behavior
- Refusal to be cooperative

What teenagers need:

- A peaceful household or school experience
- Knowledge of where their loved ones are at any given time, where loved ones are going and return times
- Individual attention and consideration when they ask for it
- Opportunities for them to engage in serious discussion
- Opportunities for them to talk about feelings—yours and theirs—honestly, but without adults being intrusive, and with adults listening rather than lecturing
- Your best and wisest adult perspective on serious issues and your acceptance of their views
- Recognition of their growing competence, maturity, and any of their efforts during disaster
- Opportunities to be away from the situation and away from the focus on the disaster
- Time with their peers
- Opportunities for them to be physically active

- Adults who encourage participation in social activities, athletics, clubs, and other activities
- Structured but undemanding responsibilities
- Temporarily relaxed expectations of performance
- Encouragement and support to take care of themselves: eating well, sleeping, exercising
- Opportunities for them to help others and be involved in the disaster response
- Opportunities for them to help prepare for future disasters and safety measure planning

## **Appendix B: Self-care for Providers Working with Displaced Populations**

Working with people who have been displaced from their homes can be a rewarding and meaningful experience. Seeing smiles and relief on faces where there was once fear and hopelessness is often powerful, and the opportunity to help alleviate the suffering of those who have lost nearly everything due to factors outside of their control—even if only a little—can be deeply fulfilling.

The sense of purpose, agency, and satisfaction that can come from such opportunities is one reason that some people are drawn to helping others. However, working in situations of great need can also bring unique stressors and can be taxing.

Those who work with displaced people are at higher risk for several different psychological disorders than the general population. There are also aspects of helping which, over time, can lead to providers being less effective (or not effective at all) in doing the very job they once found so rewarding.

Providers who work with displaced populations are at increased risk for two types of maladjustment:

- physical illness
- psychological distress

Because of the chaotic, and sometimes dangerous situations associated with helping displaced persons, preventable infectious diseases and accidents have been reported as the main medical problems associated with providers. More commonly, as a result of working with displaced persons, providers may experience anger or despair, feelings of powerlessness or guilt, or extreme frustration. The stress of helping can lead to increased risk of depression, traumatic stress reactions, and burnout or compassion fatigue. The two types of maladjustment can also work in an interactive way, with physical illness adding to psychological distress, and psychological distress making physical illness more likely.

This appendix begins by covering how providers can keep an eye out for signs they may be experiencing stress associated with their work. These signs can sometimes be subtle, but recognition of these signs can be the first step to preventing further distress.

This appendix will also provide proven techniques providers can use to prevent and treat problems that can accompany working with displaced populations.

## The Stress of Helping

Working with displaced populations is stressful and can be intensive. The work can be characterized by demanding workloads, long hours, unpleasant and/or dangerous conditions, and lack of privacy. Working with a displaced population means being surrounded by survivors who have lost nearly everything, and whose stories are painfully vivid, sometimes gruesome, and almost always unfair. All too often providers are asked to address situations of incredible need with inadequate resources, time, and support. These difficult circumstances someone lead to conflict or tension within teams of providers. Moreover, providers typically experience all of this without their usual support systems of family, friends, and routine.

### What Stresses Are Providers Likely To Experience?

- You may be repeatedly exposed to the extreme loss and sorrow of displaced persons
- Your tasks may be physically difficult, exhausting, or dangerous
- The demands of your tasks may lead to lack of sleep and chronic fatigue
- You may face a variety of role stresses including a perceived inability to ever do “enough”
- Even though the limits of what you can do are imposed by reality or constraints beyond your control (e.g., lack of supplies), it may be easy to blame yourself
- You may experience moral or ethical dilemmas such as having to decide to help one person over another
- You may feel guilt over the fact that displaced persons do not have access to food, shelter, and other resources
- You may identify with the displaced people
- You may be exposed to the anger and apparent lack of gratitude of some displaced people

Because of these and other stressors, many providers experience intense emotions like anger, despair, powerlessness, or guilt.

This stress can reduce your ability to work effectively with coworkers. For example, a provider’s sense of humor that usually buffers him or her from negative emotions may be worn down, or a provider may begin to question basic religious beliefs with questions like, “How can God let this happen?” or “Why aren’t my prayers being answered?”

These feelings are often quite distressing and may lead some providers to believe there is something wrong with them—that they should be stronger or should not be affected because of their role as provider.

If enough time goes by and these feelings are not addressed, the risk of developing psychological illness increases for providers. One common group of symptoms is known as burnout or compassion fatigue.

### **Symptoms of “Burnout or Compassion Fatigue” Among Providers**

- Inefficiency
- Inability to concentrate
- Excessive tiredness
- Sleep difficulties
- Loss of “spirit”
- Uncharacteristic irritability or aggression
- Withdrawal from other people
- Somatic symptoms (e.g., headaches, gastrointestinal problems)
- Grandiose beliefs about importance (e.g., neglecting own safety and physical needs, showing a “macho” style of not needing sleep or breaks, engaging in heroic but reckless behaviors)
- Mistrust of co-workers or supervisors
- Cynicism
- Excessive alcohol use, caffeine consumption, and smoking

### **Risk Factors for Psychological Distress and Physical Illness**

In the same way that no two displaced people’s stories are exactly alike, no two providers have the same helping experience.

One way in which providers’ experiences differ is the situation in which they are helping. When it comes to putting providers at risk for developing problems, not all displacement situations are created equal. Some situations in which providers find themselves are more likely to cause distress than others. In addition, what providers decide to *do* with the inevitable stress they encounter—strategies they use to cope—also predicts how well they function in their role and whether they experience some of the negative outcomes sometimes associated with helping mentioned above.

The next two sections deal with the situations and characteristics of individuals that are associated with increased risk of psychological distress and physical illness. The good news is that many of the risk factors discussed here are under the control of the provider and they are things that can be prevented or changed, but only if the provider is aware of them.

## **Situational Risk Factors**

Some displacement situations put providers at increased risk for psychological distress and physical illness. Displacement situations vary widely and it is not possible to discuss the unique risk factors associated with each type of situation. However, there are common themes running through most situations involving displaced persons that may place providers at increased risk.

## **Timing**

There are critical points in each provider's experience that bring increased risk of psychological distress and physical illness. The first time responding to displacement, the beginning period of any displacement response, and the end of prolonged time spent helping displacement survivors are the most critical. During these times, providers have reported increased rates of

- Depression
- Anxiety
- Burnout
- Physical complaints

## **Organizational Factors**

Providers working with displaced populations will usually be either an employee of an organization or a volunteer with an organization. The organizations that providers work for or volunteer with—whether they are a non-profit organization, government agency, or for-profit group—can be referred to as a provider's sponsoring organization. The role of the sponsoring organization in preparing and supporting providers is addressed here because of the potential role it can play in preventing or minimizing psychological distress. The policies and practices of sponsoring organizations can have an impact on the mental health outcomes of providers.

Pre-displacement training in stress management, conflict resolution, dealing with the media, cultural competence, and team building is often overlooked by sponsoring organizations when they send providers to help in a displacement situation. Once providers begin working with displaced persons, the level of support they feel from their sponsoring organization is an important protective factor. Being able to turn to experienced co-workers or supervisors with questions and having access to those in the organization who are making policy and resource allocation decisions are helpful in reducing stress for providers.

To reduce stress on staff, sponsoring organizations should:

- Provide adequate information about tasks and the overall disaster

- Provide adequate supplies for the work demanded
- Develop work rules and schedules that allow providers to follow through on task assignments
- Reduce bureaucracy and paperwork
- Promote a sense of camaraderie and mutual support among providers
- Intervene to “defuse” conflicts among workers or between workers and their supervisors
- Make available adequate food and rest time for providers
- Give recognition and appreciation for the sacrifices that providers are making

If your organization does not provide these supports, ask it to.

## **Self-Care Techniques**

It may be tempting to think providers who are able to find resilience within the stressful world of helping displaced populations are born with “what it takes” or are naturally stronger in some way than the rest. While these individuals may have some inherent hardiness, their resilience is more likely due to an ability to recognize when they are feeling stressed and then what they choose to do about it. What follows are actions that providers can take to minimize their risk of developing serious psychological distress or physical illness.

### **Prepare before you begin helping people**

- Learn about common responses to stress and about signs of stress and burnout in yourself and in co-workers. Reading this appendix is part of this preparation.
- Pay attention to how you cope with stress at home. As much as possible, plan for ways you can access or utilize these coping strategies as you work with displaced persons.
- Learn as much as you can about the *particular* situation in which you will be working. The closer your expectations are to the realities you will face, the greater your sense of predictability and control and the less your feelings of helplessness and uncertainty will be. It is helpful to talk to others who have had direct experience with the particular work you will be doing.

### **Take care of yourself when you are helping people**

- Make sure you take adequate “break time” or “down time.” If possible, this time should be taken away from your work site (e.g., in a separate tent on the edge of the relief operation site or in a room in the back of a shelter).

- Be sure to get enough rest and eat properly. Taking time away from your assignment to rest, eat, and drink may seem like a frivolous use of your time, but it helps you work at maximum efficiency and do your job better and with fewer errors.
- Physical activity helps dissipate stress. Get exercise: take a walk, jog, engage in an athletic event, or dance.
- Maintain your personal hygiene (e.g., bathing, brushing your teeth, keeping your clothes clean).
- Pay attention to your body. Rapid heartbeat, stomach pains, tightness in the chest, trembling, feeling tired all the time, headaches and other aches and pains may be signs of stress.
- Pay attention to your mind. Difficulty concentrating, difficulty remembering, finding that you are more “disorganized” than usual, feeling overwhelmed, or fearful may be signs of stress.
- Pay attention to your personal life and your emotions. Arguing more with friends, co-workers or family members, or constantly feeling angry, sad, fearful, or hopeless may be a sign of stress.
- Avoid the temptation to use alcohol or drugs to “escape the pressures” of your work. If you find that these are the only ways you can survive the anxiety, fear, rage, or other distress created by your work, ask for help.

### **Reduce your own stress responses**

- Learn simple stress management and other coping skills that you can use to protect yourself emotionally. This may include learning “distancing” techniques (e.g., using pleasant images to avoid ruminating about the horrors of the disaster and the impossibility of doing all that has to be done), and learning simple “relaxation exercises” (breathing, muscle relaxation, visualizing, meditating exercises that produce feelings of relaxation). Some simple relaxation exercises can be found at the end of this chapter (see the next two pages).

### **Talk about your experiences**

- Talk to others (co-workers, supervisors) about your experiences and your needs. What information do you need? What support do you need?
- Seek out social support and networking as much as possible. Providers who feel validated and supported by their colleagues are less likely to develop negative reactions to the stress of working with displaced persons.

To conclude this chapter, we provide a relaxation exercise to help you relax during difficult and stressful situations. Instructions for this exercise are presented in italics, and then the script for the exercise follows. Following this first exercise is a shorter relaxation exercise that can be used after you have practiced the longer version.

## **Relaxation Exercise**

The following relaxation exercise was adopted from: Enrenreich, J.H. (2002). *Caring for others, caring for yourself: A guide for humanitarian aid workers, health care worker, human rights workers, and journalists working with traumatized populations*. Center for Psychology and Society State University of New York, Old Westbury, NY.

*[The following script for a relaxation exercise combines breathing exercises and muscle relaxation. First have someone read it to you in a calm, slow voice, allowing time for you to take in and hold your breath, for you to let out your breath slowly, and for you to first tighten, then relax your muscles slowly, as indicated in the script. Then you can tape record the script and use the tape to help you relax. After you have done the exercise several times, you will be able carry out the actions on your own, without someone reading the script to you.]*

Close your eyes and put yourself in a comfortable position. If you need to, you can make adjustments now or as we go along. Quiet moves will not disturb your relaxation.

Help your body begin to relax by taking some slow, deep breaths. \*Take a deep breath now. Hold your breath and count silently to three, or five, or ten. Take the amount of time holding your breath that feels good to you. Then let your breath out in an easy, soothing way. Breathe in again and hold it a few seconds... and, when you are ready, again let it out. As you let your breath out, imagine breathing out the tension in your body, out through your nose and mouth, breathing out the tension as you breathe out. Do it yet again, breathing in slowly... holding it... and out.

I am now going to teach you an easy method of relaxation. Make a tight fist with both hands... very tight ... so tight you can feel the tension in your forearms. Now, let go suddenly ...notice the feeling of relaxation flowing up your arms. Make a fist with both hands again...and suddenly let go. Again, notice the feeling of relaxation in your arms...let your mind move this feeling of muscle relaxation up your arms...through your shoulders...into your chest... into your stomach... into your hips. Continue to focus on this feeling of relaxation, moving it into your upper legs...through your knees...into your lower legs...your ankles and feet. Now let this feeling of comfortable relaxation move from your shoulders into your neck...into your jaw and forehead and scalp...take a deep breath, and as you exhale, you can become even more deeply relaxed...you can deepen your relaxation by practicing this

*again. [Go back to the place above marked by the asterisk (\*) and repeat this section a second time].*

However you feel right now is just fine. As you become even more relaxed and comfortable, each time you breathe out you can continue to drift even deeper into a state of comfort... safe and serene. When you relax, as you are now, you can think more clearly or simply allow yourself to enjoy feelings of comfort, serenity, and quiet. As a result of this relaxation, you can look forward to feeling more alert and energetic later on...you can enjoy a greater feeling of personal confidence and control over how you feel, how you think, and what you believe. You can feel calmer, more comfortable, more at ease, and more in control of what's important to you. When you're ready, you can open your eyes. You can feel alert, or calm, or have whatever feelings are meaningful to you at this time. As you open your eyes, you may want to stretch and flex gently, as though you are waking from a wonderful nap.

### **Brief Relaxation Exercise**

*[The following is a script for a breathing and muscle relaxation exercise that can be used to achieve a relaxed state rapidly. Do not use it until you have learned to use the longer version (above) effectively. As with the lengthier script, it should be read in a slow, calm voice, allowing time to carry out the directions.]*

Take two or three deep breaths. Each time, hold your breath for a few seconds, then let it out slowly, concentrating on the feeling of the air leaving your body...now tighten both fists, and tighten your forearms and biceps...hold the tension for five or six seconds...now relax the muscles. When you relax the tension, do it suddenly, as if you are turning off a light....concentrate on the feelings of relaxation in your arms for 15 or 20 seconds. Now tense the muscles of your face and tense your jaw...hold it for five or six seconds... now relax and concentrate on the relaxation for fifteen or twenty seconds...now arch your back and press out your stomach as you take a deep breath... hold it... and relax. Now tense your thighs and calves and buttocks...hold...and now relax. Concentrate on the feelings of relaxation throughout your body, breathing slowly and deeply.

## Glossary

<b>Case management</b>	A robust set of activities that allows a provider to help an individual or family recover from a disaster.
<b>Case manager</b>	A professional who organizes and coordinates services and support for people who have been displaced following a disaster, in order for those people to access all of the services possible.
<b>Collectivist</b>	Characterized by group goals, respect for group decisions, and sacrifice of one's self-interests for the greater good of the group.
<b>Culturagram</b>	A tool to assess the impact of culture on a person who has been displaced.
<b>Culture</b>	Our heritage, history, traditions, language, values, and ways of behaving.
<b>Disaster</b>	A potentially traumatic event that is collectively experienced, has an acute onset, and is time-delimited; disasters may be attributed to natural, technological, or human causes.
<b>Disaster displacement</b>	The process of leaving one's home when the home cannot be lived in any longer or is destroyed due to a disaster.
<b>Disaster System of Care</b>	The institutions, organizations, and agencies that assist people following a disaster
<b>Displacement</b>	When an individual or family is forced to leave their home.
<b>Displacement System of Care</b>	The institutions, organizations, and agencies that assist people who have been displaced following a disaster.
<b>Eco-map</b>	An effective visual tool used to describe the structure and strength of kin, extended kin, friendship, or formal networks. It is a way to gain information on the availability of support among and between individuals, families, or organizations in their social networks.
<b>Ethnicity</b>	Identification with a specific group.
<b>Evacuate</b>	To leave or move from a dangerous area.
<b>Evacuate Site</b>	A place where people go to avoid danger.
<b>Evacuee</b>	A person who evacuates or is evacuated from a dangerous area.
<b>Extended kin network</b>	The supportive people who are not members of the kin network.

<b>First Responder</b>	A professional who is responsible for emergency response and protection of life and property in the early stages of a disaster.
<b>Formal network</b>	Social networks made up of institutions.
<b>Host community</b>	The community that receives and provides resources and lodging to people displaced following a disaster.
<b>Host community (?)</b>	The community that receives and provides resources and lodging to people displaced following a disaster.
<b>Human-caused disasters</b>	Includes events such as terrorist attacks, when one or more people are purposefully trying to harm or frighten other people
<b>Individualistic</b>	Values personal goals over group goals.
<b>Intake</b>	In the case management process, obtains basic information from a displace person or family to determine their eligibility for case management.
<b>Kin network</b>	Networks comprised of biologically-related relatives.
<b>Linking</b>	In the case management process, connecting an individual or family to services or resources.
<b>Mass disaster displacement</b>	Displacement caused by a major disaster that damages or destroys multiple homes, an entire community, or even a city. Involves many people and that overwhelms the capacity of the local community to respond.
<b>Mass domestic disaster displacement</b>	Displacement that occurs within the United States, affects a large number of people, and occurs as the result of a disaster
<b>Move</b>	To go from one residence location to another.
<b>Natural disasters</b>	Involves “acts of God,” such as hurricanes, tornadoes, earthquakes, and other naturally occurring acts.
<b>Needs assessment</b>	In the case management process, a process to determine both current and anticipated needs of displace people.
<b>Original Home</b>	The place that people live before a disaster.
<b>Privilege</b>	The advantage one person has over another, which results in higher status in a specific situation.
<b>Provider</b>	People who work with displaced persons who provide services.

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<b>Psychological first aid</b>	An approach to crisis stress management that is designed to allow people without advanced training and education in disaster mental health to lend psychologically effective assistance to disaster survivors.
<b>Recovery environment</b>	The geographical area and psychosocial context in which individuals attempt to make up for losses experienced as the result of a disaster.
<b>Relocate</b>	To move or be moved to a new place.
<b>Resettle</b>	To establish a residence in a new region.
<b>Settlement</b>	The time in which displaced people find permanent housing.
<b>Shelter</b>	An evacuation site intended to house people for a few days (before, during, and after a disaster).
<b>Shelters</b>	They provide a refuge for people who want to avoid harm, and provide a place to go following a disaster when homes are damaged to a point where they are uninhabitable.
<b>Special needs</b>	Used in reference to people whose needs are notably distinct from those of the general population.
<b>Stigma</b>	Describes how a person can have a characteristic that distinguishes him or her from others in an undesirable way.
<b>System of Care</b>	The collective institutions, organizations, and agencies that assist people in need.
<b>Technological disasters</b>	The result of non-intentional industrial accidents, such as a meltdown at a nuclear power plant or a bridge collapse.
<b>Transit</b>	The process of moving from one location to another.
<b>Transit</b>	The process of moving from one location to another during the displacement process.
<b>Triage</b>	In the case management process, the people with the most immediate needs get assistance first.

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