

# *Healthy West Coast*

*Te Hauora o Tatou - The Health of Us All*



*West Coast District Health Board*  
*Te Pouari Hauora a Rohe o Tai Poutini*

## **Information for Front Line Workers Supporting People Dealing With the Pike River Crisis**

**Things You Might Need to Know**

**Resilience** - the natural healing process. Encourage an approach that builds on people's natural resilience ~ our ability to 'bounce back'. We assume that people are not sick; rather shocked. They have the capacity to bounce back if provided with the resources. Our role is to create an environment that fosters resilience.

**Family helping family** contributes to resilience. After a community disaster, it is family helping family that helps one move forward. Proactive community or workplace peers providing emotional first aid is recommended where possible.

**Intervention** - We must be especially careful not to add to the trauma already being experienced. Well intended interventions can easily result in added stress for the recipient when their wishes are inadvertently being discounted, minimized, or ignored. DO NOT DAMAGE is the bottom line with any intervention. Consider the following principles:

**1. Empower people with choice:** Never force an intervention on an individual. Offer them choices. Always be prepared to be refused

**2. Honour and respect who they are:** We are all different. Ensure that you are honouring and respecting people's culture, race, age, profession, personality, interpersonal style, socio/economic level, ie who they are. For example, if you are working with a group or individual that does not typically express emotions, don't use 'gushy' feeling language.

**3. Consider yourself a guest in their trauma:** Traumas bond people. If you were not present at the trauma, you are an outsider. This doesn't mean you won't be accepted by the traumatised group or individual. If you view yourself as a 'guest' in their house, you will take with you a respectful attitude, thereby increasing the chances that they will feel safe with you and allow you to offer them services.

**4. Share your knowledge tentatively:** Be especially careful not to behave in a way that implies you know it all. Such an attitude alienates people. Using language like 'may' and 'could' allows people to accept your truths more readily. Be humble with your knowledge. The potency of your involvement is based more on how you treat others; not the magic in any particular intervention.

## Myths of disaster

MYTH	REALITY
<i>a. People Panic</i>	People behave quite rationally and responsibly except where there is a threat to life and no escape, no information, or no leadership.
<i>b. People cannot look after themselves</i>	People generally care for each other, helping those in need where possible.
<i>c. Too much information is bad.</i>	People respond appropriately to sound information from a reliable source. They may try to check it with those they consider credible before acting.
<i>d. Children are too young to be affected.</i>	After the immediate responses children may hold back needs until after the crisis. Children often require special attention and counselling.
<i>e. If people don't crack up they are not affected.</i>	Few people 'crack up' but everyone is affected and suffers stress in varying degrees.
<i>f. Communities never recover from disaster.</i>	Communities may undergo trauma and permanent change may result but they can recover. This can be a positive development if improvement desired by the community is recognised and facilitated in the post-disaster period.
<i>g. Emergency workers are not affected.</i>	Emergency workers are also victims of disaster-related stress in varying degrees.

People suffering from trauma are normal persons who have been subjected to severe stress. Some of their reactions to the stress may show as emotional strain. This is usually transitory - it is to be expected and does not imply mental illness.

Many people need concrete help such as information about available services, how to get insurance benefits or loans, assistance with completion of applications to government agencies, health care, babysitting, transportation, etc. Often the most important help for the emotional distress may be simply listening, providing a ready ear, and indicating interest and concern.

For the most part people perform quite capably considering the amount of stress endured. However, frustration may accumulate, especially as people encounter misinformation, red tape and bureaucratic tangles while seeking governmental help. Feelings of anger and helplessness may result.

## **Common feelings and effects**

The effects are very real. Strong feelings may arise when the experience is talked about. Increased worry may interfere with day-to-day living and people affected may be shaken and worried about the future. 'Getting back to normal' can be difficult after an experience of this kind. Everyone's reactions will not be the same; however, detailed below are some of the common feelings.

### **Shock**

- Disbelief at what has happened
- Numbness - the event may seem unreal, like a dream
- No understanding of what has happened.

### **Fears**

- Of damage to self, or death
- Of a similar event happening again
- Awareness of personal vulnerability
- Panicky feelings
- Other apparently unrelated fears

### **Anger**

- At 'who caused it' or 'allowed it to happen'
- Outrage at what has happened
- At the injustice and senselessness of it all
- Generalised anger and irritability
- 'Why me?'

### **Helplessness**

- Crises show us how powerless we are at times, as well as our strengths

### **Sadness**

- About human destruction and losses of every kind
- For loss of the belief that our world is safe and predictable

### **Shame**

- For having been exposed as helpless, emotional and needing others
- For not having reacted as one would have wished

### **Guilt**

- That some have not lost as much as others.

## Effects on behaviour

These can be expressed in many ways:

Tension	More easily startled, general nervousness (physical or mental)
Sleep disturbances	Unable to sleep, thoughts that keep the person awake Reliving the disaster
Dreams and Nightmares	Of the disaster other or other frightening events
Memories and feelings	Interfere with concentration, daily life Flashback Attempts to shut them out which lead to deadening of feelings and thoughts
Irritability	Frequent swings in mood
Depression	About the event, past events or loss of personal effects Guilt about how you behaved
Social Withdrawal	A need to be alone
Physical Sensations	Tiredness, palpitations, tremors, breathing difficulties, headaches, tense muscles, aches and pains, loss of appetite, loss of sexual interest, nausea, diarrhoea, or constipation and many other symptoms
Delayed Effects	Any of these may occur after months or years of adjustment

These physical and emotional symptoms are normal. They develop in people facing stress, threat or loss, and are responses which help the person to cope. They can be unpleasant and distressing but they will change.

## **Family and social relationships**

Strains in relationships may appear. As well as the good feelings of giving and receiving there may be conflict, anger and jealousy. Individuals may feel that too little or the wrong things are offered, or that they are unable to give as much of themselves as is expected by others.

These problems are all normal reactions to an abnormal event that has touched the lives of the whole family. It is important not to blame others for their behaviour. It is part of a changed pattern of family life arising from the crisis.

## **Children's reactions**

- sleep problems, nightmares;
- changes of dressing, eating and toilet habits;
- irritability, uncooperative, listless, bored;
- clinging to family or familiar things, needing objects for security;
- unable to cope with change or ordinary problems;
- reverting to habits of behaviour previously grown out of;
- changes in relationships with parents, either more demanding, possessive, or becoming withdrawn, uncommunicative, rejecting;
- relationships with brothers, sisters and peers become more difficult with conflict, competition, aggression or withdrawal;
- pre-occupation with the trauma, wanting to talk about it, playing it out, wanting to see where it happened;
- excessive concern for others, holding back their need to protect adults;
- reduced school performance, concentration or ability to play constructively;
- over-active behaviour, restlessness, dissatisfaction;
- small ailments or injuries used to get comfort and security; n. transitions
- such as from pre-school to school may be more difficult; and
- exaggerated reactions to small crises may express their distress over the incident which they don't yet understand.

## **Immediate effects**

Some reactions may occur immediately after the crisis has passed, and continue for some time, including the following:

- Spouses/parents may feel fear about their partner's/child's safety while away from home.
- Children may develop nightmares, fears or think a fresh crisis will occur to them or the family member involved.
- Family members may be angry because of the fear and distress they were put through - these feelings may be directed at the involved member, at each other, or at people outside the family.

- Family members may lose trust and confidence in themselves and other people. The world may no longer feel safe, their own welfare may seem uncertain and everything may seem difficult to manage.
- Children express their insecurity by naughtiness, bed-wetting, changes in eating and sleeping habits, grizzling, or in reverting to behaviour they have previously grown out of.
- Emotional turbulence, anger, guilt, upset, sadness, unpredictable or unreasonable reactions may occur in any family member.

### **Medium-term effects**

Some families cope well with the crisis and immediate aftermath. These later changes, including those below, may not obviously be related to the crisis. It may be some weeks or months before these effects are felt:

- Routine and work patterns, ambition or motivation in the affected member may change; work efficiency and concentration may be reduced.
- Spouses/parents may be short-tempered, irritable or intolerant, leading to friction in relationships.
- Young children can be clingy, attention seeking or disobedient.
- Teenagers may become more rebellious or demanding.
- Child or adult family members may be overly concerned to help, try not to do anything wrong, and postpone their own needs to support the affected member.
- Family members' feelings for each other may change by becoming more detached, uninvolved or preoccupied with personal problems.
- Spouses may experience changes in their sexual relationship.
- Children and teenagers' school performance and concentration may be lowered; they may lose former interests.
- Family members may lose interest in leisure, recreation or sport.
- Teenagers may turn outside the family for emotional support
- Immediate responses may persist or appear for the first time.

### **Long-term effects**

Sometimes effects, for example those below, become evident months or even years after the event:

- The event may come back for family members in another crisis, although it was dealt with at the time.
- Family members, including children, need to go over the events again when they grow into new stages of maturity and understanding.
- People may find future crises harder to handle, particularly when similar feelings are aroused even if for different reasons.
- Family members may cover up or cope with difficult feelings until all the fuss is over, and things have returned to normal.
- Any of the immediate or medium-term effects may occur as delayed reactions, or become habits.
- Problems often appear in the form of everyday frustration, and by retracing the way they developed the connection to the crisis becomes clear. It is wise to

assume that a major change or problem in family members in the next few years has some relationship to the crisis

### Adjusting to the experience

The following checklist provides persons with a number of suggestions for coping with the experience:

Acceptance	Recognise your own reaction and acknowledge that you have been through a highly stressful experience. Excessive denial or lack of acceptance of your feelings may delay the recovery process
Support	Seek out other people's physical and emotional support. Talk about your feelings to other people who will understand. Sharing with others who have had a similar experience helps
Going Over Events	As you allow the memories of the disaster more into your mind, there is a need to think about it, and to talk about it. Facing the reality bit by bit, rather than avoiding reminders of it, will help you come to terms with what has happened
Expressing Feelings	It is important not to bottle up feelings, but to express them. Talking with others about our experience and feelings are natural healing methods and help us to accept what has happened.
Taking Care of Yourself	During a period of stress, we are more prone to accidents and physical illness. It is important that people affected by disasters look after themselves by: <ul style="list-style-type: none"> <li>• driving more carefully;</li> <li>• having sufficient sleep;</li> <li>• maintaining a good diet; and</li> <li>• taking opportunities for relaxation.</li> </ul>
The Positive Side	People can become wiser and stronger. At a community level, sharing an intense experience together can strengthen bonds between people. Your experience of this event may help you cope better with the everyday stresses of life. It can also be a turning point where you re-evaluate the value of life and appreciate the little things often overlooked. Try to identify the positive aspects for yourself or for those who are close to you.

Copies of this document can be found at the following websites:

[www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz) [www.cph.co.nz](http://www.cph.co.nz) [www.westcoastpho.org.nz](http://www.westcoastpho.org.nz)