Community Recovery from Bushfires October 2013
Blue Mountains/Lithgow LGAs

Background Material on Psychosocial Recovery after a Natural Disaster –
Blue Mountains Interagency Meeting 29 October 2013

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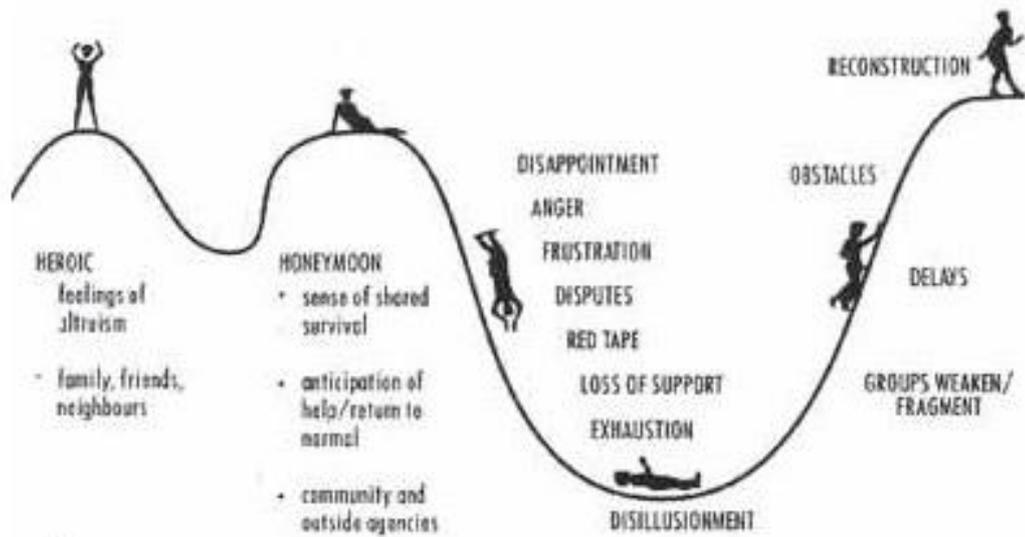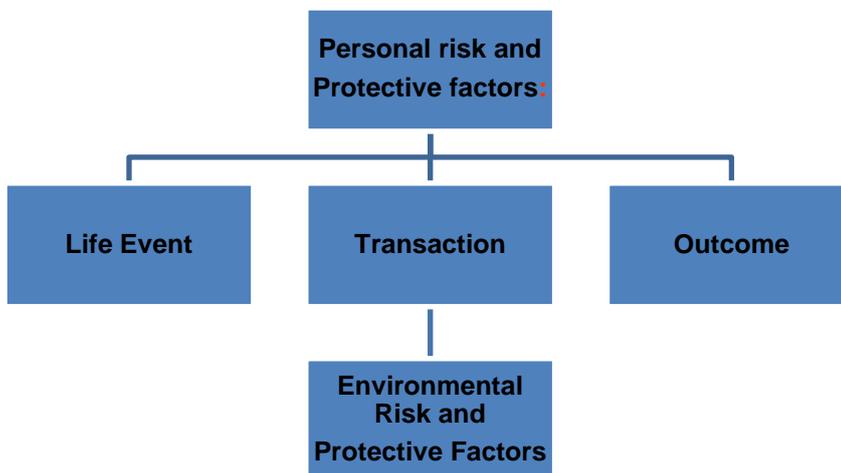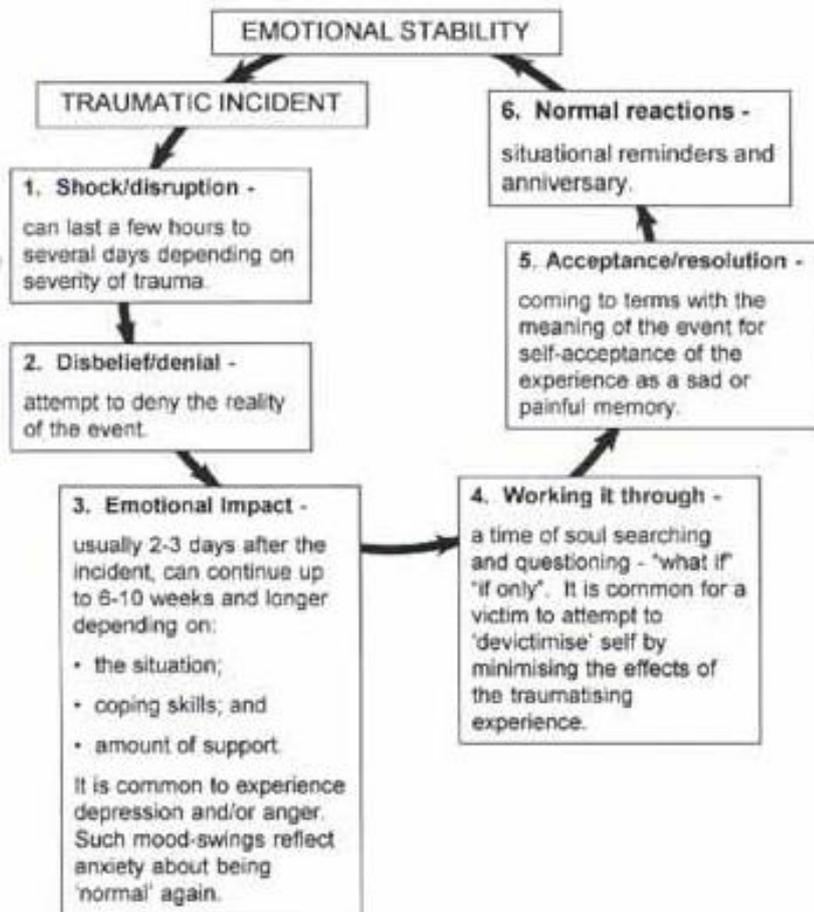**allison.rowlands@mpes.nsw.gov.au**
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Planning

- What are the needs
- What do we know about people's needs
- What is already happening
- What needs to be done and how
- How to communicate
- How to resource - support intervention + core business
- Key principles
    - autonomy and self determination
    - strengths based solution focused
    - respect and dignity
    - confidentiality
    - informed consent
    - commitment to developing individuals' ability to help themselves
    - commitment to social justice
    - commitment to high standard of personal and professional conduct
    - relationship based; skills and knowledge; worker support and supervision
    - careful assessment
    - go at person's pace
    - where and how to refer
    - agency auspice
    - return to standard community service provision as soon as feasible

Some diagrams that might assist
(Commonwealth of Australia (2011) Community Recovery. 3rd ed., p 95. Mt
Macedon: Australian Emergency Management Institute)

Psychosocial Recovery Issues

HEROIC
feelings of
altruism

- family, friends,
neighbours

HONEYMOON
- sense of shared
survival

- anticipation of
help/return to
normal

- community and
outside agencies

DISAPPOINTMENT
ANGER
FRUSTRATION
DISPUTES
RED TAPE
LOSS OF SUPPORT
EXHAUSTION

DISILLUSIONMENT

RECONSTRUCTION

OBSTACLES

DELAYS

GROUPS WEAKEN/
FRAGMENT

EMOTIONAL STABILITY

TRAUMATIC INCIDENT

1. Shock/disruption -

can last a few hours to several days depending on severity of trauma.

2. Disbelief/denial -

attempt to deny the reality of the event.

3. Emotional Impact -

usually 2-3 days after the incident, can continue up to 6-10 weeks and longer depending on:

- the situation;
- coping skills; and
- amount of support.

It is common to experience depression and/or anger. Such mood-swings reflect anxiety about being 'normal' again.

4. Working it through -

a time of soul searching and questioning - "what if" "if only". It is common for a victim to attempt to 'devictimise' self by minimising the effects of the traumatising experience.

5. Acceptance/resolution -

coming to terms with the meaning of the event for self-acceptance of the experience as a sad or painful memory.

6. Normal reactions -

situational reminders and anniversary.

Personal risk and Protective factors:

Life Event

Transaction

Outcome

Environmental Risk and Protective Factors

o Interplay of *personal risk and protective factors* (coping skills, self esteem, resilience etc) and *environmental risk and protective factors* (family, kinship, support network, class, gender, race, socioeconomic resources or deficits) + cognitive processing (personal meaning) -> outcome (adaptation, coping, growth, maladaptation, psychopathology)

Common feelings

- Shock
- Fear
- Anger
- Helplessness
- Sadness
- Shame
- Guilt

Effect on behaviour

- Tension
- Sleep disturbances, dreams, nightmares
- Memories and feelings
- Irritability
- Depression
- Social withdrawal
- Physical sensations
- Delayed effects

Children's reactions

- Sleep problems, nightmares
- Changes of dressing, eating, toilet habits
- Irritability, listless, uncooperative, bored
- Clinging to family, familiar things
- Regression
- Difficulty coping with changes
- More demanding of people or withdrawn
- Conflict, aggression, withdrawal with peers
- Preoccupied with trauma, acting, playing
- Excessive concern for others
- Reduced school performance, concentration
- Over-active, restless
- Comfort seeking
- Exaggerated reactions to small crises

Medium term effects

- Adults:
    - Effects on work performance and routine
    - Irritability & effect on relationships
    - Changes in sexual relationship
    - Teenagers:
    - More rebellious or demanding
    - School performance affected
    - May turn to outside family for emotional support
- Children:
    - Clingy, disobedient
    - School performance affected
- Family:
    - Postponing own needs for others
    - Family members' feelings may change – more detached or preoccupied
    - Lose interest in leisure, recreation, sport

Long term effects

- Event may come back for family members in another crisis
- Family members need to go over events again when grow into new stages of maturity and understanding
- May find future crises harder to handle – esp. feelings aroused
- May cover up difficult feelings
- Previous effects may become habits
- Major change or problem in family members in next few years likely to be related to the crisis

Adjusting
- Acceptance
    - recognise own reaction and acknowledge what been through
- Support
    - seek out others' phys and emot support. Talk over feelings; sharing with others with same experience
- Going over events
- Expressing feelings
    - natural healing method; helps us accept what has happened
- Taking care of yourself
    - driving carefully, enough sleep, good diet, relax

Disruption of the Life Continuum by Personal and Social Impact of Disaster

- members of the networks are all simultaneously preoccupied with the same issues, they are effectively unavailable to the individual
- the affected individual feels unable to relate to the future or leave the past behind
- anxiety about short term goals and despair about the long term as the sense of disruption to life's plan sinks in. This is expressed as despondency and lack of motivation
- the support systems essential for proper recovery are also disrupted
- recovery strategy works to re-establish the sheath of social networks
- community and family relationships -> embrace the recovery issues; review the past in the light of the disaster; assist people to come to terms with a new future; give ample opportunities to exercise planning, decision making and initiative in the recovery process

Recovery Process

- Coming to terms with trauma and disaster is a normal process
- Everyone goes through to a greater or lesser degree
- Principles are the same, whether the person retraces their past and re-evaluates their future goals
- in the privacy of their own mind
- with neighbours
- in community forums
- in counselling
- Pushing problems aside or bottling them up is not a successful strategy and sooner or later the issues need to be dealt with or they cause difficulties

Reactions to traumatic loss (Raphael)
Intense yearning for lost person
Preoccupation with images of person
Pangs of grief triggered by any reminder
Disorganisation
Numbness
Anxiety
Anger

Phases of processing the event
Catastrophe
Relief and confusion
Avoidance
Reconsideration
Adjustment

NOT linear
Recapitulating and reconstructing – new world emerges that incorporates catastrophes

Role of family and social support system

- o Agreement in literature that these are most important resources to emotional recovery
- o Social support – tangible or emotional aid
- o Emotional support, encouragement, advice, companionship
- o Family role – detecting problems, confront problem, support the rethinking and reconstruction of meaning, resolve conflicts
- o Assist families through public policy, community education, therapy, support groups for spouses or children

Community interventions can:

- o create understanding and opportunities for working through the trauma
- o encourage those less willing to do so
- o provide specific supports

Trauma and growth (Dyregrov, 1996)

- o Increased maturity, growth and strength
- o More life experience
- o More self assured
- o More emotionally expressive
- o Greater appreciation of loved ones
- o Increased empathy and care for others
- o Greater appreciation of life itself
- o Able to distinguish priorities

7 characteristics of effective coping behaviour (Caplan)

- o Actively explore issues and seek information
- o Freely express + and – feelings
- o Actively seek help
- o Break problems into small pieces to address
- o Awareness of fatigue, pacing efforts
- o Master feelings; flexible and open to change
- o Trusting oneself and others; basic optimism

Psychosocial Intervention after disaster

- Psychological support
  - Listening
  - Empathic responding
  - Sensitive and appropriate contact
  - Non-judgmental approach
  - No advice giving
  - Acceptance and opportunity to express feelings
- Longer-term counselling
  - Structured relationship
  - Loss and grief issues
  - Relationship issues
  - ? Psychotherapy
  - Strengths approaches
  - Solution focused and brief approaches
- Traumatic stress treatment
  - Careful assessment and treatment by trained clinician when PTSD suspected
- Appropriate personnel
  - Human service workers – psychological first aid
  - Clinically trained counsellors – longer term counselling and clinical treatment
  - Debriefers – either
- What children need
  - Reuniting with family
  - Parental and social support
  - Supportive environment; school
  - Positive reinforcement
  - Hope for the future
- How to respond
  - Listen to their stories
  - Write, draw, record, act
  - Music and singing
  - Toys and games
  - Individual and group activities
  - Scrap books, diaries
- Ideas
  - Encourage involvement in recovery tasks or around the camp/community
  - Older children can help
  - Find opportunities for adults and adolescents to use their skills
  - Play for children

Worker personal qualities

- Able to work in confusion
- Energetic and resilient to stress
- Quick thinker
- Strong belief in rights and integrity of individuals
- Sensitivity and honesty
- Flexibility and maturity
- Self awareness – recognise your limits
- Consolidated core professional skills
- Secure professional identity
- Competence and confidence
- Flexible working styles

Recovery environment

- Unpredictable, emergency character
- High levels of acute and ongoing stress
- Exposure to direct and vicarious trauma
- Highly charged personal work environment; difficult inter-agency relationships
- Exposure to intense emotions
- Intense scrutiny of work performance

Worker self care; supervision; preventing burn out

Mental health disorder after disaster

Severe mental disorder does not significantly increase after a disaster. Vulnerable members of the community may be more at risk of their condition being exacerbated. Natural recovery processes enable most people to resolve their psychosocial distress without formal mental health intervention and informal support networks in the community are the most valuable resources to support people at this time (extended family, close friends, teachers, clergy, GPs, informal community leaders for example). See Table 1 below.

Table 1 Summary of WHO predictions of the prevalence of psychosocial problems after an emergency

	Before emergency – 12-month prevalence	After emergency – 12-month prevalence
Severe mental disorder (such as psychosis, severe depression, severe disabling anxiety disorder)	2–3%	3–4%
Mild or moderate mental disorder (such as mild and moderate depression or anxiety)	10%	20% (reduces to 15% with natural recovery)
Moderate or severe psychological/social distress (no formal disorder but severe distress)	No estimate	Large percentage (reduces due to natural recovery)
Mild psychological/social distress	No estimate	Small percentage (increases over time)

Adapted from van Ommeren, 2006[4]

Source: Victorian Department of Human Services, 2009, p 5.

A model for psychosocial recovery

Figure 1 Psychosocial recovery – individuals, families and communities
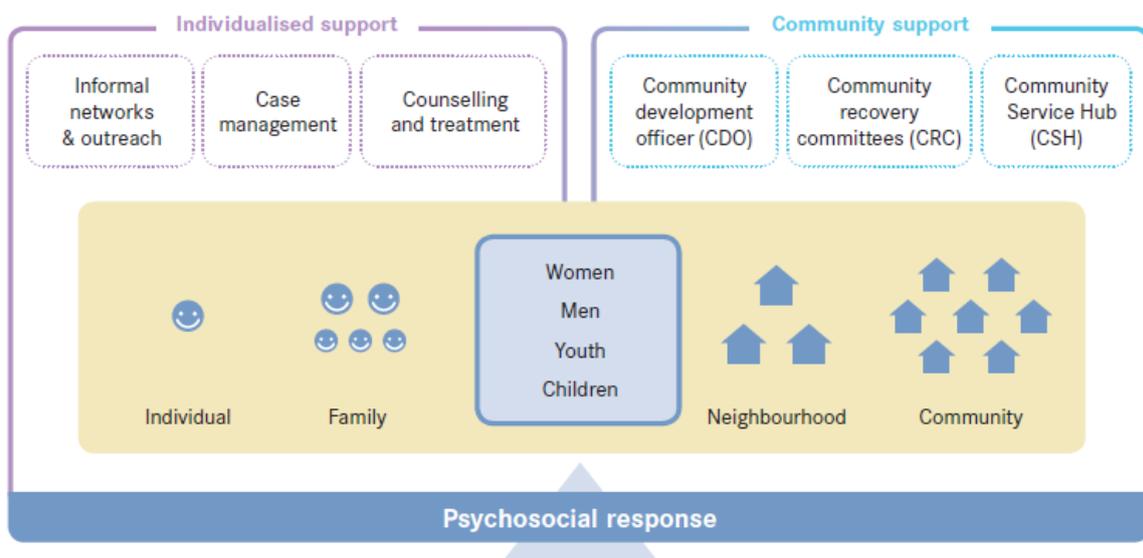
Source: Victorian Department of Human Services, 2009, p 7.

References

Raphael, B. (1986) *When Disaster Strikes: how individuals and communities cope with catastrophe*. NY: Basic Books.

Victorian Department of Human Services (2009) *After the Bushfires: Victoria's psychosocial recovery framework*. www.health.vic.gov.au/mentalhealth