

Disaster Behavioral Health: Common reactions of disaster survivors

There are a number of reactions that disaster survivors may experience. Below is a list of anticipated reactions based on age, as well as possible intervention options parents, loved ones and healthcare workers can use.

It is important to recognize when trained help is necessary. You may need to consider seeking professional help if reactions markedly affect functioning, relationships with family and friends, job or school. If you are concerned about yourself or a loved one, contact a local mental health center, crisis helpline, or your healthcare provider.

Call 911 immediately if there is evidence of:

- Suicidal thoughts / suicide plan
- Homicidal thoughts / homicide plan
- Child or elder abuse

Special note regarding children: Research shows that parent’s/guardian’s mental health and coping ability directly impacts their children’s ability to manage in the face of disaster. Therefore, in order to fully support a child victim in a disaster, the parent’s/guardian’s behavioral health needs must also be addressed.

Infant (Birth – 3 years)	
Behavioral	
Irritable	Hyper vigilant
Cries easily	Increased stranger anxiety
Loss of developmental skills previously attained	Increase in temper tantrums
Increase separation anxiety	Increase reactivity to environmental changes
Physical	
Significant changes in eating (too much or too little)	Significant changes in sleeping (too much or too little)
Physical complaints (i.e. stomach ache, headache)	
Emotional	
Child doesn’t “seem like themselves”	Fear
Irritability	Unpredictable reaction to events
Sadness	Withdrawal
Over reaction to minor injuries (bumps or bruises)	
Intervention Options	
Give verbal assurance and physical comfort	Permit child to sleep in parents' room temporarily
Avoid unnecessary separations	Provide comforting bedtime routines
Support parents/guardians so they are better able to care for their children.	Encourage expression through play activities (i.e. drawing, dolls, etc.)
Monitor and limit media exposure to disaster trauma	Let child know it is okay to feel upset when something bad or scary happens

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Preschool (3-5 years)	
Behavioral	
Bed-wetting, thumb sucking	Increased clinginess to parents/parental figures
Fears of the dark	Avoidance of sleeping alone
Increased crying	Regressive developmental skills
Physical	
Loss of appetite	Stomach aches
Nausea	Sleep problems, nightmares
Speech difficulties	Tics
Emotional	
Anxiety	Fear
Irritability	Angry outbursts
Sadness	Withdrawal
Intervention Options	
Give verbal assurance and physical comfort	Permit child to sleep in parents' room temporarily
Avoid unnecessary separations	Provide comforting bedtime routines
Encourage expression regarding losses (i.e., deaths, pets, toys)	Encourage expression through play activities (i.e. drawing, dolls, etc.)
Monitor and limit media exposure to disaster trauma	Let child know it is okay to feel upset when something bad or scary happens

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Childhood (6-11 years)	
Behavioral	
Decline in school performance	Aggressive behavior at home or school
Hyperactive or silly behavior	Whining, clinging, acting like a younger child
Increased competition with younger siblings for parents' attention	School avoidance
Re-living event through play	Crying spells
Physical	
Increase or decrease in appetite	Stomach aches
Head aches	Sleep disturbances, nightmares
Increased activity level, hyperactivity	Startle response
Emotional	
Withdrawal from friends, familiar activities	Angry outbursts
Obsessive preoccupation with disaster, safety	Irritability
Grief, sadness	Worry about safety of self and others
Intervention Options	
Give additional attention and consideration	Rehearse safety measures for future disasters
Set gentle but firm limits for acting out behavior	Provide structured but undemanding home chores and rehabilitation activities
Encourage verbal and play expression of thoughts and feelings	Listen to the child's repeated retelling of disaster event
Involve the child in preparation of family emergency kit, home drills	Relax expectations of performance at home and at school temporarily
Develop school disaster program for peer support, expressive activities, education on disasters, preparedness planning, identifying at-risk children	Go back to usual routines and maintain a normal schedule when possible
Monitor and limit media exposure to disaster trauma	Engage in positive distracting activities (sports, hobbies)

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Pre-Adolescence and Adolescence (12 – 18 years)	
Behavioral	
Decline in academic performance	Rebellion at home or school
Decline in previous responsible behavior	Agitation or decrease in energy level, apathy
Delinquent behavior	Social withdrawal
Difficulty concentrating and thinking	Increase in high risk behaviors
Physical	
Appetite changes	Headaches
Gastrointestinal problems	Skin eruptions
Complaints of vague aches and pains	Sleep disorders, fatigue
Emotional	
Loss of interest in peer social activities, hobbies, recreation	Sadness or depression
Resistance to authority	Feelings of inadequacy and helplessness
Concern about re-occurrence of the disaster	Mood swings
Preoccupation with death	Intrusive thoughts, memories, and flashbacks
Intervention Options	
Give additional attention and consideration	Promote physical activities
Encourage discussion of disaster experiences with peers, significant adults	Encourage expression of feelings and thoughts without making judgments
Relax expectations of performance at home and school temporarily	Rehearse family safety measures for future disasters
Promote resumption of positive activities (athletics, clubs, reading, hobbies, journaling)	Support participation in community rehabilitation and reclamation work
Develop school programs for peer support and debriefing, preparedness planning, volunteer community recovery, identifying at-risk teens	Encourage resumption of normal roles and routines or develop new routines

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Adults	
Behavioral	
Sleep problems	Avoidance of reminders
Excessive activity level	Crying easily
Increased conflicts with family	Hyper vigilance
Isolation, social withdrawal	Outbursts and acts of aggression
Relationship conflict	Decrease concern with personal hygiene, self care
Physical	
Fatigue, exhaustion	Gastrointestinal distress
Appetite change	Somatic complaints
Worsening of chronic conditions	Sleep disturbance
Difficulty breathing or rapid breathing	Increase cravings and/or use of caffeine, nicotine, sweets, alcohol, illicit substances
Emotional	
Depression, sadness	Irritability, anger
Anxiety, fear	Despair, hopelessness, loss of control
Guilt, self doubt	Mood swings
Emotional numbing, apathy	Feelings of being overwhelmed
Struggle with questions about reality, meaning, justice, fairness	Abandonment of prayer, ritual, scripture, devotions, sacraments
Spiritual	
Change in relationship with or belief about God or a Higher Power	Abandonment of prayer, ritual, scripture, devotions, sacraments
Rejection of spiritual care providers	Loss of familiar spiritual supports
Questioning the tenets of their faith or beliefs	Loss or weakening of faith
Struggle with questions about reality, meaning, justice, fairness, afterlife	
Intervention Options	
Provide supportive listening and opportunity to talk in detail about disaster experiences	Offer assistance for family members to facilitate communication and effective functioning
Assist with prioritizing and problem-solving	Make available information on referral resources
Provide information on disaster stress and coping, children's reactions ways to help	Encourage self care including adequate rest and eating healthy meals
Assist with focusing on something practical that can be done right now to manage situation better	Promote exercising in moderation

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Older Adults	
Behavioral	
Withdrawal and isolation	Reluctance to leave home
Mobility limitations	Relocation adjustment problems
Physical	
Worsening of chronic illnesses	Sleep disorders
Memory problems	Somatic symptoms
More susceptible to hypo- and hyperthermia	Physical and sensory limitations (sight, hearing) interfere with recovery
Emotional	
Depression	Despair about losses
Apathy	Confusion, disorientation
Suspicion	Agitation, anger
Fears of institutionalization	Anxiety with unfamiliar surroundings
Embarrassment about receiving "hand outs"	Loss or weakening of faith
Spiritual	
Change in relationship with or belief about God or a Higher Power	Abandonment of prayer, ritual, scripture, devotions, sacraments
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Intervention Options	
Provide strong and persistent verbal reassurance	Provide orienting information
Use multiple assessment methods as problems may be under reported (e.g., repeat observations, geriatric screening questions, discussion with family)	Engage providers of transportation, chore services, meals programs, home health, and home visits as needed
Assist in obtaining medical and financial assistance	Assist in reestablishing familial and social contacts
Give special attention to suitable residential relocation	Encourage discussion of disaster losses and expression of emotions
Provide and facilitate referrals for disaster assistance	Provide assistance with recovery of possessions